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# LEGE ARTIS

A Beginners' Manual in Classical Homeopathy

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I dedicate this book, ever gratefully, to the memory of  
my grandmother Antonina Alexandrovna,  
and my first teacher Vera Vasilievna.

**True Homeopathy is either classical or none.**

### Introduction

A few cases to begin with.

*Case 1: Female, 81.*

Primary diagnoses: ischemic heart disease, atherosclerotic cardiosclerosis, essential hypertension at 2<sup>nd</sup> stage, threat of vascular complications.

Secondary diagnoses: euthyrosis, left nephrectomy caused by urolithiasis, chronic pyelonephritis.

Complications: persistent atrial fibrillation and chronic cardiac insufficiency.

Recommended:

1. Hormones TTG, T3, T4.
2. Warfarin (5mg x 2) once a day after evening meal.
3. Arifon retard X 1 in the morning.
4. Prestarium 4 mg in the evening.
5. Betalok 30K 25 mg in the morning.
6. Propanorm 150 mg twice a day (afternoon, night).

7. Panangin three times a day for 10 days/month.
8. Come back after 5-6 months of therapy. Preferably monitor daily.
9. Control of cholesterol and lipidic fractions.

Examined by Homeopath on 29.11.08. Considering her age and the severity of the case the patient was recently discharged from hospital, and is undergoing out-patient treatment.

The patient doesn't complain. She is sturdily built but her bones are brittle. Pleasant in appearance, friendly, speech adequate, a bit terse. Very weak. Hasn't been getting up much after the hospital.

Problems started in the spring of 2003 after she fainted at work. Fainting occurred a few more times, always in spring. Had a micro-stroke 3 years ago and came out of it easily. Worse starting last fall since losing son to cancer. She cries when telling the story. Tearful, easily offended, can't stand consolations.

Not prone to colds, but has had a few pneumonias in the course of her life. Cataract is on the rise. The pulse is 148 beats/min, arrhythmic by cardiac fibrillation, arms not matching (hard to locate in left one). Midline hernia. Hysteroptosis aggravated by vaginal prolapse. Prone to involuntary urination since kidney removal in 1976 due to stones. Chronic constipation. Thrombophlebitis in left leg, redness of skin along the vessels. The leg is swollen and hard. The toes are deformed, nails brittle and heels cracked.

Eats sweet and salty foods. Doesn't eat seafood.

Prescription: *Calcarea carbonica* 30c (single dose).

*Case 2: Male, 22.*

Diagnosis: Multiple sclerosis, acute inflammatory demyelinating neuropathy. Right-side pyramidal insufficiency (super-tension in right limbs, inconstant Babinski syndrome). Distal hyperesthesia of surface sensitivity varies depending on the socks material.

Slight sensitive ataxia. MRS shows demyelinating encephalopathy, moderate hydrocephalus. Finally, neurodermatitis.

Seen by Homeopath on 14.12.08. Bright red skin rash on head, torso and limbs. Scratches his skin raw at night. Hormonal ointments aren't helping.

Studies at university and works part-time. Unsociable. Prone to explosions but tries to control his emotions. Doesn't think much about friendship or romance, uneasy around girls. Easily offended yet easily appeased. Prone to sluggish depressions that would last up to a month at a time. Worse in winter.

At the age of 17 began experiencing uneven sensations when showering, as if being rubbed by a coarse sponge on the right, and regarding the temperature of water. Shuffled right foot when walking and could not handle a cup in the right hand.

Has problems urinating and can only feel the need when the bladder is full. Dreams of combat, pursuit, being killed.

Was prescribed prednisolone and started walking normally. At the second aggravation at 18 experienced difficulties at using hands, which normalized later along with sleeping and rest patterns.

Felt improvement after seeing a folk healer.

At the age of 12 had a nerve jam, couldn't turn head to the right, right side of face went numb.

Thinks his spine has been curved from carrying backpack.

Depression with obsessional ideas about being socially inept, insomnia, suicidal thoughts (of overdosing on pills), wish of running from home, haphazard studies.

At 12 was a leader of a paraplane group. In 10<sup>th</sup> grade was a soccer captain and a popular ringleader.

An intellectual, highly educated and well-spoken. Falls asleep at his office desk between noon and 3pm; a 15 minute nap is enough. Likes fish, sweets and chocolate. Nose gets red in the cold. Stomach cramps from drinking milk. Doesn't eat eggs and onions. Diathesis in early childhood. Left foot always colder.

Prescription: *Lycopodium* 30c (single dose).

*Case 3: Child, 22 months.*

Lives in Khanty-Mansiysk. Was taken to a hospital by an emergency helicopter after swallowing an alkali-containing liquid. Diagnosis: chemical burn of the oral cavity, esophagus burns of 2-3 degrees, edema of the airways. Burning has caused corrosive strictures of esophagus. Post-traumatic stress disorder.

Anamnesis: on 11.03.2008 the child has suffered from the chemical burns of the oral cavity and the airwaves after ingesting a hazardous cleaning product. Was treated with artificial pulmonary ventilation and intensive therapy at the hospital. On 12.03.08 was transferred to the resuscitation unit, where artificial pulmonary ventilation was augmented by anti-bacterial and disintoxicational therapies and parenteral nutrition. The condition stabilized and enteral feeding was introduced.

On 28.03.08 an endoscopic esophagus check was performed, the 2-3 degree burns the forming of stenosis confirmed. After considering the depth and extension of the burns and the forming of the corrosive strictures, the gastronomy was proposed with the subsequent gullet bougienage in mind.

On 01.04.08 the Kader's gastronomy was performed on the child under general anesthesia. The stiches were removed eight days later, and the wound healed by primary intention. Bougienage was started on 18.04.08, after the forming of gastrostoma, and performed 3 times a week.

In the following two and a half months the child was started on gullet bougienage, and his mental condition has quickly deteriorated. He became frightful and would wake up screaming in the middle of the night. He grew timid and shy of the bougienage thread and would refuse to show his wound. He couldn't bear

seeing someone else's pain either.

In September I prescribed a single dose of *Causticum* 30c and recommended getting the child off the bougienage.

Let's make it clear from the start that if one were to attempt curing arrhythmia, gullet stenosis or multiple sclerosis with Homeopathy, one would be bound to fail.

The entire touch-and-go quest for a compromise between Homeopathy and Allopathy will attest to this.

Never in the history of medicine had a diagnosis revealed the patient's condition adequately. Diagnoses are but pieces of mnemonic fiction.

A piece of mnemonic fiction is intended to simplify the patient's complaint and to translate it into the common medical jargon, not taking into account that each patient is different and no one's symptoms will ever match some one else's.

The moment of truth was never to be found in the core of diagnosis, so we'll never arrive at the truth by its means.

Homeopathy does not treat diagnoses. Homeopathy does not treat, period. One must be aware of this from the start.

Homeopathy does not treat – it heals, and these are two different things.

Healing is not taught in medical schools.

As a matter of fact the very term is seldom used other than pejoratively in the clinical setting.

This attitude is justified to some extent, for the "healers" of all walks are a great many, and the term had worn out.

I cannot come up with a better term though, aside from Regeneration, being somewhat non-definitive nor meaningful.

Hence it is Healing we will be discussing, whatever the

ambiguities this term might possess.

Homeopathy is a different philosophy, different doctrine, different methodology, and different concept of human nature and the causes of suffering.

Do not allow the clinical (nosological) model dictate to you the patient management tactics or the medicine choices. The principles of Homeopathy apply both to the acute states such as common cold, and the chronic illnesses including non-curable cancer cases and systematic pathologies.

You will never truly grasp the case by clinical thinking.

Moreover, it is the deepest conviction of mine that Homeopathy is the vehicle that will bring science, philosophy, and faith together. Sooner or later man will realize his place in the world, his mission, and further development by way of Homeopathy.

Please do not consider my words overly affected. It is all rather simple. The old primitive framework of the tactile materialism is too cramped for Homeopathy as a science.

Homeopathic experience can bring about realizations of a different order of magnitude, reveal novel perspectives, and allow a glimpse into the essence of things.

If only one keeps one's eyes open...

A conclusion suggests itself that seeking for the like in Homeopathy is akin to solving an elementary equation.

I am fond of my colleague Praful Vijaykara's notion of Homeopathy as Mathematics. Homeopathy has indeed long aspired for the place among exact sciences, and will secure such before long. Having assimilated Chemistry and Physics organically, as it is, Homeopathy has got all the credentials. Besides, these exact sciences are yet to climb to the heights Homeopathy already treads...

In order to be solved correctly, an equation needs to have been worked out correctly.

We will not perform the task unless we know the rules of working out equations in Homeopathy.

No great novel is written without learning the language first.

The language of Homeopathy is simple and sensible, being at times archaic or naïve perhaps – being alive. It is the language of the real pains and complaints as opposed to their Latinized translations.

This world is granted to us through our perceptions of it, not our concepts of what it ought to be.

Likewise the doctor should heed the symptoms instead of his/her ideas about the patients' circumstances.

Homeopathy requires systematic approach that is wholly rooted in the very essence of all phenomena.

I shall try my best to provide such system in this book. So far it has been a working hypothesis rather than a full-fledged theory, yet it works for me and I don't see why it shouldn't work for you.

In any event the doctor should have a clear understanding of *what* he/she is doing, and *how*<sup>1</sup> exactly it works. Neither is possible without the systematic approach.

Likewise, it will not be possible to pinpoint the case and treat it competently.

The explanation is simple: each case is unique, and no ready-made schemes, templates, or prescriptions ever work in Homeopathy. Without a systematic working theory the doctor has to resort to schematic thinking that renders creative thinking impossible.

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<sup>1</sup> I am at variance on this issue with Samuel Hahnemann who saw the doctors' purpose in healing, not splitting hairs; I was not able to begin healing before answering all these questions to myself.



Along with the language of Homeopathy the newcomer will have to master the logic of the Homeopathic Repertories. Professional practice is unthinkable without one. I personally prefer Kent's Repertory and Synthesis.

Since James Tyler Kent wrote Kent's Repertory, we will need to master his style of thinking and his logic to the best of our abilities.

I will note however that, fundamental as Kent's Repertory is, it cannot match the Creator's fantasy in the human sufferings department! Beware of the temptation to lay the entire magnitude of your patients' complaints into the Procrustean bed of a Repertory.

It will suffice to isolate a few prominent symptoms in any given case, and work with them according to Kent's Repertory. The latter must be well studied and well navigated.

## Chapter I

### **Physiology of Homeopathy**

Before we begin discussing different pathologies and corresponding healing techniques, let us define the NORM, i.e. that ideal state of health we are to use as a reference.

I'd stopped to think of it the other day, and realized that I had not any definition at hand: we weren't taught one at school.

Medical school graduates possess no sense of good health.

Blood pressure, vital lung capacity, biochemistry, and such do not make up the gospel truth. They are but fragments of health, and one cannot construct the whole from a fragment.

After all, every science must contain an "ideal gas" of her own -

some primitive model to depart from, as many notable thinkers have proposed.

Let us try constructing a model like this.

In my opinion *freedom* from physical and spiritual suffering is uppermost in a *healthy* man, and that is not possible without *harmony* in both mentality and lifestyle.

A healthy man is open, friendly, curious, and non-aggressive, he sleeps well and eats modestly. All of his spiritual and bodily functions are perfectly adequate to his age, habitat and life situation.

A healthy man has no reason at all to confront his fellow men, nor the world at large.

Such adequate state implies that none of the functional performances in the living organism are insufficient or redundant.

Whenever I observe the state of health and behavior of children cured by Homeopathy, I take note of how profound the changes had been on the bodily and spiritual levels: in place of aggression, jealousy and greed come constructive interests, improved school grades, and a positive outlook.

This is the ideal I propose we strive for in our work.

I do affirm that ***harmony and freedom are primordial faculties of every living being!***

An obvious corollary would be that ***healing is none other than bringing the system back to its original values.*** That's it.

Harmony and freedom are the cornerstones of health.

You are welcome to improvise along these lines in the definition of your own...

As far as the notion of illness we will be working on it throughout this book, and formulating towards the very end.

Homeopathy is an elegant and austere science working upon the

long known laws of physics and physiology. It requires of its adept first and foremost the disciplined thinking free of the Cartesian chimeras.

Homeopathy can be explained from the rational standpoint, and only rationally should it be explained.

In 1998 I was paid a visit by Alexei Zhirmunsky, a renowned physiologist, the director of the Vladivostok Marine Biology Institute, and a true gentleman.

He had only one question to ask:

- What is the mechanism behind Homeopathy?

“The paradoxical phase<sup>2</sup>”, I replied.

We stayed friends until Zhirmunsky’s death in 2000, and he acknowledged once that our first discussion has been among the most comprehensive in his life.

I feel the same way and miss his outstanding company.

Every sophomore is supposed to know what the paradoxical phase is, and yet those medical professionals who doubt Homeopathy may require a reminder.

Ever since Pavlov, Ukhtomsky, and Vvedensky instituted the Higher Nervous Activity studies, a conclusion has been suggesting itself that the cortical dominant underlies every pathological process<sup>3</sup>, were that a common cold or the systemic lupus erythematosus. Furthermore, this conclusion has been made!

This is where I feel lost: the conclusion is long arrived at, we all praise the achievements of national physiology, and yet we keep on fooling our patients and ourselves with myths about carcinogens, allergens, viruses, and vaccinations...

It is time to brush up our physiology, or else we won’t be able to build the system we need.

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<sup>2</sup> N. Vavilova has written of this first; see her “Pharmacodynamics in Homeopathy”.

<sup>3</sup> There is no doubt about it as the everyday practice attests to the fact that healing begins with improvements in the emotional state, sleep patterns, and efficiency, while the bodily symptomatology worsens.

Moreover we will have to reshape physiopathology allowing for Hering's Law of Cure and the Suppression Theory.

We will be reshaping on the run for the academia is not there to assist: the academicians prefer accumulating facts to explaining and analyzing them.

We will make many an amazing discovery along the way if we simply stick to the formal logic<sup>4</sup>:

1. Excess stress causes excess inhibition focus in the cerebral cortex.
2. Each stressor impacts a specific center in the cortex. Whereas the evolution has come up with a very few responses, the pathogenic influences are many and diverse. Hans Selye<sup>5</sup> has done an extensive research on this subject.  
There is no contradiction here as long as we avoid confusing the process topography and the form the response takes: action and reaction.
3. The living system is short on mechanisms to release an excess inhibition focus.
4. Excess inhibition focus remains stable over periods of time. Worse yet, it expands onto the previously unaffected structures, aggravating the pathology. In other words, the pathological process inside the cortex evolves in time and space<sup>6</sup>. The functional activity of the cells involved in this process gets impaired irregularly, anywhere from the complete falling out of the algorithm (at the focus proper) to a slight decrease in activity (on the periphery)<sup>7</sup>.

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<sup>4</sup> Please note that the author writes on the premises that are commonly known, and only dares to interpret them in the light of other familiar facts.

<sup>5</sup> Interestingly, this was also known a few millennia ago in Ancient China. The philosophy of Tseng-Ju therapy is based on the concept of the five pathogenic energies. I see no contradictions within the inner structure of these concepts.

<sup>6</sup> It literally reels the disease into a ball, and behaves like a living parasite!

<sup>7</sup> The processes taking place at the lesion focus are ambiguous as well, ranging from excessive inhibition at the very center to much excitement on the periphery. This makes sense since the locked cells do not function; their functions

5. As it is obvious from the above list, the substrate of the illness, its initial cause is not found in the microbes, the inflammations, or the dystrophy of somatic organs, but lies in the central nervous system processes. A dysfunction in CNS accounts for the form, character, rapidity, and extent of a pathology at somatic level.
6. **It also follows that pathological developments at somatic level, however dramatic they might be, are but reactions of the living system trying to compensate for a disagreeable cortex behavior.**
7. We have to admit that any procedures targeting the outcomes of pathology rather than its roots are bound to be non-physiological and suppressing. Such procedures do not deal with the existing cortex dysfunction; on the contrary, they force the cortex into searching for new ways to compensate, effectively implicating further areas of CNS. Naturally, this does not help the system at large. As long as the energy reserves are available, the process of compensation can last a while. But under critical conditions such suppressing may turn fatal.
8. Hering's Law of Cure states that healing progresses from top of the body downward, from the interior towards the skin, from the more vital organs to the lesser, from the latter symptoms to the former. The working of this law has been observed in Homeopathic practice extensively, and I personally refer to it as Law of Liberation!
9. Take it upon yourself to inverse Hering's reasoning and thus formulate the law of suppression. It will help you realize the

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being taken over by other areas of the cortex that are topographically or functionally related. A set-up like this is hardly rational or productive, hence energetically unfavorable for the system.

extent of antiquated misconceptions and the losses we suffer from sheer non-professionalism.

Granted, the proposed scheme has its bottlenecks and they can be plainly seen, too.

For instance, while successfully representing the healing process according to Hering, this scheme stumbles on explaining how suppression exacerbates things from the physiological standpoint. I will be explaining this issue later in the book. Presently, let me just note that healing never happens instantaneously - it is a lengthy *process*. And how long it is going to take depends directly on the whole tangle of factors: heredity, dominant miasma, living conditions, and one's own reserve of vital energy.

The paradoxical phase in the cortex will be extended in time as well. In any event the results we had observed at the neuromuscular agent experiment cannot be solidly extrapolated onto the organized *magnitude* of the cortex cells.

The principle remains the same, yet when the cells are in magnitude different laws necessarily apply.

We observe the effects of the paradoxical phase during the experiment with an isolated neuromuscular agent almost right away. In real life however the healing effects might take days or weeks to develop, unless we're dealing with an acute case. Sometimes a booster dose of medicine is required<sup>8</sup>.

Physiology and physiopathology of higher nervous activity should become the starting point for any discourse on the initial causes of an illness.

Immune, auto immune and other processes in somatic tissues are highly affected by any failure in the higher nervous activity. Without accenting this phenomenon we will not be able to combat the illness effectively, because we won't have the understanding of the essence of the illness.

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<sup>8</sup> Avoid getting too hopeful about the boosters. More often than not a carefully chosen remedy will solve the problem. Prescribing a booster while the initial remedy is at work should be considered a gross error.

Without that, in turn, we won't appreciate the possibilities of the Homeopathic method.

It is plausible that the build-up of the cortical dominant, like any physical process, goes through certain stages. This is not a coarse mechanical process, but a subtle tapestry of motives, inclinations, and weak spots as conditioned by both physiology and genetics. This process is fully reversible at the early stages, notably, in acute states when the living system still has enough energy and all its adaptive mechanisms are working properly.

We are more likely to encounter excess inhibition of cortex structures in chronic states. A coarse parallel from the realm of mechanics would work here: imagine the cortical dominant as a compressed sear spring trapped inside the barrel of a gun. We can be pulling it out for ages ending up breaking the gun apart, or we can let it fly out the barrel by compressing it a little bit more. As long as we do all the manipulations according to the illness's natural course the problem will be solved.

Some would object that the inhibition theory explains Isopathy, not Homeopathy.

Let us challenge the validity of this objection.

Homeopathic remedies address very specific cortical structures that are in the state of *excess inhibition* at the time. However the dysfunctions of these structures do not describe the entire set of pathologies of a particular patient. The whole of systematic pathologies is greatly reinforced by the chain of consequences – the chain too long to have been revealed at the brief testing of medicines or exposed through the pathogenesis of those tests. This chain is *permanently excited* rather than excessively inhibited.

In other words, the remedy we prescribe addresses *the core of pathology* exclusively: the spindle, not the thread.

My colleague Rajan Sankaran also talks along these lines.

So is the proposed scheme related to Isopathy, or is it Homeopathy?

I am sometimes reminded that Hahnemann spoke of the artificial disease that wins over the natural one because it turns out to be stronger.

Although Homeopathy pushes the limits of dogmatic materialism, let us remain down to earth.

Before addressing the objections, let me ask you: which structures does the artificial disease engage?

Our bodies do not have any unnecessary organs, nor does the CNS. The specific cortical centers responsible for correct metabolism, into which the artificial disease could have formed, are *already affected*. What is there to argue about?

Should not the disease be examined mindfully from physiological viewpoint instead of imagining it to be some alien invasion, as many infection specialists do nowadays: a nasty virus comes out of the blue, breeds in the cell, grows big, does its nasty job, and off it goes!

Viruses are wolves for sure, but cells are no helpless sheep either. No virus will be welcomed into a healthy functioning cell and allowed to breed there; there is no room for viruses in the balanced organism.

Keep in mind that such terms as *struggle* or *victory* do not apply in Homeopathy. Homeopathy is strong with faculties opposite to brutal force: the living tissue is known to appreciate a gentle caress...

We forgive Hahnemann his minute shortcomings in view of his genius. Ceaseless experimentation, moving forward and breaking through were his elements. He did not grace the world with Homeopathy alone. Aside from discovering the principles of



similarity and small doses, he contributed handsomely to the physiology of higher nervous activity. Hahnemann's human studies of remedies were on a par with Pavlov's research, and at least a century ahead of his time.

If the official science still can't come to terms with Hahnemann sitting in its front row, it is the science's problem, and our grief.

His contribution to the study of the core properties of matter has no counterparts in the history of science. It has been two centuries since Hahnemann's discoveries, but the chemists and physicists still can't fathom the miraculous powers of negative dilution.

I have been a student of Homeopathy for thirteen years, and whatever position I begin to analyze his legacy from, I'm left with the stark realization that it is not only Homeopathy that his genius has gifted us, but the long lost philosophers' stone itself. Is it not mind-boggling?

It will not be an exaggeration to claim that Hahnemann's discoveries have radically changed our ideas about the world.

Hahnemann's legacy will take a while to comprehend, and it is left to us to polish it off and mold into the laws and formulas. We, his followers, however, should not conserve Homeopathy within the archaic XIX Century worldview. Such limited perspective belies a grand confusion in place of the clear mind.

Being the living organism, Homeopathy demands growth and development, not academic dust.

There are other mechanisms that can prevent the cells from parabiosis. Nonspecific *excessive*<sup>9</sup> reactions of a living system, such as anger or fear, provoke massive excitement in all neuro-humoral structures.<sup>10</sup>

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<sup>9</sup> I do not use the term "stress" deliberately because I interpret stress from the physiological standpoint. Stress responses are pre-programmed and, therefore, physiological. There's nothing pathological about stress; it is normal and even vital in lower doses. Stress reactions are purposeful, specific, and are well controlled because they require extra energy. In this context we are discussing only the excessive non-physiological reactions.

<sup>10</sup> Keep in mind that soldiers in trenches did not catch colds, pneumonia, or suffer from cardiovascular pathologies during combat. Gastric ulcers cicatrized on their own accord, too. Just don't confuse the decidedly physiological state of panic that is characteristic of war, and excessive, clearly non-physiological, reactions we are discussing here. The principle behind both phenomena is probably the same: whenever a *greater response* is demanded, it may come in new unknown forms.

At times the wave of excitement unblocks inhibited centers.

(In his book “The Fool’s Experience” Dr. Norbekov describes how a dervish had cured a shah by spitting abuses in his face until the shah felt compelled to straddle his horse and charge after the healer.)

I don’t fully understand the mechanisms behind this phenomenon, but it seems that the excitement triggers that same paradoxical phase effect.

This is only a hypothesis. I’m only sure that the reactions of this sort often end disagreeably, the reason being that the living system is not meant to bear excesses. They can suck the system dry of energy, leaving no resources to deal with the resulting crisis.

My other hypothesis is that the above scenario is exactly where the lame Homeopathy practice of prescribing high potency remedies might work sometimes.

Such “therapy” is recognized by the organism as an aggression, and is counteracted promptly and non-specifically, at a high energy cost. If the system musters enough resources to keep the reaction under control and pull through the crisis, the healing takes place.

More often we get to see the reverse development: low energy, plainly anti-Hering, extreme pathological entanglement, where the initial symptoms are thoroughly mixed with those caused by the potent remedy. Prescribing turpentine baths, a kilo of vitamins, or a bucket of water would yield similar results, warranting a non-specific stressful reaction. Different versions of turpentine therapy courtesy of yet another “healer” surface quite regularly. Off the cuff I reckon Malachov and Shevchenko advertising the miraculous curative abilities of pork worm and Chlamydidum.

If it is true that people get the government they deserve, perhaps

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the same goes for patients and their healers<sup>11</sup>.

The danger of these curative methods lies in the unpredictability of reactions, and they smack of negligence and unprofessionalism, to say the least.

Any Homeopathic influence is necessarily selective, and therefore *specific* and predictable.

When we speak of the CNS the topic of the toxins comes to mind. I will give this topic high priority, but still we will not avoid discussing the CNS.

The roots of Homeopathy lie in toxicology, the study of poisons. Any substance that enters the organism can act as a friend or as a foe. As Paracelsus had to say, it all depends on the dosage.

The concentration of every substance in the organism is fixed (merely variable to a degree either way), which is an indisputable condition for the homeostasis maintenance, and, broader speaking, species consistency.

However, the said concentration is *fixed* as far as the cells are concerned. The cells of different tissues will exhibit different degrees of need of the same substance, depending on their specifics. To this dis-balance the neurons of the cerebral cortex will react much strongly, which is indeed the purpose of the neural tissues, and which brings us back to the CNS.

As we know, the bloodstream has no innervation, and is only monitored by the center indirectly.

In other words, the CNS does not receive the data on a given substance concentration in the bloodstream directly, but rather from the consumer cells.

Another paradox comes into play at this point, this one observed by the Homeopathic practitioner almost on a daily basis: whenever a metabolic disorder occurs in regards to a specific chemical, its

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<sup>11</sup> For this very reason, I believe, Homeopathy should not be given to the individuals who are not ready to accept it. The issues of the individual spiritual and intellectual maturity lie beyond our expertise, and we are not to decide on the cure for others.

concentration in the blood at times reaches sub-toxic levels, while the cell suffers from the severe deficit of ions of the said chemical. How can we otherwise explain a *Natrum muriaticum* patient's craving for common salt? As we know this type suffers exactly from salt dysbolism.

A similar situation can also be explained by a thorough mineral deficit in the organism, for example, in subjects on a severe diet.

I have not encountered cases like this in my practice. Instead I get to see the well-fed patients whose daily breakfast-lunch-dinner ritual leaves any deficits out of the question.

The pictures are strikingly similar in both starving and well-fed scenarios.

We shall spare the hungry for they need to be fed, not remedied. Our primary concern here is with the average Homeopathic patient.

Conclusion: the chemical finds its way into the organism but does not assimilate. This non-assimilation can occur at different stages - in the intestine, in the cell membrane, or in the cell proper, when the chemical gets excluded from the reaction cycle due to the lack of the necessary enzymes.

Enzymopathy and intestinal pathology would reveal themselves quite clearly and we don't see those too often. We are left then with the cell membrane.

I assume that when the concentration of a chemical in blood reaches an excessive level, the cell survives by selectively preventing the unwanted ions from entering through the membrane. The secretion processes then intensify, and the cell naturally experiences the deficit of the chemical, of which the center is promptly informed.

The *typical mistake* the CNS makes under these circumstances is to issue an order to start spending more of the chemical in shortage.

Note, that the ion cannot enter through the cell membrane on its own; it has to be "packaged" in the hydrated capsule.

The above instance must account for the effect of Proving – the false attack effect, where the blank hydrated capsules built by a potent remedy strike at the cell membrane.

Here is another characteristic trait of the cell membrane:

I notice again and again that a dysfunction that has been cured *lege artis* will not relapse even with the pathogenic factor in place.

At worse the dysfunction will take on an easy course.

The only explanation I find is that the once perfected healing algorithm prevents the cell from slipping into the same crisis again.

Certainly, the powers of the cellular self-regulation are limited, and as the chemical's concentration in blood rises the membrane's defenses drop until the ions can rush in and drown the cell.

On the other hand, there are historical examples from the Republic of Venice, for example, of the threatened doges who had secured themselves by self-administering minute quantities of poisons.

Once the organism is adapted to poison it can tolerate it in much larger quantities.

Hail, Adaptation!

Self-regulating capabilities of any living system, be it a cell or a multi-cell organism, are limited because the system's energy resources are limited.

But then, the system's memory and learning capacity know no limits. The same goes for the system's common sense...

Adaptation means, first and foremost, a sensible response that entails re-grouping the strengths and the resources on demand and directing them towards the vulnerable sector.

Any substance turns toxic when its concentration in blood is surplus.

Any further thinking along these lines would lead to healthy eating. This topic, and that which follows is self-evident enough for us to go in this direction.

More interesting, it seems, would be to follow how the CNS quickly accumulates the swarm of new mistakes that follow from

the initial misjudgment.

It should suffice to take a closer look at the pathogenesis of the fore-mentioned *Natrum muriaticum* case: oily skin, dry mucous coats, perspiration and urinary flow are traumatized.

All of it leaves the impression of the organism being *obsessed* with preventing salt losses at any price. To the organism it doesn't matter in the least that the kidneys, the bladder, the mucous membrane, the skin, all get de-energized and fall out of the centralized innervation: *the whole is more important than it's parts!*

A disease is inevitably an *obsession, stubbornness in mistakes and false premises.*

The burden of these mistakes bears most heavily on the psyche.

The cortical neurons are semi-functional: they organize and support the psychic functions along their horizontal connections, and watch over the relevant somatic functions along the vertical connections – mainly the *metabolic* ones.

Let me reiterate that the neurons do not organize any functions vertically but merely watch over, or *curate*, them; the activity in the somatic organs in stress-free mode is fully autonomous.

The CNS *organizes*, on the somatic level, various functions in sub-stress and stress modes, and only under critical conditions<sup>12</sup>.

The Center simply redirects the burden of the systemic mistakes onto the somatic organs, since *the horizontal connections are more important than the vertical ones!*

Simply speaking, the psychic integrity is more important than any somatic suffering. That being said, the organism remains *the whole* in all of its manifestations!

We've got no other choice but to agree with this wisdom. Indeed, one can get by with affected kidneys or eczema, whereas a dysfunction on the cortical level is fraught with the *entire* system disintegration!

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<sup>12</sup> See my book "Philosophy of Living".

The province of the human psyche is enormous, and I admit my ignorance. I do know that this dimension of life is all-powerful, omnipresent, and evidently primal.

Observing the patients heal or the pathological process migrate suggests a number of simple conclusions.

The first one being that *the suffering gone somatic is a means to realizing the mistakes made*<sup>13</sup>.

In other words, the refinement of the psychic functions is possible through pain. Similarly, when an aggressive child gets hit back, it helps him get a grip on the social norms and behave more constructively.

Life is but a flux of sensations<sup>14</sup>, a flow of pleasures and pains.

Furthermore, life is *Consciousness*. This consciousness manifests itself through the perception of contrasts. No contrasts - no consciousness - no life...

Correspondingly, where there is life, there are contrasts, and there is consciousness.

For now let us just assume that the system resorts to the somatization of suffering whenever the lump of systemic mistakes grows too big for the *consciousness* to handle.

In order to relieve the cortex, the innervation of the affected organ simply shifts its attention down to the vegetative neural centers. This shift, in turn, simplifies the responses and makes them less flexible: unlike the dedicated cortex neurons, the nerve plexuses are not capable of an adequate response in *heightened modes*.

The heightened mode responses in higher animals are the prerogative of the CNS.

This is precisely the way diseases originate and mature, and the

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<sup>13</sup> "...there was no fear of death left whatsoever, instead it felt like some scab had fallen off my soul. I began to notice many a positive aspect of life previously hidden from me." This is a quote from the letter written by a melanoma sufferer, a lady known for her bad temper before the illness. By the same token, any medical practitioner, outpatients' especially, is aware of the instances where suppressing of somatic processes has aggravated the mental sphere inducing depressions, epileptiform fits, and suicides.

<sup>14</sup> Consciousness can only last as long the sensory organs are providing the constant flow of information from the outside world. Consciousness, as a function, is realized through maintaining contrast between within and without.

same goes for both acute and chronic states.

*Inadequacy* would be the key word here.

The recovery of the adequate innervation of the affected organ is followed by the restoration of adequate responses. The disease starts falling off the patient like your autumn leaves.

At this juncture we encounter *constitutional weakness*. This concept is broad, multifaceted, and ambiguous, yet it is a valid concept. The doctor's job is to figure out the patient's constitution type, which will clarify both the origins of the disease and the type of remedy.

Without further ado<sup>15</sup>, let us say that the remedy's type directly singles out the affected *metabolic* link.

Hence if our analysis points to *Cuprum*, it should be interpreted as an abnormality in the patient's copper metabolism. *Cuprum* then will be correcting this particular metabolic link along with the entire complex of the patient's spiritual and somatic pains.

In passing, we'll identify the patient's constitution as *Cuprum*.

The basic feature of any living system is the *preset balance* of the enthalpy and entropy processes. The two are indivisible.

Figuratively speaking, the living system is a tincture of vital substances contained within the vessel of the body.

A lifeless system is not much different, except for the absence of enthalpy; only entropic processes continue on in a corpse.

Don't bother refreshing your college courses in organic and biochemistry. Sooner or later, the Homeopathic experience will grant you an appreciation of the different kind of the "walking chemical lab", where the chemistry of proteins, carbohydrates and fats is second to that of water, salts and further elements.

In scientific literature I have come across a hypothesis of a

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<sup>15</sup> Let's reckon the old adage: Thou shalt not multiply essences! Simple is this world, yet we'll never comprehend it unless we draw all our smart judgments of it to one common denominator. Common sense ends where smartness begins.



possibility of the cold nuclear fusion inside a living cell. Specifically, Calcium had been synthesized from Potassium in the organism of a cow. This seems like a more exciting topic than the Krebs cycle or oxidative phosphorylation. This hypothesis takes us directly back to physics and inorganic chemistry. Still we only know that we know nothing about the cell.

Homeopathy acts on the metabolic level. Each cell of the organism has its own specific needs that govern the entire chemical balance – as well as the target area for a potent remedy. The cell needs an exact balance, not too much or too little of a chemical!

Homeopathy corrects an impaired metabolism of the chemical in question by providing the remedy made of this very chemical.

Metabolic disorders account for the whole “nosological bouquet”, but any attempt at linking nosology to metabolism would speak of light-mindedness at the very least, to say nothing of manipulating the statistics!

Enough has been said of the incompatibility of Homeopathy and Allopathy: the two reach for different plains in the essence of a disease.

The constitutional weakness is formed by unexpected influences from within and without: living conditions, professional and other hazards, as well as heredity, stress, negative thinking, low adaptability...

There is no sense in listing all of the possible factors that might affect homeostasis. What's important to grasp though, is that each one affects a certain metabolic link in each individual. And it is *single* link, not several.

As there are never two (or more) likes within one patient's case report, so never does more than one metabolic link gets impacted. Always the single one! Whatever the tail of consequences, the initial cause is one and only.

For instance, we often diagnose anemia in a *Calcarea carbonica* patient, but it would be much ill advised to prescribe him *Ferrum*

*metallicum* for a remedy.

Ferrum metabolism is indeed upset, but that is a secondary effect. The symptoms of the carbonate of lime dysbolism are still primary.

Carbonate of lime metabolism is the spindle onto which the long symptomatic thread is spun in this case.

This thread may appear quite long: the carbonate of lime dysbolism is often followed with dysbolisms of iron, aluminum, sulfur, etc. However, the dominating symptoms would be the ones characteristic of the *Calcareo carbonica* type: timidity, cautiousness, distrustfulness, edema, hyperhidrosis, and so forth.

In any case the initial cause is to be eliminated.

The consequences will then clear out, and no additional therapy will be required if the remedy has been chosen correctly<sup>16</sup>.

The term *diathesis* is the closest to the notion of constitution I can think of among the usual lexicon.

Diathesis means predisposition.

And still let us keep the term *constitution* in the context of this discussion.

These are some important questions: does human constitution undergo changes with age? Is it altered by unfavorable living conditions?

Since man is an exceptionally dynamic animal, living in a dynamic world, the negative answer will definitely be incorrect. Yet a “yes” doesn’t come easily either.

It would be reasonable to conclude that the cortical dominant behaves like an *essential* part, nay the *essence* itself!

This essence has got a few ambiguous and fairly dynamic processes running, and is *living* according to law of its very own: a *parasite essence*.

An elderly lady of the *Calcareo Carbonica* constitution type (see examples in Introduction) comes to mind. This type is peculiar to

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<sup>16</sup> Unless we’re dealing with a “layered pie”, that is.

young children, as we know, and we can deduce that that lady's constitution has not changed in the course of her life. Similarly, I can come up with a couple dozen examples of infants requiring more than a single remedy to terminate the illness. After wrapping up with *Sulfur* we get to deal with the streak of *Calcarea Carbonica*, then *Licopodium*, or *Pulsatilla*.

From this set-up we can guess that the cortical dominant quite simply migrates inside the "ball" it has spun and moves the energy accent away from the "spindle", leaving us with the "layered pie" to analyze.

Or better, the cortical dominant expands its zone of influence, thus overstraining the energy balance in the neighboring centers, effectively exhausting and shutting them off. This situation cannot be remedied with a single hit, but calls for a "layered" therapy.

To think of the complexity and ambiguity of the subtle cortical processes, and how understudied they are by science...

In a certain sense the man's constitution is a bluff.

We should not concern ourselves with constitutional remedies, but seek *the ultimate like* instead.

Homeopathy is the *medicine of situations*, and life never fails to provide plenty of those and in ever changing succession.

We conclude that while maturing, the cortical dominant gets bombarded by the multitude of influences, and becomes capable of transformation, but only under special circumstances<sup>17</sup>. All in all, the cortical dominant is a fairly complete and stable formation sporting a high safety factor.

Thus, by constitution we mean the set of characteristic ailments in man.

The constitutional remedy is only that which has demonstrated the matching characteristics in tests.

Let us never forget that *like cures like*.

It obviously follows that only the *constitutional remedy* has the

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<sup>17</sup> Circumstances of the sort we had just discussed; e.g. Dr. Norbekov's story.

power to solve the entire complex of individual's problems. Here no compromises are possible. Any debates about "organotropic", "drainage", etc. medicines are plain dilettantism, or worse - misunderstanding the basics of Homeopathy. Moreover, prescribing the remedies of partial likeness, especially overprescribing them, may end up in a case of brutal inhibition. The inhibition of the symptoms, precisely, not eliminating the disease.

Do not fool yourself by the seeming harmlessness of Homeopathy: you have got a powerful weapon in your hands, and it can potentially cause harm if used unwisely<sup>18</sup>!

There are no methods to fully substitute Repertorization. This includes the Foll method and Lusher testing.

It's fine to use them to approve or disapprove of the chosen remedy, but not as means of choosing.

These methods would work for someone with an extensive experience of the *classical school*, but not in the hands of a novice.

Always keep in mind that the profanation of the Homeopathic method starts with a light neglect of the *foundations*!

There is one other point that I can't help reiterating over and over: the disease never comes out of the blue; it is always, and fully, a product of the very organism. Disease is not an alien substance, but rather the way an organism *adapts* to its environment. Not a substance, but a function! And this function does not necessarily have to be interpreted as all negative.

Should the adaptation be painful that means the *initial expectations* of the organism in regards to the environment had been painful and wrong.

The organism can spin quite a roll of suffering for itself. Fortunately, it can unroll it backwards!

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<sup>18</sup> A case published on the "World of Homeopathy" forum: a so-called colleague in Moscow has prescribed the daily *Pulsatilla* at 1000C for three months to a 16 year-old girl. The girl ended up in the near-by mental clinic. No comments.

The healer's task is to commence the unrolling process and observe it without the fuss.

Is there a difference of principle between acute and chronic states? Of course there is. In acute states we observe the dominant being formed, in chronic states the formed dominant.

During the dominant formation the organism has still got the resources to abort the process and fix the mistake. Acute state *is* such fixing.

In some cases it is preferable to not interfere with this process even with the Homeopathic remedies, and allow the organism to gain from the natural experience. The organism's inability to cope will result in a chronic state.

There are no differences in approaching acute and chronic states, but there are some specific nuances.

We'll be discussing them in the "Taking the case" chapter.

The subject of *miasma*, as interpreted by Hahnemann, follows integrally from the discussion on the man's constitution - a very important subject indeed, but a rather confusing one.

Not being doubtful of the Master's reasoning in any way, I propose to examine the *miasma* phenomenon from a different angle, and put it in the frame of reference we have established.

I dare suggest that what Hahnemann meant by *miasmas* were the *types of response*, i.e. the good old Hippocratic types: Choleric, Melancholic, Phlegmatic and Sanguine.

Although their planes of thinking do not fully coincide, there isn't much polarity between Hippocrates and Hahnemann. Practically, they both are saying the same thing.

In this subject there had been many a pioneer who contributed to the "multiplication of essences". Just think of the Nobel laureate Ivan Pavlov with his "strong" and "weak" types.

This is not a criticism; every one of the great explorers has been correct in describing a phenomenon as seen from his or her

perspective.

In order to be understood, *miasmas*, *the types of response*, require an appraisal as opposed to scrutiny.

This ain't a lone tree, but a forest, and we might easily lose the clear perspective in the thicket...

Let us still try bringing the subjects of *miasmas* and various types of *bile* to a common denominator, that is simplifying them down to essences the brainpan would accommodate. All these various concepts do connect at the energy structure of the living system: *the principle of response to an outside stimulus*.

Phrases like “the energy structure of the living system” tend to bewilder an uninitiated reader. Let us take a closer look in the light of the basic model we devised in the beginning.

A pretty air balloon and a little shapeless rubber sack are two noticeably different things, are they not?

They differ in form, but not in essence.

An inflated balloon that is securely tied would be a closed energy system. There is pressure inside this system, but it is constant.

Imagine the same balloon working differently, now with two openings – one letting the air in, the other out. With the constant air supply the balloon will maintain its inflated shape. However, that will now be an open energy system allowing for the *in* and *out* currents.

Whenever the system becomes open, the circulation inside of it goes vortex.

This remark may clarify little in our context, but it comments on the *unanimity of the flow* organization in the Universe.

This unanimity seems to apply to all open energy systems.

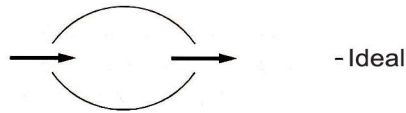
Man is but an ordinary physical system, built upon the same unanimous flow organizing principles that underlie everything else.

These principles are not hard to grasp: energy flows in vortex.

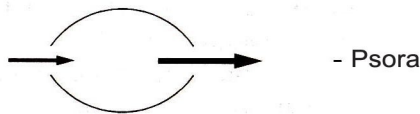
Being an open energy system, the living organism

takes some from the environment, and gives some back<sup>19</sup>.  
 Before we consider the possible variants, let us establish the norm as a guiding line.

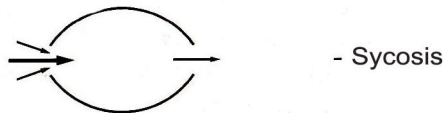
Such norm would be an arrangement where the system is fully adequate energy-wise: it gives back as much as it takes in.



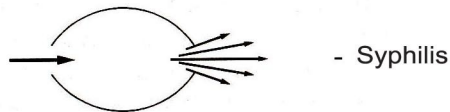
The system giving too much corresponds to Psora.



The system giving less than it has taken corresponds to Sycosis.



The system giving back in outbursts corresponds to Syphilis.



The system scattering the energy about indiscriminately, partially onto itself corresponds to Tuberculosis.



The system giving too much corresponds to *Psora*.

The system giving less than it has taken corresponds to *Sycosis*.

The system giving back in outbursts corresponds to *Syphilis*.

The system scattering the energy about indiscriminately, partially onto itself corresponds to *Tuberculosis*.

I would like to caution the novice against falling for "correcting" miasmas by the corresponding nosods. This idea is emasculated and does not stand up to practice.

Nosods are mere constitutional remedies. They are either called for by the symptoms, or else you're wide of the mark.

<sup>19</sup> We all take from the environment equally: air and light, food and drink. The quantities of what we give back vary...

The following method, well described in the Homeopathic literature, is well worth attention: high solutions of *Sulfur*, *Tuberculinum* and *Luesinum* are administered one month apart to the woman during the first half of pregnancy.

In the case of any genetic complications passed over from the parents the eugenic treatment is ought to begin with *Arsenicum album*, 200C.

This is a worthwhile method. Currently I'm following up on about 30 children (one to 12 years of age), whose mothers have been treated this way during pregnancies.

I can assure you first-hand of this method working: these children are stronger and healthier than their peers by a good degree.

At the same time I can't yet comment on its effectiveness among the genetically complicated families. Firstly patients of this kind aren't many, and secondly genetic pathologies often start off in adolescence or later, not giving enough time for observations.

One other thing: I'm a bit taken aback by comparisons between the "eugenic" children and children whose mothers have undergone constitutional (not eugenic) healing before or during pregnancy. Why, the effect is practically the same, if not better. At this time I'm looking over a few hundred children like that. Which only supports the golden rule of pediatrics: cure the sick child's mother or better yet both parents.

Practically speaking, while the infant is still breast-fed, I often pick the missing symptoms off the mother: irritability, tearfulness, sleep-deprivation, food likes and dislikes, etc.

I wouldn't recommend attaching too much importance to the subject of *miasma* in the fieldwork.

The main reason being that all our polychrests are trimiasmatic, and as long as the like is found the issue of the dominant miasma becomes secondary. An issue like this should surely point you in the right direction, but what's left is the routine job of singling out the remedy.



Thus the warts and condylomas are peculiar to *Sycosis*, and the ulcers to *lues*.

Their corresponding rubrics may be used for the repertorizing in case one is short on more prominent symptoms.

The philosophic aspect of *miasmas* is way more interesting than the practical one. The Creator has made the mankind dynamic by willing *miasmas* into existence.

Just fathom a society of totally healthy, adequate and balanced individuals. A society like that would be doomed without a goal in the world to *strive* for!

It is exactly *miasmas* that introduce enough of dissonance into this world so that it doesn't fall into stagnation. The large-scale activation of a specific miasma (tuberculosis-related, primarily) can drive a society to the "passionarity shift", if we are to remember Lev Gumilev and his Ethnogenesis theory.

*Psora* introduces the elements of selfless devotion, renunciation and *mindfulness*.

On the bodily, normal physiological, level *Psora* will reveal itself through the incompleteness of reactions and the weakness in their development. The reinforced progressing of all the pathologies, on the other hand, will be limited by the organism's energy resources alone.

You can't find patients more gratifying than the *Psora* types in the whole of therapy! Their reactions to the potent remedies are always clear and pronounced. Theirs is the type that gets cured once and for all after given the single correct dose of the correct remedy.

Perhaps, the key words here would be – *deficit* and *gratitude*.

*Sycosis* plays the role of the direct antipode to *Psora* and is represented by consumerism, selfishness and solipsistic demands.

Any system is limited by size and cannot go on taking forever. At some point it will get deformed by the surplus and then explode,

which we get to observe regularly in *Sycosis* cases.

On somatic level *Sycosis* manifests itself via hyper reactions, allergies and tumors ranging from the benign (warts, condylomas, cysts, etc.) to the malignant.

Functionally, the idea of a delay in any discharge or secretion will dominate: breathing (asthma), defecating (constipation), urinating (oliguria).

During therapy the *Sycosis* type will demonstrate the lack and feebleness in reactivity. That's the one for seconds!

Yet you will end up waiting for this patient for months. Perhaps it's the Homeopathic appointment expense.

The key words here are – *stinginess, surplus*.

*Syphilis* carries the goal of destruction and is restricted to it. The statues of the great warriors and revolutionaries are, in essence, the monuments to the syphilis in man.

In soma it will manifest by the tissue destruction and malformation.

In pathophysiology: same destructiveness and frequent inadequate reactions.

In therapy: the remedies of moderate potency might trigger pronounced exacerbation. The host of the syphilitic miasma should be assigned the potency according to David Little, by all means.

The key words are: *destructiveness, excesses*.

*Tuberculosis* is perhaps the most interesting miasma.

It combines *Syphilis* and *Psora* rather creatively within itself.

This type is shared by the seeking personalities who run from one extreme to another in search of the only true *Way*. As opposed to *Syphilis* this is a rather creative, constructive type, yet the destructive tendencies are also in place. Not potent enough to be funneled outwards, these tendencies will turn onto their host, influenced by the *incompleteness of reactions*, *Psora's* trademark.

All *auto-aggressive* processes, ranging from the steep TB tests to

systemic lupus erythematosus and neuralgic amyotrophy, are essentially the markers of *Tuberculosis*. It is the predisposition to *tuberculosis* that runs in the affected families, not some mythical gene responsible for the Friedreich's ataxia.

The root is one; the sprouts are many and unpredictable...

The key words for this miasma are – *perversion, self-searching*.

For our practical purposes it will make more sense to attribute deformations and malformations to the Tuberculinum miasma rather than syphilis.

As far as the *response types*, imagine the most trivial situation of having one's foot stepped on in a crowded bus.

*Psora* would shrug it off and move aside.

*Syphilis* would explode and retort.

*Tuberculosis* would clam up in grievance.

*Sycosis* would loudly stand upon his rights.

There is no sense in attempting a detailed *miasmas* study within this little book. The topic has been studied extensively and deeper than I ever could. I will just note that in the field you will surely encounter the most unlikely combinations of miasmas. They are not set values, but highly variable.

A simple calculation demonstrates that by the time a *miasma* had outlived itself (which takes up to seven generations), the number of the affected ancestors exceeds a hundred.

With a little knowledge of the human kind we can be sure they weren't all saints...

As we analyze the age patterns we get to see the certain sequence of *miasmas*.

*Psora* (an *oral stage*, according to Freud) is succeeded by *Sycosis* (*anal stage*), and then *Syphilis* (*Oedipus complex*), which logically concludes the sequence.

Age-wise, the sequence will work its way as follows:

*Sycosis* (childhood) - *Tuberculosis* (adolescence) - *Syphilis* (youth)  
– *Psora* (maturity and old age)

At times it is the social circumstances that wholly define the progression of *miasmas*. It would make an interesting study to investigate how a few syphilitics had managed to infect the entire historical epoch of ours.

*Syphilitic* times produce *syphilitic* individuals.

It seems that our fathers' generation, the generation of war heroes, has carried the syphilitic badge back from the battlefields. Great many had lost their ways in peaceful life, resorting to alcoholism, crime, and self-destruction.

It is only appropriate for one can't come unblemished out of killing.

Likewise one can't avoid getting *Psora* if one steals.

Our reasoning will be incomplete without bringing up the important aspect of *life force*. Samuel Hahnemann, the founder of our science, has designated this term in Homeopathy.

None of us really knows what this *life force* really is.

I assume we are not yet worthy of such knowledge.

We're only aware of its presence, as we're aware of all life processes being power-intensive.

We also know that *life force* dwindles with disease, and is subject to any and all natural rhythms: solar, lunar, daily, monthly, seasonal, climatic, and so forth;

That its resource is limited, and it intensifies in the early years of life, and gradually disappears toward the end.

We know that the feeling of wellbeing is directly linked to *life force*. A well-rested energized man is open and friendly, whereas a tired man easily gets angry and irritated.

One can guess that *life force* is essentially heterogeneous, and that its supply does not depend solely on the chemical reactions of disintegration of the organic matter in living tissues.

This phenomenon can't be dismissed, and it relates directly to our topic.

When we hand out a Homeopathic remedy we are inevitably

dealing with *life force*. The latter becomes the object and the means of healing.

*Life force* can be pictured figuratively as a flow, for life itself is a flow.

Hence the disease is but an obstacle in the way of this flow, a spoil dam of sorts.

No system possesses a limitless source of energy. It seems reasonable that monitoring of the energy consumption is of *paramount* importance for any system.

And we, the health professionals, must treat it the same way.

Thou shall not harm is the first commandment! Our selection of remedy may be dead on, but what benefit would there be if we err in the potency, ending up draining the patient's battery?

More on the subject in the following chapter.

## Chapter II

### Chemistry and Physics of Homeopathy

As George Vithoulkas has rightfully pointed out, clinical medicine and Homeopathy are no less contrasting than the Newtonian mechanics and quantum physics.

I will support this notion by adding that Homeopathy follows the same principles as quantum physics.

Man is, first of all, a *set of frequencies*, and Homeopathy's aim is mending the frequencies whenever they malfunction.

What do I mean by frequencies?

Let us be logical. Thousands of substances have been tested in Homeopathy: anything from the periodic elements to the animal substrates and pathologically altered tissues of humans. All these substances work when prepared according to the Homeopathic standards.

So what is it exactly that works in Homeopathic remedies? What can be workable in a highly potentiated remedy that lacks a single molecule of the initial substance?

To answer this question, let us consider the following essentials: remedies of any dilution (below or above 12c) correct precisely the metabolism of the initial substance in the living system.

The remedy in a potency of 6, or 200, prepared from metal will target no other than the metal metabolism.

Yet the former dilution will contain the atoms of metal and the latter will not, by definition.

Please note that the metal based remedy will only affect the metal metabolism, *never* that of iodine nor thallium.

Does this mean that the Homeopathic tinctures still contain *something* that carries all the information about the initial substance, all the dilutions notwithstanding?

The only sensible explanation I can come up with is that the wave characteristics of the substance remain highly specific, and no

manipulations with it, nor its tinctures, can have any effect. This is not too hard to guess from the spectral analysis of any substance rendering a distinct spectrum, differentiating this substance from thousands of others.

What can the spectrum be other than the wave accord of the *frequencies* that we are?

So far a few generations of scientists have tried explaining the phenomenon of Homeopathic tinctures having effect on the living organism. As a rule their explanations only add up to the helpless attempt at “over-stepping” the Avogadro’s number and allowing a few initial molecules to remain in the tincture<sup>20</sup>.

Wouldn’t you agree that explanations like this obscure rather than explain?

A micromole of a substance contains a set number of molecules, and it is plainly logical that at some point of diluting *no molecules at all* will be present in the solution.

This point is reached at the 12c dilution. We can still allow for a few molecules to remain in the vicinity of 13c or 14c dilutions due to an error, but further on no compromise is possible.

There is *none* of the substance left in the solutions beyond 12c and that is it.

Also keep in mind that even below 12c the initial substance is *not* the working medium!

No substance present while the therapeutic effect grows exponentially! This is commonplace knowledge for any competent practitioner working in Homeopathy.

We will not even bother considering the opposing view because, frankly, only the wrong can oppose the right.

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Check out “The Mechanisms Behind the Homeopathy Phenomenon” by A. Komisarenko. This author’s thoughts are rather interesting and provide grounds for further polemics. However, I found this monograph hard to read due to the overly cryptic writing style that has plagued the Russian scientific literature as of late. For instance: “...this has to do with the identical fluctuating characteristics of the medicine in question and those of the pathology focus whose emission wave phase has shifted due to a coherence.” This makes sense, but only if you make sense of it!

After all, the history of science is rich in examples of the (sincere) opponents of Homeopathy turning into its advocates. Their transformation had stemmed from their (sincere) attempts at discrediting Homeopathy<sup>21</sup>.

This *something* responsible for the solution specificity under negative dilutions<sup>22</sup> I shall be calling the *substance field analog*. The logic behind my reasoning keeps pushing me toward this issue, and we can't skip it without losing a link in the chain of thought.

As the tincture loses the substance in the process of dilution, we are left with its field analog, or *wave accord* characteristic of the substance in question.

It is beyond doubt that water and complicated organic compounds, such as alcohol and sugar, possess the unique capability to tune onto and retain the rhythms alien to them.

I stop here for much has been published on the water memory phenomenon up to date.

Wave is perpetual motion. It may seem that the wave processes have no application in a few drops of liquid or a bit of sugar grit. Nevertheless what we do here is package the wave in the process of dynamisation. In physics there is the notion of a *stationary wave*<sup>23</sup>.

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Those still doubting the efficacy of Homeopathy are referred to the Proving method: no analysis will reveal anything but *pure* water in a 30c tincture, and yet the latter would manifest a fairly predictable effect in any number of subjects after a series of random multiple doses.

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The phrase “negative dilutions” is accounted for by the logic theory.

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Think splashing trough water in a trough rhythmically: the waves extinguish as they reach the opposite end. If the trough length is made multiple of the wave length, the waves will neither extinguish nor roll. Actually it is their visible movement that will cease, not their energy potential. This makes a wave stationary. Unfortunately, bringing up physics and math tends to dull the doctors' perception, therefore I will stick to most simple explanations. By and large, it's all in the high school physics course.



Wave materialism is the logical progression from the traditional materialistic worldview. This issue has been on the agenda for almost one and a half centuries!

Any object in our Universe from an elementary particle to a galaxy is dualistic in nature, being partially a corpuscle and partially a wave.

The whole cannot be partitioned and we ought not to be concerned with partiality, but with the position of the observer and his/her *wholesomeness* in judging all phenomena.

No phenomenon should be judged outside the *context*.

The same goes for all substances. We either admit their duality or keep on arguing ad infinitum.

Any material object can be perceived as matter from one standpoint, and as a *wave function* from another.

I am sometimes criticized for the excesses of physical theorizing in my books. I can only respond by stating that I did not bring the wave into medicine; my patients did!

“Doctor, it feels like a wave: better, worse, better, worse again...”

I get to hear this very day<sup>24</sup>.

The basic analysis of the related observations points to physics, not sociology or ballroom dancing.

Man is a trivial physical system engineered in the image and likeness of *all things*. It would be plain immodest to complicate this thing any further...

Thus, matter and wave<sup>25</sup>.

We are indeed left to marvel at the Creator’s wit in concealing the essences of all things! Trivial logic suggests that, in our chain, the

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<sup>24</sup>

After all, chemistry, physics, and astronomy were founded by the medics.

<sup>25</sup>

In this context I prefer *wave* to *information*. Emphasizing the informational function of the wave would encumber the essentials. Any wave carries information, and a wave caused by manipulating the substance carries *comprehensive* information about this substance. Let us differentiate between the function proper and the processes behind it.

wave is *primary*, and substance is nothing else than a *derivative* of the wave, the energy and the information therein contained.

In the final analysis, a substance has to have its field equivalent. The latter is transferred onto the water precisely by means of manipulating the substance. The wave itself can then exist autonomously (outside its substance) in an alien substrate.

The wave being capable of autonomy is a tempting topic in its own right, yet I should restrain myself and keep to the topic of ours...

The wave manifests itself in the world via the substance, serving as its visiting card of sorts.

Now imagine most of the Periodic Chart elements whirling inside our bodies. Moreover, they engage in active interactions amongst themselves and exchange visiting cards – their field analogues.

These cards clothe the body in an elegant garment that acts as the *field shell*.

These garments change fashions, colors and sizes faster than I write this. They have become our individual customized visiting cards. They are both our armor and means of interacting with the world at large in a direct and timely fashion, surpassing the cumbersome CNS with its five weak senses.

Not only the fine tuning of the organism takes place on the *field level*, but also all our interactions with the Universal forces, and the initial “friend vs. foe” analysis.

Dysbolisms create gaps within the field shell, which leads to disease. In the course of disease the system’s life energy seeps through the gaps.

More than once have I heard the patient complain:

“Doctor, I feel like an old hole-ridden barrel, always low on energy!”

On the basis of the wave primacy principle we can suggest that the field shield serves as a matrix of sorts, wherein the body is being

molded during embryogenesis.

It is quite logical to suppose that the matrix retains all the information on the mold and its further development to protect its genetic code in the future. The matrix serves as a vessel for the inner energy of the system and records all bodily changes in minute detail. Whenever a change goes beyond a set threshold the matrix locks it in place as a chromosome mutation.

I hope you have noticed by now that we are not explaining *all* healing stages by the paradox phase phenomenon. This simple effect demonstrates the initial action on the living tissue very well, but fails to clarify any further dynamic. I mentioned before that our equation lacked one essential element.

The field shell is that missing element.

Is the *field shell* real or is it a myth? We can't see it, nor touch it. We have got nothing to resist skepticism, nothing to prove its active role in our lives, aside from speculations based on the Homeopathic practice, the latter still heavily questioned by the general public.

For now let us work an *unknown* into our equation, and see what it has to say for itself.

The fact is, not a substance per se, but its *field analog* is at work in a Homeopathic remedy, and we simply have to live with this fact. Since the remedy acts selectively, the *field analog* of the substance has got to address a certain structure in the organism.

Using the existing frame of reference we can only single out the CNS, the cerebral cortex, the excess inhibition focus...

This explanation brings only partial satisfaction, for it doesn't account for such things as the "Anti-Hering" and "inhibition" effects, the possible need for subsequent doses, and the pace of reactions in cases where we get to see the results right away.

The proposition of *field* analogs addressing *field* structures exclusively seems more logical, not to say determined.

Thus everything falls into place: in the beginning was the word...

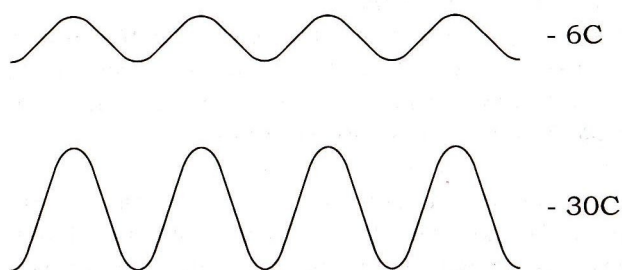
The effect is simple and straightforward: the field analog literally patches the gap. The message has to be forwarded to the right address, the patch has to match the gap exactly, and the two have to be complimentary. When all of the above conditions are met, the organism naturally follows the healing algorithm. If no energy resource is sufficient and none is being wasted, the homeostasis can be restored without a problem.

One other question needs answering: what happens to the *field analog* of a substance when it is being prepared at the pharmacy? We know that the potentiated tincture of *Calcarea carbonica*, in potencies of 6c or 200c, corrects the lime carbonate metabolism and nothing else. Why then does the effect of the remedy vary depending on the potentiation number?

I see the answer right there. If the remedy of any dilution only affects the lime carbonate metabolism, then none of the manipulations had had any effect on the original wavelength characteristics of the solution. They are the given value.

I reckon that, along with length, wave is characterized by its *amplitude*, or height if you will.

It seems that we alter exactly the wave amplitude in the dynamism process.



Considering that the power of the remedy grows with every dilution, it's only logical to suppose that this power comes with the *amplitude*, and we literally charge the remedies with this

energy during triturating, shaking and mixing. The higher the wave, the more its energy potential, the greater the effect!

Now you understand why these manipulations must be carried out by the healthy individuals who are free of bodily and mental ailments; why the best value remedies always come from *good hands*.

Next issue is selecting the right dilution.

I have solved this one once and for all: no need to wage a tsunami where a 7-point storm would do.

The dilutions of 6c, 12c and 30c have proved adequate in practical work, and I manage with just those most of the time.

Moreover, in the course of my work I have developed a strong bias against the 200c dilution. The reaction it tends to provoke is either none at all, or way too strong and threatening with possible lasting aggravations.

I do allow for the improper remedy preparation in such cases though. It is no secret that the Homeopathic manufacture in Russia could have been better.

I have to admit that I haven't had much experience with high potency nor LM potency remedies: due to the specifics of the Russian pharmaceutical market these are not being manufactured.

To every action there is always opposed an equal reaction, as the well-known physics law goes.

The force of our meddling in the subtle self-regulation mechanisms is always responded in kind. All is good when the doctor strikes home, so to speak, and the patient is energized enough to restore.

And what if the doctor was off the mark and the patient resources were spent?

Ask yourself this very question and reconsider the risks that come with the high potency cures.

Surely there are cases that can only be resolved with high

potencies, but they are rare. I still prefer starting with low potencies and proceeding up with caution.

In passing, I wish to debunk the persistent myth of low potencies acting on the body and high on the psyche. In my practice I have been successfully using both (starting at 6c!) to combat mental anguish.

For example, a single dose of Aurum 6c was enough to pull a young woman out of the suicidal depression. I have been observing the positive effects of this dose for the past three weeks. Most likely, the single low potency hit will not be enough in this particular case, but three weeks is a pretty good track record.

It seems to me, one shouldn't start on a psychic pathology with the high dilutions, especially if the pathogenesis of the remedy mentions suicidal tendencies. A mistake in prescribing or the wrong potency choice might turn lethal. There are precedents.

Another question follows: how frequently should the remedy be administered?

The answer likewise follows: the less frequently the better!

This answer makes perfect sense from the physics' perspective. Two opposing events are of importance in physics: the resonance and the interference. The resonance occurrences are quite rare in the physical world<sup>26</sup>, and so we'll skip this topic. Thoughtlessly presenting resonance as an explanation for the Homeopathic phenomenon in scientific literature betrays perfunctory knowledge of the topic.

Wave interference, superposition and mutual cancellation can be observed all over the place<sup>27</sup>!

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<sup>26</sup>

The way I see it, they seem to disprove the first law of thermodynamics (conservation of energy).

<sup>27</sup>

Toss a rock into a pond and you'll see a pretty radial wave travelling on the water surface. Throw the other rock and in place of the wave and the prettiness there will come nondescript ripples and sludge; Interference means mutual cancellation of waves.

All our efforts can be cancelled by an inopportune dose repetition. It is from this standpoint that the single dose principle in Homeopathy can be understood. Any confusion in this respect might result in canceling the *healing wave*.

For the second “throw” it is much preferable to hold back until not only the pond surface is still, but the frogs have started coming back, too.

Another myth of Homeopathy concerns the working time span of varied dilutions of the same remedy. The prevailing view asserts that the low dilutions last only a few hours, whereas 30c can stretch over three to four weeks, and 200c up to a couple months...

On average these calculations are fair, and the Gibson-Miller table may serve as a dependable guideline – yet only a guideline; I believe this table has been developed for the 200c domain. In my practice I have seen a single 6c dose “ride the wave” for up to four weeks and nearly close the case. There is always room for a surprise!

A 30c dilution might last longer than expected. I can refer to a few cases where the 30c waves had carried on four to six months leading to permanent cure.

Similarly, I have observed a single 200c dose keep going for nine months!

These durations are mostly observed when administering *nosodes*. As a rule, acute cases can be *fully solved* with a single dose of a low potency remedy.

Our aim is not worrying about how long a single dose will last. This factor has to do with the individual’s energy disposition and resources at the time.

Our aim is to find the like cure, launch the wave, and observe the progress calmly.

Under no circumstances should the process be interfered with while the healing wave is on the roll!

There is no urgency to the whole dose issue in Homeopathy from the physical point of view simply because the dose should always be minimal. This may seem odd, but whenever we administer a tincture according to Little we minimize the dose. In this case, I suppose the triple administration of a tincture would refine and pacify our meddling with the living tissue by way of a light interference.

However it would make more sense to be concerned with the initial powers of potency of a remedy rather than its dosage.

Quality, not quantity works in Homeopathy.



## Chapter III

### **Philosophy of Medicine**

That's right, colleagues – Homeopathy is medicine at its finest, therefore we'll be discussing the philosophy of medicine.

Am I competent enough to make statements like this?

I don't see why not, since I remain a general physician by profession to this date. If I learned anything worthwhile in the 30 year of practice it was in spite of rather than from my medical education.

A well-meaning layman can already see that the Cartesian school, enthralled by the evil spirits of narcissism and shallow philosophizing, is hopelessly lost.

A specialist comprehends that the reason allopathy is headed toward a dead end lies in the lack of a guiding thread.

The much-discussed opposition of the two schools of medicine is of no concern to us here. Philosophy of Homeopathy is medical philosophy, and we'll leave it at that.

To speak of the medical philosophy is to speak of the nature of the disease.

To speak of the medical philosophy is to speak also of the ways of healing.

The philosophy is plain and simple: follow Nature. Do not hasten, push, run ahead, or try tricking it – just follow.

After all, Nature has got more wisdom than all the doctors in the world combined. Nature has the powers to contrive the disease and to deliver from it.

The man's own organism is not his enemy. Once shown the way to healthiness it will not step off... unless somebody "helps" it, of course.

To speak of the ways of healing in Homeopathy is to speak of the

affairs that are *incomprehensible* if one is to apply the yardstick of the old: computers can't be evaluated with a ruler. You will need to re-think what you have been taught willy-nilly. You will need to start at the basics, too.

Anyways, the point of philosophy (literally, *the love of wisdom*) is to reach out to the realms where no lab instruments can go.

The Homeopathic method reveals the stark new, hitherto unknown, properties of matter, and we can't turn a blind eye to this any longer. That is, if we're after the true knowledge and ability, as opposed to mere appearances.

As the new properties of matter lead us to the new properties of the living tissue, the antiquated and decidedly mechanistic Cartesian worldview turns into annoying static noise.

Homeopathy has discovered the transcendental properties of matter long sought after by the alchemists, but surprisingly, this fact has remained unobvious to mankind for 200 years.

Having done much thinking, we recognize the world to be logical and transparent, and matter (although given to us through perceptions) extending infinitely beyond our perceptions of it. We realize that the elementary logic will advance our understanding of the Universe much farther than all our perceptions combined.

When it comes to the Universe's most subtle layers, the ones that even logic is barred from, we give in to *faith*...

Despite the possible disillusionment of a few hard-boiled "materialists" brandishing a pair of scales and compasses, I reiterate that the mankind was rewarded with Homeopathy for its long-suffering and faith!

I deliberately put "materialist" in quotes, for no sincere researcher would hold on mindlessly to any ideological platform for its sheer academism. Ideology is no science! Moreover, the only permissible ideology behind the true science is *impartiality*.

Likewise, no sincere researcher would appeal exclusively to the

natural selection theory. The latter is valid no doubt, as life thrives on forward motion, yet no existing theory can account for *everything* under the Sun. Would you not agree that the paradigm of the most complex forms of biological life *accidentally* evolving in the course of a few million years seems more inconsequent and outlandish than that of Creation with its *predetermined* rational development.

The divine origin hypothesis certainly has its own setbacks, but it does explain something! Any reasoning needs bedrock, any masterpiece painting a canvas...

The Darwin's theory was quite congruous with the age of "spontaneous materialism" that demanded freeing science and learning from the religious dogmatism. But worshiping this same theory as an ideological directive today is fraught with an intellectual deadlock.

As long as no explanation is available (and will ever be, I assure you), I reserve the right to foster the worldview of my own, free of speculative constructs offered by the "materialist" and the "clerical" camps alike. We shall seek the truth in the middle where it is ought to be, always.

Fundamentally, the Universe cannot become knowable via a lab experiment. The Universe will reveal its unity and harmony, in full splendor, solely through *experience* added by *logic* and founded in *faith*. As the Universe becomes simpler<sup>28</sup> so does Homeopathy.

Homeopathy has sprung at the junction of the lab work, the logical thinking and the sincere faith<sup>29</sup>, and there it will remain.

It will not be an exaggeration to claim that Homeopathy has given

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I can't resist the temptation to paraphrase for some colleagues at the OCCAM: Don't wrinkle the tablecloth! Intellectual bubbles don't last long but corrode the psyche, and you get to pay for them later on.

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Not to be confused with religion.

us the new dimensions and the new reality.

The new dimensions of *knowledge* and *freewill*, and the new reality of *unity* and *continuity* with the world at large: as above so below...

Let us continue on with the nature of the disease from the standpoint of *continuity of everything*.

Understanding of the disease phenomenon remains muddy in both clinical medicine and Homeopathy.

Do as you will, colleagues, but I am not at all satisfied with the vague nondescript formulas we are meant to follow.

What are we up against? What is disease?

After all, we get to know the enemy by sight to conquer it.

I assume the Creator conceived us healthy and free. Initially each one of us possesses good health and freedom<sup>30</sup>.

Freedom and harmony are inherent in every living being.

All we've got to do is fit ourselves into the free, harmonious, native Universe.

Each man's freedom stops where another man's freedom begins, or so the Convention goes.

This is where our problems begin!

The Creator conceived each one of us healthy.

And He/She left a pile of toys behind - presumably, so that we wouldn't perish from boredom.

Those toys turned out to be greed, hatred, sloth, grievance, and fear.

You are encouraged to contribute to the list. There are plenty of toys for all.

Once they have become part of man's essence we can certify

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That is, allowing for the ancestral wrongs - Hahnemann's *miasmas*. According to comrade Stalin the son bears no responsibility for his father; according to God he does - to the seventh generation!

*deficiency of freedom and harmony*, and that is the stage preceding an illness.

The chain of consequences follows:

Inhibited emotion –

Inadequate reaction –

Cortical dysfunction –

Dysbolism –

Dysfunction stabilization –

Dysfunction expansion –

Unhealthy compensatory reactions...

At this point the Universe has narrowed down to the sensation of pain; the Universe is no good any more!

Man is spiritual entity, yet we do not come into this world to dawdle about like a flock of sinless lambs. We've got our freedom to err.

As a matter of fact, we had come here to err!

Let us not confuse mistakes with bad intentions, however.

Once we've enjoyed the said freedom, we *must* make aware of the mistakes to avoid repeating them in the future.

Making aware is healing.

Awareness is in seeing everything opened-eyed, not shielded by other people's opinions and stereotypes.

Not using one's head causes headaches.

Good health is the one sure path to knowledge and truth<sup>31</sup>.

Lofty as it sounds, one brings forth the other, as the two are deeply intertwined. You either move toward the truth, or away from it.

Man is given the wealth of good health to nurture him on the path.

To blow this wealth on anything else would be a grave shame.

If I may quote from Al-Ghazali, the Sufi classic:

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To anticipate witticisms, my enthusiasm can't possibly measure up to the true glory of Homeopathy. Therefore I have, and always will, speak of it in superlatives. May this aid in getting the message across!

*“I’d like to know what is it that the ignorant has gained, and the initiated has not.”*

Here we stumble again upon the issue of *freedom*, and its meaning for the doctor.

Non-freedom suggests deficiency. Deficient is the weak reasoning that clings to copybook maxims.

How can one prove oneself a medical specialist when their mind stalls at any attempt to escape the commonplace? If the party line wins over good sense and inner convictions...

Think of the ancient doctors’ commandment: “*Cure thyself*”.

The antagonism between the two medical doctrines has created a dramatic breach inside the doctor’s mind. Many doctors can’t make themselves break through the habitual clinical thinking even though they may have come to know the method in detail. To them Homeopathy will remain *terra incognita* forever. Wit works woe, indeed!

Lamenting my bygone enthusiasm in regards to training a few dozen professional Homeopaths in St. Petersburg, I conclude that the old doctor can’t learn new tricks<sup>32</sup>.

Interestingly, the dilettanti tend to grasp Homeopathy with more success and ease. In any event, out of the 30 students I taught last year, more than ten had been doctors. Only one lady out of the doctors group has since managed to begin a successful Homeopathic practice. The rest of the class were just mothers who had come to study the method for the benefit of their children. As far as I know they all got imbued with the spirit of Homeopathy, and some already come up with excellent prescriptions.

All of this to the great surprise of the professionals!

That being so, I vote for Homeopathy’s withdrawal from the

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<sup>32</sup>

I had brought Hering to St. Petersburg. This rarest trophy is of no interest to my colleagues here.

Ministry of Health, full segregation from Allopathy, and transference into the hands of the dilettanti-enthusiasts. (As is being done world over.)

In Homeopathy, in my opinion, a skillful dilettante is better off than a lame doctor<sup>33</sup>!

Let's go back to the disease.

The disease is totally a product of one's *ego*.

Moreover, from our vantage point the whole notion of disease is rather questionable, and we may as well name it *state* – the state the psyche and the body are in.

To speak of the medical philosophy is to integrate into the sum total all that is helpful and rational in medicine.

Allopathy does not provide much in this respect.

Unfortunately, this line of business (can't make myself call it science!) does not have a kernel of good sense, let alone a sound *doctrine*. What it has is a compilation of empirically discovered effects, and a long list of authoritative opinions, often as groundless as they are overambitious.

I grant Allopathy privilege in the urgent states, where no time for thinking is left and one must follow the established protocol on the spot<sup>34</sup>.

There are methods far more interesting than Allopath, notably the traditional Chinese concept of *U-tsin*.

It puzzles me to see how in our time we are trying to come to terms with the disease despite having known what it is for a few millennia. Are we really that nearsighted and uninterested – or simply too caught up in the ambitions of leaving a trace in the

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The Vithoulkas's example comes to mind again. I assert that in order to practice Homeopathy effectively one has to build up the body of knowledge exceeding the medical school curriculum by a degree. What's the true worth of the medical diploma? I reckon one member of the Kotok forum nicknamed Allium coming up with some impeccable prescriptions. As far as I know, he works as a computer programmer in Moscow.

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I'm not talking about the surgery, only the therapy.

official science? The traces are so thick by now it's time for a cleanup!

All the wheels have been invented. Let us curb our arrogance, narrow-mindedness and egocentrism, and look into the heritage left to us<sup>35</sup>.

The *U-tsin* concept of the five prime elements answers practically all questions with an ingenious simplicity: the *five elements/energies*, organized in their *Ying/Yang opposites*, flowing through each other, all subject to the rhythms of the nature as well as the individual human rhythms. Man is the system of communicating vessels, channels and collaterals, wherein the *energy flows* circulate.

This system is still the open type, meaning that not only the energies circulate within it, but the system itself is part of the general energy circulation.

By letting the flow enter the system gets directly affected by the energy from without.

Naturally the system experiences the instances of the energy excesses and deficits, in the meanwhile striving for the optimal share in the grand circulation scheme. It gives as much and takes as much as it possibly can...

Any kind of energy may be a friend or a foe, depending on the dose, to take the name of Paracelsus in vain.

At this point the concept of *U-tsin* acquires the notion of the *pathogenic energy*, the energy that threatens the status quo with destruction.

Every energy quantum needs to be at the right place at the right time in order to interact with the other energy's corresponding

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The principal provisions of Homeopathy are in agreement with those of Jen-Tsu therapy, where dynamic effects of the remedy cleanse the channels and harmonize the energy flow. Besides, Jen-Tsu can help the modern doctor fill the gaps in his biorythmology.



quantum – or else to reject it.

This is the axiom of good health, and this is what should normally take place in a healthy human: every system and every organ running like a Swiss clock directing every quantum to the right place at the right time and letting it do its job.

The condition being that the *Homo idealicus* in question is free of the inhibited emotions and hereditary stigmas, and is living in an ideal society run by an ideal government.

Our mutual problem is that our systems are too smart for their own good. Each one of us is a Universe unto itself, but we keep wanting to resist the universal flow and strike a unique pose of our own – only to get smacked on the head!

Man is but an element in the Universal *system*.

Cynical as this may sound, this element may become a subject to routine elimination unless it realizes its *place* and *purpose*.

The whole is necessarily greater than its parts.

To realize one's place and purpose is to join in the flow of the *Whole* and follow its rhythms and regulations.

An element that has taken a stand opposing the *Whole* can get away with a warning at first offence, i.e. an illness. As always, the individual is given the choice between suffering and acceptance of what has come to be.

An individual quick in the uptake will realize his folly and reconsider his attitudes in favor of gratitude towards the Universe.

A rigid, less than adequate, individual, on the other hand, will transform the warning into a negative emotion - the *pathogenic energy*<sup>36</sup>; an ungraceful thing to do.

An emotion is a powerful weapon of (self) destruction.

Inadequate emotions do block the cortical cells.

Negative emotions are the pathogenic triggers for the neocortex,

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The term is merely conventional. Oxygen is essential to life, yet harmful in excess. Same with pathogenic energies: whatever is out of place, time and proportion might pose a threat.

and it makes little difference whether they were prompted by anger, overcooling, death in the family, or plain tiredness.

Negative emotions are the substrate and the fuel of every disease, if you will.

And disease is fixation on the negative. We could ponder the nature of disease from this position.

The negative stigmas of the psyche are projected onto the cortex, and then via the cortex further onto the bodily level where they are finally manifested by a specific symptomology.

It's time to turn our attention to the inhibition phenomenon that heralds every chronic ailment.

We know already that the system turns any suffering somatic when the load of the systemic errors<sup>37</sup> gets too much for the psyche to deal with. This is the only correct move in the erroneous game for the malfunctioning mind generates inadequate decisions!

I can come up with more than a few examples of a quiet alcoholic (a somatic representation of a deeper problem) becoming a public threat following an abrupt abstinence; or else a threat to himself.

The somatic inadequacy turns back into the psychological one in an aggravated form.

One almost wishes the guy had stuck to the booze, i.e. the illness...

When turning onto the patient's problem the doctor needs to pre-visualize the outcome of the treatment: will it bring the complete recovery, or will it subdue the condition, effectively causing more suffering for the patient and those near him.

A colleague has described a case of "curing" of severe epilepsy. As a result the patient had driven his wife to suicide, and made his underage son run away from home.

<sup>37</sup>

This isn't meant to bring up computer associations. My colleague A. Vikulov's concept of disease as a program glitch is entertaining but unkind; hopefully, our entities have more to do with spirit than semi-conductors.

Nature uses illnesses to shield man from the greater evil. Nature could care less about an individual for she operates in big numbers and connections within the Whole. The amount of Nature's calculation and planning ahead are beyond our comprehension: anything deemed potentially dangerous to the future wholesome functioning of the Whole simply gets blocked and then rid of.

The notion of Karma, as expounded by the Buddhists, appears logical from this viewpoint. With each incarnation the burden of unresolved errors pushes the individual a step lower in respect of his/her living situation, social fitness, etc.

In other words, the individual is put in the position that is designedly prone to adverse situations. The adversities will be forever seeking him out and persuading to learn the lessons.

The above example shows how the epilepsy has restrained the afflicted from harming his family.

We need to carefully consider the suitability of the many therapeutic methods we've got at our disposal, especially the ones with the high *healing* potential. In addition to Homeopathy they include Gestalt and Jen-Tsu therapy. It is my opinion that the malpractice in Homeopathy is far more dangerous than the Allopathic over-prescribing because of the adverse effect possibility.

Keeping in mind that the *substance field analogs* address the field structures, it is logical to assume that such malpractice might possibly result in the forming of a *field hole*. Not immediately, but the possibility is there, and so are the consequences.

Both Homeopathic and Allopathic over-prescriptions close down the verticals channels needed for dumping of the pathogenic energies. These energies then remain in the brain or are forced back into it, which is practically the same thing.

It seems that the organism interprets multiple high potency

applications as an aggression<sup>38</sup>.

Trapped in the narrow spot by the disease, the system makes the only possible decision of saving its most vulnerable assets - the horizontal cortical connections. It can only do so by sacrificing their bodily projections (i.e. vertical connections) to the high potency assault. Due to the inadequate administration the whole dedicated influence of the Homeopathic remedy gets laid at the wrong door.

As a result the process gets inhibited on the bodily level and accentuated in the cortical structures. The pathogenic energy is not even inhibited so much as it is squeezed out of the soma into the psyche. Remember the air balloon analogy: as we squeeze it in one place, another swells out...

The only possible decision had turned out wrong once again!

We're dealing with suppressing the disease, not healing. We're also dealing with an aggravation of the errors in the psyche.

Once again the system is looking for the ways to keep the psyche intact through shoveling all the problems down onto the soma.

More often than not the system finds the ways: the emergency valves in our organisms are many<sup>39</sup>.

Any inhibition leads, firstly and naturally, to the cortical dominant expansion, hence turning the problem somatic would only root it deeper still. This happens all over the place.

The child objects being taken to kindergarten, and catches quinsy. The successful antibiotic treatment makes the child capricious and unruly, but that's OK as long as the child can be sent out and mom can go to work. In a couple months, sometime in the spring, after a stroll on a cool damp day, the child gets fever and swollen knees.

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<sup>38</sup>

Often such gross malpractice results in the organism rejecting any potentiated remedy, and failing to respond to Homeopathy. Predictably, this is our self-preservation instinct at work.

<sup>39</sup>

The pathogenic energies are usually dumped outside the affected meridian's boundaries, along the inhibition axes. Those interested are referred to the works by G. Louvsan and V. Ovechkin.

The connection between the preceding disease states has been lost, and the process is being squeezed from place to place.

The salicylates had been tried, the antibiotics, the hormones, the spa...

Finally, the kid is at the kindergarten, and the mom working.

The only problem is that in addition to capriciousness the child now suffers from nightmares and aggressiveness.

Later, in the summer, the little sufferer will unexpectedly faint, his lips turning livid...

This is the typical inhibition plot:

- Blocked emotion –

  - The problem goes somatic as angina –

    - Inadequate therapy –

      - Pathogenic energy strikes back on cortical level –

Or more dramatically:

- Negative emotions turn bodily –

  - Rheumatoid arthritis –

    - Therapy –

      - Pathogenic energy in the cortex –

        - The energy dumped –

          - Myocarditis...

Note, that the disease goes deeper still with each bout.

If you substitute “antibiotics” for “uncontrolled high-potency remedies” the plot will remain the same.

In both cases we get to observe the inhibition effect.

Now ask yourself, keeping the above example in mind: what are the local symptoms, and what is their value in practical work?

Homeopathy frees the inhibited emotions, and this is the genuine foundation of good health.

Hering follows directly in the steps of the emotional progress. The Hering law can be rightfully called the *Liberation* law.

I am speaking strictly of the classical Homeopathy, not any revised versions.

Our old air balloon analogy is applicable here: one can be squeezing the hernia about the balloon until it bursts, but this method is most irrational if not plain dumb.

Expelling the excessive pressure out of the system until it reaches an adequate level would be rational in this case. The hernia will then disappear on its own accord without any more effort on our part.

Take notice that the choice of rational moves is always limited, often to a single one.

The irrational moves are varied and sundry!

The inhibited emotions are always negative. Positive emotions can only inhibit when they are excessive, which would automatically render them negative.

Therefore consider it positive when a patient displays a flood of negativity along with physical improvement, following the remedy administration. That means that the liberation has begun!

Usually an outburst like this is quite manageable and short-lived.

Here is a relative case. I'll skip the details due to its being fresh.

A grown-up male diagnosed with chronic renal insufficiency has been living on hemodialysis for three years. His illness was diagnosed as glomerulonephritis at the age of twelve.

The first prescription of *Natrum muriaticum* turned out incorrect, and after a couple weeks I switched to *Plumbum*, which did set the first wave.

What's interesting is that the patient was only able to open up at his third visit. This is our dialogue:

- After taking the first remedy I had a dam break inside me; the grudge was gone, but such anger came that I felt like punching a family member.

- Who exactly, and what for?
- My mom suffered the most, I'd driven her to tears. Then my brother. In the meantime I started feeling lighter inside. As the second remedy kicked in all the anger was gone and I felt indifferent toward my family. Brother calls me and asks if he could come over, and I calmly reply that I don't want to see him. "I'll be hurt", he says. "That's your problem", I reply.
- Were you social with your brother before?
- Sure. I could not stand him but made appearance of a cordial sibling. I kept everything inside...
- What exactly?
- You won't imagine the sort of guy he is! My childhood was over at the age of three when he was born. Mom said then: "This is your little brother and you are responsible for him." I became a babysitter of his. He would get all the best toys and stuff. Mom would buy us five pears, and I'd get one. I wasn't even allowed to complain! My brother has got used to this setup, and started abusing it. Say, we're on a bus squeezed by the exit door. The door opens, I'm holding my brother for safety, and he punches me in the nose! Mom turns to see me covered with blood and tears, and he says "Oh, he got hit with the door". And he would always get away with it.
- How old were you then?
- Already twelve.
- Did this happen before or after the hospital?
- A month before.
- Could you not hit your brother back?
- Now I realize that I should have, but I couldn't back then for he was smaller...

Not necessary to comment, wouldn't you agree?

This is all I have to say on philosophy. In a sense this whole book is mere philosophizing. On to the next chapter.





## Chapter IV

### Taking the Case

In order to find the needle in a haystack one needs to know *what* to look for, *where* to look, and *how*. In other words the doctor needs a leading thread.

Once again, an equation has to be composed correctly in order to be solved correctly. Similarly a case has to be taken, as they say in Homeopathy.

An equation can be solved in different ways, but the correct answer is always one.

Same in Homeopathy: we find the one and only *like* for any state. *No individual can have two or more likes in a given interval of his/her life!*

Even a professional may encounter difficulties when dealing with the magnitude of symptoms.

It is hard for a traditional clinical doctor to step over the old stereotypes. He keeps fixating on the general pathology and seeking the quick fixes for the problem at hand, in the meantime losing the guiding line.

Let us spend some more time on guiding lines.

Kent has laid out the strict hierarchy of symptoms in his little work on the uses of the Repertory. Aetiological instances come first, next follow the Psyche Rubric symptoms, and then the general symptoms and modalities. The specific symptoms conclude this hierarchy.

Very simply and very logically, the most vulnerable and subtle functions of the psyche will be the *first* to suffer at the focus of excess inhibition in the cortex.

This dysfunction will be directly reflected in the *behavior, sensations* and *needs* of the patient. The doctor should be interested primarily in the *changes* in behavior, sensations and needs. These are the symptoms that can put a face on the case very

clearly and graphically.

To work on the case successfully the doctor needs the psyche symptoms and the modalities first and foremost. Not only are the specific symptoms useless, they can harm the effort!

Not the specific symptoms per se, but the doctor's infatuation with them. They are but secondary concerns that annoyingly get in the way, and can cancel all previous effort if the doctor allows to be led by them.

Simply because all diseases begin in the mind, and what we see on the bodily level is merely a reflection, an echo of the CNS processes taking place inside the cortex.

We know every reflection to be a virtual value, a fiction. Do not fall for illusions and run chasing sunbeams; concentrate your attention on the mirror that catches them, better yet on the hand that's holding the mirror.

“Behold the root”, the elders have instructed.

The skillful work is impossible in Homeopathy any other way<sup>40</sup>.

Dr. Rajan Sankaran has written about this in his book “The Spirit of Homeopathy”: “I select the remedy according to the psyche and the general symptoms, and don't bother checking the remedy against the specific rubrics.”

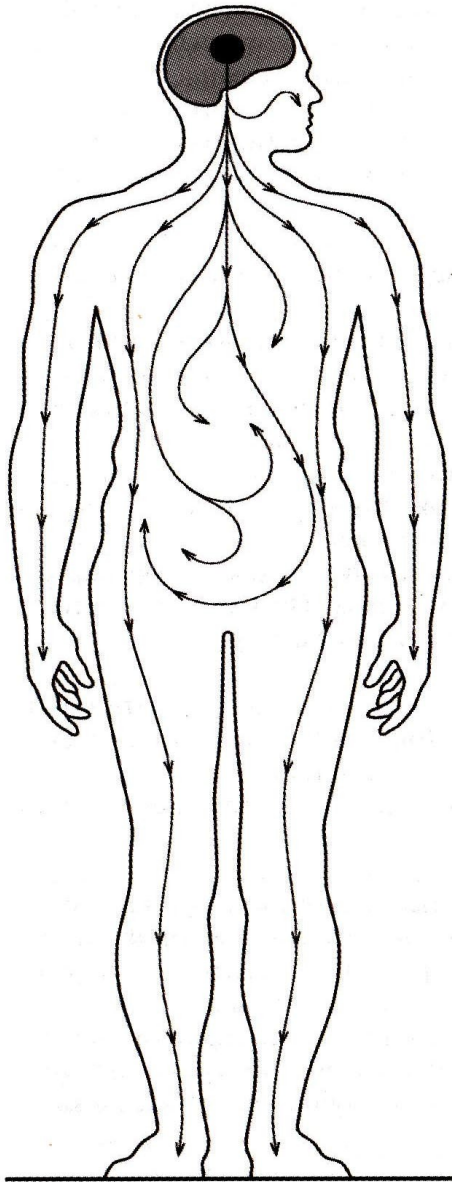
I wholeheartedly subscribe to this attitude. Man's essence lies in the spirit, not the body. The psyche symptoms and the modalities show the true worth of the disease, not the specifics.

Moreover, the specific symptoms have not even been tested thoroughly, their tests never reaching the organic changes in tissues. For this very reason you are likely to find no mention of the remedy in question in the specific rubrics. It would be a gross mistake to forgo the remedy on these grounds.

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Think of the experiment where the hypnotized individual is given a red-hot rod to hold in place of a flower, and gets away without any burns. Quite convincing, is it not? Once again this demonstrates the priority of the psyche over the soma.



We can sum up: *the reason behind any disease is the CNS dysfunction, which is always reflected in the behavior, sensations and needs of the patient.*

Consequently we study the psyche symptoms and the modalities to find the *like* remedy expediently.

When some of my colleagues get carried away by the specifics at the expense of the modalities and the psyche symptoms they are subverting the first principle of Homeopathy: *cure the man, not his illness.*

A man as a whole is characterized by the psyche symptoms and the modalities, not by his bile flow or the cough treble.

Whenever we fall for the specific symptoms we slip down into the

clinical thinking. You can already foresee the results.

You've got to hear the patient out and meticulously write down all his/her complaints. After all they are the cause of the patient's suffering and the very reason he'd come to see you.

Write them down and put the list aside for some time.

Look for the symptoms most characteristic of the person's *state of being*.

Examine the state of being and not the stage of the disease. It makes no difference if the case is acute or chronic – the Homeopathic principles should be primary. Only seek out that, which is characteristic of the whole.

If the complaints are very few, do question in detail<sup>41</sup>.

If the patient happens too be tongue-tied consider inviting his mother and wife along.

Practically any patient will reveal the missing symptoms if you are persistent. Under the condition that you know what you are looking for, and what you need these symptoms for.

I once had a testicle cancer patient, and there seemed nothing I could pull out of the poor lad. The shock from the discovery and perhaps some overall slowness had made him a very complicated patient.

It was only with the help from his wife, an appointment later, that I was able to see the full picture and discover the *similimum*.

The powers of observation should never be underestimated. The manner of the patient's appearance, the manner of speech, the manners proper, all speak for themselves and can be registered at the time of the appointment. These objective symptoms, if anything else, will lead you to the correct remedy.

A *phosphorus* child, for instance, would charm you at the door! This child will present no communication problems and won't

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To learn more about the propedeutics and the questioning techniques read the works by Keller and Ageeva.

hesitate jumping in your lap. Everything in your room will be of great interest to him, but after 15 minutes the child will grow bored and start demonstrating his less than perfect constitutional traits.

A *calcareo* child, on the other hand, will be watching you cautiously from behind mom's skirt, and remain quiet throughout the appointment.

A *lycopodium* will introduce himself by an imperative: "Where are my toys?"

A *tarentula* kid will not allow being touched.

All these things you will find in the wonderful descriptions of the constitutional types by Coulter and Grangeorge.

Don't allow yourself to be led exclusively by the first impressions though. They are powerful things but unreliable. Doubt helps here a great deal.

In any event you can only judge the patient's constitution well with a Repertory in your hands. Look for the behavioral traits that can be of help in repertorization.

Such great symptoms as "cries when talking", "finicality", "theorizing" or "talkativeness" you can only learn from seeing and hearing the patient. He will never report such things himself because he is not aware of them. Man cannot see himself from an outsider's standpoint.

Make sure you have some toys in your room. A toy construction set will be best for the observation purposes. Only an assiduous child would occupy himself with the toys. It is not the *phosphorus*'s trait to be building a toy house during an appointment. We haven't got this type in the Diligence rubric.

By the same token, a *cina* child would be thrashing the toys around the room, and you will sure locate the remedy in the "Throws things" rubric...

Only by the direct observation can you form an opinion about the patient and decide whether he is hesitant, narcissistic, irritable, hung-up, hasty, or unpunctual...

The symptoms obtained through the direct observation are the ones you ought to be using as a foundation in your work. These symptoms are solid by the virtue of their objectivity, and you should rely on them.

Observe unhurriedly, stay away from the thickets of specific symptoms and do not lose sight of the patient. Keep your focus on the whole of the patient.

The powers of observation can be developed by exercise if you enjoy your work and don't get baffled by mistakes. The latter are unavoidable in any practice. We can minimize them but never totally rid ourselves of them.

Four or five symptoms are usually enough for finding the remedy, but these symptoms have got to be fully reliable!

Try your best to not apply any psychological pressure on the patient during the appointment, just listen. The answers given in the fishing interrogation are considered false.

- Are you afraid of thunderstorms?
- But of course, doctor, who isn't!

You can easily evaluate the "who isn't" symptom yourself. A better wording would be:

- How do you feel during a thunderstorm?

Better for sure, but not quite good enough: the answer is embedded somewhere between the lines, and you are going to get that which your subconscious expects to hear.

It is only when the patient states out loud, without any prompting on your part, that thunderstorms send him into panic, that this symptom becomes priceless!

Do learn to construct the conversation in such a way that the patient delivers everything you need to know on his own free will. Your aim is to develop the position of a laid-back and unbiased observer, free of the mutual mind manipulating. Let the river flow its natural course!

Homeopathy teaches one to think clearly and substantially, for

only the objective and reliable symptoms will lead to the sought-for.

It is not enough to arrange the symptoms prior to repertorizing. They have to be verified. If the bits of information like “seems to be afraid of heights” or “starts at the sight of a spider” had to be pulled out with a pair of pliers, you better treat them accordingly, as you would any conditional truth. These symptoms may be worth looking into, but feel free to dump them when in doubt.

Shrinking the heaps of symptoms down to a couple is all right as long as they are solidly true.

In order to achieve such “solid state”, one has to be critical toward one’s work and master the art of conversation.

Both are life-long tasks, for there are no limits to perfection.

A have quit campaigning for Homeopathy, and try to avoid taking random patients. And still I go through the daily sweat of tuning patients up to the “operating” wavelength:

- Doctor, I’ve got gastritis, biliary dyskinesia and acute migraines...
- Pardon me, but I’m not interested in the colleagues’ opinions about your health. Tell me what’s been worrying *you*, not the doctors.
- Uh, the migraines! Don’t you understand, doctor?
- No, I do not. Imagine you’re talking to an alien who’s never heard the word “migraine”. Now how would you explain it?

Usually, after two-three attempts, the patient finally gets it.

It’s all well and good when an individual comes in prepared and willing to cooperate.

Not so when he’s being too anal about it and drags a complete do-it-himself treatment program along. That homemade stuff is perfectly useless.

Disastrous is the patient who’s neither ready nor willing to take a

step forward:

- I've been told you could help. Can you give me something for hemorrhoids?

When I run into random people like this, I cannot help contemplating that the long path to Homeopathy has to be trudged by the patients as well as the practitioners.

But this is a topic for another book.

Keep searching for the psyche and general symptoms, and you will find them. Where there's a will – and a well-formulated goal - there's a way...

What is the patient's reaction to touch, to noise, to bright light? Is she social or a loner? Is he aggressive and jealous? What is her favorite sleeping position? Does he always consider himself right or else eats himself for others' mistakes? Is she a traveller or a stay-at-home type? Would he rather be consoled or left alone when feeling offended?

Does he prefer fresh air to a warm room? Does swimming help or aggravate the rash? What are the reactions to the lunar phases, weather changes, summers versus winters? Any gastronomic likes or dislikes?

These are just a few benchmarks to consider at the first appointment.

Let us not forget the etiological issue. We should really begin questioning with etiology:

- How has it all started?

The onset is definitely the key moment in our endeavor. Would we prescribe *Ignatia* to alleviate the suffering of a bruised patient, or *Staphysagria* for a grouch? Of course not: we'll consult etiology and go with *Arnica*. We might give some consideration to



*Chamomilla* or *Bellis perennis* along the way...

I strongly recommend looking into the etiology related rubrics of the Repertory: *Vaccination, aftereffects of; Weather; Swimming*, etc. The rubric *Aftereffects* in the *Psyche* chapter is indispensable to our needs. Apply them all generously!

Lay down the symptoms in chronological order and correlate them with the events in the patient's life. An analysis like this can be very revealing.

It is advisable to run through the specifics because we might bump into a rare and unusual symptom among specific symptoms of the specific rubrics.

For example, it would be unwise to ignore such interesting symptom as *tickling in the throat* that accompanies coughing, but we can only locate it in the specifics rubric. The coughing modalities, such as *worst time of day, worse after coming inside, worse when lying down*, are also valuable symptoms to be aware of.

In any case, when working with the specific symptoms, it will not hurt to do some reliability probing of the rubric: how easy will it be getting the symptom in question at testing?

For instance, testing can easily bring about an *aching pain in the lower abdomen prior to menses* or a *constricting sensation in the back*. Since these symptoms are manifested on the *sensory* level the rubrics should be considered fairly reliable.

On the other hand, I wouldn't recommend spending too much time on the rubrics like *fistula* or *sarcoma*.

Neither has ever made it to the testing, and both are based on doctors' personal experiences. The latter are well known as rather questionable.

The truth is simple, yet no simple paths lead to it.

You *must* learn to see the case through and *take* it! Pardon my imperative note, but this idea needs some penetration.

The following case is sited with the permission from the Kotok's forum.

- My son (age 2.7 years) fell sick five days ago, presumably from exposure to the car air conditioning. At first he developed rhinitis with the greenish sniffles running down the back side of the throat, causing a bad cough followed by the swelling in the nose. In a couple days I noticed the coughing got worse and so did the stuffiness and the swelling. I looked inside the throat and it was very sore with the tonsils feeling like hard rocks and painful. (His sister had an angina a week earlier.) At night he ran a temperature of 40°C, slept badly, but the fever was gone by morning. We were staying at the country house and the following day my son has spent mostly playing outside and looking healthy, with a few coughs here and there. He'd visited with the neighbors though who had a drafty environment, and the coughing came back by evening along with the stuffy nose and mucus. The temperature rose to 38.6°C and he started crying a lot, complaining about the pain that came with the coughing. I tried selecting the remedy myself, and came up with *apis*, which I did administer as a solution. My son stopped crying and fell asleep coughing only occasionally, breathing through the nose. In the morning the fever was gone and he demanded to go outside. After lunch we decided to drive back to town. Now it seems to me we should have stayed there once the cold has started to avoid commuting in the heat with windows rolled down.

(Continued the following day) Last night was the same story with high temperature, painful cough and tears. We did *apis* once more, and in half hour my son was actively engaged in playing again, coughing pain-free occasionally. Two hours later the fever came back with all the rest. Maybe I should have continued with *apis* but I didn't, and we had one more sleepless night. By morning the temperature's gone once

again, my son perfectly playful and healthy. It's been going on for four days: all fine during the day and really bad at night.

According to the questionnaire:

Appearance: Pale, not sweating. Pustules in the eyes. Cold followed with hot. I took off his shirt and he got cold in ten minutes. I put the shirt back on and he warmed up a bit. No temperature.

Thirst: Keeps drinking water or juices, rejects homemade vitamin drinks. The tongue is moist with the white film at the root. The lips are dry and pink. No runs or vomiting. The limbs are cool.

Behavior: From morning till about 4 pm actively plays outdoors, rides the bicycle, etc. When the temperature raises the boy clings to mom, lies down to rest, becomes grumpy, might throw toys around, and finally falls asleep.

After waking up with no temperature, starts running around with his brother, laughing and playing. When I was rinsing his nose he started pinching me, screaming, throwing toothbrushes on the floor, then got distracted and went back to playing. No appetite; eats a little curds in the morning and pap during the day.

Unusual: the child looking perfectly normal during the day, and quite ill at nighttime.

Cough, according to the questionnaire:

It seems to me that the cough is provoked by the greenish sniffles running down the backside of the throat. Eating also provokes the cough. He coughs for half an hour upon waking up in the morning – first dry then productive. In the afternoon coughing subdues but I sometimes hear him clearing the phlegm from the throat.

Drinking appears to help as my son asks for a drink every time he coughs.

I have also noticed that the coughing is at its minimal when he gets carried away with something.

At night the cough is dry, sharp and resonant; during the day he's coughing normally, without an effort. Toward the evening he starts crying, and seldom clears his throat. When we went to bed last night he began coughing more with almost no phlegm. I wanted to examine the phlegm, and asked my son to spit it out, but he didn't understand and swallowed it. I suspect it's greenish like the sniffles. It gets thicker in the morning. Spasms and retching movements happen in the morning as well.

His face color changes to pink and the head sweats whenever the coughing gets stronger.

The coughing seems easier in the seated position. In the evening and at night it brings a great deal of pain in the throat. He won't tell about the chest pain, just cry and say it hurts.

Does coughing change with relocating from warm to cold? I don't see much difference, but he tends to feel better outside. Food preferences. He doesn't eat much at all, asking for sweets now and then. In the evening, when coughing picks up, he gets thirsty and whiny.

The pediatrician insists on the antibiotics and that's the last thing I want. Please help me find the remedy!

- My son woke up sweating, 39°C. I took his pajamas off, he got gooseflesh right away and said he was cold. Keeps asking for water but drinks little. Had diarrhea once during the day. The tongue is pink and moist with some white film in the middle. The lips are also pink but dry. During sleep he snored, sniffed and moaned, his nose swollen, discharge yellowish-green.

The limbs are cool by touch. He'd waken up after a two hour nap all sluggish, tried playing, then asked me to turn the light off, and went back to sleep. He's breathing heavily and I can tell he's suffering.

This has been going on for five days now.

The coughing seems to be provoked by the phlegm inside the nose and is worse when lying down. He always asks for a drink when coughing.

After an energetic walk outside my son started choking with cough.

Body position during coughing: when coughing in bed he doesn't try getting up and usually remains on his side.

Going out into the cold doesn't change a thing.

Food-wise it's chocolate or pickles.

Behavior doesn't change with the coughing bout, except he cries at night. He started picking his nose even during sleep.

- Please help! My son is pale and feverish. When I took off his clothes and put a wet compress on his forehead he got chilly and asked for the blanket. Keeps asking for water.

His tongue is pink and moist with white film at the root, more snuffle than usually, the lips are pink and dry. He belched a little while ago and complained of a stomach pain. His hands are cool and the soles of his feet are very cold.

The behavior is very sulky, tearful. When in bed he would doze off often into catnaps. When awake his eyes are half closed.

No appetite. Ate a few cookies, then asked for a piece of bread. He complains of the sore throat (visibly inflamed), and points at the neck (lymph nodes are swollen, especially the left one).

Cough according to the questionnaire:

The cough starts on its own accord, worse during meals. Drinking water helps. During the day feels OK as usual, including the day nap. Cough is either dry or wet with a bit of the phlegm, and retching movements in the morning. The throat is sore. After 4 pm coughing gets worse and continues through the night. The night cough is dry. Low appetite. Active and calm during the day. At night wants to cuddle up. I tried *mercurius*, but the temperature jumped from 38.5 to 41!

And so it went on for another four days with the complications piling up and *rhus* being administered twice.

I relate the case in such detail precisely to illustrate how to take a case and to point out the mistakes. The child was being treated in turns by four different doctors. I didn't care to prove my case in view of basic deontology, and don't know of the outcome. If anyone's interested in further details they are referred to: <http://forum.1796kotok.com/viewtopic.php?t=23678&postdays=0&postorder=acs&start=0>

Here is one of the doctors' mistakes:

Symptoms (resume)

- cuddling to parents
- thirst with fever
- limbs are cold with fever
- cough is resonant
- paleness
- lymph nodes in the neck

Rubrics:

Psyche = hold/wants to be held

Psyche = hold/wants to/better off when held

Psyche = cling/wants to cling to mother always

Face = color/pale/in heat

Throat (neck) – swelling/neck glands

Stomach = appetite/lack of/ thirst accompanied with

Stomach = thirst/fever/along with

Cough = cough/resonant (clear)

Limbs = cold/fever/body

Limbs = cold/fever, along with

Fever = fever/night/7 pm

Remedies:

*Ars*

*Rhus-t*

*Sep*  
*Sulph*  
*Sil*  
*Lyc*  
*Stram*  
*Calc*  
*Lach*  
*Puls*  
*Phos*

I would recommend:

*Rhus toxicodendron* 30c

Dissolve two granules in 150 ml of water.

Shake twice.

Administer by teaspoon (5 ml) every four hours. Shake twice prior to every administration.

The doctor has painstakingly gathered all the insignificant specific symptoms while leaving out of the picture the ones characteristic of the case as the whole: the kid's pugnacious disposition and his tendency to hide.

If you go back to the mom's account and locate these symptoms you'll agree that the case as a whole would be better characterized by them than by paleness, types of cough or gland inflammation. The latter exemplify the clinical approach, which will not help you in taking the case.

To take the case is to notice all the details and nuances, to read between the lines, and understand that which has been kept back. This doesn't mean making things up, but rather helping the patient bring their report to a conclusion.

The psyche symptoms weren't observed correctly either. Firstly the more characteristic ones could be dug from the mom's account; secondly I would not recommend using the *Cuddling to parents* and *Desire to be held* rubrics in view of their uncertainty. I get to observe sick children clinging to mothers all the time, and

am surprised at the scarcity of remedies in the corresponding rubrics.

I assume these rubrics haven't been fully worked through in the pediatric sense. Whether because no tests have been conducted on children or because Kent hasn't treated the pediatrics seriously, I do not know.

In passing I'd like to note that even his most thoroughly proofread chapter The Psyche contains a few questionable rubrics that I stay away from in my practice.

I have been totally disillusioned with the chapter on Dreams as well as the one on Sexuality (in Synthesis). Since the remedies described there have been tested mostly in the highly sanctimonious puritanical cultures we cannot really assign too much credibility to the symptoms.

I will not go into any further detail regarding the virtues and the shortcomings of the Kent's Repertory, for this vast topic requires a separate book. Just keep this in mind. You will figure out what to utilize and what to skip in the course of your own practice. Keep in mind also that I'm being subjective too.

The case described at the forum speaks for itself and provides enough information to the doctor. If we pick the following: *Malevolent, Hides, Fights, Throws, Better off occupied, Cough: worse when lying down*, we get pointed in the direction of *Tarentula*.

*Tarentula* could have solved the problems at *any* stage of the illness. Let us reckon the Kent's remark: "Whatever there was in the beginning we'll observe at the end."

Usually one remedy covers all the stages of illness in the acute states, and there is no need to be looking for one simile today and another one tomorrow. I'm surprised at hearing such recommendations from a competent doctor. Does it follow that we ought to recognize the dynamics in the illness and not in the pathogenesis during the remedy testing? Figuratively speaking, these recommendations imply that it is possible to reveal an entire



feature film in a single frame. Sounds like nonsense to me! Not only the pathogeny of the states of the illness must match that of the remedy's, but the logic of the process development as well. The need for nit-picking arises only when the remedy is arrived at partially, leading to the rotation of a number of remedies and hoping for the best.

It makes more sense to animate the picture and turn the flat static snapshot of the pathogenesis into a feature film starring the remedy, where each scene is coherent with the preceding one.

Alas there's no one to learn from other than your own experience coupled with an honest unbiased attitude.

Please note that the whole of the symptom data of the boy's psyche did not reveal itself on day one. I gathered it from across the span of the illness.

The logic of "observing the beginning at the end" underlies the drama we'd just seen, for which the screenplay has been already written and the roles allocated.

It very often happens that you can't read any significant symptoms at the onset of an ailment. In this event all you need to do is simply wait and calm down the parents: the remedy will follow the symptoms!

Once you've gathered the symptoms you get to arrange them in the order of importance. Remember that the *mental* and the *general* symptoms are most important. The backbone of the case is built upon them.

As far as the specific rubrics are concerned, we employ the symptoms that are significantly *unusual* and those ranking among the *general* and the *mental*, namely the ones related to the patient's modalities, behavior, needs, and sensations<sup>42</sup>.

The symptom of *picking one's nose*, for example, should not be discarded simply because Dr. Kent has put it in the specific

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The order of importance is: behavior, needs, sensations, the latter being the most subjective hence the least reliable.

chapter on the *nose*. This symptom has to do directly with the behavior and the needs of the sick, and deserves way more than a passing interest.

The same goes for the symptom *Grinds teeth in sleep*.

When, in a case of coughs, we forgo such modalities as *worse when lying down* or *worse after coming in from the cold*, we risk never getting at the most interesting remedies - *Spongia*, *Drosera* and *Allium cepa*.

The sole reason being that the specific and general modalities of these remedies have been explored at the expense of the mental symptoms.

A bit of creativity will help appraising the rubrics in a way that works for you the most.

Once again, the types of cough will not lead us to the sought-for<sup>43</sup>. The chapter on *Phlegm* is of no much use also.

Look out for the *modality (needs) rubrics*, *sensations rubrics* and *the behavior rubrics*.

With this kind of approach I give the specific rubrics two thumbs up to!

Do not allow yourself to get carried away with a single symptom however promising it might seem. No decent diagnostic program can be built upon a single symptom.

Do not work with a rubric describing a single remedy either; it can fool you. Make a note of this remedy and continue on working with the other symptoms. Resist playing at giveaway against yourself.

If you're being led to the same remedy, great – go ahead and prescribe it!

If not – reconsider your approach, and be critical with the rubric.

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Some sub-rubrics however are well worth attention. The likes of *Barking cough* are well-studied symptoms and should be used in acute cases. *Barking cough* is easy to get at testing, recognizable by all, and can't be confused. On the other hand the sub-rubric *Asthmatic cough* leaves one wondering at what Dr. Kent had in mind since all asthmatics cough differently.

I have long quit using the *Hot - cold* rubrics. They may have worked for Dr. Kent, but in my case they illuminate nothing. I have encountered hundreds of the cold-resistant *Calcarea carbonicums* (mostly children) as well as the heat-loving *Lycopodiums* and *Pulsatillas*. The hot-cold sensations in the body are highly subjective and dependent on the circumstances. We cannot fully rely on them. Many a time have I heard patients making conflicting statements:

- I always feel cold.
- How do you feel in the summer?
- The heat is much worse. Better the winter cold.

How can you tell whether this patient prefers hot or cold? I exclude the cases of *Mercurius solubilis* and *Natrum carbonicum* where the patient is equally sensitive to both.

I only use these rubrics at times when the *hot-cold* symptom has been expressed unequivocally and not prompted by me in any way.

I consider the detailed questioning on the subject to be an incorrect tactic, for any detailed questioning usually takes you too far out into the uncharted waters of subjectivity. I guess I'm yet to master the sadomasochistic art of digging into the deeper sensations according to Shankaran. The only prerequisite will be overcoming the tedium and the fear of the patients' rage.

The *hot/cold* modalities get to be more or less significant in acute states, but still I wouldn't recommend evaluating them through the one-sided Vijaykar interpretation.

The very *Lycopodium* that is heat-producing in acute states can produce a shiver afterwards. By the same token the usually cold *China* might produce fevers. It's easy to make a mistake here.

The Repertory rubrics concerning *Fever, Heat; stages sequence: Shiver leading to fever; fever leading to shiver* are much more reliable. They can be used in repertorization with confidence once the dynamics of the process have been evaluated.

Sometimes in the pediatric practice it makes a lot of sense to begin by healing the mother, especially when she is breastfeeding. As everyone knows children are often mirrors to their parents' issues. Once I was introduced to a pretty six year-old girl who suffered from a bad neurosis. Suffice it to say that she felt perfectly comfortable at the kindergarten, but stuttered and twitched in front of her mother. You may have guessed whom I treated first.

Every once in a while you get a case where the most detailed questioning won't render a single distinct symptom. The patient is seemingly balanced, positive and well fed, but still has a problem. In such a case I start digging out his or her childhood symptoms: fears, habits and food preferences.

I know firsthand that the childhood fears don't disappear but are forced into the sub-consciousness by the grown-up mind.

The pressure of socialization instructs the child to control his aggressiveness, but the symptom remains. Prescribing the remedy requires a native picture, and the doctor turns into an archeologist excavating through the dense lifelong obstructions of upbringing and conditioning.

The intellectual and cultured *Licopodium* type would assure you of his benevolence and good will with the sincerity proportionate to his age. Whereas a three-year-old *Licopodium* would sincerely whack his parents around, throw fits and demands, and behave adequately in the kindergarten in the meanwhile.

This type demonstrates the minimum of two behavioral stereotypes early on – one real one, and the other cultured, so to speak.

Can the cultured stereotype possibly be of any help in zeroing on the similium?

I'm talking here about curing the chronic states whose roots go deep into the past.

This same approach will not work with the recent or acute states, and worse, can lead you off course.

Besides it is explicitly not recommended to use the constitutional remedies in acute states!

If the state is acute we must look for the corresponding remedy, and our prime interest should lie in the *changes* the patient has undergone in the acute state.

If a child gets sluggish it's a symptom!

If a woman ordinarily known for her buoyancy and hospitality turns everyone away when sick it's a symptom as well.

If a child develops the fear of the dark or of dogs – this is it.

If the thirst gets stronger don't ignore that either.

*Changes* is the key word when working with the acute cases.

*We do not need to concern ourselves with any constitutional symptoms when working with an acute state*<sup>44</sup>.

No malignant state, chronic or acute, will leave behavior, needs and sensations unaffected. All you need is to see these changes.

And the other way round, if the behavior and needs of the sick child haven't changed and the child keeps running around that means he'll be able to deal with the problem on his own, i.e. unless distracted by his alarmed parents. Unfortunately this happens to be a big problem of today.

When we're dealing with an acute state, especially in a child, it is paramount to ignore the parents' emotions as much as humanly possible, and arrive at the genuine symptoms.

*Is the child hot or cold?*

Strip the child down to the panties, and watch what they do. A *cold* child would reach for the blanket; a *hot* one would feel comfortable naked.

Open the window and see if the child *enjoys the cool air*.

Turn on all the lights and watch his *reaction to bright light*.

Turn your favorite music up and *observe the emotions*.

Hand the child a few toys and note if he *starts playing or remains indifferent*.

*Is the child thirsty?* Put a glass of cold water, warm tea, milk, and juice in front of the child. What does he choose *himself*?

Do not shy away from experimenting with the child in an acute state. Remember you've got to get hold of the genuine symptoms. The mom's moaning about her son "going into convulsions any moment now" won't do. Every nuance is important in working an acute state: is the child sulky or excited, moody and not wanting to be touched or better off in the parent's lap? Which ear does he grasp? What sleeping position does he choose? Does he prefer moving to sitting still?

If you are working on the case by correspondence (via telephone or forum) tune the parents firmly onto the right "wavelength" of keeping track of all the nuances in the child's behavior. This is an absolute must if you want to succeed.

I recommend consulting "The Theory of Acute States" by Dr. Praful Vijaykar. It will help you find the remedy in at least 50 percent of the acute cases. The author has developed a very clever algorithm for arriving at the simile. It works very successfully along the three axes: activity-atonia, fever-shiver and the degrees of thirst.

I have to note though that Dr. Vijaykar has stretched the facts a bit by excluding from his rubrics such remedies as *Hydrastis*, *Antimonium crudum*, *Euphrasia*, *Arnica*, *Allium cepa*, and *Spongia*.

I can't be sure if he did this on purpose or out of the space limitations, but I rather enjoy the spirit because it leaves the doctor some room for creativity. You've got the right to fill in the gaps by adding the remedies of your own consideration to the pathogeneses. "The Theory of Acute States" compliments Kent's Repertories and the Synthesis very nicely, and you should by all means use it in your work.

I deliberately do not discriminate between the principles behind treating acute and chronic states because, frankly, I don't see any

principal difference.

The doctor has to observe the patient proper and the *state* he is in, not the disease: the *essence* versus the appearances.

## Chapter V

### **Finding the Remedy. Repertorization.**

This seems to be the chief ingredient in our work, the ingredient simple and complex at the same time.

It is simple because it provides the most direct way to the desired goal, and complex because it resists mechanical approach and demands creativity.

I consider Repertorization to be the only sound method of finding the remedy. Despite the rhetoric from some colleagues, no intuition will substitute the conscientious work with the Repertory. I assume there might be one doctor in a million who sports the phenomenal memory of the 4000 tested remedies and their pathogeneses. But to assume he or she can also recall such data at great speed? I don't think so.

My life experience suggests that the erudition and the intellect are two different things despite their obvious connectedness. They certainly do not blend at their extremes, if at all.

Anyhow let's not use a lone erudite like this for a universal doctor's role model.

I find linking a remedy to a specific phenotype to be ungrounded, because the sheer number of each remedy's aspects defies unifying.

In real life we'll encounter an over-weight *Natrum muriaticum* and a skinny and nervous *Calcarea carbonica*, a self-assured *Pulsatilla* and a sanguineous *Ferrum*, a he-*Sepia* and a she-*Licopodium*, an unattractive *Tuberculinum* and unfriendly *Phosphorus*...

Going through the case reports once, I came up with a few dozen different masks that *Sulphur* alone might choose to wear on different occasions.

No wonder I haven't met *Sulphur* still! It's only when working



with the symptoms at Repertorization that I'm being led to this remedy again and again.

Do not heed the stereotypes!

I do enjoy reading books by Bailey, Grangeorge and Coulter, but in my own practice I choose the dead objective symptoms over those described by these authors.

No one has repealed Materia Medica so far, and in some cases, if you haven't got a Repertory at hand, you can try arriving at the remedy via the symptoms complex. This is an alternative way to using the key symptoms. The two are rather different.

This way the information on the allergies to herbs, proneness to edemas, ganglia forming, joint pains, or angina recidivism, almost unmistakably point at *Apis*.

*Sepia* in turn is arrived at through the information on depressions, tearfulness, contempt for consolation, desire for salty and seafood, fatigability peaking at nighttime, female sexual sphere ailments, and proneness to an early-term miscarriage.

Analysis like this calls for an impeccable navigation in the pathogeneses of the remedies, as well as the expert tying all of the symptoms together.

Such expertise cannot be developed before you have studied the Materia Medicas by a dozen different authors, conserved the cream, and discarded the tares.

It is not a secret that the Materia Medicas we use are faulty with static and superficial remedy descriptions, often providing little beyond the author's one-sided views. The symptoms acquired through tests are well described, but we are left to guess about their dynamics and pathological development.

For scrupulous work we need scrupulous Materia Medicas, preferably inclusive of the fullest pathogenesis that has been *dynamically traced* and written in the *Repertory language*! What we do not need is the authors' fantasies about what the remedy might be.

The unified language has been long asked for, and this language

has to match that of the Repertory.

So far I have only been satisfied with the Repertory program developed by E. Filin. It features an option that summarizes the Repertory symptoms within the single pathogenesis.

I recommend to the thoughtful doctors to expand the picture by studying the symptoms in their opposites.

For instance, *Phosphorus*' aversion to sweets when in decompensated state switches to craving for sweets when in compensated state. *Natrum muriaticum* displays the same in regards to salt.

The seesaw principle assures that the “plus” and the “minus” go together.

At Repertorization it makes sense to splice the remedies from the “opposing” rubrics, especially the more important ones like food likes/dislikes.

The knowledge of the pathogenesis and the key symptoms has never hurt anyone. As a matter of fact they are necessary.

And still I would not recommend this way of searching for the like. When I was using the symptom complexes I'd score 40 percent of “direct hits” at the first appointment. My score had risen to 70 percent since I began repertorizing *every case*. Is this not impressive?

Some would argue that the Repertory guides us exclusively to the polycrest remedies at the expense of the lesser remedies. I personally don't buy this kind of critique, and wouldn't recommend you did either.

Firstly, if I'm not mistaken, the Repertory contains over 600 remedies, and you will not ever get to touch most of them.

Secondly, the lion's share of all cases is solved with polycrests, and that's simply what these outstanding remedies are for!

To illustrate the point, out of more than 500 patients I have had in 2009 there has been only one case of *Cantharis*, a couple

*Camphoras*, one *Peganum*, two *Giosciamus*' , and four *Stramoniums*.

Pardon my sarcasm, but I haven't once beheld *Moonlight* or *Raccoon's Milk* in the whole 13 years of my practice!

Who I do see daily though are: *Pulsatillas*, *Thujas*, *Nux vomicas* and *Medorrhinums*, *Phosphorus* ' and *Calcarea carbonicas*.

Once I had *Lycopodiums* coming in for seven days in a row!

Am I not to trust my eyes and go on looking for an exotic remedy despite all the symptoms pointing at the boring *Sulphur*?

Why would one want to do that?

Thirdly and most interestingly, the more objections I hear from an odd colleague the less perfect record they can cite for themselves...

Incidentally, every locale has its own dominating constitutional types. In Saint Petersburg, for instance, approximately 50 percent of the early age pathologies can be covered by the two polycrests: *Calcarea carbonica* and *Lycopodium*.

As you well realize, this is so not because the doctors are unable to come up with different remedies, but due to the very objective reasons; the infamous lack of sun for one. It is a known fact that the adequate carbonic lime metabolism is only possible under the adequate insolation conditions.

I'm assuming that just as any region has its peculiar types so does every doctor attract the specific contingent of patients.

As it happens, I have never met a *Psorinum* patient. I have prescribed Syphilinum a couple times, and the mercury-based medicines four times.

*Sycosis* and *Tuberculosis* enjoy my company. It's high time to consider what ilk I'm with...

You need to master locating the polycrests first; then you can proceed on to *Aristolochia* and *Gratiola*. That is only logical.

All things considered, repertorization is the only reliable way of locating the *simile*. It is a painstaking and subtle task, at times a straining labor, yet nothing better has been invented as of today.

When I repertorize I fall back on the elimination method. As far as prescribing based on how many points the remedy has gotten at repertorization, I would not recommend this practice at all for I consider it to be unsound.

As long as the remedy *covers the case in full* it makes little difference if it has yielded a few points to another remedy.

What is more important is that the patient's pathogenesis includes all the crucial symptoms.

The remedy you have selected has to launch itself into the sea of symptoms and resurface at the opposite shore, figuratively speaking. And if the victorious remedy has initially gathered fewer points than all the rest, so what?

Look at the following case, for example:

10.17.09

The female patient complains of the stuffy nose, acne, myopia, and deficient libido. She now has two children, and was feeling worse during pregnancies.

At the appointment she's being tearful and talkative, overly gesticulating, and not paying attention to my questions. Irritable and abrupt, she used to fight with boys and slam doors as a kid. She spent childhood under her mother's thumb, and didn't have much contact with her drinking father. Grandfather has been suffering from pancreatic diabetes.

She suffers from fears of dark, deep water, loneliness, robbery, death from stabbing, and spiders.

Gets worse after drinking milk. Likes fish, meat, fatty foods, eggs, fruits, and cheese. Doesn't eat seafood.

Let's consider what we've got. The most prominent symptoms, the ones we notice right away are: *talkative* and *tearful when talking*.

These symptoms can be observed directly, they are objectively

characteristic of the patient's *behavior*, and therefore they are the major ones.

They are ought to be found in the pathogenesis of the target remedy, and cannot be compromised.

What sort of compromise do I mean?

We will often find ourselves in a situation where we are unable to bring the whole body of symptoms to a common denominator, and are forced to combining them this way and that way in order to solve the task.

Feel free to try different combinations, lay out a few different repertorization schemes, but never discard the objective symptoms!

(Unless you are not 100 percent positive about them.)

If you learn that the child *cries* or *talks during sleep* from his mother's words you may as well consider these symptoms objective because they have been objectively observed.

Let's look into the reported *fear of dark* and *arachnophobia*.

All fears are important symptoms for sure, however we learn of these things exclusively from the words of the patient, least we'd witnessed their spider encounter in person.

Consequently treat these symptoms as subjective.

Should any one of them fail to show in the pathogenesis of the remedy, feel free to discard it however reluctantly.

Dr. Kent has done a great job on fears, and you can employ the *subject* fears (of *dogs*, *loneliness*, *poverty*, etc.) in your work with confidence without matching them to the general rubric. Don't forget to check with the links and add the missing remedies.

I never use nor recommend such ambivalent rubrics as *fear of the worse* or *fear lifelong*; I've no clue what Dr. Kent has meant by the lifelong fear.

The doctor's aim, when choosing the remedy, is to build up the most objective vision and put aside everything ambivalent and

subjective.

Simply speaking, the symptoms are ought to be reliable to the max, free of any subjective amendments from the doctor, the patient, or Dr. Kent himself.

Arrange the symptoms according to Kent, but at the same time do question yourself as to whether each symptom is *objective* or *subjective*.

If the symptom appears subjective, is it *trustworthy* or *unreliable*?

Finally, appraise the symptom by asking yourself:

Did I hear it stated clearly or did I have to force it out of the patient?

Accordingly I would likely sacrifice the statement “I guess I’m afraid of the dark”, but jump on “Oh, cheese I can’t live without!”

This cheese symptom is clearly a general one, and should logically give way to the Psyche symptoms.

However, the fear of dark had sounded rather unconvincing, and so we categorize it under *subjective unreliable*.

Desire for cheese sounded convincing and we have no reasons to doubt it, hence *subjective trustworthy*.

*General subjective trustworthy* certainly sounds better than *psyche subjective unreliable*!

Keeping in mind that the *food preferences* spring directly from the patient’s *needs*, we can put this kind of symptom at the head of the list in all confidence.

Do not forget of Kent’s small article on the Repertory Use. It may take a few readings to digest the full meaning of it.

Feel free to exclude the general rubrics from your work.

The net should be drawn reasonably wide if you want a good catch, but not as wide as the river. Or else we get more fish than we can carry.

The simple task is to narrow down the field of our work as much as possible. The more distinct the symptom the easier it becomes

to find the matching rubric.

By the same token we are only allowed to skip the bigger general rubrics such as *Fear*, *Anxiety* and *Delusion*, for they are bulky and relatively useless in practical terms, and only under the condition that we know what we're looking for.

As far as the smaller rubrics like *Hits (fights)*, *Bites*, *Jealous*, and so on, I recommend studying and combining them with the sub-rubrics as widely as possible. The general *Jealousy* rubric should preferably be combined with the specific sub-rubric, for example, *Jealousy in children* (if a child is being treated), and added by the linked remedies of *Envy* and *Quarrelsome out of jealousy*.

This is the only way to assure the symptom description is complete.

*These rubrics become more or less reliable when they are combined with the corresponding sub-rubrics and cover the linked rubrics to the maximum.*

Whenever I see a remedy represented in a sub-rubric but missing from the general rubric I fail to comprehend Dr. Kent's train of thought.

One would expect the general rubric to feature all the remedies represented in the sub-rubrics, yet Dr. Kent had decided otherwise...

While following in Dr. Kent's footsteps we should not forget supplementing the general remedies by those from the sub-rubrics. The extremely negative *Medorrhinum* cannot be located in the *Hits (fights)* rubric regardless of this type being an unambiguous bully. You will come across *Medorrhinum* only after having made up the list of all the sub-rubric remedies.

Let us go back to the case.

As far as the general symptoms we've got a decent fetch from the *Food and drink* rubric: *worse after drinking milk, desire for eggs*.

These symptoms are definitely worthwhile and significant enough to count among the *patient's needs*.

Let's consider them reliable but rate them third by our scale.

I recommend being very careful with the food likes/dislikes, and writing down a column of the remedies from *all* the sub-rubrics.

It doesn't matter so much if the patient likes or dislikes fish. What does matter is his having an attitude about this particular kind of food.

Remember that wherever there's a plus there's a minus; these signs are fond of trading places...

Before I begin making the column I'd like to share a little professional secret: after you have sorted out *exactly* what symptoms go into the repertorization, start with the smallest rubric featuring the least number of remedies. This will simplify your work.

*The order of the summands doesn't affect the sum*, as we all well know.

Inversely, if in doubt regarding the selection go ahead and start repertorizing with the psyche symptoms, as the classics have ordered. These symptoms have got to be positively objective though.

Be extremely precise when listing down the remedies! Take, for instance, the symptom of *Crying/talking/illness about*. You will find the Repertory links pointing at the similar symptoms: *Talking/worse* and *Thinking/illness of/worse*.

Look through these rubrics and include the missing remedies in your column. Combine all three rubrics into one.

Do not get carried away however, and only select the links that correspond to the symptom meaningfully. The reliable *Crying/talking* symptom will render a whole bunch of remedies and lose any meaning when buried under *all* the corresponding links and hyperlinks.

The art of repertorizing is not all that difficult if you apply the intelligence at the right moment.



<i>Crying when talking</i>	<i>Talkativeness</i>	<i>Arachnophobia</i>	<i>Desire for eggs</i>
<i>Carc</i>	1	1	2
<i>Ign</i>	1		
<i>Kali-c</i>			
<i>Med</i>			
<i>Nat-m</i>	1		
<i>Puls</i>			
<i>Sep</i>			
<i>Sil</i>			
<i>Staph</i>	1		

Pay attention to the fact that in each column we're dealing with the remedies from the previous column as opposed to the initial variety of remedies.

When going from one symptom to the next do not ever think twice about discarding the entries you are not seeing anymore – until you get to the sought remedy.

This is the eliminating method at work, and I can't fathom any other when working with a Repertory.

The repertorizing results lead us to *Carcinosinum*.

Let's doubt this decision one more time, go back to the case history and make sure we haven't overlooked anything.

Oops, we'd left out such promising symptom as "under mom's thumb"!

Open the *Consequences/disease of* rubric (Synthesis, p. 159), find the sub-rubric *Power over/strong influence by someone else's will*, and see *Carcinosinum* as the only remedy there.

Remembering the diabetes being present in the family anamnesis leaves no further doubt, and we can now prescribe *Carcinosinum*.

In order to work successfully with the Repertory one has to be

keen on synonyms because it is not always obvious what a particular symptom may have been listed under. For example we won't find *unpunctual* in the Kent's Repertory whereas the rubric *Late/late always* is present along with its sub-rubrics.

A Thesaurus at hand hasn't hurt anyone.

Mastering the Repertory is akin to mastering the violin. You can be satisfied with your work only when you get to know your instrument intimately and play in tune. The task is a laborious one but can be made creative!

It is important to harbor no illusions and expect no miracles when repertorizing. The Repertory in and of itself is but an instrument to assist you in finding the right remedy. The knowledge of this instrument is sure to come once you know what your goals are!

Once again I warn you against the temptation of squeezing all the patient's complaints into the Repertory. This inanimate entity and the man's unique unpredictable nature are two different things. Your task lies in finding a happy compromise between them and learning how to read from both.

Often you will find the remedy without a single key symptom, yet more often there will be a few, but no matching between the small symptoms.

Don't be alarmed and turn this into a tragedy.

Man's life is more like a movie (no one is going to see the end of) than a two-dimensional photo from the *Materia Medica*. And the patient needs the remedy today, not when the pathogenesis of his own suffering will have developed into the full pathogenesis of the tested remedy. You have no choice other than setting to work with whatever there is at hand.

Do not waste time searching the Repertory for something it does not contain. Think of the Confucian black cat in a dark room. The mysterious thing can be cute but not worth looking for since it may not even be there.

You will be obliged to combine the symptoms in various ways

even within the narrow psyche and general selection before you see the light at the end of the tunnel. Rarely in your work will the ultimate remedy be found at the first trial.

Everything in this world is relative, and so will be the validity of the symptoms you'd gathered. Do not hesitate to doubt it even when your work is in progress.

If *desire for smoked foods* doesn't fit in the pathogenesis, lose it.

The same goes for *improvement in wet weather* if it fails to match the overall picture.

If *throws things* has fallen out of the picture, put it aside.

If nothing else works then try employing the discarded symptoms. It often happens that they are the valid ones at the end of the day...

Just remember that if you have been competent all along, the sought remedy is definitely to be found among your symptom selection. All you have got to do is to recognize it and navigate to the opposite shore!

A piece of advice for the beginners: work with the paper Repertories as opposed to their computer counterparts during the first 2-3 years of your practice. This will build up your familiarity with the rubrics and the remedies therein.

Computer programs are only effective when you're dealing with the large numbers of patients.

If the valid symptoms are lots, divide them into 2-3 groups, and work through each one separately. This approach is rather helpful both in terms of practicality and gaining the experience.

Do not get carried away and do know where to stop when building an anamnesis. In my practice I recall the instances of finding myself at sea of information, and almost drowning together with the results of my work.

Nowadays I sometimes cut the patient short once all the puzzle pieces have fallen into place and any further information would be superfluous.

Especially uncomfortable situations are those where I'm seeing a patient for the umpteenth time only to realize that I'd lost all sharpness of vision.

Any further work with such patient would deem useless, and he/she is better off referred to a colleague.

This very person might be back in a couple years, and it's no surprise that I'll be able to find the remedy right away.

It looks like the Middle Way is most crucial in our endeavor, and any excesses in communicating with the patient or gathering symptoms might veer one off course.

Explicitly, do not get carried away by first impressions and vivid symptoms!

An exalted 30 year-old female patient is wringing her hands and sobbing at the appointment. She suffers from an obsessive-compulsive neurosis that forces her to run back home a few times in a row to check on the stove, the iron, the door locks, etc. She is ever hesitant about buying, spending hours in front of store windows not sure if she needs something. She considers herself cheap, sees everything in dark light, and gets worked up over her negativity. She is plagued by the fear of cancer and real cardiac pain that would last for weeks at a time. Things have gotten worse after her mother's passing away, which she blames herself for. Can't stand consolations and being touched by others, fears violence, poverty and large crowds. When the nettle rash develops from humidity or cold the woman feels suicidal, but has never truly considered any scenario. She prefers marinated and salty foods as well as fish and chocolate. Does not like coffee and dairy products. Feels worse after fatty foods, sweets and bathing.

While listening to this patient I was choosing between *Ignatia* and *Sepia* in my mind, and only got alerted to her mentioning having been treated with both and *Natrum muriaticum* at the hands of the

previous doctor.

I was extremely surprised at the repertorization leading me to *Calcarea carbonica*<sup>45</sup>.

The great dynamic that I saw on *Calcarea* made me reconsider the value of the initial impression once again.

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45

The symptoms this case presents are more than plenty. Try repertorizing it yourself by elimination from a few different sets.

## Chapter VI

### **Prescribing.**

Even though the case has been verified from every angle, it is well worth one closing benefit of doubt. Locate the remedy description in the Materia Medica, and make sure the task has been solved.

We know practice to be the sole criterion of the truth. Only after having done the prescribing would the doctor know if he'd been wide of the mark or hit it right on.

If in the former case the organism usually ignores the potentiated remedy and treats it as it would any food intake. However there are exceptions to any rule, and in Homeopathy especially such exceptions may present problems to both the patient and the doctor. The extent of the problem varies depending on the potency of the remedy. For this reason I begin treatment of a questionable case with a single low potency dose of 6c-12c<sup>46</sup>.

Only the low dilutions are usable in acute states! They only work for a short time and they are distinct. Once you know you've hit the mark you can select an optimal dilution at the next appointment.

In case you've missed, one week would be enough for the organism to be completely clean of the substance, and you'll work from scratch once again.

And if the proving has gone undesirably, a low potency remedy isn't hard to antidote whereas the proving itself won't take months, as in the case of the high potency remedies.

For example, a 13 year-old girl suffering of dermatitis receives a 6c remedy in December 2008, then a 12c in March 2009, and is perfectly healthy by October!

I cite this example specifically to demonstrate the time span and

<sup>46</sup>

I have to admit that every case is questionable to me, until I get to see the distinct dynamics.

the effectiveness of the lower potencies.

In our department there is a persisting myth of the lower dilutions working the bodily level, the higher ones the psyche, and the medium elsewhere...

I can say with all certainty that this thinking is totally ungrounded. Once the remedy's hit the mark, it shows immediately, unmistakably, and on all levels, its potency notwithstanding!

The affair many a doctor is having with the high potencies I regard as thoughtless recklessness.

No doctor is perfect and even the best of us inevitably miss a shot now and then. I have yet to meet a true Homeopathic virtuoso, and regard myself as a capable apprentice at best.

We better think of the troubles we may cause our patients through being overly presumptuous.

*The higher the dilution the longer and more powerful is the remedy's action.*

I wish every healer would imprint this notion into their conscience, and use it as an eliminating filter in their everyday work.

The higher the dilution the harder it is to cancel the remedy's action.

I repeat once again that I am not against the high dilutions per se. Moreover, they can often be the only means of "closing the file". Everything is good in its season. Do not pick grapes in the early summer, nor harness the cart ahead of the horse.

One other reason I recommend beginning work with the low dilutions is that our pharmacies can only provide decent remedies below 30c, and fail anywhere above; or rather they don't care to bother with the high potencies.

The Russian pharmacies are an additional pain in the neck for the Homeopaths. You can't prove anything when a badly prepared

remedy throws a proving at you in place of the healing effects. I had to let hundreds of patients go disappointed only to find out later that the remedy had been faulty.

As far as Russia is concerned I only refer my patients to the time-tested pharmacies and recommend ordering the high potencies abroad.

So far the Indian pharmacies and the Buaron firm have not failed me.

I believe using the Little method in prescribing remedies to be unwise. It takes a few minutes to 1.5 hours for the correct remedy to start working in an acute case. This is way faster than the consecutive administration of three liquid doses.

If you notice no dynamic after 1,5 hours, continue on searching for a better simile. But no repeating of the remedy! And no repeating the dose according to Little. That would be a gross error resulting in the symptoms inhibition.

Naturally you don't want to repeat the remedy if the dynamic is there. Remember Dr. Kent's admonition: Hands off the patient! Give them the dose and wait.

Multiple administration of a remedy will lead to the direct opposite result and may turn the process chronic in the healing's stead.

Our goal is to create the paradoxical phase effect.

This is only doable by means of a gentle singular push, not the carpet-bombing of the patient's cortex!

The only allowance I grant the Little method, as far as acute states, is in working with specific groups of the elderly and the extremely weak. You can't count on quick effects, and extra caution is advisable.

I recommend administering the remedy in liquid dose, according to Little, to *all* patients at times of full moon and solar activity. Such phenomena had been plentiful as of late, as I keep seeing inadequate reactions to the potentiated remedies all around.



You can also look into the partial anti-doting possibility: a cup of coffee can be enough to normalize the dynamics.

An antidote is an indispensable component in the practice. I instruct my patients to always have a small vial of Tiger balm handy. Dipping one's fingers in it will be enough...

Do not make a big drama out of anti-doting. Man is an infinitely complex biological thing, and a measure of uncertainty is forever guaranteed in any prescription work.

Fortunately *all* of the negative effects are reversible in Homeopathy, unless the doctor overindulges in his erring.

By the same token I wouldn't recommend prescribing nosodes anywhere below 200c, and only once for that matter. I cannot quite explain why that is, for it's not the intelligence speaking but rather the aestheticism.

Intelligence does have something to say on the multiplicity factor though. The nosodes work for a long time, much longer than the regular remedies. I have accumulated many cases where the single dose of *Medorrhinum* or *Tuberculinum* have triggered the dynamics lasting for months, or even over a year!

Considering that the nosodes reach a degree deeper than others one can imagine what havoc they are capable of if mistreated.

Perhaps a nosode should be only given once in a lifetime. Besides it is a constitutional remedy, and being such, should never be prescribed for an acute state! I personally haven't seen any evils brought about by the nosodes, but assume it is possible if the *simile* is only partial and the state is acute.

I have mentioned already that the remedy is only administered in a single dose. James Taylor Kent has said this before me. Many experts have arrived at the same conclusion, Samuel Hahnemann included.

And still the "Organon" recommendations regarding repeating or non-repeating the dose differ from edition to edition, adding to the

confusion.

I'm often thrust the sixth printing of "Organon" under my nose and questioned triumphantly:

- Just whom do you think you're trying to teach? Look at what the founding father had to say on this...

Let us figure it all out to the point and without the unnecessary emotions. The truth is not many but one.

It is just recently that I'd started to notice that my opponents and I are talking of different Homeopathies all together.

Surely, the Homeopathic pellets work in different ways, and multiple doses can sometimes substitute a single one. However the results of these two approaches are as much different as the principles behind them. I have tried both, and can rightfully ask any of my opponents:

- Have you tried the other way, and have you the results to compare?

The difference is vast.

The reaction to the remedy has got to be distinct, graphic, and good-looking, if you will – all of it, starting from the overture!

A reaction like this, slowly leading to the Hering, I only observe when the following three conditions are met:

- The remedy hit the mark,
- The dilution was optimal,
- *The dose was one.*

How shall I reply to the opponents? What is there to say? Need I to describe the taste of the fruit they haven't bitten?

I'm tempted to doubt my opponents' having ever encountered the Hering or seen a single case to its completion.

The mechanisms at work in these two administration scenarios are totally different. I have written about this already, and will have to

admit that both are Homeopathic, reluctantly as it is, and on condition that the remedies are potentiated in both cases.

The multiple dose effect is radically different from the single dose, and is essentially comparable to an Allopathic effect!

This means *inhibiting the process*, not solving the problem.

Anything Hahnemann could have said is pardonable by his status amongst the greatest discoverers and experimenters. He's been experimenting with doses all his life. But, there is a great distance between an experiment and a real life situation. Therefore the experiment results, especially if contradictory, should not be venerated as the absolute truth. Having come of age in the totalitarian regime I can smell them absolute truths from a mile away, and am fed up with this putrid product for the rest of my days.

The only criterion of the truth is the practical experience.

The discoverer shows the way, and it is up to the followers to figure if the way is correct. They are testing the truth by *practice*.

It seems to me that Kent has had more practice than Hahnemann himself; if only so because Hahnemann has done so much more for Homeopathy, and may not have enjoyed much spare time to dedicate to the patients and the studies of their dynamics.

On no grounds can I doubt the sincerity and the bona fides of both gentlemen. Hence my choice will be based on the practical experience – both of others' and my own.

My path to Homeopathy has not been an easy one.

Suffice it to say that 16 years (out of the total 30 of my being a doctor) were given to Allopathy. I regret this somewhat.

Since my interest in the functioning of the living systems is an old one (I started working on my first book "Philosophy of the Living Organism" when I was a sophomore in 1974), you can imagine the hopeless dead ends I were led to by the Cartesian tracks as an explorer. I was forced to abandon my project and didn't touch it

for the next seven years. The blunt asininity taking hold in the national public health has started getting to me, and after 16 years of working in the field I quit and resolved to never going back there again...

In those days I distanced myself from Homeopathy as well, associating it mostly with the herbalife and bio supplements that were in much vogue at the time. Any one with a set of eyes could see those phony things were pure commerce and had nothing to do with medicine.

Fortunately I was blessed with the competent teachers when my interest in Homeopathy finally arose.

Although I have not veered much from the classical Homeopathy, I have explored the different routes that were recommended to me. I have dabbled a bit in poly prescribing and the Foille method, but abandoned both pretty quickly.

Then came the method of “here’s the vial, take five pellets thrice a day from now on...”

I’ve also looked into the drainage and the complexon medicines... Then came the infatuation with the high dilutions.

At some point there was nowhere to go and no one to learn from. In the infamous 1990’s the mere thought of traveling to far-away cities and taking specialized courses seemed hopelessly utopian. I was left to the mercy of books, work and observation. I derived conclusions from the casual self-experimentation and monitoring the patients.

Amazingly, my conclusions turned out in agreement with those of Dr. Kent’s!

At about the same time my writing on philosophy of the organism got going once again, and the fragments started falling into a coherent whole.

The newfound Homeopathic outlook allowed me to finally break through the concepts that have seemed un-penetrable thus far.

“The Philosophy” was published in 2000, and at that instance my biography in the classical Homeopathy has kicked off.

Other people's experience is a good thing but nothing beats your own, as your own mistakes are superior tutors.

I have arrived at the Kent's school of thought via my own experiences and by the scientific hit-and-miss method. This is the only reason I can't help getting annoyed with the scholastic dogmatism of the opponents pointing at the books I haven't read.

After all, I'm interested in Homeopathy for the very reason it gifts one the freedom of looking at ordinary events from extraordinary vantage points. The living systems' functioning has been, and still remains, my prime interest.

The Hahnemann's papers are a topic in itself. I have made numerous attempts at approaching "Chronic Diseases" from all possible sides, but failed to manage the whole thing. Still longing to perceive the evolution of the author's thought, I studied the 5<sup>th</sup> and 6<sup>th</sup> editions of "Organon", albeit with much difficulty.

I have to say these texts are hardly readable. The compound sentences and cumbersome phrases quickly sink my attention, as I desperately try unearthing a coherent thought amidst the ponderous archaic literary style.

If it weren't for some good results my work was beginning to show at the time, I wouldn't be able to overcome my initial lack of confidence and plain feeling dumb.

A more clear-headed reflection convinced me that the books being passed off as Hahnemann's Russian translations were nowhere close to the original works.

I can't possibly doubt Hahnemann's thinking having been highly elegant and clear. The one who thinks clearly writes clearly. This is common truth that requires no verification on my part.

I have studied literary styles of the XVIII-XIX centuries in my lit student years, and can assure you that Hahnemann could not have used such hideous language. Keep in mind that he was fluent in six European languages and worked as a scientific translator before inventing Homeopathy.

As far as the Russian translation goes, it was not even done from

the original Hahnemann's language, but from an outdated English translation.

You can imagine the generations of confusion solidly imbedded in the Russian version!

To do Hahnemann justice among the Russian readership, his works should be translated anew from the old German to the current Russian.

Needless to say, the future translator has to be familiar with Homeopathy in addition to having met all the usual rigorous professional requirements.

Moreover his familiarity with the topic has to extend way beyond the complexon medicines distributed by Heel, Inc. Otherwise the clarity of the original will be jeopardized again.

To finish this topic I will quote the famous Stanislavski verdict "I don't believe!"

I don't believe that the inventor of the most eloquent and detailed *system* has failed to leave us any sensible directions in regard to the administration ratio of the potentiated remedies.

I don't believe that the scientist responsible for the miasmas theory has only come up with vague definitions and long-winded ramblings to support it.

I don't believe Hahnemann hasn't been aware of such crucial issue as the *dose*. The last pages of the 6<sup>th</sup> "Organon" edition are dedicated to this issue, but the translation makes it increasingly hard to comprehend the thoughts of the Master.

My own observations lead me to believe that Homeopathy leaves no room for the very term *dose*:

one pellet, or ten, or the whole batch, would work equally well, for the quality matters more than quantity.

I have also observed that the burden of miasmas becomes a secondary topic once the correct remedy had been found. Same goes for *posology* in Homeopathy in general. First you must find the remedy, and the optimal dilution will follow shortly.

Everyone knows and agrees that most of our remedies are tri-miasmatic.

I know first hand that the single dose works accurately, reliably, in keeping with Hering, and surprise-free, whereas any “bombing” with any remedy formulas is fraught with symptomatic inhibition.

I would much rather believe my own eyes than a questionable translation. How come the two never correlate? Why is it that I never run into these conflicts with books written by Kent?

Perhaps some of my colleagues have deeper insights into the issue, and would be generous enough to enlighten me.

Or else I will teach myself the old German and summon the answers from the original.

I have saved a few conclusions to end this chapter.

Homeopathy is a thing in itself.

A thing can be seen from many angles, but is made a relevant use of only when one follows the instructions. Misuse might cause havoc.

I believe that Hahnemann has left us infinitely more than can be gleaned from the poor outdated translations.

I am certain that Hahnemann has formulated the single dose principle prior to Kent. After all he mentions in his “Organon” the ample effects of the *single* medicinal vapor inhalation...

## Chapter VII

### **Hering's Law of Cure. Conducting the Case.**

Do not ever share the responsibility for a patient with any other doctor. Either you take it upon yourself in full, or risk joining with the many physicians who have killed the king, as the saying goes. To say nothing of the seemingly benign physiotherapeutic procedures or a trivial dental appointment that can upset the dynamics just like that. Combining Homeopathy with Herbalism or Allopathy may steer the dynamics toward ways unknown to science!

After the *similimum* has been found and the remedy administered, you embark on what appears to be the hardest of phases: conducting the case.

One asset that is usually most lacking in both the doctor and the patient during this phase is *patience*.

We all tend to forget at times that shortcuts lead to long delays.

We will be dealing with an individual healing algorithm and an individual healing pace in each case.

Both are up to the organism to set while the pace would also depend on such particulars as the patient's age, life energy reserves, the predominant miasm, the severity and maturity of disease.

I want to make clear that the Homeopathic pellets per se cure nothing. The correct remedies merely point at the correct ways of healing, and the organism does the rest.

There is nothing we can do to expedite this process.

There is much we can do to slow it down or halt all together by an untimely haste.

Only after having smartened up a bit, I agree with Dr. Kent in that *slow and steady* wins the race.

I'm never in a hurry and keep instructing the *im*-patients:



- *Stay put, and watch out.*

As a rule, ten days are enough to clarify a *chronic* case and see if the remedy's working or had been a miss.

Although I have seen a few cases where the distinct dynamics could only be observed after three weeks.

Or else the effects are obvious right away but they are too abrupt and painful.

This generally happens during equinoxes, solstices and full moons. Checking with an astronomical calendar would be of help.

A cup of coffee may be enough to restore the balance in cases like this; it won't cancel the remedy but will quiet the loose wave.

An initial aggravation lasting a day or two is a good sign. Inversely, you should be alerted when none is happening.

The patient needs to be forewarned and instructed to bear with an aggravation and stay away from any soothers, Allopathic or otherwise.

The patient deserves to be spoken to plainly and frankly. He is the principal character and you may jeopardize the positive outcome by failing at establishing concord. Any of us can think of a good number of cases gone to pot due to the basic misunderstanding and ignorance.

We shouldn't limit our attitude to the mechanical "*I came, I saw, I selected...*"

The patient will carry most of the burden. He/she will have to retain courage in the face of all the aggravations, learn self-observation and sustain it to the end. No healing will proceed without the mental effort on the part of the patient. Unfortunately, some have panicked at early aggravations and foregone further treatment.

Spend some time on these issues with the patient beforehand:

- There's no other way to good health. Get yourself ready for some serious work.

The dangers of an accidental anti-doting need stressing at the very first appointment. One is better off following the Hahnemann's recommendations on the matter than reinventing the wheel. Therefore I reiterate to every patient:

- Homeopathy is capable of working once and for all. Yet for all its wonders the healing process itself is quite fragile. If you break it, chances are I won't be able to restart it.

This helps, you know.

As far as restarting, I have observed that, once anti-doted, the desired effect couldn't be replicated on the same remedy, nor a different one.

Not to mention the instances where the patient fails to react to any potentiated remedies at all following a series of mal-prescriptions.

I demand of the patient not only an overall acquaintance with our topic but also knowing the Hering's Law by heart.

Does this make any difference?

It does, too, for it assists one in overcoming the remains of Allopathic stereotypes and the respective lifestyle, and tunes one into a mindful cooperation with the doctor.

Here's an example:

A dermatitis stricken child is prescribed *Arsenicum album* at 12c. A call from the rejoiced mom follows in four days:

- Everything's great, doc: first the legs got clear, then the fanny, and the rash was gone from the face yesterday. He'd began to cough though...

Do I need to describe how I felt after hearing that?

It took a good twenty minutes of her sobbing and my reasoning to convince the mom of the immediate urgency of anti-doting.

It was only later that I had found out about *Arsenicum album* being known for treachery in the dermatitis therapy, and remembered a similar case from ten years back.

I deem it necessary to spend a few extra minutes with a mom covering the basics and making sure we speak the same language:

- From now on you are to be a permanent nurse, the doctor's eyes and ears, paying good attention to detail, and keeping track of the dynamics!

It is hardly possible to explain the Homeopathic principles to a young mother who had just seen every specialist there was at her local polyclinic, and completed the full vaccination program for her baby...

Unfortunately I am forced to discriminate against the unprepared and random patients.

Getting to know Homeopathy surely requires time and dedication. It is only when I see those have been duly applied, and the mom's interest to be sincere and open-minded, I'm willing to fully give myself to support and encouragement.

It has been confirmed to me many times that working with the "uninitiated" is mostly fruitless.

Homeopathy is the lot of the broad-minded, and we'll leave it at that.

An emotional mom can be forgiven an ignorance of the *holistic* approach, but in the case of a doctor it spells professional unsuitability. Alas I have had encounters with the colleagues who couldn't tell black from white, and heard them beg to never see a Hering. Thus, one more time:

The symptoms proceed *from above downwards, from within*

*outwards, from a more important organ to a less important one, in the reverse order of their coming, according to the subsiding wave principle.*

I have added the *subsiding wave* part myself, for I consider this to be an integral amendment.

The healing's motion is indeed akin to the wave's ups and downs. Both the patient and the doctor must be aware of it to make their job easier. I explain to my patients that the initial aggravation is followed by a distinct betterment, then worse again, and so on, as the remedy is literally shaking the fleas out of the system.

The more adequate the patient's expectations the easier the doctor's mind the higher the mutual confidence in the happy ending.

The Hering's Law is an important benchmark in the healing process. As long as we can see the Hering like dynamics, we can be sure that the remedy has hit the mark and will do the job properly, unless the patient (or the doctor) gets in the way.

Once the process has started you may as well forget the original diagnosis the patient has come in with, and rest assured.

The patients are not even invited to spell out their diagnoses at the first appointment, just in case they scare me off...

I'm surprised at the doctors confiding their doubts at times:

- The remedy had caused a terrible rash! What if it never goes away? What else am I to prescribe?

Doubt is only worth it when there's room for it. The rash will go. The Homeopathic method is correct because it is reliable and vice-versa!

The colleagues who have had the experience of tracing the dynamics according to Hering even once would know exactly what I mean.

Mark my words: the healing proceeds according to the subsiding wave principle.

Nature in general and human nature in particular knows no linear processes. Those rashes will keep appearing and disappearing wave-like and diminished with each turn: from face down to chest, arms, stomach, etc. The colds will manifest themselves before going away, so will different aches and pains.

This is a perfectly normal process of the tide playing back the old suppressed symptoms, including those the patient has long forgotten. Our bodies have infallible memories.

The subsiding wave principle assures that the aggravations diminish with each occurrence whereas the improvements grow and endure until the wave dies down.

No need to worry when you're seeing this take place.

Dr. Kent himself has noted: "While the healing reaction is in development any interference is futile, not to say fraudulent."

We must heed the classic and warn each other of fraud.

Here's an excerpt from an ankylosis patient's letter.

On the positive side:

- No acute pain throughout the entire period. The numbness only remains in the big toes.
- Some pain remains in the small of my back, but I can stand straight and walk without bending down.
- Hips don't bother me too much.
- I sleep well.
- I've gained a kilo and now weigh 65.
- The mood, confidence and activeness are on the rise.
- The movement (sit-ups, turns, leans) has got easier, as of day 95.
- I can move around my room using the cane with confidence, as of day 95.
- No complaints
-

The positive remedy dynamics prevail.

According to Hering:

Days 72 – 81: improvement;

Days 82 – 94: aggravation;

Days 95 – present (day 101): definite improvement.

The duration of both aggravations and improvements gets longer:

Improvement: 5, 3, 6, 8, 10 days.

Aggravation: 3, 8, 7, 10 days.

Next wave hits:

Days 76 – 78: Eyes and forehead are aching as if I've got sand in my eyes (day 57 was similar but less painful – just a speck in the eye by comparison).

Days 79 – 95: vague pain all over the body, especially in the knees. The pain is moving downward from the lower back to the feet via thighs and knees.

The previous couple waves lasted 17 and 19 days.

Days 24 – present: rash in the back of my hands, getting better gradually.

Days 76 – 100: hand muscles started to ache, then alternately, shoulders, elbows, and wrists.

Aggravations last longer during the full moon periods.

However the improvements are onward and the aggravations are noticeably less each time.

Graphically it looks something like this:

$$\begin{array}{c} \text{Up – down} \\ \text{Up – down} \frac{\quad}{\text{Up – down}} \end{array}$$

---

---

down

present

---

time

My ability to walk largely depends on my left knee (that was the first to ache) and the lower back...

I have quoted the report at length. Despite being on the incoherent side it is more convincing than any scientific monograph. The dynamics described were prompted by the single dose of a nosode at the potency of 200.

The Hering's presence is obvious on both the bodily and the psyche levels right away.

The psyche is primary and the improvements in mood, performance and behavior are the *unmistakable markings* of the healing process getting underway, even though the bodily sphere may have gotten worse momentarily.

I remember reading an aggravation report from a Boston breast cancer patient: "I was climbing walls from pain, felling content like a child at the same time!"

Not a successful piece of PR, I admit, yet a perfect Hering at work: a scissor-like combination of the bodily and the mental!

Do not panic if a patient reports of the rash moving downward and the pain lessening, but fails to notice any progress in mood and behavior. Not everybody is keen on these subtleties. The main thing is that the patient's condition is improving. Most likely, Hering that is, and *Hering is never partial*<sup>47</sup>, so stay put and wait for the changes to get more distinct.

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Unless the patient has hindered the process with an antidote. A recent example: a child loses rhinitis but gets a dry cough out of the blue despite the definite Hering going on. A closer examination reveals that the good dad had tried alleviating the child's suffering by rinsing the latter's nose with a brine. That seemingly innocent procedure has pushed the illness from the nose to the bronchi.

It is a different story when the patient reports feeling worse, doing less and misbehaving.

Any positive bodily dynamics notwithstanding, this spells an obvious *anti-Hering*, and the remedy's action has got to be cancelled immediately!

Refrain from any judgments during the first three to five days following the taking of remedy. The initial reaction indicates the system's re-adaptation and can be totally chaotic.

This chaos has got to touch upon both spheres, the bodily more so. Let's memorize one simple rule:

*No wrong or partial remedy will ever induce the Hering dynamics.* If you are seeing the Hering the remedy has been selected correctly!

Naturally, exceptions to this rule do occur, but you have to be especially critical in such determinations.

The multiple sclerosis patient, whose case I describe in the Introduction, has reported a rash moving upward along with an overall stable improvement. Quite alarming!

I invited the young man to come see me, we got his mother on the phone, and she revealed that back in infancy the first rash had spread from top down.

In other words, at healing the rash was moving backwards! Given the overall positive dynamics I had to concede the remedy was working properly.

As an aside, if that infancy rash had spread and gone from top down, the organism clearly could have taken care of itself back then. That didn't happen; instead the lame therapy has given the child neurodermatitis, and the equally lame subsequent procedures pushed the process deep inside onto the myelinic layers.

Calm is a must when evaluating the dynamics. I normally ask the patient to call with an account in ten days. If no effects are observable, give it another ten days. About three weeks' time is



sufficient for a debut.

In a week or two the patient will experience an aggravation, and the downs will continue resurfacing throughout the healing process like waves.

Don't rush to revise the prescription, calm the patient down and calm down yourself: nature knows not linear processes.

Each patient will demonstrate his or her own peculiar cyclicality. So far I haven't deduced any pattern in the ups and downs fluctuation, which is only logical, provided the sheer variety of the specific factors.

The only aspect you can be sure about – and impart to the patient, is that the aggravations keep diminishing in intensity and duration, whereas the improvements keep swelling. Although, even this is subject to change without prior notice... Every now and then you'll run into a definite aggravation going on against a seemingly stabilized background.

No big drama here either: late frosts do happen at the height of spring!

In situations like this I tend to blame the Universal rhythms that are beyond any doctor's power.

We all are directly affected by such phenomena as solar activity, moon phases, seasonal and annual rhythms, leap years, and so forth.

An overlapping of the Universal rhythms and the patient's own obviously results in an aggravation.

Wait till it's over and see the remedy still working! Keep in mind though that these exacerbations shouldn't last too long.

A correlation inevitably comes to mind that the worse the crisis, the sooner will the positive dynamics develop; the more inert the aggravation, the longer it will take for an improvement to follow.

At the very start such acute aggravation can be corrected by a single anti-doting, or else by taking a booster dose of the same remedy at a lower potency.

If the aggravation has manifested itself dramatically and is taking a long time it may be worth selecting another remedy accordingly. As a rule, the moment you have registered the Hering you may rest assured that no dramatic twists will follow in your patient health-wise. I explain to my patients that the Homeopathic aggravations are more akin to comedy than drama, and positively, no tragedy!

You can assure your patient in full confidence that he is not suffering from a severe cold or an agonal state, but rather experiencing the healing wave's negative phase.

It may be worth adding that this bumpy road is the only one leading to good health.

I am absolutely convinced that already during the constitutional healing phase the patient becomes immune to the infections (or gets to bear their aborted versions anyways), while enthusiastically replaying the colds from the past.

This is most observable in children who keep going to the kindergarten or to school at the time of a mass flu epidemic.

The patient's sudden resilience to colds is a graphic evidence of the healing's commencement.

The duration of the healing wave can be quite impressive at times, lasting up to a few months!

For Gods' sake, stay away from the process. Do observe it and note the dynamics, but do not interfere.

If anything, try selecting another remedy from the corresponding *follow-up* rubric, making sure no repetition is taking place. After the *follow-up* will have worked you can resume the constitutional remedy, noticing the latter's heightened effects in passing.

If you slip with the constitutional remedy however, you'll be running the risk of subverting the organism's receptiveness to Homeopathy all together!

The *ultimate like* is a grand prize that is awarded once and lasts a lifetime!

Had the higher orders been granted around for every state holiday, birthday and such, they would have quickly trivialized down to the common costume jewelry.

When an A student loses his bearings at the blackboard, he needs but a single decisive prompt to catch on. But a discordant chorus of well-wishers, on the other hand, would lead him astray.

A botcher, being what he is, would fail the class even if he's yelled the answers into both ears.

As far as the remedy's duration, you can figure it out from the Gibson-Miller Tables, but better still scrutinize the dynamics yourself, bypassing the authorities. The Tables will stand you a good stead in the case of a patient accidentally anti-doting the remedy. That is a very undesirable situation for both the patient and yourself, and employing the Tables is called for. You may be informed that the dose repetition might cause an aggravation, and the monitoring period needs to be waited out.

That is a tough decision but a necessary one: you have no idea if the anti-doting had been full or partial, but you know very well that overlapping the two waves will precipitate disaster.

The consequences may take months or even years to abate.

Whenever I receive a patient who had been recently treated by another doctor, I recommend taking a minimum of two months' respite. I'm clueless of the previous doctor's methods in conducting the case, whether he'd followed the dynamics or prescribed in courses, etc. I can't possibly puzzle out the potpourri of symptoms stemming from an unknown therapy.

It takes just about a couple months for the individual reactions to come back to their default values.

The dose has exhausted itself... or hasn't it? We cannot be sure. Only after a two-three weeks' wait, when the rollback is obvious, as is the absence of any positive dynamics, you can start considering the next dose – or the next remedy.

I recommend taking up the case anew at every new appointment. Avoid following suit of the previous successful prescriptions, but rather consider the current dynamics and look into the new symptoms.

It is just as well you'd stumbled across the same remedy, but make sure you reconsider the potency. Sticking stubbornly to the same one all over again won't do any good!

The next concern is which way do you go with the potency?

The routine cut-and-dried solution of always going for an increase seems iffy to me. I'm just not fond of the "always" and "nevers". Why not step down?

Sometimes I do, too. Say, a child has done really well on a 30c, and appears perfectly balanced and friendly, but bits of rash remain on the ankles. What is there to do with a 200c, never mind a 1000c?

A 12c would take care of the small stuff no problem. And so it does.

Do partially correct remedies work at all?

Strange to say, they do, and sometimes help if only partially, and only when they are not being abused.

Not infrequently the partial remedies are known to sustain a patient for a year or two, until the full constitutional remedy is discovered. A vexing scenario, but non-lethal nonetheless.

I have to note though that you won't ever be able to bring a case to its logical conclusion when applying partial remedies.

I shall stop musing on this topic or else you suspect me of playing up an inept approach.

I stick to the firm belief that anything short of the *absolute similimum* leads to profaning the method and the motivations.

When evaluating the dynamics, focus on the Hering's vectors in your mind's eye. Both *from above downwards* and *from within outwards* should have manifested themselves unequivocally. Same goes for the progression *from a more important organ to a less*

*important one.*

The *reverse order of them (symptoms) coming* is harder to track down, unless one has got exceptional powers of memory and observation.

As for the *better/worse* part, the patient will fill you in for sure.

Make sure the patient knows to call you if anything goes wrong.

In the best-case scenario, when the remedy had hit the target, the dynamics begun and the worries gone, the best you can do for the patient is - forget about him.

It makes good sense to rely on the remedy totally. It makes no sense at all to jangle nerves and pester your patients with phone calls.

The dynamics in Homeopathy is a leisurely matter to be checked upon once a month – or once every three weeks if you're so anxious.

Other worthy reasons to follow this rule are preventing any hasty unwise decisions and establishing a trustful relationship with the patient.

A failed remedy calls on a very different approach. When an alternative prescription is pending you've got to keep a sharp eye on the patient and apply your full dedication to the remedy search.

Once in a while you may encounter a case where the constitutional remedy will not be the right one to start treatment with. These are mostly acute cases, and the patients appear weak and drained by the long illness. These are also life-threatening cases and the terminal stages.

*All acute, critical and borderline conditions call for the situational, as opposed to constitutional, therapy.*

We look for the like departing from the situation at hand. With rare exceptions the like will not be constitutional in this situation, you can be sure of that.

How does one avoid considering the patient's constitution in this

circumstance?

Very simple: rule out all character traits and habitual behavior from your work. Consider only the newly acquired sensations, tendencies and needs (modalities) that diverge from the patient's usual state.

This rule also applies to the patients already undergoing the constitutional treatment. The moment an acute problem arises we deal with it rather than thinking of the constitutional remedy's status.

## Chapter IIX

### Similia and Similimum

We have reached an issue so pivotal I might as well rewrite the entire book.

At the time I was beginning this chapter I happened to have a revealing conversation with a colleague regarding the tactics of conducting oncological cases.

That conversation has helped some important ideas fall into place. Forgive my laziness, but instead of rewriting the whole thing I shall make emends as we go on.

After all the form – and the purpose – of this writing are purely polemical, but not to chisel some ultimate truth in stone.

Let's rant some more...

I do not lay any claim at reinventing the bicycle, as I am aware of the classical discourses on the *similia* and *similimum*. What I do not recall is anyone explaining the difference between the two terms in a simple straightforward manner.

So there are basic symptoms reflecting an individual *character* such as: *anger, avarice, fairness, desire to be a leader, intolerance to heat, love of meat and spices, aversion to milk and onions*, and so on.

And there are also passing symptoms, the ones that appear due to a cold or a fight with a boss: *fever followed by shivers, piercing pain in throat, desire to be left alone, irritability to questions, aversion to touch or fresh air, loss of appetite, thirst with preference for hot drinks...*

For example:

*Since the time of my mother's passing away, depression,*

*tearfulness, desire to be alone, aversion to consolations, and the feeling of guilt grip me...*

Let us first take care of the topical issues pertaining to the *here and now*, and not confuse the *strategy* and the *tactics* of therapy.

If the patient is acute we deal with the acute state.

Consequently, we employ only the *symptoms characteristic of the acute state and the ones caused by this state*.

It would be a gross mistake trying to dig the basic constitutional symptoms out of an *acute or recently developed chronic state*. Such symptoms won't lead us to the *Similia*. Instead they will help us find the *Similimum*, which is strictly contra-indicated for this patient!

The strategy of healing vs. the tactics.

Obviously, under an enemy's fire one occupies oneself not with laying out victorious plans for the future but plans locally with the objective of defeating the attack here and now.

The ultimate victory is well worth the planning, but any true strategic success is only possible when all tactical efforts fall into place. A large-scale offensive is bound to fail where the status quo is calling for a strong defensive.

If the doctor seeks victory he/she must learn to discriminate between the newly acquired enemy and the *constitutional* enemy.

When an enemy is at the gate is not an auspicious time to dream of the villa on the Canaries. It is more appropriate to grab a crowbar and chase the intruder away. Once their castle is safe one can dream on.

This pretty much explains the *Similia* and *Similimum's* standings in Homeopathy. Only a *similimum constitutional remedy* is capable of dramatically improving the situation to the patient's benefit. We are only allowed to prescribe such remedy after the patient's life force has been sufficiently restored, and all the ongoing smaller issues have been solved.



In all other cases (acute, borderline, terminal, and newly acquired states) we rely on the situational therapy and seek the *similia* according to the situation at hand.

As the situation changes so does the remedy, and we change the remedy according to what the situation demands. Or else repeat the dose as many times as the patient's condition requires.

This repetition should by no means be mechanical, but rather based on the condition of the patient.

Mechanical stereotypical approach is alien to Homeopathy.

The notions of *constitutional* and *situational* therapy are akin to the notions of *strategy* and *tactics*.

A constitutional remedy is designed to solve the patient's deeper problems to a degree humanly possible.

There's nothing miraculous to this process: the organism simply goes back to its default values, the ones set by God, no more no less.

After the constitutional healing is completed, any situational problems are easier to bear if they appear at all.

One would get an impression that the constitutional remedy literally tutors one in seeing things adequately and solving problems rationally.

I have mentioned before that children quit catching colds or else the latter pass quicker.

The child's behavior becomes more positively oriented, and so do *all the system's responses*.

But beware: as a decision to prescribe a constitutional remedy for a *situation* would be wrong, so would be an attempt to solve the *constitutional problems* by situational means.

The most they can do is point out the existing constitutional problems once more.

Local operations resolve local problems, whereas the full victory requires all-through strategic offensive.

One other thought: in acute cases, especially when children are concerned, the picture should be evaluated in the light of the psyche symptoms.

If despite the feverish condition we suddenly notice the child change from the hysterical and mean to nice and tender, the constitutional remedy should be prescribed. It is obvious that the child's chronic problems had gone somatic.

We look for the *Similimum* not based on the acute symptoms alone but also and rather the constitutional ones. And we treat this patient as a chronic kind, in other words – following up on the dynamics after the acute condition had been taken care of.

An acute state frequently helps with the conclusions about the patient's constitution.

No high dilutions for patients like this ever! The resulting aggravations will be mighty and unnecessarily severe.

The Kittle-esque tactic of a few low-potentiated liquid doses seems more appropriate here.

It's a different story if the behavior has gotten worse against the fever, and the normally dutiful kid gets to be capricious and aggressive.

This sort of thing calls for the situational therapy and the *similia* remedy corresponding to the state. Constitutional symptoms won't work here, only the situational ones will!

In cases like this I have no objections against the high potencies, on the contrary, all the might of Homeopathy is displayed therein - instantaneously, radically and relapse-free!

Indeed, in acute states the one and only remedy can solve the ongoing problems.

In recently developed chronic states one dose of the *similia* will usually close the case.

The borderline states insist on a more flexible tactic: a couple, possibly three, *similias* each logically following from the previous one.

Let me formulate this thought using an example from oncology. If the patient has enough energy and looks fine at an early stage, his near past lacking any major incidents that could have triggered the condition, you can go ahead dig for the *constitutional symptoms* and prescribe the *Similimum*.

When time isn't on the patient's side a delay may cost dearly.

At later stages, when the thinness has become alarming, metastasis aggressive, and the patient's endurance questionable, do not even think about the *Similimum*. Look for the *Similia*!

There's still a slight chance of your turning the process backwards. By following the dynamics meticulously and prescribing the remedies based on the ongoing changes you can use the *similias* to build up the *similimum*-treatable state.

NB: When *Arsenicum album* becomes the like in a terminal patient's case any further effort is rendered useless, as the condition had turned irreversible.

Always keep in mind the single dose principle!

The key phrase at differentiating between *Similia* and *Similimum* is: *since the time of...*

Since the time of my mother's death...

Since the time I was vaccinated (traumatized, frightened, hit over the head with puberty)...

Since the time my second child was born...

Since I got my feet wet...

This way the difference between *Similia* and *Similimum* grows principal. This difference, in turn, dictates us the tactics of conducting the case.

One other aspect following from this reasoning is that there can be

no two or more *Similias* in any given situation for any patient.  
There can be a *Similia* and a *Similimum* though!  
Please do not confuse them.

## Chapter IX

### Mistakes in Homeopathy

Homeopathy is traditionally considered safe and its effects ranging anywhere from zero to positive.

It's a fairly close assessment. One has to do one's utmost to harm through Homeopathy.

I have had a few unseemly episodes myself.

A young woman had a ventriculus cancer related surgery. The prognosis wasn't good because she had been diagnosed late and the metastases had spread to all the vital organs.

I was called upon on the second day following the operation. By that time the woman had recovered from anesthesia and was being lively and positive.

Thinking of that case now, I realize the tactic should have been to help her out of the post-operational condition gradually and build up the strength using the *similia* remedies. And only afterwards to proceed with the low dilutions of a constitutional remedy.

My first grave mistake was in finding the right constitutional remedy right away.

My second mistake was in administering it in the 200c potency.

The fate wasn't long to follow...

Today I see my mistakes with an unaided eye, and mention them exclusively for your benefit.

When we turn to Homeopathy we face up to the patient's life force, which becomes both the object and the means of healing. This sphere is as obvious as it is understudied.

When we prescribe a potentiated remedy we cause *a purposeful inner environment disturbance*.

In this situation it is paramount to pre-evaluate the state of the inner environment, and keep the disturbance within the organism's powers to withstand it. Remember that there is an equal reaction to

every action!

To put it figuratively, the life force (the system's enthalpy, to be scientific) is a water reservoir, and the action of a potentiated pellet is that of a rock tossed into the water. The heavier the rock, the higher is the potency of the remedy.

One can throw a boulder if the reservoir volume so allows, but why would one do that? Would it not make more sense to proportion the weight of the rock to the expected outcome?

If the reservoir had almost dried out and but a puddle of water remains in the bottom, a boulder would make no waves but only splatter the vital remains around.

When the vital force is at its minimum, we may toss in the tiniest pebbles and do so very sparingly.

We are not allowed smallest mistakes in cases like this.

There's been a lot of talk of the so-called *suppression* lately.

Almost every one would agree that Allopathy suppresses rather than cures. The chief argument is in regards to the Homeopathic remedies' ability to suppress the disease.

It seems to me that the answer is lying on the surface:

*Any thing going against the natural course of the disease causes suppression.* What is there to argue about?

The true healing can only go one direction that has been mapped out and described – the direction of a Hering. Nature could not have designed anything better, nor can we.

The doctor can either follow the Hering or end up suppressing the process.

Hering or suppression. Healing or masking.

The third variant (much recommended) is relying on a carefully measured tactic to eliminate any possible side effects from a mistaken remedy.

The biggest of sins lies in the rigidity of thinking and being obstinate in one's errors.

The worst of all flaws is self-assurance.

Remember that a potentiated remedy can cause proving in any patient when administered randomly.

In certain over-sensitive individuals proving might be provoked by a single dose of an alien remedy.

Proving is a relatively harmless state that is easily cut short by an antidote. It is more of a rehearsal than a disease per se. Fortunately, these sorts of things are reversible in Homeopathy – on the condition that both the doctor and the patient heed moderation.

For an extreme example let's consider the case once described by Hering himself – of the experimentation with *Lachesis* leading to an amputation of the left arm.

A potentiated remedy is far from harmless in the hands of a botcher!

This is the reason I do not recommend anything higher than 12c for my patients' home first-aid kit.

The most common mistake for a doctor is haste or timidity, which are almost the same.

The patient's fear of aggravations is abnormal, and the doctor must describe the likely dynamics in some detail at the first appointment. If the patient refuses to go with the flow they should postpone treatment until they know better.

Not any wiser is the doctor who starts nervously thumbing a Materia Medica at the first patient's sneeze.

The golden rule of Homeopathy states: *better late than haste*.

Our goal is not in providing quick fixes, but in curing the patient once and for all.

Homeopathy is well capable of reaching this goal if the practitioner realizes the importance of his/her mission and doesn't dash about in a flap.

When I was starting off I could easily confuse a dynamic aggravation (a negative wave phase) with a true aggravation.

The two states are fairly discernable though: no matter how threatening a dynamic aggravation appears to be, the patient's

wellbeing remains intact.

A child can be running a 39°C fever, coughing like mad, etc. and exhibiting cheerfulness, good appetite and healthy sleeping pattern.

It seems that the remedy pulls out all the previously suppressed problems, one by one, and plays them back in *presto*.

As a rule, these kinds of conditions disappear without a trace in a few hours...

unless the Universe suddenly decides to throw its ill-understood celestial rhythms into the picture, of course.

The fall of 2009 happened to be quite dramatic in this respect, gladdening us with the Equinox on September 22, a major solar burst on 26 September, and the Full Moon on October 4.

All reactions to remedies around that time were anything but adequate and moderate. The initial aggravation would hang heavy for weeks and manifest itself rather dramatically at times.

Hardly the fifth of the patients had stayed within norm during those days.

17 patients, out of the 50, had their reactions normalized and Hering-bound after partial anti-doting; the rest had to cancel their remedies all together.

That was the first time I'd encountered this phenomenon and, frankly, it left me dumbfounded.

The doctor has to evaluate the dynamics fully and from every possible angle in each given case. If the dynamic is positive *in comparison to what went on before* the administration, you can relax and let the river flow. Any and all of the turns, shallows, rapids and creeks devised by the landscape are of secondary concern. The flow will pick up and smooth out eventually.

We evaluate these dynamics exclusively by the psyche parameters such as *mood (emotional background), behavior and efficiency*. The latter two are especially important, for moods tend to improve out of suppression just as well: a cessation of suffering is a nice perk!



However if the remedy had caused flatness and apathy it must be cancelled immediately.

Always keep in mind our principal vectors when evaluating the bodily symptoms. If the headaches or heartaches had worsened that means - cancel. Conversely, if the heartaches are replaced by joint or liver problems, that is a good sign of the remedy's working its course finely. When evaluating the dynamics it is worth double-checking if the patient recalls having these problems in the past.

*The remedy is expected to play back the old symptoms, but not import the new ones!*

The possibility of an accidental cancellation by the patient remains a serious impediment in our work, and a burning issue.

I am called upon a sick child who is very weak and running a temperature close to 39°C. I find the remedy and the child is revived on the spot and begins to talk, look around and play with toys.

On their way back home, the parents drop by an Indian shop, and the five minutes they spend in the heavily incensed environment are enough to cancel the remedy.

Unfortunately the above issue remains murky to this day. Every once in a while I watch a remedy work despite all sorts of antidotes: coffee, camphor, various occupational hazards.

At other times an innocent peeling of an orange can block the dynamics totally.

You better discuss this issue in detail and not leave the patient to his own devices. Hahnemann must have known what he was doing when he included savory cheese, smoked ham and Strasbourg pâté among the antidotes.

I would add oriental sweets, nutmeg, vanilla, and cloves.

If one wishes to be healthy they have to resume healthy living. History teaches us that only the upper classes suffered from gout in the olden days. The peasants, whose ration was simple and

austere, knew nothing of this malady.

Therefore you should emphasize the rational eating habits from the very start. No full recovery is really possible without this platitude.

After the years of practice I'm drawn to the conclusion that *any product or substance that imposes the rhythms alien to the organism* should be considered an antidote.

On the black list we will find coffee, mint, various adaptogens, chocolate, almost all the medicinal herbs, especially the aromatic ones...

I consider it unwise for the patient to be using perfumes and beauty products, and deodorants are a big no too.

Allopathy is no rival to Homeopathy at all. Once the remedy dynamics are perceptible all and any medications must be abandoned. This is especially relevant to the heart patients whose medication lists are blown out of all proportions.

At the same time I'm being very careful when getting a patient off the hormones such as L-thyroxin, prednisolone, insulin... Care does not mean procrastination, of course.

I would not recommend treating the patients who carry pacers or implants. They are prone to dramatic conflicts between the two methods.

A certain patient suffering from a renal impairment has once exhibited a major rejection of the venous implant, leading to surgery.

This issue has to be solved radically at the start:

- Rid your organism of everything auxiliary before we begin working on it!

This is not my self assurance talking, but my confidence in the Homeopathic method – and the thousands of satisfied customers to prove it.

Always remember that a man's body is not his foe, as long as it has got access to its energy sources and the time to employ them. This is a very serious stipulation and a limiting factor to the Method's abilities.

Do not hurry to reconsider the prescription if the steady dynamics had suddenly gone berserk. Long practice has demonstrated the first prescription to be the correct one most of the time. It is very likely that the patient had inadvertently anti-doted the remedy.

The antidote's role can be easily impersonated by any of the life's misfortunes: family disputes, stresses at work, any major moves and challenges...

A thankless task indeed would be to look for the culprit. It is worth your while to put healing on pause, and repeat the remedy a bit later, possibly at the same potency.

A fairly recent example from the summer of 2008:

I prescribed *Sepia* to a pregnant woman, and the remedy helped her get rid of anxieties, colds, and complete her condition successfully. After delivery the woman started suffering from constipation, hemorrhoids, varicosity in both legs, and heaviness in the left leg. She grew irritable, tired, tearful, and apprehensive about the future. Additionally patches of depigmentation started developing on sunny days, and anemia manifested.

I was trying various remedies, keeping in mind that the aggravations had been triggered by childbirth and hence must be somehow linked to it. And still no dynamics in sight!

No matter how I looked at the case, I kept coming back to *Sepia*.

All I really needed to do was simply repeat the remedy after the delivery instead of chasing the mirages...

When treating pregnant women do not prescribe remedies that feature miscarriage in pathogenesis, especially in high dilutions. If the symptoms insist on such a remedy, prescribe a single low

dilution according to Little. This should minimize the risk.

Do not provide services free of charge. By doing so you not only undermine your own work but also foster wrong ideas: a fruit obtained effortlessly is less valued.

Homeopathic healing is done in cooperation between the doctor and the patient. My mercantile interest notwithstanding, the patient's readiness to compensate my time and effort is the warrant for his readiness to fully share in that effort.

The biggest mistake is distrusting the Method. Homeopathy can do anything whereas Homeopathic doctors may have limitations. Which is not to say you shouldn't take on the most challenging cases in oncology, systemic pathology, clinical neurology, etc. You must realize that you might be the only hope left for such patients.

Quit harboring any illusions of Allopathy's being a savior. Its apotheosis will forever remain in the anatomist's satisfaction with the autopsy results having squared with the clinical diagnosis. The ideals and goals of Homeopathy are far removed from the morgue. With the inefficiency of Allopathy being so blatantly obvious one staggers at the doctors' stubborn disinterest in looking for better methods.

By the same token one has to admit that the advantages of Homeopathy had not been sufficiently demonstrated as of late. Unfortunately, there is no one around fit enough to undertake this task at the moment...

I personally take on the severe cases *under the firmest condition* that the patient's decision to proceed with Homeopathy has been made mindfully. There can be no compromises or half-heartedness on behalf of either one of us.

It is the proper Homeopathy or else I wash my hands of the case.

Why do I consider myself entitled to such decisions?

Homeopathy is capable of delivering the genuine cure once and

for all. But the process of curing is so fragile that it can be hindered by an innocent-looking herb, to say nothing of a hormonal or chemotherapy.

It would be useless to involve Homeopathy when a major suppressing therapy is going on. You will be handed down a caricature of healing, and risk encouraging more ignorant enmity in relation to Homeopathy.

## Conclusion.

In conclusion I will cite the catamneses of the patients whose cases were studied in the Introduction.

Tracing a catamnesis is much harder for a Homeopath than an ordinary physician because the patients tend to forget all about your existence. Which is just as well!

As long as you are sure that the Method cures once and for all, you may be sure of your ex-patient's wellbeing.

*Patient 1* (female) has been in treatment for almost two years. The positive Hering dynamics have been observed between November 2008 and May 2009.

All Allopathy was cancelled on the day of the remedy's administration. By following morning the cardiac beat slowed down and the arrhythmia changed its character. On day three ECG became possible and had shown the sinus rhythm, the pulse and arterial pressure within normal.

The following day she got out of bed and started performing the simple house chores. A little while later she felt strong enough to resume the habitual activities.

No problems arose until in May of 2009 the woman got a tick bite resulting in clinical berylliosis with fever, body ache and headache. Arrhythmia, tachycardia of 150 beats, and asthenia came back.

My attempts at dealing with the acute condition failed, my prescriptions having been heftily aided by the worried relatives.

The woman received *Sulphur 12c* in late May, and *Calcarea carbonica 6c* in mid-June. Throughout the remainder of the summer and the fall she was feeling all right despite the sinus rhythm missing. Currently the patient is feeling relatively comfortable and capable of performing all the usual activities around the house.

*Patient 2* (male) has come for the second appointment on

20.01.09. Immediately after taking the remedy his mood and efficiency improved, he started sleeping better at night, and stopped dozing off at the office desk.

He's doing fine as of this writing, despite the double burden of the job and the exams at the university.

All problems were pushed outside onto his skin, and he once described peeling his face off as an onion.

He also noted 3-4 waves of aggravation and the remaining of itching.

He has felt the need of physical exercise and gone skiing in the countryside. Feeling much stronger. However when tired his left pinky grows numb and the entire hand feels cold.

In the past couple weeks the rash and the itching have intensified, same with irritability and insomnia.

No prescription made out.

6.06.09. Rash is moving downwards. Some of it remains on the arms, elbows, knees and below, the face is red.

On February 10 the condition aggravated further and I prescribed *Lycopodium* 200c over the phone. The reaction was good, the itching intensified, so did the rash; the face was peeling for the following week.

Although the patient kept jogging and exercising, he has been feeling worse these past three weeks, and his left leg has got weaker. Both legs feel wooden. Ceased jogging last week. Feeling nervous, sleepy and indifferent to studies.

Prescribed: *Lycopodium* 1000c.

Appointment on 29.09.09. Following the dose the rash resumed on top and ceased on the feet. The mood, sleep and efficiency went up, so did the rash.

At the moment the face is red and flaking. The body is clean aside from some appearance of rash on the hands.

The situation is stable, the limbs got stronger, the patient resumed jogging a few times a week. The wave seems to be going on.

No prescription.

30.11.09, over the phone. The wave continues. 8-10 days better; 2-3 days worse. The patient can tolerate aggravations much easier, as they diminish in intensity. Rash on the face and the hands, skin flaking.

Itching is tolerable. The limbs sensitivity is fully restored, and so is the muscle strength. The patient is spending time outdoors, exercises periodically, and is doing well academically. The sleeping pattern is good even during the aggravations.

No prescription given.

Monitoring continues.

*Patient 3.* The patient was recommended giving up bougienage after taking the remedy. The child started eating normally, his fears and self-absorption lifting. He stays away from apples, eggs and dry foods, though.

Was brought to the appointment by his mother on 8.06.09. His eyes are edematose, especially superior eyelids.

The child appears calm, pleasant company, inquisitive and playful. Dry skin on the wrists and under the left knee. The teeth are disintegrating after contact with alkali, bad breath in the morning. The boy winks and squints after a conflict he'd had with his father who is sometimes rough on him. Feels empathy toward his mother and can throw a toy at the father when they argue. Enjoys learning, talks in his sleep.

The boy likes raisins, sweets and butter, licks salt off his palm. Doesn't eat meat and starch foods.

Prescribed *Phosphorus* 30c.

After taking the remedy the boy became negative and prone to hysterics. The remedy was anti-doted once two weeks later, and *Sulphur* 6c was administered as a catalyst. Afterwards the dynamics have improved: the child resumed his calm, lost aggressiveness and stopped talking in sleep. The skin cleared up.



He began eating eggs and starch foods, but refrains from meat, fish and apples.

11.12.09, over the phone. Mother claims the boy's behavior and health are excellent. He's got over his only winter cold in two days.

No further prescriptions.

Let us review our working definition of the disease.

The disease is nothing more than a limitation of health. This does sound somewhat simplistic, and falls short of being a formula, but it will lead your thinking down the right path nevertheless. Your mind will find it worthwhile regaining its bearings amidst doubts, speculations and discoveries!

Our definition carries to many facets, nuances and unknowns to fit into a formula. Each time one looks at it one finds something new, something that defies the existing terminology. I am certainly not the one to cast this variety into a form, yet I can put forward an outline for others to perfect and polish further.

A few conclusions spring to mind.

Firstly, what is classical Homeopathy?

As you well know the basics of the Method were laid out by the great masters of the XIX century: Samuel Hahnemann, Constantine Hering, James Tyler Kent, and the pleiad of their students and followers.

We, the contemporary doctors, are entitled to the right of further developing the illustrious science of Homeopathy.

Develop, mind you, but not derail nor trivialize it with ignorance and petty greed, or play it up to the medical party line.

In Russia today thousands of doctors position themselves as Homeopaths, but in reality there are but 2-3 dozen specialists who have truly mastered *the Method*.

Homeopathy's worth is much greater than a lucrative business for the unscrupulous bunch.

There is only one kind of Homeopathy, and you are welcome to call it classical or what not. Its distinct feature is in the practitioner's heightened sense of responsibility for his/her work, patients' wellbeing and professional reputation.

Let me highlight a few points I personally consider indispensable for a responsible professional:

- knowledge of classical works
- understanding the principles behind finding the one and only correct remedy
- following the single dose concept
- incorporating the Hering dynamics
- keeping precise track of symptomatic changes
- trusting the Method and recognizing its advantages over other forms of therapy.

There is no such thing as pluralistic, complex, etc., Homeopathy. They are methods all right, but refrain from branding them Homeopathic, please.

*2007-10, S. Liflandia – St. Petersburg*

Feel free to contact me at:

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## **Appendix: Practical Repertorization.**

Hereby I offer you several case histories from my practice, each one concluded with my prescription.

You are welcome to practice taking on the case, separating and ranging the symptoms, and repertorizing on your own.

Try grasping the logic behind the process.

All cases and remedies are authentic, their Hering having been convincing enough.

### *Case 1: Female, 30.*

Very low energy, “permanent anabiosis”, apathy, high anxiety, tearfulness since after giving birth. Obsessional ideas of the loved ones getting into trouble, not getting enough sleep. Never enough energy to complete a task. Pettiness and extra attention to detail. Yells at her son, feeling guilty afterwards. Guilt complex regarding the late grandmother whom she communicates with in dreams.

Back aches, feeling run-down in the morning, gets better later into the day. Darting pain in right ear at weather changes. Joints have always been cracking, especially the left knee. Right ankle hurts after her getting emotional. Disk herniation.

Has let an erosion develop without attending to it. Polycystic ovary left side. Periods have always been painful, especially left side. Both ears have been bothering since childhood. Suffered from cystitis in youth.

Prone to vertigos when exhausted or during weather

changes. The burning sensation under the ribcage sometimes. Signs of allergy to herbal blooming two years back, not repeated since. Appetite rises at nighttime.

Anxious, talkative, jumps topics. Consolations and company help. Adores rains and thunderstorms; can't stand sunny weather and feels beat on a hot summer day or any hot environment. Always craving fresh air.

Likes spicy and sweet; feels bad after fatty foods.

Prescription: *Pulsatilla*.

*Case 2: Child, 3.*

Discharged from hospital 3 days ago.

Diagnosis: larynx stenosis.

Has been breast fed until 2 years of age. After he was introduced to regular food at seven months, Quincke's edema was caused by sweet baby formula.

Healthy overall, but occasional colds always cause complications. Otitis at the age of 2, and dysbacteriosis since birth.

May be tender, but demonstrates negative traits: throws toys and punches, crushes insects with pleasure.

Sleeps on his stomach now, but used to sleep on his knees, his head buried in the pillow until turning 1,5.

Doesn't eat vegetables, but likes greens and onions. Doesn't like sour, citrus, milk, eggs and seafood.

Likes spicy, sweet, meat, fish, cheese, butter on bread, pasta.

Prescription: *Medorrhinum*.

*Case 3: Female, 35.*

Haven't had periods after two cold-complicated pregnancies. Taking hormonal medications.

Constricting pain in lower back and abdomen, painful mycotic vulvovaginitis, frequent sharp headaches, and stomach cramps when nervous. Pain in right side, dyskinesia, haemorrhoids, varicosity.

Has two children. Both pregnancies were threatened with miscarriages at early stages. Papillomas and brownish skin spots. Always gets sleepy around 2 pm.

Pessimistic, tearful, can't stand consolations.

Stingy, irritable, gets mad at the kids. Feels better when moving around, craves fresh air.

Eats sweets, fish and salty foods, but hates seafood.

Prescription: *Sepia*.

*Case 4: Child, 3,5.*

Started kindergarten at 2 and colds started there.

Intestinal problems, bad breath, episodic greyish excrements. The child's feet are always wet, perspires in sleep, mostly head. Flat feet.

The character is pleasant and calm. He plays with toys, but is being careful and weary of changes. At the same time he's well coordinated and does sports. Capable of throwing

stuff or hitting. Stubborn yet conscientious. Sleeps well, occasionally laughs in sleep. Fear of sudden noises, dark and shadows. Won't allow his head to be washed.

Doesn't eat meat, fish, mashed potatoes, eggs and jams. Likes porridge, veggies, onions, carrots, milk, butter, sweets, and lemons when starting to get sick.

Prescription: *Calcarea carbonica*.

*Case 5: Female, 26.*

Diagnosis: systemic lupus erythematosus.

Slight dull pain in joints, ankle cramps. Abnormally hairy legs, irregular periods, polycystic ovary since 15, dull vaginal pain during coitus.

Has been taking female hormones and dexamethasone since age of 16. Aggravation after stopping hormonal treatment. In the spring of 2008 underwent photo-epilation. In the following couple days experienced joint pains, dry skin, weakness, low-grade fever, pain in throat, and cystitis relapse.

A rheumatologist had diagnosed her with an anti-nuclear factor 640/1 against the normal hemogram.

After repeated photo-epilation and a visit to sauna the condition deteriorated, added by vertigos, and the anti-nuclear factor jumped to 1280.

Digestion got worse, low-grade fever and fatigability became permanent.

Received a Homeopathic treatment with 5-7 concurrent remedies.

Pains in joints and bones continued, osteoporosis had been suggested. In summer 2008 she resumed taking estrogens, and developed breast lumps and fibroadenoma.

The patient appears content on the surface, speech pleasantly uninflected. Her skin is greasy and covered with uneven red spots, acne and scurf. Nails are brittle. She's a hypochondriac and often feels like an orphan. Her father used to drink and she never had much contact with her mother, so was pretty much left to her own resources early on. She used to cry for attention, bears her parents a grudge up to this day, and avoids contact with mother. But she can't stand consolations or any pressure whatsoever, and gets upset about small things. She's very sensitive to intonations when spoken to and fidgets a lot. Has been suffering from sluggish depression and apathy since childhood, and was never able to fulfill herself.

Has graduated two colleges with honors, but quickly loses interest and grows tired of work and colleagues.

Personal life could have been more successful had she been less viperish and better at expressing her feelings.

Fear of loneliness, fear of getting ill.

Doesn't like weather extremes, especially the heat. Likes warm environment and doesn't mind stuffiness.

Eats chocolate, sweets, salty, floury, smoked foods, seafood, especially squid.

Gets sick from eating fish, laminaria, milk, and fatty foods.

Prescription: *Sepia*.

*Case 6: Female, 28.*

Diagnosis: bipolar disorder.

Protracted depression has started after her grandmother's passing away last summer.

Fears for her parents and child, cries often, and wants somebody around all the time. Cannot be alone during aggravations but gets suspicious of family members. Making choices is hard to the extent that she can take time choosing which shoe to put on first. Obsessed with cleaning the house, always carries a duster around and fixes stuff. Mental exertion causes the runs. Sudden noises, however common, startle her. Had been committed once following a suicide attempt. At times fails at comprehending whereabouts: "as if watching myself in a movie", "as if my skull has been opened", "as if some one put a black hat over my head". Anxiety is keeping her on the move all the time, but most chores disgust her and are avoided.

Makes irrelevant replies, loses conversation and jumps topic to topic. Things get worse outdoors for she cannot stand the crowds. Being touched or consoled is far from helping. Feels better after a bath.

The first time she'd experience this condition was 10 years ago during the college entrance exams, which coincided with a romantic break-up. She remembers feeling a milquetoast, a "spineless doll", and wanting to disappear.

Enjoys cool summers. Never eats fatty foods.

Prescription: *Actaea racemosa*.

*Case 7: Child, 2.*

Diathesis spots all over the face and the neck. Gets colds



often. Worsened during the past few months since starting the kindergarten: wakes up often during the night, grits teeth in sleep. At bedtime throws fits demanding cartoons, toys, chocolates, and what not. Falls on the floor to avoid getting touched, bites and throws things at you.

Likes cabbage, cold milk, white bread, onions, and eggs; indifferent to sweets.

Grandaunt has had TB.

Prescription: *Cina*.

*Case 8: Female, 33.*

Diagnosis: Hepatitis C.

Suffers from hypochondrium pains. The oldest maladies, noticed at youth, had been an ovary dysfunction and irregular periods with a 35-45 day cycle. Three years ago was hospitalized after a threat of miscarriage. She believes that gynecological clinic is responsible for getting her infected: a month after discharge she started feeling exhausted by evening, running low-grade fevers, and suffering dull pains in the right subcostal area.

Cannot stand being criticized, and averts it by being overly punctual and hyper responsible: anything less than an A+ just won't do. Cannot relax at home, demanding stuff to do from herself and others. Very touchy and rancorous. Gets worse after consolations but expects them. Gets annoyed by noise and seeks quietude. Cannot tolerate physical pain. Capable of hitting a misbehaving child. Afraid of loneliness, but desires to be left alone often. Left-handed.

Felt better by the seaside. Feels worse in heat, cannot tolerate hunger absolutely, feels worse in the morning and evening.

Eats sour and salty foods, greens, squid. Ate lots of eggs during pregnancy. Indifferent to salt and dairy products.

Prescription: *Sepia*.

*Case 9: Female, 56.*

*(Try finding Similia and Similimum yourself.)*

Dermatitis on the face and the hands. Rash developed a year ago on hands and progressed upwards. Prior to that was bothered by rash on the leg. Worse in cold weather: skin swells right away and oozes liquid. She is tall, her physique rather male-like. Movements and speech are abrupt. Talks and theorizes lots, peremptory. Considers herself scrupulous, but forgets words and things. Can explode and yell at people. Always anxious, afraid of her boss. Works extra time as an accountant and hates the job, but would object when offered a break or vacation. The grown-up son studies at a university and believes that mom owes him support. Chronic maxillary sinusitis on the right. Had a medullispinal hernia surgery at birth. Suffers from herpes regularly. Right eye's vision is worse than left. Varicosity since 1985, especially right leg.

Keeping back straight is difficult, small bones hurting in the left foot. Has been forced to clear her throat every morning for the past four years. Feels better as the day's activities progress. Chronic bronchitis and lung

emphysema, used to suffer from a right-side pneumonia. Desires fruits, wine and coffee. Never liked milk, beans and eggs.

Prescription: *Nux vomica*. *Licopodium* 4 months later.

*Case 10: Child, 3.*

Wakes up hysterical after a couple hours of sleep at night. Impossible to calm down, punches and kicks, and this may happen 2-3 times a night.

Dry rash on buttocks and under knees.

Mother's pregnancy hasn't been an easy one: fright at 20 weeks when she was mugged, conflicts with husband, apartment flooded by failed plumbing, all stresses and tears.

The child demands constant attention from mom follows her around, gets angry, hits after being reprimanded, makes angry faces, pushes a kitten around. His speech is monotonous, obtrusive and unpleasant. Says "no" to anything, runs to his room slamming doors, doesn't allow to be comforted. At the same time being careful and cowardly around other children. Scared of being alone, dark, strangers, dogs and noises. Very jealous toward senior siblings.

Likes salt, licking the saltshaker, butter. Doesn't like eggs and milk.

Prescription: *Stramonium*.

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