# American Journal of Homeopathic Medicine

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# American Journal of Homeopathic Medicine

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# American Journal of Homeopathic Medicine




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# Defending Our Position

Welcome to the first quarterly electronic edition of the 2017 *American Journal of Homeopathic Medicine.* As most of you are aware, homeopathy has been under attack around the world, the result of a concerted effort to erode public trust and corrupt the truth about medicine. The current media war is part of an attempt to "dumb down" the public, but our job as physicians is to raise awareness and expose the differences between conventional medical "management" and homeopathic care.

All of us have limited time and resources available to fight propaganda attacks. The American Institute of Homeopathy (AIH) has had to select the most visible issues, settling on responses to the FDA and the FTC. We generated an "Open Letter" to the medical community regarding antibiotic resistance and recently rebutted a misleading Op Ed article on forbes.com. (1)

There is already sufficient evidence, provided by the homeopathic scientific community to rationally counter most claims made against homeopathy (and these studies should be cited whenever relevant) in letters, articles, newspaper columns and blogs, *but our efforts have not been nearly enough.*

Attacks against homeopathy are so well orchestrated that they appear to be part of a mass campaign, *astroturfed* to protect the identity of the industries footing the bill. These attacks utilize media channels to win the "hearts and minds" of consumers, but if they truly originated from independently-acting grassroots sources, they would have declined in number as homeopathy became more popular and widespread, but the reverse is true. As homeopathy has grown, so have the attacks, suggesting that this is part of an organized effort.

Modern medicine has always been a risky endeavor, but it has reached a "tipping point" in our society that is simply unsustainable. Rates of chronic illness have nearly reached 50% (across all age groups, races and socioeconomic classes) (2) and chronic disease is the number one killer in the U.S. today.(3)

Used according to the "standard of care," allopathic medicine is the fifth leading cause of death in the U.S. (4), while medical error is the third leading cause of death .(5) Samuel Hahnemann's observations nearly two centuries ago are even more prescient today:

"This non-healing art, which for many centuries has been firmly established in full possession of the power to dispose of the life and death of patients according to its own good will and pleasure…has shortened the lives of ten times as many human beings as the most destructive wars, and rendered many millions of patients more diseased and wretched than they were originally—this allopathy."(6)

The evidence of how our current allopathic medical model has generated this epidemic of chronic disease and inflammation is derived from a wide variety of sources. Our understanding and knowledge of the human microbiome has greatly evolved in the last decade; the microbiome intimately and intricately mediates both immune system integrity and chronic inflammation. This has enabled us to understand that the pillars of health arise directly from how our bodies deal with illness, and that by avoiding, preventing, eradicating or suppressing acute illnesses—from the misuse and overuse of antibiotics, anti-inflammatory drugs and the widespread dramatic increase in vaccines over the past three decades—the body has little choice but to remain in a state of chronic inflammation.(7,8) This is exactly what Hahnemann suggested two centuries ago when he first noted the relationship between symptom suppression and chronic illness:

"It seems that the unhallowed principle business of the old school of medicine (allopathy) is to render incurable if not fatal the majority of diseases, those made chronic through ignorance by continually weakening and tormenting the already debilitated patient by the further addition of new destructive drug diseases." (9)

Homeopathy clearly works by a different mechanism that does not predispose to the development of chronic disease. Indeed, multiple studies have shown that people are healthier, happier and living with less inflammation after long-term homeopathic treatment. (10)

Homeopaths are a bit like David pitted against a mighty Goliath of allopathic-pharmaceutical medicine that involves dangerous conflicts of interests and corruption of industry-sponsored drug trials.(11) The advancement of scientific reasoning and homeopathic research hasn't been met reasonably with disclosure, but with an escalation in the flow of propaganda mounted against it. Like David, our battles aren't going to be won by the usual evidence-based, "by the rules" approach. The weapon of hard science wielded by homeopaths is simply inadequate. Instead, our success depends on striking back, with truth; it is time to end our silence and our defensive posturing and be empowered to speak out clearly about the differences between homeopathic and allopathic medicine. If not us, then who will?

"It was high time…to put a stop to these abominations, to command a cessation of these tortures…in place of curing patients, render them incurable by the addition of new,

chronic medicinal maladies by means of the prolonged use of wrong, powerful medicines."(12)

Respectfully Submitted,
Ronald D. Whitmont, MD, President
American Institute of Homeopathy


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# Provings: Homeopathy's Drug Trials

"There is no other possible way of correctly ascertaining the characteristic action of medicines on human health—no single surer, more natural way—than administering individual medicines experimentally to healthy people in moderate doses in order to ascertain what changes, symptoms, and effects each in particular brings about in the body and the psyche; i.e., which disease elements it can produce and tends to produce. As pointed out before (par. 24 to par. 27), all the healing virtues of medicines lie exclusively in this, their power to change human health, and this power to cure is revealed by the observations of these effects."

Aphorism 108, *Organon of Medicine*

Welcome to the first quarterly e-journal for 2017.

In this issue we present two cases written according to CARE guidelines, one by Dr. Bill Shevin which discusses the possibility of homeopathic suppression, followed by my own case of postpartum thyroidits/Graves' disease cured with *Sanguinaria* in potency.

We have also published four *Clinical Snapshots*, acute and/or brief chronic cases that don't require the more time-consuming CARE guidelines. I am hoping this section will encourage more of our members to submit their cured cases. Dr. Irene Sebastian has written a piece on homeopathy as the inductive-idiographic method which helps expand further Dr. Karl Robinson's description of the inductive vs. deductive methods in his *Carbo Vegetabilis* case. Dr. George Guess describes his use of Jan Scholten's method of homeopathic analysis to find the simillimum for his patient with adjustment disorder and anxiety. I have presented a case of cellulitis/myositis cured with two doses of *Sulphur*. Finally, we have three enlightening pieces written by Dr. Joel Shepperd for our column *Lessons From the Organon* in which Dr. Shepperd helps clarify an important question: do allopathic drugs, by removing the local symptoms, 'force the disease' deeper into the body or do they merely remove the peripheral symptoms allowing the deeper pathology *which was always there* to emerge?

In light of the current homeopathic teething tablet controversy, we must ask ourselves, can homeopathic medicines cause adverse effects as well?

Two centuries of clinical experience using potentized homeopathic medicines according to the Law of Similars in clinical settings has proven the incredible effectiveness and safety of our medicines.

However, by the very definition of homeopathy as a phenomenological science, the medicinal properties of any substance in nature can be discovered by its effects on healthy people. This is the basis of our "provings"—homeopathy's drug trials, which predated allopathic drug trials by 100 years (1) and helped unearth the guiding principle of homeopathic medicine, "Like Cures Like"—the same medicine which causes symptoms in a healthy person can cure those same symptoms in the sick. In fact, "provings" are the greatest testament to homeopathy's validity as a phenomenological science because they are carefully designed double-blinded drug trials where a mineral, plant, or animal substance is administered in potentized doses to a group of 20-40 healthy people, each with unique individual sensitivities to the medicine that are reflected in a variety of signs and symptoms elicited (including primary and secondary reactions). These symptoms have been systematically recorded and compiled in our vast materia medicas for two centuries, and it is from them that we derive our pharmacopeia. The purpose of having at least thirty healthy subjects is so that we can elicit a wide range of highly refined and specific symptoms on the mental, emotional, and physical levels, thus obtaining a more complete picture of the characteristics of the medicines being tested. And it is this totality of symptoms that provide the curative indications for the prescribed homeopathic medicine in the sick individual as reflected in our most basic principle, that of "Similia Similibus Curanteur" or "Like Cures Like."

Now that we have the technology to confirm that homeopathy is in fact a form of nanomedicine, we can use the language of modern science to explain how even tiny doses can have very powerful effects in the body. Studies show that nanoparticles present in potentized, specially prepared homeopathic medicines act as *biological signals* that stimulate the organism's allostatic biological stress response network resulting in a beneficial adaptive response. (2) We will be exploring the biological phenomenon of *hormesis* in future editions of this Journal.

In his book *Provings,* Dr. Paul Herscu states that every prescription we give is in essence a proving; if the remedy is the simillimum (similar to the constitution of the individual), then most of the chief complaints of the patient will be rapidly and permanently cured. These are our miracle cases that inspire us to continue practicing this most simple yet brilliant system of medicine with such passion and conviction.

However, even the most experienced homeopaths among us will often give the wrong prescription in our search for the simillimum. The beauty of homeopathy, however, is that even the incorrect remedy will often result in symptoms that will point us to the correct medicine. Once again, we can

look at homeopathic provings to understand why this occurs.

Dr. Herscu uses the term "stress" to describe the primary effect of the substance on the individual and "strain" to describe the secondary effect which consists of the symptoms that the individual produces in response to the stress. During a proving of a substance, a very small number of people will experience a complete cure of pre-existing conditions. These are the "provers" whose constitution is similar to the essence of the substance being proven. "Many times, *Strange*, *Rare*, or *Peculiar* symptoms will be noted in these people, as they are the most sensitive to the substance proven. These symptoms are quite unique to the medicine and have proven quite valuable to the clinical practice of homeopathy," says Herscu. Some provers will experience a cure of some symptoms (since the constitutional medicine of these provers share common symptoms with the medicine being tested), some will experience new symptoms (which is usually a clue to the simillimum needed that may be similar to the medicine being tested), some will have a change in old symptoms (which reflects the medicine being proven or a similar medicine needed), and some will show little or no change (because these "provers" have no sensitivity to the medicine being tested.). All of these outcomes are expected since there will be a wide variation in individual sensitivities to the substance tested.

Similarly in practice, if the wrong remedy is administered to a patient and if the patient has no sensitivity to it, usually no changes will occur. But in the majority of cases where the incorrect prescription is given, some symptoms will improve, some old symptoms will change, and some new ones will emerge; but all of these reactions, when carefully recorded and analyzed, will often help point us to the simillimum that is needed by the patient.

However, in light of the current teething tablet controversy, we must ask ourselves whether the manufacturing issues involved (see our President's Letter), although relevant for consistency and safety of our medicines, is really the only issue. Could a certain subset of children who were particularly sensitive to some of the homeopathic preparations, such as *Belladonna*, for example, regardless of the dose, have experienced primary and secondary reactions (proving symptoms) to the substance, especially in cases where the remedies were frequently repeated by parents? Additionally, teething tablets are not usually prescribed on an individual basis according to the Law of Similars using the totality of symptoms. This is not usually a problem for the majority of children, but all sorts of outcomes could be possible depending on the sensitivity of the child and the repetitions of the dose.

We homeopathic physicians know about primary and secondary reactions (proving symptoms), which is why we are careful to not repeat homeopathic medicines too frequently. We usually administer single doses and wait, knowing that the effects will manifest by the next follow-up. We tend to use potencies at 12C and above, which are beyond Avogrado's number. Yet we know that microdoses have powerful effects, which is why we don't prescribe very high potencies frequently or unnecessarily because of the risk of provings and aggravations even though these symptoms are usually mild and temporary. We also know, based on our clinical experience, that people with strong sensitivities can have temporary aggravations even with lower potencies, which is why *every patient we see is treated on an individual basis.*

The challenge as we sift through the FDA data obtained through the Freedom of Information Act (FOIA) will be to tease apart the many variables involved. For example, the age at which children are given these homeopathic teething tablets is also a time that they are receiving multiple vaccinations, and there is no question that vaccines can and do have many adverse effects. *Miller's Review of Critical Vaccine Studies* cites and summarizes 400 clinical studies in peer-reviewed journals (see Dr. Karl Robinson's review of this book in this issue) that reveal the increased risk for autoimmune diseases, allergies, diabetes, autism, etc., that can result from vaccinations. The studies in the chapter on *Seizures* alone show how children are nearly eight times more likely to have epileptic events within twenty-four hours following their pertussis-polio-Hib vaccinations when compared to children who were not recently vaccinated; children are up to six times more likely to have convulsions six to eleven days after being vaccinated with Measles-Mumps-Rubella than at other times.

Knowing that allopathic medical errors are the third leading cause of death in this country (3) and that the harmful effects of vaccinations have been systematically ignored and suppressed by much of the pharmaceutical/medical establishment (see the review of the VAXXED documentary in the 2016 May and June e-journals) should not preclude us as homeopathic physicians from holding our own medicines up to the highest standards possible.

It is my opinion that if homeopathy is ever going to take its rightful place as one of the greatest systems of medicine ever discovered, then it is our obligation as homeopathic practitioners to continue to educate the public and our allopathic colleagues on the science and principles of homeopathy so that its powerful healing potential can be utilized most safely and effectively by more and more people.

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Susanne Saltzman, MD
Editor, *AJHM*

# Letter to FTC in Response to Statement on Homeopathy

November 30, 2016

The *American Institute of Homeopathy* applauds the Federal Trade Commission's (FTC) goal of protecting the American public from false advertising claims, but in a recent circumstance we believe the FTC has overstepped its jurisdictional bounds and promulgated false information in what appears to be a bid to restrict health care choices available to the American public.

In Response to the recent Enforcement Policy Statement[1] and a Consumer Information Blog,[2] both issued by the FTC on November 15, 2016, the *American Institute of Homeopathy* registers our strong concern regarding the content of the following inaccurate statements:

1. "Homeopathy… is based on the view that disease symptoms can be treated by minute doses of substances that produce similar symptoms..."

Homeopathy is not based on a "view" or an opinion. It is based on reliable, reproducible, clinically acquired, empiric evidence gathered through two centuries of corroborated data, assisted by thousands of practitioners worldwide, demonstrating the actions of different medicinal substances in living systems, aka: the science of homeopathy. In fact, the homeopathic scientific community were pioneers of the modern scientific method including the widespread adoption of blinded and placebo controlled studies in 1885, decades before conventional medicine.[3]

Homeopathy is not based on a theory or on conjecture, but on principles that have been confirmed by long-studied clinical data, meticulously gathered and analyzed over many years.

2. "Many homeopathic products are diluted to such an extent that they no longer contain detectable levels of the initial substance."

While the dilution and succussion process of formulating homeopathic medicines does reduce the concentration (and the toxicity) of the original substances, detectable amounts of these materials remain quantifiable in the form of nanoparticles dispersed throughout.[4] Multiple independent laboratories, worldwide have confirmed that these nanoparticles persist,[5] and that they are biologically active.[6] Many other homeopathic products (particularly those sold OTC and described as "low potency") have dilute amounts of the original substance that remain chemically detectable by straightforward titration.

3. "…homeopathic product claims are not based on modern scientific methods…"

This statement is false and misleading. The active ingredients within most OTC homeopathic products have hundreds or thousands of case reports from physicians who have used these medicines. These reports of direct clinical experiences establish a collective, real-world dataset that demonstrates which conditions have been observed to respond to treatment. Such historical data is similar to the types of information used to demonstrate effectiveness for many conventional OTC medicines on the market today.

The Homeopathic Pharmacopeia Convention of the United States (HPCUS) maintains a formulary describing the appropriate manufacturing standards for homeopathic medicines. Every homeopathic manufacturer member of the *American Association of Homeopathic Pharmacists* in good ethical standing complies with both manufacturing and labeling standards set by the HPCUS. Consumers should be cautious when using any products that are not distinguished by conformance with "HPUS" on the label.

4. "…the case for efficacy is based solely on traditional homeopathic theories…"

This statement is false. Neither homeopathy nor homeopathic efficacy is based on any theories. Efficacy for various homeopathic medicines has been established by scientifically reproducible clinical empiric research evidence and cured patient cases followed over many years. Homeopathy is an evidence-based medical subspecialty rooted in patient care.

5. "…there are no valid studies using current scientific methods showing the product's efficacy."

While this statement may have limited accuracy with respect to some OTC products, it is false and misleading with respect to most homeopathic medicines listed in the Homeopathic Pharmacopeia of the United States. Hundreds

of state-of-the-art double-blinded, randomized, placebo-controlled studies, many in peer-reviewed journals, demonstrate the superior efficacy of homeopathic medicines in a wide range of conditions, including asthma,[7] depression and anxiety,[8] chronic illness,[9] allergic rhinitis,[10] hypertension,[11] headaches/migraines,[12] sepsis,[13] mild traumatic brain injury,[14] otitis media,[15] cancer,[16] and many other con-ditions. The *American Institute of Homeopathy* maintains and continually updates an extensive database, available free to the public, with over 6,000 research articles.[17]

Multiple meta-analyses published in peer reviewed medical journals that conclude that homeopathic medicine effects are superior to placebo and that additional study of this therapeutic system is warranted.[18,19,20,21,22,23] To that end, we encourage the National Institutes of Health to reverse their current position of blocking funding for homeopathic trials.[24]

6.“…marketing claims that such homeopathic products have a therapeutic effect lack a reasonable basis and are likely misleading…”

The conclusion of whether a product has a “reasonable basis” is entirely irrelevant if that product has demonstrable clinical effectiveness. The important question, when it comes to homeopathy, is whether it is effective in clinical settings, not whether it has a “reasonable basis” for how it works. The mechanism by which homeopathy works differs from conventional medicines, but this fact does not make these products “misleading”.

Several recent class-action lawsuits brought against homeopathic manufacturers confirm that marketing practices were neither deceptive nor misleading.[25]

The FTC’s inability to formulate a reasonable basis for why homeopathic medicines work should not enter into any governmental enforcement policy statement. The FTC is not a medical organization, lacks expertise in interpreting scientific research, and is not qualified to make any comment on the validity of any field of medicine. To be less misleading, the FTC should exclude opinions from its policy statements.

7.“Homeopathy: Not backed by modern science”

Homeopathy, as a system of medicine, does not fall under the purview of the FTC. Therefore, the FTC has been reckless in expressing an opinion of this magnitude. In this situation, the FTC’s comments can only be construed as being prejudicially biased and intentionally discriminatory against homeopathy. Such statements cause unwarranted harm to public trust and damage to a respected traditional system of medicine in the United States.

The *American Institute of Homeopathy* strongly objects to the FTC’s characterization of the entire field of homeopathic medicine as being without scientific evidence of efficacy. These comments are unqualified and wholly lacking in merit. The release of this Enforcement Policy Statement serves only to align the FTC with several recently released scientifically fraudulent reports by a variety of pseudoscientists and lowers the credibility of this valued consumer protection agency.

This type of misinformation should be embarrassing to a government organization striving to be nonpartisan and objective. The FTC owes an apology to the American Institute of Homeopathy as well as the many consumer groups that look toward this agency for fair and accurate information.

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# Lymphocytic Colitis in a 68-Year-Old Woman
## A Homeopathic Medicine Case Report

## William Shevin, MD, DHt

**Abstract:** A woman apparently treated successfully with homeopathic medicine for allergies returned 17 years later with a seven month history of diarrhea diagnosed as lymphocytic colitis. In light of the teachings of Prafull Vijayakar, MD (HOM), the case was re-analyzed as a possible palliation and/or suppression and treated with a different homeopathic medicine. The subsequent positive response illustrates and supports the utility of Dr. Vijayakar's Predictive Homeopathy (1) approach to classical homeopathic theory involving Hering's Law of Cure.
**Keywords**: Predictive Homeopathy, Hering's Law of Cure, embryological development, palliation, suppression, cure

*The following case report is formatted according to CARE guidelines.* (2)

## Introduction

Samuel Hahnemann, MD, who codified the homeopathic method of treatment, stated: "The physician's highest and only mission is to restore the sick to health, to cure, as it is termed."(3) The term "cure," however, does not only refer to the disappearance of symptoms, but rather to the resolution of the vulnerability in the sick organism which underlies the particular phenotypic manifestation in a given patient. In other words, for Homeopathic physicians the palliation of the presenting symptoms does not equate to cure. Hahnemann's two seminal works, the *Organon of the Medical Art* and *The Chronic Diseases*, outline both the methodology for achieving cure, as well as the criteria for recognizing that the clinical course following treatment is proceeding in the correct direction. Those criteria were later codified in the writings of a number of homeopathic physicians and became collectively known as "Hering's Law of Cure."(4) More recently, Prafull Vijayakar MD (Hom), has added modern understanding of embryology, pathology, and genetics to the interpretation and applications of Hering's Law.(5)

If treatment is palliative, under my current understanding of homeopathic theory, at best the underlying "chronic disease" (vulnerability) remains, and the disease will progress over time, usually to a more serious or 'deeper' manifestation. If this progression occurs quickly, then that palliative treatment may be thought of as a suppression (of the patient's homeostatic mechanism). If the progression occurs much later (as in the patient described in this report), the use of the term "suppression" may not be accurate. Dr. Vijayakar, however, in my reading does not make this distinction, but rather considers that *any progression in the wrong direction constitutes suppression.* (6)

If, however, after another attempt at (homeopathically) "curative" treatment, the prior state that had been palliated recurs, in moderation and relatively briefly, then Hering's Law of Cure may appear to be satisfied.

## Patient Information

The patient, a 68 year-old female, presented on November 23, 2015, with a chief complaint of diarrhea of seven months duration. She was initially seen in 1981 with the primary complaints of upper respiratory allergies, premenstrual syndrome (PMS) with irritability, and headaches. There was a lot of domestic stress in her life at that time. She was initially prescribed *Sulphur,* then *Lycopodium*, followed by *Lachesis*, with minor and short-lasting relief of the sinus congestion-related symptoms and the PMS. In 1985, *Lachesis* also helped a period of burning pain in the stomach, slight nausea and moderate eructation during another exacerbation of domestic stress.

Because of her failure to respond more than briefly, despite using higher potencies, I retook the case on February 28, 1990, and prescribed *Nux vomica* 200c (tension headache, very irritable, back spasm, over-sensitive to noise, odors, and emotionally overly reactive). She responded well, repeating the remedy as needed (frequency unknown) and did not return for two years.

In September 1992, she returned with a relapse of allergy-related symptoms and fatigue, but without the mood disturbance. There was a lot of stress in the family, and she had contracted an epidemic gastroenteritis a few weeks back that had spread through her community. Having moved to another state, she was treated locally with a pharmaceutical combination of atropine and diphenoxylate (Lomotil®) which relieved the diarrhea, but she "promptly" developed a sore throat, which was treated with antibiotics. The associated fatigue and return of allergy symptoms prompted her to return to me for treatment. Upon questioning her about

the prior gastroenteritis episode, she said the diarrhea was characterized with mucus in the stool, perhaps some slight reddish blood, mild cramping, and provoked by eating. She stated that "anything I ate passed right through me." Unusually, her mood was good during the illness. A prior complaint of "compulsive thinking" (about things that bothered her) was still markedly improved. I gave her a dose of *Nux vomica* Q1 by olfaction. This helped partially, and I repeated *Nux vomica* 200c, with resolution of all symptoms.

Three years later, in February 1995, she called with a gradual return of bloating, fluid retention, swollen breasts and flatulence, her prior PMS symptoms. She also noted a "week of sneezing, which then stopped, followed by headaches for 3-4 days." Her energy was good, no irritability, life was less stressful. I repeated *Nux vomica* 200c, which resulted in a brief improvement, followed by *Nux vomica* 300c, which resulted in complete resolution of her symptoms.

On August 28, 1996, she called with a ten day history of burning pain in the mid-abdomen, with eructation, similar to what she had complained of in 1985. She had been "tired" and had "muscle aches" for 2-3 weeks prior to the onset of abdominal pain. I repeated *Nux vomica* 300c and did not hear from her for four years.

In May 2000, she called again with a flare-up of allergies and mild sleep disturbance from menopausal hot flashes, but her mood and energy were good. *Nux Vomica* 300c was repeated with good results. Two years later, in May 2002, mild allergy symptoms returned again and *Nux Vomica* 30c was given twice a day (BID) for a few days with relief.

There was no further contact until November 2015. She said that in March 2015 she'd had a "very bad" cold (with non-descript symptoms), took an expectorant after two weeks, and developed diarrhea. She had also taken Zycam® (zinc acetate 2X and zinc gluconate 1X) when the "cold" started. She stopped the expectorant, but the diarrhea continued. Stool had "always" been regular up to this point. Stool was primarily in the morning and sometimes after lunch. After a colonoscopy, she was diagnosed with lymphocytic colitis and prescribed Budesonide (a corticosteroid), after which the diarrhea became more "manageable" but never completely normalized. Note that at this November 2015 visit, she described a past history of diverticulitis diagnosed in 2005 that was treated with antibiotics. She also had a brief episode of acute urticaria treated with steroids around the same time. She also described a lot of financial and personal stress for the past three years.

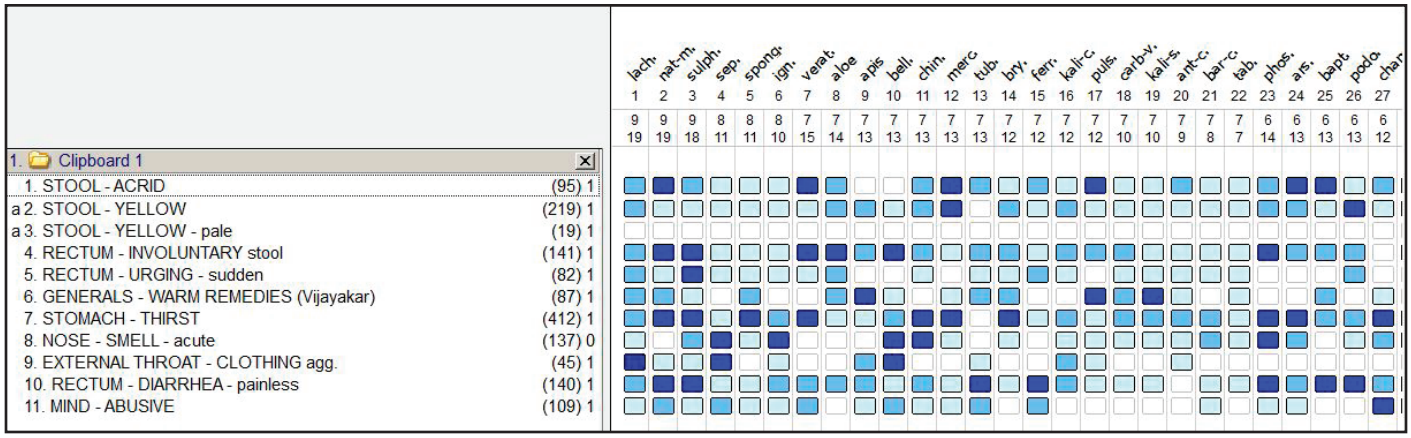
In August of 2015 her sister died six weeks following a diagnosis of stage IV lung cancer and three weeks later the diarrhea abruptly worsened "overnight" despite still being on the Budesonide. Her sister's death provoked memories of a traumatic childhood, which had previously been suppressed. She was put on Prednisone 40 mg, tapering dosage, which stopped the diarrhea completely. She finished the course one week before her visit with me.

Physical examination was unremarkable.

### Rubrics

STOOL; acrid
STOOL; yellow
RECTUM; involuntary stool
RECTUM; urging, sudden
RECTUM; diarrhea, painless
GENERALS; Warm Remedies (Vijayakar) – this is an addition from papers distributed at Dr. Vijayakar's seminars
STOMACH; Thirst
NOSE; Smell, acute
EXTERNAL THROAT; clothing agg.
MIND; abusive

*Nux vomica* showed up in the 33rd position (but would have appeared in the 20th position if the thermal symptoms were disregarded).




## Diagnostic Assessment

Patient was diagnosed with lymphocytic colitis on colonoscopy and was treated with steroids for diarrhea.

## Homeopathic Assessment

I prescribed *Natrum muriaticum* 1M, one dose.

I considered that the main pathology that I treated her for in the past was allergy, a sycotic disease (7) manifest-

ing in the mucus membranes of the upper respiratory tract and involving the immune system (cellular elements of the blood). Now she was having diarrhea, with a lymphocytic inflammatory response in the deeper layers of the lining of the lower intestinal tract. This appeared to be an unfavorable progression from an embryological point of view. The "germ layer" was the same (endoderm), but the formation of the gut is very early in embryological development, in week four, while the respiratory tract soon afterwards starts to develop from the foregut portion of the GI tract.(8)

In Dr. Vijayakar's elaboration of Hering's Law of Cure, it is considered important that the treatment response proceeds in the same order as embryologic development. This would correlate with the growth axis—cranio-caudal (the head first, then moving downward toward lower parts), from the center (more vital organs) to the periphery (less vital organs), and from earlier developing embryological structures (changing first), followed by later developing structures.(8)

The purpose of this report is not to illustrate materia medica, and so I have not presented detailed information about why I'd given *Lachesis*, and subsequently *Nux vomica* in the past. But at this visit further history revealed that her claustrophobia was directly related to childhood abuse. About the sarcasm, she stated: "My tongue is quick and fast, and my mind is quick and fast. I could really rip someone a new one without any stress to myself—cutting, sharp. I like to swear when I'm mad."

Interestingly, the current repertorization (see figure 1 above) also brought out *Lachesis* very strongly. But *Lachesis,* although it produced a favorable response, had ultimately failed to permanently alleviate the complaints of headache and allergic symptoms. This is why I had changed to *Nux vomica,* which was much more helpful. However, at the point of the November 2015 consultation, I was not willing to repeat that remedy because of the seemingly unfavorable progression of the case (embryologically) and the "incompatible thermal" in a primarily sycotic case. (see below)

Dr. Vijayakar's teachings indicate different approaches to acute disease and chronic disease. In chronic cases he considers the patient's pathology to be very important. If the physical pathology is "syphilitic" in nature (e.g., ulcerative colitis, multiple sclerosis) where tissue is actually degenerating and being destroyed, it is crucial to first find the "syphilitic" symptoms of the patient (not of the allopathically-considered disease itself). However, in a sycotic case such as this one, it is also important (if possible) to find the deepest "syphilitic symptom" of the patient as well, since these symptoms are considered to be "entry points" into finding the correct homeopathic medicine that "covers" this symptom or symptoms.(9) One should choose, if possible, those remedies in conjunction with the "psoric" aspects of the patient such as innate temperament, both physically and psychologically. Two important physical dispositional aspects are the patient's tolerance for heat and cold, as well as the patient's thirst. Since the body can only operate in a healthy state within relative narrow confines of core temperature and salt and water balance, these aspects are considered to be genetically determined.

In addition, in this patient's history the episodes of decompensation tended to occur in the context of interpersonal stresses, although there were other factors. She was twice married, and twice divorced, and her current relationship was problematic and also correlated in time with the physical pathology.

After the death of her sister and the subsequent revelation of a rather severely dysfunctional family situation involving abuse of various kinds at the hands of more than one family member, as well as the patient's reserve, both emotionally and psychologically, I considered *Natrum muriaticum*, which I gave as a single dose in a 10M potency.

**Prescription**: *Natrum muriaticum* 10 M, one dose.

## Follow-up

The following are mostly transcripts from the medical record, in the patient's words:

*1/7/2016 email*: **"**Two days after I saw you, I had the most massive bowel movement of my life. It was completely normal, but shockingly huge. This only happened that one time. Bowels since then have been like pre-colitis consistency for the most part. This is a wonderful thing.

"More interesting is the recurrence of old symptoms from when I first saw you 30 years ago.

"The first week I had the old headaches, only upon rising, and then the pressure slowly going out through my nose.

"After about 8-10 days the headaches went away and were followed by 2-3 weeks of fits of sneezing. Crazy amounts of sneezing accompanied by really itchy and runny eyes. The intensity of that has subsided, but I am still sneezing an awful lot.

"About two weeks ago, I had an evening when I just itched all over. The first time it happened it lasted a couple of hours. The subsequent times, it lasts for maybe an hour.

"Also, my allergies to perfume have come back, causing runny eyes and sneezing.

"All of these are things that happened when we were doing my initial work with you."

*Plan*: No intervention.

*1/13/2016 phone*: "Now I'm going back and forth between headache and (congestion in nose), old symptoms, the classic headache I had in my 30's, and sneezing/running nose." She had a week with 3-4 instances of pruritus on the face and legs, as described in the prior report.

She had some recent neck pain, which hadn't bothered for 10 years, originally diagnosed in her early 50's. Some old hip pain reappeared for a short time, followed by some low back pain, also an old symptom.

*Impression/Plan*: After the remedy, the change in stool was very dramatic. It was completely normal, but in a "huge" amount. Stool has been completely normal since then. Just observe.

*6/17/2016* **: S**he reported some loose stool, similar to the onset of the colitis. She is at the end of a "bad cold," similar to that which preceded the colitis, and she took some OTC meds. The cold began after a stress in a personal relationship. I repeated *Natrum muriaticum* 10M.

*6/21/2016 phone*: She reported old diverticulitis symptoms with cramping and tremendous pressure "like you are going to give birth. In the last few days, I have that sensation, though not severe. I feel like I need to have a stool, but I don't." The original diverticulitis was in 2006-7.

As she was about to take a trip to Europe, I repeated the *Natrum muriaticum* 10M

*7/05/2016*: She repeated *Natrum muriaticum* 10M at the end of her trip as the stools were becoming increasingly unformed.

*7/28/2016 phone*: **"**I'm now fine, absolutely perfect, normal." After repeating *Natrum muriaticum* on 7/5/16 her stools gradually firmed up.

*11/28/2016 - 10:55 am*: She complained of increasing headache, nasal congestion and sneezing. The headaches were just like the original complaint when I had first seen her. There was no diarrhea. I had her wait ,but a week later the symptoms were not clearing, and she repeated the remedy with complete resolution.

*1/31/2017*: There have been no further reports of any difficulty.

Timeline of patient medical history, diagnoses and treatment received

| Dates | |
|---|---|
| March 17, 1981 – February 28, 1990 | Pt was initially seen in 1981 with the primary complaints of upper respiratory allergies, premenstrual syndrome with irritability and headaches. She was initially prescribed *Sulphur,* then *Lycopodium*, followed by *Lachesis* which resulted in temporary and partial alleviation of symptoms. |
| February 28, 1990 | Case was retaken and *Nux vomica* 200C was prescribed. She responded well, repeated the remedy as needed (frequency unknown) and did not return for two years. |
| September 30, 1992 | Patient returned with a relapse of allergy-related symptoms and fatigue, but without mood disturbance. A dose of *Nux vomica* Q-1 by olfaction was prescribed with partial results, followed by *Nux vomica* 200C with resolution of all symptoms. |
| February 1995 | Return of PMS and allergy-related symptoms for one week followed by three to four days of headache. *Nux vomica* 200C given with short relief, then *Nux vomica* 300C with resolution. |
| August 26, 1996 | Prescribed *Nux vomica* 300C for a ten day history of burning pain in the mid-abdomen, with eructation, similar to what she experienced in 1985. There were no allergy -related complaints or headaches at this time. |
| May 30, 2000 | In May 2000 she again complained of headache for three to four weeks. Mood and energy were both good. *Nux vomica* 300C was repeated. |
| May 30, 2002 | *Nux vomica* 30C twice daily prescribed (over the telephone) for allergy-related symptoms with resolution. There was no further contact until November of 2015. |
| November 23, 2015 | Patient presented with a seven month history of diarrhea, diagnosed as lymphocytic colitis on colonoscopy. Prescribed *Natrum muriaticum* 10M. |
| January 7-13, 2016 | There was a dramatic improvement in bowel function with return of old allergy symptoms. No treatment. |
| June 17-July 28, 2016 | Relapse of diarrhea after OTC medications. *Natrum muriaticum* 10M prescribed with resolution of symptoms. |
| November 28, 2016 | *Natrum muriaticum* 10M repeated after a persistent headache for a week, with resolution of symptoms. |
| February 2017 | Patient continues to do well. |

## Discussion

When I first prescribed for this patient in 1981, I had just begun my homeopathic practice. Following some "near misses" with *Lachesis*, *Lycopodium* and *Sulphur*, characterized by brief ameliorations with subsequent failures to provoke any reaction, *Nux vomica* was eventually prescribed. The subsequent reactions demonstrated amelioration of the symptoms. I did not, at that time, recognize the need for frequent repetition as an unfavorable indicator of the correctness of the remedy and/or the potency. The potency used was a 200C, and then finally a few doses of 300C (an "intermediate" potency suggested as a technique by Ananda Zaren, with whom I was studying at the time) were given. After that, a long asymptomatic period ensued, without any contact with the patient.

In light of Dr. Vijayakar's teachings, when the patient returned in 2015, I was not happy to see the diagnosis of chronic lymphocytic colitis, which I interpreted to be a shift towards a more sycotic presentation, as well as to a tissue formed slightly earlier in development than the respiratory tract, the primary locus of the earlier presentation.

Following the prescription of *Natrum muriaticum* in 2015, a dramatic change for the better occurred in the lymphocytic colitis symptomatology.

Of particular interest was that the improvement in bowel function was quickly *followed by a return of old symptoms* that had previously responded positively to *Nux vomica*. Later in the post-*Natrum muriaticum* treatment period, urticaria reoccurred, a symptom which had first surfaced during the time that she'd been treated with *Nux vomica,* which was then seen to be an allergic reaction to an NSAID taken for osteoarthritic problems.

Still later after *Natrum muriaticum*, she had a recurrence of symptoms of diverticulitis, which for her had first occurred in 2005 and which is a condition that many other family members had also manifested.

This return of old symptoms does not appear to have strictly followed the "reverse order of appearance" criteria as stipulated in Hering's Law of Cure, but the exact original chronology was not completely clear, and there was some use of over-the-counter allopathic medications that may have influenced the presentation.

In my understanding of Dr. Vijayakar's teachings regarding the "Law of Cure," primacy is given to several embryological concepts. These include the chronological development of both the growth axis and the germ layers (8). The progression of disease from the respiratory tract to the gastrointestinal tract would not then be compatible with a good reaction to the initial homeopathic treatment of *Nux vomica*.

The usual triad of criteria for Hering's law involves clearance from the "deeper" or more "vital" organs to more superficial organs, clearance in the reverse order of occurrence, and from the top of the body downwards. There are certainly times, in clinical practice, when a patient's progress includes conflicting elements of Hering's Law, as is illustrated in this case. Diverticulitis had been a relatively recent problem (so according to Hering's law, these diverticulitis symptoms would have returned sooner after the remedy), but rather there was a return of diverticulitis symptoms later in the course of treatment as compared to the return of (apparently unprovoked) urticaria and upper respiratory allergy problems.

Dr. Vijayakar also considers the progression and regression of symptoms relative to miasmatic concepts. Upper respiratory allergy may be considered (again, in my current understanding) to be a psoro-sycotic manifestation. Lymphocytic colitis may be considered to be more purely sycotic. Urticaria, if acute and self-limited, is a psoric manifestation. Diverticulitis, in my understanding, is psoro-sycotic (at least in this case). Given these considerations, one might have expected lymphocytic colitis to be followed by symptoms of diverticulitis, then later by urticaria because sycotic manifestations should clear before psoric manifestations.

A point could be raised that there were allopathic medications given (for upper respiratory symptoms) before the onset of colitis, and that they could have been responsible for the development of colitis. However, according to my understanding of Dr. Vijayakar's writings, this would not have happened but for some latent vulnerability (miasm) that was present, and which therefore had not been resolved with the prior homeopathic treatment.

Allopathic treatment may complicate and create uncertainty in our evaluation of the actual pathology (and particularly in our "miasmatic" interpretation) as it manifests in our patients. For example, in this case, antibiotics may have palliated and/or suppressed the diverticulitis symptoms, but antibiotics were not "curative" (in the homeopathic sense of the word) since the patient later developed **"**deeper" gut pathology.

Another point illustrated by this case is the use of the "thermal symptoms." In a case where the pathology is clearly of a "syphilitic miasm," Dr. Vijayakar might (in my understanding) disregard the thermal preferences of the patient. But in psoric and sycotic cases, the thermals are treated as potentially more determinative. In this case, the patient, even before menopause, was "hot" (more comfortable in the cold and relatively intolerant of heat). Were I to take this case now as it initially presented, this might have given me pause before selecting *Nux vomica*, a remedy well-known to be constitutionally "chilly."

A question also arises as to whether *Natrum muriaticum* is truly the "similimum" for this patient. Although she has responded well, it has required more repetition than might be expected. A longer period of observation will be needed to make this assessment, which I believe to be generally true in all cases. If, however, my interpretation of the patient's reactions, as presented above, are correct, optimism would seem to be warranted.

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7. For an explanation of the psoric, sycotic, and syphilitic miasms, see *Predictive Homeopathy Course Review, part 1*, by Susanne Saltzman, MD.; AJHM, volume 108, no. 4, Winter 2015, p.135.
8. The respiratory tract begins as an outgrowth of the foregut. https://embryology.med.unsw.edu.au/embryology/index.php/SH_Lecture_-_Respiratory_System_Development last accessed 2/10/017
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10. Vijayakar, *ibid*


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# Lessons from the Organon

Joel Shepperd, MD

## On "Heilkunst"

*Organon der Heilkunst* is the title of the second edition of Hahnemann's text. Hahnemann does not use the word "homeopathy" in the title. He does not use a more common word for "medicine" such as "Medizin." Translators use the phrase "medical art" or "art of healing" or just "medicine." They do not expand on any further significance of this more unusual word, "Heilkunst." However, for the modern homeopathic practitioner, "Heilkunst" does have significant implications.

Some people may be familiar with the word "Heil," perhaps unfortunately, from old World War II movies. "Heil" means "heal" as well as "cure." In current American biomedicine these two words have different usages. Healing does not always mean that the physical body recovers from illness, but that negative thoughts and feelings are released. People heal each other by listening, accepting, believing, caring and understanding what it is like to live with serious illness. On the other hand, experts intervene to cure with their science.

When Hahnemann declares that to heal the sick is the highest and only calling of the practitioner (§1), he insists that we cure with our homeopathic methodology as well as heal with our humanity.

"Kunst" directly translates as "art." In the current allopathic culture, "art of medicine" may refer to uncertainty or a physician's intuition or personal style of practice. It may mean a lack of convincing scientific evidence to justify a particular decision—the outer boundary of evidence-based practice. To other doctors, the art of medicine refers to behaviors such as bedside manner or ethical decisions. Still others use the phrase to explain their use of judgment and interpretation of knowledge to make a difficult diagnosis.

Within homeopathic circles, some believe that they may follow whatever creative impulse happens to strike their active imagination in the name of 'art.' Hahnemann does not use "Kunst" in any of these ways.

A review of an unabridged dictionary yields a definition, first and foremost, that art is skill gained through practical experience in one's field of endeavor. For instance, a portrait artist may be born with innate talents, but they still must learn to use pigment from oil, acrylic or water-based paints. They must learn the qualities of their canvas, whether paper, cotton, parchment, velum, etc. They do not use their imagination alone to become a skilled expert; they practice over and over again with the tools of their craft. Similarly, the true art of homeopathy is skill resulting in mastery of the principles of homeopathy through repeated attentive clinical experience.

A "Heilkünstler," as Hahnemann used the word, is more than a mere prescriber of homeopathic remedies. He does not do whatever he pleases in the name of newness or self-expression. The dedicated practitioner applies himself consistently to the exacting principles of homeopathic methodology, and then he attains consistent results for the benefit of all humanity.

## On Totality

The phrase "totality of symptoms" (§7, §18) is a truism in homeopathy that has lost its meaning. Every homeopath assumes that they know the meaning of this phrase, but there are many facets to its understanding. Hahnemann uses at least six different words for "totality" because there are many facets to its complete meaning.

"Gesamtheit" translates as "totality." It is used in about 13 aphorisms. "Inbegriff" means a "substantive total" or "epitome" of the totality. This implies that part of the totality is more significant. We usually call this epitome the *characteristic* symptoms. This word is used in about 17 aphorisms.

There is a German word "Total," which is spelled the same as in English. Hahnemann used this word twice (§17, 58). "Ganz" translates as "whole." It is found in 10 or so paragraphs. The word "Bild" becomes "picture" in English. It is used in about 24 paragraphs. It is mostly used in the phrase "picture of the disease." Almost always, Hahnemann used the phrase "totality of symptoms of the disease." It is not so correct for homeopaths to say, "we treat the person, not the disease." In light of the *Organon*, it would be more accurate to say, "We treat each person's unique disease, not the diagnosis."

The word "Gestalt" is mentioned in four aphorisms (§6, 91, 92, 175). Gestalt is no longer considered a foreign word in English; so it is not capitalized. In the older English translations of the *Organon*, the words "form" or "shape" were used. In the newer translations it is not interpreted. Hahnemann used the word "Gestalt" long before any gestalt theory or gestalt psychology was developed. What did he intend to connote? Let's take an example. A picture is essentially two-dimensional and can be seen in its totality by standing in one place in front of it. To see a full sculpture—its gestalt, on the other hand—requires the observer to walk all the way around it because it is three-

dimensional. The totality of symptoms is not a linear list. It is multidimensional in its completeness.

A comment about the word "Symptomen" is in order. In modern mainstream medical jargon, symptoms are subjective characteristics of a patient. Signs are objective and measurable. Hahnemann means both "signs" and "symptoms" when he says "Symptomen."

What is "totality?" It is less obvious than it seems. One possibility is an arithmetical total. The whole is merely equal to the sum of its parts. This sum total of symptoms can be called an analytical total. It is a totality derived from reductionist assumptions.

Another type of totality is when the whole is considered to be greater than the sum of its parts. Modern holistic practitioners tend to say this. It assumes that parts aren't enough and that there is something more important. What is this unknown, mysterious 'something' that makes the parts greater? Is it an idea, concept, category, theme, archetype, symbolism or delusion? All this is mere conjecture and introduces theories that anyone is allowed to imagine in their mind. This theoretical total introduces metaphysics into homeopathy.

Hahnemann's totality is different than the two choices just mentioned. He defines an intrinsic wholeness. The multidimensional gestalt is a "living whole" (§13). The whole is fully within the parts; every part presents the whole. There is no guessing at some meaning hidden beyond the directly observable phenomena. There is no prejudgment about what is directly perceived.

The totality is a picture completed from a sketch (§104). It is not a lengthy list. It is not a theoretical construct. It is a given wholeness that becomes richer with greater depth as we gather the details.

## On Suppression According to Hahnemann - §202

Homeopaths observe daily that medicines applied allopathically do not cure the whole disease. §37 says dissimilar allopathic treatment, even if mild, never cures old chronic diseases, even if applied for years. From §58 we hear that the palliative treatment merely treats only one or a few symptoms, not the totality of disease. It produces short-acting relief followed by a return of symptoms or a greater aggravation. Allopathic treatment can cause incurable chronic disease (§74-76). The old school medicine only aggravated the illness (§203-204). Homeopaths know that allopathy worsens disease and creates new disease. Does allopathy suppress disease?

Hahnemann uses the word "suppression" ("unterdrücken") in a specific way. He states that the allopathic prescriptions silence, suspend and suppress the original malady for a short time only without being able to cure it; it adds a new disease condition to the old one (§39). Again, he says intermittent fevers can be suppressed by quinine, but are not cured. Patients remain sick in a different way (§235a, 244). Hahnemann says that suppression is when the organism is not allowed to express the disease dynamic in the best way that it possibly can in order to heal itself.

Skin disease serves as an example of how Hahnemann describes suppression. External ailments arise from internal causes (§189). The local disease is created on an external part not essential to life to silence the internal disease, but only for a while, with no cure (§201, 201a). For example, mineral baths very often make patients worse by driving away ("vertrieben") the skin rash. After a brief period of well-being, the life principle makes the uncured internal trouble break out in another part of the organism, one that is far more important to life and well being (§285).

In aphorisms 202 and 203, Hahnemann states that when the old school doctor destroys the local symptoms by some external means, one usually says, but incorrectly (my emphasis) that the local disease has been driven back into the body. Why is it incorrect to say that the disease is driven from the skin into the body? To help clarify this, take the example of a young child recently developing eczema. The mainstream allopath uses corticosteroids. The allopaths assume that they are removing the whole disease when the skin improves. If some time later, the child develops asthma, they may consider it a newly developing disease. Some homeopaths may express the situation differently. They may say that the steroids suppressed the skin disease and 'drove it deeper' to the more vital lungs. This statement seems to presume that the skin eruption was the expression of the whole disease at the time. It is not. The chronic disease process transforms the whole internal organism first, *before* the skin manifestations. The lungs are already sick. The skin eruptions help to delay the continued lung malady. If the dynamic illness cannot express itself on the skin, then the already sick lungs will reawaken with more serious disease processes.

The allopathic treatment did not suppress the whole local disease and drive it to the lungs. The suppression of the local expression of the whole disease reawakened the rest of the totality of the disease already in progress. The mainstream study of medicine makes it easy to presuppose that what is empirically observable in the present is the wholeness of the disease. Instead homeopaths must consider the complete process of chronic dynamic disease.

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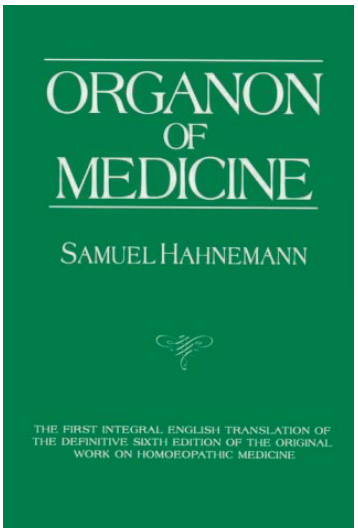
# Organon of Medicine
## by Samuel Hahnemann, MD

1982, sixth edition, translated by J. Kunzli, A. Naudé, P. Pendleton
Los Angeles, CA: J. P. Tarcher, Inc




**Aphorism 1:**

The physician's highest calling, his *only* calling, is to make sick people healthy - to heal, as it is termed.

(a) It is not to weave so-called systems from fancy ideas and hypotheses about the inner nature of the vital processes and the origin of diseases in the invisible interior of the organism (on which so many fame- seeking physicians have wasted their power and time). Nor does it consist of trying endlessly to explain disease phenomena and their proximate cause, which will always elude him.

Nor does it consist of holding forth in unintelligible words or abstract and pompous expressions in an effort to appear learned so as to astonish the ignorant, while the world in sickness cries in vain for help.

Surely by now we have had enough of these pretentious fantasies called *theoretical medicine,* for which university chairs have even been established, and it is time for those calling themselves physicians to stop deceiving poor human beings by their talk and to *start acting instead* - that is, really helping and healing.

**Aphorism 2:**

The highest ideal of therapy is to restore health rapidly, gently, permanently; to remove and destroy the whole disease in the shortest, surest, least harmful way, according to clearly comprehensible principles.

**Aphorism 3:**

If the physician clearly perceives what has to be cured in disease, i.e., in each individual case of disease (*knowledge of the disease*),

if he clearly perceives what it is in medicines which heals, i.e., in each individual medicine (*knowledge of medicinal powers*),

if he applies in accordance with well-defined principles what is curative in medicines to what he has clearly recognized to be pathological in the patient, so that cure follows, i.e., if he knows in each particular case how to apply the remedy most appropriate by its character (*selection of the remedy*), prepare it exactly as required and give it in the right amount (*the correct dose*), and repeat the dose exactly when required,

and, lastly, if in each case he knows the obstacles to cure and how to remove them, so that recovery is permanent, *then he knows how to treat thoroughly and efficaciously, and is a true physician.*

***Editor's Note**: We will be printing aphorisms in each Journal edition for educational purposes.*

# Postpartum Thyroiditis/Graves' Disease in a 36-Year-Old Female

## A Homeopathic Medicine Case Report

Susanne Saltzman, MD

**Abstract**: Graves' disease occurs in 0.1-0.4% of postpartum women as a complication of postpartum thyroiditis. Because pharmaceutical drugs (thionamides such as methimazole and propylthiouracil) are only 20-30% effective in controlling the disease, thyroid ablation with radioactive iodine or thyroidectomy is often necessary resulting in lifelong thyroid hormone replacement requiring frequent doctors' visits and monitoring. This case documents the rapid and complete resolution of Graves' disease in a 36-year-old postpartum woman with a homeopathic remedy based on the law of similars.
**Keywords:** postpartum hyperthyroidism, anxiety, irritability, characteristic symptoms, homeopathy, *Sanguinaria canadensis*

## Introduction

Postpartum thyroiditis is an inflammatory condition of the thyroid that usually lasts several weeks to several months and affects 4-10% of women within a year of giving birth. It involves a state of hyperthyroidism, hypothyroidism or both sequentially and is usually self-limiting; however, one in four women will develop permanent hypothyroidism and/or Hashimoto's thyroiditis requiring lifelong treatment.(2) A smaller percentage will develop Graves' disease, an autoimmune hyperthyroid condition that may lead to permanent thyroid ablation with radioactive iodine or thyroidectomy. Homeopathic medicine can provide an extremely safe and effective treatment for Graves' disease without the harmful effects of pharmaceutical drugs, radiation or surgery.

## Patient Information

A 36-year-old female, five months postpartum, presented with severe anxiety, restlessness, and hair loss for the past two months. Mary (not her real name) stated, "I feel irritable, out of control, on edge, panicky, my heart races, and I'm very impatient with my family. I never felt this way before and it scares me. My doctor says I have Graves' disease because my antibodies are still high and he wants to put me on medication, but I refuse to take anything because I am nursing my five month old."

Patient's medical history was significant for severe seasonal allergy symptoms in the spring "especially to flowers" that involved intense itching of the eyes, sneezing and postnasal drip. She was especially disturbed by severe chronic headaches of a few years duration that were exacerbated postpartum and began as an achy, dull-like pain around the right neck/shoulder area extending to just above the right eye. Mary used ibuprofen often to control the discomfort.

### Family History

Patient's mother took thyroid medication for hypothyroidism/Hashimoto's disease. Family history was also remarkable for depression and allergies.

## Clinical Findings

Patient appeared anxious and restless in the office as she nursed her five month old. On physical exam her weight was 125 pounds, pulse 110 and blood pressure 120/85. There was no characteristic stare or widened palpebral fissure, no excessive perspiration or hand tremors noted. Thyroid was normal/firm on palpation without goiter present. The rest of her physical exam was unremarkable. Patient described more frequent bowel movements and feeling "warmer than my usually chilly nature." There was only a mild increase in her appetite and an increased craving for carbohydrates. Her hyperthyroid symptoms, especially her anxiety and palpitations were worse in the morning, when she felt like "jumping out of my skin." These symptoms improved towards the evening.

## Diagnostic Assessment

Patient had symptoms and signs of classic postpartum hyperthyroidism. Lab results done recently by the endocrinologist showed a TSH of 0.02 (normal 0.5-3.5), total T3 of 461 (normal 230-420), TPO antibodies <10 (normal), thyroglobulin antibodies slightly elevated at 38 (normal <20 IU/ml), TSI (thyroid stimulating immunoglubulins) elevated >168% (normal <140% of

basal activity). Patient was refusing medications at this time.

## Homeopathic Assessment

Homeopathic medicine is a phenomenological science, not a reductionistic one, as in conventional or pharmaceutical medicine. A person's subjective and unique experience of his or her disease is what the homeopathic physician seeks to understand in the deepest, most compassionate, nonjudgmental and unbiased way possible. Every detail of a person's mental, emotional, and physical symptoms are noted, not just the symptoms that are typical or pathognomonic for the disease. We especially look for those symptoms that are *characteristic* for a particular patient—either symptoms that are unique to that person or unique to the disease. These *idiosyncratic* symptoms are usually expressed *clearly, spontaneously, and intensely* by the patient.

Mary's hyperthyroid symptoms (anxiety, restlessness. palpitations, heat intolerance, etc.) were common for the majority of hyperthyroid patients because of their increased metabolic state. From a homeopathic perspective, however, the pathognomonic symptoms alone are usually not sufficient to find the correct homeopathic medicine, unless these are the most *characteristic* symptoms in the case.(See *Acute Thyrotoxicosis/Graves' disease in a Type 1 Diabetic*, March 2016 e- journal). What symptoms were unique to Mary's case that would help distinguish her from another patient with the same hyperthyroid symptoms? Mary's severe spring allergies and chronic headaches were especially troubling to her and she expressed them *clearly, spontaneously and intensely.* The quality of her headache, which began in the right shoulder/neck area and extended to the right eye, was a keynote of a homeopathic medicine called *Sanguinaria.* The following rubrics were used for Mary's case:

## Rubrics

MIND: Anxiety; morning

HEAD: Pain; Headaches; extending to; eyes, right

BACK: Pain; cervical region; extending; eyes to, right

| | Lyc. | Sang. | Ozone | Psor. | Puls. | All-c. | Ars. | Asar. | Graph. | Lach. | Lyss. | Phos. | All. | Alum. | Ars-s-f. | Carb-v. | Carbn-s. | Caust. | Chin. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | 5 | 5 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| **Rubrics** | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| nose; CORYZA; flowers (9) | | 3 | | 1 | | 4 | | | | | | | | | | | | | |
| PAIN; cervical region; extending; ...(7) | 1 | 1 | 1 | | | | | | | | | | | | | | | | |
| PAIN, headache; extending to; ...(15) | 1 | 1 | 1 | | 1 | | | | | | | | | | | | | | |
| mind; ANXIETY; morning (83) | 3 | | | 1 | 1 | | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |

NOSE: Coryza; flowers

*Lycopodium* and *Pulsatilla* were considered, but neither of these remedies was in *both* rubrics that described Mary's allergies and particular headache symptoms. *Sanguinaria* was not in the first rubric ("Mind; anxiety; morning"), but this symptom was common in hyperthyroidism. Other rubrics were considered such as "MIND; restlessness, nervousness" and "HEART AND CIRCULATION: pulse; rapid; tachycardia, morning," but once again these symptoms were fairly common and pathognomonic for hyperthyroidism. Most importantly, *Sanguinaria* covered the main symptoms that were most unique to Mary—her peculiar headache and severe allergy to flowers.

## Therapeutic Intervention

Rather than prescribe a 30c or 200c potency as a one-time dose, I decided to give Mary a lower potency to take daily because I have found this method helpful when the physical symptoms are especially strong and when I can sense that an anxious patient would benefit from a daily dose. **Plan**: *Sanguinaria* 12c, 1 pellet (dry dose) twice a day. Call in one week.

## Follow-ups and Outcome

Mary called five days later to say that she was already feeling "calmer." She felt less "jittery" in the morning, her palpitations were gone, and she said that her husband noticed an amelioration in her irritability and moodiness.

**Plan:** Continue *Sanguinaria* 12c, 1 pellet bid and return in two weeks.

Three weeks after starting the remedy, Mary returned looking remarkably better. She was smiling and stated, "My anxiety is so much better and I am not irritable at all; just ask my husband! What's amazing to me is that my headaches completely went away for the first time in years, though they seem to be coming back in the last few days."

**Plan:** *Sanguinaria* 30c, one dose. A higher dose was given because headaches were returning.

Mary missed her next follow-up but left a voicemail stating that she was feeling great and felt no need to come in. I called her back to remind her to follow up with me or the endocrinologist to have her blood work repeated so that we could check her thyroid numbers.

One year later, Mary returned complaining of a cold and a "nagging, choking" cough. She was coughing up yellowish mucus and she felt a "a little short of breath." She also stated that her headaches had completely disappeared since the last remedy, but they had begun to bother her again in the past few weeks. Mary said that her anxiety was "cured" since the remedy a year ago, and she never had a return of her hyperthyroid symptoms. She was also surprised to find that her allergies this past spring were much improved over previous years. She said that her last visit to the endocrinologist showed a complete resolution of her thyroid antibodies and a normal thyroid panel. I asked Mary to send the results of that blood work for her file, but unfortunately I never received them.

On physical exam, Mary's pulse was normal at 75

and her blood pressure was 110/70. Her chest was clear on auscultation and the rest of her physical exam was unremarkable. I prescribed a 200c potency of *Sanguinaria* as I was now convinced that this was her constitutional medicine because it had acted so deeply. Although I briefly repertorized her cough symptoms, I was not concerned that the medicine was not in the rubrics under "Cough; choking" or "Chest; Breathing; difficult, with" (although it was in plain type in the rubric, "Expectoration; yellow") because these are common cough symptoms. Many patients will often need their constitutional remedy during acute illnesses *even if the remedy is not listed in all the acute rubrics.*

Mary called the very next day to say she could not believe how much better she felt. The correct homeopathic medicine will work quickly in acute illnesses, though it may take more time to act for chronic problems.

Four years later Mary returned feeling fatigued and "weepy" for the past few months. She gave birth nine months ago without experiencing any thyroid problems for which she was grateful. Her obstetrician was surprised because he knew that Mary's chance of a recurrence of her hyperthyroid condition in subsequent pregnancies was high. It was explained to Mary that homeopathy sometimes permanently cures these conditions. She said, "I think I just need my remedy again because it's been so long since my last dose."

**Plan**: *Sanguinaria* 200c, one dose.

Five years later Mary brought her son in for treatment. She was in excellent health since her last remedy five years prior. She asked for a dose of *Sanguinaria* to take home "just in case."

## Discussion

Postpartum thyroiditis (PPT) reportedly affects 4-10% of women. Graves disease accounts for a majority of hyperthyroid cases, whereas Hashimoto thyroiditis is the most common cause of hypothyroidism. Complications associated with postpartum thyroiditis (PPT) are many, but permanent hypothyroidism occurs in as many as 20-40% of women.(2) These patients are also at high risk for recurrent PPT with subsequent pregnancies.

Homeopathic medicine is an extremely effective and safe treatment for postpartum Graves' disease/hyperthyroidism without the side effects of medications and/or thyroid ablation. Often, the correct homeopathy medicine, known as the "simillimum," will permanently remove the underlying vulnerability to PPT; this is beautifully reflected in this case where the patient remained asymptomatic throughout her subsequent pregnancy. Through the years I have treated numerous cases of PPT as well as Graves' disease and/or hyperthyroidism, and in every case the simillimum was unique to the individual and his or her expression of the disease. The key is finding the "more striking, singular, uncommon and peculiar or characteristic signs and symptoms" in each case, as brilliantly defined by Samuel Hahnemann in aphorisms 153 and 154 of The Organon of Medicine. (3,4)

Timeline of patient medical history, diagnoses and treatment received

| Dates | |
|---|---|
| September 13, 2005 | Patient presents with severe anxiety, irritability, restlessness, palpitations, hair loss, chronic right-sided headaches, seasonal allergies and a diagnosis of postpartum Graves' disease. She was nursing her five month old and refused medications.<br>Rx: *Sanguinaria* 12c bid. |
| September 18, 2005 | Phone follow-up: pt. much improved, less anxiety and irritability, palpitations and headache resolved.<br>Rx: Continue *Sanguinaria* 12c bid. |
| October 20, 2005 | Pt. markedly improved, anxiety and restlessness resolved. Headaches returned in the last few days.<br>Rx: *Sanguinaria* 30c, one dose. |
| October 26, 2006 | Pt. returned with upper respiratory complaints. Hyperthyroid symptoms completely resolved since *Sanguinaria* 30c one year ago; lab tests (thyroid panel, thyroid antibodies) normal. Allergies also improved this past spring and headaches were gone until recently. Rx: *Sanguinaria* 200c, one dose. |
| October 27, 2006 | Pt. called to say she felt remarkably better, slept well overnight, congestion and cough resolving. |
| December 21, 2010 | Pt. gave birth nine months ago without experiencing thyroid problems. Complained of fatigue, problems sleeping and mild right-sided headaches. "I just need my remedy again," she said.<br>Rx: *Sanguinaria* 200c, one dose. |
| July 15, 2015 | Pt. brought her son in for treatment. She has been well since her last remedy on 12/21/2010. |

## References

1. Gagnier JJ. et al., The CARE guidelines: consensus-based clinical case reporting guideline development, BMJ Case reports 2013; doi: 10.1136/bcr-2013-201554
2. http://emedicine.medscape.com/article/261913-followup#6
3. *Organon of Medicine:* §153 (6th edition, Kunzli, et al):

    In this quest for a homoeopathic specific remedy, i.e., in comparing the totality of symptoms of the natural disease with the symptom lists of available medicines so as to find a disease agent similar to the trouble being treated, the more *striking, strange, unusual and peculiar (*characteristic*)* signs and symptoms in the case are especially, almost exclusively, the ones to which close attention should be given, because it is *these above all which must correspond to the very similar symptoms in the symptom list of the medicine being sought* if it is to the one most suitable to cure. The more general and indefinite symptoms such as loss of appetite, headache, weakness, troubled sleep, discomfort, etc., deserve little attention, because one finds something general of the kind in almost every disease and almost every medicine.

4. *Organon of Medicine:* §154 (6th edition, Kunzli, et al):

    If the corresponding image found in the symptom list of the nearest medicine contains those peculiar, uncommon, singular and distinguishing (characteristic) symptoms to be covered in the disease being treated, then *this* medicine is the most suitable one, the specific homoeopathic remedy for *this* case, and one dose of it will remove and extinguish a fairly recent disease, with no significant ill effects.

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# Response to Forbes Magazine

February 8, 2017

To the Editor:

The recent Op-Ed written by Bruce Y. Lee (FDA: Toxic Belladonna in Homeopathic Teething Product, Jan. 28) is an unfortunate example of a columnist's attempt to be clever at the expense of fair and accurate journalism.

The FDA's news release on the issue indicates that regulators found "inconsistencies" in the amount of Belladonna alkaloids within homeopathic teething tablets. But what the FDA revealed, and Mr. Lee failed to mention, was that the magnitude of these inconsistencies differed at the level of *nanograms* (billionths of a gram) between tablets.

The analysis of six separate bottles from one manufacturer, each containing 135 tablets, revealed only one tablet out of a total of 810 that contained a variation of 53 nanograms (53 billionths of a gram) of alkaloids. The average concentration of all the tablets was 1.2 nanograms.

That fact means that, despite these "inconsistencies," a total of more than 11,000 tablets would need to be consumed before the dosage equaled the average hourly concentration delivered by a single motion sickness medicine patch applied to the skin.

Some research scientists have suggested that homeopathic medicines work as a form of adaptive network nanomedicine, while others have outlined the unique characteristics of this form of therapy.

Nanotechnology explains why minute amounts of Belladonna alkaloids are present in these teething tablets in the first place.

It isn't known why the FDA has chosen to take such a hard line against these products for containing variations of a few billionths of a gram. Conventionally marketed products (*Transderm Scop™, Donnatal™*, etc.) deliver the same alkaloids, but in concentrations that are more than 11,000 times as potent. To our knowledge, no one has ever bothered to measure the nanogram variations between the doses in these products, primarily because this would be ludicrous.

To try to understand the recent FDA warnings, the American Institute of Homeopathy (AIH) recently obtained records directly from this agency through the Freedom of Information Act (FIOA). There were slightly more than fifty reports per year spanning a six-year period, but so far, no organization (including the FDA) has verified a direct causal link between homeopathic teething tablets and any adverse events.

It is important to remember that Homeopathy is a medical specialty with an illustrious two-century history of worldwide use with an impeccable safety record. Homeopathic science has been repeatedly verified in the laboratory, the clinic and most recently by nanoscientists. Sadly, in the United States this medical specialty has suffered unwarranted discredit while other, far more lucrative and profit-oriented subspecialties have flourished.

Homeopathy continues to spread throughout most of the rest of the world where it is the second most commonly used form of medicine (used by more than 500 million patients and tens of thousands of physicians). Homeopathy is inexpensive, easy to administer and effective in a wide range of conditions ranging from infectious diseases (where it alleviates the problem of antibiotic resistance) to chronic ailments.

Many rigorous studies support homeopathic science including state-of-the-art meta-analyses, but much more research needs to be done, particularly in the sister field of nanomedicine, which represents the cutting edge of modern medical technology. The American Institute of Homeopathy already maintains a free open-access database containing over 6,000 research articles, many of them published in peer-reviewed journals.

The American people certainly have a right to know whether homeopathic medications are safe, and can be trusted. But Mr. Lee has done a great disservice to your readership, and to the American public, by not bothering to even minimally investigate or evaluate claims made by other organizations, or the actual science of homeopathy.

Respectfully submitted,
Ronald D. Whitmont, MD
President, The American Institute of Homeopathy
Rhinebeck, New York

# A Case of Trauma in a 37-Year-Old Female: Using Inductive Reasoning in Homeopathic Analysis

## A Homeopathic Medicine Case Report

Karl Robinson, M.D.

**Abstract**: Using pure induction, it is possible to arrive at a homeopathic medicine that is at once surprising and counterintuitive. In this case, a woman with injuries suffered in a motor vehicle accident was restored to health with *Carbo vegetabilis*, a medicine that is not normally considered for the effects of trauma. The primary repertory used was *The Bönninghausen Repertory*.
**Keywords:** inductive logic, deductive logic, *The Bönninghausen Repertory*, *Carbo vegetabilis*

## Introduction

Homeopaths are fond of saying they use inductive reasoning in their analysis of the symptoms presented by the patient.We shall define inductive reasoning and then ask if homeopaths use it in toto, or in part:

- Inductive reasoning begins with a small observation, statement or detail and moves towards general principles.
- Inductive reasoning(as opposed to deductive reasoning) is reasoning in which the premises are viewed as supplying strong evidence for the truth of the conclusion. (*Wikipedia*)
- The process of making inferences based upon observed patterns or simple repetition. Often used in reference to predictions about what will happen or does happen, based upon what has happened.

To be faithful to the inductive method, the homeopath would take the symptoms of the patient and simply see to which medicine they lead. Do we, in fact, do so? I would argue we often do not and cannot if we pay attention to Hahnemann who exhorts us to take "the totality of the symptoms" (*Organon* ¶22, 24, 25, 70) and then swiftly tells us not to pay attention to common symptoms (*Organon* ¶153) and to pay great attention to strange, rare and peculiar ones (SRP) (*Organon* ¶153, 154). Then he goes further and lets us know that the mental symptoms are so important they are often the deciding factors in the selection of the medicine. (*Organon* ¶210, 211)

Following Hahnemann's dicta, it is still possible to use the inductive method. We take the totality of the symptoms, ignoring common symptoms and emphasizing SRP and mental ones.

Let's take a hypothetical patient, a child, who presents with a high fever (104°F). It comes on daily at 3 p.m. and has done so for three days. So, what many of us do (or consider doing) is to jump on the *Belladonna* bandwagon knowing that 3 p.m. is a key time modality for *Belladonna* symptoms to occur. It is certainly *strange, rare and peculiar*. We then start honing in on other *Belladonna* symptoms such as a red, hot face, cooler hands and feet, dilated pupils, throbbing carotids to corroborate or support our conclusion that the patient needs *Belladonna*.

But wait a minute! We have just flipped into *deductive reasoning.*

Deductive reasoning starts with a general theory or hypothesis (*Belladonna* is the hypothesis) and then works its way down to a conclusion based on evidence. The evidence is hot, red face, cooler hands and feet, dilated pupils and throbbing carotids. This method is all well and good except for the fact that we stopped impartially gathering facts; i.e., we ignored other symptoms that the patient may have had that were *not related to Belladonna but to some* other homeopathic medicine.

It is not entirely our fault that we often proceed as described for one very good reason. We have been taught, by numerous, eminent teachers of homeopathy, how each homeopathic medicine is **supposed** to manifest. We may learn the "picture" of the medicine via a teacher or via one of the many materia medicas. Now, to be fair, both the teachers and the materia medicas are right. They're just not complete. So what **might** we learn from our patients and about our medicines if we simply followed the facts, using induction and allowing the symptoms to lead us to the medicine **even** if that meant we had never used that particular medicine in that particular way before and had to open our minds to a new possibility?

What follows is an example of how the symptoms, using induction, pointed to a medicine usually never considered for physical trauma and yet it acted superbly.

## Patient information

In June 1997, a 31 year-old woman came to see me a week after she had been involved in a motor vehicle accident (MVA). She was alone in her car driving when she was broad-sided (in her words: "T-boned") from the right side. The seat belt tightened maximally around her torso. When I saw her she was complaining of the following:

- A sensation of the chest muscles tightening, especially those of the upper anterior chest.
- A sensation of the chest muscles drawing together leading to a feeling that she was hunching over.
- Sharp pains in the right shoulder extending down to the thumb.
- Sharp pains in coccyx worse sitting long.
- Coccygeal pains worse rising from a seat.
- She told me how the MVA had been "a big shock" and how frightened she had become of driving. "I'm afraid of having another accident."
- Prior to the MVA she had been chilly. Now she was much warmer, wanting the A/C at 70˚F, down from her usually preferred 75˚F. In addition, she wanted a fan on her.
- She said she felt, "as though I am suffocating when I get into a hot car."

## Homeopathic Assessment and Analysis

The repertory used was *The Bönninghausen Repertory* (TBR), based on Bönninghausen's *Therapeutic Pocketbook*. George Dimitriadis reformatted the original *Therapeutic Pocketbook* rendering it easier to use and did so without changing the original data in anyway. Each rubric is numbered and each symptom is graded from 1 to 4.

TBR312: Coccyx: *Carbo veg* [3]
TBR2564: Rising; sitting, on rising from: *Carbo veg* [3]
TBR1225: Constriction: *Carbo veg* [2]
TBR319: Shoulder joint: *Carbo veg* [2]
TBR1418: Stitching inner parts: *Carbo veg* [2]
TBR2100: Cold air ameliorates: *Carbo veg* [2]

As *The Bönninghausen Repertory* (TBR) is sparse when it comes to mental symptoms, I used *Synthesis*.

MIND: FEAR; accidents of: *Carbo-veg*.

**Plan:** *Carbo vegetabilis* 1M, a single dose..

## Follow up

I did not hear from her for thirteen years until September 22, 2010, when she called about an unrelated matter. I asked if she could recall how the medicine (*Carbo vegetabilis*) had acted.

"Yes, I do remember. I felt like my body got jolted instantly."

"When you say 'instantly' how soon was that?"

"Right away. Afterwards I felt just fine, like when I left your office and got into my car I had absolutely no problems getting into my car."

"What do you mean, you had no problems getting into your car?"

"Before I saw you I had to battle myself to even sit in a car. I didn't want to get into the car. I had to keep the car door open until I was ready to start moving because I had this horrible anxiety when I was in a car. It started right after I was in the car accident."

"And the pains?"

"They completely resolved, though slowly."

## Discussion

Her reaction to *Carbo vegetabilis* had been not just swift, but instantaneous, and it is interesting to realize that it happened according to the *Law of Cure* with the mental pathology resolving immediately and the physical pains resolving more slowly.

Bönninghausen formed his *Therapeutic Pocketbook* by pulling symptoms apart. He deconstructed symptoms into fragments, viz., *location, complaint/sensation,* and *modalities*.

In this case two of the symptoms, "coccyx" and "shoulder joint," belong to *location*. Two belong to *sensation*, viz., «constriction» and «stitching, inner parts.» Two belong to *modalalities*—"cold air ameliorates," and "rising, sitting, on rising from."

Now, *Carbo vegetabilis* is not widely known to affect specific bones and joints, nor is it known for the sensations of tightness/constriction or sharp, stitching pains. The fifth symptom, better in cold air, is better known, as is the air hunger; i.e., need for cool air on the face. The fear of accidents is probably not known to most homeopaths. I certainly had no knowledge of this symptom prior to treating this woman.

The beauty of the inductive method is perfectly illustrated in this case. Fortunately, I was able to trust the method and trust in its conclusion—*Carbo vegetabilis*.

*About the Author: Karl Robinson, M.D. is a former editor of the JAIH, founder and past president of the Texas Society of Homeopathy. His school, Homeopathic School of the Americas, is in its thirteenth year in El Salvador and Guatemala. He also practices in both Houston and Albuquerque.*

# The Inductive Method of Homeopathic Medicine: Implications for Research

Irene Sebastian, MD, PhD, DHt

The number of allopathic clinical research trials greatly exceeds the number of homeopathic clinical research trials. One reason for this difference is that the two systems of medicine are based on different assumptions. Allopathic medicine is based on a deductive-nomothetic model. With the deductive method, a diagnosis of the patient's condition is made using a set of criteria. Based on a theory about the cause of the disease/ailment, a treatment is recommended for any patient who meets the criteria for the disease. A trial can then be designed to test the efficacy of a particular medicine/treatment for all those patients with the specified diagnosis. In such a model, individual differences are usually perceived as random noise and are either ignored or statistically removed from the data, and thus the model may be described as nomothetic (because the focus is on what is common to the group). The fact that all patients are treated in the same way makes the double-blind, randomized, placebo-controlled trial an excellent choice to test hypotheses based on the allopathic model.

Homeopathic medicine is based on an inductive-idiographic model. As an inductive method, homeopathic medicine is based on observations rather than theories. This observational data is provided through "provings" which reveal the medicinal effects of various natural substances. The further observation that sick persons with a certain set of symptoms can be cured with a natural substance which produces those same symptoms in a healthy person forms the basis of the Law of Similars. These observations have demonstrated the importance of the individual expressions in which diseases are manifest, and thus homeopathic medicine may also be described as an idiographic method. In this model, individual expressions of the disease process, rather than being ignored or removed from the data, are of paramount importance. It is through provings that the science of homeopathy has advanced during the past 200 years.

The difference between these two methods is complex, and an explanation of these differences would require, at the least, a longer article. But one example might demonstrate the difference between the models as well as the limitation of the allopathic approach. A woman sought help from me because of intermittent right upper quadrant abdominal pain. Because of the severity of the pain, she went to an emergency room. The ER physician made a clinical diagnosis, based on history and physical exam, of symptomatic cholelithiasis, and ordered an ultrasound for confirmation and at the same time called a surgeon to do a cholecystectomy. But no gallbladder was seen on ultrasound. An HIDA nuclear scan was then ordered, and again no gallbladder was visualized, "most likely due to cystic duct obstruction." A CT scan was then ordered, and when no gallbladder was visualized, the report indicated "a congenital absence of the gallbladder." Because the patient did not have a gallbladder, the *theory* that her symptoms were due to gallstones could not be confirmed, and therefore the usual treatment (cholecystectomy) could not be done. When I evaluated her, I considered the location of the pain (right upper quadrant), the character of the pain (colicky), the extension of the pain (to her right scapula), and the modalities of the pain (the onset of the pain approximately four hours after eating, or in the early morning hours). Although I asked many other questions, the prescription was based only on the above four questions. It was an easy prescription – I told her to take a dose of *Chelidonium* 30c every 15 minutes the next time she experienced the pain. She took three doses, the pain resolved, and she never had a recurrence during the next few years she was under my care. I present this case simply to illustrate that homeopathy is based on an inductive method – given that the patient has these symptoms, what substance in nature is capable of producing this subset of symptoms? Had the radiation of the pain been different, had the patient's pain been aggravated by eating, etc., I would have chosen a different homeopathic medicine. The absence of the gallbladder was not a limiting consideration.

Although there is a general understanding within the homeopathic community that provings are the most appropriate form of homeopathic research, there have been some attempts to transform the inductive-idiographic model of homeopathy into a deductive-nomothetic research design in order to conduct randomized-controlled trials (RCTs). Chapman, Weintraub, Milburn, et al.'s double-blind, placebo-controlled, randomized-controlled trial (RCT) on *Mild Traumatic Brain Injury* was faithful to the homeopathic method by individualizing each patient's treatment in accordance with homeopathic principles.(1) Their study

demonstrated statistically significant effects of homeopathic treatment. Despite the significant findings, Chapman, et al. mentioned a significant limitation with the research as a result of the conversion of the inductive-idiographic model to the deductive-nomothetic model; namely, being able to choose only among the pre-selected homeopathic medicines and potencies. Because homeopaths do not treat diseases per se, it is impossible to know in advance all the homeopathic medicines that may be needed for the study participants. This fact would tend to decrease the possibility of significant findings since some participants may be prescribed a homeopathic medicine which the prescriber does not judge to be the best (for example, if the best medicine for that participant was not one of the pre-selected medicines). Because of the inherent limitations of this type of research, it is debatable within the homeopathic community as to whether this type of research study should be encouraged.

But there are certain situations in which homeopathic treatments can be studied using conventional RCTs. This type of situation is one in which the effect of the causative agent is so great that individual differences become less important. Trauma is one such situation, though even in this case the best prescriptions will take into account any individual differences which are manifest. The homeo-pathic medicine *Arnica montana* is the most commonly used medicine for trauma (especially blunt trauma), and it is often prescribed in an allopathic manner because most persons who have sustained trauma will benefit from it. Several studies have demonstrated statistically significant reduction in post-operative edema and ecchymosis.(2)

The difference between the deductive-nomothetic and inductive-idiographic models is particularly important for understanding the value of homeopathic provings. For a system of medicine based on the inductive method, it should be apparent that documenting the individual sensitivities and the particular manifestations of the disease process in the individual is essential. If only one individual experienced a particular sensation or had a particular reac-tion, it does not mean that the reported sensation or reac-tion is unreliable; it means that that individual is highly susceptible to the influence of the medicinal substance and one can expect that sick persons with similar sensi-tivities will react strongly to the medicine. The emphasis on subjective symptoms is also important; such symptoms represent an essential part of the proving data. In my own practice, I recall an elderly woman suffering from bilateral pneumonia who had received full courses of two different antibiotics with no improvement. I inquired about chest pain. There was none, but she said there was "fluttering" in her chest. This highly subjective sensation proved to be the key to finding the appropriate homeopathic medicine (*Na-trum muriaticum*), and the patient was restored to health. Mollinger, et al. demonstrated in a placebo-controlled RCT that homeopathic medicines produce different symptoms than placebo.(3) The authors noted, "What is interesting in this study is the fact that there were virtually no specific symptoms in the placebo group." The authors explained their findings by the fact that they "encouraged participants to be as precise with their experiential description as possible, collecting a host of qualitative data in the diaries"—a process similar to that described by Hahnemann.

Samuel Hahnemann was, to the best of my knowledge, the first practicing physician in the history of medicine to understand the importance of studying the effects of medicines on healthy volunteers and then to do the research on approximately 100 natural substances.(4) While it is true that he did not use contemporary methods such as placebo controls, randomization, and double-blinding, his research was in some ways more sophisticated than current trials. He described his method in Paragraphs 121-144 of the *Organon of Medicine*, and although all the details cannot be enumerated here, some of his requirements included the following: 1) careful regulation of the diet, 2) avoidance of any undue emotional or physical stress, 3) the inclusion of only those provers with the necessary intelligence to describe their sensations, 4) inclusion of both males and females in order to see the different medicinal effects, 5) the chronology of the appearance of symptoms, 6) specific instructions on how to vary one's circumstances in order to determine the modalities of the symptoms (that is, what makes it better, what makes it worse), 7) the value of doing self-provings, and so forth.(5) Furthermore, the homeopathic *materia medica* is based not only on provings but also on toxicology reports and clinical experience. When clinical experience confirms the data from the provings, various notations in the *material medica* are added to demonstrate further the reliability of the data.

Despite the absence of contemporary methods of RCTs, there is some evidence of the reliability of Hahnemann's provings. In the 1840s, the editors of *Oesterreichische Zeitschrift für Homoeopathie* commenced a series of provings in order to test and revise as necessary Hahnemann's provings. The re-proving of *Colocynthis* and *Aconitum* in 1844, of *Argentum* and *Thuja* in 1846, of *Bryonia* in 1847, and of *Natrum muriaticum* in 1848, corroborated nearly every symptom in Hahnemann's provings. Similar results were found with the re-provings of *Sulphur* in 1857, of *Clematis*, *Cyclamen, Lycopodium* and *Opium* in 1862, and of *Agaricus* in 1863. Although the editors had planned to publish their findings in successive issues of their journal, the project was abandoned as it became clear that Hahnemann's provings were reliable.(6)

The homeopathic community has had more than 200 years in which to assess the reliability of the *materia medica*. Without reliable data, it is difficult to believe that homeopathy would have continued to thrive as a therapeutic modality. While there is general agreement within the homeopathic community about the reliability of the early provings, there is concern about the unreliability of some of the contemporary provings, and efforts are ongoing to separate the reliable from the unreliable data.(7)

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# A Case of Adjustment Disorder with Anxiety
## A Homeopathic Medicine Case Report

George Guess, MD, DHt

**Abstract:** An acute case of adjustment disorder with anxiety is presented that responded to the homeopathic prescription of *Vanadium*, after the failure of *Silicea*. Elemental homeopathic analysis using Jan Scholten's method of analysis provided the guidance to recognize *Vanadium* as the indicated medicine, the operant theme being that the patient, having committed to and having embarked upon an imposing career as a nurse practitioner, suffered extreme self-doubt and insecurity, questioning whether or not she was capable of performing adequately in that position.
**Keywords**: adjustment disorder with anxiety, performance anxiety, elemental homeopathy, homeopathic medicine, *Vanadium*

## Introduction

Adjustment disorder with anxiety is characterized by anxiety and other symptoms resulting from a traumatic life event or change. Individuals may suffer intense anxiety, mood and cognition problems, changes in behavior and somatic symptoms, such as insomnia. Conventional treatment includes various forms of psychotherapy and medication (anxiolytics, selective serotonin and/or norepinephrine reuptake inhibitors (SSRIs, SNRIs). Homeopathic medicine, however, has a long track record of quickly alleviating this condition, without the side effects commonly associated with the pharmaceutical treatment of this condition.

## Patient Information

On October 17, 2016, this 25 year-old female nurse practitioner consulted with me for anxiety and insomnia originating the previous month when, after having completed her training, she began working as a primary care provider. She had heretofore worked as a nurse and completed her Nurse Practitioner (NP) training without any such problems, having always felt quite confident of her abilities and having performed them admirably. When she first began working in her new position she became overwhelmed with the new charting system and, as she began shadowing her NP superiors, she began worrying that her knowledge of medicine was inadequate to meet the demands of the position and became anxious about being on her own. Her anxiety especially escalated when she was on call and had sole responsibility for the care of her patients.

*Vanadium disk*

She felt very insecure. Whenever she returned home from work she would look up information to ensure she'd been correct in her assessments. She could not turn her mind off. She worried as well that others at work would be critical of her. Her anxiety was partially relieved by walks outdoors and exercise. She also was helped by questioning other NPs she worked with, absorbing their experience. However, she felt that she was asking too many questions, questions about topics she should already be familiar with. She commented that she was never on her own before and she always had the support of a preceptor.

Her resulting sleep disturbance took the following pattern: she would initially fall asleep without difficulty, but later waken anxious and restless in bed, tossing and turning for hours. As she lay in bed, her mind raced and her thoughts dwelled on 'what ifs'—"What if I'm called tonight and don't know the answer?" "What if I made a mistake with that patient I saw today?" This insecurity would propel her from bed to look up information in her medical texts. In short, she was anxious, insecure, needful of support and overly conscientious.

She did experience some anxiety as a nursing student but studying hard compensated for this; it was the same when she first began working as a nurse in a clinic, though her initial mild anxiety eased after a while. When asked how she felt when having to give public presentations, she admitted to being pretty anxious at the start though her deliveries would go well. With anticipatory anxiety, she experienced some diarrhea and axillary perspiration.

She liked to be organized because it made her feel better when stressed though her follow through could falter when overwhelmed. She was not fastidious. She had a history of being a rather intrepid world traveler, often traveling alone to distant locales. She was not a hurried person. She was normally sympathetic and she had a mild fear of robbers.

Over this time period she'd noted some hair loss and her appetite was reduced from the stress, with consequent weight loss. She was typically a warm-blooded person and often overly warm at night with some mild chest perspiration. Lately, however, she'd become more chilly and sensitive to drafts.

She noted some night sweats, with heat.

She had always craved cheese; more recently, with the stress, she'd begun craving more sweets.

Thirst was unremarkable. Menses were irregular lately, with long cycles of about five weeks; otherwise menses were unremarkable. She noted white spots on her nails and complained of dry scalp and skin.

She had no chronic health issues.

**Diagnosis:** Adjustment disorder with anxiety of an acute nature. Performance Anxiety.

**Treatment:** ***Silicea*** **200c**, liquid attentuation; one dose and wait three days. If no significant reaction is apparent, begin once daily dosing after succussing the remedy bottle 10 times before each dose.

On October 25, 2016, she emailed me complaining that her anxiety was much worse, so much so that she was thinking of quitting her position.

**Plan:** Discontinue *Silicea*.. Prescribe ***Vanadium*** **200c,** liquid attenuation, to be taken in a similar manner as *Silicea*.

**Follow-up:** The patient emailed me after one week to report that she was feeling better—less anxious, more confident. After two weeks she felt her confident self; she experienced no anxiety when on call and she had been sleeping quite well. At this point I advised her to begin reducing the frequency of administration of the remedy, gradually extending the number of days between doses and finally stopping altogether, which she has done. To date, she remains well and is functioning well in her new position.

## Discussion

All the usual 'suspects' for this sort of performance anxiety were considered for this woman initially—*Silicea, Lycopodium, Argentum nitricum, Gelsemium, Carcinosin, Arsenicum album*—all strong anticipatory anxiety medicines. Her overall presentation—extreme conscientiousness, anticipatory anxiety, lack of confidence with a strong need for adequate preparation (study) for exams, orderliness, chilliness, and white spots on her fingernails—strongly indicated *Silicea*; consequently it was prescribed. (No repertorization was performed.) Alas, it only worsened her condition. There remains the possibility that *Silicea* could be her constitutional remedy at a later date and that she was, at the time, in need of an acute intercurrent remedy.

Subsequent to the obvious failure of *Silicea* and unhappy with the other usual choices (though *Arsenicum album* and *Carcinosin* seemed possible choices), I elected to consider her case in the context of 'Elemental homeopathy;' ie, Jan Scholten's schema of homeopathic analysis based primarily on the mental-emotional characteristics of patients [see *Homeopathy and Minerals* and *Homeopathy and the Elements* by Jan Scholten].

Her primary focus appeared to revolve around the competent performance of her work; ie, doing her job well. Admittedly, responsibility (a gold series theme) was involved, as is the case for all health care professionals involved in direct patient care, but her complaint did not reflect a significant concern for meeting her responsibilities. Performance also was, of course, an issue with her, but not in the sense that the Silver series is concerned with - creativity and winning the admiration of others were not her concerns. No, the focus was on competence in the work place, a *Ferrum* series issue. Performing the task adequately and doing her duty were her central issues.

So, having identified the series, the next prerequisite to applying Scholten's schema was the identification of her stage. This decision was, for me, difficult, given my infrequent use of Elemental homeopathy. Stages 4 and 5, on the left side of the periodic table—the side pertaining to those who suffer varying degrees of insecurity—appeared most apt. Those two stages suggested two possible remedies—*Titanium metallicum* and *Vanadium*. The differences between the two remedies, as described by Scholten, seemed subtle, a major reason I employ Elemental homeopathic analysis infrequently, given the indecision that such subtlety can evoke. Nonetheless, past experience informed me that Scholten's method can be extremely effective in some cases; so I forged ahead.

Of help was my referring to Rajan Sankaran's themes for each stage or column in the periodic table. His ideas dovetail quite nicely with Scholten's own and help to clarify the psychodynamics of each stage. For stage 4/row 4 (Ferrum series: *Titanium*) he writes, "The doubts about the structure are resolved. There's no stepping back; one has to do things on one's own. Will I be able to? Commencing, beginning, inadequate." ("Rajan's Column" in "Mineral Maps"—*ReferenceWorks*). For stage 5 (*Vanadium*) he writes, "The structure is complete, but the foundation is not strong. Should I go ahead or not? Do I have the ability or not? Trying, unsure, postponing, preparing." This patient had progressed beyond just beginning; she had accepted that she had to perform on her own, but this decision made her feel insecure and she questioned her ability, even considering quitting when her anxiety was most pronounced. Though the decision was difficult and delicate (to me), I opted for *Vanadium*.

This case, while not involving significant pathology, is quite revealing of both the impressive efficacy of homeopathy and the utility of Elemental homeopathy. While it is quite possible that one of our tried-and-true homeopathic medicines might have benefited this patient, it's hard to deny the patient's positive response to *Vanadium*, a previously little-known remedy which Phatak describes thusly

in his *Concise Materia Medica*: "*Vanadium* [Vanad.]: A remedy for degenerative conditions of liver and arteries. Fatty degeneration of heart and liver. Arterio-sclerosis. Deeply pigmented patches on forehead in liver affections. Profound weakness." None of the angst surrounding one's performance when embarking on a task, a Stage 4 concern, had heretofore been revealed until Jan Scholten so asserted, with the able assistance of Rajan Sankaran. Their contribution to homeopathy is laudable and extends our pharmacopoeia, adding many effective medicines to our armamentarium.

## Conclusion

While acute stress reactions (in this case more 'subacute') might not seem like significant pathology, the sufferers of same might beg to differ—the suffering, as in this case, can be immense and affect the very course of their lives. Homeopathy offers a highly effective and safe treatment alternative, avoiding the side effects of anxiolytics and sedatives that are commonly prescribed, and that fail to address the underlying dynamic genesis of these ailments (as opposed to prevailing allopathic concepts of chemical imbalances). Proper homeopathic treatment not only can relieve the anxiety and associated symptoms, but also bolster the psychological foundation of patients, affording a real boost in confidence and an enhanced sense of security when facing an uncertain future.

Lastly, as this case illustrates, it behooves homeopathic physicians to educate themselves about all the many methods of homeopathic analysis, whether so-called classical Hahnemanian analysis, Vithoulkian essence prescribing, Boenninghausen analysis (and associated Polarity Analysis), Elemental homeopathy, Sensation homeopathy (Sankaran), and even Inspirational homeopathy (Tinus Smits). Any one of these methods could prove the key to unlocking a difficult case. While I have only a passing familiarity with some of the aforementioned methods, the several times I have employed some of them, to the extend that I've been capable, they have proved invaluable. I would encourage all homeopaths to look into these techniques.

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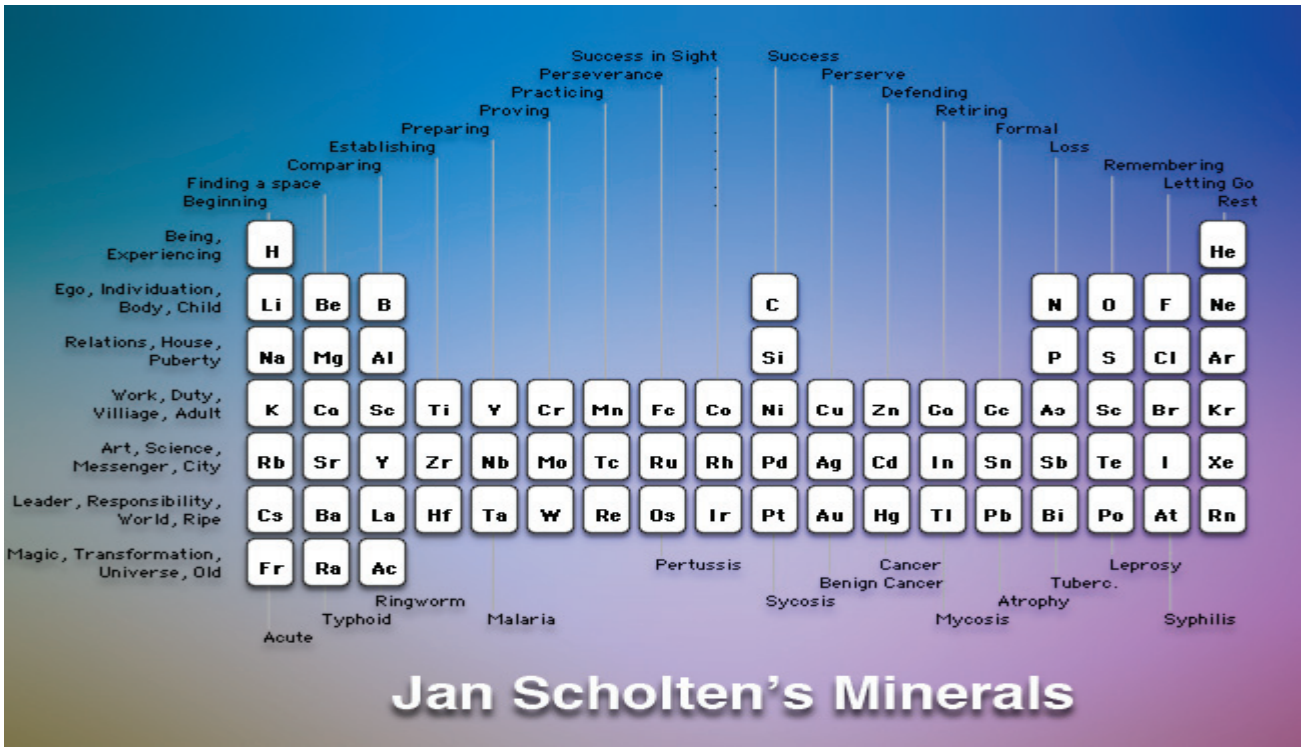
*Vanadium image info: A high purity (99.95 %) Vanadium disc, EBM remelted, electrical discharge cut, ground, polished and macro etched. Size ca. 35 mm dia., weight ca. 31.5 g.*
*By Alchemist-hp (talk) (www.pse-mendelejew.de) (Own work) [FAL or GFDL 1.2 (http://www.gnu.org/licenses/old-licenses/fdl-1.2.html)], via Wikimedia Commons*




*Periodic Table from ReferenceWorks, printed with permission from Synergy Homeopathic*

# A 56-Year-Old Male with Cellulitis/Myositis Status Post Right Hip Replacement

## A Homeopathic Clinical Snapshot

## Susanne Saltzman, MD

**Abstract**: A 56-year-old male with cellulitis/myositis status post a right hip replacement unsuccessfully treated with several courses of antibiotics was cured with two doses of a homeopathic medicine. Homeopathy can be an effective treatment for this condition without the side effects of pharmaceuticals.
**Keywords**: status post (s/p) hip replacement, cellulitis, myositis, homeopathy, *Sulphur*

### Patient Information

A 56-year-old male came in for weight loss and fatigue, displaying a slight limp as he walked into the office. His limp was a result of chronic pain from cellulitis/myositis surrounding the area of the scar s/p a right hip replacement fifteen months prior. There was no infection within the hip joint itself. He stated that he had been on multiple courses of intravenous and oral antibiotics and, due to the lack of response, his doctors determined that the infection was "probably in the muscle because of its resistance to treatment." At this point they were taking a "wait and see" approach despite the fact that the patient was in chronic pain and unable to exercise which he felt was contributing to his inability to lose weight.

On exam, the area of erythema (surrounding the scar) was approximately five inches wide and six inches in length and warm to the touch. On palpation there was hardening of the tissue underneath and it was tender to touch.

After taking his case, it was determined that the "simillimum was *Sulphur* (He was a physically large, friendly man with a tendency to perspiration, hot and aggravated by heat, thirsty and craved sweets). Having used *Sulphur* successfully to treat cellulitis in the past, *especially when Sulphur fit the patient's constitution,* I did not hesitate to prescribe two doses of *Sulphur* 30c to be taken a few days apart.

He returned six weeks later with a noticeable improvement in his gait and reported a marked improvement in his energy and pain to the point where he was walking more comfortably. However, he was concerned about a mass that had developed in the area of the cellulitis/myosits (see photo A). The mass was approximately the size of a half-dollar located right below the scar. On exam, it was hard to the touch and slightly tender. However, the area of erythema surrounding the scar was noticeably lighter and there was less tenderness on palpation.

Although the mass was suspicious, the surrounding infection itself seemed to be resolving and he was in less pain. Could this be some type of healing response? Was the infection coming to a head?

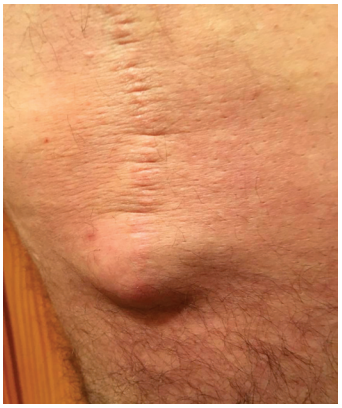


*Photo A*

**Plan**: I referred him to his surgeon to have a biopsy done. No homeopathic medicine was prescribed.

**Follow-up**: Four weeks later, the patient stated that by the time he saw his surgeon, the mass had decreased in size to the point that repeated aspirations with saline by the surgeon failed to extract any tissue.

Photo B shows the mass largely resolved ten weeks post *Sulphur* and the erythema is markedly improved.

At this point, four months later, the patient continues to do well and the infection appears to have resolved.

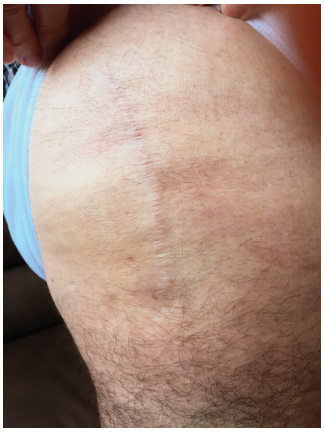


*Photo B*

### Discussion

The purpose of reporting this case is not to illustrate materia medica; thus, I did not give details as to why I had prescribed *Sulphur*. My goal was to show how homeopathic medicine can cure even the most resistant infections. In an era of increasing antibiotic resistance and anti-homeopathic sentiment, it is imperative that we homeopathic

physicians continue to publish our cured cases so that our readers understand that there is indeed a gentler, safer and often more effective treatment that can be used as a first resort rather than as a last desperate attempt when all conventional methods have failed.

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# A Case of Possible Magnesium Sulfate (Epsom Salt) Toxicity in a 68-Year-Old Male

## An Isopathic Medicine Case Report

Karl Robinson, M.D.

**Abstract** A 68 year-old man with a mix of depression, lack of motivation and auditory hallucinations, coupled with extreme flatulence, was relieved in a few days with *Magnesium sulphurica* in potency. The prescription was based on over-exposure to bathing in Epsom salts.
**Keywords:** epsom salts, magnesium sulfate, *Magnesium sulphurica*, isopathy.

## Introduction

Epsom salts or magnesium sulfate is an inorganic salt composed of magnesium, sulfate and oxygen. It takes its name from the town of Epsom, near London, where, in the early 17th century, it was first discovered coming from a spring. It is used externally, in the form of Epsom salts baths and internally per os. When bathed in, Epsom salts have a relaxing quality and are said to relieve sore muscles. When drunk, it acts as a laxative or osmotic purgative. Injected, it has been found useful in arrhythmias. In pre-eclampsia it is used to prevent eclampsia and when seizures of eclampsia occur, it is used intravenously and can be life-saving. It has also been used as a bronchodilator in severe asthma. In the brief case report that follows, homeopathic magnesium sulfate, *Magnesium sulphurica*, used isopathically, brought about an apparent aggravation followed by a complete amelioration of all symptoms.

## Patient information

The patient, whom I had treated repeatedly over the years for various acute problems, called on November 20, 2016, to say that he was without desire or energy to do anything - a big departure from his usual robust state of health. “I have no will to do anything,” he said. “There is nothing I want to do. There is no desire. If something comes up that requires that I act, my body is okay. I have enough strength and stamina. But mentally, there is no interest in anything. I talk to my body. I say, ‘Why are you feeling this way?’ There is no answer. It is like a ship [he was a former sea captain in the merchant marine] screaming, ‘Mayday! Mayday.’ You call back. There is no answer and I don’t know the position of the ship. I ask myself, ‘Why are you so fucked up?’”

The present situation (I hesitate to call it an illness.) began two to three weeks earlier. He was a big motorcycle aficionado. “I rode my motorcycle 12,000 miles in September and half October. I rode with a friend in Canada half the time and half the time alone. I like to ride by myself. Then it was time to put down the bike for the winter and this depression set in. When I don’t ride I tinker with the bike. Now and then I clean it a bit then I lose interest.”

“Another thing - all this time I am suffering from gas. I fart like a machine gun. I don’t sleep well. I wake up in the morning completely exhausted. I want to go back to bed. I can’t do anything. I’m a wet rag until three or four in the afternoon. Then I start moving and doing things. I’m not hungry or thirsty until four or five p.m.”

He then related the following auditory distortions:

-”One night I slept in another room from my wife. At 2 a.m. I heard her screaming my name. I jumped up, grabbed my gun and ran to her room. I got there. She was fast asleep.”

-”A few nights later I heard my dog barking. I got up, grabbed my gun. The dog was asleep.”

-”Another time I heard the air-conditioning/heater making a noise. When I checked it the next day it was okay.”

“Either I am going crazy or there is a poltergeist in the house,” he said. “I am embarrassed.”

His wife observed, “He is walking stooped over and shuffling like an old man of 80.”

He mentioned that he was dropping things and that he was “grouchy.”

At this point his wife volunteered that he had been taking daily Epsom salts baths. I quizzed him closely as to when he had started the baths. “It was in September while I was riding the bike,” he said. “I thought it might help with the muscle soreness.” He continued the Epsom salts baths on returning home and even increased them, sometimes to twice a day.

## Assessment & Analysis

Other than the exposure to magnesium sulfate in the form of Epsom salts baths, there were no other precipitating factors. Perhaps, it would be possible to impute his lack of interest and depression to the end of a season of motorcycling. As attractive as that hypothesis might be, it in no way accounted for the auditory hallucinations or extreme flatulence.

To jump to the conclusion that he was intoxicated from bathing in Epsom salts was also problematic as a cursory review of magnesium sulfate poisoning on the internet did not support his symptom picture.

A sampling:

> Generally, magnesium sulfate is well tolerated. However, patient response to elevated serum magnesium levels is highly variable. The majority of adverse effects are associated with excessive serum levels. Rapid bolus infusions (i.e., 2 grams over 5 seconds) may cause cutaneous flushing and transient hypotension due to a direct vasodilating effect. As serum levels exceed 3 to 4 mEq/L, central nervous system depression, lethargy, confusion, disorientation, frank coma, flushing, sweating, dilated pupils, hypotension, flaccid paralysis, depressed reflexes, hypothermia, circulatory collapse and cardiovascular depression may occur. When serum levels exceed 11 to 13 mEq/L, respiratory depression or paralysis, heart block and/or asystole may occur. Intravenous calcium (5 to 10 mEq) quickly antagonizes the effects of magnesium. (1)

> Excessive Epsom salt intake may lead to magnesium overdose which is considered a medical emergency. Possible overdose symptoms of magnesium sulfate, according to Drugs.com, may consist of flushed skin, a drop in blood pressure and/or a slowed heartbeat. Other potential overdose signs can include nausea with vomiting, and reduced awareness or drowsiness. Ultimately, the most serious cases may result in coma or even death. Get emergency treatment if any of the above symptoms appear.(2)

> Confusion; dizziness or light-headedness; fast, slow or irregular heartbeat; low blood pressure; muscle weakness; skin infection after soaking; sleepiness.(3)

Other than depression and lethargy, he had none of the other symptoms mentioned above of magnesium sulfate intoxication.

An extraction of *Magnesium sulphurica* in RADAR using the repertory *Synthesis* yielded virtually no corresponding symptoms.

In Clarke's *A Dictionary of Practical Materia Medica* is this entry under *Magnesia sulphurica*:

> MIND:…apprehension and restless uneasiness. — Tendency to fly into a passion; everything is taken in bad part.—Prostration; almost beside herself with anxiety; —Foreboding anxiety, as if some accident would happen. —Errors of imagination

His wife said that a "tendency to fly into a passion" was prominent, mostly concerning the presidential election, and he definitely had "foreboding anxiety, as if some accident would happen."

From Allen's *Encyclopedia* under *Magnesia Sulphurica*:

> MIND: She was so depressed and lachrymose, that she was somewhat frightened. — Anxious, as if conscious of some evil. Apprehensive, tearful, very gloomy; she thought some misfortune would happen to her. Disinclination for business. ABDOMEN: Incessant formation of flatus
>
> He was "anxious, as if conscious of some evil," and "very gloomy," and had no interest in anything—"disinclination for business" and clearly he had "incessant formation of flatus."

So although both Clarke and Allen covered some of his mental state, and Allen covered the flatulence, neither reported anything about auditory hallucinations.

Despite a lack of convincing corroborating evidence either from the toxicology literature or *Synthesis* or several materia medicas, I felt that intoxication from Epsom salts baths was the only reasonable influence. Because he lived in Oklahoma, I sent him a single dose of *Magnesia sulphurica* 200c. It was an isopathic prescription.

### First follow-up

The following report, in an email, was sent by his wife:

"He took the remedy you sent the night before last (Wednesday). He felt terrible all day Thursday—achy and nauseated. We were invited to Thanksgiving dinner at 6 o'clock and I actually thought about canceling because he was really not feeling well. He rested a lot and we went. He was his usual entertaining self, but he started having leg cramps while we were there. They got much, much worse after we got home around 10:30, so bad he didn't thing he could sleep. I stayed up late with him—by midnight he was hungry again; so he made something to eat (knackwurst and egg noodles). He ate the knackwurst but had to spit the noodles out; he almost fell over he said by the strong taste of metal. He drank diet tonic water with electrolyte tables in them and too the homeopathic leg cramp pills he sometimes has to take when he's been riding the motorcycle and gets leg cramps in the night from getting dehydrated. He went to bed around 2 a.m. and slept until 10 a.m.

"When he got up, he still felt tired and complained of metallic taste in his mouth and lips. He asked me to taste the noodles. He had a visceral reaction to my tasting them, recoiling back. They had no taste. He says his mouth tastes

like mercury.

"He has gone back to bed without eating anything. He didn't want to be alone; so I sat next to him in bed until he fell asleep. He wanted me to write this to you so you'd have this information in case he needs to do something or take something else."

"I just discovered that I didn't press send, so I'll continue the story.

"He woke up again around 2 p.m. and seemed to feel better. He sat up and ate some lamb and chicken gizzard soup he made earlier this week (all from our local farmer). But then he began to have bad pain where the botched hernia operation was three years ago (you may remember when the surgeon nicked his bladder and refused to readmit him for a week, causing all kinds of complications before we called an ambulance and forced his readmission). Then he was put on IV antibiotics and also complained about metallic taste—food seemed to 'burn' his mouth then, just like last night and this morning. And he got very upset about the mistakes that we made (having the surgery, not going to Oklahoma City when we had problems, listening to the doctors who sent us home from the ER, etc.). He really was upset—talking about shooting that doctor in the stomach if he ever discovered that he is dying. I tried to tell him that at least we learned not to ever trust the doctors in Stillwater, to be more cautious, etc., but he was still upset. I asked him if he was trying to get me upset too, and he walked and said he was going back to bed in the guest room.

### Second Follow-up

On December 15, 2016, I spoke by phone with the patient. He said he was perfectly fine and had recovered completely a few days after his wife's report. He was sleeping well; there was no flatulence; he was not dropping things; his energy was good. "I am doing things." The auditory hallucinations were gone.

During this conversation he told me how much Epsom salts he had been using. Two cups per tub of water is recommended. He was putting in three to four cups and taking two baths per day. His reasoning: "I thought that more was better."

## Discussion

Evaluating this man's condition was daunting as neither the toxicological literature nor the homeopathic literature was particularly useful although Allen's *Encyclopedia* came close.

The question: Did *Magnesia sulphurica* act? The strong aggravation, lasting several days before he returned to his usual healthy self, suggests it did. Also, he had a return of old symptoms - pain in the area of a hernia operation and a metallic taste similar to what he experienced in the hospital when placed on antibiotics three years prior.

The main reason for bringing this case to the attention of the members of the *American Institute of Homeopathy* is to alert ourselves to the very real problem of unintentional poisonings. In a future article, I hope to address the problem posed by aluminum.

## Addendum

In the course of readying the above article for the *AJHM,* George Guess, M.D., our publisher, did some internet searching. He found the following:

> "Other workers are not so pessimistic and some frankly praise the beneficial effect of magnesium (sulphate - sic). Thus, Eunike tried intralumbar injections up to 10 c.c. of a 10 percent solution in eight very severe cases. Four patients recoverd, in two the injections having a suprisingly good effect. He states that . . . some suffered from illusions of hearing and hallucinations, which were relieved by morphin."
>
> (*Archives of Internal Medicine*, 1916, Volume 17)

Indeed, Epsom Salts can cause auditory hallucinations. My thanks to Dr. Guess.

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*About the author: Karl Robinson, M.D. is a former editor of the JAIH, founder and past president of the Texas Society of Homeopathy. His school, Homeopathic School of the Americas, is in its thirteenth year in El Salvador and Guatemala. He also practices in both Houston and Albuquerque.*

On February 15, 2017, environmental activist and attorney Robert F. Kennedy, Jr. and actor Robert De Niro held a major press conference at the National Press Club in Washington, D.C. to discuss the correlation between mercury-containing vaccines and childhood autism. Kennedy explained that the World Mercury Project will pay $100,000 to the first journalist, or other individual, who can find a peer-reviewed scientific study demonstrating that thimerosal is safe in the amounts contained in vaccines currently being administered to American children and pregnant women. Following is their open letter to the public:

**An Open Letter to American Journalists from Robert F. Kennedy, Jr. & Robert De Niro**
**February 15, 2017**

On the occasion of our announcement of the World Mercury Project's $100K challenge (1), we want to address America's reporters, journalists, columnists, editors, network anchors, on-air doctors and news division producers. We especially want to reach out to those of you who have made a point of assuring the public about the safety of the mercury-based preservative, thimerosal. It's our hope that this challenge will elevate this important debate beyond name calling and prompt a genuine examination of the relevant science. The American public is entitled to an honest, probing and vigorous discussion about this critical public health issue—a debate based on facts, not rooted in fear, or on blind faith in regulators and the pharmaceutical industry.

We are both pro-vaccine. We need to say this at the outset to contravene the reflexive public relations ploy of labeling every vaccine safety advocate "anti-vaccine." As the *British Medical Journal* pointed out last week, that epithet is a derogatory attack designed to marginalize vaccine safety advocates and derail reasoned debate.

"It stigmatizes the mere act of even asking an open question about what is known and unknown about the safety of vaccines."

Both of us had all of our children vaccinated and we support policies that promote vaccine coverage. We want vaccines that are as safe as possible, robust transparent science and vigorous oversight by independent regulators who are free from corrupting conflicts-of-interest.

Despite the cascade of recent science confirming that thimerosal is a potent neurotoxin that damages children's brains, the American media has fiercely defended the orthodoxy that mercury-based vaccines are safe. We believe that even a meager effort at homework will expose that contention as unsupported by science. In just the past month, a CDC review confirmed thimerosal's profound neurotoxicity and a Yale University study connected vaccines to neurological illnesses including OCD, anorexia and tics.

Journalists, we have discovered—even science and health journalists—don't always read the science! On the vaccine issues, many of them have let government and industry officials tell them what the science supposedly says. Instead of questioning, digging and investigating, journalists, too often, have taken the easy course of repeating the safety assurances of the pharmaceutical industry and the regulators at CDC's Immunization Safety Office, which they have good reason to doubt.

For example, in recent years, two federal reports by Congress (2) and the Inspector General (3) of HHS have criticized the CDC for politicization of science and for corrupting conflicts of interest with the pharmaceutical industry [see also: UPI article on CDC corruption (4)]. In August 2014, CDC's senior vaccine scientist, Dr. William Thompson (5), confessed that the CDC routinely manipulates data to conceal the links between vaccines and a host of neurological disorders. Some dozen other CDC scientists have since come forward to protest pervasive scientific fraud and research corruption at the CDC. (6) Nevertheless, among American journalists, cult-like parroting of the CDC's safety assurances has become a kind of lazy man's science.

The fact that no major news organization has ever seriously investigated Dr. Thompson's shocking charges since they became public two years ago must be characterized as a kind of journalistic malpractice. But, newspapers and electronic media outlets not only routinely ignore or suppress legitimate debate over vaccine safety or the ongoing corruption scandals at CDC, some of them openly advocate the censoring of questions about these taboo subjects. Instead of informed scientific argument, the debate has therefore deteriorated into "argument by credential" and, its corollary, "argument by insult," public shaming, vilification, scorn and name calling, often directed toward the parents of injured children and others who question industry orthodoxies.

Financial conflicts with pharma are not unique to the CDC. Knowing that the pharmaceutical industry is by far the largest contributor of money to congressional lobbying, many Americans worry about the vigor of congressional oversight. They see how those political investments have purchased blanket immunity from lawsuits (8) for vaccine makers. With lawyers and courts sidelined as a check and balance against bad behavior, and Congress and the regulatory agencies captured by the industry, many Americans wonder where the oversight of the vaccine program is coming from. They see the cascades of pharma money pour-

ing into the American media—the final redoubt of critical scrutiny—and then wonder if journalistic vigilance has also been compromised.

We understand that the media's silence on this issue is not simply a quid pro quo for the billions of dollars of annual pharmaceutical advertising flooding into our nation's newspapers and network news divisions. Many reporters and media outlets accept muzzling on this issue as a necessary sacrifice for public health. They sincerely believe that even allowing debate about vaccine safety and CDC corruption will cause the public to stop vaccinating. We disagree. As the late Bernadine Healy, former Director of the National Institutes of Health (8) said, "Americans are smarter than that." Healy believed that a vigorous and open debate would not diminish but rather strengthen the vaccine program. We agree. Studies show that the gravest impediment to broad vaccine coverage is public mistrust of government regulators. (9) Therefore, to maximize vaccine acceptance, we need strong science and a regulatory agency with unblemished integrity. Guaranteeing these objectives will require aggressive and persistent vigilance of the kind we won't get if journalists and media organizations continue to muzzle debate and mouth talking points promoted by pharmaceutical interests.

Rather than strengthening public support for the vaccine program, the laws that shield the vaccine industry from lawsuits combined with the absence of political and press scrutiny, have emboldened the CDC and the vaccine companies to engage in increasingly reckless conduct.

In 2004, an FDA official acknowledged in testimony before a congressional committee, that no government or privately funded study has ever demonstrated thimerosal's safety. (Testimony of William Egan before the House Committee on Government Reform, July 18, 2000). (10) On the other hand, there is plenty of science suggesting that thimerosal is NOT safe.

Several hundred studies, available on PubMed, have linked thimerosal exposure to neurodevelopmental and immune system diseases that are now epidemic in the generation of American children born after the CDC dramatically increased childhood thimerosal exposures in the late 1980s. According to the CDC, one in six American children (11) —the so called "thimerosal generation"—now suffers neurological damage. If, as the science suggests, thimerosal is responsible for a portion of this epidemic, its continued, unnecessary presence in vaccines is one of the great crimes in human history.

Looking at history, Senator Robert Kennedy was fascinated by the way decent honorable people became complicit in great atrocities. He observed that moral devolution was almost always accompanied by an undue regard for an undeserving authority and a willingness to put one's head down and pretend that facts don't exist. Speaking of his own early blunders in Vietnam, he quoted Sophocles: "All men make mistakes, but a good man yields when he knows his course is wrong and repairs the evil; the only sin is pride."

It's time now for journalists to either claim our $100,000 reward by producing scientific proof of thimerosal safety, or start digging deep into the facts provided in this letter. We urge you to finally read the science and lift up the carpet at the CDC. The American people expect their media to be a robust and fearless forum for honest debate—even about the most difficult and controversial issues. Americans deserve a perpetually inquisitive press with the courage to inform the public and speak truth to power. Most importantly, our children deserve a vaccine program that is as safe as possible.

Sincerely,
Robert F. Kennedy Jr.
Robert De Niro

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# Miller's Review of Critical Vaccine Studies

## by Neil Z. Miller

Santa Fe: New Atlantean Press, 2016.
336 pages. Paperback. $11.95 US.
ISBN-10: 188121740X
ISBN-13: 978-1881217404

## Reviewed by Karl Robinson, MD

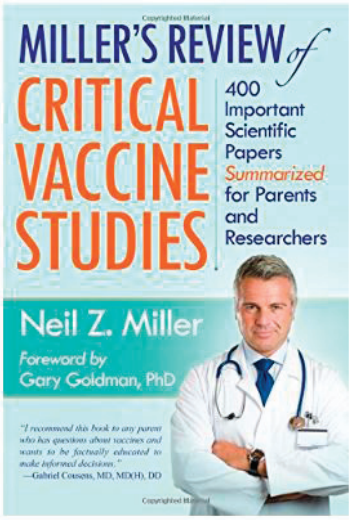
Those of us who question the safety of vaccines and/or their efficacy often find ourselves on the defensive against a medical establishment that unrelentingly promotes both their safety and efficacy and brooks no opposition. Any facts that suggest vaccines are less than a universal panacea are usually ignored or dismissed, often with contempt. Now, a new book by Neil Z. Miller offers a wealth of scientific data refuting the idea that vaccines are either completely safe or efficacious. Miller's Review of Critical Vaccine Studies contains summaries of more than 400 scientific studies published in leading journals worldwide that provide statistical data showing the downsides of vaccines.

Miller has spent over 25 years studying and writing about vaccines and exposing their flaws and dangers. He is author of:

- *Vaccine Safety Manual for Concerned Families and Health Practitioners*
- *Make an Informed Vaccine Decision for the Health of Your Child (*with Dr. Mayer Eisenstein)
- *Vaccines: Are They Really Safe and Effective?*
- *Vaccines, Autism and Childhood Disorders*

What distinguishes this latest book is the wealth of data detailing just how compromising various vaccines are to long-term health. Studies cited show how a given vaccine, for example, might decrease the probability of contracting a contagious childhood illness yet increase the chances of developing a neurological or immunological problem.

In the foreword, Gary Goldman, Ph.D., an epidemiologist, reports how he was hired by the Los Angeles Department of Health Services in 1995 to conduct epidemiological studies of varicella disease (chickenpox). By the end of five years, he writes, there was, "an 80% decline in varicella disease in the community." However, by the end of 1999, school nurses were reporting cases of herpes zoster (shingles) where previously shingles had been extremely rare. The same virus causes both chickenpox and herpes zoster.




After a child has chickenpox, the virus lays dormant, "until the body's cell-mediated immunity declines to a certain low level at which point the varicella zoster virus can reactivate as shingles." Prior to the advent of the chickenpox vaccine, most adults who had chickenpox as children received repeated boosts to their immune systems throughout their lives from contact with children with chickenpox, thus making outbreaks of herpes zoster (shingles) less likely. But after children were vaccinated with varicella and no longer expressed chickenpox, adults were no longer exposed and began experiencing outbreaks of shingles in greater numbers.

In the main body of the book on the section, "Chickenpox and Shingles" are summaries of clinical studies some of which follow:

- *Childhood contagious diseases such as chickenpox are protective against coronary heart disease such as angina pectoris and heart attacks.*
- *The universal chickenpox vaccination program is neither effective nor cost-effective and caused a dramatic rise in shingles.*
- *Vaccinating children against chickenpox increases the risk of shingles in teenagers and adults.*
- *Adult exposure to children with chickenpox protects against shingles.*
- *The chickenpox vaccine program decreased cases of chickenpox but increased cases of shingles and lowered the age of infection.*
- *It's not ethical to increase cases of shingles in adults and the elderly by reducing cases of chickenpox in children.*

- *Children vaccinated against chickenpox are getting shingles from the virus in the vaccine.*

For this reviewer, Miller's book contains revelation after revelation about vaccine liabilities:

- *Two studies, provide strong evidence that people who are vaccinated against pertussis may be silent carriers of the disease and capable of infecting others.*
- *Children who received a pertussis vaccine were two to five times more likely than unvaccinated children to be diagnosed with asthma.*
- *Children who contract measles and chickenpox are significantly less likely to develop asthma and allergies.*

The section "Seizures" summarizes studies providing "strong evidence that childhood vaccines significantly increase the risk of seizures."

The section "Diabetes" reports scientific papers correlating vaccines (especially Hib, MMR, polio, whole-cell pertussis and diphtheria-tetanus-inactivated polio vaccine) with type 1 diabetes. In one study children who received four doses of the *Haemophilus influenza* type B (Hib) vaccine were significantly more likely than children who received no doses of the Hib vaccine to develop type 1 diabetes by seven years of age. One study that analyzed eleven years of health data concluded, "*All vaccines have the potential to induce diabetes; the risk may be even greater in families with a history of diabetes*."

The section "Aluminum" especially interested this reviewer as I have been using homeopathic *Alumina* (oxide of aluminum in potency) often to dramatic effect in adults with a history of using deodorants/antiperspirants containing aluminum. I have maintained for years that wide swaths of the population suffer from aluminum toxicity, an epidemic that, because it is off the public health radar, is virtually invisible and therefore unrecognized. It causes significant cognitive decline and noticeable incoordination. Miller addresses aluminum's role as an *adjuvant*; that is, a substance that enhances the body's immune response to an antigen. It is uncontested that aluminum is a neurotoxin and has absolutely no biological role in humans. Nonetheless, it is used in vaccines for tetanus, pertussis (DTaP), Haemophilus influenzae type b (Hib), hepatitis A, hepatitis B, and pneumococcus.

As a neurotoxin, aluminum can destroy neurons necessary for cognitive and motor functions. Unlike aluminum that is ingested (99.5% of which is eliminated in the stool and most of the rest via the kidneys) injected aluminum is 100% absorbed and is known to travel to organs throughout the body where it can remain for years.

The following are summaries of all the studies on aluminum toxicity appearing in Miller's book.

- *Aluminum in vaccines can cause autoimmune and neurological damage*
- *Aluminum in vaccines may cause severe health problems in children and adults*
- *Aluminum in vaccines may be linked to autism spectrum disorder*
- *Autism may be related to genetic factors and aluminum-containing pediatric vaccines*
- *Aluminum in vaccines can provoke permanent malfunctions of the brain and immune system*
- *Aluminum in vaccines can cause chronic fatigue, sleep disturbances, multiple sclerosis-like demyelinating disorders, and memory problems*
- *Chronic fatigue, chronic pain, and cognitive disorders have all been linked to aluminum in vaccines*
- *Aluminum in vaccines can cause macrophagic myofasciitis, chronic fatigue and muscle weakness*
- *Aluminum in vaccines can cause central nervous system disorders and multiple sclerosis-like symptoms*
- *Aluminum in vaccines can travel to distant organs, like the spleen and brain, and become "insidiously unsafe"*
- *Aluminum adjuvants added to vaccines are "insidiously unsafe" and may cause long-term cognitive deficits*
- *Aluminum in vaccines can cause neuron death plus motor and memory deficits similar to Gulf War Syndrome*
- *Aluminum in vaccines can cause cognitive dysfunction, chronic fatigue, autoimmunity, and Gulf War Syndrome*
- *Aluminum-adjuvant vaccines can damage the nervous system and cause autoimmune disorders*
- *Aluminum adjuvants in vaccines can be dangerous, causing autoimmunity and ASIA syndrome in some people*
- *Vaccine adjuvants such as aluminum and oil-in-water emulsions may cause autoimmune diseases*
- *Mercury and aluminum in vaccines can cause autoimmunity and neurological disorders*

The foregoing is only a smattering of the information in Miller's new book. It is a must read for the entire medical profession and especially for those of us practicing alternative/integrative medicine. Miller has formatted the book so that each study summarized is contained on one page. The studies are easy to read and understand and the reference to the original studies are cited.

*About the Author: Karl Robinson, M.D. is a former editor of the JAIH, founder and past president of the Texas Society of Homeopathy. His school, Homeopathic School of the Americas, is in its thirteenth year in El Salvador and Guatemala. He also practices in both Houston and Albuquerque.*

# Vaccines: a Reappraisal

## By Richard Moskowitz, M. D.

**Skyhorse Publishing, New York**
**About 350 pages; publication date: spring or fall, 2017**

## PART I: THE VACCINATION PROCESS

### From Chapter 1: Immunity, True and False.

The natural immunity acquired by coming down with and recovering from acute febrile diseases like the measles, resulting in expulsion of the offending organism from the body, is the formative experience by which a healthy immune system is developed and maintained throughout life. This basic truth is reinforced by a large volume of epidemiological research that shows how contracting and recovering from acute febrile illnesses in childhood provides significant protection against cancer and many other chronic diseases later in life.

Whatever good vaccines may accomplish inevitably falls far short of these goals. Without the acute illness, there is no priming of the immune system as a whole, no improvement in the general health, and no reliable mechanism for expelling the invading organism from the blood. Indeed, where that organism actually goes, how it causes the immune system to continue producing antibodies against it for years, and what price we have to pay for the counterfeit immunity that vaccines represent, are questions that we are not supposed to ask, and can expect contempt or indignation when we do.

What haunts me is the probability that the production of specific antibodies throughout life entails the ongoing physical presence of these vaccines, remaining deep inside the body on a chronic basis, which seems to me a perfect recipe for eliciting autoimmune phenomena routinely and repeatedly in every recipient, whether or not they actually fall ill or develop clinical signs and symptoms at the time.

With live-virus vaccines, it is easy to imagine such a carrier state being achieved, by simply attaching themselves to the DNA or RNA of their host cells. As for the others, the"non-living" vaccines, we know that they cannot survive as antigens for long periods without various chemical adsorbents, fixatives, preservatives, sterilizing agents, and "adjuvants," almost all of them highly toxic, and that enabling such long-term survival is the sole reason for their use; but precisely how these chronic phenomena are achieved has been allowed to remain a well-guarded trade secret, if indeed it is known at all.

It is dangerously misleading, if not the exact opposite of the truth, to claim that vaccines protect us from acute infection if they merely drive the organism deeper into our bodies and cause us to harbor them chronically instead, rendering us incapable of responding acutely, not only to them, but very probably to other antigens as well. In short, my fear is, and indeed my experience has been, that whereas acute infectious diseases produce genuine immunity through vigorous, acute responses, vaccine-mediated immunity is achieved by creating the equivalent of a chronic infection in its place.

### From Chapter 2: Vaccine Effectiveness.

The measles vaccine was spectacularly successful but unnecessary, since the disease had already evolved from a killer into a normal disease of childhood, so that vaccinating kids deprived them of the vital health benefits of coming down with and recovering from the acute disease, just as the mumps, rubella, chickenpox, and flu vaccines have done.

The decline of serious diseases like diphtheria, tetanus, and whooping cough are also widely attributed to vaccines, despite the consensus of most epidemiologists that improvements in hygiene, sanitation, and public health deserve most if not all of the credit.

At the same time that the polio vaccine made its debut, the CDC quietly redefined infantile paralysis to exclude all but the severest cases, leading the public to believe that the vaccine was solely responsible for the sharp decline in the number of cases that promptly resulted.

The chickenpox and rotavirus vaccines are directed against diseases that have never been very serious, in the developed world at least, and are marketed largely for economic reasons, to save working parents from the lost wages of having to stay home and care for their sick children.

The flu vaccine targets a disease that is sometimes if rarely fatal in the old and debilitated; but it was destined to fail, because influenza viruses mutate rapidly, and because so many flu-like illnesses involve totally different viruses.

The rapid evolution of viruses and bacteria, resulting in the development of mutant strains, severely limits the effectiveness of many vaccines. The Haemophilus influenza type b (Hib) and the Pneumococcus vaccines are made from organisms that are part of our normal flora.

In the wake of the pertussis vaccine, mutant strains have brought the disease back in a major way from the brink of extinction.

The chickenpox virus has roared back as shingles in younger and younger age groups since that vaccine was mandated.

Mutant strains of the polio virus have appeared in even deadlier form in several countries, including our own.

Another major problem with vaccine effectiveness is the inaccuracy of the specific antibody titer as a measurement of immune status, which has led to tragic miscalculations. The CDC and the industry interpret the absence of antibodies to mean that the vaccine has simply "worn off," leaving such individuals susceptible as before, and that added booster shots can dependably restore their level of immunity to the desired level.

But MMR recipients with measles titers below supposedly immune levels have been shown to respond only minimally to a booster shot. One measles outbreak featured mild cases with pale rash, no fever, and minimal fatigue, mainly in vaccinated kids with no antibodies; the typical acute form was found in the unvaccinated, but also in vaccine recipients with high levels of antibody. These paradoxical findings indicate that vaccination involves an ongoing effect invisible to routine serological testing, and that revaccinating people with low titers puts them at risk of more serious reactions.

Case in point: a young lab tech developed severe chronic bronchitis after her second of three Hepatitis B shots, but showed no antibodies four years later; so her new employer, believing her still susceptible, insisted on a second round. The result was chronic, autoimmune thyroiditis and several related complaints that left her permanently disabled; and her claim for compensation under the Vaccine Injury Compensation Program (VICP) program was denied under current Federal guidelines.

## From Chapter 3: Vaccination Safety.

According to the established standards of biomedical science, the vast majority of the industry's safety trials are fundamentally defective in three critical respects.

First, instead of inert placebo, their badly-misnamed "control" groups receive either the highly reactive adjuvant or a different vaccine entirely.

Second, the observation period for serious adverse events is very brief, rarely longer than a few days, such that life-threatening autoimmune illnesses, which often take weeks, months, or even years to develop, are automatically excluded from consideration.

Third, the lead investigators are given blanket authority to determine whether the reported adverse events are vaccine-related or not, based on criteria that are kept secret.

The result is that only a vanishingly tiny fraction of the deaths and serious injuries reported by the subjects themselves are even considered seriously, let alone actually attributed to the vaccines. The manufacturers' unwillingness to specify the criteria used to reject these reports lends further credence to the suspicion that the lead investigator's assigned task is mainly to insure that the results conform to the manufacturers' prior agenda of promoting the vaccine as ideally safe and effective, and even to alter or fabricate the data if necessary. A former drug-company Vice-President recently made it unmistakably clear that this corrupt scenario is in fact Standard Operating Procedure throughout the industry.

***Editor's Note:*** *We will be printing excerpts from chapters in Dr. Moskowitz's book in future editions of the Journal due to the importance and timeliness of the subject matter.*

*About the Author: Richard Moskowitz, MD, practices classical homeopathy in Watertown, Massachusetts (Boston area). He previously served as President of the NCH and taught at their Summer School. He is the author of the books "Homeopathic Medicines for Pregnancy and Childbirth","Resonance:The Homeopathic Point of View," "Plain Doctoring: Selected Writings, 1983-2013," and "More Doctoring: Selected Writings, Volume 2, 1977-2014."*

# Requirements for Submission of Manuscripts

## *Compliance with International Committee of Medical Journal Editors Uniform Requirements for Manuscripts*

The *American Journal of Homeopathic Medicine* adheres to the requirements for manuscripts as promulgated by the International Council of Medical Journal Editors. A complete description of these requirements can be found on the American Institute of Homeopathy's website (www.homeopathyusa.org) or the ICMJE's website (www.icmje.org). Authors of experimental studies should pay special reference to these requirements, which are too exhaustive to list here. A brief summary of the bulk of the requirements is here listed:

### Authorship qualifications (others in acknowledgments)

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

### Peer Review

All articles are subject to peer review, with articles being distributed to at least two peer reviewers for criticism, comments, and approval. Final decisions are the province of the editor. In general, the peer review process can be expected to require two to three months for completion.

### Conflict of Interest

Authors must disclose any potential/actual conflict of interest – financial or personal; to be included on title page under title. If a study is funded by an organization or company, authors must disclose the level of involvement and whether or not all data was made available to author. Peer reviewers and editorial staff have a similar obligation to disclose conflict of interest.

### Privacy/Informed Consent

Authors must be sure to secure the privacy of any patient cases published – no names, numbers, identifiers are to be mentioned; if identity is revealed, informed consent must be secured by the journal or author (with a written statement to that effect sent to journal).

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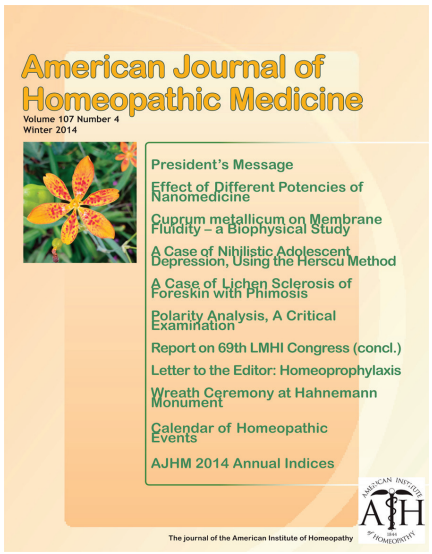


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