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AIH Events - Past and Future

Welcome to the second monthly e-journal of the American Journal of Homeopathic Medicine, providing cured cases and news of importance to the homeopathic medical community.

The AIH Annual Spring Conference “Cured Cases Through Predictive Homeopathy” was presented in Tempe, Arizona by Dr. Prafull Borkar from Mumbai, India. The conference was extremely well received. Dr. Borkar presented many cases from his own practice along with several which were sent from Dr. Prafull Vijayakar. Cured cases included well documented histories and videos of stroke, hypertension, autoimmune hepatitis, asthma with bronchopneumonia, retinitis pigmentosa, hemangiomatoendothelioma, herniated nucleus pulposis (HNP), congestive heart failure, senile dementia, severe facial eczema and others.

The course provided AMA Category 1 CME Credits for all live and webinar attendees.

The entire three-day event in Arizona was recorded and is available online for viewers who missed the live event (AIH members continue to receive a substantial price discount) for these seminars.

Conference attendees enjoyed a stunning Friday sunset rooftop dinner atop the Tempe Graduate Hotel and a fragrant and vibrant Saturday evening tour of the Desert Botanical Gardens (DBG) complete with fiber-optic light shows and an awe-inspiring collection of desert plant and animal life!

Plans are already underway for next year’s annual conference, which promises to be even better.

Upcoming Webinar

Due to the AIH Annual Conference there was no Webinar scheduled for April 2016, but we will resume webinars on May 5, 2016, at 7:00 p.m. (Eastern Time) with Christina Chambreau, DVM, who will address “Keys to Treating Patient’s Pets in Your Practice.”

Please mark your calendars. As an AIH Member, there is no need to register in advance (as long as the AIH already has your correct email address) since you will automatically receive an invitation during the week of the webinar. Simply click on the “link” on the correct day and exact time of the webinar and you will be connected.

Future Webinars (mark your calendars!)

June 2, 2016: Lauren Fox, FNP, CCH- “Homeopaths Without Borders”
July and August 2016: No Webinars due to Summer Vacations.
September 1, 2016: Roger Morrison, MD - “Case Analysis”
December 1, 2016: Iris Bell, MD - Topic TBA

Past Webinars

If you missed any of the past webinars, they may still be viewed on the AIH website by clicking on the “Member Log in” tab at the top of the page. Once inside the “Members Only” section you may simply click on “Past webinars” listed in the left margin. All past webinars are free to AIH members.

Other viewable items include past issues of AJHM as well as other legal documents.

The AIH is looking for members willing to serve on the AIH Board of Directors. If you would be willing, or know of anyone, please let a a Board member know as soon as possible!

The AJHM is looking for cases for our journal. This journal is our forum and our window to the world. It would be great if each and every member made a commitment to submit at least one case to our editor during the 2016 year. These cases do not have to be long or complicated, or even use unusual medicines. A simple cured case with follow-up is what your peers would like to see. Please submit many and frequently!

I hope this month’s Newsletter was helpful. It was a pleasure seeing so many of you in Tempe, Arizona. Wishing you, your families and your patients a Happy Healthy April and May 2016.

Respectfully Submitted,
Ronald D. Whitmont, MD
President, AIH
Iatrogenesis

“A single symptom is no more the whole disease than a single foot the whole man. This method (allopathic) is all the more objectionable because it treats a particular symptom (in a merely enantiopathic and palliative way) with the result that it returns much worse than before after a short alleviation.”

Aphorism 7, The Organon of Medicine by Samuel Hahnemann, MD (1755-1843)

Welcome to the April e-journal of the American Journal of Homeopathic Medicine (AJHM). In this issue, we present a case by Dr. Ronald Dushkin of a physician with recurrent prostatitis/urethritis who developed a multi-drug resistant infection after numerous courses of antibiotics, which led to a severe decline in his health and a medical leave from his hospital position. Homeopathic treatment resulted in the complete resolution of his symptoms and his return to work.

This case should cause us to reflect on a number of critical issues:

First, although antibiotics are invaluable for acute life-threatening bacterial infections (1), their widespread overuse and misuse for numerous conditions that would have been self-limiting or easily treated with homeopathy and other forms of complementary/alternative medicine have caused disastrous global consequences. Studies estimate that antibiotic resistant infections may kill up to 10 million people a year – and cost the world’s economies some $100 trillion annually by the year 2050 (drug resistance has caused an estimated 700,000 deaths globally in 2014 alone).(2) Dr. Margaret Chan of the World Health Organization has recently stated that Earth may be approaching a time “when things as common as strep throat or a child’s scratched knee could once again kill.”

Second, Dr. Dushkin’s patient was fortunate that he eventually sought homeopathic treatment and that the numerous courses of drugs he received did not do irreparable harm. This is not always the case. As homeopathic physicians, we have seen countless patients through the years who have “never been well since” taking numerous prescriptions for conditions that only worsened over time. This is not just a result of drug side effects – for over two hundred years homeopathic physicians have observed that the temporary suppression of their disease symptoms with allopathic treatment (before the advent of modern drugs, doctors used bloodletting, mercury, arsenic, opium, sulphuric acid and other toxic treatments) results in a deeper manifestation of the disease and more complicated and severe mental, emotional, and physical symptoms.(3)

This may help partly explain the explosion of debilitating diseases in our youth today (which was in fact predicted by many homeopaths centuries ago!). What has been occurring in the last few decades may be more pervasive, insidious, and heart-wrenching than even the deaths that have occurred from iatrogenic causes — a global assault on the immune systems of our children that is literally robbing them, and our future generations, of the opportunity for healthy and productive lives (see Dr. Ronald Whitmont’s Chronic Illness and The Human Microbiome, AJHM Autumn 2015). Just witness, for example, the explosion of inflammatory bowel diseases (IBD) — Crohn’s and ulcerative colitis — in the pediatric population today that has resulted in the use of stronger, more powerful immunosuppressant drugs that may contribute to a future generation of adults who will no longer be able to combat the common cold.

We will be discussing this very important phenomenon of suppression that is so central to homeopathic principles in future editions of this journal. We will also discuss other possible causes for the epidemics of autism, cancer and pediatric IBD, etc., such as environmental toxins, stress, and poor nutrition in a future column on “Obstacles to Cure.”

For now, it is the purpose of this journal to regularly and consistently publish cured cases of numerous diseases with homeopathic medicines so that the reader can understand that, in many conditions, 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 by many to find some help after all conventional treatments have been exhausted.

References

1) Homeopathy has had an extensive record of successful use in epidemics (including diseases that are known to have a very high mortality rate, such as cholera, smallpox, diphtheria, typhoid fever and yellow fever), as well as severe acute bacterial infections such as pneumonia, puerperal or “childbed fever,” and septicemia. See: The American School of Homeopathy and the International Hahnemannian Association: The High Point of Homeopathy:
Part III, *Homeopathy and the Pneumonias* (email editor for article, susannesaltzman@aol.com)

3) Aphorisms 74-76. *The Organon of Medicine* by Samuel Hahnemann (sixth edition)

Susanne Saltzman, MD
Editor, *AJHM*
Introduction to Repertory Exercises

Elizabeth Hubbard Wright, MD (1896-1967) was a prominent American homeopathic physician who once said “A case well-taken is a case half-cured.” As Todd Rowe, MD, states in his excellent book \textit{Homeopathic Methodology: Repertory, Case Taking and Case Analysis}, “A good case stands out and calls out the remedy. Consistent and reliable prescribing comes from the ability to take a good case. Lack of success in homeopathic prescribing is most often associated with poor case taking rather than a lack of knowledge of materia medica or inability to properly analyze a case.”

Yet how many of us, once we have taken a thorough case, have experienced the frustration of trying to translate our patient’s signs and symptoms into meaningful rubrics? Or, once we have decided on the appropriate rubrics, have trouble finding them in our repertories? We all know as experienced practitioners how important repertorization is; with thousands of homeopathic remedies and numerous symptoms for each one (just glance at Kent’s \textit{Lectures on Materia Medica} if you are not convinced!), it is virtually impossible to memorize every detail of every remedy in the numerous volumes of materia medica that are available to us (though I believe the doctors Vijayakars have come close to doing just this!)

To quote from Karen Allen, RSHom (NA), CCH, author of another excellent book \textit{A Tutorial and Workbook for the Homeopathic Repertory}, “Searching through materia medica texts, remedy by remedy, to match a set of symptoms presented by a client is time-consuming and inefficient.” This was certainly the situation when Boenninghausen created the first repertory. Allen continues, “The repertory…allows the practitioner to use specific symptoms as search criteria for materia medica detail and then indicates the most likely remedies for those symptoms.” Both Rowe and Allen’s workbooks are invaluable for the beginning practitioner (Todd Rowe’s book has some practical case taking tools as well). As an experienced homeopath, I have found them to be especially helpful in my teachings.

Another book for more experienced practitioners that I have found very helpful in my practice is David Sault’s (1990) \textit{A Modern Guide and Index to the Mental Rubrics of Kent’s Repertory}. This book contains lists of rubrics that are related to each other as well as explanations of rubric meanings, modern terms, and cross-references. For example, a common fear we hear from our patients is the fear of abandonment, but this phrase is not found in our repertory. If we look under “Abandoned, feels” on page 1 of Sault’s book (all phrases are listed in alphabetical order), we see a list of related mental rubrics and we can choose the one that most closely describes our patient’s experience such as “Delusions, deserted, feels,” “Delusions, neglected, he is” or “Mind, forsaken feeling.” Using this list gives the opportunity to learn about the numerous related rubrics that richly fill our repertories.

Because proficiency in using the Repertory is so essential to good homeopathic prescribing and because we have readers and homeopathic practitioners of varying degrees of education, experience, and background, this new column on “Repertory Exercises” will be just that — practice exercises for the novice as well as the experienced homeopath. These exercises are intended to be clinically practical, useful, challenging and fun! We will be using examples from the workbooks cited above as well as from our own clinical practices. For this reason, please send examples of repertory exercises to include in this column to \texttt{susannesaltzman@aol.com}.

Let’s all work together to “hone our skills” and help train future generations of competent and skilled homeopathic practitioners!

Susanne Saltzman, MD
Editor, \textit{AJHM}
Chronic Prostatitis, Urethritis, Fatigue, and Brain Fog in a 52 Year-Old Physician
A Homeopathic Medicine Case Report

Ronald Dushkin, MD

Abstract: This is the case of a 52 year-old physician with chronic prostatitis, urethritis, fatigue, brain fog, and neuropathy, partly a result of adverse effects from medications. His symptoms were so severe that he was on medical disability from work. The homeopathic work-up was challenging in light of the many symptoms complicated by pharmaceutical medications. After a number of homeopathic medicines failed to provide significant improvement, the correct constitutional medicine was found that resulted in the dramatic alleviation of the physical as well as deep-seated emotional problems, allowing this physician to return to work and enjoy a new level of vitality and health.

Keywords: chronic prostatitis, urethritis, brain fog, drug side effects, Staphysagria

The following case report is formatted according to CARE guidelines. (1)

Introduction

Chronic nonbacterial prostatitis and/or urethritis is characterized by urological complaints in the absence of urinary tract infection. Traditional treatment has always been antibiotics for 4-6 weeks. Cultures of urine and prostate secretions are negative in a large percentage of these patients. Nonetheless, the quinolone family of antibiotics (ciprofloxacin, levofloxacin and lomefloxacin) is often used even though their long-term use has been associated with increased risk of tendon rupture as well as antibiotic resistance.(2) Fortunately, homeopathy can be an extremely effective treatment for both bacterial and nonbacterial chronic prostatitis and/or urethritis. This case exemplifies the harmful effects of allopathic medicines with their numerous side effects that can result in the worsening of symptoms on physical and mental/emotional levels, thus making the selection of the correct homeopathic medicine more challenging.

See timeline on next page.

Patient Information

Bob (not his real name) was a 52 year-old physician who first came to see me in June 2014. He was a specialist (specialty not mentioned to protect his identity) in a local hospital, married with three children.

He was complaining of low energy, brain fog, poor memory, feeling disconnected from the environment and frequent, loose stools. He was currently on medical disability leave.

His problems began ten months earlier in August 2013, when he had an episode of binge drinking at a bachelor party. He returned home safely but had no recollection of how he got there. This was not the first such incident.

Shortly afterwards, he came down with the symptoms of urethritis and/or prostatitis consisting of urinary frequency, pain after urination, low back pain and pain with ejaculation. Urine cultures were negative. Because of his memory lapse, the possibility of a sexually transmitted disease (STD) was considered (he never had a penile discharge) and he was treated empirically with sulfamethoxazole-trimethoprim for 10 days without improvement. After additional treatment with doxycycline for another 10 days, he finally experienced some symptomatic relief. Fortunately he took probiotics to negate some of the side effects of the medications.

In mid-February (five months later) he had a symptomatic recurrence, this time with burning at the tip of the penis that was better during urination and worse after urination and ejaculation. Urine cultures were once again negative. He received doxycycline for 10 days and his symptoms cleared. A month later they returned at which time he was placed on ciprofloxacin for 14 days.

Over the next few months, the patient felt increasing fatigue and by May 2014 he developed gastrointestinal symptoms consisting of bloating, abdominal discomfort, flatulence and constipation alternating with diarrhea. At this point he was treated with metronidazole for 10 days. He continued to feel poorly.

In June 2014 his prostatic and urethral symptoms returned and this time urine cultures showed a drug-resistant staphylococcus infection. Treatment was initiated...
Chronic Prostatitis, Urethritis, Fatigue and Brain Fog

with trimethoprim-sulfamethoxazole. He developed a severe allergic reaction to the medication which resulted in an emergency room visit and treatment with prednisone and diphenhydramine for 5 days. Repeat urine cultures were still positive for drug-resistant staph and he was placed on linezolid (Zyvox) for 14 days. Soon afterwards, he developed severe brain fog and numbness and tingling in extremities. A neurological consultation proved negative. At this point, Bob could no longer work and he applied for medical disability. He remained out of work for the next six months during which time he sought homeopathic treatment.

**Family History**

Bob has an older sister with whom he is not close. His parents are both deceased. Although he felt close to them, he did not grieve after their passing.

**Psychosocial History**

Bob started smoking marijuana when he was 13 and continued smoking regularly until he got married at age 26. He graduated college as an engineer and decided to go to medical school at the age of 29. He had a history of occasional drinking binges, but never symptoms of urethritis or prostatitis.

There was significant stress in his life during the past few years because his oldest son underwent drug rehabilitation three times. Fortunately, he was doing well at the present time.

The patient was now more sensitive to the cold than usual. His energy was generally low. His mood was usually good except he complained of feeling depressed for the past two weeks. He usually liked to keep busy, but lately he felt too tired and “spacey” to do much of anything.

He experienced both social and performance anxiety. The latter was exacerbated when he had to teach or lecture to a large audience, a requirement for his faculty position. He would use a beta-blocker preventatively for his anxiety and tachycardia.

He was easily irritated if someone ran late or did not “cover all the bases” with an assignment, but he internalized his feelings. When I asked him how he de-stressed, he replied, “I don’t”.

He said that his relationship with his wife was good and

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**Timeline of patient medical history, diagnoses and treatment received**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2013</td>
<td>First appearance of prostate/urethral symptoms. Urine cultures negative. Treated with sulfamethoxazole-trimethoprim for 10 days, no improvement. Additional 10 days of doxycycline, symptoms resolved.</td>
</tr>
<tr>
<td>February 2014</td>
<td>Recurrence of prostate/urinary symptoms, urine cultures negative; treated with doxycycline for 10 days. Symptoms cleared.</td>
</tr>
<tr>
<td>March 2014</td>
<td>Recurrence of symptoms, urine cultures again negative, treated with ciprofloxacin for 14 days; symptoms cleared.</td>
</tr>
<tr>
<td>May 2014</td>
<td>New symptoms developed; bloating, constipation alternating with diarrhea, abdominal discomfort. Treated with metronidazole for 10 days.</td>
</tr>
<tr>
<td>June 2014</td>
<td>Urinary/prostatic symptoms recurred. Treatment started again with Bactrim; patient had a severe allergic reaction and was hospitalized; placed on prednisone and diphenhydramine for 5 days. Developed severe brain fog and numbness and tingling in extremities. Neurological consultation negative.</td>
</tr>
<tr>
<td>July 2014</td>
<td>Patient took medical disability leave from work due to severity of symptoms; sought homeopathic treatment. Rx: Lycopodium 200C</td>
</tr>
<tr>
<td>August 2014</td>
<td>Symptoms intermittent, but basically unchanged. Rx: Nux vomica 200C</td>
</tr>
<tr>
<td>September 2014</td>
<td>Symptoms fluctuated, but basically unchanged. Waited, no remedy given until case became more clear.</td>
</tr>
<tr>
<td>November 2014</td>
<td>No sustained symptomatic relief. Case was retaken and patient given the homeopathic medicine Staphysagria 1M. Patient began to feel marked improvement within a few weeks especially on the mental/emotional level (brain fog cleared.)</td>
</tr>
<tr>
<td>December 2014</td>
<td>Patient continued to improve. Brain fog, neurological symptoms, and urinary symptoms decreased significantly. He began to feel well enough to return to work.</td>
</tr>
</tbody>
</table>
that she was very supportive of him during this difficult
time. His sexual energy was low, but his wife didn’t disturb
him about it.

There was no history of skin eruptions.

Food desires were not strong, although he had a
preference for carbohydrates, salty, and spicy. His thirst
was low. He described himself as very sociable and
everyone at work knew him. Confrontation was hard for
him. He was always trying to be the “nice guy.”

Diagnostic Assessment

Bob experienced symptoms of prostatitis and urethritis
that were unsuccessfully treated using multiple doses
of antibiotics, although his initial urine cultures were
negative. He developed many gastrointestinal symptoms
as a result of excessive antibiotic use followed by a return
of his prostatic/urinary symptoms. At this point urine
cultures were positive for drug-resistant Staphylococcus
and after treatment with two more rounds of antibiotics, he
developed severe brain fog and neuropathy. At this point,
he left work on a medical disability.

Homeopathic Assessment

I found this case to be challenging due to the evolution
of symptoms that developed after several courses of
antibiotics. Bob was not a good historian, which was
compounded by his brain fog, making it difficult to ascertain
which symptoms were part of his original complaint and
which symptoms had developed as a result of medication
suppression.

I decided to focus on his strong cognitive abilities (as an
engineer and physician), his social/performance anxieties
and his urinary and prostatic symptoms. I repertorized the
case as follows:

Rubrics

Mind; INTELLECTUAL (75)
Mind; ANTICIPATION; ailments from, agg.; stage-
fright (48)
Male; PAIN; urination; after (46)
Male; PAIN; prostate gland; urination; after (7)
Male; PAIN; coition; after (26)

Initial Therapeutic Intervention

I prescribed *Lycopodium* 200C, one dose. I considered
other medicines that came up strongly, such as *Pulsatilla*,
as he was a gentle person but he lacked the dependency and
changeability that I expected to see in this remedy. He also
tended to be chilly and aggravated by cold weather, which
is the opposite of *Pulsatilla*, who is warm and prefers
cooler weather.

I also thought of *Mercurius*, but he was lacking
confirmatory symptoms, i.e., he had no history of poor
resistance to infections as a child, no night sweats or
nighttime aggravation, no aggravation from extremes of
temperature, and no offensive breath or metallic taste.

Follow-up and Outcomes

Unfortunately, before he could start the *Lycopodium*, he
had another attack of urethritis and was again treated with
yet another course of antibiotics.

Over the course of the next month, he felt better and
more optimistic, but then he began to relapse. His mood
darkened. He became irritable and pessimistic. His bowel
movements, which had briefly improved, increased in
frequency again.

At this point, I decided to give him *Nux vomica* 200C
because of all the drugs he had received. In my clinical
experience, *Nux vomica* can sometimes help “clear” a case
that has been complicated by the misuse or overuse of
drugs. *(GENERALITIES; INTOXICATION, after; drugs
in general)*

However, by late October 2014, he still had made no
real improvement. At this point I was confused about the
case and decided to wait rather than try other homeopathic
medicines in the hope that the case might become clearer.

Then in early November, at the Predictive Homeopathy
seminar, Dr Prafull Borkar suggested that if we were
having trouble finding the right medicine, we should meet
with a close relative of the patient who might be able to
provide new information.

I scheduled time for Bob and his wife to come in. She
said, “He is an easy going guy. He doesn’t get upset or
annoy me.” When I saw him two weeks later, nothing had
changed. I called him and said, “We’re missing something

Synthesis Repertory. Radar
here. I don’t know what it is, but I want you to think about it over the weekend and see me on Monday.”

That Monday afternoon I wasn’t really expecting much. However, he had spent the weekend thinking about himself because he really wanted to feel better. He then opened up about how he had suppressed his feelings for most of his life starting as a child when he was bullied by other children. He would get initially upset and then suppress it. As a teenager he would get into prickly arguments with his parents and suppress his feelings by smoking marijuana on a regular basis. In his marriage, when his wife would refuse him sex for months at a time, he would simply “accept” it without getting upset. Of course, he also had occasional drinking episodes where he wouldn’t remember how he got home.

““I’m one of the most agreeable people on the planet. I’m a pleaser and I make everyone happy”.

At this moment, the homeopathic medicine became clear and I realized that I had missed some important clues all along, from the earlier information he had given me about not grieving for his parents and his tendency to internalize his anger, to his passive acceptance of his wife’s refusal to have sex. I remembered his wife’s words: “He doesn’t get upset or annoy me.”

It would have been very easy, and probably acceptable at this point to give him Staphysagria (3,4), which also covered his urinary symptoms, but I decided to research other remedies that we had learned about in the Predictive Homeopathy course. Dr. Vijayakar had discussed a group of remedies where suppression was a central theme, specifically Ignatia, Carcinosin, and Staphysagria. In addition, Lycopodium came up bold in the repertory rubric, “Ailments from suppressed anger.” I decided against Ignatia because he lacked the deep-seated grief, emotional lability and other keynotes of Ignatia. I ruled out Carcinosin since its essence has to do with emotional suppression secondary to a dominating influence (usually in childhood) which was not present in Bob’s history. Lycopodium had already been given without significant improvement.

With greater confidence, I gave him a single dose of Staphysagria 1M. Within a few weeks of the remedy, he contracted cold/flu symptoms but didn’t feel ill, which he thought was unusual. Over the next few weeks, his urinary symptoms, brain fog and neuropathy improved significantly. He felt so much better that he decided to go back to work. He applied for the re-evaluation process by hospital specialists and four weeks later he was back at work.

Over the ensuing 10 months, he continued to improve with occasional recurrence of urinary symptoms and tingling in his extremities, though these episodes were milder than before the Staphysagria. During this time I repeated Staphysagria in the 10M potency.

I went to a higher potency since I was confident that the medicine was correct, and I wanted him to respond rapidly and remain symptom free for longer periods of time.

He was especially excited about the way his psychological state was improving — he was voicing his opinion at staff meetings without feeling defensive or being argumentative, and he was able to express himself better in many situations without the fear of reprisal or reprimand. He definitely felt a greater self-confidence. When I eventually told him which medicine I had given him, he told me by phone that he had researched Staphysagria on line. “It was like reading my life story,” he said.

He was able to decrease his dose of a beta-blocker before giving lectures, although he was reluctant to stop it completely.

**Discussion**

This case shows how well-intentioned but ineffective allopathic care can seriously disrupt a person’s immune system. This is a major challenge we all face as homeopathic physicians when dealing with patients whose initial problems are often exacerbated and compounded by new symptoms as a result of medicinal side effects. These pharmaceutical drug effects can make it especially difficult to decide which symptoms are most important to use in homeopathic case analysis.

At the same time, however, our experience as homeopathic physicians is that the human being is incredibly resilient and, given the correct medicine, the immune system will often respond quickly and dramatically, correcting the imbalance. In fact, the correct homeopathic medicine will alleviate not only the presenting complaint, but it will often help other mental/emotional and physical problems that have plagued the patient for years.

This case also illustrates how the prescriber can overlook or miss valuable information that can influence our decision about remedy selection. As Dr. Prafull Vijayakar stated, “There are no limits to what homeopathy can do; the limitations are with the prescriber.”

In answer to those in the allopathic community who claim that homeopathic remedies are placebo, it is often our experience that the patient will not experience improvement until the correct remedy is found. In this case, the patient had received a number of medicines in different potencies with little symptom relief before receiving the simillimum — the correct constitutional medicine — that had a profound impact on his physical and emotional well-being.

Finally, the history of emotional suppression pointed to a category of medicines, not the specific medicine. It was necessary to apply the “Law of Similars.” I considered each remedy in the repertorization as well as information from the group of medicines that had “ailments from suppression” as a major theme before deciding on the best medicine that correlated with the patient’s overall symptomatology. This case illustrates how homeopathic medicine is individualized to the patient and how the similli-
Ron Dushkin, MD

mum not only restores but even elevates a person’s health beyond initial expectations.

I am deeply grateful to Bob for his openness and willingness as a conventional physician to seek alternative treatments, his willingness to be introspective in an effort to get better, and his trust in and patience with me as I sought to find his simillimum.

I am also deeply grateful to the teachers of Predictive Homeopathy for their profound knowledge and experience.

Patient Perspective

“I am a physician by training. I first discovered homeopathy in the 1980’s when I was having skin and allergy issues. At that time I was very skeptical, but over time there were great results that could never be expected from allopathic medicine. I was surprised that homeopathy cured me of such chronic problems. I subsequently lost contact with that practitioner over the years.

“In 2013, I had a health crisis which worsened with several rounds of antibiotics and turned into a resistant bacterial infection. I was treated with another few rounds of antibiotics and finally I had an allergic reaction to one of the medications for which I was hospitalized. Several months of allopathic treatment left me a shell of myself. I had lost 35 pounds and was in a mentally fogged state, unable to work for six months. I realized the drugs were slowly killing me and I remembered the great experience I had with homeopathy in the past. That is how I found Dr. Dushkin. It took a few months to get a hold on my illness, but the process was an experience that allowed me to understand more about myself and understand how past experiences had a very dramatic impact on the course of my health. The treatment was challenging at times and slow going, but now I am back at work and my mind is totally clear. The treatment has also addressed problems that I thought could not be improved upon and I am grateful for that added benefit. I hope others can benefit from my experience.”

Informed consent

Patient has given verbal informed consent to publish this case.

References

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About the author: Dr. Dushkin practices Homeopathy in New York City. He is President of the Homeopathic Medical Society of the State of New York and he is Treasurer of the American Institute of Homeopathy. He can be reached at drdushkin@gmail.com. His website is www.drdushkin.com.

In the News

“Swiss to Recognize Homeopathy as Legitimate Medicine.” (1)

By May 2017, homeopathy, holistic medicine, herbal medicine, acupuncture and traditional Chinese medicine will acquire the same status as conventional medicine in Switzerland. How is this possible?

In 2009, two-thirds of the Swiss people voted for these treatments to be covered by basic compulsory insurance as part of a six-year trial period from 2012-2017, during which their efficacy would be examined.

However, the Interior of Ministry has recently come to the conclusion that it is impossible to verify the efficacy of these therapies in their entirety; so they decided to apply the “principle of trust” and continue to allow reimbursements of treatment costs by compulsory health insurance, provided they are administered by certified medical professionals.

Editor’s Note: How wonderful! Maybe this is why Switzerland...”has some of the happiest, healthiest citizens in the world.” According to the World Economic Forum’s 2013 Human Capital Report, Switzerland invests more in the health, education and talent of its people than any other country.(2)

1) www.swissinfo.ch/eng/complementary-therapies_swiss-to-recognise-homeopathy-as-legitimate-medicine/42053830
2) www.huffingtonpost.com/2013/10/07/switzerland_0_n_4038031.html
Stress Management through Yoga
By Todd A. Hoover, MD, DHt
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This text represents the nexus of my life’s work in yoga practice, personal growth, homeopathic practice, and occupational health. These books juxtapose conventional psychological foundations with the underlying tenets of yoga. The wisdom gleaned from homeopathic practice and my own work in personal growth is interwoven throughout. The text was written at the behest of Prime Minister Narendra Modi during his visit to the ribbon cutting ceremony of the Lakulish Yoga University (A government registered University that teaches only yoga sciences).

This two volume set is designed to give the yoga practitioner, and those who are training to be yoga teachers, extensive understanding of the psychology, physiology, and spirituality of stress as it affects the human organism. But certainly any reader who has concerns about stress is likely to find tremendous value in the content. Approaches to management are based upon the fundamentals of Ashtanga Yoga backed by transformational exercises. I have done my best to translate my holistic understanding of the human experience gained through homeopathic medical practice and wellness work in corporate medicine into these pages. The work reflects the wisdom of the many teachers who have graced my path in this lifetime. I only hope that you might find some value within these pages.

The price for both books is $40 plus any additional shipping if required. All proceeds from the sale of this book go to the Lakulish International Fellowship Enlightenment Mission (LIFE Mission) in India, which is the organization that supports the university. LIFE Mission arose from the work of Swami Kripalvandiji (namesake of Kripalu Yoga Center in the U.S.) and his successor, Swami Rajarshi Muni in India. If you are interested in obtaining a set of these two books, please contact Todd Hoover at toddhoover@msn.com.
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:

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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.

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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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