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Editor's Note

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Dear Colleagues,

Taking care of our patients in the office on a daily basis is a crucial task as practitioners of homeopathy, but it is not enough. For homeopathy to be strong, it also requires the collaboration and union of all of us who are dedicated to this great profession.

It is important to form groups, meet, exchange ideas, make policies, support each other; this is achieved by belonging to organizations such as the LMHI that defends and promotes the development and assurance of homeopathy worldwide. As Mtro. Proceso Sanchez Ortega used to say: "first homeopathy, then institutions and finally people".

So, we invite you to participate the next congress that is just around the corner. In three months, we will meet in the beautiful city of Seville, Spain and commemorate the beginning of our organization that emerged as an idea one hundred years ago in that same country.

As the slogan of the congress shows: we must be united to keep moving forward.

We share with you this issue of the journal with very valuable articles. The first of them consists of the description of a proving of the Colibacillinum nosode, correctly done, following the steps described by Hahnemann; followed by a clinical case of a chronic disease treated with that nosode.

Then, an article of a series of cases with the same nosological diagnosis of pneumonia, but with an individualized homeopathic treatment according to the homeopathic methodological principles of individuality of the patient and the remedy and the Law of Similars. The next article is about the message of Dr. Tomás Pablo Paschero, one of the great masters of contemporary

homeopathy who, following Hahnemann, confirms that in the disease the mental state is always modified, and it is in the psychological symptoms where we will find the determining symptoms that allow us to make the therapeutic diagnosis by analogy with the medicines of the Materia Medica. Finally, we add a very interesting research article on the efficacy of prophylactic and therapeutic oxygenation with homeopathic remedies in patients with covid19.

As usual, you will be able to solve the Quiz Corner, read the invitation to the Seville congress and the book review: "Homeopathy is not a placebo effect". I hope you enjoy the reading.

Warm greetings.

President's Message

Dr. Altunay Agaoglu, M.D.
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Dear Esteemed Colleagues and Friends,

As President of Liga Medicorum Homoeopathica Internationalis (LMHI), it is my great pleasure to invite you to the 77th LMHI Congress, which will be held in the beautiful city of Seville, Spain, this October 2024. This gathering promises to be an extraordinary event, filled with the warmth of reunion, the sharing of invaluable knowledge, and the forging of new projects and collaborations with stakeholders from around the world. Every LMHI Congress holds a special place in our hearts and minds, as it represents the collective spirit and dedication of homeopathic practitioners globally.

Our commitment as the LMHI Board is to support the organizers with the highest level of excellence, ensuring that each congress surpasses the expectations of its participants. However, this year's congress holds particular significance as we commemorate a centennial milestone.

One hundred years ago, in 1924, a pivotal congress took place in Barcelona, Spain. This congress is presumed to have laid the groundwork for the formal establishment of the LMHI, culminating in the decision in Rotterdam, Netherlands, in 1925. The vision and foresight of early leaders like Dr. Roy Upham was instrumental in this endeavor, creating a unified international platform for homeopathic physicians to share knowledge, standardize practices, and advocate for homeopathy on a global scale.

The journey to our present-day LMHI was not without challenges. Political and economic upheavals often hindered the organization of international congresses. Despite these obstacles, the perseverance and dedication of our predecessors established a robust organizational structure capable of sustaining international collaboration and regular congresses.

As we will gather in Seville, we will honor their legacy and continue their mission. Our congress will be an opportunity to delve into the rich history of our field, explore contemporary advancements, and envision the future of homeopathy. The interactions and discussions

that will take place during this congress are crucial for our collective growth and the continued advocacy for homeopathy worldwide.

In addition to our congress, I would like to highlight the importance of our publication, *The Homeopathic Physician*. This journal serves as a vital channel of communication within our community. Our editorial board is dedicated to publishing high-quality articles that reflect the latest research, clinical practices, and philosophical insights in homeopathy.

I encourage everyone to read our publication diligently and contribute to it, as it is through shared knowledge that we grow stronger.

As the saying goes, we are only as strong as our weakest link, and likewise, our strength lies in the active participation and engagement of our members. Your involvement in LMHI activities, whether through congress attendance, article contributions, or local initiatives, fortifies our community and ensures the vibrancy and relevance of homeopathy in the modern world.

Let us come together in Seville, to celebrate our shared passion, to learn from one another, and to chart the course for the future of homeopathy. I look forward to seeing you all there, to exchange ideas, to collaborate on new projects, and to strengthen the bonds that unite us.

Warm regards,
Dr. Altunay Ağaoğlu

Hahnemanian Homeopathic Experimentation In Clinical Practice - Colibacillinum: proving and clinical case

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Summary

The author presents a clinical case of autoimmune hepatitis treated with homeopathic therapy for four and a half years. The patient showed an oligosymptomatic clinical picture, mainly characterized by severe asthenia.

Initial therapy with *Sepia officinalis* followed by *Carcinosinum* led to marked improvements. Subsequently, the similarity between the symptoms and the pathogenesis of *Colibacillinum* was highlighted, as shown by proving conducted in 2011 at the School of Homeopathy of Verona.

The prescription of *Colibacillinum* at different dynamizations led to evident well-being of the patient with normalization of liver function markers, weight recovery, and overall improvement in the patient's condition. The article emphasizes the need of continuous monitoring for such serious conditions. The method of Classical or Hahnemanian Homeopathy was used, utilizing korsakovian centesimal potencies 200, M and XM.

A single clinical case cannot define general practices, nevertheless it suggests some important conclusions:

1. Homeopathy's Efficacy: Homeopathy can successfully treat pathologies defined as incurable.
2. Use of Nosodes: In serious clinical situations, the use of a nosode is essential.
3. Experimental Methodology: Pure experimentation (proving) of a substance according to the Hahnemanian method can provide valuable information for prescribing in difficult cases with few symptoms.
4. The Hahnemanian experimental methodology: The proving method can be perfected to obtain reliable and easily usable results even from a single proving.

Keywords

Autoimmune hepatitis - Classical or Hahnemanian Homeopathy - Nosode - Pure Experimentation (proving) - Pathogenesis - Similarity - Homeopathic therapy.

Colibacillinum - The proving

The protocol for conducting a proving within a teaching program is designed to serve both research and educational purposes.

A preparatory seminar is conducted to acquaint both auditors and active participants with the nature and procedures of the experiment. During this seminar, the protocol is thoroughly discussed, and practical exercises are conducted to ensure the correct registration of symptoms. Participants undergo examination and selection, with each being assigned a bottle containing either the substance to be tested or a placebo in a randomized manner.

Each supervisor is responsible for overseeing the progress of two to a maximum of three provers. They conduct examinations and compile personal forms detailing the prover's medical history, as well as past and current symptoms.

The substance is administered in liquid form (hydroalcoholic solution), with a dosage of 5 drops four times a day for a maximum duration of 7 days. Administration ceases upon the appearance of the first extraneous symptom. The observation period extends for 30 days and may be prolonged indefinitely if symptoms persist. The coordinator, in consultation with the supervisor, may decide on further administration of the substance and adjust observation times accordingly.

Supervisors periodically submit prover symptoms to the coordinator for review. The coordinator, when necessary, seeks clarification and directs any additional actions

deemed necessary to ensure optimal results or to mitigate risks for the provers.

The director of the proving selects the substance and is the only one who knows it, just as he is the only one who knows the distribution of the verum and the placebo. The coordinator, supervisors and provers are not aware of the contents of the vials, the study is triple blind.

A final seminar serves the purpose of sharing participants' experiences, validating symptoms, and reinforcing key aspects of the study.

Lastly, the director compiles the pathogenesis of the tested substance, a meticulous process that may require further verification. The symptom selection criteria are very strict to be sure that each symptom belongs to the tested substance.

Colibacillinum Pathogenesis (74 symptoms + notes)

School of Homeopathy of Verona - 2011

Key to symbols

The initials after the symptoms provide identification of the prover.

The following number indicates the day of the observation, from 1 to 30, where the number 1 refers to the day of intake of the substance.

The subsequent number, where present, refers to the time when the symptom appeared.

The next letter, in bold, refers to the characteristics of the symptom which can be described in detail as follows: I = common symptom of the prover, but more intense; G = symptom healed and eradicated; P = symptom of the past; N = new, unusual symptom; E = exceptional symptom in terms of intensity and newness. Two consecutive letters occasionally appear, such as EG, meaning that the symptom was exceptional in intensity

and has disappeared. All recorded symptoms are significant: obviously, symptoms classified as E are of particular significance and unavoidable and are therefore shown in bold.

The list of symptoms is followed by significant comments made by the supervisor or spontaneously by the prover or recorded subsequently following contact between the director and the prover.

The section 'Dreams' refers exclusively to significant differences or a new typology of dreams, while avoiding considering each dream recorded by the prover as part of the pathogenesis.

Mind (22)

1. Extremely depressed right from the morning, I look on the black side of things. The situation improved in the afternoon after I went swimming. PP 4P
2. Feeling a bit down, sad, gloomy, thinking back to the past, about someone who has passed on. LR 19
3. Strange sensation in the heart, as if it had swollen, after 2 a.m. PP 3 N
4. Last night was awful, I woke up in a state of anguish with the sensation of having made a complete mess of my work. I couldn't get back to sleep again, so I got up and started to study and I felt better. PP 11 PE
5. I no longer have the sense of anxiety when I wake up. BGF 1-21 G
6. An awful day, very tired and depressed all day long, the previous evening I argued with my husband. I feel very sad because of our working and living conditions, everything seems so difficult. PP 23
7. Overwhelming feeling of sadness in the afternoon. I started crying, worried about my husband's and my own working conditions. PP 3 P
8. I cry, I become emotional, but I allow myself to cry only when I am alone. I cried on various occasions, for instance while I was walking. AB 12 N
9. Thoughts keep on going around my mind, weighing up the pros and cons. Tonight I could hardly get any sleep because of the worry. AB 12 N
10. Sensation of not having any respite, as if there was no alternative to overwork, too many tasks, too many thoughts: the rests are not enough to refresh me. LR 19

11. Sad, dejected, in low spirits: too many things to do, feelings of anger. LR 27

12. Irritable, I quarrel early in the morning, I am afraid of not being able to complete all my tasks. CDG 8 I

13. A really bad day, it looks like everything is going wrong. This is why I don't feel like doing anything; I am impatient and intolerant towards other people, I get annoyed listening to pointless discussions; I feel hesitant, I don't know how to arrange the weekend. CDG 11 I

14. A feeling of anxiety which tends to happen when I go to bed and on waking up which prevents me from sleeping on some nights. AB 16 N

15. My husband says that I have recently been more absent-minded about what I am doing, although I don't have this sensation. PP 6 N

16. I'm very careless about doing things that I usually do with extreme precision. TM 1 N

17. An odd desire to talk and say everything that's on my mind. I have a very positive sensation, of being able to overcome any kind of problem. In the evening I am still alert and I am easily able to keep my attention, my mind works at a feverish pace. CC 5-11 N

18. Constant headache, I feel rather irritable (which causes complaints from my wife); however, I'm very active in this period, I'm doing a lot of things and I feel as though I'm less tired. CC 1,2 N

19. Irritability and depression. PP 9 P

20. Irritable, I'm not in the mood to talk, I get easily annoyed. CDG 6 14:00 I

21. Bad mood, irritability, intolerance towards people around me but chiefly a sense of indecisiveness. CDG E

22. Extremely tired, even my emotions seem to have faded, except for the anger that sometimes erupts at home with shouting and heated arguments. LR 15

Sleep and dreams (6 > 28)

23. Broken sleep after taking the remedy; since 4/4 things have improved and I no longer wake up in the middle of the night. PP 1-30

24. After taking the remedy I have not been able to remember dreams. PP 1-30

25. I have interesting dreams. The first day, which coincided with the first day of menstruation, I dreamt I was losing such large amounts of bright red menstrual

blood that it stained the whole floor. Then I was taking it from my genitals in my hands, bright red as well. The thing that really surprised me was the color of blood which looked like red tempera paint. AB 1 N

26. Dream of travelling and journeys. LR I

27. Dreams of dark, gloomy, frightening places; I'm looking for somebody, a guide, anybody. But I am alone and terrified. BGF 12,13 N

28. In the first hours of the night, my sleep was particularly deep and peaceful. IM 3 N 29. Insomnia since 3 a.m. IM 8 N

Generals (9 > 37)

29. I feel tired and sleepy. I am always tired and drowsy. It's an odd sort of tiredness. Today I felt exhausted. Slight headache in the evening. PGC 4,5,6N

30. I feel more tired, or more sluggish than usual. PGC 10 N

31. Tired right from early morning, difficulty in getting up. LR 10

32. A lot of mental exhaustion. LR 10

33. During the evening I fall asleep on my sofa for two hours. I feel woozy for the rest of the evening. LR 16

34. In the evening I come home feeling very tired, more than usual and I just want to rest. CDG 10 I

35. I woke up suddenly, fully refreshed and ready to do many things, I feel inexhaustible and full of energy. CC 4,6 N

36. Every day I woke up earlier than usual. During the day I felt less tired. TM 1-9 N

37. Extremely active, focused and precise in what I am doing. CC 6 N

Heat, cold, perspiration (2 > 39)

38. Icy cold hands, but I don't feel cold. CDG 8 16:00-19:00 I

39. Sensation that my sweat had a stronger smell. TM 10,11 I

Head and vertigo (2 > 41)

40. I woke up with a headache, as though there was a heavy ring around my head that lasted all day long. I felt better lying in bed. PP 13 I

41. Dizziness, as if my head were heavy and tended to lean to the side, or shifted at a different speed with respect to the rest of the body, feels worse when bending down or walking. LR 2 N

Throat (2 > 43)

42. Burning sensation in the throat when swallowing, especially on the left side, and pins and needles with little difficulty in swallowing; constant pain. IM 1-20

43. Pain in the throat with sensation of burning, pain at the nape of neck which intensifies when I move. IM 16

Respiratory system (2 > 45)

44. In the afternoon violent sneezes, blocked nose with abundant watery secretion, lasting about 5 minutes. PGC 4 N

45. Unbearable lacrimation, a few problems with the nose, the odd sneeze, liquid discharge. My eyes itch a lot, especially on waking up. During the day there are moments of wellbeing, then, suddenly tears appear without my realizing it. FV 18-28

Digestive system (11 > 56)

46. While I'm working I have to have a break because I'm fairly thirsty, with a sensation of dry mouth and burning; I go and get a glass of water and quench my thirst by rapidly drinking three mouthfuls of water one after the other. CC 3 18 N

47. Extreme dryness on the edge of the lips, area around the lips and corners of the mouth. BGF on waking up, 4,5 P

48. I noticed many bites on my mouth in the last few days, I keep biting my right cheek and the front of my mouth while I'm chewing. LR 20

49. At night I have the sensation of swelling in the right lower gum, if I clench my teeth, I felt it throbbing. By morning it had stopped spontaneously. TM 1 N

50. Slight nausea with sweetish taste in the mouth. CC 1,4,5 N

51. Burning sensation in the oesophagus down to the throat, a longing for cool drinks, frequent belching, better right after eating but shortly afterwards it starts again. Goat-like stools . IM 3,6,7

52. Burning sensation in the stomach at about 2 p.m.

which started after drinking grapefruit juice (which I usually drink without any burning sensation); the feeling diminished after eating. IM 2

53. Stomachache, burning sensation as though there was pressure around my stomach, desire to belch without managing to, sensation of improvement after belching. Desire to lie down on my stomach but with no relief. Nausea. Then evacuation of normal-loose stools and amelioration of pain. It often wakes me up at night, then I fall asleep again; when I get up more stomach cramps. Fits with severe cramps as if the stomach was squeezed from the outside associated with intense nausea; I even get a lot of 'water' in my mouth, as if I was just about to vomit. The pain is relieved by unbuttoning my trousers which press down on my stomach. 15-20 minutes later I do 2-3 belches which frees me of the pain and improves the situation. LR 3,4,9,10, 14,16, 17,18, 19, 20, 21, 22 PI

54. Queasiness, goat-like stools. IM 4

55. Diarrhea, with soft stool preceded by some stomach cramps. CC 9, 10 N 57. Light brown, sticky stools. CDG 7 N

56. A few rather hard stools. CDG 9 N

Female urinary/reproductive system (11 > 67)

57. Shooting pain in the left pelvis which radiates to the left sacro-iliac joint and spontaneously disappears after a few minutes. AB 4 N

58. Pain originating from the uterus and radiating to the pubis and the right hip. AB 5 N

59. I am in the premenstrual period, which is made harder for me due to irritability, anxiety, difficulty in relations with relatives (irritability, outbursts of anger, sensation that everyone is against me). However, I feel calmer and I am able to cope with life's adversities up without brooding over them. At home too I feel more peaceful. PGC CE

60. Yesterday my cycle ended and up till now I haven't had headaches. PGCC

61. I noticed that, during the afternoon, unlike previous occasions, my menstrual flow slowed down (i.e. it became normally abundant), even though it was only the second day of the cycle, the most problematic one. PGC 1 C

62. My cycle began very early, it came on the 18th day. It has only happened very few times before, I think 2-3

times altogether. As a rule I am very regular at the 26th day. PP 1 IN

63. My menstrual cycle is still in progress and it is the 6th day: this is very unusual to me, because it always ends on the 4th day. PP 7 N

64. This evening I experienced lower abdominal and back pain, as if the cycle was coming, whereas I am already into the second day when I normally don't have any problems. PP 3 N

65. From the morning of the 15th day I felt a sudden urge to pee, abundant and light colored urine. The urge goes on during the night and into the morning of the 16th day. I have to have a pee every 2 hours. I can't resist the urge. During the night I looked at the clock (I wake up and I'm forced to get up) at 00:30, 2:30, 4:30, 6:30 a.m. The urge lasts until the 17th day, then things go back to normal. PGC 15-17 E

66. In the evening diuresis increased, I got up 3 times to urinate during the night; the next day I felt an incredible thirst for water at room temperature; urination is abundant every time and I have to urinate every hour, but without a particular urge. The next day, towards evening, things go back to normal. FV 4,5 E

67. Urgent need to urinate 10 times, no burning or other sensations, just the urge to urinate ten times. The urge to urinate continues in the morning, although it is less intense, and I urinate 4 times. PP 1,9 E

Back and musculoskeletal system (4 > 71)

68. At lunch time unexpectedly a pain appears in lumbar region, very intense, without irradiation or laterality, without a clear root cause. It gets worse when sitting down or standing up, with any kind of movement in general; it improves when lying down on one side or on my back. The next day the pain is unbearable. Huge effort to get up. I double up in pain. Even breathing is painful. The whole pelvis feels as though it were being held in a vice. Even so I'm not worried at all. The symptoms went on unaltered, intense and crippling until the morning of the 18th day. The pain vanished; I woke up with an endless series of sneezes. I sneezed all the day, liquid nasal discharge, profuse lacrimation, itching, no burning, tears are sticky. Symptoms come and go during the day. FV 11-18 PI

69. Lumbar pain, improves by stretching my back. CDG 7

4:00-6:00 p.m. N

70. This morning I feel very ill, I woke up with the sensation of having been punched all over my body, with muscular pain. After breakfast queasiness and intense irritation. The situation got better in the afternoon when I went out with kids. PP 7

71. It appeared, in the middle of the sole of the left foot, a blister containing thick yellow creamy pus. BGF 3 N

Skin (2 > 73)

72. Sudden and profuse bleeding of a mole on left temple, unintentionally 'scratched' while combing myself. This caused me a vague sensation of queasiness, unease which I then realized was anxiety about my health, fear (my father had a melanoma). FV 29 N

73. Itching all over my body with appearance of small spots on my neck and chest. IM 8

Acute illnesses (1 > 74)

74. Frequent and annoying cramp-like pains in the abdomen, nausea, revulsion for any food, thirst for cold water but only in small sips, severe shivering, intense pain, as if I had been beaten up, in the legs and especially in the pelvis and in the spine. Temp. 38°C BGF 8

Comments And Notes On The Proving

PROVER CC'S NOTES.

I felt an urge to do things. It didn't cost me any special effort and I was able to do everything, but there was sense of being on the alert of being always on the ready. I felt a tension inside. I felt terrific, I felt full of adrenalin "What have I taken, Coca 200CH?"

SUPERVISOR ABOUT PGC

The appearance, the facies, her way of expressing herself were definitely different from usual. She seems more peaceful, 'lighter'; she is usually a rather 'morose' person, depressed and evasive. She says that she feels well in this period, better both physically (digestion and sleep have improved) as well as in human relations, at home and at work (she is an occupational physician). She says she is less tired, less insecure; she has fewer

digestive problems and feelings of bloatedness. She took the remedy after the proving during menses to assess its effectiveness: once again she had a very moderate flow and no premenstrual symptoms.

PROVER LR 'S NOTES

Last important episode of stomach ache was when a duodenal ulcer was diagnosed in June 2008 as a result of which I was hospitalized. The pain was similar and I felt a lot of nausea. I checked that I had stomach ache this month of varying intensity and type: on March 3, 4, 9, 10, 14, 16, 17, 18, 19, 20, 21, and 22.

DIRECTOR'S NOTES ABOUT LR

On August 30 the prover LR told me that since then she has never suffered either from tiredness or stomach ache. She said the proving was beneficial to her health and that she feels extremely well. The following month she did not suffer from premenstrual tension and in the subsequent months it was only very mild. The following symptoms were recorded: intense anger seven days before, with violent outbursts, strong words, a high tone of voice, screams and yelling about trifling things, especially at home. She felt as though she were a taut rope that could snap at the slightest touch. The feeling died down somewhat in the following days. She would run herself down. She belittled herself: everything she does seems to go wrong, small mistakes become major tragedies, she feels as though she were wasn't appreciated.

PROVER TM'S NOTES

Some features of my nature got worse: greater anticipation anxiety, more manic precision about certain things. The anxiety subsequently decreased about a week after stopping the intake.

Proving Verona 2011 Colibacillinum (Summary)

The basic substance used to prepare the homeopathic remedy of the proving was obtained from 3 *Escherichia coli* strains of human origin: Marcy 423, 430, 431; it the same substance described in *Materia Medica* by O.A. Julian, and prepared according to the same method.

PRELIMINARY WORKSHOP (February)

Theory and practice of Proving
The art of self-examination and the recording of symptoms.
Practical exercises
Evaluation of participants
Plan of the proving

Clinical record and guided self-examination

PROVING (1st – 30th of March)

Intake of the substance
30-day experimentation + observations at later intervals

FINAL WORKSHOP (May)

Examination of the results of the proving.
Provers' and supervisors' reports.
Conclusions

PARTICIPANTS

1 Director (the only person with knowledge of the experimented substance)
1 Coordinator
6 Supervisors
15 Provers (14 females, 1 male)
6 30CH vials, 3 200CH vials, 3 MK vials, 3 vials of placebo
1 prover left testing (placebo)
1 prover withdrew due to pregnancy (MK)
1 prover was not present at the preliminary workshop and sent unusable material (200CH)
1 prover took an antibiotic on the 21th day because of streptococcal pharyngitis
TOTAL: 12 actual provers (6 x 30CH, 2 x 200CH, 2 x MK, 2 x placebo)

Colibacillinum Clinical use

After this positive experience, I prescribed *Colibacillinum* frequently. I would like to stress the importance of the *Colibacillinum* nosode in daily practice. In my experience it is a very frequently prescribed nosode, no less than

Psorinum and Medorrhinum; when indicated it improves the patient's vital energy and clarifies the clinical picture, as does any other nosode. Below is a brief summary of the main characteristics and clinical indications.

MIND AND GENERAL

- ✓Sadness, gloomy mood, depression, DEJECTION, DISCOMFORT.
- ✓Bad mood, irritability, intolerance, CARELESSNESS, INDECISION.
- ✓TIREDNESS AND DROWSINESS, state of PERMANENT ASTHENIA.

GENITO-URINARY SYSTEM

- ✓All disorders of PREMENSTRUAL SYNDROME.
- ✓DYSMENORRHEA, metrorrhagia.
- ✓All the characteristic symptoms of acute CYSTITIS.

DIGESTIVE SYSTEM

- ✓Symptoms of esophagitis, gastritis, ulcer, digestive difficulties.

A case of autoimmune hepatitis

Introduction

Autoimmune hepatitis (AE) is a rare liver disease characterized by a nonspecific and heterogeneous clinical presentation. AE can progress to cirrhosis, liver failure and death, particularly if not recognized and treated early.

AE is a rare disease; it has an estimated variable prevalence of 15-25 cases per 100,000 inhabitants. The incidence of AE is progressively increasing. As with other autoimmune diseases, 75-80% of patients with AE are female.

The etiopathogenesis of AE is unknown; it is believed that the interaction between an unidentified environmental factor and a genetically predisposed

individual determines a cascade of immunological events that sustain chronic liver inflammation.

The clinical presentation of patients with AE is heterogeneous. The majority of patients are asymptomatic or present non-specific symptoms (asthenia, weight loss, anorexia, polyarthralgia). The acute presentation is not rare, with hepatitis and jaundice; the fulminant presentation with coagulopathy and hepatic encephalopathy is very rare, burdened by high morbidity and mortality. A third of patients already show signs of liver cirrhosis at diagnosis.

The role of liver biopsy in the diagnostic process of AE is essential, because it allows the detection of typical histological elements, the exclusion of other pathologies and the study of the degree of fibrosis. The most typical histological feature is interface hepatitis, an inflammatory infiltrate consisting of lymphocytes and plasma cells present at the periportal level that extends to the lobule and often associated with necrosis.

The pharmacological treatment of choice is represented by steroid therapy and/or immunosuppressive drugs. This therapy has the biological purpose of reducing lymphocyte activity and consequently liver inflammation.

Therapy for AE is effective in a percentage greater than 80% of patients, however at the cost of frequent and sometimes serious physical and psychological side effects. These side effects are mainly related to the chronic use of immunosuppressive drugs, with the known negative effects on glucose and lipid metabolism, on bone metabolism, and related to the increased risk of opportunistic infections and neoplasms. In complex cases, mycophenolate mofetil, calcineurin inhibitors (tacrolimus, ciclosporin), or biological drugs such as rituximab or infliximab are used in the second and third line.

The Author presents a clinical case of autoimmune hepatitis. The patient, a young woman, turned to Homeopathic Medicine due to positive previous experiences with family members and because she was scared of the side effects of the therapy she had started.

The patient continued to be followed by a specialized center and monitored with appropriate tests to evaluate the effectiveness of the ongoing therapy.

The Author asked himself whether it is possible with the homeopathic method to treat serious pathologies, with similar or better results than those obtained with conventional therapy, without serious side effects.

The Clinical Case

(Words spoken by the patient or family members are in italics. Key words are in UPPERCASE.).

35-year-old woman
4th November 2019 – In studio

CLINICAL HISTORY

She used to take several oral contraceptive pills over a period of time; after stopping, her menstrual cycle remained irregular. She often bleeds between periods. 2 pregnancies.

7 months before:

I was tired, fell asleep as soon as I could and in the evening, I had a slight fever.

I was diagnosed with mononucleosis with very high transaminases.

Then it went away, but suddenly the transaminases were very high again, over 1,000.

I did a lot of tests, finally a biopsy, and they diagnosed autoimmune hepatitis.

Currently GOT (AST): 504 mU/ml – GPT (ALT): 619 mU/ml – Gamma GT 114 U/L – Hb 11.4 g/dL

An aunt with SLE. A grandfather with rheumatoid arthritis.

The biopsy leaves no doubt about the diagnosis: autoimmune hepatitis. (Fig. 1)

CLINICAL PICTURE

The patient appears pale, slow, with few words as if struggling to speak, with poor facial expressions, bent forward, almost leaning on the desk.

Tiredness... it's even better now, but last week I was mentally and physically tired... I was very pale...I had to

sleep all the time

I'm afraid I'll feel bad if I'm left alone with the children.

TIRED... I have to remember many things, think about many things!

When I wake up in the morning, I'm not rested at all.

I eat, but I'm losing weight! 5 kilos in a short time.

FLOUR, Rice. 57.3 kg

Overall, I feel QUIET.

BEFORE MENSTRUATION I have DARK SPOTS, I am VERY IRRITABLE and I also get CHIN ACNE.

SEPIA OFFICINALIS 200CH – a single dose

9th January 2020 – In studio

I felt better, transaminases had decreased, but the doctors scared me and so I decided to start cortisone therapy (prednisone 25 mg per day for 7 days).

I swelled up all over, I couldn't sleep, I was agitated and I stopped it.

I decided to continue with Homeopathy, even though they told me that I was taking serious risks and that my disease is not curable.

Note: The Patient was determined to continue with homeopathic therapy, but at the same time she was very scared. I reassured her and we decided to carry out all checks requested by the hospital.

The drowsiness has returned, which had disappeared, I would sleep at any time!

The tiredness also returned.

I eat and I don't gain weight. Pasta, little desserts, pizza, fried foods.

It's very difficult in the evening, I have to put my daughter to sleep.

Her husband: She's nervous with children. She's likely to accumulate and not say anything.

BEFORE MENSTRUATION I get chin ACNE.

SEPIA OFFICINALIS 200K – A single dose every 20 days x 3

FOLLOW UP

The patient called me up at the end of the therapy saying that she was much better.

In the meantime, her husband and two children came to visit.

On March 18th, 2020 (phone call): SEPIA MK: further improvement.

2nd July 2020 – In studio

Much better appearance: she is mimic, even lively.

There is no more tiredness, only due to the excessive heat of June.

During the last flow I felt terrible with terrible cramps and pain in my stomach and loins.

My headache also returned during the flow, which had disappeared.

AST 107 mU/ml – ALT 118 mU/ml – GGT 33 U/L

SEPIA OFFICINALIS XMK

28th October 2020 – In studio

On September 9th a tube dose of Sepia 200K for a viral form with fever: rapid recovery.

AST and ALT did not fall further, but rose slightly.

I'm fine... but I'm so afraid of the fulminant hepatitis, the doctors told me about!

The menstrual flow is regular and the headaches have never returned.

I sleep soundly, I don't remember any dreams... I don't hear any noise, only the children crying.

In the office they call me a "trade unionist", I deal with all the lost causes.

Intolerance to injustice.

I have a lot of abdominal swelling, but I don't feel bloated.

Pizza, pasta, rice. No sweets or fruit. FISH.

CARCINOSINUM 200K – A single dose

FOLLOW UP

There is a good response to the medicine, which is repeated on another occasion.

Blood tests values dropped: AST 38 mU/ml – ALT 51 mU/ml - GGT 25.8 U/L normal range

For epistaxis and dizziness PHOSPHORUS 200K telephone prescription.

8th November 2021 – In studio

AST 108 mU/ml– ALT 38 mU/ml

Premenstrual syndrome is back: I wake up in a blackout, as if the whole world is angry with me and has done me a great injustice. I "eat my children", I'm apathetic and very nervous.

I go to the gym and feel better.

Fear of snakes.

Fear of my children being kidnapped.

SEPIA OFFICINALIS 200K – A single dose every 30 days x 3

1st March 2022 – In studio

AST 108 mU/ml – ALT 169 mU/ml– GGT 50 U/L – gamma globuline 29.6 % - IgG 2,560 (1,600) g/dL.

My symptoms get worse before and during my period: FATIGUE AND DROWSINESS.

I always have a SWELLING BELLY and a lot of GAS and pain in my right side.

I feel that milk is bad for me. Many foods give me stomach pains.

Dryness in hands, palms.

Numbness and tingling in arms at night. Heavy sleep.

I have had a Covid infection without problems.

Special sensitivity to children.

Fear of snakes.

CYSTITIS WITH BAD URINE odour (she can't describe it better).

Note: It is an oligosymptomatic condition, the Patient has non-specific, generic symptoms, not identifying a homeopathic medicine clearly, which make a prescription difficult. Sepia officinalis has greatly improved the overall condition, but seems no longer able to provide any benefits. Carcininum has also improved the clinical picture, but the symptoms necessary to prescribe it are no longer identified. In essence we are dealing with a deep pathology which is expressed with non-characteristic symptoms and which requires adequate therapy which is difficult to identify.

In similar cases, consultation of the Materia Medica Pura will help to identify the correct therapy. In particular, the personal experience of the Proving of Colibacillinum, the subsequent collection of clinical cases and the consultation of the few authors who have dealt with the remedy is crucial.

COLIBACILLINUM 200K - A single doses every 30 days x 2

FOLLOW UP

After 3 months she called, she was better:

COLIBACILLINUM 200K - A single dose every 30 days x 2

27th October 2022 – In studio

Excellent lively appearance, mimicry, smiling, brilliant.
Radically different. Almost perfect exams.
Confirms the aggravation before menstruation: for 7 days I am destroyed!
Urine smells very bad: like asparagus!
Weight increased from 57 to 63 kg.
COLIBACILLINUM MK – A single dose

7th February 2023 – (By mail)

The patient sends me the latest blood tests that are practically perfect as never before.
She feels good and has good energy.
She asks me what to do.
PLACEBO

19th July 2023 – (In studio)

The patient was due to return for a check-up in May, but her state of health forced her to postpone.
Further analyzes confirmed the excellent condition of the liver with only one abnormal value: the percentage of gamma globulins in the electrophoretic test at 24.7% (v.n.: 11.1-18.8), a sign of antibody activity that is not yet perfectly normal. It should be considered that the last dose tube of Colibacillinum MK was taken 9 months earlier, which suggests a substantial stability of the clinical picture.
Maintained weight, excellent energy, normal diet.
The only symptom that can be recorded is intestinal meteorism.
COLIBACILLINUM MK – A single dose

On 3.8.23 she underwent a liver elastography test (fibrosan) a diagnostic method useful for quantifying the elasticity of the liver tissue and therefore the degree of fibrosis, as the ultimate consequence of her illness. The result is that the stiffness index is 8.1 KPa, at the lowest end of the scale.

27th March 2024 – In studio

She looks great. Laboratory tests: perfect.
I've never been sick. Only recently I had severe abdominal pain and nausea, they disappeared quickly.
Three or four days before menstruation I'm a little nervous around my children.
Menstrual flow recently has been scanty.

I would like to sleep less, I would never get up in the morning.

Weight 64 kg. BP: 120/80 mm/Hg.
COLIBACILLINUM XMK – A single dose

Discussion

In this clinical case, a serious pathology is successfully addressed which is by definition difficult to treat and which can lead to a liver transplant. Such an aggressive disease can practically never be defined as resolved; constant checks are required over time. At the moment the results obtained are excellent: the transaminases which fluctuated between 600 and 1,000 mU/ml have returned to normal, as has the GGT which stood at values over 100 U/l. These data, together with the significant improvement in the patient's general condition, including the regaining of weight, the disappearance of asthenia and the stabilization of the clinical picture, lead to a good prognosis for a definitive recovery.

Conclusions

Whilst recognising that a single clinical case cannot codify a practice, these clear results allow some conclusions to be drawn:

1. It has been confirmed that homeopathy can treat some incurable diseases. Homeopathy should be considered a therapeutic option, particularly in cases where conventional therapy is not very effective or has too many serious side effects.
2. In such serious and symptomatologically poorly defined clinical situations, the prescription of a nosode is confirmed to be essential, as confirmed by the experience of many authors.
3. Pure experimentation (proving) of a substance according to the Hahnemanian method can provide us with useful information for prescribing in these cases. This method does not simply identify a global clinical picture, but provides multiple information about the substance to make it usable with a good chance of success.

4. The Hahnemanian experimental methodology, according to the author, can be perfected to obtain reliable and easily usable results, even with a single proving.

Acknowledgments

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Nosological Diagnosis And Individuality Of Patients' Characteristics: Three Cases Of Pneumonia In Elderly Patients

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Summary

Background – Three elderly patients suffering from pneumonia: this severe disease may be cured by homeopathic clinical methodology (condensed in § 3 of Organon) as homeopathic doctors often did in pre-antibiotics age and do nowadays. Furthermore, the role of nosological diagnosis in homeopathic clinical methodology is considered.

Material & Method – Two women, 70 and 75 years old cured by *Sanguinaria* 30 CH and *Lycopodium* MK respectively. Third patient: a 84 years old man, cured by *Lycopodium* 30 CH. Homeopathic methodology: individuality, law of similars, proved and potentized single remedy.

Results – Recovery without side effects by therapy, without complications, in comparative short time, as § 2 of Organon states.

Conclusions – When patients' characteristic symptoms (§ 153), i.e. individuality, enable to choose a proven single homeopathic remedy in accordance with the law of similars, and when the chosen remedy is given in potentized and minimal dose, it is possible to cure acute severe diseases, as pneumonia in elderly patients.

Keywords

Pneumonia – homeopathic clinical methodology – elderly patients

Introduction

Nosological diagnosis is a stage of the more complex homeopathic clinical diagnosis, which considers patient's characteristics in accordance to law of similars in order to select the correct single remedy, as Hahnemann states in a long note of § 81 Organon¹: *“it is clear that these ... names of diseases ought to have no influence on the practice of the true physician, who knows that he has to judge of and to cure diseases, not according to the similarity of the name of a single one of their symptoms, but according to the totality of the signs of the individual state of each particular patient ...”*

Harvey Farrington² reminds us:

“The American Institute of Homoeopathy defines a homoeopathic physician as “one who adds to his knowledge of medicine a special knowledge of homoeopathic therapeutics and observes the Law of Similars” ... and, as well as Hahnemann, he specifies³: “a homoeopathic prescription cannot be made by following the usual methods of case-taking of the ordinary physician ...” because: “The indications leading to the similimum are rarely found among the pathognomonic symptoms (i.e. pathognomonic symptoms of the disease not those ones of patient, scarcely considered and described by conventional semeiotics – note of author). Guiding or characteristic symptoms may be brought out during the usual history taking and physical examination if this prime objective is borne in mind. Therefore, it is preferable to elicit, record and classify the patient's symptom picture before physical examination and diagnosis are attempted. Not only will this procedure obviate the natural tendency toward giving too much weight to pathology and end products of disease, but it will often assist materially in making a diagnosis”.

Similarly, in Lesson XVII, Kent⁴, confirms a methodological principle:

“There are two kinds of study, one with a bearing toward the classification that the disease belongs to, and one with reference to the remedy that the patient needs ...”.

The homeopaths cannot forget the principle of individuality (§ 82¹) and, as logical consequence, they cannot consider a remedy be correlated to a disease. Phosphorus is not the remedy of pneumonia, but it will cure every case of disease with symptoms similar to symptoms Phosphorus can give in a proving on healthy people. This is true for every remedy in our *Materia Medica*⁵. We don't have to prescribe on the name of disease and neither on strict therapeutical protocol, but on each patient's characteristics (§ 153¹) in accordance to the Law of Similars. Only in this way we can select the single homeopathic remedy, only suited to that individual patient. The more similar remedy and its right potency and posology (minimal dose, frequency of repetition as patient's condition needs) will abort or make shorter the course of a case of pneumonia or a case of typhoid fever or every else acute disease⁵.

*“Study the materia medica and learn how to use the repertories and be ready to prescribe for the sick, be the disease what it may. To think of a list of remedies for pneumonia and a list for some other disease is to run some risk of prescribing on the diagnosis rather than on the symptoms of the patient”.*⁶

Materials and Method

In accordance to homeopathic clinical methodology they are considered: characteristic general, mental, physical, symptoms with their modalities, as described by patient; symptoms observed by homeopath; physical examination; nosological diagnosis; grading of symptoms; selection of a single remedy (*diagnosis of remedy*), whose proving and clinical symptoms match patient's selected symptoms; repertorization of symptoms; confirmation of remedy by consulting *Materia Medica*; selection of method of dilution (X, CH, K, LM o Q), potency, dose, repetition; assessment of therapeutic effect (amelioration, aggravation), order of cure (progress of patient's conditions, direction of symptoms) and, if necessary, change of remedy or

change of potency and frequency of repetition of already given remedy.

Three case of Pneumonia in elderly patients are presented: same pathological diagnosis but different therapy in accordance to homeopathic methodological principles of individuality of patient and remedy and to Law of Similars.

Two phases: to establish a nosological diagnosis through patognomonic symptoms of disease; to establish a homeopathic diagnosis through patients' characteristic symptoms. Instrumental and laboratory tests were prescribed (case 2 and case 3) to establish nosological diagnosis and recovery. Relying on nosological diagnosis could not have enabled to select the curative remedy, actually the third patient recovered by means of right homeopathic remedy even before having established the correct pathological diagnosis, as below described.

Three cases selection criterion:

Case 1) – Right nosological diagnosis, but first homeopathic remedy prescribed was wrong (home examinations).

Case 2) – Correct nosological diagnosis, but first prescribed potency of the right remedy was unfit for the patient (video-calls visits).

Case 3) – Wrong nosological diagnosis, but homeopathic remedy suitable for the patient (examinations at homeopath's consulting room).

Clinical cases

Case 1

Traderwoman, 70 years old.

March 1998 – Since menopause (20 years before) she has been suffering from hypertension and chronic atrial fibrillation: no conventional treatment because of paradoxical effects by conventional drugs. Furthermore, she is suffering from chronic gastritis and anemia megaloblastic, and she got paradoxical reaction to vitamin B 12. She lives in a mountain village (Abruzzo National Park – Central Italy). She caught cold on a freezing North Wind day. On next day, sudden onset of fever (39° C = 102,2° F); then, dry, violent cough and

prostration. Her daughter, a chemist, gave her Aconitum 30 CH: no benefit.

On 4th day of disease she was examined at her home, at 11 a.m.: sitting in bed, covered up to the abdomen, being too covered bothers; intensely red cheekbones; high fever (39,5°C). Dry, tormenting cough, head and chest pain when she coughs. Intense thirst: she wants fresh water.

Physical examination: superficial and accelerated breathing; increased tactile fremitus on right lower lobe; dullness to percussion on same area; poor mobility of right pulmonary base; decreased vesicular sounds, inspiratory rales at the right lung base.

Diagnosis: pneumonia (right lower lobe) (The day after, patient's GP confirmed it).

Prescription: Bryonia 30 CH, ten globules in 250 ml oligomineral water, plus method, a teaspoon every 1-2 hours until amelioration. Nevertheless, in case of no improvement in following 8 hours, a course of antibiotics was advised.

Six hours later, at 5 p.m., her daughter reported no improvement, on the contrary patient was getting worse, fever 40° C (= 104°F), dry, severe and constant cough.

Prescription: Erythromycin 1 gr, intramuscular injection twice a day for a week, paracetamol orally, once or twice a day.

Seven days after – The patient called for a visit home. That same morning, she had given her last antibiotic injection. Fever disappeared after four days of antibiotic therapy, but not the cough: still intense and tormenting, < by night, no more dry but loose, a lot of yellow, thick, bad-tasting sputum. When she coughs, she feels abdomen pain.

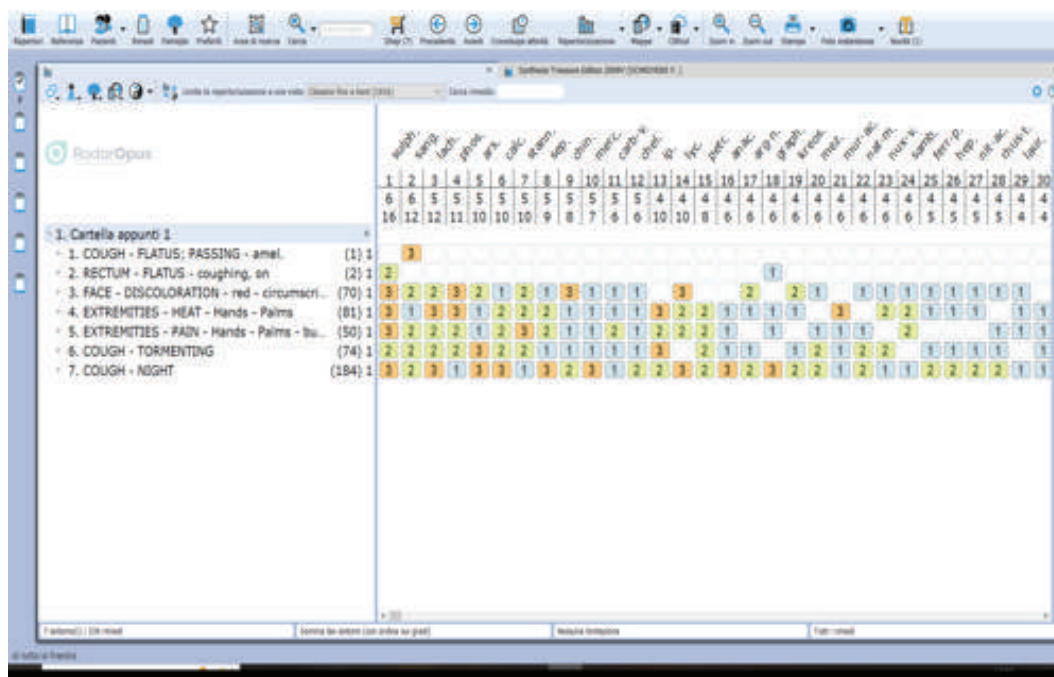
Examination – Cheekbones: still very red. Redness of palms; she reports her palms (and soles, as well), burn and it has occasionally happened since the onset of the disease; palms and soles suddenly become almost normal. Her belly is very distended, a lot of gas inside, she has to expel gas, especially when she coughs and she notices her cough calms down after she has expelled flatus.

Physical examination: rhonchi in right and left lung, but above all in right lung.

Selected symptoms according to aph.153¹ (at that time, 1998, papery Kent'Repertory was consulted)⁷:

- Flatus on coughing
- Cough > when she passes flatus
- Circumscribed redness of cheekbones
- Palms: heat sensation and burning pain
- Cough: tormenting, < by night,

Below, repertorising by Radar Opus⁸, "Kent, until 1916".



Sanguinaria canadensis 30 CH, 2 granules on her tongue, 10 granules in 250 ml oligomineral water, plus method, a teaspoon every two hour until amelioration. In case of amelioration, repetition every 4-5 hours, if necessary: stop repetition in case of marked improvement. No more antibiotics neither paracetamol, of course!

RESULT - > since the second repetition of the dose. Next 72 hours: all symptoms disappeared. Rapid recovery thanks to right homeopathic remedy Sanguinaria: she recovered without sequelae, despite her comorbidities.

REMARK – Exact nosological diagnosis, but wrong first homeopathic prescription: one of three mistakes the homeopath can make, i.e the wrong choice of a remedy, as Hahnemann states in *Chronic Diseases*⁹. Physical examination led to diagnosis of pneumonia: the homeopath and the family doctor (an allopath) made same diagnosis.

No chest radiography, no sputum examination, no blood tests (complete blood count, serum glucose, electrolytes, urea nitrose, creatinine, bilirubin, liver enzymes etc): the same occurs in management of most outpatients, at least in Italy¹⁰. Bryonia was useless (even if the observation period was short): Bryonia was not homeopathic to the case, evidently. When a patient with comorbidities develops a severe acute disease, if doctor cannot follow the patient by daily examinations, or even more times a day, (in these case, the patient lived far enough from her homeopath's residence), it is deontologically correct to set a prudential observation time and to observe the patient reaction to prescribed remedy during that time: if the remedy is useless – which means the remedy is most likely wrong, or, sometimes, the patient is homeopathically incurable – the doctor needs to change remedy or, if he cannot detect it, he must recognize his own limitations, humbly, and to use other therapies (if they exist) which could help patient: Hippocrates' *Primum non nocere!* (First, do no harm!).

Prescribing a course of antibiotics, therefore, may be justified. Antibiotics, however, were not very effective: the patient did not get worse, temperature went down after 4 days of antibiotics, but actually the general

clinical condition did not change: neither total remission of symptoms nor did the patient felt better. To put it simply, she was not cured.

Seven days after the first home visit, patient's characteristic symptoms, more perspicaciously recorded, led to correct remedy selection: Sanguinaria. In hindsight, reassessing symptoms the old lady showed on from her first examination, it can be stated Sanguinaria was the right remedy from the very beginning of the disease. The rubric: COUGH, FLATUS, passing, amel - gets only a remedy and in 3th degree: therefore, it is a keynote of Sanguinaria. In his *Guiding Symptoms*¹¹, Hering designates it:

■ = *symptom verified by cures.*

The same is for another patient's symptom: "*cough ... tormenting, with circumscribed redness of cheeks ...*".

Thank to the prescription of the the right homeopathic remedy, whose verified and confirmed experimental and clinical characteristic symptoms matched patient's more striking, singular, uncommon and peculiar (characteristic) signs and symptoms, patient's recovery was terrific (§ 2 e 253)¹: cough and all other physical symptoms quickly disappeared, the patient soon recovered from her pneumonia without sequelae, despite her comorbidities.

Case 2

Woman, 75 years old, retired teacher.

January 2023 – The patient started homeopathic treatment 34 years ago, suffering from shoulders and hips arthrosis. She derived benefit from the treatment and, since then, she has choosed homeopathy; she does non take conventional drugs. She is in good health. Widow; two sons, living in very far cities. She lives alone in a big house, in a small town far from homeopath's residence. She rejected to be vaccinated against SARS-Cov-2; she got Covid in December 2022 and recovered easy enough in a week, by Bryonia first, then Pulsatilla. All the reported check-ups were video-calls, a certain technological advantage compared to 25 years ago, when Case 1 happened.

January 29, 2023 – Late in the afternoon – Having caught cold in previous days, onset of fever (38°C = 100,4 F), intense pain in throat and chest, intense throat dryness and need for often drinking fresh water; dry and itching eyes; dry cough; apathy, she only likes to stay quiet in bed.

Bryonia 30CH, 3 granules on the tongue, 5 granules in 250 ml oligomineral water, plus method, a teaspoon every 3 hours until amelioration; in case of amelioration, repetition every 4-5 hours, if necessary; stop repetition in case of decided improvement.

January 31 – Poor results: apathy, red and swollen lids, desire of fresh air on the face: “... *I feel like weeping. Often, very often. I am alone, my sons living far. When they call me by videocall, I feel much better*”. Yesterday, Covid-test: waiting for result. Rushed prescription: Pulsatilla 30CH, plus method (as above), every 4 hours.

This patient lives far from Rome (where her homeopath lives), her family doctor is in bed with flu and she trusts only in her homeopath and family doctor and refuses to be examined by another doctor (Obstinate!), as her homeopath asks for: no way to have information by physical examination. Her homeopath demands (suspected broncho-pneumonia): chest radiography and blood tests. Compared to 25 years before, in 2023 it is easy to get a radiologist at home, even in a small town: another certain technological achievement!

February 2 – h.5 p.m. – Covid test: negative. Sleepless all the night long because of coughing; could not stand drinking room temperature water (that is, fresh water); headache; greenish sputum; loss of smell and taste; fever goes up in the afternoon: “*now is 37,5° C (99,5° F) ... I am troubled, agitated: why have a temperature? Why in the afternoon? What kind of infection? Why cannot I eradicate it? I fell dazed, depressed, I feel I cannot this time cope it ...*

Symptoms = worried, scared, fear having gotten a severe infection, doubtful of recovery, pale and shadows under her eyes, tongue covered by a white fur. Calcarea carbonica was often prescribed in the past, even for acute pathologies (more precisely, for acute

miasmatic reactivation) and it gave very good results. Calcarea carbonica 200K, 10 globules, once (patient gets 200 K potency at home).

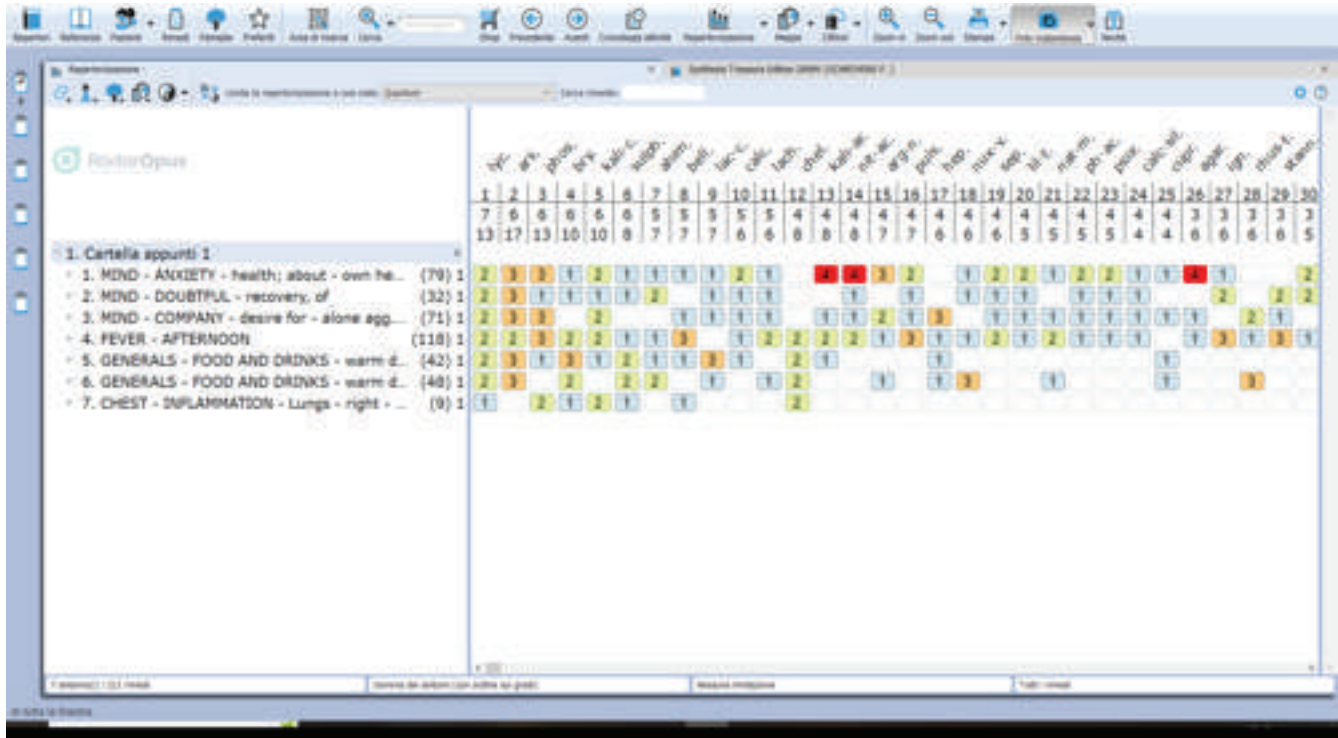
February 3 – h 10 a.m. – Given Calcarea carbonica, poor results: apparently she feels better and less apathetic (desire to cook and tidy up the house), but last night was awful: profuse perspiration without amelioration, strong and tormenting cough, yellow-brownish sputum; copious, sticky, yellow-greenish nasal discharge. Now she feels very apprehensive: she is waiting for radiologist (he is going to come in a hour) and his “verdict “.

Chest radiography: “*area of thin radio-opacity in lower right lobe ... intensification of peri-bronchial texture in hilus and para-hilus, bilaterally. Back-sternum clear space: regular. Calcification atheroma of aortic arch. No pleuric effusions bilaterally.*”

Calcarea carbonica 200K plus: ten globules in 250 ml of water, ten succussions, just a spoon of solution, once.

February 4 - “*After having taken the second dose of Calcarea, cough relieved; last night, for the first time from the onset of my disease, I coughed just a little from 1 to 5 a.m., ... I need warm drinks ... discharge from nose is much less. I worry over all this things, I am afraid I am not recovering but worsening. Why no more discharge from nose? “. etc etc. Furthermore, the patient is clearly annoyed by homeopath’s questions (actually, this is not common for her). She looks worried and scared ...*

§ 253¹: “Among the signs that, in all diseases, especially in such as are of an acute nature, inform us of a slight commencement of amelioration or aggravation that is not perceptible to everyone, the state of mind and the whole demeanor of the patient are the most certain and instructive. In the case of ever so slight an improvement we observe a greater degree of comfort, increased calmness and freedom of the mind, higher spirits - a kind of return of the natural state. In the case of ever so small a commencement of aggravation we have, on the contrary, the exact opposite of this ..., which may be easily perceived on close observation, but cannot be described in words



In other words: the direction of cure (from inside to outside etc.) is incorrect. The patient does not show a greater degree of comfort, increased calmness, on the contrary she shows an unusual behaviour: *Calcarea carbonica* is not working.

Selected symptoms according to § 153¹:

- Anxiety about her health
- Doubtful of recovery
- Alone <
- Fever, afternoon
- Desire and amelioration: warm drinks
- Right lower lobe pneumonia

Lycopodium 30CH – three granules on the tongue; five granules in 250 ml water, plus method, a teaspoon every 3 hours.

February 6 – h.11 a.m. – Last two nights: no cough. She feels catarrh in trachea, when she hawks it is white, no more bad coloured. Her nose discharges again: white and thick discharge. She smells and tastes again: “All that reassures me. Yesterday I felt listless ... today my mood is better ...” *Lycopodium* 30 CH, plus, ogni 5 ore.

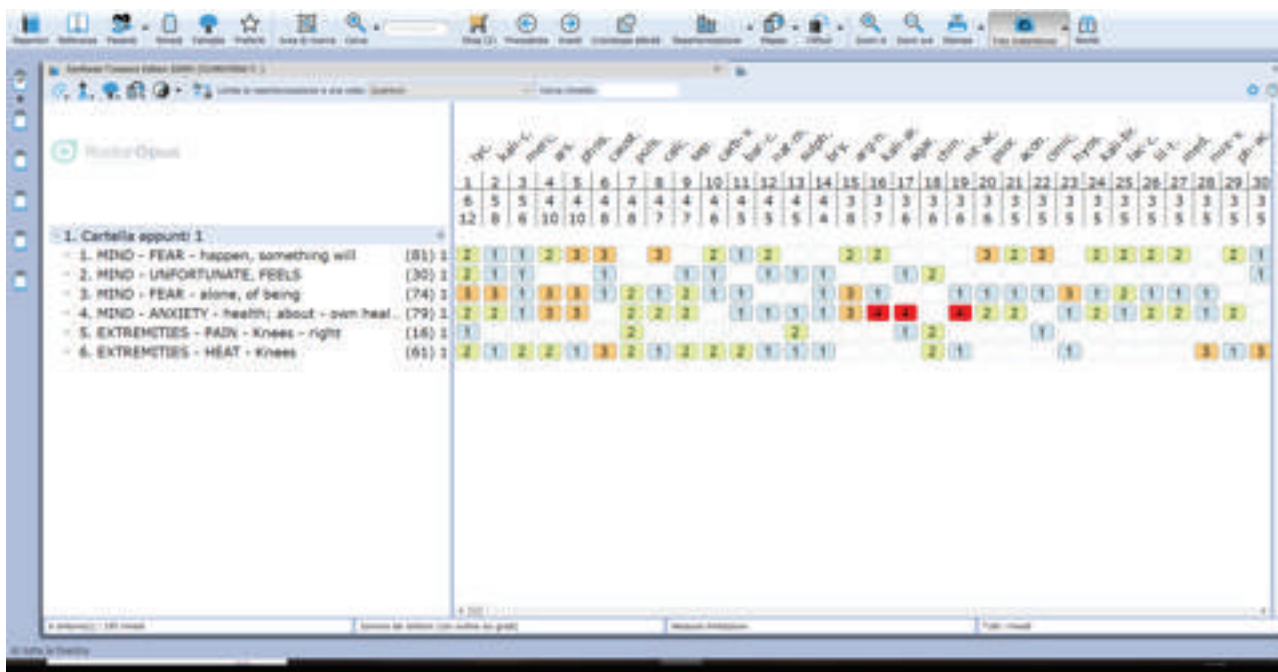
February 8 – h. 9 a.m. – “... just a fit of coughing yesterday, between 4-5 a.m. ... Since yesterday my right

knee has been hurting ..., I used *Arnica* ointment: useless! I have difficulty bending it, and feel heat inside, but when I touch it, it is not warm, when I rise from sitting the pain increases ... I am like Cassandra (= prophet of doom) because I have a bad presentiment and it happens ... actually I am unlucky ...” = Unfortunate feeling (The patient, since she lived alone, may times in previous days thought: “If my knee-ache begins, I’ll stay stuck at bed, without eating, without going to the toilet ... etc.)

Gonalgia is a symptoms she felt in the past, but it is not an old symptom which reappears. The same is her “unfortunate feeling”. Both of them are not an undesired proving, but symptoms the patient manifested other times in the past when her *Psora* “switches on”, as Hahnemann states in *Chronic Diseases*⁹ : it could happen because of a severe acute intercurrent illness.

Symptoms - § 153¹: (*Radar*⁶ - *Quantum*)

- Fear, happen, something will
- Unfortunate, feels
- Fear, alone
- Anxiety health, about her health
- Pain, right knee
- Heat, knee.



Symptoms of changes in the state of the mind and disposition (§ 213)¹ are leading and they match the remedy clearly: they confirms Lycopodium, and yet patient's recovery is too slow, if not at a standstill, she feels better but she is not yet cured. All that points out a higher potency of the same remedy is necessary⁴⁻¹²:

Lycopodium MK - 20 globules, once.

February 9 – h. 10 a.m. – “I took Lycopodium at 4,30 p.m. I feel better, I slept well, no cough, knee pain much improved, just a bit of pain when I rise from sitting. After having taken Lycopodium, I had to use a lots of paper handkerchiefs so copious the catarrh was coming up to the mouth”.

No repetition, only warm drinks, that the patient desire so much. Prescription: repeating chest Rx in three days.

March 1, 2023 – Since two weeks the patient has gone back to her regular lifestyle. The family doctor examined her two weeks ago and did not find any pathological sign. Gonalgia disappeared too: two sessions of osteopathy completed Lycopodium work.

March 2 – Chest X-ray: “Today’s check: no more the opacity in lower righ lobe, previously described ...”.

RESULT – The initial lower righ lobe pneumonia, proved

by a chest radiography on February 2 disappeared; more precisely, the group of individual symptoms disappeared in few days (7 days), and the patient recovered without consequences (aph.2 and aph. 2531).

REMARK – All checkups by video-calls; at patient’s home, a chest radiography pointed out pneumonia; it was not possible to make examination of sputum, however, in Italy it is reckoned¹⁰ that about 50 % of outpatients suffering from pneumonia do not undergo sputum testing and aetiology remains unidentified¹¹. Therefore, having suspected it clinically, the nosological diagnosis was expressed after the chest radiography. Bryonia, Pulsatilla, Calcarea carbonica, were similar remedies and poorly efficient: general and mental symptoms, revealing changes in the state of the mind and disposition (aph. 213¹), pointed out diagnosis of right homeopathic remedy, the simillimum, the more similar one.

When improvement slackens or comes to a halt, if there still are general and mental symptoms matching the same selected remedy, it means a higher potency of the same remedy has to be prescribed, according to advices from centuries-old homeopathic clinical experiences, as one can read in homeopathic literature (examples: Dieffenbach⁵ – Kent¹²).

In these case, in a short enough time, cough and other physical symptoms disappeared, the patient recovered without consequences and side effects by therapy.

Postscript – This patient got the prescribed remedies potencies at home: this was the main reason the homeopath choose them, anyway 30 CH is a good potency in acute disease treatment.

Case 3

Man, 84 years old, retired ministry official.

Background - On June 10-2020, the patient underwent examination at homeopath's consulting room. His problem was insomnia, from 40 years (for last 4-5 years, he has only slept 2 hours a night).

Anamnesis (in short). Anxiety neurosis (in this way the patient defines his problem, maybe a reductive diagnosis!) from youth: neuroleptics, antidepressants, anxiolytics for more than 40 years, their effectiveness is now nearly worthless.

6-7 tonsillitis a year till tonsillectomy when he was 20-yr old. 33-yr old. Pneumonia: prolonged and heavy antibiotic therapy.

65-yr old – Flu Vaccine: he developed very high fever, violent cough, dyspnea, prostration and this syndrome went on for a month. "I was at the point of death".

66-yr old – Flu Vaccine: he suffered from same syndrome he had got year before! Since then: "I have abhorred the word "vaccine"!"

He worked as a ministerial official, highly considered for his utmost commitment and accuracy: he was given the task of writing very important ministry documents.

Homeopath's remarks (§ 90¹): verbose, self-centred, pedantic.

Insomnia: initially, good effect by homeopathic treatment, but the improvement lasted a short time. Anyway, the patient asked for homeopathic treatment for his acute diseases (gastro-enteritis, pharyngitis, fever from taking cold etc): every time he reacted well to homeopathic treatment.

October 13, 2021 – About ten days before examination at homeopath's consulting room, he developed weak cough, fever (38° C = 100,4°F), no other complaints. His

wife (!! the lady is a homeopathic patient from 30 years) prescribed him: Belladonna, then Bryonia, then Mercurius solubilis. No result. Now he is short of breath, has to move and walk slowly because too weak; < lying, feels better sitting. Short of breath, if he talks or walks. Fits of very weak cough, scanty expectoration. Poor appetite. Today, Covid test: negative.

Physical examination – Pale and thinner. BP 105/70; heart rate 74, rhythmical, soft first and second heart sounds, no heart murmurs. Temperature 35,8° C (= 96,4°F). Refusal of weighing himself. O2 93%. Pale conjunctiva, pale mouth mucosa, clean tongue; light redness of pharynx. No palpable lymph-nodes. Chest: no pathological signs.

Selected symptoms: > sitting; lack of reaction (too low temperature, scanty characteristics symptoms, asthenia); respiration difficult, < talking and walking; diminished appetite.

Repertorizing strenghtens suspect of heart problem and a condition of anemia, despite no clear signs of heart problems.

Prescription: Digitalis purpurea 6CH, 3 granules a day for 10 days

Prescription: blood tests, examination by a cardiologist, electrocardiogram, echocardiogram.

October 29, 2021 (16 days later) – h.4 p.m. – No changes. Cough: increased. Covid test: negative again. He refused all the prescribed tests and specialist's examination and reports his temperature is 38° C (100,4°F) on waking on, or no fever in the morning but in evening.

"My cough is really weak", it is frequent, < talking and walking; no expectoration or he has not the strenght to expel it. No pain when he coughs. Blocked nose, dry mouth but thirstless. Weak and hoarse voice. Dyspnea, he walks slowly, at a snail's pace. Thinner (kg 65, he report having lost another 2 kgs in two weeks). No appetite, he takes vitaminic tablets. BP 100/60 - HR 66, rhythmical. O2 98%. Chest: no pathological signs.

Remark – A 84-yr old man, clear mind but physical prostration, weak cough, hoarse voice, dyspnea, weight loss, slight temperature, discouragement, anxiety: a

psoric picture, but an obligatory suspect arises from those symptoms and signs, i.e. a lung or larynx cancer.

Prescription: Chest CT without contrast medium (the patient is afraid of getting allergic reaction to the contrast medium) or, at least, a chest radiography, blood tests, otorhinolaryngologist examination.

Selected symptoms: Insidious fever – Emaciation – Cough: dry; < talking and walking – Respiration difficult: < talking and walking – Larynx, Voice: hoarseness; weak – Discouraged; Generals: < Talking, < walking

Homeopathic prescription: Stannum metallicum 9CH, 3 granules every day for 10 days.

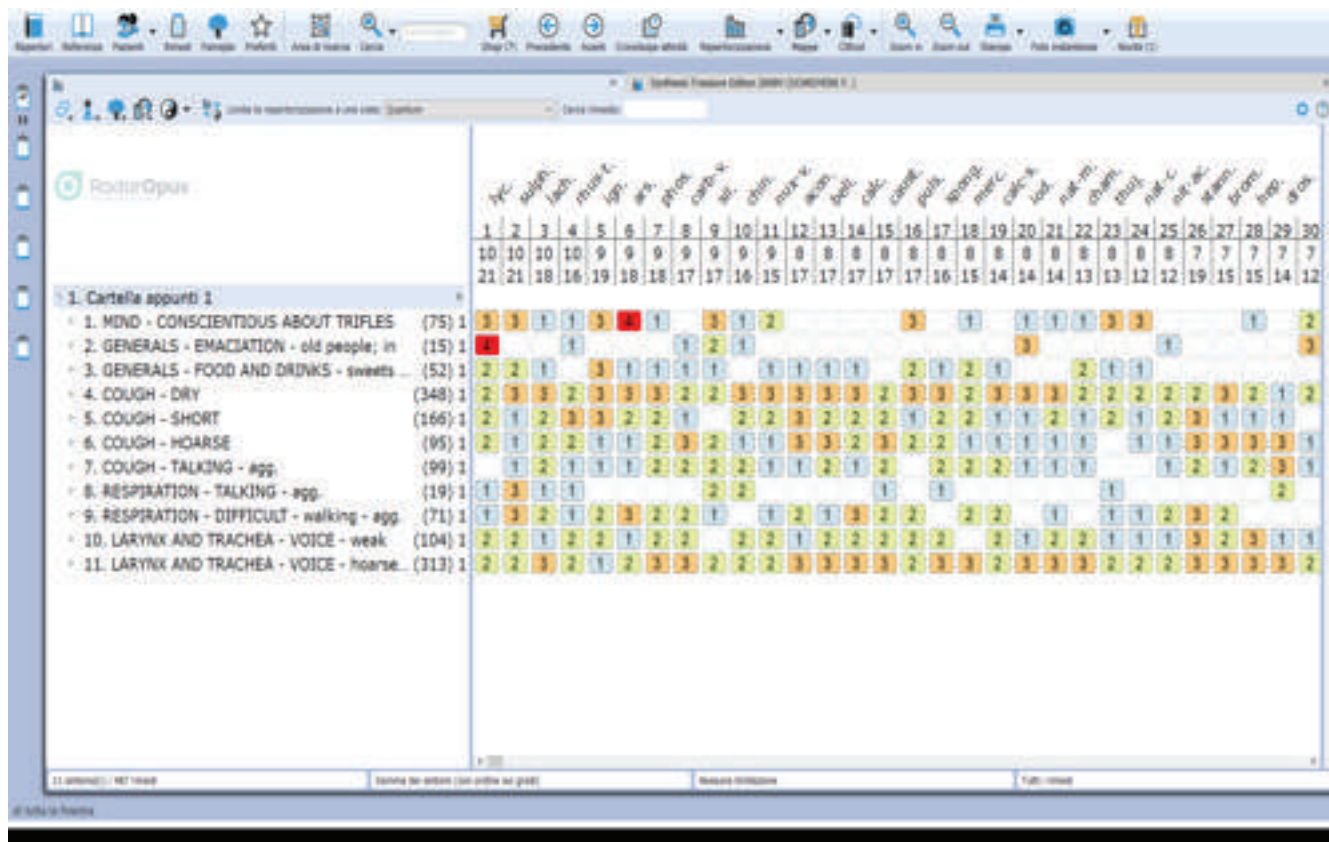
November 2 – Chest X-ray: “Basal stiffening of lung structure bilaterally as bronchitis-peribronchitis ...”.

November 13 – Not yet CT. The patient reports amelioration (i.e, no cough, no fever. Slight amelioration of health condition) by Stannum till November 5. Since November 10, all symptoms have appeared again.

As he made in all previous meetings, patient presents his complaints, and his life-style too (no alcohol, no fats, no coffee, no tobacco etc etc), by adding multitudes of pettifogging details, he wants to be exact and accurate as much as possible and to make sure his doctor understands exactly ... a real conscientious about trifles ... He confirms he does not eat sweets, whose he is very fond, because if he eats them “a disaster will happen surely ...”.

Selected symptoms – Too many pettifogging details. Weight loss. < by sweets. Cough: dry, short, hoarse, < talking. Dispnea: < talking and walking. Voice: weak and hoarse.

MIND - Conscientious about trifles
 GENERALS – Emaciation, old people
 GENERALS- FOOD & DRINKS – Sweets <
 COUGH – Dry; Short; Hoarse; Talking <
 RESPIRATION – Difficult, talking <, walking <
 LARYNX – VOICE – Weak; Hoarse



Prescription: Lycopodium 30CH drops = 3 drops a day for 10 days, previous succussion of bottle by five succussions; pouring the drops in ½ glass of oligomineral water; taking only a spoon of the solution and throwing the remaining solution; drinking and holding in mouth ten seconds at least, before swallowing. Every day, repeating all the phases of medication.

November 15 (2 days after Lycopodium prescription) – Chest CT without contrast medium - “Tissue neoformation in right lower hilus-parahilus region, dimension 65x40 mm, it involves cardio-phrenic angle, minimal amount of pleuric effusion on the right side ... Hilar and sub-carina lymph-nodes, whose largest diameter is about 2 cm ...

No other nodules bilaterally but a micronodule in basal lateral segment of left lower lobe as result of previous infection and right apical-median-basal pleural thickening as probable result ...”. - (see: anamnesis).

November 15 – The patient starts Lycopodium 30 CH drops. Having assessed CT report, patient is advised to go to Oncological Department of an important Roman hospital. The Head of Department immediately plans procedures for further investigations (to establish therapy, surgery and/or chemotherapy): electrocardiogram, total body CT, bronchoscopy, bronchoalveolar lavage, biopsy.

November 30 - ECG: “Sinus rhythm, HR 97. Regular atrio-ventricular conduction. Normal cardiac electric axis. Non specific anomalies of ventricular repolarization”.

December 3 – Fibroscopy. (larynx, vocal cords, trachea: regular) ... on the right, infracardiac segmental bronchus is completely occluded by yellow pultaceous material, aspirated and sent for microbiological examination ... after having aspirated the segmental bronchus ...it is patent but covered by whitish columnar mucosa ...biopsy on this mucosa and in depth, blindly at this level, for cytological examination ... Left endoscopic finding: normal”.

December 9 – Total Body CT without and with contrast medium. In short: nothing at encephalic and cerebellar level. Nothing abdominally (prostatic hypertrophy, already known). After contrast medium: “in the thoracic area, the lower parahilar neoformation on the right is confirmed, about 6 x 4 cm, moreover already typified bronchoscopically.” In short, the rest of the report: confirmed outcomes of previous lungs phlogistic phenomena; absent pathological mediastinal and axillary lymph-nodes bilaterally; no pleural or pericardial effusions.

January 14, 2022 – Two months after Lycopodium prescription. The patient already began to feel better by first Lycopodium administrations. Lycopodium was suspended on the day of bronchoscopy (December 3) and for the following 24 hours, as well as on the day of CT with contrast medium and for following 48 hours but, that day – December 9 – the patient already felt better.

The bronchoscopy and bronchoaspiration report arrived a few days before Christmas.

Biopsy of the right lower lobe and bronchial secretion examination: “Fragments of bronchial mucosa free from significant histological alterations. NO evidence of neoplasia. The search for neoplastic cells was negative ...”.

Microbiological examination, BK negative – Culture examination: Haemophilus influenzae ++++ ...”.

Conclusion: Haemophilus influenzae pneumonia.

January 14, 2022 – Examination at homeopath's consulting room. When the biopsy report a few days before Christmas arrived, the patient had already recovered since a couple of weeks. What happened when Lycopodium was given?

“Fever: >>>. Cough and hoarse voice: >>>. I have much more energy and my appetite has returned ... Now, however, insomnia has reappeared ... you should perform another miracle ...”.

January 20 – Blood tests: regular

May 16, 2022. Chest X-Ray: “... No ... parenchymal consolidations of phlogistic infectious nature, no pleural effusions ...”.

REMARK – A precise nosological diagnosis is a first and mandatory phase in the more complex homeopathic clinical diagnostic process, which, equally necessarily, involves the search for the individuality of each clinical case, according to the very definition of Homeopathic Medicine¹³ and to § 82¹: “as no real cure ... can take place without a strict particular treatment (individualization) of each case of disease ...”.

The subacute clinical course of the disease in an elderly people, with a probable reduced immune reactive capacity (do not forget the 40-yr use of psychotropic drugs), misled both the homeopathic doctor and the oncologist specialist.

The appropriate tests allowed a precise diagnosis, excluding tumor pathology and ascertaining bacterial pneumonia. Before the exact nosological diagnosis was reached, thanks to the microbiological and biopsy examination after bronchoscopy, the patient had already significantly improved from the pathology which had lasted for more than two months: when the test reports were delivered to the family, the patient had already recovered. The clinical evaluation indicated in the paragraph § 253¹, and verified over two centuries of homeopathic medical practice, is confirmed: in case of acute, subacute or chronic pathology with lesion involvement, subjective (and objective) improvement precedes the restitutio ad integrum (restoration to original condition) of altered tissues (which must be ascertained).

The imaging and blood tests, subsequently performed, confirmed recovery without sequelae. All this was possible having detected the most individual symptoms of the case: mental, general, physical symptoms, with their modalities, corresponding to experimental and clinical symptoms of the homeopathic remedy

Lycopodium clavatum (repeatedly verified and confirmed by clinical cases), whose administration in adequate potency, dose and adequate repetition frequency was an effective stimulus to achieve complete recovery: a confirmation of what is typical of the homeopathic methodology and admirably summarized by Hahnemann in aph 3 of Organon of Art of Healing¹.

Conclusions

No homeopathic doctor can afford to poorly consider the nosological diagnosis for many reasons:

- a) obvious diagnostic and prognostic reasons;
- b) to establish the therapeutic intention (curability, palliation, incurability by homeopathy) and to determine the choice of potency and dosage of the selected homeopathic medicament;
- c) to consider the miasmatic terrain of the patient;
- d) medico-legal obligation.

The final summary of the double stage of nosological diagnosis and diagnosis of each individual patient, typical of the homeopathic doctor, is left to Pierre Schmidt¹⁴:

“... diagnosis ... in homeopathy is twofold:

– diagnosis of the disease according to the pathognomonic symptom ... with the help of general clinical status, through a specialist where necessary, through laboratory findings, x-rays, to clinch what belongs to the exact disease...;

– the diagnosis of the sick person to ascertain the non-pathognomonic symptoms which do not belong to the disease in question, the rare, strange, seldom, singular and which seem bizarre. (that is, § 153). These are symptoms which are contrary to common sense, make us reflect, and which are characteristic for a particular patient. Allopathy does not take into consideration such symptoms...”.

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The Message Of Dr. Tomás Pablo Paschero In Our Times

Tomás Pablo Paschero (1904 – 1986) was trained in his practice, among others, by Dr. Arthur Hill Grimmer (1874 – 1967), one of the most prominent disciples of Dr. James Tyler Kent (1849 – 1916), and that meeting sealed a mark on the Argentine homeopath.

Kent was heir to a golden age of homeopathy in the USA, and added his own vision to Hahnemannian vitalism, with much influence from the Swedish thinker Emmanuel Swedenborg (1688 – 1772).

At the same time, Paschero also contributed with a special way of reflecting on homeopathic philosophy, which he considers in his therapy as a humanistic medicine.

I consider here humanism in its generic sense, as a doctrine that claims human dignity, the rational character and purpose of the human being and, at the same time, emphasizes his/her autonomy, his/her freedom, and his/her capacity to transform history and society.

Hahnemann had already explained in the well-known paragraph 9 of his Organon that homeopathy should be responsible for putting sick people in such conditions, that they could develop a high goal of their existence. Paschero went further, and he proposed an ideal sense of transcendence of the patient.

The disease then appears as a conditioning on the freedom of the human being, who, in his/her suffering, is not completely free to face his/her personal destiny. We are in times where there is an astonishing technological advance that fills us with questions regarding the future of medical activity in general and, of course, also in the practice of homeopathy.

I recently did the following experiment with GPT Chat, the Artificial Intelligence application that is surprising the world:

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Which remedy used in medical practice presents the following symptoms, developed in a proving?

I list them:

Anxiety of conscience, Jealousy, Forsaken. The person suffers warm weather and the clothes on the neck bother him.

The symptoms you have listed, along with the sensation of being hot and bothered by clothes on the neck, are indicative of a homeopathic remedy called Lachesis muta, commonly known as Lachesis.

Lachesis is derived from the venom of the bushmaster snake and is used in homeopathic medicine to treat a variety of symptoms, including those related to anxiety, jealousy, abandonment, and discomfort around the neck area. It is often prescribed when a person exhibits a tendency towards talkativeness, restlessness, and a sense of constriction in the throat or neck. The remedy is thought to be especially helpful for individuals who experience these symptoms in the context of emotional or psychological issues.

After my initial surprise, I composed myself and asked:

Thanks for your reply. And if the patient had gastritis and the rest of his health was fine: what dose and potency of Lachesis would you indicate?

I am not a doctor, but I can provide some general information about homeopathic dosages and strengths. However, it is important to emphasize that homeopathic treatments should always be prescribed and supervised by a qualified homeopathic practitioner or medical doctor.

Homeopathic remedies are prepared through a process of serial dilution and succussion (vigorous shaking).

In homeopathy, it is common to start with a lower

potency and then adjust as needed based on the individual's response to the remedy. A qualified homeopathic practitioner would be able to guide you on the appropriate dosage and potency for the specific case.

At this point, I thought I could set a trap for it, since all the symptoms I gave him are also covered by *Argentum nitricum*.

So, I asked:

Thanks again. Would you indicate *Lachesis*, even though the patient suffers a lot before taking an exam and cannot speak in front of a large audience?

Lachesis can indeed be a remedy indicated for individuals who experience anxiety and discomfort related to public speaking, exam anxiety, and other situations where they need to perform in front of a large audience. It is known for addressing feelings of constriction, being unable to express oneself, and experiencing anxiety due to suppressed emotions.

*However, in homeopathy, the selection of a remedy is based on a holistic evaluation of the patient's physical, mental, and emotional symptoms, as well as their overall constitution. While *Lachesis* might match some aspects of the patient's symptoms, it is essential to consider the entirety of their health profile before recommending a remedy.*

*There are other homeopathic remedies that are also commonly used for exam anxiety and stage fright, such as *Gelsemium*, *Argentum nitricum*, and *Ignatia*, among others. The choice of remedy would depend on the specific symptoms and individual characteristics of the patient.*

Although the diabolic Chat, rightly and often, warns about the need for individualization and supervision by a qualified homeopath of each case for prescription, it is inevitable to think that this can be omitted by whoever consults it.

On the other hand, what will happen in 20 years? Will the chat still recommend consulting a homeopath?

These are the current times, and they will surely deepen in many aspects in the future.

What should differentiate the task of diagnosis and

prescription given by artificial intelligence (A.I.) of the task of a homeopathic doctor?

What A.I. does is, even more efficiently than a practitioner of our art, a kind of mechanized repertorization.

Although the chat warns about the need to consider individualization and symptomatic totality for the prescription, there is an addition to taking the clinical case that the A.I. may never reach. Nor do many homeopaths throughout the world who have not been trained for this purpose: it is the **understanding** of the clinical case.

Kent already correctly warns us in his comment to paragraph 153 of the *Organon* about taking symptoms, not to consider their coherence in the patient:

“(…) The homoeopathic physician may think he has his case written out very well, but he does not know whether he has or not until he has mastered the idea of this paragraph.

He may have page after page of symptoms, and not know what the remedy is, and if he takes the record to a master the master will say:

‘You have no case!’ ‘Why, I have plenty of symptoms.’

‘But you have no case. You have left your case out; you have left the image of the sickness out, because you have fated to get anything that characterizes it. You have plenty of symptoms, but have not anything characteristic. You have not taken your case properly.’”¹

Understanding the case has the purpose not only of obtaining the homeopathic symptoms, whether they are characteristic and modalized, or whether they are characterological.

Understanding lies in a comprehension of such a possible coherence of the symptoms, that they can elaborate the diagnosis of the image of a remedy, which in turn presents its own subject matter.

In fact, **the remedies also present a coherence in the**

symptoms induced in the proving or showed in the clinical disease, such that an image and topics are emerged to us for understanding.

Such understanding cannot always be achieved when taking the case and, above all, one should not “invent” an image that could correspond more to the doctor's imagination than to the patient's reality.

As I have insisted on other occasions, we must differentiate the act of understanding from the act of interpretation.

Understanding is a resource of the so-called *human sciences*, as Wilhelm Dilthey (1833 – 1911) called them.

It is used by hermeneutic philosophy, and it proposes a way of knowing its object of study that contrasts with **scientific explanation**, a tool of *natural sciences*.

The characteristic of understanding applied to a homeopathy medical consultation comes from the interaction between the doctor and his/her patient.

In this encounter, the doctor gathers all possible information that the patient provides him/her, and tries to catch a coherence in the form of his/her existence in imbalance: it is the vital imbalance that is being expressed by the chronic disease that the patient suffers.

This coherence is also sought in the study of remedies, to take it into account in case it appears in the clinical case. Issues, topics that are typical of each remedy arise in the study, and in the anamnesis the doctor must be attentive to their appearance in the patient.

Let us see what Paschero can tell us about understanding when taking the clinical case.

“The totality of symptoms that reflect the chronic disease does not consist of a sum of all the symptoms that the patient has, but something different, completely new, just as a melody, a fugue, a musical chord is something different from the isolated tones that they compose. Something new has emerged from the harmonious integration of the symptoms that

is no longer any of those symptoms, nor the sum of all of them.”²

In another paragraph, Paschero deepens his vision about the nature of chronic disease and its approach by the doctor³.

If we stop at the following passage, we can already glimpse several consequences:

“The irrefutable fact is that in the face of chronic disease, the doctor deals with the evidence that **what is sick is man in his cosmo-socio-psycho-biological unity, that is, as an entity that suffers from a conflict of inadaptation to the cosmo-social environment in which he lives** and expresses such conflict in the multiform language of the organs.”

Hahnemann expressed the theory of chronic diseases as that type of imbalance to which any person tends from birth and which is expressed throughout life.

Paschero places the beginning of the disease (I emphasize here the term beginning, different from the term origin) in a process of conflictive lack of adaptation, that will later be expressed in the materiality of an organic disease.

As can be seen, Paschero does not reduce his conception of the human being to that of a psychophysical component, but rather expands his vision to his relationship in society, and even to his insertion in the cosmos, that is, in the possibility of rhythmic accompaniment that the person can carry out the processes of nature.

Ending with this paragraph:

“The sick man is a particular case and it is necessary to understand why he becomes ill and what ontological meaning the disease has.”

He appeals here to the individuality of each human life, and to the need for the homeopathic doctor to understand the essential (and not accidental) origin of the disease, and what **this disease** means in its essence, developed **in this particular person**.

Paschero has been criticized as a “psychological” homeopathic doctor, that is, he misinterpreted Hahnemann and attributed every symptom or illness to a person's psychic conflict.

As is known, although Hahnemann was a pioneer in how to approach psychiatric patients in a different way from the harsh treatment methods of his time, he did not consider that organic illness was derived from a psychic conflict.

But Paschero did not have that conception either, which is typical of psychosomatism.

It is evident that many have not understood the vitalist conception that the Argentine master had.

In many passages of his work his position on the matter is shown.

Let us look at this paragraph for example:

“For Homeopathy to fulfill its authentic Hahnemannian design, **it must adhere to this anthropological sense that aspires to understand the patient as a biological unit in action. It cannot even be said that it must be psychosomatic**, because this word still maintains the Cartesian dichotomy of body and soul as close to natural scientific medicine as it is to the speculations of medical philosophy, both sterilely fighting each other from absurdly opposite fields.”⁴.

As noted here, Paschero alludes to the psychosomatic aspect only to overcome dualism in a unity of psyche and soma.

The vitalist position is different from that of psychosomatism, and Paschero knew this very well.

Those who misunderstood Paschero did not know how to see his acute anthropological vision, since they did not have sufficient knowledge of philosophical anthropology to understand him.

It is true that the teacher gave priority the psyche as the most subtle scenario where vital imbalance is evident, but the psyche is not the origin of the disease.

We will see below what is the reason for Paschero's preference for the mental symptoms.

Let us look at a long passage that I will analyze in parts⁵:

“We cannot logically reject the idea that our physical body is an expression of the **life force divided and limited by the mind of each individual being.**”

Paschero presents his vitalist conception here:

Life, with a capital letter, is a continuum that encompasses all reality, not only the organic but also the inorganic.

This universal Life is particularized in every entity, and in the human being consciousness provides the physical body with an individual limit, and then he will say:

“We can accept **the mind as a first, extremely subtle condensation of cosmic energy.**”

The mental states of each person, then, appear as individual and material manifestations (although the most subtle) of a cosmic life that is thus fulfilled in an individual existence.

It is interesting to emphasize Paschero's insistence on the insertion of human life in a cosmic Life that is unfolding.

The mind is a privileged substrate in this deployment, since it is the most subtle and ontologically closest part to the deployment of Life.

He then continues to show in the paragraph the hierarchy of the mind over the body, although without the possibility, I insist, of a division between the two.

He tells us later: “Obviously **this limitation or division determines the formation of an individual**, that is, of a personality whose first representative substratum is the human mind. **In it resides the personal self**, the awareness of being limited, as the governing entity of the body.”

It is the mind that provides the consciousness of

individual identity to each being, with a certain personality that develops and perceives itself.

A first “Self” is born there, which is that of the psyche, and is the personal self of each human being. Only analytically can we separate it from the gross organic body.

That mental Self is the one that unfolds towards the physical Self and determines a centrifugal movement:

“It is a centrifugal evolution from the mind, which we consider the first physical expression of energy, to the densest parts of the organism. And that centrifugal flux from mind to body, from center to periphery, from the subtlest personality, the mental self, to the grossest, the physical self, is the only possible direction that the life force follows to fulfill evolutionary stages of manifestation.”

In the human being, Life as a life-giving force is particularized in an individual being, and in doing so, it does it from the subtlety of a **mental self** to the densification of a **physical self**, both selves involved in the same movement that is Universal in cosmic Life and individual in human life.

For Paschero, these are stages in a movement of manifestation that makes Life unfold.

There is a universal movement that produces individual manifestations that are born and die successively.

In the case of the human being, it is a manifestation of Life that becomes aware of itself, that perceives itself in an act of self-awareness.

When Life is instantiated in the mental Self as its most subtle representation in the human being, and when the disease occurs from the point of view of homeopathy in the vital flow, it is then unavoidable that every disease affects the psyche in some way.

That is why Paschero says:

“In disease the mental state is always modified, and it is

in the psychological symptoms where we will find the determining symptoms that allow us to make the therapeutic diagnosis by analogy with the medicines of the Materia Medica. (...)”

But he also warns:

“(…) It is understood that we must always add to the mental picture the general symptoms and modalities of the ones, since **we must never forget the characteristic totality, and that when there are few defined mental symptoms, we must use the general ones and the modalities, but to a greater or lesser extent.** To a lesser extent, the psychological aspect constitutes the fundamental premise of all clinical histories.”⁶.

It is clear, that Paschero guided his diagnosis of the remedy candidate for cure according to the comparison of the patient's existential problems with that of the representative symptomatic picture of a remedy.

But he did not neglect the totality of the symptoms, since he knew perfectly well that **the disease characteristically occurs both in the subtle mental Self and in the dense physical Self.**

This is where the confusion arises, since, when Paschero considers the mind as an operational center in centrifugal deployment towards the body (this is clearly taken from the doctrinal understanding of James Tyler Kent), the evidence of the disease must inexorably show itself clearly in the behavior and existence of the patient. In fact, Hahnemann already alerts us to the role of altered feeling and acting in a chronic illness, when in the Preface to his *Materia Medica Pura*, in “The Spirit of Homeopathic Medical Doctrine” he tells us:

“(…) which we term disease, consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical considerations; in short it must consist in a dynamically altered condition, **a changed mode of being, whereby a change in the properties of the material component parts of the body is afterwards affected**, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case.”

Now, Paschero also pointed to a deeper sense of healing that transcended the limits of both Selves, the psychic Self, and the physical Self.

Continuing with the vitalist worldview that the founder of my School had, the free movement of Life through the human being occurs with a hierarchy and a direction, and in disease precisely this free centrifugal flow is hindered, slowing it down and even causing the reverse movement, from the periphery to the center.

The homeopathic remedy attempts to unblock these obstacles and bring the individual into line with the universal movement of Life.

Thus, a third Self appears, **the transcendent Self**, which feels the emptiness of being limited, and the nostalgia of its link with a Unity that transcends it.

Paschero often insists on health as a condition of possibility of achieving transcendence towards one's fellows and towards a higher Unity.

There is no time to talk now about this desideratum of the medical act.

It seems difficult to continue maintaining humanistic medical thinking today.

We are in an era that has transcended the so-called “transhumanism,” to transform into “posthumanism.”

Transhumanism continues with the humanist ideas of the Enlightenment, but far from conceiving human nature as a perfect and complete center of nature to which each human being must aim, it proposes a program of improvement and change of human characteristics through biological, technological, and cognitive modifications.

For this way of thinking, the modifications in the materiality of the human being through synthetic biology, the application of technology on the organism or on his/her psyche will progressively change what is understood by being human.

Therefore, an essential human nature is denied and an

optimistic bet is made that the human being will be increasingly perfect or his/her functions will become more efficient.

Posthumanism, on the other hand, suppresses the human being from his privileged ontological, ethical, and legal status. The basis is that scientific discoveries have already erased the boundaries between human beings and other living beings, including artificial beings endowed with intelligence, the so-called artificial intelligence.

Artificial intelligence is the revolution of our time, through computational machines that have millions of data and process them with relentless logic and that present an adaptation that includes learning in the interrelation with humans or other machines.

We saw at the beginning of this conference an example of what is already happening.

The notion of “**exceptionalism**” that defined the human being as a privileged entity in the cosmos is being lost, as the limits are becoming blurred.

What will be the doctor's task in a future world, in turn replaced in a large part of his work (if not all, according to how biomedicine understands the doctor's role) by machines that will have by far greater capacity to diagnose?

Even homeopathy that addresses the human being under the concepts of individuality and totality: will this world of “human machines” affect their work?

Faced with these approaches where human nature is blurred and technology seems to dominate the scene, we must return to Paschero in terms of the “paradigm of medical doctor,” as Florencio Escardó mentioned it.

Like a visionary, he tells us in one paragraph:

“Man feels alone and seeks the meaning of his existence, to live a way of life where he finds justice, love and peace, values that do not exist in this world despite the brilliant apparatus of machinery, computers, and satellites that modern technology provides to our

external life, in contrast to the development of the internal life which is what makes man an authentic human being. **Man dies for the world and it for him, but what he has felt, thought, and wanted, essentialized in value, all that is immortal and remains in the spirit that does not die.**⁷.

Nurturing inner life, the free flow of Life and coherence with the movements of the unfolding of the cosmos, openness towards the Other and towards Totality, is the potential heritage of only the human being, and is what makes the difference, and maintains a certain immortality for those who have worked on these aspects in the temporality of their human existence.

Advances in technology can positively or negatively influence the “outer” life as Paschero mentions it, but it can never replace the “inner” life, heritage of a subjectivity that cannot be alienated by any machine.

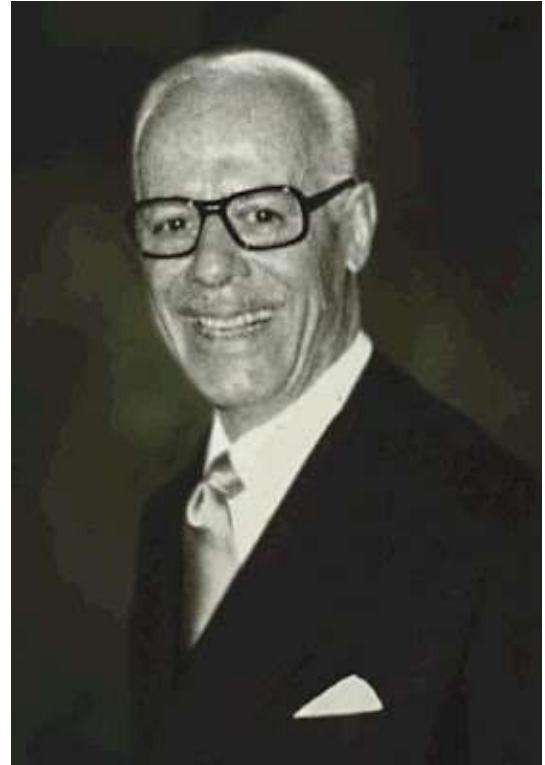
This is the message that Paschero has left in his physical life and it is the one that attempts to be the basis of the teaching of the Escuela Médica Homeopática Argentina that bears his name.

I end with a question that T. S. Elliot asked us in 1934, in the play *The Rock*:

“Where is the Life we have lost in living?
Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in information?”

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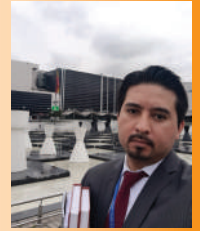
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Effectiveness Of Prophylactic And Therapeutic Oxygenation Induced By Homeopathic Substance In High Dilutions

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Summary

Severe Acute Respiratory Syndrome (SARS) attributed to COVID19, has recently caused the biggest crisis for global health. During the peak of the pandemic, the availability of hospital beds and oxygen represented a major challenge for the world's health care system. Homeopathy from its beginnings has made inroads into the epidemics, the qualitative approach based on symptoms has not currently been sufficiently endorsed as a public health exercise, because it cannot be to guarantee its effect on massive scale with parameters.

This research represents a major progress to counteract the effects of SARS-CoV-2, using a COVID-19 nosode, the purpose of which is to preserve or correct the level of oxygenation in a pilot test with 114 patients of different age groups, using 6c, 18c, 30c or 200c potencies, the 30c and 200c potencies preserved oxygenation levels in healthy individuals and showed an increase and/or levelling of in suspect and positive cases; while the 6c and 18c not effective.

Keywords

Prophylactic oxygenation, Therapeutic oxygenation, COVID-19 nosode, Thermal noise properties, QETN

Background

The COVID-19 pandemic, originated in China¹, from its beginnings to the present, has had a capacity for mutability which has been evidenced by the appearance of different isotypes: Alpha, Beta, Gamma, Delta, Kappa, Eta, Iota, Lambda and Omicron². These variants have caused a major shock to health systems around the world attributed to SARS-CoV-2, various indicators such as morbidity and mortality, incidence of hospitalisation, oxygen demand, and management of corpses, became a negative balance³.

Mitigating the spread of this virus and counteracting its effects has become the main focus of the common goal, a vision emanating for the World Health Organisation⁴, the most widely used form of prevention has been immunoprophylaxis although an analysis published at the end of 2021 evidenced the low effectiveness of vaccines with a double schedule such as SpikeVax/SpikeVax and ChAdOx1/ChAdOx1 to neutralize the new Omicron variant, and medium effectiveness for the compounds ChAdOx1/BNT162b2 and BNT162b2/BNT162b2, differing from previous results where they were more effective against other variants that were also dominant^{5,6}.

In the current practice of medicine, the concept of prophylaxis is applied not only immunologically through breastfeeding or vaccines, but also with regard to the formation of blood clots, especially in surgical patients the heparin is use to prevent blood clots as common part of the care protocol, so that it is valid to consider that immunological prophylaxis is not the only way to preserve the life of a patient, a new form of prophylaxis proposed in this paper consists of preserving or recovering oxygenation levels with homeopathic medicine in high dilutions in a population facing an epidemic with high morbidity and mortality rates and with complications such as pneumonia, in such a way as to ensure the preservation of life by not committing the organism to severe hypoxia while the organism creates a natural immune response.

Classical homeopathy has joined in the search for a solution by means of the collection of symptoms present in different population samples, obtaining the characteristic behaviour of the contagion⁷. However, a diversity of symptoms has been evidenced according to each region, i.e. there are different Genius epidemic's according to each population group⁸, which means that it is not possible to consider only one medicine to treat this pandemic.

The treatment proposal studied in this research is based on preventing and counteracting hypoxia attributed to SARS-CoV-2. This is to be achieved with a COVID-19



nosode prepared in high dilutions, called Covid-ars, which characteristic properties obtained by Quantum Electromagnetometry of Thermal Noise (QETN) offer contributions to the basic research of high dilutions concerning: the difference between different potencies and the difference between a potency prepared in OH and its later preparation in H₂O called "Plus Method".

Materials And Methods

Origin of Covid-ars nosode.

The compound was extracted from a 43-year-old woman resident in Toluca, State of Mexico. She was prescribed with a 1-year history of Ars-alb 200c (globules), only in case of generalized anxiety episodes, she was convalescent of SARS-CoV-2 classified as CO-RADS 3 by Computed Tomography (CT)⁹.

A nasopharyngeal exudate was performed with a sterile Dacron nylon swab with a plastic shaft, the swab was placed in 70% hydroalcoholic solution and left for 30 min at room temperature. Subsequently, a whole blood sample was obtained using a BD Universal Viral Medium for Viruses, Chlamydiae, Mycoplasmas, and Ureaplasmas collection tube (3ml), which was poured into the hydroalcoholic solution and left to stand for 30 min at room temperature.

Processing of high homeopathic dilutions.

The various dilutions (1-200c) were processed from the stock solution, performing 200 strokes vertically with a frequency interval of 120 succussions/min and a power of 100-107 dB, supported with Clap Counter Keuwlsoft software.

Covid-ars characterization design.

Based on the design of the electromagnetic signal capture device¹⁰, we innovated the measurement process using Thermal Noise (TN), digital filtering, and parametric analysis. sunlight was used as source of excitation of TN¹¹, and values were determined on the basis of 2 measurements which are Average Tone (AT) and Acoustic Power (AP). This way, we propose a new system to determine named QETN technique.

The transducer was specifically designed and is in the process of being patented with the folio MX/E/2024/006248. Each dilution was poured into 15 ml amber tubes with a screw cap (Juvale;15.9 x 15.6 x 11.6 cm; 636 g). It was then placed in the Faraday Cage (Ø155.56 mm X 222.80 mm and thickness of 2.17 mm). Electromagnetic signals were amplified and captured with SoundBlaster X3 and tool-specific software using WaveLab 6 and Matlab 2021R; distilled water and homeopathic alcohol were characterised as controls, AT and AP parameters obtained by WaveLabElements.

To detect the specific signal of each sample, the total TN and the non-intrinsic TN were previously determined for a period of 10s. The reading of both samples was performed in less than 60s each time a substance of interest was to be characterize (Fig.1)

The Plus Method.

Distilled water was pre-boiled for 5 min, allowed to room temperature and a one-part dilution of Covid-ars (6c, 18c, 30c, and 200c) was performed on 14 parts of distilled water (1 OH / 14 H 20 des) was made and succussed 30 times vertically with a strength within the range of 100 -107 dB.

Study description.

A pilot clinical study was conducted on patients in the range of 1 - 88 years old, for confirmed and suspected cases of COVID 19, both groups with hypoxia and at risk of developing silent hypoxemia, from May 2020 to May 2021. The patients included in the present study had not been vaccinated and a group of healthy patients was considered as a control group.

Inclusion and exclusion criteria.

The positive patient was diagnosed based on PCR and Simple Chest CT scans with data of pneumonia attributed to SARS-CoV-2. Suspects were divided into symptomatic (with evidence of at least 2 of the following symptoms: fever, anosmia, ageusia or dysgeusia, headache, chest pain, dyspnoea on small or medium exertion, COVID tongue¹², generalized malaise, and abdominal pain) and asymptomatic, those with a %SpO₂ level ≤ 94 with no history of anaemia, no

previous pulmonary pathology and close cohabitation of a positive case of SARS-CoV-2. Healthy individuals without symptoms and normoxemia verified by pulse oximeter were included as a control group; all those hospitalized or with prescriptions of the following drugs were excluded: ibuprofen, and methylprednisolone.

Oxygenation monitoring

The measurement of %SpO₂ values were performed every 24 h., under the following conditions: no fever, non-enamelled fingernails and a measurement from the 2nd to the 4th finger¹³, patients without O₂ were asked to rest for 5 min., while patients with O₂ were asked to suspend it for 15 min. to perform the measurement. The readings were recorded in a database for later analysis.

Dosage and Prescription of Covid-ars

Based on the parameters obtained in the first consultation, a potency of Covid-ars in The Plus Method (6c, 18c, 30c, and 200c) was designated at a rate of 5 drops orally, medium and high potencies (30c and 200c) were prescribed at short intervals (5 - 18 times/day) for patients with moderate to severe hypoxia, while for patients with mild hypoxia low potencies (6c and 18c) were prescribed at long intervals (2 - 3 times/day).

Data analysis

Data standardization was performed based on the differences between the initial oxygenation level and the one reported each day so that for each patient history of changes in oxygenation level was obtained. Histograms were generated by the frequency in which they presented such changes, considering patients (positive and suspected) with doses (6c, 18c, 30c, and 200c). The quartiles and measures of central tendency were obtained, and the Shapiro-Wilk test¹⁴ was performed to validate the hypothesis of normality of the data.

Results

Favorable changes associated with the administration of the substance Covid-ars were identified (Fig. 2). Starting from our index case, long COVID was manifested by the presence of cutaneous and oral signs (Fig. 2-A: a,b), and the evolution after treatment is determined by the remission of the COVID tongue (Fig. 2-A:c,d), in addition

to the presence of subpleural bands, the glass-pulp pattern observed on CT scan (Fig. 2-B: before), and by the erasure of radiological signs of lung parenchymal damage in the index case (Fig. 2-B: after) correlated with changes in subacute thyroiditis¹⁵ (Fig. 2-C: ab) and the consequent decrease in its volume and disappearance of nodules (Fig. 2-C: cd), these changes supported the improvement in oxygenation levels after 36 days of treatment (Fig. 2-D).

Regarding the pilot clinical trial, the population distribution based on gender is 41 % male and 59 % female, while the majority age group was between 20 - 59 years of age (Fig. 5). The meaning of the results supports the fact that it is possible to perform prophylactic and therapeutic oxygenation induced by Covid-ars (Fig. 6) because the histogram shows changes towards the right hand side (Fig. 6A) of the oxygenation level (SpO₂%).

The behaviour of the therapeutic oxygenation is represented by the histogram of positive cases and their trend to the right (Fig. 6B), oxygenation prophylaxis results from observing the behavior of the histogram in suspected patients where there was a trend towards the right side of the %SpO₂ changes although to a lesser degree than that of the positives (Fig. 6C), experimentation in the control group also maintains a trend to the right and the changes to the left are smaller compared to the positives and suspects (Fig. 6D).

In the analysis of potencies, the most effective ones were 200c (Fig. 6E) and subsequently 30c (Fig. 6F), the most used for the positives and suspects respectively, the quartiles distribution shows the low effectiveness of potencies 6c and 18c (Tab. 3) where there is no significant difference for the basal level of oxygenation, and it was also the most used in the control group (Fig. 6H).

The TN measurements (Fig. 3) in the characterization of the solenoid corroborated the sensitivity of the QETN when compared with the TN projection of the mathematical model (Fig 3-A) because both acoustic powers are negative (Fig. 3-B: a), the magnitude and waveform of the excipients were positive (dB) and similar based on their representation in the spectrum analyser (Fig. 3-B: b, c). The accuracy of the technique used was achieved by measuring the probabilistic

parameters of and AP because it allowed us to understand the behaviour of the substance in general with significant variations such as the gradual increase of AP from the solenoid, alcohol, and distilled water respectively (Tab. 1)

The measurement was based on obtaining the behaviour of the non-intrinsic TN^{16} schematized by the Matlab spectrum analyser (Fig. 4: A, B) the behaviour of Covid-ars 6c, 30c, and 200c can be seen in the (Fig. 4: C,E,G) and well as their conversion to the plus method Fig 4: D,F,H).

The results constituted findings that allow us to differentiate the powers, as well as the energy conservation of the substance properties in the plus method, although with a slight loss of energy (Tab. 2), the AP parameters (dB) are consistent in the different dilutions of Covid-ars and the AT had a directly proportional increase in the 30c and 200c potencies both in the original substance and in the plus method, although to a lesser degree in the latter; differing the 6c potency where the hypothesis is raised that, as there are still molecules in this preparation, the results are not consistent when using this technique.

Conclusion

Immunological prophylaxis is not the only way to offer prophylaxis in different population groups against contagions such as COVID-19, prophylactic and therapeutic oxygenation is based on the demonstration of preservation or increase of %SpO₂ levels in suspected and positive subjects, which evidences a new possibility as a front in the fight against respiratory diseases.

The QETN provides consistent results in relation to the demonstration of the conservation of energy that occurs in the plus method, in addition to allowing for an approach to the behaviour of TN at different dilutions, this technique still needs to be improved in terms of analysis.

Acknowledgments

It is important to mention that without the support of ProBionics Lab, a Mexican high-tech laboratory specialized in the manufacture of bionic upper limb prostheses, the development of this research would not have been possible. Thank you very much Luis Armando Bravo Castillo.

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Effectiveness Of Prophylactic And Therapeutic Oxygenation Induced By Homeopathic Substance In High Dilutions

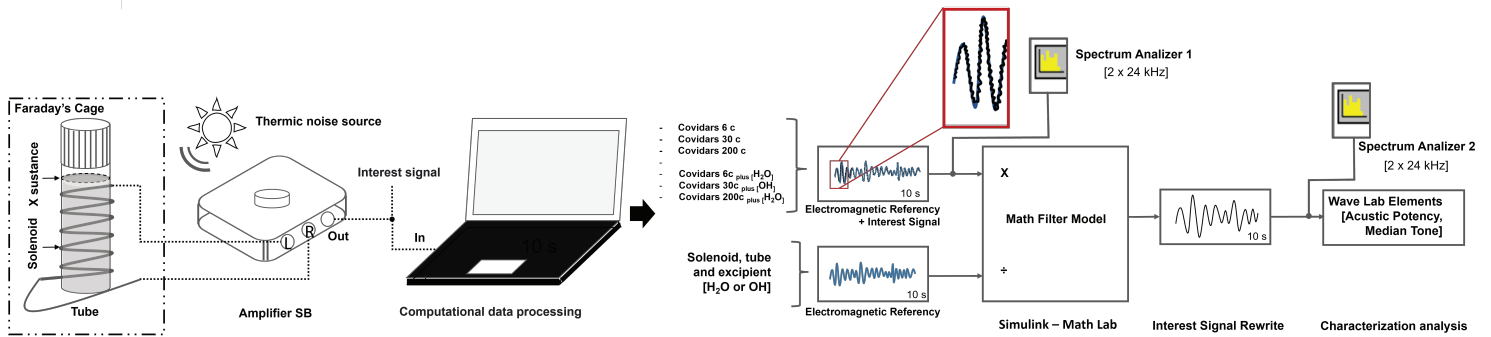


Figure 1. Electromagnetic signal capture device. Signal transduction showing the test tube covered by the solenoid, the solution to be characterized in gray, the Faraday cage in the dotted line, the sun as a source of intrinsic thermal noise, all connected to the SoundBlaster X3 amplifier and the computer for filtering and analysis by Matlab and Wavelab respectively.

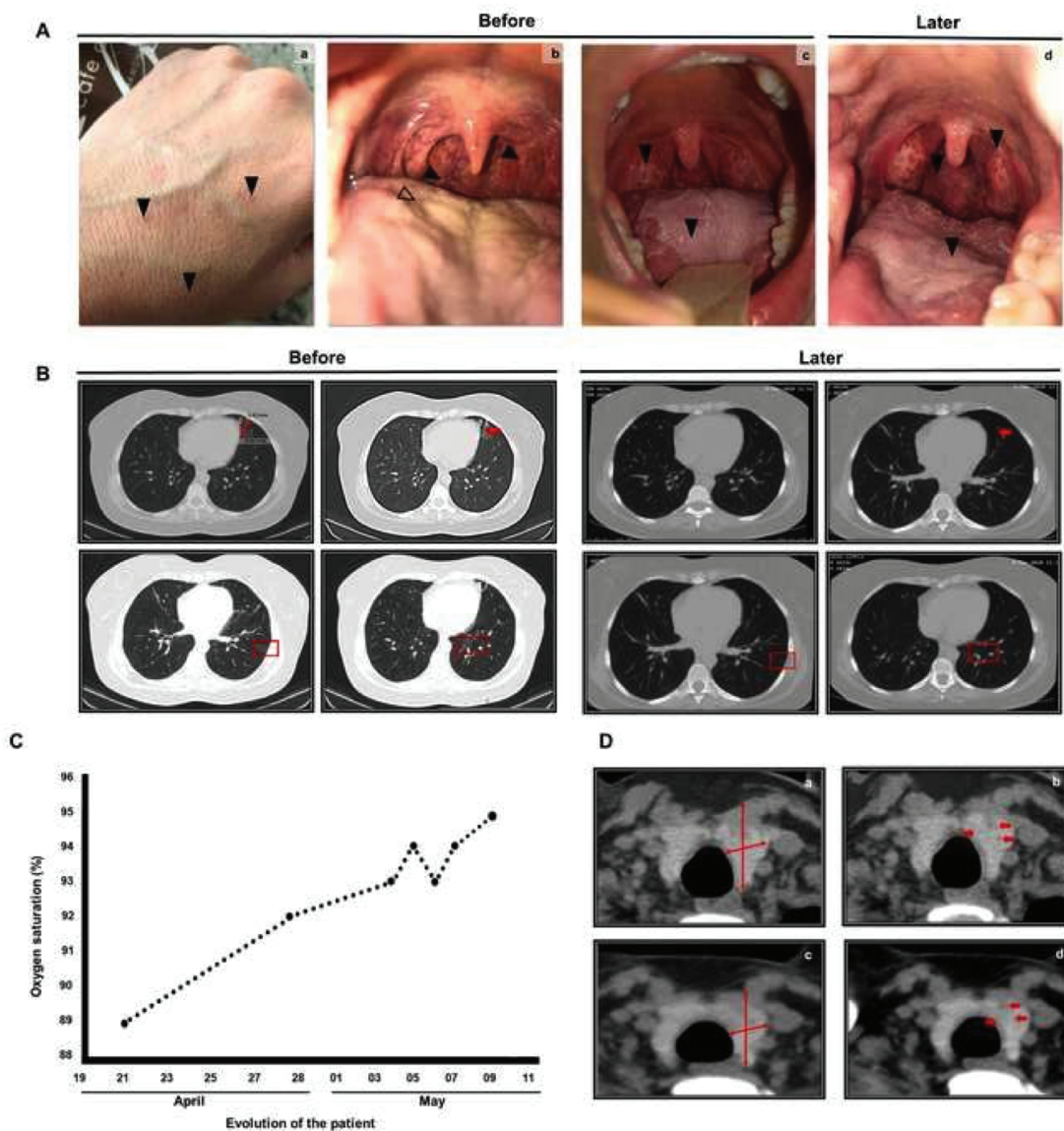
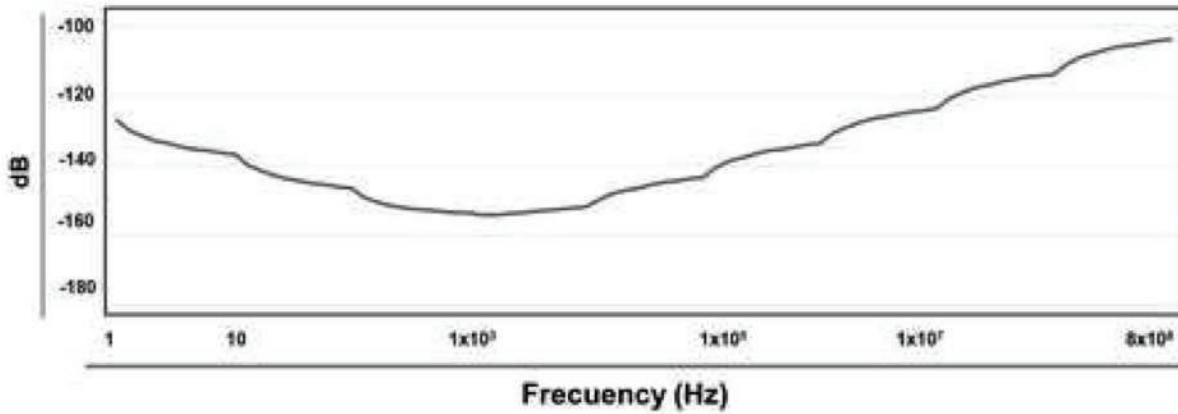


Figure 2. Manifestations and clinical course of SARS-CoV 2, A) Cutaneous and oral mucosal signs, Aa) Maculopapular exanthema, Ab) Tongue COVID-19, Ac) Oral signs before treatment, Ad) Oral signs after treatment. B) Radiological changes of SARS-CoV-2 in Simple Chest Tomography (before and later) C) % SP02 levels D) Thyroid nodules presentation, Da) Increased thyroid volume, Db) Appearance of nodules, Dc) Decreased thyroid volume, Dd) Effacement of thyroid nodules.

Effectiveness Of Prophylactic And Therapeutic Oxygenation Induced By Homeopathic Substance In High Dilutions

A



B

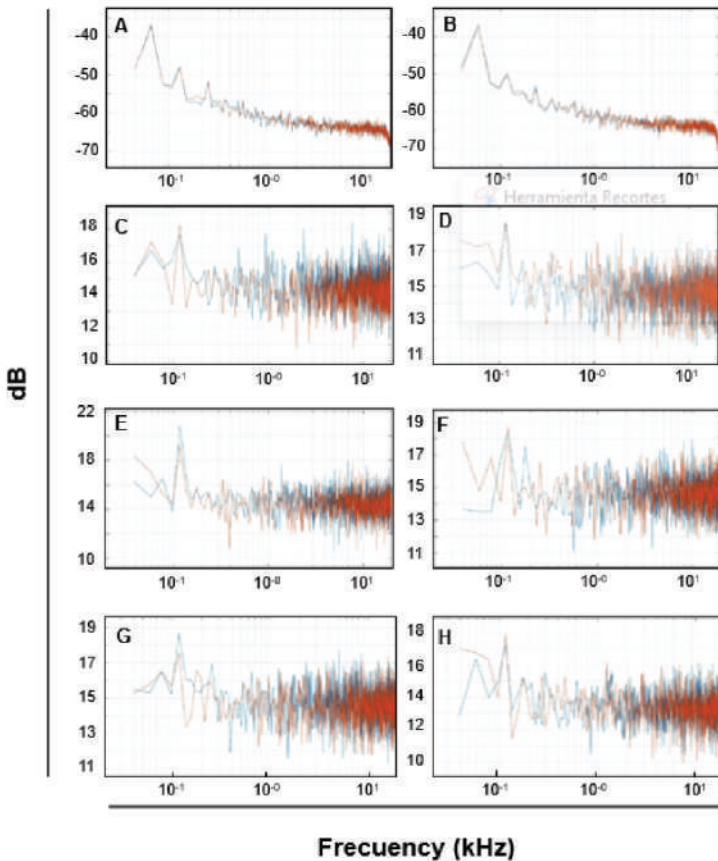
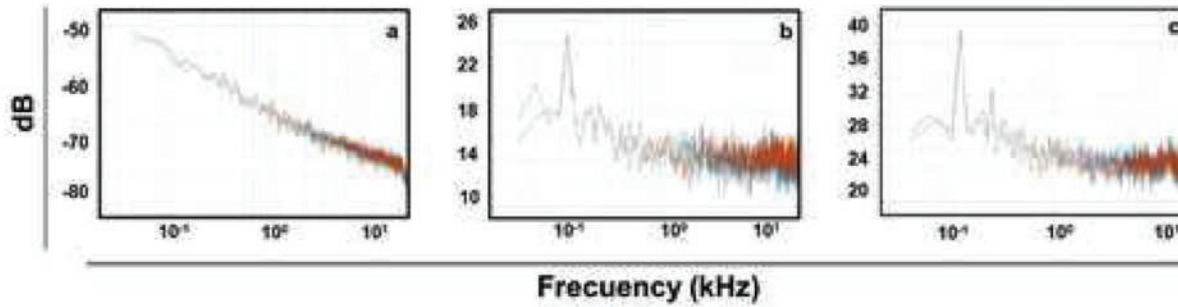


Figure 3.(top) Non-intrinsic thermal noise, A) Mathematical model of solenoid behaviour, B) Quantum Electromagnetometry of Non-Intrinsic Thermal Noise. Ba) Solenoid, Bb) Homeopathic alcohol, Bc) Distilled water. Thermal noise is much lower in the solenoid compared to distilled water and alcohol.

Figure 4. (Bottom left) Covid-ars's spectrum analyser and plus method; Fig 4: A, B; Electromagnetic reference to discriminate OH and Distilled Water respectively; Fig 4: C, E, G Covid-ars's 6c, 30c, 200c Thermal Noise; Fig 4: D,F,H Covid-ars's 6c,30c, 200c conversion to "Plus method, the presence of a TN is evidence of conservation.

Effectiveness Of Prophylactic And Therapeutic Oxygenation Induced By Homeopathic Substance In High Dilutions

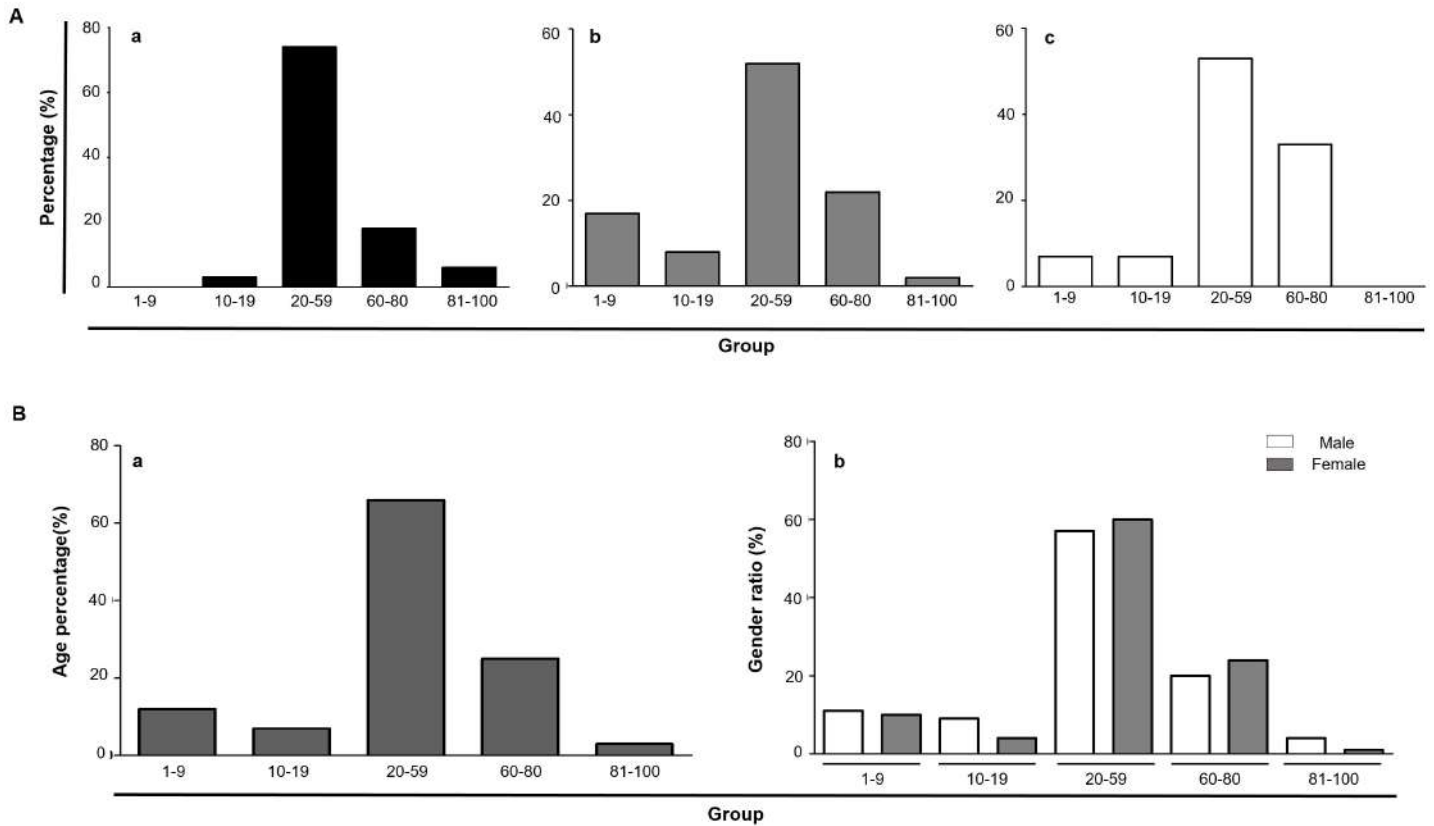


Figure 5. Population distribution. Fig 5Aa) Positive cases, Fig 5Ab) Suspicious cases, Fig 5Ac) Healthy cases, Fig 5Ba) Age classification, Fig 5Bb) Classification by gender and age groups.

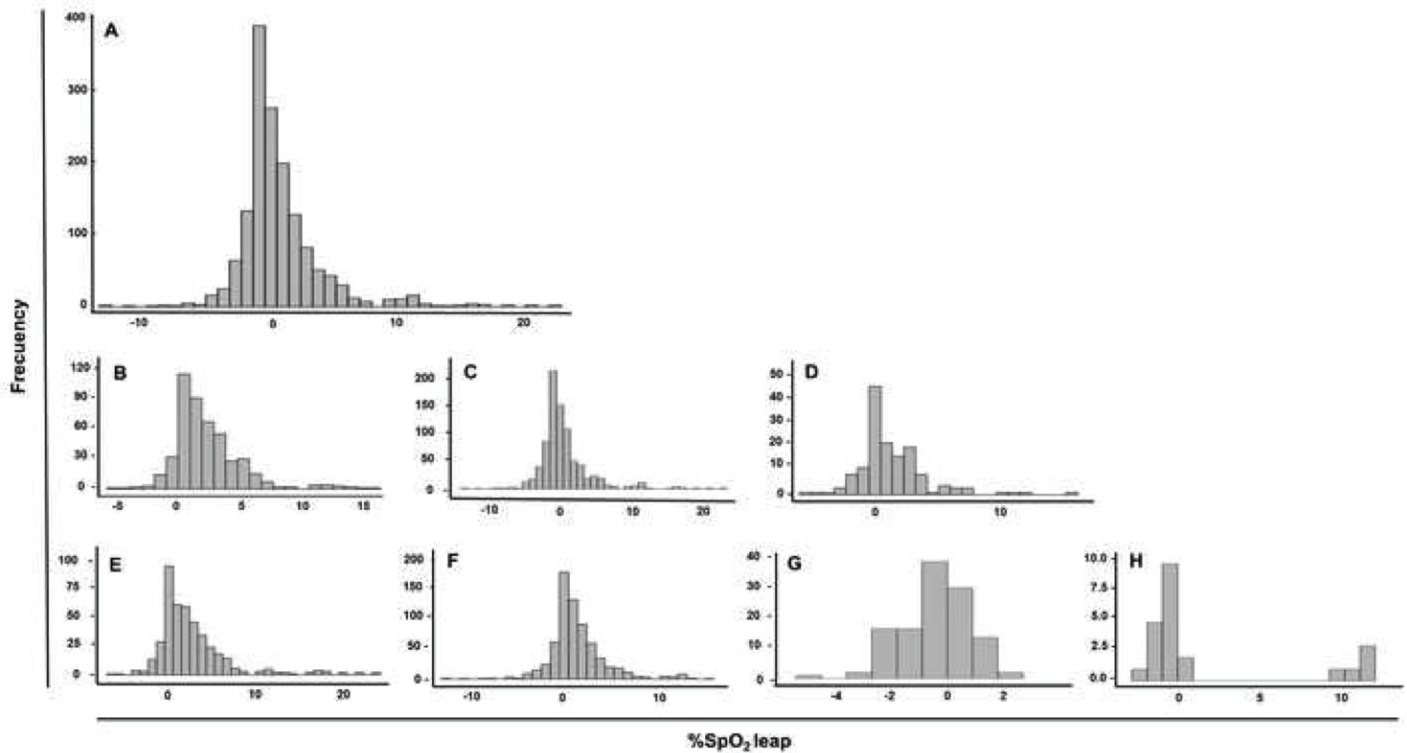


Figure 6. Changes in the oxygenation level, Fig 6A) Therapeutic and prophylactic oxygenation of all cases, Fig 6B) Positive cases, Fig 6C) Suspected cases, Fig 6D) Healthy cases, Fig 6E) Behaviour by Covid-ars 200c, Fig 6F) Behaviour by Covid-ars 30c, Fig 6G) Behaviour Covid-ars 18c, Fig 6H) Behaviour by Covid-ars 6c



*Effectiveness Of Prophylactic And Therapeutic Oxygenation
Induced By Homeopathic Substance In High Dilutions*

	Power (dB)	Average Tone (Hz)
Solenoid	L -56.41; R -56.615	L 3,654.91; R 2,956.84
Homeopathic alcohol	L 18.03; R 18.07	L 6,440.97; R 3,820.23
Distilled water	L 28.98; R 28.95	L 2,448.84; R 2,692.91

Table 1.- Acoustic properties of non-intrinsic thermal noise

	Homeopathic alcohol		Plus method	
	Power (dB)	Average Tone (Hz)	Power (dB)	Average Tone (Hz)
6 c	L 18.87; R 18.79	L 4,029.60; R 6,833.45	L 18.87; R 18.79	L 6,546.15; R 6,553.03
30 c	L 18.70; R 18.59	L 4,230.07; R 4,115.75	L 18.83; R 18.77	L 4,057.56; R 4,039.21
200 c	L 18.85; R 18.64	L 4,482.17; R 4,151.80	L 18.57; R 18.51	L 4,177,65; R 4,451.63

Table 2. COVID-19 nosode acoustic properties

	HEALTHY			SUSPECTS				POSITIVE	
	18c	30c	200c	6c	18c	30c	200c	30c	200c
Min.	-5.00	-4.00	-6.00	-2.00	-3.00	-12.00	-7.00	-6.00	-4.00
1st Qu.	0.00	0.0	0.00	-0.50	-1.00	0.00	0.00	0.00	0.00
Median.	0.00	0.0	2.00	0.00	0.00	1.00	2.00	1.00	1.00
Mean.	-0.03	0.9	2.46	2.26	0.05	1.24	4.04	1.78	2.02
3rd Qu.	1.00	2.0	3.00	1.00	1.00	2.00	5.00	3.00	3.00
Max.	3.00	6.0	16.00	12.00	2.00	13.00	24.00	15.00	14.00

Table 3. Distribution by quartiles of the prophylactic and therapeutic oxygenation pilot test

QUIZ CORNER

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... For our younger colleagues

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1) Clinical case n.1

A case of tormenting cough - September 2023, hot days of a never ending Italian summer

A 65-yr woman got a cold (sudden change of temperature entering into a cooled supermarket) and in few hours she develops an incessant cough with fever. She feels a sort of constant tickling in trachea which makes her coughing, day and night, aggravated from midnight to 2 a.m. and lying (she have to sleep sitting on); sudden dry, suffocative coughing fits during day, a sort of whooping cough. She is tormented by painful dryness of throat and she has often to drink a lot: now she needs cold drinks or ice-cream even, then she needs hot drinks.

This change alternates day by day or even during the same day. Furthermore, she feels cold or heat: one day she stays wrapped up well from head to foot and the day after she needs open windows and to stay on fresh air. She had a temperature just for the first two days (38° C = 100,4°F). Coronavirus test: negative. Red throat, no cervical lymphonodes, no dry neither moist rales, hoarse voice. Needless to say it was a nightmare for the patient – exhausted by coughing – and for her homeopath, unable to prescribe the right remedy (Spongia tosta, Pulsatilla, Phosphorus, Arsenicum: no result)! After a week the patient says: “It is the dry throat that really tortures me: this dryness now on the right of lthroat and now on the left ... “. Ok, now all symptoms are clearest!

The right remedy, which quickly cured her is ...

2) Hahnemann never prescribed

one among the following potencies. Which one?

- a) 6 CH
- b) 6 Q/LM
- c) 24 CH
- d) XMK

3) Clinical case n.2

A case of acute mastitis - August 2017

The patient is a 39-yr old woman: she still nurses her second child – 18 months old. That day, in the beginning of August, while she is breast-feeding him, the child knocks her left mamma with the head violently. Few hours later, she is running a very high temperature (40° C = 104° F), shaking chills and she feels so cold that she covers herself with two heavy woolen blankets, even though the weather is hot, 39° outside and 32° in her house (102,2° F and 89,6° F, respectively). She feels sick and vomits, but vomiting does not relieve nausea. Her left mamma is very turgid, its skin is tensed, red and very painful at the least touch

Which remedy?

4) Quoted from Lippe's Keynotes and Red Line Symptoms of Materia Medica:

BREASTS VERY HARD, SWOLLEN, HOT AND PAINFUL – MAMMARY ABSCESS; HASTEN SUPPURATIONS – Pain from the breast radiates all over the back when the child nurse – Nipples, sensitive, sore and fissured (Capitals and italic type by Lippe)

The remedy is ...

5) According to Hahnemann

when and why the miasms: “are inevitably destined ... to become developed and to burst forth, and thereby propagate all the nameless misery, the incredible number of chronic diseases which have plagued mankind for hundreds and thousands of years ...”?

Please, read aphorisms of Organon from n. 201 to 207.

6) According to Nash...

in his Leaders in Homoeopathic Therapeutics, which are three remedies for “bearing down pain” in females?

- a) Sepia – Arnica - Calcarea carbonica
- b) Sepia - Lilium tigrinum – Murex
- c) Sepia – Arnica - Silicea
- d) Sepia – Platina – Zincum



7) *Where is the mistake?*

- a) Rhus tox: amelioration from lying on something hard
- b) Rhus tox: amelioration from lying on a hard bed
- c) Rhus tox: aggravation when entering the room from the open air
- d) Rhus tox: aggravation from getting wet, especially when perspiring

8) *Clinical case n. 3*

May 2006 – A case of chronic sinusitis

The patient is a lean, 37-yr old brunette: she has suffered from sinusitis since four months. Her symptoms: dry cough by night and when she wakes on; no smell or, more precisely, she feels only a strange and bad-smelling odor inside the nose; a lot of gray discharge from the nose by day, without relief of her maxillary pain; headache, a dull pain from occiput to whole head, which worsens every Saturday, She feels worse when the weather is wet ...

Which is the remedy that cured her in few days?...

9) *All these remedies are sarcodes, except one. Which one?*

- a) Lachesis
- b) Lac caninum
- c) Colibacillinum
- d) Moschus

10) *According to WHO*

Safety Issues in the Preparation of Homeopathic Medicines” (Glossary, pag. 29) what is a sarcode?

- a) Homeopathic medicines made from healthy animal tissues or secretions
- b) Homeopathic medicines made from pathological animal tissues or secretions
- c) Homeopathic medicines made from a healthy animal
- d) Homeopathic medicines made from healthy organs of a healthy animal.

Solutions

QUIZ CORNER

Vol. 4 – n. 3

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1) Clinical case n. 1

SQUILLA MARITIMA 5 CH, plus method: a teaspoon every two hours, postponing repetitions in case of improvement. Amelioration but not completely cured.

SQUILLA MATITIMA 30 CH, plus method: a teaspoon every four hours, postponing repetitions in case of improvement. Cured in two days, for the first time in ten years without antibiotics & C!

A month later (end of October): SQUILLA 200 K.

Four months later (February, often the coldest month in Central Italy), her daughter: “Doc, it is incredible ... we are in the dead of winter and my mother is still putting on her summer slippers! And she looks stronger and active ..” Over the following 18 months, she occasionally took few drops of SQUILLA 200 K: no more bronchopneumonia, her quality of life improved ... then, during a night, her old, tired, diseased heart stopped.

PS – Using modern computer Repertory and its numerous rubrics, we get same result:

COUGH, Cold air < - Sneezing with - Sneezing, ends with. CHEST, Pain stitching, coughing. GEN – Air, drafts < – Uncovering < - aversion to – Dropsy, external – external, heart disease from. CHEST – Inflammation, Bronchial tube, bronchopneumonia.

2) Aph. 221

“If, however, insanity or mania (caused by fright, vexation, the abuse of spirituous liquors, etc.) have suddenly broken out as an acute disease in the patient's ordinary calm state, although it almost always arises from internal psora, like a flame bursting forth from it, yet when it occurs in this acute manner it should not be immediately treated with antipsoric, but ... (see THP , Vol 4, n. 3 – 2023)

3) Clinical case n. 2

SANGUINARIA 30 CH, plus method, a teaspoon every 3 hours, postponing repetitions in case of improvement. Quick improvement. A week later, a smiling young woman came into my office to say: “Thank you, doc”.

PS – In our Materia Medica we read Sanguinaria is a right-sided remedy ... not in this case, clearly: “It prefers the right side. But also cures the left side” – J.T. Kent, Lectures on Homoeopathic Materia Medica.

4)

Quoted from Lippe’s Keynotes and Red Line Symptoms of Materia Medica:

HEAD – Pain, Occiput, extending to, Upward - extending to, Eye, right ; Pain, morning, sun; increasing and decreasing with the - morning, comes and goes with the sun

The remedy is **Sanguinaria canadensis**

5)

The remedy is Spigelia

6)

c) China – Hepar - Lachesis

7)

The mistake is: b) Silicea: lack of vital warmth ... must be wrapped, except the head, which >

8) Clinical case n. 3

SPIGELIA 30 CH, plus method, a teaspoon every 2-3 hours, postponing repetitions in case of improvement. Quick improvement: cured in 3 days.

I suggested a dentist’s examination, of course.

9)

c) Sero-purulent matter contained in scabies vesicle

10)

c) Hering

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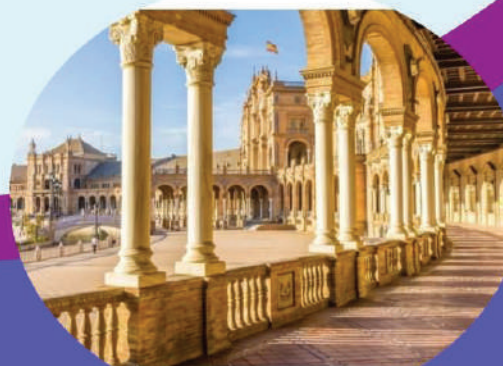
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Book Review - Homeopathy is not a placebo effect: Proof of Scientific Evidence for Homeopathy

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Author: Marcus Zulian Teixeira, Homeopathic physician, PhD in Medical Sciences from FMUSP. Researcher at FMUSP

Number of Pages: 243

Publisher: Author's Edition, São Paulo, 2024.

ISBN 978-65-00-98758-4

The book "Homeopathy is Not a Placebo Effect: Scientific Evidence for Homeopathy" is a work written by Marcus Zulian Teixeira, homeopathic physician, who seeks to demystify the common perception that homeopathy is merely a placebo effect. Teixeira presents a detailed review of studies and scientific evidence supporting the efficacy of homeopathy as a medical practice.

Marcus Zulian Teixeira, with his vast experience in the field, presents a robust argument against the common perception that homeopathy is pseudoscience. Divided into well-structured chapters, the book takes the reader on a scientific journey, addressing everything from the theoretical foundations of homeopathy to the presentation of clinical studies demonstrating its effectiveness.

The work discusses various topics related to research in homeopathy, covering everything from "homeopathic clinical epidemiology" to "pseudoskeptical and pseudoscientific strategies used in attacks on homeopathy", including "pharmacological basis of the principle of similitude", "experimental studies in biological models", "randomized controlled clinical trials", "systematic reviews, meta-analyses and global reports" and "observational studies", among others.

Teixeira begins the book with an introduction to homeopathy, explaining its principles and how it differs from traditional allopathic medicine. He emphasizes the concept of "like cures like" and the importance of infinitesimal doses, which are pillars of homeopathic practice.

Throughout the chapters, the author presents a series of studies and clinical trials conducted to test the efficacy of homeopathy. He discusses the results of these studies in detail, highlighting those that show positive outcomes and refuting common criticisms of skepticism. One of the strengths of the book is how Teixeira addresses the criticisms of homeopathy. He not only acknowledges the existence of skepticism but also directly confronts the main objections with arguments based on scientific evidence. In doing so, he provides a convincing defense of homeopathy that is both informative and persuasive.

"Homeopathy is Not a Placebo Effect: Scientific Evidence for Homeopathy" is an essential read for healthcare professionals, medical students, and anyone interested in gaining a deeper understanding of homeopathy. Marcus Zulian Teixeira offers a well-founded and evidence-based perspective, challenging the notion that homeopathy is merely a placebo effect.

With clear and accessible writing, Teixeira succeeds in communicating complex concepts in an understandable manner, making this book a valuable tool for both proponents and critics of homeopathy. His balanced and evidence-based approach significantly contributes to the debate on the efficacy of homeopathy in modern medicine.

I declare that I have a friendly relationship with the author of the book.

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LMHI publication devoted to Hahnemannian Medicine

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- Clinical history with important clinical findings.
- Reason for the choice of the homeopathic remedy. Repertorization of the symptoms and confirmation in the Materia Medica must be included. It is very important to emphasize that any citation of the

patient's symptoms and the Materia Medica must find confirmation in the Materia Medica of remedies tested according to Hahnemannian standards of proving.

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