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CONGRESS L I G A M E D I C O R U M  
H O M E O P A T H I C A I N T E R N A T I O N A L I S

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**HOMEOPATHY**

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the medicine of the future  
from the ancient heart

**similarity at any level of knowledge**

**Abstract Collection**



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# **Oral Presentations**

IN ALPHABETICAL ORDER

# ADHD, case report. Clinical case of *Cicuta virosa*: the dimension of man, evolution in his humanity

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## BACKGROUND

Attention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by a set of behaviors that cause constant inattention with a hyperactivity-impulsivity that can interfere with the neurological functioning and development of the person affected.

In the homeopathic literature, the therapeutic approach is quite various and it goes from the use of dynamized neuromediators of the nervous system to the use of individualized medications on constitutional, temperamental and behavioral symptoms. This work follows a particular path of unicist homeopathy in which the medicament is chosen on symptoms of the deep spiritual sphere, with clinically relevant results. This case witnesses not only the control and resolution of psychic behavioral symptoms (clinical / syndromic picture), but also a personal growth; the development of a self-consciousness, giving sense and meaning to life, an important condition for a real, complete and lasting healing.

## MATERIALS AND METHODS

In this work the study of the patient (biopathographic history), the choice of medicine (remedy diagnosis) and the therapeutic conduct (follow up) are centered on the Hahnemannian anthropological model perfected by the Aristotelian-Thomist model of A. Masi Elizalde.

The article focuses on changes in the mind and in the spirit (*Organon*, par.221) belonging to the *psora*, which influences the attitude and the behavior of the person. Human errors are conditioned by the illusions of imagination. Imagination is the sensitive part of the rational soul which, in the disrupted state, and because of illusions, leads to a distortion of the process of perception and understanding of reality. The consequence is a deviation from the condition of harmony in which the ethics of the person is realized in virtues (prudence, justice, fortitude and temperance), pillars of a life dedicated to the good.

Therefore the goal of the treatment is not limited to the material well-being of the organs, but includes also the fulfillment of that part of the person striving for the realization of his earthly mission. The obligatory reference is to the "higher purpose of our existence" quoted by Hahnemann (*Organon*, Par.9).

## **RESULTS**

Rayan is a 16-year-old boy with ADHD. His impulsive behaviors are in some way controlled by allopathic drug therapy. He shows a great dependence on his mother; his social life is very poor; he does not like doing any activity; he does not go out with friends. Because of the great difficulty of attention and concentration, in the academic environment he has a total inability to pay attention to the lessons as well as to remember the topics. This results in an important disharmony in relationships and poor academic performance.

The choice falls on the *Cicuta virosa* medicament. The illusions of imagination, that are part of his psora, play a role of primary importance. Indeed the patient is hypersensitive, vulnerable and exposed to the events of life. Like an *Arnica* subject he feels like having a great physical and psychic fragility. He fears and shuns the people he does not trust as they could only damage him. He perceives himself as a victim of the stupidity of the human race, which he hates.

The cure brings an important improvement in attention and concentration. Rayan is no longer absent, neither grouchy, nor indolent, nor indifferent.

Moreover, it is surprising the psychological growth and character development after the treatment. Rayan now takes the initiative and the most appropriate decisions. He accomplishes what he must do quickly. He abandons the relationship of dependence on the mother.

## **CONCLUSIONS**

To consider illness as an event that takes place only on an organic level means to erase the peculiarities of the human being, his spiritual identity projected to the realization of his immanent and transcendent objectives. Symptomatic treatment hardly influences the profound spiritual sphere of the person, the part that is also the first to get sick.

The present clinical case bears witness of a homeopathy that catalyzes the necessary process of personal reflection, at the base of the process of spiritual growth. The medicated person can listen to the needs of the soul and understand its aspirations, away from the distortions due to the psora. Focusing on the meaning of life protects from the same mistakes and the same frustrations that are repeated cyclically and guarantees a true healing.

## **KEYWORDS**

ADHD; *Cicuta-virosa*; Psora; Rational soul.

# What destiny for medicine and for doctor in deep crisis? The great contribution of homeopathy. LUIMO experience

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## BACKGROUND

For some decades now we have been witnessing the crisis of medicine and the role of doctor in the western world: the epochal changes are stronger than the model on which they have been structured and maintained so far and the “medical question” will have to be faced to rethink and redefine both medicine and the doctor.

## MATERIALS AND METHODS

The causes of the profound crisis that the medicine and the doctor are going through in the Western world have been taken into account with articles also on prestigious scientific and professional journals. It is evident that what we are discussing is our way of being a doctor and our relationship with medicine and with what the patients and society expect and demand of us. But the medicine we referred to, responds to an idea of science born in the society at the end of the nineteenth century throughout the 20th century that responded to paradigm no longer adequate and that created the contradictions and critical issues that we have to face daily. The crisis of medicine and the positivist doctor, the crisis of the trust relationship between doctor and patient, the crisis of the reductionist method in the study of the healthy and sick person, the economic conditioning of sustainability that lead to a shattering and a shifting of skills are under everybody’s eyes and are only part of the topics of the “Medical Question” that will be proposed and investigated.

## RESULTS AND CONCLUSIONS

Taking into account some founding principles of Hahnemannian Homeopathic Medicine such as the medicamentous individuality and the patient’s miasmatic study, resulting from a biopathographic study correctly conducted, we bring the complexity of the suffering person back to the centre of attention. While welcoming the reductionist study of the special clinician that must always be a reference and a parameter for diagnosis, prognosis and the clinic, Homeopathy teaches the doctor how to study the totality of the patient who leads us towards the medical diagnosis. This is the study of the true complexity of the person and Homeopathic medicine is the medicine of Complexity. Just what we need to rethink medicine in crisis and from where we must

start again in allopathy to redefine and rebuild an approach no longer acceptable by society. Teaching Homeopathic Medicine at LUIMO through pure experimentation as it has been doing for over 40 years is the only example in our country that facilitates openness and understanding.

**KEYWORDS**

Positivistic medicine - complexity medicine - self observation - pure experimentation  
- biopathographic history.

# Homeopathic medicine and knowledge: the game between objectivity and subjectivity

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## BACKGROUND

The Homeopathic Medicine recognizes, in addition to the clinical and objective data specific to each medical science, a fundamental role to the subjectivity of the patient, being understood not only as a biological organism, but as a “person”.

## MATERIALS AND METHODS

Putting the valorization and specification of the subjectivity of the patient as hierarchically central during the visit and for the purposes of the prescription, what is specific to his biopsychic identity, has opened up radically innovative cognitive and methodological possibilities and poses the great problem of the relationship between subjectivity and objectivity in a clinical discipline.

The questions that are opened up are amplified by the fact that the emergence of this “subjectivity” requires the creation of c. d. therapeutic field and therefore a heavy interaction with the subjectivity of the therapist.

The epistemology of the last century has thoroughly discussed the relationship between researcher and object of research and the possibility of a neutral and objective knowledge, concluding to deny it.

These issues, already discussed on previous occasions, are reviewed and argued with the support of clinical examples, where the creation of an adequate therapeutic setting with respect to a more markedly symptomatic approach allows the establishment of very different clinical conditions and therefore the possibility of giving a truly innovative contribution to the reading of the living being and to the vision of medicine.

## RESULTS

This is particularly evident and problematic in Homeopathic Medicine, where the difficulty of finding consensus for the same prescription is very common and always debated.

In the light of the reflections presented, this cannot arouse scandal or discouragement, but opens up new horizons for discussion.

Subjectivity, denied in medicine, appears as the dark side of the laboratory datum, and raises the theme of identity, of the patient and, in relapse, of the therapist.

## CONCLUSIONS

The enhancement of the specific of Homeopathic Medicine, being a person's medicine, an approach capable of making a great contribution to the vision of the human being and more correctly placing the sphere of the necessary confrontation and complementarity with Academic Medicine is confirmed.

## KEYWORDS

Subjectivity, objectivity, knowledge, therapeutic field.

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# Medicina omeopatica e conoscenza: il gioco tra oggettività e soggettività

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## INTRODUZIONE

La Medicina Omeopatica riconosce, oltre ai dati clinici ed obiettivi propri ad ogni scienza medica, un ruolo fondamentale alla soggettività del paziente, essendo lui inteso non solo come organismo biologico, ma come "persona".

## MATERIALI E METODI

Porre come gerarchicamente centrale, nel corso della visita e ai fini della prescrizione, la valorizzazione e specificazione della soggettività del paziente, ciò che è specifico della sua identità biopsichica, ha aperto possibilità conoscitive e metodologiche radicalmente innovative e pone il grande problema del rapporto tra soggettività e oggettività nell'ambito di una disciplina clinica.

Le domande che si aprono vengono amplificate dal fatto che l'emersione di questa "soggettività" richiede la creazione del c. d. campo terapeutico e quindi una pesante interazione con la soggettività del terapeuta. L'epistemologia dell'ultimo secolo ha discusso approfonditamente il rapporto tra ricercatore e oggetto della ricerca e della possibilità di una conoscenza neutra ed oggettiva, concludendo per negarla.

Tali tematiche, già affrontate in precedente occasione, vengono riviste e argomentate col sostegno di esempi clinici, dove la creazione di un adeguato setting terapeutico rispetto ad un approccio più marcatamente sintomatico permette l'instaurarsi di condizioni cliniche ben differenti e quindi la possibilità di dare un contributo realmente innovativo alla lettura dell'essere vivente e della visione della medicina.

## RISULTATI

Ciò si rivela particolarmente evidente e problematico in Medicina Omeopatica, dove

la difficoltà di trovare consensi per una stessa prescrizione è fatto comunissimo e sempre dibattuto.

Alla luce delle riflessioni presentate ciò non può destare scandalo o sconforto, ma apre nuovi orizzonti di discussione.

La soggettività, negata in medicina, si presenta come il lato oscuro del dato di laboratorio, e pone il tema dell'identità del paziente e, in ricaduta, del terapeuta.

### **CONCLUSIONI**

Trova conferma la valorizzazione dello specifico della Medicina Omeopatica, l'essere medicina della persona, approccio in grado di dare un grande contributo alla visione dell'essere umano e porre più correttamente l'ambito del confronto necessario e della complementarietà con la Medicina Accademica.

### **PAROLE CHIAVE**

Soggettività, oggettività, conoscenza, campo terapeutico..

# Efficacy of homeopathic medicine in uterine fibromatosis

## BACKGROUND

Aim of the study is to evaluate the prognosis of a homogeneous group of 250 fertile women affected by uterine fibromatosis, evaluated and treated with a new experimental method. To verify the chance of homeopathic remedy-guided healing, a key instrument to reveal the unconscious, to induce the appearance and analysis of removed conflicts and their re-elaboration. The statistical analysis of patients' mental symptoms allowed to discover "common characteristic conflictual experiences" in all patients, depending on the uterine localization of leiomyomas. The uterine fibromatosis therapy does not find a satisfying therapeutic response according to the allopathic suppressive therapy: myectomy in fertile age and hysterectomy during climacteric age. Conservative approaches consist of uterine arteries embolization, needle/radiofrequency myo-lysis and GnRH analogues. On the contrary, homeopathy is not "against" the "enemy" myoma, but towards its own reception-comprehension.

## MATERIALS AND METHODS

A homogeneous group of 250 fertile women (age 18-40) was enrolled and included in a 12 year follow-up (2008 to 2018). The symptoms considered were: mental, generalized and local ones, arisen during the year before the onset of symptoms. There were recognized "recurrent characteristic conflictual experiences", associated with a peculiar localization of the neoplasm (leiomyoma) within the uterus, that can be considered prescriptive "key notes". Intramural (20% of cases): fear of not having an uterus "strong enough" to carry on a pregnancy and to have a physiological delivery. Leiomyoma as a "biological transposition" of an unborn child. ACTEA RACEMOSA. Uterine tubes isthmus (5%): unconscious pregnancy refuse because of doubt-dissatisfaction of the familiar or environmental situation, considered uncertain. The partner is considered inadequate for paternity, for the defence of "territorial nest", delusion. NATRIUM MURIATICUM. Submucous (10%). Intracavitary growth. Refuse of pregnancy because of an inadequate and vulgar partner, will to get rid of him. Feeling of guilt for wrong choices. Conflict of sexual refuse for sexual abuse. Feeling of dirtiness. Lost of self-confidence. LAC CANINUM. Subserous (30%) Fear of not giving birth. Feeling of lost but chances to recover. PHOSPH.F. Intraligamentary (5%) in the parametrium: certain fear of failure with

partner, considered inadequate. Delusion-anxiety of consciousness with feeling of guilt. AURUM met. Fibromatous uterus (30%), chronicity with several conflictual relapses. "I don't surrender" but the situation is compromised. Conflict of identity: not to know where the place in life is (family, partner), inability to mark one's territory, separation and sexual frustration. Uterine nodules: likewise suppressed sad stories. The remedy was administered through a LM dilution, from 1, up to growing power; during first 10 days once daily, then every 3 days, increasing power and becoming less frequent to a maintain dose "more simillimum power": 5 days/week for 3 months, then once every 15 days for 3 months more. Psycho-Biological Autogenic Training (PBAT): once every 2 weeks for 3 months, then once monthly for 6 months.

## RESULTS

All the patients underwent six-monthly evaluation, up to clinical stability, then once yearly. The resolution of critical symptoms was obtained within 6 months just through the simillimum associated with PBAT in 200 cases (80%). In 40 cases (15%) had to be added hemostatic therapy (tranexamin acid) for hemorrhagic symptoms. In 10 cases (4%) was administered GnRH homologue. The remaining cases underwent to arrest growth of fibromatous uterus, without the need of surgery.

## CONCLUSIONS

The individuation of the decodifying "key notes" of organic symptoms and non-verbal biological language of mind-body is of a particular interest. The archetype Biological Codes related to the emotional - conflictual feelings of the myometrium are: "fear of abortion", associated with the fear of not being capable of bringing pregnancy to full term and being a "good" mother. Leiomyomas, from the smooth muscle cells, conflict of survival, have the ancient significance of increasing the uterine tone, strength and muscular mass to "better retaining the unborn offspring" and to increase the delivery performance. Fibromas: connective tissue, conflict of being attacked, need for defence.

## KEYWORDS

Homeopathy, uterine fibromatosis, biological codes

## Efficacia della Medicina Omeopatica nella terapia della fibromatosi uterina

### INTRODUZIONE

Obiettivo dello studio: valutare prognosi di un gruppo omogeneo di 250 pazienti in età fertile, affette da utero fibromatoso, studiate e curate con un nuova metodica sperimentale. Verificare la possibilità di guarigione guidata dal rimedio omeopatico, strumento - chiave di rivelazione dell'inconscio, per indurre l'emersione e l'analisi dei conflitti rimossi, per la loro decodificazione - rielaborazione. L'analisi statistica dei sintomi mentali delle pazienti ha permesso di scoprire "vissuti conflittuali caratteristici comuni" in tutte le pazienti, a secondo della localizzazione dei miomi in rapporto all'utero. Introduzione. La terapia dell'utero fibromatoso non trova una soddisfacente risposta terapeutica nella terapia allopatica soppressiva: miomectomia in età fertile e isterectomia in climaterio. Terapie conservative: embolizzazione arterie uterine, miolisi con aghi/radiofrequenze e analoghi del GnRH. L'omeopatia, al contrario, non è rivolta "contro" il nemico mioma, ma verso la sua accoglienza – comprensione.

### MATERIALI E METODI

I casi selezionati (250) stati scelti in un gruppo omogeneo di donne in età fertile (18-40 anni), in un periodo di 12 anni (dal 2006 al 2018). Sintomi considerati: "disturbi da" mentali, generali e locali, insorti nel periodo (1 anno) antecedente alla comparsa dei sintomi. Abbiamo individuato "vissuti conflittuali caratteristici ricorrenti", associati a una particolare localizzazione della neoplasia (mioma) in rapporto all'utero, che possiamo considerare Key Notes prescrittive. Intramurale (20% dei casi): paura di non avere utero "abbastanza forte" per portare a termine la gravidanza e partorire in modo fisiologico. Mioma come "trasposizione biologica" di un figlio non avuto: ACTEA RACEMOSA. Istmo tubarico (5%): rifiuto inconscio della gravidanza per sfiducia – insoddisfazione verso la situazione familiare – ambientale che ritiene precaria. Partner non ritenuto idoneo per la paternità, per la difesa del "nido territorio", delusione: NATRIUM MURIATICUM. Sottomucoso (10%) a crescita intracavitaria. Rifiuto della gravidanza a causa di un partner inidoneo e volgare, col desiderio di liberarsene. Senso di colpa per aver fatto scelte sbagliate. Conflitto di ribrezzo sessuale per maltrattamenti subiti. Sensazione di essere sporca. Perdita dell'autostima: LAC CANINUM. Sottosieroso (30%): paura di non poter avere figli e perdere anche il partner. Sensazione di perdita ma è ancora possibile recuperare: PHOSPHORUS FLAVUS. Infralegamentario (5%) nel parametrio: paura con certezza che il rapporto col partner, ritenuto idoneo, sia fallito. Delusione-ansia di coscienza con senso di col-

pa: AURUM met. Utero fibromatoso(30%),cronicità con varie recidive conflittuali, non mi arrendo, ma la situazione è compromessa. Conflitto d'identità: non sapere il proprio posto nella vita (famiglia, partner), non poter marcare il "territorio", separazione e frustrazione sessuale. Noduli uterini: altrettante storie tristi represses: STAPHISAGRIA. Il rimedio è stato somministrato in diluizione LM, potenza crescente dalla 1. Per i primi 10 gg una dose die, poi ogni tre giorni, aumentando la potenza e diradando. Come mantenimento "potenza più simillimum": 5 gtt a settimana per 3 mesi, poi ogni 15 gg per altri tre mesi. TAPB: sedute quindicinali per tre mesi, poi mensili per 6.

### **RISULTATI**

Le pazienti sono state sottoposte a controlli semestrali, fino alla stabilizzazione clinica, poi annuali.La risoluzione dei sintomi critici si è ottenuta nell'arco di 6 mesi con il solo rimedio simillimum associato al TAPB in 200 casi (80 %). In 40 (16%) è stato necessario aggiungere terapia emostatica (ac. tranexamico) per i sintomi emorragici. In 10 casi (4%) analoghi del GnRH. In tutti i casi si è avuto l'arresto evolutivo dell'utero fibromatoso, senza dover ricorrere alla terapia chirurgica.

### **CONCLUSIONI**

Interessante l'individuazione delle key notes sulla decodificazione dei sintomi organici, linguaggio non verbale biologico del mentecorpo.I Codici Biologici archetipici legati al sentito emozionale conflittuale del miometrio sono: "paura di abortire"associata alla percezione inconscia di non essere in grado di portare a termine la gravidanza e brava madre per partorire. Miomi, a partenza delle fibre muscolari lisce, conflitto di sopravvivenza. Hanno il significato archetipico per aumentare tono, forza e massa muscolare dell'utero per "trattenere meglio il prodotto del concepimento" e migliorare performance del parto. Fibromi: tessuto connettivale,

### **PAROLE CHIAVE**

Omeopatia, fibromatosi uterina, codici biologici.

# Chelidonium majus L. Identification of phyto constituents through chromatography, UV spectroscopy and FTIR

## BACKGROUND

**INTRODUCTION:** Extracts of *Chelidonium* have been found to contain three types of benzyl isoquinoline alkaloids viz. protoberberine, protopine, benzophenanthridine. Sanguinarine and chelerythrine are the prominent compounds obtained from roots while coptisine, chelidonine and berberine are obtained from the aerial parts (Colombo and Bosisio, 1996). Quantitatively the plant contains higher amount of isoquinoline alkaloids (0.27 -2.25% in aerial parts and 3-4% in root). So far, more than 70 compounds have been isolated and identified from this plant including alkaloids, flavonoids, saponins, vitamins (e.g. vitamin A and C), mineral elements, sterols, acids and their derivatives. However, the alkaloid identity and contents change with climate, organ and developmental stage of the plant dominant alkaloid presenting in the aerial parts of *C. Majus L.* is coptisine with chelidonine expressed in the roots and berberine occurring in roots in lower amount

## MATERIALS AND METHODS

### THIN LAYER CHROMATOGRAPHY IDENTIFICATION

**METHOD:** ANNA BOGUČKA-KOČKA Extraction of herb The powdered samples of plant (10g) were extracted with 100 mL aqueous acetic acid (12% v/v) in a water bath for 30 min. Subsequently, extracts were filtered and the process of extraction was repeated. Aliquots of the filtrates were combined, basified with 25% ammonium solution (to pH = 8–9), and extracted with n-butyl alcohol (15 × 150 mL). The combined organic phases were dried over anhydrous sodium sulfate and, after evaporation to dry residue, were weighed and dissolved in 40 mL of methanol. Mobile n-butanol–acetic acid–water, 8:1:1 Visualization: in long UV Literature observation: two spots of plausible alkaloid compounds clearly visible in 366 nm, with  $R_f = 0.29$  and  $R_f = 0.75$ , Observation: multiple spots appears. Result: two identical spots showed for unknown sample

Pharmacopoeial methods- Method A Carry out TLC using n-butanol: acetic acid: water (4:1:1 v/v) as mobile phase. Under UV light five spots appear at  $R_f$  0.34, 0.52, 0.61, 0.67 (all blue) and 0.84 (red). B Carry out TLC of chloroform extract using chloroform: methanol (9:1 v/v) as mobile phase. Under UV light five spots appear at  $R_f$

0.15, 0.44, 0.54, 0.67 (all blue) and 0.2 (yellow).  
 Evaporate 20 ml on water-bath to remove alcohol, make the aqueous part alkaline with ammonia solution and extract it with 3x20 ml chloroform, concentrate the chloroform layer to 2 ml and carry out Co-TLC with chelidonine using chloroform: methanol (9:1 v/v) as mobile phase and Dragendorff's reagent as spray reagent. Spot corresponding to chelidonine appears. Pharmacopoeial methods - Method-BTLC: Carry out the TLC with test by evaporating with 40 ml chloroform dissolves the residue in 1 ml methanol. Reference: Dissolve 5 mg of papaverine hydrochloride and 10 mg of colchicine in 10 ml of methanol. Mobile phase: Formic acid: Water: Propanol (1:9: 90) Spray reagent: dilute potassium iodobismuthate solution. After spraying, the chromatogram of the reference solution shows the papaverine hydrochloride zone in the lower third and the colchicine zone in the middle third. In UV light at 365 nm the chromatogram of the test solution shows one or two yellowish red and yellow fluorescent zones between the baseline and the papaverine hydrochloride reference substance and several blue and reddish fluorescent zones in the upper third. After spraying, one or two yellowish red zones are visible between the baseline and the papaverine hydrochloride reference substance, two yellowish red zones at the height of the papaverine hydrochloride reference substance and a yellowish red zone just below the colchicine reference substance.

#### UV SPECTROSCOPY

RESULT: Absorption around 242 nm, 344 nm and 268nm may be due to the presence of Chelidonine, Berberine and Coptisine in sample respectively

FTIR Analysis Data interpretation: The absorption band at 3268 cm<sup>-1</sup>, 2981 cm<sup>-1</sup>, 1640 cm<sup>-1</sup>, 1326 cm<sup>-1</sup>, 1084 cm<sup>-1</sup>, 1043 cm<sup>-1</sup> and 879 cm<sup>-1</sup>, with aforesaid functional groups may be of active phytoconstituents alkaloids of *Chelidonium majus* such as chelidonine, chelerythrine and Sanguinarine etc.

#### RESULTS

All the marker compound responsible for hepatoprotective activity of *Chelidonium majus* L. were identified in raw herb as well as finished MT through various methods including chromatography and spectroscopy

#### CONCLUSIONS AND KEYWORDS

It is clear from the above data that quality control of a crude herb and finished Mother tincture can be done on basis of Thin Layer Chromatography, UV spectrograph and IR patterns which earmark the actives or the marker compounds for the particular drug apart from the initial botanical identification of raw herb done microscopically. Such standards need to be further developed for each herb and mother tincture to standardise quality of drugs by identification of marker compounds.

## When a symptom becomes a theme

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### BACKGROUND

In the past I used the repertory in a rigid mode, rubric= remedy. With experience I learned to use many rubrics with the same mean, put together this rubrics and then used this like a theme. This is happened in all views in homeopathy, in the provings, in the different thinking way of studying the materia medica and this is in my experience very important.

### MATERIALS AND METHODS

I used the informatic Repertory, many books of Materia Medica but also the study of botanic families, animals groups and the periodic table, implementing all with the Hahnemann's Organon. The use of this method has allowed to modify the trend of chronic pathologies that can not be managed with traditional medicines.

- A case of allergic rhinitis in a patient who could't take antistaminic and cortisone.
- A case of a boy suffering from about 10 years of panic attacks.
- Three cases of ulcerative rectocolitis after the assumption of remedy had also normalization and suspension of drugs.

### RESULTS

The results were shown after 3 months in cases with a follow-up of at least 7 years; in some cases the symptoms have been cured of the whole but in a certain part of the cases they are affected by an occasional flare-up.

The first case of allergic rhinitis had an initial improvement that was consolidated in the 3rd year, now after a follow-up of another 4 years the patient hav'nt symptoms.

In the second case, the improvement of the attacks started at 4 months with the complete disappearance of the symptoms after 1 year.

In the 3 cases of rectocolitis, all treated with drugs for at least 10 years, the stool change began within about 3 months to consolidate and within 2 years In these cases, in addition to the withdrawal of the symptoms we also had the possibility to decrease the drugs until the total elimination of the drug.

## CONCLUSIONS

Enriching homeopathic culture with new theories by implementing them with the basic principles of hanemannian homeopathy contributes to the methodological and clinical evolution of a true science.

## KEYWORDS

Groups, families, themes, symptoms, repertory, organon.

# Quando un sintomo diventa un tema

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## INTRODUZIONE

Ho imparato ad usare nel passato il repertorio in modo meccanico, rigido, rubrica uguale rimedio. Con l'esperienza ed il passare del tempo e soprattutto a causa degli insuccessi ho provato ad ampliare le rubriche nel senso che ho imparato ad unire le rubriche che avevano un significato simile ed a usarle come se fossero un tema. Questo sta accadendo, d'altronde, in tutti i campi di studio che riguardano l'omeopatia dai provings alla materia medica e questo è molto importante perché ci permette di avere nuovi spunti.

## MATERIALI E METODI

Ho usato sia il Repertorio informatico, che diversi testi di materia medica sia lo studio delle famiglie botaniche, famiglie animali e della tabella periodica ma soprattutto implementandolo sinergicamente con l'Organon di Hahnemann. L'utilizzo di questa metodica ha permesso di modificare l'andamento di patologie croniche non gestibili con medicine tradizionale. I risultati sono stati evidenziati dopo 3 mesi in casi con follow up di almeno 7 anni.

- un caso di rinite allergica in un paziente che non poteva assumere a causa degli effetti collaterali antistaminici e cortisonici.
- un caso di un ragazzo che soffriva da diversi anni circa 10 di attacchi di panico.
- tre casi di rettocolite ulcerosa che dopo l'assunzione del rimedio hanno avuto una normalizzazione dell'alvo e la sospensione dei farmaci.

## RISULTATI

I risultati sono stati evidenziati dopo 3 mesi in casi con follow up di almeno 7 anni; in alcuni casi i sintomi sono rientrati del tutto ma in una parte dei casi sono migliorati in modo significativo presentando una riacutizzazione occasionalmente.

Il 1° caso di rinite allergica ha avuto un iniziale miglioramento che si è andato consolidando al 3° anno, adesso dopo un follow up di altri 4 anni il paziente non presenta più alcuna sintomatologia.

Nel 2° caso il diradamento degli attacchi è iniziato a distanza di 4 mesi con la scomparsa assoluta della sintomatologia dopo 1 anno

Nei 3 casi di rettocolite tutti trattati con farmaci da almeno 10 anni il cambiamento delle feci è iniziato in tempi brevi circa 3 mesi per consolidarsi nel giro di 2 anni. In questi casi oltre alla retrocessione della sintomatologia abbiamo avuto anche la possibilità di diminuire i farmaci fino alla totale eliminazione del farmaco.

### **CONCLUSIONI**

Arricchire la cultura omeopatica con le nuove teorie implementandole con i principi base dell'omeopatia hanemanniana contribuisce all'evoluzione metodologica e clinica di una vera scienza.

### **PAROLE CHIAVE**

Gruppi, famiglie, temi, sintomi, repertorio, organon.

# The Essence of Kalium Salts From Veterinary Medicine to Materia Medica

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## BACKGROUND

Cases.

## MATERIALS AND METHODS

Patients, Repertory.

## RESULTS

It is difficult to find Kali salts as a simile in animals. By looking at cases we show, that the second element has a considerable effect on the behaviour, and at the same time traits of the Kali salts are recognizable. Kali-s. A case of a horse with chronic tendinitis is presented. The patient had symptoms of Sulph.: aversion to water, being peculiar about certain things. The reaction to some of these external factors is very intense and special. Most prominent is the reaction to white objects and sun-lit spots. Some of these reactions are similar to the fears of Stram, but there is no fear, but a sceptic and compulsive behaviour. Kali-s. cured the tendinitis and the behavioural symptoms. Observation time: eleven years. Kali-ars. The remedy was given to a horse with the "Head shaking" syndrome, a disease believed to be neurological. The patient showed many traits of Ars. but at the same time it had a very distinct reaction to food. Treats that horses normally love are thoroughly examined with the lips and mouth. Only after some minutes and several attempts the horse ate the treat. Kali-ars. cured the "Head Shaking", behaviour issues and a perspiration pattern, where some parts of the body never got wet from perspiration. Observation time: one year. Kali-br. A dog with epileptic fits is presented. The bitch has fits at least once monthly and the owners don't want to use allopathy as the dog is one of the top working dogs in Switzerland. Since the convulsions appeared the dog shows a fear to go into a lift or to go from one room into the next one. We could already think of a Kalium salt because of these new fixed ideas. Together with the epileptic fits Kali-br. is a good guess. The symptoms also directly lead to Kali-br. as in the repertory fear to pass a certain corner is mentioned. The only remedies are Arg-n. and Kali-br. As the dog has no features of Arg-n, the choice is easy. After Kali-br. for two years no more fits appeared and the fears were gone. After a second dose two years later no more medication was nee-

ded. Observation time seven years. Kali-bi. A cat with chronic coryza was successfully treated with Kali-bi. Although it used to be a free roaming cat it limited itself to the territory of only one room in the apartment. This shows the dogmatic side of the Kali salts in an aspect very different to the other Kali salts. Two doses of Kali-bi. cured the coryza and the cat began to roam again outdoors. Observation time: nine years. Common traits of the Kali salts Looking at the repertory there are several symptoms where many remedies of the Kali salts are present. Well known are the rubrics Fastidious and Obstinate. There is a very dominant obstinacy about not accepting certain things, a dominant behaviour or Basic Delusion as Sankaran calls it. This obstinacy is unchanged, resulting in a fastidious way of looking at these factors. It's not fear or panic but an absolute and unchangeable dislike of these situations. If we look at our Materia Medica we read that the Kali salts have a weak personality and either don't know their inner selves or deny it. We can also read that they aren't capable of emotional relationships and need control and very rigid structures. This is the reason why Kali patients are said to be dogmatic. And this behaviour encompasses a side which differentiates one Kali salt from another, a side that has a relation with the second element of the remedy. The basic delusion of Kali-br. and Kali-bi. Bromium and Chromium (Chromic acidum) are lesser known remedies. By looking at the common symptoms of Kali-br. with Brom. and Kali-bi. with Chr-ac. we also study Brom. and Chr-ac. This method enables us not only to understand the two Kali salts but also the second element of each of the two remedies. Bromium Brom. is known to have fears of phantoms, spirits, dead people, etc. At the same time it is a remedy that loves to work mentally (the dog was one of the best Swiss dogs in competitions!). It is interesting to see that the delusion of ghosts etc. is present in Brom. and Kali-br. While in Kali-br. it is shown by having a very fixed idea of not passing from one room into the next, in Brom. I expect that the symptom is expressed differently. Chr-ac. The basic delusion of the most important Chromium remedy is weakness of memory, especially in writing. Without writing there is no written memory and no testimony of the past. Only after having invented writing, expeditions into the unknown could be dared to undertake. This explains the self-limitation of Kali-bi. in spacial aspects

## CONCLUSIONS

Cases of Kalium in Veterinary Medicine can detect important traits of the remedies. We also see symptoms of the second element in the Kalium salts, important in remedies where the second element isn't a polychrest.

## KEYWORDS

Kalium, Veterinary, Bromium, Chromicum Acidum.

# The use of Ferrum phosphoricum in dental pulp inflammatory conditions

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## BACKGROUND

Inflammation in dental pulp is a host defense reaction against physical, chemical or biological irritants and may cause algic symptoms in different grades depending on tissue damage extension. In literature, medicine Ferrum phosphoricum 6CH is indicated to control vascular and congestive alterations in acute phase of inflammation especially in oral tissues.

## MATERIALS AND METHODS

This study aims to present 5 clinical reports of inflammatory dental pulp conditions caused by different factors of patients from the Extension and Research Program of Homeopathy applied to Dentistry of University of Volta Redonda – Oswaldo Aranha Foundation, Brazil, with symptomatic manifestations where Ferrum phosphoricum 6CH was prescribed in specific regimen to treat and control pulp symptoms aborting evolution and the need of orthograde root canal treatment.

## RESULTS

All patients presented remission of symptoms and discomfort after 7 days of treatment. No root canal treatment was required to treat patients. Thus, dental structures and pulp tissue were preserved.

## CONCLUSIONS

Appropriate pulp status diagnosis is extremely important to treatment outcome. Ferrum phosphoricum 6CH showed important valuable antiinflammatory and analgesic properties to control and treat noninvasively dental pulp conditions allowing dental structure preservation.

## KEYWORDS

Homeopathy; Dentistry; Dental pulp; Inflammation; Ferrum phosphoricum.

# Reduction of conventional medications after homeopathic treatment: a case series report

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## BACKGROUND

This study evaluated the reduction of non-homeopathic medication used in patients treated by homeopathy and the consequent reduction in the cost of treatment. According to Ivan Illich, there is a health hazard produced by modern medicine, recognized by medical iatrogenesis. The excessive intake of substances creates dependence of the population in relation to these prescriptions. Hahnemann had similar concerns to these, and he associated them with palliation and the complication of psora. For Michel Foucault Medicine sought to establish rules for control over the individual and collective body, creating an unnecessary and excessive consumption of drugs. Although the World Health Organization has defined what would be the rational use of medicines, an inadequate consumption of drugs is observed in all healthcare systems, most frequently in developing countries. In contrast, appropriate interventions lead to significant health benefits for these patients and communities, as well as a reduction in government spending. The unmedicalization is associated with patient autonomy, respect for individual differences and cost reduction. The purpose of this study was to highlight the unmedicalization through the homeopathic treatment, being able to reduce the necessity and/or frequency of use of other medicines.

## MATERIALS AND METHODS

This is a research project descriptive, quantitative, quasi-experimental, accomplished in a Basic Health Unit of Betim, Minas Gerais, Brazil. The first analysis was retrospective, through the medical records of all patients with chronic diseases and using of non-homeopathic medicines, with over eighteen years old who returned at least once in the last 8 months. The three prospective analyses were performed every 7 months, finishing with 131 patients, in a total period of two years and a half. This study was approved by the Ethics Committee of Research with Human Beings of Betim. The following data were collected: medications of chronic use, quantity and dosage, time taken to decrease the intake and/or for the medication withdrawal, total time without the medication, number of medications in use before and after homeopathic treatment, and the homeopathic treatment time. For the study of the costs, a list of maximum prices of allopathic medications was used, organized by active ingredient,

as published by the National Health Surveillance Agency, and the costs of homeopathic medicines were based on the values of private pharmacies.

## RESULTS

All unmedicalized patients had a subjective sense of well-being. The unmedicalization process occurred in several ways, some patients have stopped their medications because they felt well supported by dynamic healing parameters, others because of the worsening of their conditions if they kept using their traditional medication, others after advice from the other doctors that were treating them, etc. In the analysis I, II, III and IV, the total number of patients receiving chronic non-homeopathic medication was 64, 82, 109 and 131 and unmedicalization occurred in 68.8%, 69.5%, 69.7% and 71% respectively, indicating the impact of homeopathic treatment. Most patients unmedicated from 1 to 3 medications. Patients using various drug classes were able to unmedicalize up to 6 medications. It was significant that most of the patients (59%) removed 1 medication from their treatment, 29% removed 2 and 11% removed 3. It was observed, although this was not the purpose of the research, that the most discontinued class of drugs was gastric protectors (84.6%), followed by analgesics (71.7%), psychotropics (60.4%), anti-lipemics (50%) and corticoids (42.9%). The cost reduction of the unmedicalized patients in this period was progressive, reaching the sum of R\$ 78,669.74 in the period of homeopathic care. At the start of treatment there was an additional cost of homeopathic medicines and not an economy. However, in about 6 months, unmedicalization started promoting a growing economy over time. In a linear regression graph we observe that for equal time intervals, the growth velocity of the economy undergoes an acceleration, growing in greater proportions every equal interval of time. The analytical studies found that the median annual cost of treatment was lower and more homogeneous after unmedicalization, which went from US\$ 36.87 to US\$ 14.87. Consequently, there was a 59.7% reduction in the total cost of the treatments.

## CONCLUSIONS

It was concluded that the homeopathic treatment has contributed to the unmedicalization, which significantly reduced the cost of treatment, suggesting that research on this subject should multiply to base the construction of public policies for the inclusion of this kind of medicine. The authors suggest that the treatment time of patients should be extended and further analysis should be performed to increase the reliability of the study.

## KEYWORDS

Unmedicalization; Homeopathic treatment; Public costs; Health promotion; Autonomy.

# Valuing the experience in their own health in Hippocrates and Hahnemann

## BACKGROUND

Hahnemann understands that assimilation governs the best treatment of the sensation of sickness, according to which the relation of greater resemblance between forces, contrary to their opposing relation, results in weakening of difference or disease and in greater simplification or aid to cure. Therefore, he concludes, for the homeopathic qualification, it is indispensable to experiment in health and register of experimental memory of analogous sensations to those of natural disease. In another way, Hippocrates relies on the sensory perception of the human body, on the assimilation of a certain sensible diversity in the same measure, by an intelligent and proper activity which recalls previous experience and which prognosticates adequately, under the influence of a vital impulse that tends itself on the truth. This importance given by Hippocrates and Hahnemann to self-experimentation and experimental memory reinforces the affinity between the two, although no books of Hippocratic medical material are available. Thus, the study of hippocratism can greatly contribute to improve the understanding of the Hahnemannian simile. It aims to raise the importance given by hippocratism to self-experimentation and experimental memory.

## MATERIALS AND METHODS

Hermeneutic reading of the hippocratic and hahnemannian books.

## RESULTS

The reading of the Hippocratic books shows that the best way to cure is governed by the notion that which produces, ceases. This means that the substance that causes an artificial disease to arise in health is the same that causes its natural representation (analogous) to disappear. Such is the principle that, according to the modulated production (health experimentation) of an influence, a natural analogue will be cured by its similar primary effects or by its opposite (nature reaction, side effects), combined by the same gender in measure (counter measure). Then, the imaginary representation of illness occurs within the framework of health or self-intelligence, taught by the perception that the Hippocratic qualifies as a previous experimenter. This foundation opens for the necessity of self-experimentation and corresponds to the Principle

of Similarity. He reconciles in Hahnemann with the notions of the primary effect of the medication and of the contrary reaction of nature (general and particular). Hippocratic healing by others or by opposites corresponds to the cure by the same, by the opposite measure, which, in Hahnemann, is tantamount to the disabsorculated cure by primary medication action or similar, another side of the same cure by secondary action, contrary to and capable of neutralizing the true disease (violence or injustice), which is similar to similar primary action. Assimilation also reflects the Hippocratic requirement of the experimental synthetic memory itself, which recognizes the active principle as a peculiar alteration of meaning, domiciled in the framework of the intelligence of simplifying singularly. This memory consists of a memory of favor, capable of achieving the friendship or solution of violence, according to the rule of favoring and at least not harming the illness. It is a moment's memory that prepares the doctor in health and experience and protects him from speculation. If for Hahnemann the experience of similitude has led the self-experimentation regime to become its main work for more than forty years, it is reasonable to assume that the link between the culture of similitude and the exercise of influencing one's own health is strong. Hahnemann perfected it to the point of making the individual mode of thinking and feeling available to constitute experimental memories.

### **CONCLUSIONS**

Of time self-experimentation integrates the medical methodology governed by similarity, it is possible to conclude that medical recognition by the culture of simile tends to be enriched by the study of hipocratism.

### **KEYWORDS**

Self-experimentation, experimental memory, non-violence, principle of similarity, recognition.

# Healing by the opposites in Hippocrates and Hahnemann

## BACKGROUND

For Hippocrates and Hahnemann, the best cure is based on the reaction of the organism, on which the sensations are also based. One and the other serve health. For them, sensations are particular reactions that reveal evil and the best cure depends on the universal organism. The reaction of the whole neutralizes particularities, whereas particular reactions imply the recognition, by similarity, of medicinal properties and singular evils. Both authors deal with the best handling of the contradiction that, when influencing nature, causes illness and, when acting on what opposes nature, results in healing. The confluence between these two medical guidelines suggests that the study of hipocratism can broaden the understanding of Hahnemann's therapeutic assimilation.

## MATERIALS AND METHODS

Hermeneutic reading of the hippocratic and hahnemannian books.

## RESULTS

From the comparative reading of the Hippocratic and Hahnemannian texts it was stated that hipocratism is guided by the idea of unity between opposites, between one and multiple, where everything is homogeneous, simultaneous and linked by reciprocal favoring, in a state of participation or of natural friendship. This notion understands that unity is arranged in equilibrium between opposites, consisting of appropriateness that combines everything in harmonious mixture and behaves as a moment in the conciliation between opposites. For her, it is possible that evil disappears with the same science and art with which health sensations are similar to those that naturally reveal it. This understanding is equivalent to the Principle of Similarity. Then, in the participation of unity in opposites, of the similarity in differences that can be gathered in it, hipocratism: a) understands that the measure, notion in which medicine establishes itself as science and art in combination, is contrary in its manifestations; b) teaches that medical therapy should favor the illness and, at the same time, not harm the organism, according to the peculiarities of the individual

natures; c) recommends to the Physician the experience in the handling of memories that favor the cure; d) states that pain occurs where nature has been altered or destroyed and that they are healed by their opposites, being the particular remedy for each disease, in a way that contemplates everything else. The treatment of the part (evil, estrangement, difference) by the recognition of all sensations (health) represents treating the natural opposite by the greatest possible set of opponents to it. The whole opposes the part and treats the part for the whole means to counteract the illness by similarity. This understanding differs greatly from the notion of treating the otherwise isolated and strong part (palliation). If disease tends to depart, to particularize, to treat by specific particular is to treat natural disease by artificial disease, by artifices that experimentally (tests of effort), to some extent, force nature to sensations, according to the Principle of Similarity. To counter evil with assimilation means to neutralize it by improving the good it actually is by pretending to be evil by inadequate disposition. Taking into account that unity combines one and multiple, assimilate or provide unity to evil, which represents the part (or one or multiplicity), it means not only to counteract it, but to resort to the abundance of resources, where there is no misery, and the alternative of healing means. The particular Hippocratic remedy corresponds to the primary effect of the Hahnemannian simile and the cure by the Hippocratic totality to the Hahnemannian curative neutralization contrary and secondary to the primary medical effect similar do the evil. The medical use of force which Hippocrates wishes to avoid amounts to the violence of the primary effect and the secondary counteraction which, unthinkingly, tends to react to the primary effect to isolate it. Thus, according to the Principle of Similarity, sickness can be treated by contraries or similar to it: by contraries as multiplicity gathered in the rest of the individual organic totality, under the regency of the natural totality. By their like, as the multiplicity of primary effects similar to infirmity, considering the essential totality sick.

## CONCLUSIONS

In homeopathic treatment, the primary effect should be similar to the disease representation. It is thus verified that both the philanthropic measure and the Hahnemannian simile are governed by natural laws of non-violence and friendship. As for hipocratism healing derives from the reaction of the all natural, in accordance with Hahnemannism, for which it is associated with the curative secondary effect of the simile, it is concluded that the Hippocratic friendship corresponds strongly to the Hahnemannian therapeutic similarity.

## KEYWORDS

Medical cure; Non-violence; Participation; Principle of Similarity; Recognition.

# The science of the simile

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## BACKGROUND

The homeopathic approach is aimed at the “healing” of the sick (1st paragraph of the Organon) and this wonderful purpose deserves much more attention and determinations by modern medicine. The cornerstone of homeopathy - that the whole clinical picture of the individual patient be taken into consideration - is not in dispute, but basic research also allows the Simile to be investigated in animals, cells, tissues, and even at the molecular level.

## MATERIALS AND METHODS

Here we survey the similarity principle (or the “Simile”) with the aim of examining its historical background and its scientific consistency. The cell is the elementary particle of life and its sensitivity to external perturbations is the basis of both pathologic changes and therapeutic interventions. Recognition of the function of enzymes, receptors and signal transduction and their dynamic interaction with drugs, makes it possible to look at homeopathy in a rational light.

## RESULTS

There are many possible mechanisms explaining the inverse effects of drugs, one of which is hormesis, with beneficial or stimulatory effects at low doses and adverse or inhibitory effects at high doses. However, hormesis is insufficient to explain the opposite responses in healthy and sick patients, which is the foundation of homeopathic Simile. Further models of the “Simile” action at molecular, cellular and systemic levels are coherent with the traditional hahnemannian view according to which drugs have two different effects: the primary and the secondary actions. The primary action is the actual effect of the drug on the healthy organism. The secondary action is the spontaneous and opposite action of the organism at the presence of an external substance, the drug, in order to restore a balance in the organism itself. On the basis of these scientific facts, the logic of homeopathic reasoning is as follows: if the body regulates itself in the opposite direction to the stimulus, we can use this property, giving low, sub-toxic, doses of pathogenic substances that regulate the unbalanced reactions and/or trigger a counter-regulation. The homeopathic regulation, acting on a sick

organism in critically sensitive conditions, can move the system components - at molecular, cellular and systemic levels - away from energetically unfavourable pathological attractors, readdressing them towards those closer to original healthy state.

### **CONCLUSIONS**

The present view of the “Similia” confirms the theoretical advantage of homeopathy over conventional allopathic approach, showing the limitations of the latter in the short duration of the effect, rebound on withdrawal, tolerance, side effects and emergence of antibiotic resistance. These prospects, by increasing the plausibility and the evidence base of traditional homeopathic medicine, allow us to include this pharmacological approach in the mainstream of modern science.

### **KEYWORDS**

Similia principle, Basic research, Cell receptors, Molecular biology, Scientific basis.

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# The Integrated Medicine Service of Pitigliano hospital is operative since nine years: achievements and perspectives

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## BACKGROUND

The Centre of Integrated Medicine in Pitigliano Hospital is the first hospital in Italy where homeopathy and acupuncture are prescribed together with conventional therapies to hospitalized citizens according to an hospital setting defined as Integrated Medicine. The trial, which started in 2011, has been also extended to the neurological and orthopaedic rehabilitation Center of Manciano and from 2015 also to the Operative Unit of Palliative Care of the Hospital Misericordia in Grosseto. In addition to testing this new paradigm in the ward, there are also complementary medicines' clinics in the two hospitals of Misericordia and Pitigliano, which have carried out more than 28,000 visits to date.

## MATERIALS AND METHODS

The main outcomes of integrated protocols already described in scientific publications (JTCM,2015,234-240; HRI 31, 2016; Altern and Integrat Med, 2017, 6:4) will be discussed. In particular, the data will concern the effectiveness of Integrated Medicine's protocols in: oncology, neurological and orthopedic rehabilitation, in stroke, hip/ knee replacement and in chronic allergies.

## RESULTS

The communication arises from a 9 years work. We have demonstrated not only effectiveness of Integrated Medicine but how the availability of an Integrated Medicine service in a suburban area has greatly increased the entry into the care of the more fragile population: the elderly with a low level of education and poor economic conditions.

## CONCLUSIONS

Homeopathy is efficacy in many chronic conditions. The demonstration that in Italy, unlike that has been revealed by ISTAT survey, there is a discrimination in access to complementary medicines, having ISTAT really surveyed not so much who needs it but who can afford it.

## KEYWORDS

Integrated Medicine, homeopathy, acupuncture, effectiveness protocols.

# Malaria: personal experience of additive individualized homeopathic prevention for residents (Africa)

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## BACKGROUND

The Author has been doing a pilot-study on prevention of malaria during several stays in the last 20 years, in Ivory Coast (sub-saharan Africa) where he is residing.

Malaria does not give immunity, but only “semi immunity” (premonition); so native people who are prone to catch malaria (not everyone is) may have malarial crises all lifelong. Interviewing the patients over their previous attacks (average in Ivory Coast: 3 attacks per year per patient) and taking into account only the symptoms of the onset before they had taken any chemical remedy I did isolated the remedies that were more similar and more “flexible” in the long run. Afterwards I began to advice the remedies based on individualization, i.e.: genius endemicus v/s the resident individual in endemic area, (everyone has HIS malaria pattern).

## MATERIALS AND METHODS

From my experience on malaria some important tips for an efficacious, long-term and individualized prevention, free from proving phenomena, you should chose among the following different remedies for four different kinds of population: i.e.: 1) Adults (Nux Vomica, Eupatorium Perfoliatum, Aranea Diadema, Chininum Sulphuricum), 2) Pregnant women (Aranea Diadema, Angustura), 3) Infants (Eupatorium Perfoliatum, Arnica Montana, Chininum Sulphuricum), 4) Boys and girls from 3 to 18 years: Eupatorium Perfoliatum, Arnica Montana and Chininum Sulphuricum with a different farmacopollasia from group 3.

Generally I use first the remedy which is most similar to the customary onset of the disease in the patient, to be alternated with “the second similar”. The first remedy is given during two months, then a pause of one month, then the second remedy for two months; then a pause of one month, then again the first remedy for two months. To be continued like this, alternating the remedies to complete 18 months; then a pause of 6 months is advisable. (The full up-to-date schema will be explained in the Full Text - Any further explanation can be obtained with the Author.) Please keep in mind that this schema is only for residents in endemic areas: do not use it for tourists if you do not want to be sued!-. Resident people cannot take chemical prevention for more than three months because of toxic effects and resistance.

## RESULTS

The remedies have been selected excluding the deep-acting remedies (antipsorics of Hahnemann, Nosodes etc.)

In my experience in Ivory Coast Nux Vomica corresponds to the genius endemicus, followed by Arsenicum Album, Sulphur, Phosphorus, Natrum Muriaticum and Calcareo Carbonica: remedies which are totally unfit for long time prevention for residents. Actually Nux Vomica is frequently required in most adults, but is not advisable in the other three categories due to its peculiar neurotropism.

The potency of choice is 5 CH, which is effective, mild and flexible, 2 granules daily the first week, then 2 granules once a week to complete two months....For obvious reasons potencies as 30 CH or higher are not advisable for residents who need to continue the prevention for years.

Do not use “plussing”: you must “charge” the organism to resist to the “malarial miasm”. True proving is avoided by low potency and by spacing administrations whenever necessary.

Rules for prevention are different from rules for treating the disease, and prevention in epidemics is different from prevention in endemics: in malarial endemics you can partially transcend the “genius” individualizing the prevention the way I have exposed, the question being: “when you have a malarial attack, how does it begin?”

I have given this prevention to a thousand of residents and I have an average 50 people per year who are following the prevention with an adequate follow-up, under my guidance. Inclusion: people who have customarily at least two malarial attacks per year.

## CONCLUSIONS

Quantity is important but quality is more important, and the fact that this is the first study that is individualized is a “quality improvement”, not to mention the choice of 5CH permits to continue this prevention for years, and even for life.

The results are encouraging. With this method the average reduction of the frequency of malarial crises is of 80%, i.e. volunteers are much less prone to catch malaria. Efficacy of 80% means that during properly applied prevention 80% of the volunteers do not have any more malarial attacks during the 18 months prevention and the 6 months intermission.

We hope that, God willing, we will soon have the means to promote this method to help Africa from within.”

## Prevenzione omeopatica individualizzata per residenti in zona d' endemia (Africa sub-sahariana): il metodo

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### INTRODUZIONE

L' Autore ha condotto a partire dal 1998 uno studio-pilota (volontariato) sulla prevenzione omeopatica individualizzata della malaria nel corso di soggiorni annuali in Costa d' Avorio, paese nel quale risiede gran parte dell' anno. Si espongono qui le sue osservazioni.

« La malaria non crea un' immunità completa, ma soltanto una « semi-immunità » (premunizione). Ne consegue che la popolazione residente può avere attacchi malarici frequenti per tutta una vita.

Dopo aver intervistato migliaia di pazienti circa i precedenti attacchi malarici (frequenza pro-capite media in Costa d' Avorio : 3 all' anno) e prendendo in considerazione i sintomi di inizio attacco, prima che vengano somministrati –o autosomministrati– medicinali chimici, sono stato in grado di scegliere rimedi maneggevoli per una prevenzione omeopatica individualizzata di lungo periodo. Completato questo studio ho iniziato a consigliare come prevenzione, ai residenti che ne hanno fatto richiesta, il rimedio più simile al loro abituale inizio attacco.

### MATERIALI E METODI

Il mio proposito per i residenti in zona d' endemia è stato quello di trovare una prevenzione efficace, dolce, individualizzata, fruibile per anni (con pause adeguate). La scelta viene effettuata tra i seguenti rimedi, adatti a tre diverse fasce di popolazione residente : 1) Adulti : Aranea diadema, Arnica, Chininum sulphuricum, Eupatorium perfoliatum, Nux vomica, Podophyllum, Sabadilla. 2) Donne in stato di gravidanza: Aranea diadema, Angustura, Chininum sulphuricum, Mezereum. 3) Bambini e adolescenti: Arnica, Chininum sulphuricum, Eupatorium perfoliatum, Mezereum.

Si inizia la prevenzione col rimedio che è più simile all' abituale inizio-crisi del richiedente ; esso verrà alternato, decorsi due mesi e una pausa di un mese, col « secondo simile », quindi pausa di un mese e ancora il primo rimedio per due mesi, e così' di seguito. La potenza sarà la 5 CH, che è efficace, dolce e maneggevole; 2 granuli al mattino per una settimana e una presa di 2 granuli una volta a settimana per otto settimane. Si continua così', alternando i rimedi per un totale di 18 mesi. In seguito si effettua una pausa di 6 mesi. Potenze superiori alla 7 CH o oltre non sono necessarie né consigliabili nei residenti che hanno bisogno di continuare la prevenzione per anni e anni. Questo schema è stato ideato per i residenti, che non possono fare la prevenzione chimica. Non siamo autorizzati a consigliarlo a turisti o viaggiatori. I rimedi scelti hanno una alta percentuale di sintomi simil-malarici nelle loro patogenesi. Sono stati esclusi i rimedi ad azione molto profonda.

Nella mia esperienza in Costa d' Avorio Nux Vomica corrisponde al genius endemicus. Seguono Arsenicum album, Sulphur, Phosphorus, Natrum Muriaticum e Calcareo Carbonica, rimedi questi che non sono proponibili, data la loro scarsa maneggevolezza, per la prevenzione di lungo periodo per i residenti.

### **Note**

Di fatto la prevenzione con Nux Vomica è frequentemente indicata negli adulti, mentre non dev' essere usato nei minorenni e nelle donne incinta a causa del suo peculiare neurotropismo.

Non si deve usare il «plussing»: occorre impregnare delicatamente l' organismo perché resista al «miasma malarico»... I fenomeni di proving sono ridotti al minimo usando la 5 CH, alternando due rimedi, e comunque spaziando le somministrazioni ogni qual volta necessario.

La prevenzione nelle epidemie è diversa dalla prevenzione nelle endemie: nell' endemia malarica si può in parte trascendere il «genius endemicus».

Individualizzando la prevenzione nel modo descritto: la domanda da porre è: «quando ha un' attacco di malaria, come comincia?»

Ho proposto questa prevenzione a migliaia di residenti, in prevalenza adulti, durante quindici anni in Costa d' Avorio. Circa 50 persone all' anno, in media, hanno avuto un follow-up adeguato, nonostante l' assenza di un vero finanziamento. Sono stati inclusi nello studio soltanto i richiedenti che hanno almeno due crisi all' anno.

### **CONCLUSIONI**

La quantità è importante ma la qualità è fondamentale: il poter individualizzare il trattamento preventivo lo rende più sicuro ed efficace.

La scelta della «5 CH» costituisce anch' essa un miglioramento qualitativo, che permette di poter proseguire la prevenzione per anni o per tutta la vita.

I risultati non mancano. Con questo metodo la riduzione osservata della frequenza degli attacchi è dell' ordine dell' 80 %: i richiedenti che seguono fedelmente la prevenzione sono molto meno soggetti a crisi malariche durante i 18 mesi di somministrazione e anche durante i 6 mesi di pausa.

Mi auguro che, per la Grazia di Dio, avremo un giorno i mezzi che ci permettano di diffondere questa metodica preventiva efficace, individualizzata e priva di effetti tossici a tutte le zone di endemia palustre.

# The specificity of Anthracinum: from the individualization of the substance to the clinic

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## BACKGROUND

With reference to the rereading of *Materia Medica*, by the team of the Center Liégeois d'Homéopathie (CLH) and the Petroleum and Medorrhinum Groups coordinated by Marc Brunson, A la recherche de la spécificité, under continuous updating, the aspects of Anthracinum in its three dimensions given by the crude substance individualized in its particular aspects also of adaptation and relationship (act, feel and react), *Materia Medica* and clinic confirmation, are analyzed. This rereading creates a real knot of Borromeo : without one of the three elements can not exist and the specificity of the remedy can not be confirmed.

## MATERIALS AND METHODS

The Anthracinum souche is well known and therefore very individualizable. Unfortunately we do not have an experimentation of this remedy, however we have many clinical cases that have allowed to collect symptoms for a sufficiently reliable *Materia Medica*. After a brief presentation of the general part of the remedy and its specific symptoms, and how these symptoms can be important if detected in the patient, some clinical examples of Anthracinum are reported. They are all human cases taken from the CLH Séminaire d'Automne 2005 except for one of a cat my patient.

## RESULTS

For Anthracinum, in addition to the particularity of the lesions characterized by malignancy, incredibly intense burning and dark colour, the transgenerationality of the symptoms is very significant, as well as the buried problems and the correlation with situations in which there are presences of deaths, as during the dissection of a body or the burial of animals in certain areas, which for this reason will be called "cursed fields". It should be emphasized that the remedy acts in a limited area and that a criminal use of anthrax in a limited area is also thought, for example for terrorist acts.

## CONCLUSIONS

Here then Anthracinum, a remedy born as an nosode for isopathic treatment and that until recently was so used, has been elevated to full remedy status, coherently

to § 153 of the Organon: «In this search for a homoeopathic specific remedy... », in which you can read the need to distinguish two categories of symptoms: the reliable symptoms, for which today we have a scale of four degrees, and the subtle symptoms, those related to the central problem highlighted by the rereading, for which a degree will also be appropriate.

**KEYWORDS**

Anthracinum – Materia Medica – Specificity of remedy - Transgenerationality of the symptoms – Buried problems.

## Achillea millefolium / Phosphorus flavus, in the management of post-operative bleeding of surgery of the maxillary sinus

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### BACKGROUND

Considering that, in order to cure the after-effects of the maxillary sinus surgery, according to the allopathic pharmacological protocol, we use: Broad-spectrum antibiotics to fight bacterial infections, anti-inflammatory NSAIDs or Steroids, to solve the inflammatory effects of the surgical action and painkillers to sedate the post-anesthesia pain and having emerged, from recent studies, that the use of adequate homeopathic remedies would seem to be able to replace or supplement the use of these drugs, especially at anti-inflammatory and anti-edema, it was decided to apply in a Randomized Study (RCT) and double-blind the following remedies: Arnica montana, as an anti-inflammatory and painkiller, Phosphorus or Achillea for bleeding and Calendula, Mother Tincture, as a mouthwash with a soothing and healing action.

### MATERIALS AND METHODS

The following study provides for the selection of 60 patients (30 men and 30 women), between 50 and 60 years, with problems of partial edentulism and considerable loss of bone volume in the area of the maxilla (less than 5mm) at the Maxillary Sinus, class of Misch D3. The surgical procedure indicated, in these types of patients, is the Maxillary Sinus Augmentation Technique with vestibular approach to increase bone volume and prepare it for Implant - Prosthetic therapy. All patients were recruited according to the following parameters: patients between the ages of 50 and 60, 30 men and 30 women, of still healthy physical constitution. The selected patients presented no relative or absolute contraindications to the surgical intervention. Patients under pharmacological care for acute and chronic diseases were excluded from this study. In the Iter of the adopted study the patients were divided into 3 groups of 20 people. After surgery on all patients, the 20 patients in the sample group were given: a single dose of Phosphorus flavus 200 CH after surgery (a remedy that reduces bleeding phases), to the second group Achillea millefolium 200 CH single dose (remedy that acts on the traumatic hemorrhagic phases), the third control group was given: Placebo (evaluating the antihaemorrhagic action), to all 3 groups: Arnica montana 200CH in granules, 3 sub-lingual granules every 2 hours for 3 days and, at the end of the 3 days, 5 granules a day for 1 month, to quell pain and inflammation. Were prescribed, 1

hour after the surgery, rinses with *Calendula officinalis*, Mother Tincture, diluted in water (healing and soothing action). The presence or absence of bleeding, pain and post-operative swelling represent the Outcome that will be evaluated.

## **RESULTS**

In the sample study group (the group that used Phosphorus for bleeding) the swelling occurred in 3 patients, the pain did not exceed the value of 5 (average tolerable) except in 2 cases in which it was necessary to resort to anti-inflammatory therapy with Ibuprofen 600 mg and pain reliever with Trometamol salts Gtt 10ML, postoperative bleeding was present in 13 patients. In the II control group (group that used *Achillea* for bleeding) the swelling was present in 4 patients, the pain did not exceed the value of 5 (average tolerable) and only in 5 cases it was necessary to resort to anti-inflammatory therapy at least once painkiller, postoperative bleeding at one hour occurred in only 3 patients. In the III control group (the group that used the Placebo for bleeding), the swelling was found in 6 patients, the pain did not exceed the value of 5 (average tolerable) in 3 cases it was necessary to resort, at least once, at a therapeutic addition with Ibuprofen 600mg cpr and Trometamol Salt GTT 10ML, bleeding, instead, 1 hour from surgery, occurred in 18 patients.

## **CONCLUSIONS**

The results of this preliminary study show that the administration of homeopathic remedies reduces significantly postoperative pain and swelling, with more or less significant effects on bleeding. The aim of the study was, in fact, to evaluate the therapeutic effect of Phosphorus and *Achillea* in the management of postoperative hemorrhage and, the reality of the facts, considering the values of the aforementioned clinical research, shows *Achillea* as the most suitable homeopathic remedy, with striking effects on bleeding and pain, this is to prove that Homeopathic Remedies can be used, with excellent therapeutic response, integrating them to conventional drug therapy, succeeding, however, to activate the Vital Force of the patient to bring it to healing and avoiding to overload it unnecessarily with chemicals.

## **KEY WORDS**

Homeopathy in Oral Surgery, *Achillea millefolium*, Phosphorus flavus.

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# Medical reconciliation and mutual attitude between prescriber and pharmacist in respect of homeopathic patient

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## BACKGROUND

The relationship between the unicist homeopath treating a patient and the Pharmacist to whom the latter refers (for the prescribed remedy or further suggestions), is a hot topic of daily life, especially when the unicist homeopathic treatment involves a careful observation of the events after dispensing the remedy. An ethically fair Pharmacist should pay maximum attention not to interpose between prescription and healing progress. However, the unprepared patient often turns to the Pharmacist for collateral consulting regarding the problem for which he is already under homeopathic treatment, without informing him about the remedy he is already taking. As Medical reconciliation we mean the list of the total treatments the patient is taking (with all dosages, frequency, indications etc.) that have been prescribed by different entities (hospital, specialized centre, family Physician, Homeopath, herbal therapist, nutritional consultant, etc.) and in some allopathic and conventional contest it's already employed. In the current work, we encourage a Medical reconciliation that could include more specifically homeopathic medicines and CAM and, to a high quality and utility of this, we enhance the relationship Prescriber-Pharmacist in the ethic and mutual management of the homeopathic patient. We examine the relationship of mutual reciprocity between the two professional figures involved, the Prescriber and the Pharmacist, regardless the specific homeopathic skills of the latter. So we propose guidelines that could be implemented by LHMI and as a result adopted by the Pharmacist of each Country, as an oath of the professional Pharmacist involved in Homeopathy.

## MATERIALS AND METHODS

Taking inspiration from the jobs presented by the Colleague Dr. Rinaldo Ferreira (Pharmacist in Brazil) at the last X° Congresso Brasileiro de Farmácia Homeopática (CBFH) and at Liga Congress 2015 at Rio de Janeiro, we can proceed to issue a Mutual Ethic Code that puts together the two parties involved in the management of the homeopathic patient. Once submitted to the international homeopathic community in order to get a final shared version, this Ethic Code could be a kind of certification for the Pharmacist who intends to subscribe and follow the Guidelines, getting

an official and international identification that marks him worldwide for his ethical behaviour in respect of the homeopathic prescription.

### **RESULTS**

Regardless the Pharmacist's training which stands between the homeopathic medical prescription and the handing of the requested medicine, he must operate in good faith, but above all without interfering on the job started by the homeopathic Physician. In the same way, it is necessary for the Prescriber to interact with the reference Pharmacist, to get a good prescription, compatible with the regulatory requirements, and without the risk of refusals or delays due to compilation errors. In the end, a form of shared Medical reconciliation will contribute to put in synergic relationship both the professionals.

### **CONCLUSIONS**

In the management of the homeopathic patient, as it happens for conventional drugs, Pharmacists and Physicians belonging to a relational triad with the patient, must be able to interact for the benefit of the sick person, simultaneously with the cure process. The aim must be in common and shared, therefore a real and mutual collaborative relationship with a mutual deference of the respective professionalisms must arise. With the present document, we want to propose a kind of oath, as a form of commitment that the Pharmacist first wants to make in order to improve the management of the homeopathic patient that he has in common with the Prescriber.

### **KEYWORDS**

Pharmacist, Homeopathic Physician, Medical reconciliation, mutual ethical code.

*Medical reconciliation e atteggiamento  
reciproco tra medico prescrittore e farmacista  
rispetto al paziente omeopatico*

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### **INTRODUZIONE**

La relazione tra il medico omeopatico unicista che ha in cura un paziente, e il farmacista cui questi si rivolge (per il rimedio prescritto o per suggerimenti ulteriori), è un tema scottante e di quotidiana attualità, soprattutto quando la cura omeopatica

unicista prevede momenti di attenta osservazione degli eventi dopo la somministrazione del rimedio. Il farmacista eticamente corretto dovrebbe prestare la massima attenzione a non interferire con la prescrizione e con il processo curativo in corso. Ma spesso il paziente impreparato si rivolge al farmacista per consulenze collaterali al problema per cui è in trattamento omeopatico, e non avverte il suo interlocutore del rimedio che sta già assumendo.

Per Medical reconciliation s'intende lista delle medicazioni totali che il paziente sta assumendo (con tutte le posologie, frequenza, indicazioni ecc.) che gli sono prescritte da vari distretti (ospedale, centro specialistico, medico di base, omeopata, fitoterapeuta, nutrizionista, ecc.), ed è in qualche contesto già applicata in ambito allopatico e convenzionale. Nel presente lavoro viene sollecitata l'attenzione a una Medical reconciliation che comprenda più specificamente i medicinali omeopatici, e affinché questa sia di buona qualità e utilità, si valorizza la relazione medico-farmacista nella gestione etica e reciproca del paziente omeopatico. Si analizza la relazione di reciprocità tra le due professionalità coinvolte del medico prescrittore e del farmacista, a prescindere dalla formazione specifica in Omeopatia di quest'ultimo.

Viene proposta quindi una ipotesi di Linee Guida che possano essere recepite dalla LHMI e quindi adottate dal farmacista di ogni Paese di appartenenza, come una sorta di Giuramento del farmacista professionalmente impegnato in Omeopatia.

## MATERIALI E METODI

Ispirandosi ai lavori presentati dal Collega Dr. Rinaldo Ferreira (Farmacista in Brasile) allo scorso X° Congresso Brasileiro de Farmácia Homeopática (CBFH) e al Liga Congress del 2015 a Rio de Janeiro, si può procedere alla stesura di un Codice Deontologico di Reciprocità che metta d'accordo le due parti coinvolte nella gestione del paziente omeopatico.

Una volta sottoposto alla comunità omeopatica internazionale per un eventuale aggiustamento al fine di una versione definitiva condivisa, questo Codice Deontologico potrebbe diventare una sorta di certificazione del Farmacista che intenda sottoscrivere e quindi attenersi a tali Linee Guida, garantendosi un riconoscimento ufficiale e internazionale che lo contraddistingue per il suo atteggiamento etico di fronte alla prescrizione omeopatica, in tutti i Paesi del mondo.

## RISULTATI

A prescindere dalla formazione del farmacista che si interpone tra la prescrizione medica omeopatica e la consegna del medicinale richiesto, è necessario che questi operi secondo scienza e coscienza, ma soprattutto senza interferire sul lavoro intrapreso dal medico omeopata. Allo stesso modo è necessario che il medico prescrittore s'interfaccia col farmacista di riferimento, che lo guiderà nella compilazione di una ricetta ben fatta, compatibile con le esigenze normative, e senza il rischio di incorrere in dinieghi e ritardi per qualche errore di compilazione. Infine, una forma di Medical reconciliation condivisa, contribuirà a mettere in relazione sinergica i due professionisti.

## **CONCLUSIONI**

Nella gestione del paziente omeopatico, così come accade per i farmaci convenzionali, i farmacisti e i medici impegnati nella triade relazionale col paziente devono saper interagire a beneficio del malato, in un modo sinergico col processo di cura. L'obiettivo deve essere comune e condiviso, e perciò deve nascere una vera e vicendevole relazione collaborativa e di reciproco riguardo delle professionalità rispettive.

Col presente documento, si vuole proporre una sorta di Giuramento, come una forma d'impegno che il Farmacista per primo deve volersi assumere per migliorare la gestione del paziente omeopatico che ha in comune col Medico prescrittore.

## **PAROLE CHIAVE**

Farmacista, Medico omeopata, Medical reconciliation, Codice etico reciproco.

## Life and health: a systemic view

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Over the last thirty years, a new systemic understanding of life has emerged at the forefront of science. At the core of this new understanding we find a fundamental change of metaphors: from seeing the world as a machine to understanding it as a living network. In this lecture, Fritjof Capra will present his synthesis of this new understanding of life and will explore its implications for a corresponding systemic understanding of health. He will suggest that such a systems view of health can provide an appropriate context for reformulating the conceptual framework of homeopathy in contemporary scientific language.

**Fritjof Capra**, Ph.D., physicist and systems theorist, is the author of several international bestsellers, including *The Tao of Physics* (1975), *The Web of Life* (1996), and *The Science of Leonardo* (2007). He is coauthor, with Pier Luigi Luisi, of the multidisciplinary textbook, *The Systems View of Life* (Cambridge University Press, 2014). Capra's online course ([www.capracourse.net](http://www.capracourse.net)) is based on his textbook.

## Vitalism(s)

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One of the conceptual pillars in homeopathy is vitalism, theory accepted at the time to which Samuel Hahnemann adhered to explain himself and explain to others the phenomena he realized with his experiments in the provings and in the practice in his office.

Vitalism as the foundation of homeopathy was later accepted in history by different authors as a fact, even though the theory was rejected, and its alleged death was declared by biologists and philosophers of science.

In fact, one could ask whether the doctrinal body of homeopathy can be defended if the theory of vitalism were finally refuted.

I have already expressed on some occasion that we could perhaps continue the affirmation of our practice even with this possibility.

However, this would entail problems derived from the conceptualization that until now is held in classical form about the properties of the supposed vital principle, and the practices that derive from it.

Likewise, it should be mentioned that there is no univocity of criteria about the ontological constitution of this vital principle in the homeopathic community, both in its history and in the historical present.

This is the reason why I have titled this work Vitalism (s), with the “s” of the plural between parentheses, since I consider that there are several interpretations of the concept of vital principle in the history of homeopathy.

This is not trivial, since according to the position to which each one adheres, different types of practice can be adopted, which makes the practice of homeopathy seen by the “serious” community of the dominant biomedical paradigm, as vague and not scientific.

In fact, in the different attempts that are made to validate homeopathy, there is no appeal to the development of the defense of its doctrine, but to basic or clinical research studies. And for this we must adopt the scientific method of the biomedical paradigm, whose implicit philosophy of biology is substantially different from the philosophy of homeopathy.

To address the issue, I will present different definitions and classifications about vitalism that are contributed by the history and philosophy of science and biology. I will

analyze later what kind of vitalism was defended by Samuel Hahnemann, James Tyler Kent and Tomás Paschero.

In the conclusions, I will give my opinion about the “vitality” of vitalism in our days.

## Clinical case of *Convolvulus duartinus*

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### BACKGROUND

More than two hundred years after the death of its founder, the model proposed by Homeopathic Medicine to cure the sickness and suffering of the living still retains its charm and its heuristic potential, inspiring and guiding the work of many doctors all over the world. But we can not hide that it is the scientific model chosen by Allopathic Conventional Medicine, that continues to impose itself and to attract huge economic and political interests, but the reductionist approach which is its strength is also an insurmountable limit. The reason is that the human being is not an extremely complicated machine, but a Complex Psycho-physical System, and the tools made available by the reductionist, no matter how sophisticated and precise, are not suitable to understand its intimate operation. The need arises to revise the foundations of the scientific paradigm based on reductionist mechanicism to face the knowledge of the living in its peculiarity. In an almost prophetic way, this peculiarity of the living is present in the thought and teaching of Hahnemann. In his perspective the patient's subjectivity, considered almost an interference in the study of allopathic disease, is valued and becomes an essential tool of diagnosis, because we are called to know the suffering person in the round to grasp among many symptoms and signs those who better identify the particular way to suffer of that specific biological system, to be able to recognize the remedy that can best help it. And the preparation and study of the remedy, is another astonishing insight by Samuel Hahnemann. The remedy is not identified with the substance from which it comes and with which it also maintains a relationship of familiarity, but not being material it can be described only in terms of process, of which the symptoms of proving are a phenomenological expression. Over the years, Homoeopathic Doctors have accumulated an immense wealth of information on the remedies. A heritage that is still little and poorly shared by our scientific community. However this was a cause for discouragement and further difficulty in my personal training path as Homeopath. The answer to my need for organicity and contextualization arrived when I met the Method of Complexity in Homeopathy. A method that has allowed me to find a way that is both personal and consistent, coherent but not rigid, of effectively organizing both the medical remedies and the clinical material, mine or that collected in the seminars and in collaboration with other

colleagues. This is allowing us to develop an organic set of knowledge based on the phenomenology of the best known remedies, often used inappropriately, and those less known, but no less useful.

### **MATERIALS AND METHODS**

The clinical material presented concerns the prescription of *Convolvulus duartinus* in a young woman with infertility problems, which would never have been possible for me, because it has 70 symptoms on the repertory, if I had not previously read and analyzed a case of *Convolvulus Duartinus* presented by Dr. M. Mangialavori in his 2003 seminar. A remedy that, due to its defense or compensation mechanisms and the peculiarly disharmonic relationship between mind and body, Mangialavori inserts into the homeopathic family of the Drugs.

### **RESULTS**

As the follow up is more than 5 years, only the most relevant passages of the clinical interview will be reported in order to bring out, from the words, from metaphors, from the way of expressing her suffering, the aspects that have addressed the prescription and those that over time have confirmed effectiveness of this remedy in helping the patient to find her best balance and to face her maternity experience with the necessary serenity.

### **CONCLUSIONS**

A remedy with so few symptoms on the repertory, like *Convolvulus d.*, it is perhaps rare, but many remedies are not sufficiently prescribed, even if present in the literature and in the homeopathic pharmacopoeia. Being able to insert them into a grouping, a family, for example, of remedies that share system organization for some overlapping aspects, allows increasing the probability of being able to prescribe them. Nothing is better than the words of a patient who has benefited from the prescribed remedy, providing a reliable framework of the characteristic and characterizing themes of that remedy.

### **KEYWORDS**

Method of Complexity in Homeopathy, Homeopathic family of Drugs.

# Case taking according to method of complexity in homeopathic medicine: a pediatric experience

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## BACKGROUND

Literally “case taking” means to burden themselves, therefore to be worried about somebody. We can name it as “clinical consult” or “medical visit”, but basically it is always composed of two parts: a conversation and a physical examination. We believe that it’s extremely important meditating on the concept of what is “case taking” in Homeopathic Medicine. It symbolizes the “ideal place” where we can gather clinical data essential for homeopathic prescription, but it’s even the indispensable starting point to create therapeutic alliance between the patient and the homeopath. This step represents the unavoidable requirement for a true course of treatment, from our point of view. In Pediatric cases (as well very probably in animals ones) we have to considerate that children are part of the larger system of their families, families in turn are integral part of the larger social system (for instance represented by teachers and classmates). This situation in connected to the peculiar features of childhood. The Method of Complexity in Homeopathic Medicine is essential in order to understand deeply our patient and their themes, which describe their mental and physical structures. The paradigm of complexity thus stands as a bold challenge to the fragmentary and reductionistic spirit that continues to dominate the scientific enterprise. Our goal is to answer some questions: “How does this person function as a system? Which are his compensation strategies? Which are his vulnerabilities? How does de-compensation happen? How will be his restoration?”

## MATERIALS AND METHODS

This paper defines a theoretical framework aiming to support the actions and reflections of researchers looking for a ‘method’ in order to critically conceive the complexity of the process of “case taking”. We analyze case taking in 3 different patients, representative of 3 different ages: newborn, child and adolescent. Case taking according to Method of Complexity in Homeopathic Medicine presumes 2 fundamental steps: observation and an empathic sharing of therapeutic field. We realize that speech is important in adult communication, but we have to activate other instruments for younger patients (drawing, symbolic implementation of images).

## RESULTS

In our experience an accurate case taking according to Method of Complexity allows us to identify a coherent organization of themes specific for each our patient. This is the first step to individuate Homeopathic remedy.

## CONCLUSIONS

From the methodological point of view we think that it's very important to meditate on case taking and its mechanisms in Homeopathic Medicine because it's the first fundamental step of a complex clinical Methodology. We think that Case taking in pediatric patients has some interesting mechanisms we need to analyze, and some specific instruments we need to use.

## KEYWORDS

Case taking – Pediatrics – Therapeutic field – Method of Complexity in Homeopathic Medicine.

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# La presa del caso secondo il metodo della complessità: un'esperienza in ambito pediatrico

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## INTRODUZIONE

Letteralmente l'inglese "case taking" significa farsi carico, quindi preoccuparsi per qualcuno. In Italiano preferiamo chiamarlo "colloquio clinico" (sottintendendo però che una sua parte integrante è rappresentata dall'esame obiettivo), ma indipendentemente dal nome che gli attribuiamo riteniamo di estrema importanza ragionare sul concetto di "presa del caso" in Medicina Omeopatica, perché non rappresenta solo il luogo dove si raccolgono le informazioni cliniche indispensabili per arrivare alla diagnosi di rimedio omeopatico e quindi alla sua prescrizione. È il punto di partenza per la costruzione di un'alleanza terapeutica tra medico e paziente all'interno della quale è possibile fare l'esperienza di un campo terapeutico, imprescindibile presupposto per un reale percorso di cura.

In Pediatria è interessante osservare che la presa del caso non può prescindere dalla considerazione che la persona/bambino deve essere inevitabilmente considerata all'interno del più ampio sistema/famiglia e sistema/società (relazione con insegnanti e coi pari) per le caratteristiche stesse del momento evolutivo infanzia-adolescenza. Per queste ragioni adottare un pensiero "complesso" diventa essenziale per la

comprensione più profonda del nostro paziente, cioè dei temi che ne descrivono la struttura psicofisica ed emozionale. Lo scopo è arrivare a rispondere alla domanda: “chi è la persona che abbiamo di fronte? Quali sono i suoi meccanismi di compenso? Di scompenso? Le sue strategie adattative?”

### **MATERIALI E METODI**

Abbiamo analizzato la presa del caso in 3 casi clinici esemplificativi di 3 tipiche età pediatriche: neonato, bambino, adolescente. Tale presa del caso prevede secondo il Metodo della Complessità in Medicina Omeopatica 2 passaggi fondamentali che abbiamo definito come “osservazione” e “partecipazione al campo terapeutico”. Ci siamo resi conto che se il linguaggio verbale poteva funzionare come strumento portante nella comunicazione coi genitori dei pazienti, invece per poter accedere a uno scambio diretto di informazioni coi nostri pazienti era necessario attivare anche altri canali di comunicazioni senso-percettivi e creativi (disegno, trasposizione simbolica di immagini).

### **RISULTATI**

Nella nostra esperienza la presa del caso secondo il Metodo della Complessità ci ha permesso di giungere all'individuazione di un'organizzazione coerente dei temi che caratterizzano i nostri pazienti e consentono la diagnosi di rimedio omeopatico.

### **CONCLUSIONE**

Dal punto di vista metodologico fermarsi a riflettere sulla presa del caso e sui meccanismi che il terapeuta mette in atto, nonché sugli strumenti che usa, riveste una fondamentale importanza in Medicina Omeopatica.

### **PAROLE CHIAVE**

Presa del caso – Campo terapeutico – Metodo della Complessità in Medicina Omeopatica

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# Characteristic dental symptoms solved the cases of infertility; bronchitis and secondary amenorrhoea

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## BACKGROUND

Homeopathy is a very good branch of medical science; but its importance in dental practice is little bit neglected; the probable reasons may be lack of good knowledge of dental characteristic rubrics and skillful physicians.

Human body is a single entity fused by many different parts.

Homeopathy says..It is the man who is sick; not the part.

Hypothesis-To study the importance of characteristic symptoms of dentistry solving the cases of gynaecology and respiratory systems.

## MATERIALS AND METHODS

Individualised Homeopathic case taking, analysis and Repertorisation with synthesis treasure edition, Millennium view repertory and radar software were done in all the cases.

## CASE STUDIES

1) One day a couple consulted me for primary infertility of 2 years.Both were physically fit and all investigations were normal.

Chilly patient.

Offensiveness in all discharges.

Wandering pain in body specially in legs.

His wife said- He just yawn all the time; want to sleep but can not sleep. He always complaint of tiredness with pain here or there in body; and in bed he always get pain in his teeth...sometimes I feel that he must be lying or he may not like me...We met many doctors for pregnancy but what will they do if we are not doing sex for months? How will they help us?

In this case, the considered rubrics were –

Teeth, coition after

Teeth pain coition aggravation

Teeth pain accompanied by erections

Sleep, sleeplessness, sleepiness with

These rubrics were combined with other general rubrics and the remedy DEPHNE

INDICA came up! Which was prescribed in 30 c potency in aqua doses for 60 days twice in a day. It was followed by placebo for further 2 months.

2) A 10 years male child consulted me with his parents. He was a diagnosed case of chronic bronchitis.

C/O cough usually end up in vomiting; profuse yellow green sputum with mucus and pus . Chest pain while coughing. He has been nebulised many times and has been given steroids too.

On observation – he was quite emaciated. While chest examination he was restless with pain in chest .

Desire- sweets

Perspiration- profuse; day and night.

Medicines were prescribed as per need and present condition; but there was frequent relapse.

Recovery only under medication and relapse when without medicine not Homeopathy!! Something went wrong.

One day he visited me and that was his birth day. I gave him chocolate...His mother requested me not to give the chocolate as he enjoy the chocolates but he always get severe toothache after that!!

I asked him- what about other sweets? He answerd- I like sweets and they are not the trouble for teeth.

The rubric-

TEETH ,SENSITIVE, TENDER , CHOCOLATE TO was considered and the remedy MYOSOTIS ARVENSIS came up.

In its materia medica,I got one more rubric- CHEST,PAIN ,PERCUSSION,AGG... which confirmed this remedy as while chest examination he was not comfortable due to pai .

He had lean thin constitution too!

Myosotis Arvensis 30 was prescribed in aqua solution two times a day for complete 90 days.

3) A 22 years girl visited me for secondary Amenorrhoea.

The sonography showed the changes of PCOD.Homeopathy helped to solve PCOD. Regular menses started.

But after 4 months ; menses disappeared!!

Ultrasound was absolute normal.

There must be some changes when menses is suppressed since months!!She had only grinding teeth during sleep. Given medication did not work.

Surprisingly got a rubric – TEETH,GRINDING, MENSES..SUPPRESSED MENSES... and the only remedy was HELLEBORUS.

But this rubric is present in Synthesis Tresure Edition Millenium view only.

She has been prescribed Helleborus 200 aqua dose per week for 5 weeks.

## RESULTS

1) IN FIRST CASE – Sexual life settled. NO complaint of toothache from the patient since long time almost one year. Wife had pregnancy of 4 months when they met me 3 months back just for casual visit; not for consultation.

2) IN SECOND CASE – Expectoration reduced; frequency of bronchitis reduced.; he put on 1kg weight. When visited me quite comfortable with chest examination and the most important was- as per my instruction mother gave him chocolate 3 times in 3 months( one chocolate per month) and there was no toothache at all.

3) IN THIRD CASE – Homeopathic medicine has not only been regulated her menses but solved her Bruxism too.

In these cases Homeopathy could help the patient in solving Infertility, Bronchitis and Secondary Amenorrhoea with the help of characteristic dental symptom in indirect way.

## CONCLUSIONS

The patient may never understand this but being homeopath I fulfilled my duty. When you have a standstill case with all your good efforts, try to find out any peculiar ;rare symptom from physical or mental plane.

Few rare keynote rubrics of dentistry:

- 1) Teeth alive sensation of something.
- 2) Mind-biting hand,sleep during
- 3)Teeth grinding brain complaints in.
- 4) Teeth grinding sexual excitement during;etc

Mind is the prime minister of body and body is the feasibility of mind.

## KEYWORDS

dentistry,coition.

# Homeopathy in two hopeless cases of infertility with low AMH: materia medica is the final court of appeal

## BACKGROUND

Infertility is a major issue in society and a difficult situation for the couple. Infertility is defined as the inability to conceive within 12 months without any use of contraceptive measures. This diagnosis is therefore shared by 15% of couples attempting to conceive. When non-conception is due to faults on the side of the female, the causes may be local or constitutional.

AMH-Women are born with their lifetime supply of eggs, and these gradually decrease in both quality and quantity with age. Anti-Mullerian Hormone (AMH) is a hormone secreted by cells in developing egg sacs (follicles). The level of AMH in a woman's blood is generally a good indicator of her ovarian reserve. A woman can be infertile because of low AMH.

## HYPOTHESIS/ AIM AND OBJECTIVE

To study the effectiveness of Homeopathy in infertility with low AMH and role of Materia Medica in final selection of remedy.

## MATERIALS AND METHODS

### CASE STUDIES

1) A 32 years old woman from Myanmar visited at 19th July 2018 for deficient AMH hormone (0.01) as well hypothyroidism (0.06); with secondary Amenorrhoea since 4 months. She had dark clotted menses, suppressed menses, Sonography abdomen showed Bilateral small ovaries ( premature ovarian failure); hypothyroidism and sterility, anger, brooding nature and high expectations from others ...

Basically this was the case of secondary sterility.

Just within 3 months her AMH and TSH level came in normal range with Homeopathic medication.

2) A lady of 30 years from Qatar consulted for secondary Infertility with AMH < 0.01 at 04 April 2018. In her first pregnancy abortion was induced in 3rd month of gestation as foetus died in uterus. During her second pregnancy she had spontaneous

miscarriage at second month. The patient has a fear that she will lose her child again in uterus ; but still she want pregnancy!! Her gynaecologist suggested that she should adopt a child as she can never be able to be pregnant with such low AMH.

Just within 7 months at 14 th November 2018 her blood test showed AMH 1.89 with Homeopathic medication .

These are the evidence based studies.

Individualised Homeopathic case taking, analysis and Repertorisation with synthesis treasure edition repertory and radar software were done in both the cases.

Upcoming Remedies were distinguished from the final court Materia Medica.

In first case Ignatia 200 one aqua dose was prescribed as the constitutional remedy based on totality of symptoms of the patient such as dark clotted menses, suppressed menses, anger contradiction, brooding nature and high expectations of attention from husband (not for money but for his quality time).

Thyroidinum 30 and Syphilinum 30 were used as per the need of the case in further course.

In second case,remedy was chosen on two important points – frequent abortion in early months of pregnancy and fear of death of baby in uterus.

In second case Viburnum Opulus 200 given in water as per the history of frequent abortions in early month of pregnancy plus present complaint of suppressed menses and her overall totality of symptoms. Aurum Mur Nitronatrum 200 one dose was given 2 months after Viburnum to cover the syphilitic background.

## RESULTS

In both cases menses reappeared.

Lab investigations showed drastic changes in AMH in both the patients.

In first case AMH raised till 0.14 from 0.06 and in second case from 0.01 it came to 1.89ng/ml.

In first case TSH level from 0.06 came to 3.64 which is within normal limit.

A well taken case is 50% workdone!

Though you are not a good homeopath; but if you record the case in proper way ... you could achieve the success!!

Homeopathy is a perfect combo of traditional and modern medicines.

While handling the cases of infertility with low AMH ; the constitutional remedy is a better choice!!

In both the cases, the exact rubric explaining patient's behaviour and fear could not be found in Repertory but the symptoms were traceable in Material Medica, a genuine source!

Repertory is very well described in terms of which rubric has which remedy, but it does not tell the subtlety of those rubric. Ex. In Repertory, fear of dark in children rubric has 14 remedies but to know the meaning of exact fear of dark we have to look in materia medica for each remedy what it mean the fear of dark.

For instance Stramonium has fear of dark due to delusion of black dog attacks him

or room is on fire. Belladonna has fear of dark because he has horrible visions in dark like ghost, monster etc.

We need to explore Materia Medica to check the reliability of the remedy in the given subject. In first case apart from other totality; high expectations from her husband were found in materia part of Ignatia and in second case fear of death of baby in uterus was found in materia part of Viburnum.

Though these rubrics were not there in repertory but they are there in materia medica.

And hence Materia Medica is the final court of appeal.

### **CONCLUSIONS AND KEYWORDS**

AMH, Infertility.

# Role of homoeopathy in effective management of diabetes mellitus in cases not controlled by allopathic medicines

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## BACKGROUND

Prevalence of diabetes mellitus is increasing in adults above 18 years of age especially in low and middle income countries. If blood sugar is not properly controlled, it leads to many complications. Type 2, i.e non-insulin dependent diabetes is the commonest type of diabetes and it is one of the main amongst various life style disorders. Day by day number of cases of diabetes are increasing all over the world. In India more than 8.7% of adult population is suffering from diabetes and this percentage is increasing. During clinical practice, it is also seen that in many cases, in spite of routine multiple oral anti-diabetic allopathic medicines along with life style modification, blood sugar is not controlled, which later on gives rise to many complications. Considering this, study was done to find out role of homoeopathy in controlling blood sugar in such cases.

## MATERIALS AND METHODS

Area – Delhi India

Inclusion criteria- Male and female patients of age group 20 to 70 years with type 2 diabetes not controlled by 2 or more than 2 oral anti diabetic allopathic medicines along with life style modification for more than 6 months .Patients on regular allopathic medicines with previous blood sugar reports.

Exclusion criteria- Cases with all inclusion criteria but with heart diseases, cancer, long standing renal and hepatic diseases and psychiatric cases and females during pregnancy. Patients on irregular allopathic medication. Patients with family history of type 1 diabetes.

Research technique- Patients enrolled in study after considering inclusion and exclusion criteria were given homoeopathic medicines selected as per the principles of homoeopathy along with their allopathic medicines and life style modification. Their blood sugar level (fasting, PP and/or glycosylated Hb) monitored periodically and then compared to previous range and also any decrease in need of allopathic medicines after homoeopathic medicines was studied.Treatment method- Constitutional and intercurrent medicines as per requirement of case were given .Mother tincture as per symptom similarity were also given to control very high blood sugar level ( fasting

– above 250, Post prandial- above 350 , Hb1Ac- above 9) along with constitutional and inturcurrent medicines if required.

Duration of study- One year.

## **RESULTS**

Out of many cases of diabetes, 62 cases were included in the study and data of 40 cases with regular follow up was considered and evaluated by applying appropriate statistical tools. It was seen that in all cases homoeopathic medicines gave significant improvement in blood sugar level compare to earlier blood sugar level with only allopathic oral anti diabetic medicines along with betterment in general parameters. Constitutional medicines along with inturcurrent medicines mainly anti psoric medicines found to be most effective in effective management of cases. Mother tinctures like Syzajium jambolinum, Cephelendra and Acid phos were found most effective in controlling high blood sugar.

## **CONCLUSIONS**

Homoeopathy has a great role to play in management of long standing uncontrolled diabetes and helps in controlling blood sugar along with allopathic medicines. In few cases homoeopathy also helps in decrease dose of allopathic medicines. It is also suggested to do study for longer duration with more number of patients. Placebo controlled trials in pre-diabetics and in early diabetics for finding role of homoeopathy are also required. Study for finding role of homoeopathy in long standing diabetes with complications is also required. This study is important as it will help in decreasing morbidity and mortality due to long standing uncontrolled diabetes.

## **KEYWORDS**

Diabetes

Anti-psoric medicines

Anti-diabetic allopathic medicines

Controlling blood sugar

Type 1 diabetes

# Control of asthma in children: a comparative study between conventional and homeopathic treatment

## BACKGROUND

Asthma is the most prevalent chronic disease in childhood. Despite the low lethality, it has a high social cost. In addition to the costs of continuous and/or recurrent treatment, it is one of the main causes of the use of pediatric emergency services and hospital admissions. In this context of high economic impact, there are also the indirect costs of absenteeism from parents to work and from children to school. According to Martire (2012), although cases of severe asthma account for only 5% to 10% of all patients with asthma, they present higher morbidity and mortality and consumption of health resources, and patients with severe uncontrolled asthma seek 15 times more units of medical emergency and are hospitalized 20 times more than moderate asthmatics. The cost of treating asthma can account for a significant proportion of the family budget. In the United States, it is estimated that the cost oscillates between 5.5% and 14.5% of family income. In India, the equivalent of 9% of annual per capita income is spent. Lozano et al. (2008) conducted a study at the Hospital Infantil Norte de Santiago de Cuba and observed that the two groups studied, with homeopathic and conventional treatment, developed satisfactorily, but the first treatment was 10 times cheaper. In this way, it becomes a major public health problem and policy planning for these diseases is strictly necessary. Homeopathic treatment with low cost and proven efficacy for long term control of recurrent crises can be an excellent alternative for new public policies. The objective of this research is to evaluate the clinical control of asthma in children from four to eleven years old treated with conventional medicine and treated with homeopathy.

## MATERIALS AND METHODS

It is a cross-sectional, observational, prospective, analytical, and comparative study. Executed in two Basic Units of the Unified Health System of the Municipality of Betim, Minas Gerais, Brazil, from September 2017 to October 2018. The non-probabilistic sample consisted of 102 children between four and eleven of age with diagnosis of atopic asthma, of both sexes, being treated by the pediatricians of the units. The intake was given during the control visits, in home visits and in the meetings of the asthma group. The Childhood Asthma Control Test (C-ACT), validated for use in

Brazil, was used to assess the degree of asthma control, composed of questions answered by the child and his/her caregiver. The questionnaire score is given by the sum of the value of the answers, ranging from 0 to 27 points. The higher the score, the greater the asthma control. In the present study, the following scores were considered for the definition of asthma control: controlled  $22 \pm 2.9$  versus uncontrolled  $16.3 \pm 5.3$ . Before the questionnaire was applied, the demographic classification of the patients and the severity of the asthma before the treatment were performed, based on the modified criteria of the guidelines of the Global Initiative for Asthma.

## RESULTS

The questionnaire was applied to 102 children and their caregivers, 51 in conventional treatment (Group 1) and 51 in homeopathic treatment (Group 2). In group 2, there was a discrete male predominance (66.7%). In group 1, there was an equivalence between the sexes. There was no statistically significant difference between the mean age of the two groups. Assessing the severity of the disease prior to ongoing treatment, in group 1, there was a higher prevalence of intermittent and mild asthma, and in group 2, moderate and severe asthma. Of the 51 children treated with allopathy, all use salbutamol inhalation or oral and 22 use inhaled corticosteroids for continuous use. In the analysis of the results, in group 1, 38 reached the score of at least 21 points while in group 2 all of them reached. Thus, 74.5% of children in group 1 are asthma controlled compared to 100% in group 2.

## CONCLUSIONS

It was concluded that homeopathic treatment is effective for the control of asthma in children aged 4 to 11 years. The high frequency of inhaled corticosteroid use by a large percentage of non-homeopathic children (47%), a high-cost medication for the family and the public health system, recommends the inclusion and/or extension of homeopathic medicine in services with a view to optimizing the financial resources for this treatment. It is suggested that more research be done to confirm these results and that new public policies are developed.

## KEYWORDS

Homeopathy; Respiratory Tract Diseases; Health promotion; Asthma control; Public costs.

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# Arnold Chiari malformation. The role of homeopathy in the treatment of three symptomatic cases refractory to treatment

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## BACKGROUND

The Arnold Chiari malformation is a rare neurological disease that occurs in 0.5% of the population; 80% are women. Hydrocephalus consistent with this malformation is what causes most symptoms. Headaches and cervical brachialgia are very frequent syndromes in this pathology. In this work I try to demonstrate the healing of the symptoms, assessing the organic origin and even more in cases where the surgical posterior fossa decompression failed.

## MATERIALS AND METHODS

I present three cases of young women diagnosed with Arnold Chiari I Malformation, who consult with refractory symptomatology to decompression surgery and medical treatment. In all three cases, a Hahnemannian homeopathic approach was applied using the Homeopathic Formula for the Diagnosis of the Simillimum. Lycopodium, phosphorus and Ferrum muriaticum were prescribed. Each case received only one remedy prescribed in repeated doses with progressive increase in potencies. This work highlights the substantial change in the general condition of each patient and the evolution of the concomitant symptoms that constitutes the totality of the case.

## RESULTS

The result of the symptomatic improvement is quick and sustained, in addition to the improvement of the general balance. The organic origin and even more, the refractoriness to medical and surgical therapies demonstrate the depth and effectiveness level of homeopathic treatment in pathologies that due to their anatomical alteration and the subsequent hydrocephalus, make it difficult to resolve.

## CONCLUSIONS

In this work we demonstrate the healing of three cases with a rare neurological syndrome cured with homeopathic treatment applying the Homeopathic Formula for the Diagnosis of the Simillimum revealing once again, the homeopathy effectiveness in organic cases considered incurable or very difficult to cure.

**KEYWORDS**

Arnold Chiari malformation. Homeopathic Formula of Diagnosis of Simillimum. Headaches.

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# The use of Camphora as antidote: bibliographic analysis of ancients homeopaths' works

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## BACKGROUND

Canfora is a natural terpenoid, well known from ancient times because of its therapeutic properties, like anti-rheumatic and anti-microbial. At the end of '800 some physicians found out that this molecule could have been used for mental fatigue, for skin infection and for others clinical conditions. Well-known Authors of homeopathic medicine saw in Canfora substance and in Camphora remedy, useful instruments able to antidote wrong homeopathic prescriptions, and to control the excess of energy produced by an homeopathic aggravation. We started our research wondering which observation could have brought ancients' Homeopaths to the conclusions mentioned before and so we considered R. Séror e R. Gibson Miller's works: they compared Camphora with the remedies antidoted by itself. At this point we focused our work on understanding and relating all of remedies antidoted by Camphora to allow us to make previsions and conclusions. We considered remedies' natural Kingdom, the chemical composition, the botanical family and the starting material of each one. Then we analyzed them through the *Materia Medica* by S.R. Phatak e W. Boericke. This bibliographic research proved that not only the Masters of Homeopathy talked about Camphora as antidote but also smaller Authors done the same, and many of them reported an antidoting property of the raw substance, when ingested or simply inhaled.

## MATERIALS AND METHODS

Through some Authors' writings, we tried to better understand the role of that remedy/substance, and why it has the fame of homeopathic antidote, both as raw material and as a homeopathic medicine (diluted and dynamized). The main information about relationships between homeopathic remedies derived from the book *Les Relations Médicamenteuses - Synergiques et Asynergiques*, written by R. Séror, translated by A. Fontebuoni, Salus Infirmorum Publisher. We deduced the historical informations from G. Andral's observations made in 1838 in his text *Clinica medica ossia raccolta d'osservazioni fatte allo spedale della carità*. The comparison among the *Materia Medica* of the remedies antidoted by Camphora was done thanks to S.R. Phatak's book *Materia Medica of Homeopathic Medicines and A Concise Repertory*

of Homeopathic Medicines, translated by Dr. L. Marchetto e Dr. R. Gava, Salus Infirmorum Publisher, and thanks to Pocket Manual Homeopathic Materia Medica and Repertory, Italian version translated by R. Petrucci, written by W. Boericke.

### **RESULTS**

Our researches allow us to suppose that Camphora could be used to treat a wrong homeopathic medical prescription, or to canalize the excessively expressed energy of homeopathic aggravations, in the same way that a correct individualized remedy could, and also a remedy identified by the Relationship remedy tables could. However, it remains a mystery why raw Canfora is considered a universal antidote. Finally, a common denominator can't be found among those remedies antidoted by Camphora, so it's difficult to preview if other homeopathic remedies, not considered in this work, could be antidoted by Camphora too.

### **CONCLUSIONS**

In this contest, it emerges that would be suitable to reconsider Camphora's role as a general homeopathic antidote and would be important to test its antidoting power through trials. With modern Homeopathic symptoms analysis softwares could be interesting to compare extensively the antidoted remedies by groups, thus to allow previews and hypothesis, because they don't present items in common when they are considered in toto. It could also be interesting to know if other homeopathic remedies, whose proving is more recent than the considered o

### **KEYWORDS**

Canfora, Camphora, antidote, R. Séror.

L'antidoto Camphora: indagine bibliografica  
attraverso le parole di illustri omeopati del  
passato

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### **INTRODUZIONE**

La canfora è un chetone ciclico di origine vegetale noto sin dall'antichità per le sue proprietà terapeutiche, soprattutto antireumatiche per uso cutaneo, e antimicrobiche. Alla fine dell'800 si trovano indicazioni sull'uso di questa sostanza in ambito

clinico, come tonico, per uso esterno e non solo. Illustri autori della medicina omeopatica vedono in Canfora sostanza e in Camphora rimedio, un utile strumento capace di antidotare prescrizioni omeopatiche errate, e di incanalare l'energia eccessiva prodotta da un aggravamento omeopatico. Ricercando sulla base di quali osservazioni poteva essere affermato quanto detto sin ora, si è giunti ai lavori di R. Séror e R. Gibson Miller, i quali misero a confronto Camphora con i rimedi antidotati da questa, secondo le loro osservazioni. A questo punto risultò necessario capire e confrontare gli antidotati per permettere delle previsioni e per trarre delle conclusioni. Si sono considerati i rimedi per Regno, per composizione chimica, per famiglia botanica, per materia prima di partenza. Si sono analizzati poi gli stessi attraverso le Materie Mediche di S.R. Phatak e W. Boericke. Dalla ricerca bibliografica è emerso che non solo i maestri dell'omeopatia parlavano di Camphora come antidoto, ma anche autori minori presentarono le loro analisi e le loro osservazioni, molti riferendo una capacità antidotante anche della sostanza ponderale, e non solo per ingestione, bensì anche per semplice inalazione.

#### **MATERIALI E METODI**

Attraverso i testi di alcuni autori si è cercato di comprendere meglio il ruolo di questo rimedio/sostanza, e il perché esso abbia la fama di antidoto omeopatico, sia in veste di materia ponderale, sia di medicinale omeopatico diluito e dinamizzato. Le informazioni principali sulle relazioni tra rimedi omeopatici derivano dall'opera Relazioni tra i rimedi omeopatici, scritto da R. Séror, traduzione a cura di A. Fontebuoni, edizioni Salus Infirmorum. Per le informazioni storiche ci si è basati sulle osservazioni riportate nel 1838 da G. Andral nella sua opera Clinica medica ossia raccolta d'osservazioni fatte allo spedale della carità. Per il confronto tra le materie mediche dei rimedi antidotati da Camphora si è ricorso all'opera di S.R. Phatak Materia medica e repertorio essenziale dei medicamenti omeopatici, traduzione a cura di Dr. L. Marchetto e Dr. R. Gava, edizione Salus Infirmorum, e a Materia medica omeopatica, traduzione a cura di R. Petrucci, scritta da W. Boericke.

#### **RISULTATI**

Dall'indagine effettuata si può supporre che Camphora omeopatica possa essere utilizzata in presenza di un'errata prescrizione omeopatica o per incanalare l'energia espressa esageratamente durante un aggravamento omeopatico, allo stesso modo di un rimedio corretto, individualizzato, o secondo le tavole di Relazione tra i rimedi vicendevolmente; mentre resta un mistero il perché Canfora ponderale sia considerato antidoto universale. In ultima analisi è emerso che tra i rimedi individuati come antidotati da Camphora omeopatica non è possibile trovare un comune denominatore che permetta di prevedere se altri rimedi omeopatici non considerati possano essere antidotati dalla stessa.

## **CONCLUSIONI**

Alla luce di quanto emerso sarebbe opportuno riconsiderare il ruolo di Camphora come antidoto omeopatico generale e analizzare il suo potere antidotante attraverso una sperimentazione. Attraverso i moderni software di analisi dei sintomi omeopatici potrebbe essere interessante confrontare in modo più approfondito i rimedi antidotati per gruppi, visto che, considerati in toto, non presentano punti in comune tali da permettere previsioni o ipotesi. Sarebbe inoltre interessante capire se altri rimedi omeopatici, la cui sperimentazione sia più recente rispetto a quelli considerati, possano anch'essi essere antidotati da Camphora. Andrebbero infine valutati anche i rimedi antidoti di Camphora per ricercare relazioni utili e permettere previsioni.

## **PAROLE CHIAVE**

Canfora, Camphora, antidoto, R. Séror.

## A case study of Myasthenia gravis through homoeopathic integrated treatment

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### BACKGROUND

Myasthenia gravis is a basically critical but treatable autoimmune disease of the neuromuscular junction characterized by skeletal muscle weakness and is a disorder of young women and old men. The total incidence rate of myasthenia gravis has been invariable and 2.1 to per 100,000 people per year are estimated. Since the rate of prevalence is very rare a case of myasthenia gravis is something unique for the beginner. It created interest and invoke inquisitiveness. As a beginner it was a challenge which I accepted as a physician. After uninterrupted homoeopathic treatment the patient with myasthenia gravis is improved. Such type of case may pave the way to further researches and may reduce the present morbidity rate and increase the quality life of the patient. Only one case has been shown because of its rare prevalence.

### MATERIALS AND METHODS

A 54 years male patient has been reported to me with the symptoms of tiredness and weakness feeling while speaking, frequent stool in morning, numbness of palm and sole and weakness feeling of jaw while chewing. The patient has been suffering for last three years. It was a diagnosed case of myasthenia gravis. The patient has undergone thymectomy and was under allopathic treatment. But there was no improvement with poor QOL. The patient was very much irritated with his sufferings and wants to get rid of them. After performing clinical examination, case taking, repertorisation and consulting materia medica Sulphur LM potency was prescribed and dispensed and asked the patient to take the remedy once daily. Regular follow ups were done and did counseling of the patient to build up his confidence that he will get back his normal life.

During follow up, on second visit the patient has no clinical response and I prescribed next LM potency. But from 3rd visit and onwards the patient with ascending LM potencies has started ameliorating. Since during 7th visit the patient feeling much better to his previous visit, I dispensed placebo and on 8th visit I have maintained same protocol as the QOL of the patient improved. The patient expressed his confidence over his health and life.

After five months of uninterrupted homoeopathic treatment now the patient is im-

proved to a great extent and his physical and psychological standard of QOL has improved immense.

### **RESULTS**

The patient is relieved from the symptoms with which he reported and his quality of life is improved.

### **CONCLUSIONS**

The outcome of the said case study suggested that post thymectomy a case of myasthenia gravis may be improved through homoeopathic treatment.

### **KEYWORDS**

Myasthenia gravis, Sulphur, Homoeopathy.

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## Relationship form-symbol in homeopathy

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### BACKGROUND

Things appear to us in a shape that is contingent and accidental, in relation with what they express or represent. The name of every aspect of reality, the totality that it express- as it is mentioned by Hahnemann in paragraph 7 of the Organon- is one with its intimate nature, it is its own essence. This identity shows us that the reality is energy in the interiority and word, shape, in its own exteriority. What we perceive, is the effect of the energy that animates it: the language expressed from the body when we get sick, is symbol and icon of the energetic reality that itself represents.

### MATERIALS AND METHODS

There have been considerate different shapes of dermatitis that required the same remedies to get removed: for all of them it's been given Mercurius Solubilis in alternation with Hepar Sulphur or with Rhus Toxicodendron, and in one case Belladonna at the beginning of the treatment of a Nodosus Erythema.

### RESULTS

We show in these case show there is a correspondence between the corporeal expression of the pathology (topos) and the inferential morbid dynamism. It is demonstrated that the shape in which sufference is presented is effect of the energetic that causes it, and, as taught by Hahnemann, these same altered forces, opportunetely solicited, can give back us health.

### CONCLUSIONS

Every time that the sufference get us way from our being, there is a “now” and a “before”, and the paradoxal aspect of this way of concatenating the events, get us conscious that the future is already outside to wait us and at the same time this same future is already, in part, anticipated in our present.

### KEYWORDS

Extension- Symbol- Shape- Time - Form

## Relazione forma-simbolo in omeopatia

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### INTRODUZIONE

Le forme in cui le cose ci appaiono sono contingenti e accidentali in rapporto come sono con ciò che esse esprimono o rappresentano. Il nome di qualsiasi aspetto della realtà, la totalità che lo esprime, come segnala il maestro nel paragrafo sette dell'Organon è una sola cosa con la sua natura intima, e la sua stessa essenza. Questa identità ci mostra che la realtà è energia nella sua interiorità e parola all'esterno, cioè forma. Ciò che percepiamo è effetto dell'energia che lo anima e come mondo manifestativo è simbolo della realtà energetica che rappresenta.

### MATERIALI E METODI

Sono state considerate forme differenti di dermatite ma che hanno richiesto gli stessi rimedi per essere rimosse. Si è sempre somministrato per tutte il Mercurius Solubilis in alternanza ora ad Hepar Sulfur alcune volte a Rus Roxicodendron e in un'occasione a Belladonna in un primo momento del trattamento di un eritema nodoso.

### RISULTATI

Mostriamo in questi casi come ci sia rispondenza tra l'espressione corporea della patologia (TOPOS) e il dinamismo morboso inferente. Si dimostra che la forma in cui si presenta la sofferenza e l'effetto dell'energetico che la induce e come Hahnemann insegna queste stesse potenze alterate opportunamente sollecitate ci possano ridare la salute.

### DISCUSSIONE

Il viaggio attraverso la sofferenza della persona è rivolto a cogliere non solo il suo momento, l'emergente, l'ultimo istante, ma anche il graduale procedere di quella metamorfosi che diciamo essere la malattia e del suo significato nell'economia della vita.

### CONCLUSIONI

Ogni volta che la sofferenza ci allontana dal nostro essere, c'è un crinale fra il nostro modo d'essere e un prima e l'aspetto paradossale di questo modo di concatenare gli eventi ci fa coscienti che il futuro è già fuori ad aspettare che noi vi entriamo e anche ci dice che il suo futuro è già in parte anticipato nell'attualità.

### PAROLE CHIAVE

Estensione-simbolo-forma-tempo

### Bibliography

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Hahnemann S., "Le malattie croniche" S.I.M.O.H. Roma 1995 par. 45, par. 48

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## The World as Analogy and Difference

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*“We saw the disease and right there we found the medicine”.*  
India Rarámuri of the Sierra Tarahumara

### BACKGROUND

Hahnemann thought that people were made of many tissues (organs and functions), multitudes assembled to form many interconnected and sentient “cellular selves”. In the paragraph 10 of the Organon, it’s described a vital principle and vital force. Reductionism in bioeconomy looks at the body as a determined genetic project that rules an organic system in which individual experiences and personal interest are insignificant. On the other hand, Homeopathy as confirmed by Epigenetics today, thinks that the single organism together with the complexity of the relationships that establishes in life can influence the destiny of its own genes. The subjectivity is intended from this perspective as the propulsive force that makes possible the deployment of the self.

### MATERIALS AND METHOD

In paragraph 11 of the Organon, the Master describes Miasm as dynamic elements of the attributive type – virtual; it is a nexus – bond between parts. This dynamic is harnessed to the protagonist and sufferer body and implies a change. The semen that will become a tree, once penetrated in us and altered the Vital Force, will co-produce the journey that we call illness. Becoming is deferring, continuous mutating, repetition and not identity (deferred repetition of the difference in the rhythm’s equality), overthrow of ontology as perpetual immanency.

### DISCUSSION

The Virtual Miasm (greek signet, in logic it’s the attribute), is for Hahnemann that quality = energetic note (and so dynamic), that belongs to pathos and allows to define a symptomatic note isomorphic to the movement that is altering the vital force. The form, the design that the dynamism projects through the symptoms, doesn’t reproduce the visible but materializes what is energy and separates the inside from the outside, the signified from the signifier.

## CONCLUSIONS

In paragraph 11 of the Organon it's written that when the body gets sick, only the vital force of the automatic type is altered, by the dynamic influence of the morbigen agent. In a foot note, Hahnemann specifies the meaning and the effects of this alteration.

## KEYWORDS

Analogy- Difference - Vital Force- Miasma- Metamorphosis

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# Il mondo come analogia e differenza

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*“Abbiamo visto la malattia e proprio lì abbiamo trovato la medicina”.*

India Rarámuri della Sierra Tarahumara

## INTRODUZIONE

Hahnemann considerava la persona come costituita da una molteplicità di tessuti – organi e funzioni, molteplicità assemblate in tanti “sè cellulari” correlati e senzienti. Nel paragrafo 10 dell’Organon ci parla di un principio vitale e della forza vitale. Il riduzionismo, la bio-economia, guarda al corpo come un progetto geneticamente determinato che comanda un sistema organico, in cui nulla contano le esperienze individuali e gli interessi espressi nel vissuto. L’omeopatia invece, come l’epigenetica ratifica oggi, pensa che il singolo organismo - con il complesso delle relazioni che stabilisce nella vita- possa influenzare il destino dei propri geni. La soggettività viene intesa, da questo versante, come la forza propulsiva che rende possibile il dispiegarsi del sé.

## MATERIALI E METODI

Nel paragrafo 11 dell’Organon, il Maestro presenta il Miasma come elemento dinamico di tipo attributivo virtuale; esso è nesso vincolo relazione fra le parti. Questa dinamica è imbrigliata nel corpo protagonista e sofferente ed implica una metabolè. Il seme movimento per diventare albero dovrà, penetrato in noi e alterata la forza vitale, coprodurre quel traghettamento che diciamo malattia. Divenire quindi come differire, continuo mutare, ripetizione e non identità (ripetizione differita della differenza nell’uguaglianza del ritmo); rovesciamento dell’ontologia come eterna immanenza.

## **DISCUSSIONE**

Il miasma il virtuale (sigillo in greco, in logica è l'attributo), costituisce per Hahnemann quella qualità nota energetica, cioè dinamica, che connota il pathos e che consente definire una totalità sintomatica isomorfa al movimento che sta alterando la forza vitale. La forma, il disegno che il dinamismo proietta attraverso i sintomi, non riproduce il visibile ma materializza l'energetico, separa un dentro da un fuori, il significato dal significante.

## **CONCLUSIONI**

Nel paragrafo 11 dell'Organon si legge che quando il corpo ammalia, in primis è solo la forza vitale di tipo automatico ad essere alterata a causa dell'influenza dinamica di un agente morbigeno. In una nota a margine, Hahnemann specifica il significato e gli effetti di questa alterazione.

## **PAROLE CHIAVE**

Analogia – Differenza – Forza Vitale – Miasma – Metamorfosi

## **Bibliography**

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# An integrated approach in managing PCOS

## BACKGROUND

PCOS is a multifactorial and polygenic condition. It contributes to be one of the leading causes of infertility in today's scenario. Risk of hypertension and cardiovascular disease is common metabolic abnormality in women with PCOS. Obese women are at increased risk of developing diabetes mellitus due to insulin resistance.

**Aims and objectives** - To determine the various aspects related to lifestyle in development of PCOS. To study the various spectrum of clinical presentation in PCOS cases. To formulate an integrated approach, (homeopathic treatment and lifestyle modification) in managing PCOS cases.

## MATERIALS AND METHODS

30 patients of PCOS were enrolled after informed voluntary consent via convenient sampling. The patients were diagnosed based on Rotterdam's criteria. Thorough homeopathic case taking was done and indicated homeopathic remedy was prescribed along with ancillary measures. Inclusion criteria- follow up of 6 months. 30 patients were studied to assess the curative effect of homeopathic medicine for PCOS along with advised lifestyle changes.

## RESULTS

There was a significant improvement in the menstrual cycle of the patient. There was also an appreciable reduction in the androgenic features of PCOS. One case of infertility conceived with pure homeopathic treatment. None of the patients required adjuvant hormonal therapy.

## CONCLUSIONS

A spectrum of different clinical presentation of PCOS was derived. An integrated method (of using homeopathic remedy along with lifestyle modification) was derived by retrograde analysis of cases. Homeopathic treatment along with lifestyle modification helps in achieving a satisfactory outcome in PCOS; it can also help in reducing the 30% infertility rate seen in PCOS patients.

## KEYWORDS

Keywords - PCOS, infertility, sarcodes, androgenic features.

# Speaking about homeopathy becomes communication only when you are understandable and touching

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## BACKGROUND

Homeopathy is suffering from strong attacks everywhere and many of the criticisms are based on what we have been inaccurately spreading. This inaccurate statements deal with basic principles of homeopathy, possibilities and limits of its use and the scientific roots and evidences that support homeopathy.

We can start fixing it using actual knowledge that must update traditional speeches, adopting a better attitude that builds bridges between homeopathy, integrative and conventional medicine and training some communication skills that help us deliver our key messages in a more effective way.

## MATERIALS AND METHODS

Spain being one of the epicentres of the sceptical lobby, a great effort had to be made to counteract the frequent media crisis. That meant hundreds of interviews and debates, so we had to build a team of spokespersons, become trained in communication and media skills and rewrite our key messages so that more effectivity could be accomplished.

The need to spread this messages lead us to create a communication team called 3Gt (after the names of the founders). It was necessary to have more positive impacts in the media, more people to face the continuous crisis and debates and above all to permeate more suitable messages to the public (which includes and starts by families, patients and friends). Thus, we started different training models from the more open and less interactive ones, to interactive workshops and coaching sessions in order to prepare spokespersons. After initial resistance to change speech and get out the comfort zone, the seminars are very welcome and demanded by homeopathic scientific societies, patient associations and schools of homeopathy. Working together, learning happens on both sides: participants and teachers.

Regarding the materials used, the communication group of the National Assembly of Homeopathy (of which we make part) has developed position statements and scientific dossiers that have been published and spread by media, blogs and social networks. A new website (#homeopatiасuma) aimed to general population contributes to this objective.

## RESULTS

Homeopathy should be described with understandable words (“similia” is not) and key messages (“we do not know it works”, “it is all about energy and information” are not what we want to share).

It is necessary to find out how to transmit what is in our hearts and not only in our heads, as people fall in love with who we are.

We suggest to answer questions and objections only after listening carefully and with the aim of building bridges and not breaches. Afterwards, we should adapt our language and attitude to be more positive and clear, and also reach the emotions of our listeners.

The “3Gt Equation”  $[H4 \times (B+C+P)^2]$  will help remember the key points of effective communication.

## CONCLUSIONS

Using better words in a better way has helped us be a lot more convincing, profit the debates and win allies.

We have witnessed how learning some clues and doing some training can change the way people think, speak and behave in a noteworthy way.

The more we learn and change, the more we can help others learn and change.

We have discovered that these techniques are just as useful with friends, family, colleagues and patients and we love to share the lessons learned from an adventure that is helping us be better physicians, better homeopaths and better people.

## KEYWORDS

Communication; Attitude; Messages; Media; Training

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# Herpes Virus 1 (HV1): multicenter homoeopathic experimentation

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## BACKGROUND

The main purpose of a homeopathic experimentation (proving) is to expand the knowledge of *Materia Medica* on new or little known remedies. A second purpose is to evaluate the effects of a potentized substance on healthy people. In this view, a multicenter proving case study of Herpes Virus 1 is presented.

## MATERIALS AND METHODS

The first proving of the substance HV1 was carried out in 2015 at the School of Homeopathy in Verona. Proving's staff: 16 provers (9 females and 7 males); 9 supervisors, 1 coordinator, 1 director. 7 x 30CH, 4 x 200CH, 2 x MCH, 3 x placebo. It was a triple blind trial. The second proving was carried out in 2016 at the Similia Similibus School in Turin. Proving's staff: 10 provers (7 females and 3 males); 5 supervisors, 1 coordinator, 1 director. 4 x 30CH, 3 x 200CH, 1 x MCH, 2 x placebo. It was a triple blind trial. The results of a third HV1 proving, carried out in 2015 by the School of Education in Homeopathic Medicine E.M.C. - A.F.M.O. of Reggio Calabria, were also taken into consideration. The experimental protocol followed the guidelines of homeopathic experimentations, as recommended in: Homeopathic Proving Guidelines Harmonized by LMHI and ECH, with modifications based on Author's experience, presented at the LMHI Congress of Paris in 2014: Development and refinement of the proving: An example of *Streptococcinum*: method, results, clinical applications and further developed. The main adjustment was the use of different potencies: 30CH, 200CH and 1000CH to highlight the pathogenetic symptoms. Furthermore, the use of high potencies allowed to evaluate the effectiveness of a potentized substance on healthy individuals and, in particular, to study the possibility to generate too intense or dangerous symptoms. Eventually, the Author directly referred to the original experimental method developed by Samuel Hahnemann at the beginning of the homeopathic experimentation, which had a comprehensiveness in itself and a rigor that, over the decades, has partially lost. Hahnemann used to self-experiment the remedies and verify the symptoms they produced. Based on Hahnemann's brilliant experience, the Author has re-experienced the HV1 remedy on himself. In this study, the results of the individual experience were compared to the symptoms produced by the provers.

## **RESULTS**

HV1 provings provided important qualitative and quantitative information, appropriate to its therapeutic use. The pathogenesis of HV1 is shown, together with the most deep and distinctive symptoms, to facilitate a quick comprehension and a possible use of the substance as a homeopathic remedy. The use of high potencies has also provided important indications that can be (possibly) useful in clinical practice.

## **CONCLUSIONS**

The multicenter proving of the HV1 virus provides sufficient data for its prescription. The experimentation of dynamized substances on healthy people is still confirmed as the safest and most effective method to know the symptoms generated by the substance under study. This is valid only if the experimentation is carried out with a rigorous and reliable method. The repeated-dosing of high potencies on healthy people produced results that suggest caution in considering the clinical use.

## **KEYWORDS**

Homeopathic experimentation - Proving - HV1 - Artificial disease (pathogenesis) - Therapeutic use

## The change of paradigm in the medical sciences: the role of the humanistic sciences

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Medicine is imperfect given that man is imperfect: this is the paradigm, these are the words you should read between the lines of this text, row after row.

In the medical world, every scientific practice is under the threat of refutation, which gives rise to its evolutionary dimensions. It therefore follows that change is one of the basic principles of the methodological and organizational healthcare sciences. However, change is difficult as it leads us to question certainties and habits, activating feelings and actions that are often antagonistic, which is why everything takes such an exasperatingly long time. Many healthcare and academic institutions are now recognizing the need to overcome the methodology of generalized protocols and guidelines in order to achieve holistic and individualized patient care. However, they are applied in professional development settings and less overtly employed with patient populations. In my talk, I provide a general description of the impact of the humanistic sciences on medical care and educational programs. Above all, I will stress the need for an approach to these issues with innovative mental categories capable of overcoming pre-constructed and dogmatic patterns. The combination of medical science with humanistic science and the centrality of the value of narration are the cornerstones of a holistic medical culture. If the center of our interest is truly represented by the person considered as a whole and not as a sum of various organs, we will need to overcome the paradigmatic model represented by a “medicine and technology” used indiscriminately and without limits. In this case the physician must not allow himself to be seduced by technological science alone but, like Ulysses, the Homeric hero, tie himself to the mast of the ship to avoid the allure of sirens. But this is another story... and another long narration.

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## Effects on the structure of the water solvent. Similarities and peculiarities

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The chemical-physical study of a series of hydrophilic, natural and synthetic polymers continues. The polymers were subjected to the iterative procedure of subsequent hydrations and dehydration in the external environment. The working hypothesis assumes that clumps of EZ, the exclusion zone discovered by G. Pollack, are accumulated within the liquid phase. The increase of the concentration of clumps due to the Iterative Procedures produces systematic and significant variations of many chemical-physical parameters.

Another kind of iterative procedure is the one adopted by Homeopathic Medicine in which two different physical methods were iterated: Dilution and Agitation.

The physical and chemical parameters investigated are: Electrical conductivity, pH, density, mixing heat with acids and bases, conductivity, pH and calorimetric titrations, UV absorbance, Circular Dichroism spectra, Fluorescence light emission spectra, Fluorescence microscopy, Optical microscopy, Electronic and Atomic Force Microscopy, Freeze-drying procedures, Thermo-Gravimetric and Elementary analysis.

All the chemical and physical methods used indicate very significant variations with respect to the milliQ water used for the iterative procedure. The electrical conductivity increases with each step of the procedure. Each hydrophilic polymer leaves a different trace in the water liquid. The water exhibits extreme versatility compared to the perturbing polymer. The same results were obtained using the iterative method of Homeopathic Medicine.

As a consequence, we can affirm that the preparation method adopted by Homeopathic Medicine is not a singularity of the science but a common property of water! In this last year, we started to study the chemical composition of the liquids obtained and of the solids derived from them by freeze-drying.

There is no doubt that these solids and liquids contain organic carbon! The working hypothesis we have proposed for these results is that the aggregates that are formed in the liquid phase, perform a catalytic action for the production of organic and biological compounds, starting from the carbon dioxide of the external environment.

The most striking differences occur both in the liquids and in the solids obtained after the lyophilization process. The first gravimetric analysis highlights and confirms the results of the elementary analyses for the presence of organic carbon!

Similarities and peculiarities.

# The application of *Hypericum perforatum* and *Calendula officinalis* in the dentistry procedures

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## BACKGROUND

Dentin Hypersensitivity, often referred to as the “common cold of dentistry,” is a common oral condition that affects many patients, yet few of them bring this issue to the attention of either their dentist or dental hygienist. They may be unaware that they may have a diagnosable dental condition and, therefore, are unaware that there is something that can be done to stop, reduce, or prevent the pain. The purpose of this paper is to prove the effectiveness of homeopathic therapeutic in the Dentistic and Prothesis procedures, using the *Hypericum perforatum* and *Calendula officinalis* in the treatment of dentinal hypersensitivity, cleanliness of the “smear-layer” and teeth tissues cicatrization during and after teeth cavities procedures. The “smear layer” is produced on the dentin surface after abrasion or cutting by dental instruments. Its removal is indicated according to the kind of bonding dental agent used in the adhesive esthetic resin. At this same procedure occurs trauma to the nerve and vessels.

## MATERIALS AND METHODS

With the Homeopathy we could avoid the sensibility post-operative problems caused by the injuries after the cavities procedures, or as changing a simple amalgam to a esthetic resin or as in the cavities preparing of in-onlay porcelain prothesis. This work sought also that the Homeopathy must make part of the Dentist Doctor therapeutical instruments in his dental clinic routine, proving its appliance in Dentistic and Prothesis procedures in the teeth tissues injuries.

## RESULTS

The obtained results at the dental clinic routine with Homeopathy therapy had been observed with success by its appliance in Dentistic and Prothesis specialty, appointing to a better post-operative in the patients treated with *Hypericum perforatum* and *Calendula officinalis* 3 DH. The objective is to evidence the performance of the Homeopathy as support therapy in the dentistic and prothesis cavities procedures, demonstrating that a correct homeopathic prescribing for dental injuries will challenge a salutary systemic effects.

## **CONCLUSIONS**

Homeopathy will, for sure, an excellent choice to the treatment of the dentinary hypersensitiveness, cleanliness of the “smear layer” and tissues cicatrisation occurred in these both dentistry specialty mechanical procedures, caused by the trauma to the nerves and tooth tissue during cavities procedures.

## **KEYWORDS**

Hypericum perforatum, Calendula officinalis, hypersensitivity, dentistic, prothesis.

# Homeopathic therapeutic clinic in dentistry

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## BACKGROUND

Homeopathy is a therapeutic modality that allows integration with other dentistry specialties where the general practitioner or specialist may use efficient homeopathic medicines, simply and safely. For physical symptoms with which we are most familiar according to conventional dentistry clinic, we must observe all the features or modalities that make the characteristic of each individual: kind of pain or sensation; location and irradiation; period and time of appearance; improvement or worsening; symptoms or concomitant sensations; etc. We must remember that dental patients do not seek a dentist doctor preemptively, but when they already show signs and symptoms, most of the times. The great importance given by Hahnemann to the mental symptoms, that is, the characteristics related to thinking and feeling, the character and moral, shows the comprehensive understanding that he had about the binomial ill-disease, by addressing a theme (psychosomatic) only recently began to be valued by conventional dentistry. These are the most difficult symptoms to be reported, since they constitute a greater level of individuality and inform on our "limitations" and "weaknesses" (susceptibilities) which, in defense, we seek to hide at all costs. However, these same symptoms are directly related to physiological imbalances (integrative psycho-neuro-immune-endocrine-metabolic system) that predispose the emergence of the various classes of disease or infirmity ("healthy mind in healthy body"). It is important to remember at this point that the "mouth goes not alone to the dentist!" Together with the mouth is a patient with all his cravings, anxieties and fears! It is fundamentally important that the patient (and his companions) note the appearance of any significant change after ingestion of the medicinal product at all levels (mental, general and physical), taking note of its particular characteristics, time of onset, duration, intensity, etc.

## MATERIALS AND METHODS

The correct homeopathic prescription imposes some requirements: global caught of the case-correlation of symptomatic totality of the patient in front of a pathogenetic picture- individualization of a remedy, whose best correspond pathogenesis to this symptomatology.-dynamized minimum dose capable of awakening, without delay un-

necessary, the defense reactions essential to healing.-remedy interruption since the improvement stabilizes

## **RESULTS**

Being homeopathic therapy a difficult art, will be more convenient to the patient and the doctor the adoption of stimulus dynamic moderate around 6 CH and 12 CH in acute cases or lesional, and C 30 in those chronic, functional and psychological. As the patient improves and when necessary, the dentistry doctor will tend to higher potencies. If there is no absolute rules for prescribing powers, clinical criteria still decide the most convenient orientation for each particular case.

## **CONCLUSIONS**

To be able to prescribe at the Homeopathic Clinic Therapeutic for Dentistry it is necessary: The knowledge of homeopathic philosophy of Hahnemann, of the oral pathologies and their evolution, of the that is to be acute illness and chronic, of the the limits and dental ethics. Have profound notions of scales, methods of healing levels of Hering Law Have notions of pharmacology, human physiology, respecting the physiological limits, individualized response, prognosis, taking into account age responses on homologs thereof reactions, choosing the correct potential homeopathic, taking into account the ethical boundaries that must be observed by keeping a close relationship with homeopathic medicine: limits of dentistry and medicine. mutual knowledge of these limits. Remember that homeopathy treats the sick and not oral pathology itself, and that medicine and dentistry must go together. That the homeopathic dentistry should, where necessary, relieve the acute symptoms of his patient, observing the aggravations and leading to the balance of his patients after acute local symptoms discontinued, having as north the balance of Vital Energy.

## **KEYWORDS**

Therapeutic Homeopathic Dentistry Clinic-Therapeutic Limits- Potencies – Acute and Chronic Homeopathic dentistry therapeutical procedures -Limits and Professional Ethica.

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## Homeopathy in periodontal diseases

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### BACKGROUND

The purpose of this paper is to demonstrate the effectiveness of homeopathic therapeutic as a support on the Periodontal diseases, which does not respond to conventional treatment, may be suffering from mild immune deficiency. In taking a case history of a dental patient with chronic periodontal disease, we could obtain a great deal of information as to the patient's constitutional type by examining his oral and cranial structure and phenotype to find which remedy applies to this patient. The aim of this remedy is to give his whole body a "kick-start" to revitalize his immune response. Different constitutional remedies may be used for different patients with the same advanced periodontal disease, as samples: Hepar sulphur, Thuja, Silicia, Pulsatilla nig., Phosphorus, Argentum nit., ... in addition to the conventional therapies: oral hygiene instructions, scaling, root planning and periodontal surgery. The use nutrient supplements and general dietary advice is another area that the Homeopath Dentist Doctor would be considering to support these patients. The Periodontal diseases occurs with the rupture of the dynamic balance of the patient. It is the fallen down of the organic defense mechanism in front of body injuries or microorganisms we are susceptible by the kind of each individual "field".

### MATERIALS AND METHODS

The local treatment together with the homeopathic treatment will afford a periodontal balance harmony. We can treat recurring ulcer patients constitutionally, as outbreaks an acute manifestations of a more chronic disturbance. An acute prescription may help in this particular instance, but it will recur if the underlying chronic terrain is not addressed.

### RESULTS

During this study we could have a look about the periodontal chronic diseases classification in an homeopathic view: Psoric, Sicosys and Syphylis diseases, the oral signs and symptoms and the main homeopathic remedies applied to each homeopathic diseases.

## **CONCLUSIONS**

This paper presents a brief of the role of homeopathy in dentistry as it relates to acute and chronic prescribing. Correct homeopathic prescribing for dental diseases will frequently provoke salutary systemic effects. It is a reflection of the natural law of cure and illustrates the fact that the dental apparatus is an indivisible component of the integrated whole person. It cannot be otherwise; and for this we should all be grateful.

## **KEYWORDS**

Periodontal, homeopathic, remedies, constitutional, phenotype, therapy

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# Oral surgical procedures occurrences and injuries and the prophylactic homeopathic treatment

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## BACKGROUND

Homeopathy took a growing surge forward this decade due to its effectiveness as a therapeutic option in this new era after over two centuries of existence on solid grounds and based on scientific and philosophical pillars. Nowadays, Homeopathy directs itself toward research, following strict scientific criteria with the help of state-of-the-art technology. Homeopathy, when considering an individual holistic therapeutic view and singularizing a treatment by taking each patient by its symptoms, applied to the preoperative procedure, considers the region to be treated as well as the patient's psychic disturbances and his anxieties and fears when facing a surgical trauma. Homeopathy will, for sure, help us on the oral surgical procedure by preventing pains, edemas, hematomas as well as reducing the area to be treated by reducing swelling. During transoperative oral procedures, Homeopathy controls hemorrhage and yields to a clean surgical field, making the surgical act a success, since the anatomical view of the tissues will determine the extent of our objectives and time savings and, as a consequence, a successful outcome for the professional as well as an excellent prognosis for the patient. During the postoperative procedure, besides reducing pain, edemas and hematomas, Homeopathy will speed up healing, resulting in a quick patient recovery. The main proposal is to show the efficacy of the homeopathic remedies used during the pre-trans and postoperative procedures in Oral Surgery.

## MATERIALS AND METHODS

Applying of homeopathic remedies in many surgical situations, since the anxiety to the total cicatrization tissue, observing the vitality of the patient in the selection of the dilutions and potencies.

## RESULTS

Homeopathy will, for sure, help us on any surgical procedure by preventing pains, edemas, hoematomas as well as lessing the area to be treated by lowing swelling and bleeding due to any injuries. Excellent choice to treat trauma to the nerves (fracture incisors where you have a near exposure of the nerve), paraesthesias following a mandibular third molar extraction, uncovering impacted wisdom teeth and apicectomies,

muscle pains and spasms, TMJ trauma, periosteal injuries, bone surgery, contusions, periodontal surgery, dry sockets, incision wound, soft-tissue trauma, helping implants integrate, puncture wounds caused by local anaesthetics, abscesses. This presentation is a relate of some selected cases into a State Government Police Hospital in Rio de Janeiro – Brazil, as well as it my Private Clinic the patients are comprised at this routine.

### **CONCLUSIONS**

Homeopathy controls hemorrhage and yields to a clean surgical field, making the surgical act a success. Homeopathy gives the patient a quiet and successfully postoperative condition.

### **KEYWORDS**

Oral, surgery, homoeopathic, therapy.

# Trigeminal neuralgia treated with classical homeopathy – A retrospective clinical outcome study

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## BACKGROUND

Evaluation of homeopathic treatment in cases of trigeminal neuralgia, considering the side effects, the low effectiveness of pharmacological treatment and the risks of neurosurgery.

## MATERIALS AND METHODS

This is a retrospective study concerning 7 patients with trigeminal neuralgia, aged from 44 to 77 years (medium age 62.4 years), non-responders to pharmacological or surgical approach and treated with Classical Homeopathy.

6 out of 7 patients were followed up in a public neurological department (ASL TO 4, Ivrea, Turin, Italy) for a period of 1-3 years.

In some cases the homeopathic remedy was given without suspending the specific allopathic treatment which was later progressively reduced and finally stopped.

All cases were treated according to the laws of Classical Homeopathy and the “Levels of health” theory of prof. G. Vithoulkas.

### Case 1, F 68 yrs

1st visit 03/2015: Trigeminal neuralgia, right maxillary branch, during the last 2 years, steadily worsening despite treatment with pregabalin.

Prescription: Belladonna 200k

Follow-up

FU1 06/2015 (3 months): strong improvement of neuralgic symptoms, so pregabalin was reduced and finally suspended.

FU3 01/2017 (2 years after): October 2016 reappearance of neurological symptoms; repeated Bell Mk with quick remission of symptoms; now she is well.

### Case 2, F 74 yrs

1st visit 02/2016: During the last year stitching/burning pain in right eye area, triggered by touch (even slight touch)

The interview reveals a depressive reactive component to the death of the husband (late 2014) and of a sister (for LAS) and anxiety for a daughter's health.

Prescription: Ignatia Amara 200k

Follow-up

FU1 07/2016 (5 months): Total remission of neuralgic symptoms after one month of therapy.

F2: 2017 she is well. No more neuralgic symptoms.

Case 3, F 44 yrs

1st visit 11/2009: From six months short-lasting pain in the right maxillary region, triggered by chewing and touching, <during the night.

Prescription: Magnesia Muriatica 200 k.

Follow-up

FU1: 05/2010 (6 months): 90% improvement in pain, she just feels mild annoyance in the right maxillary region

Last FU 01/2014 (5 years): sporadic flare-ups of symptoms always resolved with repetition of the remedy in the same potency.

Case 4 F 77 yrs

1st visit 09/2016: right trigeminal neuralgia, mandibular branch, starting at the age of 20. Subjected to intervention of Gasser ganglion neurolysis many years ago, without benefit.

Treated for years with carbamazepine (ineffective), subsequently suspended due to leukopenia and then treated with pregabalin + amitriptyline, suspended recently for intolerance and poor/no effectiveness.

Prescription: Kalmia Latifolia 30CH

Follow-up

FU1 11/2016 (2 months): slight improvement in pain

FU3 10/2017 (11 months): further slight improvement, ongoing therapy Kalm 30 ch .She claims that homeopathic therapy has been the only one in all these years to have alleviated her pain.

Case 5, F 57 yrs

1st visit 10/2013: from six months burning neuralgic pain involving the left side of face

Prescription Spigelia 200k.

Follow-up

FU1 02/2014 (4 months): Neuralgic symptoms improved

FU2:06/2104 (8 months): she is well

Last FU 10/2017 (3 years 8 months): she is still well.

Case 6 M, 71 yrs

1st visit 14.11.2017: the pt has been suffering for 2 months of paraesthetic symptoms in mandibular region, appearing several times/day (15-20 times) and lasting no more

than 15 minutes. No apparent triggers.

Prescription: Aconitum XMK.

Follow-up

FU2 : 30.01.18 (2 months) : much better, neuralgic pain relieved 60-70%.

FU3: 19.06.18 (8 months): no more neuralgic symptoms, he is well even from general point of view

Case 7, F 59 yrs

1st visit 13.3.18: from 4 years neuralgic burning pain in maxillary left region, with several episodes.

Prescription : Magnesium Carbonicum 200K

FU 1 04.09.18 (6 months): no more pain.

## RESULTS

5 out of the 7 patients had a quick (few months) and long-lasting improvement, they could leave the allopathic treatment very soon or avoid to take it. Some of them had slight relapses of symptoms which have been cured with the repetition of the remedy.

1 patient with a severe and long-lasting form of trigeminal neuralgia (treated for years and submitted to neurosurgery without effects) had improvement of 50% of symptoms.

1 patient had amelioration of symptoms but several relapses (due to poor compliance, vaccinations etc).

## CONCLUSIONS

1. According to the outcome of the cases reported, homeopathic treatment could be considered as a first choice approach in the treatment of neuralgic diseases.

2. In the cases here treated it has been given along with the conventional medicines and still showed its effectiveness.

## KEYWORDS

Trigeminal neuralgia, homeopathic remedy, levels of health.

## Alcuni casi di nevralgia del trigemino trattati con l'omeopatia classica – Uno studio retrospettivo

### INTRODUZIONE

Valutazione della possibilità di utilizzare la terapia omeopatica come approccio di prima scelta o in alternativa alla terapia farmacologica tradizionale in alcuni casi di nevralgia del trigemino.

### MATERIALI E METODI

Trattasi di uno studio retrospettivo su 7 pazienti con nevralgia del trigemino, di età compresa tra 44 e 77 anni (età media 62.4), con scarsa o nessuna risposta al trattamento farmacologico e/o neurochirurgico e trattati con l'Omeopatia Classica.

Dei 7 pazienti 6 sono stati seguiti presso l'ambulatorio di Neurologia dell'ASL TO 4 di Ivrea per un periodo di 1-3 anni.

In alcuni casi il rimedio omeopatico è stato dapprima affiancato alla terapia farmacologica tradizionale che è poi stata progressivamente ridotta fino alla completa sospensione.

Tutti i casi sono stati trattati secondo le leggi dell'omeopatia classica e la teoria dei "Livelli di salute" del prof. G. Vithoulkas.

#### Caso1, F 68 aa

1° visita 03/2015: nevralgia del V n.c dx, branca mascellare, da circa due anni, in fase di aggravamento nonostante la terapia con pregabalin.

Prescrizione: Belladonna 200k

Follow-up: FU1 06/2015 (3mesi): netto miglioramento della sintomatologia nevralgica, con conseguente riduzione della posologia del pregabalin che è poi stato sospeso.

FU2 (10/2016) : ricomparsa della sintomatologia dolorosa che è rapidamente regredita dopo la ripetizione del rimedio (Bell MK)

FU3 01/2017 (2 anni dopo): sta bene.

#### Caso 2, F 74 aa

1° visita 02/2016: da circa un anno comparsa di dolore trafittivo/urente in regione periorbitaria dx, scatenato dallo sfioramento o dalla digitopressione. Diagnosi di nevralgia del V n.c. dx, branca oftalmica.

Dal colloquio emerge componente depressiva reattiva al decesso del coniuge (fine 2014) e di una sorella (per SLA) e ansia per la salute di una figlia.

Prescrizione : Ignatia Amara 200k

Follow-up

FU1 07/2016 (5 mesi): Totale remissione della sintomatologia nevralgica dopo un

mese di terapia.

F2: 2017 sta bene, il dolore non è più ricomparso.

Caso 3, F 44 aa

1° visita 11/2009: da circa sei mesi dolore di breve durata in regione mascellare dx, scatenato dal tocco e dalla masticazione, < di notte.

Prescrizione: Magnesia Muriatica 200 k.

Follow-up

FU1: 05/2010 (6 mesi): il dolore è migliorato del 90%, accusa unicamente lieve fastidio alla regione mascellare dx.

Ultimo FU 01/2014 (5 anni): sporadica ricomparsa dei sintomi che sono regrediti con la ripetizione del rimedio alla stessa potenza.

Caso 4 F 77 aa

1° visita 09/2016: nevralgia trigeminale dx, branca mandibolare, iniziata all'età di 20 aa. Sottoposta a intervento di neurolisi del ganglio di Gasser più di 20 aa fa, senza beneficio.

Trattata per anni con carbamazepina (inefficace e poi sospesa a causa di leucopenia), successivamente sostituita da pregabalin + amitriptilina anch'essi sospesi per intolleranza e scarsa efficacia.

Prescrizione: Kalmia Latifolia 30CH

Follow-up

FU1 11/2016 (2 mesi): lieve miglioramento della sintomatologia dolorosa

FU3 10/2017 (11 mesi): ulteriore lieve miglioramento, prosegue con Kalm 30 ch, sostiene che la terapia omeopatica sia stata l'unica ad alleviare un po' il dolore in tutti questi anni di sofferenza.

Caso 5, F 57 aa

1° visita 10/2013: da circa sei mesi dolore nevralgico all'emifaccia sn.

Prescrizione: Spigelia 200k.

Follow-up

FU1 02/2014 (4mesi): miglioramento della sintomatologia nevralgica.

FU2:06/2104 (8mesi): sta bene.

Ultimo FU 10/2017 (3 anni e 8 mesi): sta bene.

Caso 6 M, 71 aa

1° visita 14.11.2017: da circa due mesi sintomatologia parestesica in regione mandibolare sn, che si presenta circa 15-20 volte al giorno e dura 15'. Non chiari fattori scatenanti.

Prescrizione: Aconitum XMK.

Follow-up

FU2: 30.01.18 (2 mesi) : sta meglio, il dolore nevralgico si è ridotto del 60-70%.

FU3: 19.06.18 (8 mesi): totale remissione della sintomatologia nevralgica, bene dal punto di vista generale.

Caso 7, F 59 aa

1° visita 13.3.18: da 4 anni episodi ricorrenti di dolore nevralgico di tipo urente in regione mascellare dx.

Prescrizione: Magnesium Carbonicum 200K

FU 1 04.09.18 (6 mesi): totale remissione della sintomatologia nevralgica.

### **RISULTATI**

5 su 7 pazienti hanno presentato un rapido e duraturo miglioramento, grazie al quale hanno potuto sospendere la terapia farmacologica allopatrica o evitare di assumerla. Nel corso della cura in alcuni pazienti la sintomatologia nevralgica è ricomparsa in forma più attenuata, ma le recidive sono state ben controllate con la ripetizione del rimedio prescritto.

1 paziente con una forma grave e di lunga durata, senza alcuna risposta alla terapia neurochirurgica e farmacologica, ha presentato un miglioramento dei sintomi di circa il 50%.

In 1 paziente vi è stato un miglioramento ma diverse ricadute, anche legate a scarsa compliance/vaccinazioni ecc.

### **CONCLUSIONI**

1. Considerando i risultati della terapia omeopatica nei casi riportati, questa potrebbe essere valutata come primo approccio terapeutico nei casi di nevralgia del trigemino.

2. Nei casi trattati ha dimostrato di essere efficace anche in associazione alla terapia farmacologica tradizionale.

### **PAROLE CHIAVE**

Nevralgia del trigemino, rimedio omeopatico, livelli di salute.

# The role of homeopathy in the age-related diseases at Integrated Medicine Hospital Centre – AslSudEst Tuscany, Italy

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## BACKGROUND

During the activity in the Hospital Centre of Integrated Medicine we have studied and evaluate the importance and usefulness of homeopathy in integrated therapies in the course of chronic diseases in aged people, both hospitalized patients than outpatients. In our particular background, aged people (>60 years) represent almost 65% of our patients, their pathologies are mostly chronic pathologies, often burdened with comorbidities, that could determine a worsening in the main pathology or a pharmacological overload often not necessary.

## MATERIALS AND METHODS

After an homeopathic consultation, both in inpatients than in outpatients, we have tried to integrate specific homeopathic magistral formulations to evaluate their contribute in the treatment of clinical syndromes as: chronic pain syndromes, chronic respiratory syndromes, chronic osteoarticular and metabolic syndromes, that are the most frequent pathologies encountered in aged people. We have evaluated the effectiveness in terms of : reduction in declared symptoms ( or laboratory values), reduction in the use of conventional drugs and outcomes and/or compliance in a long term survey ( almost 5 years). We have collected data about these pathologies and their co-morbidities using SF 12 questionnaires, Edmonton assessment scale and analytic data at the beginning of our intervention and after a fixed period to evaluate the results.

## RESULTS

Homeopathic therapies have been very suitable to the needs of elderly patients, resulting both from the practice of homeopathy in hospital and the characteristic of the inpatients than from the compliance of the outpatients; also the costs of the therapy has been sustainable due to the use of a magistral formulation. Resuming the results we could say that integrated medicine has been successful in the reduction of chronic pain condition ( up to 84% in 6-months follow up ), in improving their quality of life ( up to 100% especially in some chronic conditions, as arthreumatic patients ) and in stimulating patients' resilience so to be able to reduce the dosage of conventional

drugs( up to 85% during the follow up period). The integrated approach has been able to reduce also the impact of comorbidities on the actual symptoms from 45% to 90% of the patients and the use of conventional drugs for the comorbidities has been reduced sometimes up to 100%.

### **CONCLUSIONS**

An Homeopathic integrated approach has been able to reduce the symptoms in many age-related diseases up to 90% of the elderly patients; in this way, we have demonstrated that homeopathy could be included in the Chronic Care Model, a patient centered model ,very suitable to the homeopathic “mind”.

### **KEYWORDS**

Age-related diseases, homeopathy, magistral formulation, quality of life.

# Homeopathy under siege

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## BACKGROUND

Homeopathy, once again, is under siege. Those who are opposed to this form of medicine and who are in positions of power, want to eradicate it in Spain and to stop it from being part of the National Health Service in Great Britain. This is nothing new. Fierce opposition to it has been going on since its conception in the 1700's and in the early 1800's. There are two basic reasons for this. Firstly, there are those who think homeopathy lacks a solid scientific base and secondly, there are those who fear the competition which they see as detrimental to their vested interests. The aim here is to clarify and explain to all those who do not understand but are willing to listen. This is not a profound study as such, (the time allowed to present a paper in a Congress like this is, naturally, quite limited). We just want to shine a light on the major obstacles our allopathic colleagues, and others who are interested, would encounter whilst trying to find a logical explanation as to how homeopathy works.

## MATERIALS AND METHODS

Some good starting points could be what Hahnemann himself thought about: a) Man as a human being, b) what happens when he/she is healthy and when he/she is not, and c) how does a homeopathic remedy work. What exactly is the mechanism which makes it work?

## RESULTS

Another difficulty which will be encountered is that in the dynamization process (beyond the 12th CH) no physical matter can be found. This is a very hard concept to grasp for anyone who has not been "initiated". How can it possibly work? To be able to understand this, we must change the paradigm. It is easy to understand how a material paradigm works, i.e. 400 mg of a remedy will have a stronger reaction than a 200 mg of the same substance. On the other hand, the homeopathic process is based on information (immaterial) which is read by the vital force, which is also immaterial. In this case, the way it works corresponds to another paradigm. The process of information is analysed under a deeper sight, in order to be able to better understand how it

works either in man made or in natural circumstances. This gives us an objective and scientific basis that makes possible to infer that the hypothesis of information offered to the vital force by means of a homeopathic preparation, is highly feasible. Next item: “Law of similars” “Would you indicate as a remedy something which might make you sick if you are healthy? Sounds strange!!” Answer: “You allopathic physicians, that is exactly what you usually do, without hesitation, when you send your cancer patients to receive ionizing radiations. That treatment is effective because it is based on this law. Cancer is what they produce in healthy people.” Finally, let’s tackle this next obstacle: how is it possible that, as we dynamise a remedy and we leave behind all traces of the physical matter, new factors appear, unknown factors, which were not obvious when dealing with the less ethereal, more physical element? The proposed formula to understanding the above questions now presents the question of where do we go from here. The answer is: “contract our field (of whatever the matter might be) and go on; go ahead”. This, of course, could be done in steps, that is: first contract the field and then go on, or both actions could be done simultaneously: you keep moving on steadily, and the original field automatically results contracted. As you keep leaving it behind, in the long run, it even disappears. And on the other hand, what at first was contracted, (that is, the part of the field ahead of us), now expands, and in so doing, it shows you images, data, details that were previously hidden, unseen, undetected. And this is precisely what Hahnemann discovered, when even inert substances in the state of raw materials, started showing valuable symptoms when dynamized.

## **CONCLUSIONS**

In conclusion: We homeopaths do not need demonstrations of the truth within Homeopathy. But, when this form of practicing medicine is being attacked, we need to have clear and solid arguments to defend homeopathy. And I think that it is wise on our side to discuss and to share ideas on this subject.

## **KEYWORDS**

Paradigm – Information – Vital force – Dynamization

## How to become a *true practitioner of the healing art*...

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### **BACKGROUND**

Practical application of the homeopathic principles.

In the paragraph 3, Organon 6. Edition, Hahnemann summarizes in one single paragraph the entire structure of homeopathy and clarifies that only the complete application of all fundamentals of homeopathy will allow a successful and as he writes judicious and rational working in the homeopathic office. What is to be cured in every individual case of disease as well as what is curative in each individual medicine (homeopathic proving) are the most essential requirements for a coherent application of the law of similars and a good choice of remedy. The proper dose, the proper period for repeating the dose and the removal of possible obstacles to recovery are completing the daily work of a true practitioner of the healing art. A clinical case, resolved with the method of Boenninghausen, demonstrates the practical application of the homeopathic fundamentals as well as the procedures for a successful homeopathic practice.

### **MATERIALS AND METHODS**

Organon study, clinical case

### **RESULTS**

Improvement of the patient's health problem

### **CONCLUSIONS**

Only the complete application of all homeopathic principles guarantees a successful homeopathic prescribing

### **KEY WORDS**

Organon Paragraph 3, Boenninghausen

# Clinical trial of leishmaniasis, an epidemic disease treated by the epidemic genius and the individuality

## BACKGROUND

Leishmaniasis is an endemic parasitic disease affecting 88 countries and more than 12 million infected people in the world. Urgent measures are required for its control. The treatment that is currently being used (pentavalent antimony) is expensive, has a high-systemic toxicity and serious side effects. This study was conducted to assess the effects of homeopathic treatment based on the homeopathic epidemic genius, defined as the common signs and symptoms of an epidemic disease, and on the homeopathic individual treatment.

## MATERIALS AND METHODS

Clinical trial

1. We studied the epidemic genius of the disease presented by the patients in this study. The characteristics of ulcerous skin lesions caused by cutaneous leishmaniasis were repertorized and studied in the materia medica.
2. According to the clinic manifestations of leishmaniasis, the epidemic genius was assigned different remedies.
3. We studied a group of 21 patients of both genders and between 9 and 77 years old, who were clinically and microscopically diagnosed cutaneous leishmaniasis, and who had not received prior treatment or who were unsuccessfully treated with pentavalent antimony. Data was collected from several sources: medical record, patient interviews, physical examination and laboratory diagnosis.
4. A homeopathic remedy was orally administered to each patient during three months. For each patient, remedies were prescribed based on the individual symptoms, including the miasmatic predominance and mostly considering the epidemic genius. Ethical considerations: Individual informed consents were read and signed by each patient in the study.

## RESULTS

In this study, we evaluated the efficacy of homeopathic treatment for lesions caused by cutaneous leishmaniasis.

According to the characteristics of ulcerous skin lesions of leishmaniasis, the epidemic genius was assigned the following remedies: Arsenicum album, Pulsatilla nigricans, China officinalis, Mercurius vivus, Antimonium crudum.

From all the patients diagnosed cutaneous leishmaniasis and treated in this study, Pulsatilla nigricans was administered to 40% of the population, followed by Lycopodium clavatum to 20%, Sulphur and Nux vomica to 10%, among others.

We found that, after three months of receiving homeopathic treatment, lesions were significantly reduced in most of the patients (65% of them). 20% of the participants abandoned the study and 15% were again treated with the conventional pentavalent antimony. These were the limitations of the study.

### CONCLUSIONS

Since Homeopathy was discovered by Samuel Hahnemann, it has been successfully used in the treatment of various epidemics and has shown to be highly effective. Paragraph 100 of the Organon states that neither the novelty nor the peculiarity of an affection of this kind of diseases (epidemic), will make any difference in the model of studying the case, or in that of the treatment.

We need to realize that, even though the epidemic genius of the collective diseases delivers some remedies (the most similar to the clinic manifestations), the correct way to prescribe homeopathy is by considering each case in the most individual manner. Studying the epidemic genius helps us to see more clearly the complete image of the morbid state.

We applied the homeopathic integral practise method, considering all principles of hahnemannian homeopathy. Treating the patient individually is a sine qua non condition in homeopathic medicine, even in collective infectious diseases.

With this study, we confirm that by applying the homeopathic remedy to the sick organism and not to the parasite or to the infectious agent, the symptoms of the disease are improved.

### KEYWORDS

Epidemic disease, epidemic genius, leishmaniasis, collective disease, homeopathy

# Additive homeopathy for quality of life in cancer patients

## BACKGROUND

The use of complementary and alternative medicine has increased worldwide over the past decade. The aim of this study was to evaluate a possible influence of homeopathy on global health status and subjective wellbeing when used as an add-on to conventional cancer therapy.

## MATERIALS AND METHODS

In this pragmatic randomized controlled trial, 410 patients, who were treated by standard anti-cancer therapy, were randomized to receive or not receive classical homeopathic add-on therapy. The study was performed at the Medical University Vienna, Department of Medicine I, Clinical Division of Oncology.

Main outcome measures: The main outcome measures were global health status and subjective wellbeing as assessed by the patients. At each of three visits (one baseline, two follow-up visits), patients completed two different questionnaires.

## RESULTS

373 patients yielded at least one of three measurements. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group ( $p=0.005$ ) when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing ( $p<0.001$ ) in favor of the homeopathic as compared with the control group. Control patients showed a significant improvement only in subjective wellbeing between their first and third visits.

## CONCLUSION

Results suggest that the global health status and subjective wellbeing of cancer patients improve significantly when add-on classical homeopathic treatment is administered.

## KEYWORDS

Cancer; homeopathy; additive homeopathy; global health status; subjective wellbeing, quality of life.

# Controlled clinical studies with homeopathic interventions: quality and reviews

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## BACKGROUND

Worldwide it is claimed from the media, government boards and scientists likewise, that homeopathic interventions lack evidence of effectiveness from controlled clinical trials or that the existing evidence is of low quality. Our study group undertook a comprehensive literature search and has summarized the available clinical studies conducted between 1980 and 2018. The data was coded and categorized according to the International Classification of Diseases (ICD-10) and to the checklist for International Classification of Functioning, Disability and Health (ICF Checklist) respectively. The now existing overview shall be worked out into systematic reviews and meta-analysis with appropriate quality assessments.

## METHODS

A study protocol for a systematic review and three meta-analyses has been registered at PROSPERO. All controlled clinical investigations (Randomised controlled trials (RCTs) or controlled non-randomised studies (observational studies), employing one or more homeopathically processed substances on humans exhibiting a clinically relevant disease (treatment interventions) or on humans in danger of developing a disease (prophylactic interventions), were eligible. Ten databases and 25 additional sources served as information basis. Search criteria have been developed following the PRESS recommendations for electronic search strategies and included search terms in 8 different languages.

## RESULTS

There exist 630 articles on controlled studies and one article comprised two clinical studies (number of clinical investigations=631). Two-hundred and ten medical conditions were investigated and for 53 conditions at least 2 controlled studies, analysing the effects of the same, specific homeopathic intervention could be identified. Further results will be presented at the conference, using tables for the different clinical indications, and discussed regarding the study details (e.g. design, sample size, homeopathic method). Additionally, suitable quality assessment tools will be discussed and future implications for the homeopathic research community will be outlined.

# Quantum Field Theory: a new paradigm in life sciences and homeopathy

## BACKGROUND

Modern Medicine is based on classical physics and biochemistry paradigms; despite its tremendous achievements in many fields, some of its fundamental tenets are showing overt limitations that require the overcome of the classical exclusivism. The complex phenomenon of biochemical interactions in living organisms cannot be effectively explained by diffusion, short range molecular interactions and casual brownian motions; coherence of quantum electrodynamics, working with resonances and long range correlations, gives a more complete and plausible explanation.

## MATERIALS AND METHODS

Quantum Field Theory (QFT), a theoretical and experimental framework overcoming the limitations of Quantum Mechanics, presents itself as an avenue capable of giving a realistic solution to the problem. Its precise mathematical formalism and experimental validations offer a revolutionary systemic and scientific approach to reality and life sciences.

QFT has brought to unification the wave-particle dualism leveraging on the assumption that the dynamics of quantum particles are “ripples” of fields, i.e. excited states with an energy level greater than the ground state (i.e., quantum vacuum). In QFT any quantum system is represented by a wavefunction  $\psi$ , which is a complex quantity with an amplitude  $A$  and a phase  $\phi$  that governs its rhythm of oscillation: if all the particles of the system have the same  $\phi$ , then the system is called “coherent”.

Coherence plays a key role in living organisms that, as dissipative structures, far from the thermodynamic equilibrium, exchange energy, matter and information with the external environment.

## RESULTS

The precise order of biochemical reactions in living organisms can be understood with QFT, that explains how multi-layered coherent structures in living organisms determine and drive the biochemical processes under the influence of quantum electromagnetic fields and potentials.

The state of health can be seen as a ground state (an attractor in the phase-space) cha-

racterized by a right level and distribution of coherence in multi-layered structures; disease may occur as a consequence of a break of symmetry of the healthy coherent state, under the influence of internal or environmental causes, driving to different, non optimal coherence levels.

In such a comprehensive new paradigm homeopathy finds its obvious reason of existence.

The preparation of homeopathic medicines can be easily explained through the induction of a coherent state of water molecules strongly shaken and the transferral of the coherence information of the solute assisted by the vector potential of the field, acting as mediator of the phase.

The homeopathic medicine is therefore a coherent assemble of water molecules (coherence domains, CDs) interspersed within free water molecules.

Quanta of information (Nambu-Goldstone bosons) are stored in the coherent domains and, through the vector potential of the field, can interact with the multi-layered coherent domains of the living organism, thus provoking a turmoil in the dynamics of the attractors' forces, a breaking-restoration of symmetry, allowing the living organism to restore the coherent state of health.

Non-local phenomena, as explained in QFT in terms of field interactions, can give account for some awesome phenomena in the interaction between therapist, medicament and patient.

## CONCLUSIONS

In this brief summary we have displayed some of the potentialities of QFT in the explanation of reality and of the dynamics of living organisms, in health and disease. The new paradigm shift from classical biochemistry to QFT and Quantum Electrodynamics (QED), based on the new physics of water, on the coherence in condensed matter as well as in cells and tissues of the organism and on the interaction of very weak magnetic fields in the ions' system of the cells was scientifically developed by Giuliano Preparata (1942-2000) in his last valuable paper "QED & Medicine".

The body of scientific knowledge and experimental evidence accumulated in the last decades is so robust to allow the foundation of a new and more integrated scientific paradigm. A bridge of coherent interaction between physicists, engineers, biologists, psychologists and physicians is required in order to fully develop the new integrated paradygm.

## KEYWORDS

Quantum Field Theory; coherence domains, NG bosons, symmetry, homeopathy

## Teoria quantistica dei campi: un nuovo paradigma negli organismi viventi

### INTRODUZIONE

La Medicina Moderna si basa sui paradigmi della fisica classica e della biochimica; nonostante i suoi successi, alcune dei suoi principi fondamentali mostrano evidenti limitazioni che richiedono il superamento dell'esclusivismo classico. Le interazioni biochimiche negli organismi viventi non possono essere spiegate efficacemente in termini di diffusione, moti browniani casuali ed interazioni molecolari di corto raggio; la coerenza dell'elettrodinamica quantistica, che abilita risonanze e correlazioni a lunga distanza, fornisce un quadro più completo e plausibile.

### MATERIALI E METODI

La Teoria Quantistica dei Campi, una cornice teorica e sperimentale che supera i limiti della Meccanica Quantistica, fornisce un percorso in grado di fornire una soluzione realistica al problema. Il suo preciso formalismo matematico e le validazioni sperimentali offrono un approccio scientifico rivoluzionario per la realtà e per le scienze biologiche. La QFT ha infatti permesso il superamento del dualismo onda-particella basandosi sul presupposto che le dinamiche delle particelle quantistiche sono "increspature" di campi, ovvero stati eccitati con un livello di energia maggiore del ground state (cioè il vuoto quantistico). Nella QFT ogni sistema quantistico è rappresentato da una funzione d'onda, che è una quantità complessa con ampiezza  $\psi$  e una fase  $\phi$  che governa il suo ritmo di oscillazione: se tutte le particelle che compongono il sistema hanno la stessa fase  $\phi$ , allora si dice che il sistema è "coerente". La coerenza ha un ruolo chiave negli organismi viventi che, come strutture dissipative, lontane dall'equilibrio termodinamico, scambiano energia, materia e informazione con l'ambiente.

### RISULTATI

Il preciso ordine delle reazioni biochimiche può essere compreso con l'utilizzo della QFT, che spiega come strutture multi-livello, negli organismi viventi, determinano e guidano i processi biochimici sotto l'influsso di campi e potenziali elettromagnetici quantistici. Lo stato di salute può essere considerato come un ground state (un attrattore in uno spazio-fase) basato su un corretto livello di coerenza nelle strutture multi-livello; la malattia si verifica dopo una rottura di simmetria dello stato di salute coerente, causato da fattori interni o esterni, che conduce a diversi livelli di coerenza, non ottimali. In questo nuovo paradigma l'omeopatia trova la sua ovvia ragion d'essere. La preparazione dei medicinali omeopatici è spiegata mediante l'induzione di uno stato coerente delle molecole d'acqua scosse vigorosamente e il trasferimento

dell'informazione coerente del soluto, assistito dal potenziale vettore del campo, che agisce come mediatore di fase. Il medicinale omeopatico è perciò un assemblaggio coerente di molecole d'acqua (domini di coerenza, CD) circondati da molecole di acqua libera. Quanti di informazione (bosoni di Nambu-Goldstone) sono conservati nei domini di coerenza e, mediante il potenziale vettore del campo, interagiscono con i domini di coerenza multilivello dell'organismo vivente, provocando un turbamento nelle dinamiche delle forze degli attrattori, una rottura-ristabilimento di simmetria, volti a ristabilire lo stato coerente di salute. Gli eventi e le interazioni non-locali, come spiegati nella QFT in termini di interazioni di campo, possono spiegare alcuni fenomeni che si verificano nell'interazione tra il terapeuta, il medicinale e il paziente.

### **CONCLUSIONI**

In questo sommario abbiamo esposto il potenziale della QFT nella spiegazione della realtà e delle dinamiche degli organismi viventi, nello stato di salute e di malattia. Il cambiamento di paradigma, dalla biochimica classica alla QFT e alla Elettrodinamica Quantistica (QED), basato sulla nuova fisica dell'acqua, sulla coerenza nella materia condensata, nelle cellule e nei tessuti dell'organismo, e sulle interazioni di campi magnetici ultra-deboli nel sistema ionico delle cellule fu sviluppato da Giuliano Preparata nel suo ultimo importante lavoro "QED & Medicine". La quantità di conoscenze scientifiche e di evidenze sperimentali accumulata negli ultimi decenni è tale da permettere il progresso verso un nuovo e più integrato paradigma scientifico. E' necessario un ponte di interazioni coerenti tra fisici, ingegneri, biologi, psicologi e medici al fine di sviluppare compiutamente il nuovo paradigma integrato.

### **PAROLE CHIAVE**

Teoria Quantistica dei Campi; domini di coerenza, bosoni di Nambu-Goldstone, simmetria, omeopatia.

# Quick proving of *Capsicum annum*: a proposal for a simplified homeopathic experimentation

## BACKGROUND

The object of the experimentation was the remedy *Capsicum Annum*, a vegetable of the Solanaceae family. The objective and subjective symptoms have been collected during a triple-blind placebo controlled trial (20%), in accordance with the methodology of the Quick Proving (QP), a recent development of the classic Hahnemann's proving structured by our institute with the purposes of:

- 1) Obtaining new and reliable symptoms of the tested remedy, more quickly and with a wide flexibility of dosages and potencies, maximising timing and human resources.
- 2) Allowing a larger number of trials/re-trials, which are necessary for a quantitative and qualitative enrichment of the homeopathic material medica.

## MATERIALS AND METHODS

A Director, the only one knowing the tested remedy, a Coordinator and six Supervisors formed the research team together with the experimenters. 47 voluntary subjects of both sexes have been recruited.

The placebo has been administered to 9 provers (20%), while 38 experimenters were given the verum (*Capsicum Annum*). The pharmaceutical preparations have been sealed with a secret code only known by the director of the proving and have been assigned with random criteria. The applicant provers that satisfied the trial requirements conducted a homeopathic interview, were assigned to a supervisor and received the electronic form of the diary of the experimentation and the lactose granules (verum or placebo) in 2 different tubes, named Tube 1 (30 CH) and Tube 2 (200 CH).

The proving procedure respected the guidelines of the European Committee of Homeopathy (ECH), which adapt traditional homeopathic experimental praxis to the modern European regulation, satisfying the criteria for a conventional phase 1 trial. It took place in three phases:

Phase I - Pre-proving self-observation: 4 days

Phase II – Self-observation and taking of the remedy (verum or placebo): 4 days.

The administration is suspended with the occurrence of the first symptom – physical,

mental or emotional - sufficiently relevant or unusual after the evaluation of a Supervisor (and based on the history of the examiner).

The administration of the substance is suspended in any case after the established 4 days. Each experimenter must communicate with his/her supervisor with established frequency.

Phase III – Self-observation after taking the substance (verum or placebo): 10 days. The post-taking self-observation is prolonged in the event of persistence of the symptoms.

Statistical analysis of the proving has been carried using Student T-test. The symptoms to be used for the quantitative analysis of the proving have been defined with their presence in at least 2 experimenters.

The purpose of the Quick Proving can be put into practice through the pursuit of the following goals:

- 1) Simplicity of execution, with short-term commitment of the experimentation staff;
- 2) Fast communication of the obtained data, through data digitalisation, mobile phones and internet;
- 3) Fast analysis and synthesis of the results;
- 4) More reliable data, thanks to the short gap between the taking of the verum and the possible symptomatic reaction;
- 5) Maximum containment of placebo symptoms or confused /equivocal/doubtful symptoms which might affect the observation with unreliable data, proportionally to the time of insurgency after the taking of the remedy;
- 6) Chance of rapid change or cross-over between dosages, potencies and/or placebo to check the sensitivity of the prover to the remedy;
- 7) Radical change of the revision method with the adoption of the electronic experimentation diaries, which resulted clearer and simpler;
- 8) Reduction of the days for the different phases of the proving to avoid false positives or declines in the focus of the experimenters.

## RESULTS

Of the 47 experimenters, 17 didn't perform the proving; among these 17 subjects, 14 were verum and 3 placebo; 4 subjects of the group verum and 1 subject of the group placebo have been excluded for several reasons.

Eventually, 25 experimentations have been considered (20 verum, 5 placebo = 25%). Of the 20 verum provers, 6 experienced no symptoms (30%), while of the 5 placebo provers only one experienced no symptoms (25%). The distribution of symptoms in accordance to the chapter of Synthesis Repertory has been illustrated on graphs to provide the comparisons with placebo symptoms and Hahnemann proving.

As evidenced in statistical analysis of other provings, also in our School's experimentation there was no significative statistical difference between verum and placebo in

the sample size of the symptoms and in the distribution for repertory chapter. The coherence of the symptoms with those already known about the Capsicum Annuum in Hahnemann's "Materia Medica Pura" and in other material medica consulted, has shown to be very high. However, about 20 new symptoms have been reported, which can extend the acquaintance of the experimented remedy at the level of the chest, of the cardio-vascular apparatus and of the extremities (pain).

Another fundamental goal of our study was to verify the validity of the new methodology of the Quick Proving in a wide and complex experimentation for the high numerosness of the participants, especially if compared to the number of supervisors. Under this aspect, the results have been excellent. In just 18 days it has been completed a procedure that with the previous protocol usually lasted 7 to 9 weeks, with great consume of time and commitment and usually unsatisfactory result comebacks. The numerous drop-outs during the study have rapidly been removed from the procedure, with increased focused on the remaining experimenters.

The reported pathogenetic symptoms appear to be highly reliable and they confirm and extend the previous data.

## **CONCLUSIONS**

The new didactic homeopathic proving of Capsicum Annuum, carried out by our School, allowed to verify the pathogenesis of a classic remedy, widely used in Homeopathy, whose pure symptoms only derived from Hahnemann's 1827 proving. Capsicum Annuum also revealed yet new expressions and facets which broaden its pathogenesis and the possibilities for a clinical use. The proposed QP aims to be an innovative, simple, fast and reliable protocol, based on the tradition of classic homeopathy together with the modern means of communications, with the goal of improve the execution of homeopathic experimentations, not only in the educational field.

## **KEYWORDS**

Homeopathic experimentation, Capsicum Annuum, Quick Proving.

## Il quick proving di *Capsicum annum*: proposta di una sperimentazione omeopatica semplificata

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### INTRODUZIONE

E' stato sperimentato il rimedio *Capsicum annum*, vegetale della famiglia delle Solanacee. Sono stati raccolti i sintomi oggettivi e soggettivi durante una sperimentazione in triplo cieco verso placebo (20%), secondo la metodologia del Quick Proving (QP). Si tratta di una recente elaborazione del proving classico hahnemanniano strutturata dalla nostra Scuola che ha lo scopo di 1) ottenere sintomi chiari nuovi e affidabili del rimedio testato, in tempi più brevi, con una ampia flessibilità di dosi e potenze, ottimizzando i tempi e le risorse umane, 2) permettere un maggior numero di sperimentazioni/risperimentazioni, necessarie per un arricchimento quantitativo e qualitativo della materia medica omeopatica.

### MATERIALI E METODI

Un Direttore, l'unico a conoscere il rimedio sperimentato, un Coordinatore e sei Supervisor hanno costituito l'equipe di ricerca insieme agli sperimentatori. Sono stati arruolati 47 soggetti volontari di ambo i sessi. Il placebo è stato somministrato a 9 provers (20%) mentre 38 sperimentatori hanno ricevuto il verum (*Capsicum annum*). Le preparazioni farmaceutiche sono siglate in codice conosciuto dal solo Direttore del proving e sono state assegnate in modalità random. I candidati provers che hanno soddisfatto i criteri di inclusione hanno effettuato un'intervista omeopatica, sono stati assegnati ad un supervisore, hanno ricevuto il diario della sperimentazione in formato elettronico e la sostanza da assumere in granuli (verum o placebo) in 2 tubi contenitori di granuli indicati come Tubo 1 (30 CH) e Tubo 2 (200 CH).

Il protocollo del proving rispetta le linee guida del Comitato Europeo per l'Omeopatia (ECH), che adattano la tradizionale prassi sperimentale omeopatica alle moderne norme europee, soddisfacendo i criteri di un trial convenzionale di fase 1.

Esso si svolge in tre fasi:

I fase -Autosservazione pre -proving: 4 giorni.

II fase - Autosservazione ed assunzione del rimedio (verum/placebo): 4 giorni. Si sospende l'assunzione della sostanza alla comparsa del primo sintomo – sia fisico, che mentale/emozionale – sufficientemente rilevante ed inusuale dopo valutazione del Supervisore (e sulla base della anamnesi). La ripetizione della sostanza è comunque sospesa al termine dei quattro giorni stabiliti. Ogni sperimentatore deve comunicare con il supervisore in tempi stabiliti.

III fase -Autosservazione post-assunzione del rimedio (verum/placebo): 10

L'Auto-osservazione post-assunzione del rimedio va prolungata per l'eventuale periodo della persistenza dei sintomi.

Le analisi statistiche del proving sono state eseguite con il T- test di Student.

I sintomi da usare nella analisi qualitativa del proving sono stati definiti dalla presenza in almeno 2 sperimentatori.

La finalità del Quick Proving si concretizza nella ricerca dei seguenti obiettivi :

- 1) Semplicità di effettuazione, con impegno breve nel tempo dello staff di sperimentazione.
- 2) Comunicazione rapida dei dati ottenuti, utilizzando dati digitalizzati, cellulari ed internet.
- 3) Risultati, sintesi ed elaborazione realizzate in tempi brevi.
- 4) Risultati più affidabili grazie al più breve rapporto temporale tra l'assunzione del verum e la risposta sintomatica eventuale.
- 5) Limitazione al massimo dei sintomi placebo o dei sintomi equivoci confusi e dubbi , e quindi inaffidabili, che inficiano l'osservazione in modo proporzionale alla distanza dalla presa del rimedio.
- 6) Possibilità di rapido cambio o cross-over di dosi o potenze e/o placebo per verificare la sensibilità del prover al rimedio.
- 7) Drastica revisione dei diari di sperimentazione , più semplici chiari ed agili, ed in formato elettronico.
- 8) Riduzione dei giorni delle varie fasi del proving per non incorrere in falsi positivi o nella caduta di attenzione degli sperimentatori.

## **RISULTATI**

Dei 47 sperimentatori 17 non hanno eseguito il proving; di questi 17 soggetti 14 erano verum e 3 placebo; sono stati esclusi dalla valutazione 4 soggetti del gruppo verum e 1 soggetto del gruppo placebo per varie ragioni. Sono state considerate, infine, 25 sperimentazioni (20 verum, 5 placebo=25%). Dei 20 provers verum 6 non hanno espresso sintomi (30%) mentre dei 5 provers placebo uno solo non ha espresso i sintomi (25%). La distribuzione dei sintomi secondo i capitoli del repertorio Synthesis è stata riportati su dei grafici per permettere la comparazione con i sintomi placebo e con il proving di Hahnemann.

Come evidenziato nelle analisi statistiche di altri proving anche nella sperimentazione eseguita dalla nostra Scuola non si evidenzia una differenza statisticamente significativa tra verum e placebo nella numerosità dei sintomi e nella distribuzione per capitolo repertoriale.

Molto elevata è risultata la coerenza dei sintomi con quelli già noti di Capsicum annum rilevabili nella Materia Medica Pura di Hahnemann ed in altre materie mediche anche cliniche consultate, Sono stati segnalati tuttavia anche una ventina di sintomi del tutto nuovi che possono ampliare la conoscenza del rimedio sperimentato a livello del torace, dell'apparato cardiovascolare e delle estremità (dolori).

Altro obiettivo fondamentale era quello di verificare la validità della nuova metodo-

logia del Quick Proving in un esperimento esteso e complesso per la numerosità dei partecipanti, specie in rapporto al numero di supervisori. Sotto questo aspetto i risultati sono stati eccellenti. Nell'arco di soli 18 giorni in totale si è completato un lavoro che col protocollo precedente realizzavamo in 7-9 settimane, con grande sacrificio di tempo ed impegno e di solito insoddisfacente ritorno di risultati. I numerosi drop-out durante lo studio sono stati rapidamente esclusi dalla procedura, con maggiore focalizzazione sui restanti sperimentatori. I sintomi patogenetici prodotti appaiono altamente affidabili e confermano ed ampliano i dati precedenti.

### **CONCLUSIONI**

La risperimentazione didattica di *Capsicum annum*, effettuata dalla nostra Scuola, ha permesso di verificare la patogenesi di un rimedio classico, ampiamente utilizzato in Omeopatia, i cui sintomi puri derivavano solo dal proving di Hahnemann del 1827.

*Capsicum annum* ha rivelato inoltre ancora nuove sfaccettature ed espressioni che ne ampliano la patogenesi e le possibilità di utilizzo clinico. Il Quick Proving proposto vuole essere un protocollo innovativo, semplice, rapido e affidabile, fondato sulla tradizione omeopatica classica unita ai mezzi di comunicazione moderna, con l'obiettivo di favorire l'esecuzione delle sperimentazioni omeopatiche, non solo in ambito didattico.

### **PAROLE CHIAVE**

Sperimentazione omeopatica, *Capsicum annum*, Quick proving..

# Attempt to create a basic protocol for menopause transition

## BACKGROUND

Menopause transition is a period of varied symptoms due to waning hormones and is a different experience for every woman. Even to a single woman it can be a different experience each month through the transition period. With so much variability in the condition, in order to facilitate early intervention, this study was done to identify few drugs covering most concomitants and common presentations of menopause transition.

## MATERIAL AND METHODS

150 cases of patients were selected at random to identify the common presentations. Further, 30 cases were selected at random for the 5 most commonly presenting conditions through the transition phase.

Inclusion criteria – Age between 40-60 years

Exclusion criteria – suspicious/confirmed malignant cases.

Observation time – cases were followed up once in 30-60 days, for a minimum of 10 follow ups. Some patients were followed up for longer periods if they came for any of the menopausal symptoms which occurred at different stages of the transition.

Study was conducted in my own clinic. Investigations were done wherever possible.

Limitations - no control group . Patients once better symptomatically did not pursue investigations. Standardized questionnaires were not used.

## RESULTS

These were determined as follows (30 cases each).

Improved: Symptoms better in frequency and intensity and if pathology present it still remains.

Menorrhagia – 64% (19), Insomnia 57% (17), Anxiety/ Palpitations- 67% (20), Hot Flashes- 57% (17), Constipation- 57% (17)

Cured: Symptoms disappeared completely and pathology also better.

Menorrhagia – 13% (4), Insomnia 13% (4), Anxiety/ Palpitations- 20% (6), Hot Flashes- 27% (8), Constipation- 23% (7)

Same: symptoms and pathology all remained status quo.

Menorrhagia – 23% (7), Insomnia 23% (7), Anxiety/ Palpitations- 13% (4), Hot Flu-

shes- 16% (5), Constipation- 20% (6)

Deteriorated: Symptoms were aggravated.

Menorrhagia – 0, Insomnia 7% (2), Anxiety/ Palpitations- 0, Hot Flushes- 0, Constipation- 0

**OBSERVATION** - Most common presentations of 150 cases were, Hot flushes -31% (46), Constipation -23% (35) , anxiety / palpitations- 22%(33), Menorrhagia – 16% (24)and Insomnia – 8%(12), and most widely indicated remedies were LACHESIS – 35% (53) , PULSATILLA – 19%(28) , CALCAREA CARB- 15%(22), AMYL NIT- 15%(23) and the remaining 16% (24)was distributed amongst many other remedies based on varied concomitants.

Individually, following were the most frequent drugs covering the main presentations: Menorrhagia: Lachesis – 47% (14), Pulsatilla – 34% (10), Calc carb – 14% (14), Amyl Nit – 7% (2)

Insomnia: Lachesis – 33% (10), Amyl Nit – 23% (7), Pulsatilla – 27% (8), Calc Carb – 7% (2), Anxiety/Palpitations: Lachesis – 27% (8), Pulsatilla – 10% (3), Amyl Nit – 10% (3), Calc Carb – 7% (2), Hot Flushes: Lachesis – 57% (17), Amyl nit -33% (10), Calc Carb- 3% (1), Pulsatilla -0.

Constipation: Pulsatilla – 23% (7), Lachesis – 13% (4), Calc Carb – 10% (3), Amyl Nit - 0

Hot flushes contributed to a lot of anxiety and insomnia. In people with preexisting disposition towards anxiety, hot flushes and Insomnia were heightened, and any small event would upset all three factors. These cases needed a lot of effort in nudging them back to normalcy.

## DISCUSSION

Menopause Transition is a phase of varied symptoms and the same woman can present with different symptoms through different stages of the transition. Each presentation becomes a concomitant for each other thus giving a lot of opportunity for homoeopathic prescription. However, it is also easy to get lost in this wide supply of concomitants. The study demonstrates some remedies having an affinity to cover many symptoms together. This helps creating a protocol for early intervention.

## CONCLUSION

Through the results and observations, it was seen that certain remedies have a higher capacity of addressing multiple concomitants together namely Lachesis, Pulsatilla, Calcarea Carb and Amyl Nitrosum. These form the basis of a protocol to address menopause transition. While the essence of homoeopathy cannot be lost to a protocol, it does give a good starting point. Lots more research is needed in this field and many opportunities lie open to study in this field of menopause transition.

## KEY WORDS

Menopause, Protocol, Amyl nitrosum, Lachesis, Hot Flush

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# A case report: bronchial asthma successfully treated using the method of complexity in homeopathic medicine

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## BACKGROUND

Hahnemann understands that assimilation governs the best treatment of the sensation of sickness, according to which the relation of greater resemblance between forces, contrary to their opposing relation, results in weakening of difference or disease and in greater simplification or aid to cure. Therefore, he concludes, for the homeopathic qualification, it is indispensable to experiment in health and register of experimental memory of analogous sensations to those of natural disease. In another way, Hippocrates relies on the sensory perception of the human body, on the assimilation of a certain sensible diversity in the same measure, by an intelligent and proper activity which recalls previous experience and which prognosticates adequately, under the influence of a vital impulse that tends itself on the truth. This importance given by Hippocrates and Hahnemann to self-experimentation and experimental memory reinforces the affinity between the two, although no books of Hippocratic medical material are available. Thus, the study of hipocratism can greatly contribute to improve the understanding of the Hahnemannian simile. It aims to raise the importance given by hipocratism to self-experimentation and experimental memory.

## MATERIALS AND METHODS

Hermeneutic reading of the hippocratic and hahnemannian books.

## RESULTS

The reading of the Hippocratic books shows that the best way to cure is governed by the notion that which produces, ceases. This means that the substance that causes an artificial disease to arise in health is the same that causes its natural representation (analogous) to disappear. Such is the principle that, according to the modulated production (health experimentation) of an influence, a natural analogue will be cured by its similar primary effects or by its opposite (nature reaction, side effects), combined by the same gender in measure (counter measure). Then, the imaginary representation of illness occurs within the framework of health or self-intelligence, taught by the perception that the Hippocratic qualifies as a previous experimenter. This foundation opens for the necessity of self-experimentation and corresponds to the Principle

of Similarity. He reconciles in Hahnemann with the notions of the primary effect of the medication and of the contrary reaction of nature (general and particular). Hippocratic healing by others or by opposites corresponds to the cure by the same, by the opposite measure, which, in Hahnemann, is tantamount to the disabsorculated cure by primary medication action or similar, another side of the same cure by secondary action, contrary to and capable of neutralizing the true disease (violence or injustice), which is similar to similar primary action. Assimilation also reflects the Hippocratic requirement of the experimental synthetic memory itself, which recognizes the active principle as a peculiar alteration of meaning, domiciled in the framework of the intelligence of simplifying singularly. This memory consists of a memory of favor, capable of achieving the friendship or solution of violence, according to the rule of favoring and at least not harming the illness. It is a moment's memory that prepares the doctor in health and experience and protects him from speculation. If for Hahnemann the experience of similitude has led the self-experimentation regime to become its main work for more than forty years, it is reasonable to assume that the link between the culture of similitude and the exercise of influencing one's own health is strong. Hahnemann perfected it to the point of making the individual mode of thinking and feeling available to constitute experimental memories.

### **CONCLUSIONS**

Of time self-experimentation integrates the medical methodology governed by similarity, it is possible to conclude that medical recognition by the culture of simile tends to be enriched by the study of hipocratism.

### **KEYWORDS**

Self-experimentation, experimental memory, non-violence, principle of similarity, recognition.

## Due casi di asma bronchiale risolti con il metodo della complessità omeopatica in pediatria.

### INTRODUZIONE

L'asma bronchiale è una patologia seria e frequente in età pediatrica. Da un punto di vista strettamente medico le cause sono multifattoriali, dalla predisposizione familiare all'allergia a molteplici allergeni, all'iper-reattività bronchiale in seguito a stimoli virali, batterici, allo sforzo, alle emozioni. Da un punto di vista omeopatico l'età in cui insorge la malattia stessa, inserita nel contesto bambino- famiglia-scuola, i sintomi dell'asma stessa, che in età pediatrica spesso sono raccontati con pochi particolari e poche modalità non sempre ci conducono alla scelta del rimedio utile a ristabilire la salute del bambino stesso. Con il Metodo della Complessità in Medicina Omeopatica il bambino asmatico diventa parte integrante di un sistema più complesso che comprende i suoi genitori, i suoi fratelli, la scuola, gli amici e la crisi asmatica un momento di grande vulnerabilità inserito in un sistema che manifesta in questo modo la sua vulnerabilità e la sua scarsa capacità di compenso. Perciò l'analisi di questo sistema bambino-famiglia- scuola ci consente di capire quali sono i temi coerenti a/e di questa struttura e ci consente la scelta del rimedio utile a ristabilire l'equilibrio del sistema stesso.

### MATERIALI E METODI

In questi due casi pediatrici si propone un ascolto attento delle parole della madre e del padre e del bambino stesso. Non dimentichiamo che secondo le più accreditate teorie di approccio pediatrico, il bambino deve sentirsi protagonista della visita stessa, in quanto si parla di lui e con lui. È nostra opinione che la consultazione deve essere riportata integralmente con le parole del bambino e il suo racconto, così pure quello dei genitori. Non può mancare inoltre l'osservazione del comportamento del bambino stesso, di come gioca e come disegna (se possibile), creando un campo terapeutico con lui e la famiglia stessa. Tutto ciò dipende ovviamente dall'età del bambino stesso. Nei casi proposti si tratta di un'adolescente e di un bambino alle elementari. In questo modo si possono individuare temi di rabbia, di minus valia, di prevaricazione per la ragazzina e dall'altro temi di mancato sostegno, di solitudine e di mancanza di considerazione per il secondo paziente.

### RISULTATI

L'individuazione di temi coerenti a quella persona e a quel sistema e una scelta repertoriale di sintomi anch'essi coerenti mi ha permesso di scegliere due rimedi che hanno guarito i due bambini dall'asma. Si tratta di *Digitalis purpurea* - il capostipite della famiglia omeopatica delle *Scrophulariaceae* e appartenente alla famiglia bo-

tanica delle Scrofulariacee - e di Aqua marina, un rimedio che presenta interessanti similitudini con altri provenienti dallo stesso ambiente.

### **CONCLUSIONI**

Un bambino con una malattia grave come l'asma può essere guarito con molti rimedi omeopatici, ma la scelta del rimedio non deve essere fatta, secondo il punto di vista della medicina della complessità, soltanto usando i sintomi apparenti della malattia stessa o genericamente del carattere di quel bambino, ma inserendo il bambino e la sua malattia in un contesto più ampio, in cui asma – cioè la difficoltà di respiro - diventa un punto di vulnerabilità di un sistema che dobbiamo attentamente analizzare.

### **PAROLE CHIAVE**

Metodo della Complessità in Medicina Omeopatica, asma nei bambini, consultazione pediatrica, rimedi appartenenti alla famiglie omeopatiche delle Scrophulariacee, rimedi appartenenti alle famiglie omeopatiche di alcuni rimedi marini.

# Role of homeopathy in a case of chronic pancreatitis with pancreatic cyst advised surgery

## BACKGROUND

This is a case of progressed and mature Chronic Pancreatitis with large Pseudocyst formation, Hepato-Splenomegaly, Portal-Hypertension present with typical epigastric pain, vomiting, backache, weight loss of 25 to 30 kg, weakness, decreased appetite. Investigations shows lymphocytic infiltration in pancreatic tissue . Patient visited many reputed Gastroenterologists & Hospital and was told that Surgery is inevitable as it can not be treated with medicines. Patient then consulted me for Homoeopathic treatment. Details of the case as under -Name: Mr.S.S. (SC-4298) Age: 27 years

## Presenting Complaints

- sudden epigastric pain,
- < motion,
- weakness,
- appetite decreased,
- backache,
- vomiting,
- weight loss about 25 to 30 kg
- Patient is hurried,
- impatient,
- extrovert,
- have great anxiety about his disease

## Investigations

USG on 03/08/17 -

liver is moderately large(17.8cm) -Pancreas have thick walled cystic lesion with hypo-echoic as well as echogenic content is seen anterior to pancreatic body and tail measure 11.4 x 5.8 x 9.9 Cms .-Spleen is mildly enlarged 12.6 Cms-

A large pseudocyst pancreas reveals moderate hepatosplenomegaly with mature pancreatitis.-Psuedocyst is in lesser sac .

Pancreatic fluid: Amylase-110000 IUTLC-960 cells per mm<sup>3</sup> Polymorphs-90% Lymphocytes-10%

CECT (14.5.2017) – Chronic Pancreatitis with large Pseudocyst and evidence of Portal Hypertension.

Endoscopy – Extrinsic impressions in stomach and duodenum.

Blood Investigation Hb-12.2 TLC-6200 ESR-18 Platelets-1.60R-

BC-4.02 MCV-89 MCH-30 MCHC-32 Bilirubin-0.90 Direct-0.34 Indirect-0.56 SGOT-14.1

SGPT-10.3 ALP-61.2 Protein-6.4 Albumin-4.0 Globulin-2.4 Glucose (R)-157.3 mg/

dl After starting the treatment on

18.8.2017 .Patient started responding to the Homoeopathic Treatment .

### **MATERIALS AND METHODS**

USG on 11.9.2017 – Pancreas 11.6x 8.3 x9.8 cms (497ml) hypoechoic cystic area . Pancreatic Pseudocyst .

21.9.2017 S.Amylase- 117 Platlets- 133

26.10.2017 USG – Pancreas multiloculated cyst in the region of body of Pancreas 6.1 x 5.6 x4.1 cms approx. 250 cc.

29.12.2017 USG – 3.9 x 4.5 x3.8 cms (35 ml) hypoechoic cystic area with internal echos & septation .

29.9.2018 S.Amylase- 106

### **RESULTS**

Now patient absolutely fine having no complaints and thanks Homoeopathy as he was told by the Hospital people that Surgery is the only option for him and now he is fully cured with Homoeopathy and without any Surgical intervention.

### **CONCLUSIONS**

Case will be presented with Evidence of Reports and Video.

# The study of our materia medica

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## **BACKGROUND**

The paper deals with three subjects: First: Why to study the materia medica? Second: Which materia medica to study? Third: How to study the materia medica?

## **MATERIALS AND METHODS**

The homoeopathic materia medica can be divided into five groups of works:

- Key-notes
- Lectures
- Text-books
- Comparisons
- and Collections of provings.

## **RESULTS AND CONCLUSIONS**

It is outlined which works can be successfully used, how to do the study to arrive at the characteristics, and how to perceive a characteristic. At first remarks of the different authorities like Boenninghausen and Hering are reported. Then the study of provings being the “real” study of materia medica is outlined in detail: How to split a symptom into his elements, and how to mark them with different colours.

Finally reading a proving three times is recommended, and it is explained on which element of a symptom the student should keep an eye upon. Here also software programs are of service. All this will lead to a thorough knowledge of each remedy studied.

# Management and treatment of Buerger's disease (thromboangitis obliterans) an autoimmune disorder case study

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## BACKGROUND

Buerger's disease (TAO) is an auto-immune disorder with syphilitic miasmatic expression in its manifestation. Homoeopathy has effective deep acting remedies to cure the condition, and helps in preventing the complication. Thromboangitis obliterans (TAO) is characterized by an inflammatory endarteritis that causes a prothrombotic state and subsequent vaso-occlusive phenomenon. The condition is strongly associated with heavy tobacco use.

## MATERIALS AND METHODS

The patient was admitted in Government Homoeopathic Medical College and Hospital for the treatment. The particular case was uncommon, treated Homoeopathically using the classical method of selecting the similimum based on the totality of symptoms. Taking care of local hygiene and indicated medicine AURUM METALLICUM was prescribed.

## RESULTS

Promising result with full recovery. Findings are very good in healing process; which prevented the complications of TAO.

## CONCLUSIONS

The single case study of complex in nature with destructive mode has been treated successfully with effective constitutional Homoeopathic medicine. It gives hope to take up similar study in large group.

## KEYWORDS

Buerger's disease, Similimum, Syphilitic miasm, Aurum met. Tobacco,

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# Contribution of homeopathy as a complementary support for Parkinson's disease patients

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## BACKGROUND

Parkinson's disease (PD) is a progressive nervous system disorder that affects the basal ganglia in the brain. The function of the basal ganglia is to balance and control the body movements. Treatment of PD is symptomatic and frequently consists of complicated medication regimens. This negatively influences therapy adherence, resulting in lower benefit of treatment, drug related problems and decreased quality of life (QOL). An estimated 160,000 people in Japan have PD. Some of them seek CAM therapies having low QOL. Here I present 2 patients who had maintain better QOL for a long time through homeopathy.

## MATERIALS AND METHODS

According to the patient's level of pathological flux of mental disorders, I used various strategies that include the holistic approach based on the totality.

## RESULTS

The first case is a 79 year-old female. She was diagnosed with Parkinson's disease five years ago. She took antiparkinsonian drugs, but complained of right foot shaking, tiny walking, easy tiredness and chest tightness. One month after taking Arsenicum album, the symptom at the first visit disappeared. Until she died by aspiration pneumonia at 89 years old, her QOL could be maintained through homeopathy. The second case is a 68 year-old male. He complained of the body stiffness for 4 years and tremor in the right hand, but he did not receive any treatment. He was diagnosed as Parkinson's disease two and a half years ago and received treatment such as acupuncture, moxibustion and traditional Chinese medicine. However he had gait disturbance, right hand tremor, muscle contraction and depression. Four months after taking Rhus tox, he could write and his depression disappeared. After 7 months of homeopathic treatment, oral administration of antiparkinsonian drugs started. Until he died with pancreatic cancer at the age of 75, his walking was good and QOL could be maintained through homeopathy.

### **CONCLUSIONS**

Homeopathy can be very useful to maintain QOL as integrated medical treatment for patients with Parkinson's disease, which is a progressive disease.

### **KEYWORDS**

Parkinson's disease, quality of life, homeopathy.

# Homoeopathic management of a case of rheumatic heart disease

## BACKGROUND

Rheumatic heart disease (RHD) is a chronic cardiac condition by damaging one or more heart valves that remains after an episode of acute rheumatic fever (ARF). When the valves are damaged in this way, they are unable to function adequately. The heart valves can remain stretched and/or scarred, and normal blood flow through damaged valves is interrupted. Blood may flow backward through stretched valves that do not close properly, or may be blocked due to scarred valves not opening properly. Untreated, RHD causes heart failure and those affected are at risk of arrhythmias, stroke, endocarditis and complications of pregnancy. These conditions cause progressive disability, reduce quality of life and can cause premature death in young adults. Heart surgery can manage some of these problems and prolong life but does not cure RHD.

## METHODS

In this clinical trial, we describe how RHD care can be developed with Homoeopathic medicines and reduced the risk factors of RHD. Echocardiography is the main source of the identification of the disease.

## RESULTS AND DISCUSSION

A female patient of the age of 45 years was presenting the complaints of Chronic Rheumatic Heart Disease with palpitation, dyspnoea, angina pain radiate to arm and back; and oedema of extremities, face and eyes (10/11/2015). Pulse irregular. BP-130/80. Body weight 88 kg. Other complaints are occasional fever with sneezing and coryza; lipoma and nasal polyp. Echocardiography showed MS (Moderate), AS (Mid), AR (Moderate), TR (Gr-I), Mild Pulmonary Hypertension (PASP: 48mmHg) and Good Systolic Function (LVEF ~ 64%) dated 28/09/2015. In RHD, morphological changes are the main characteristics of the disease. Correction of morphology is too much difficult to recover. But the sufferings can be reduce to sustain a long life. We begins the treatment with a dose of Medorrhinum X (10M) as sycotic origine. The totality of the symptoms of the disease refers to the medicine Naja tripudians 200, then Oxalic acid 200; for reducing the suffering we added Digitalis Q and Cratagus

Q as organic servicing remedy and finishing (11/02/2017) with the remedy Rhus toxicodendron X (10M) and L (50M).

### **CONCLUSION**

General well-being of the patient is sound for two years after treatment. No other complicacy noted in these time. After every three months of interval she receives only organic servicing remedy and maintaining necessary precautionary measures and leading a sound life. Adaptation of the treatment framework has the potential to reduce the burden of RHD. More research is required to provide better prospect in cardiac treatment.

### **KEYWORDS**

Acute rheumatic fever, Rheumatic heart disease, Homoeopathic medicines, Chronic care, servicing remedies.

# Employing Digitalis purpurea to treat chronic 3<sup>rd</sup> degree heart block: a case report

## BACKGROUND

On 25/04/2016 a 61-year-old female patient requested a second opinion on a homeopathic medical treatment as an alternative to a pacemaker. Two months earlier a right coronary artery stent was placed, following which aspirin, simvastatin, metformin and clopidogrel was prescribed. However, the sudden unexpected urgency to place a pacemaker one month following the stent rattled the patient, which she declined after consulting her husband. The indication for a pacemaker was confirmed after I recorded an ECG. The patient suffered from a chronic third-degree atrioventricular node block (3rdD-AVNB).

## METHODS

The primary aim in this case was to accelerate the patient's heart rate to prevent, for example, syncope or cardiac arrest. The patient consented to using Digitalis purpurea (Digitalis) despite being informed of the risks especially since she would be managed in a general medical practice setting without recourse to hospital facilities to which I as a former consultant physician have no access to in South Africa. This case was potentially a medicolegal nightmare, as such the patient was instructed to call when concerned with her condition, since there is no past or current homeopathic precedent providing guidelines for the management of a 3rdD-AVNB.

Digitalis was selected due coronary insufficiency with an abnormally slow pulse, a rapid heart rate on slight exertion, with the sensation of her heart hanging from a thread.

Arsenicum album (Ars) was prescribed due to her comorbid hypothyroidism with myxoedema associated with cracked skin of her heels.

Digitalis was dispensed as two 6C granules dissolved in a 30 mL water filled dropper bottle. The bottle is succussed firmly nine times before taking 5 drops as a single dose, twice daily. Once, for example, the 6C dropper bottle was emptied, an 8C potency was similarly dispensed.

## RESULTS:

The primary aim was achieved since Digitalis caused an accelerated junctional rhythm

(AJR) with a heart rate of  $\pm 90$  beats per minute (bpm), similar to Digoxin toxicity. Her resting heart rate was previously 29 bpm. The patient reported improving by day three after commencing Digitalis. Administering Digitalis gradually less frequently resulted in a relapse of the 3rdD-AVNB. It took three days for the patient to recover on a twice daily regime.

The AJR compelled the temporary administration of Bisoprolol which reduced the heart rate to 75 bpm during September 2016 while seeking a homeopathic therapy as substitute for Bisoprolol while remaining on Digitalis. That unexpected secondary aim was achieved after the addition of Ars on 10/11/2016. Her heart rate slowed to 40 bpm after two weeks on Ars twice daily which caused dyspnoea, and  $\pm 60$  bpm on Ars once daily by January 2017. Digitalis, Ars, and Bisoprolol caused surprisingly a first degree AVN block with a PR-interval of  $\pm 340$  ms. Bisoprolol was withdrawn by March 2017.

A third unexpected and inconceivable result was the return of sinus rhythm (SR) with a PR-interval of 170-180 ms whilst on Digitalis and Ars by August 2017. Since January 2017 both therapies were administered once daily. The patient has been followed up monthly since April 2016, but less frequently during 2018.

## CONCLUSION

This case represents to the best of my knowledge the first ECG documented case of a medical treatment modality which could be an alternative to pacemakers for patients with chronic 3rdD-AVNB. Digitalis has no reported adverse effects since April 2016. It has profound biological activities similar to Atropine, Isoproterenol and Caffeine, however, they are not safe for long-term employment. Digitalis, however, has been shown to cause an enhanced junctional rate, or an AJR.

An AJR is due to abnormal automaticity caused by, for example, Digoxin toxicity, or pressure on the area by cardiopulmonary bypass cannulae. In some conditions the AJR may be dangerous and will be controlled. The AJR caused by Digitalis was unexpected, seemingly unavoidable and indispensable. Thus, in my humble opinion, the AJR seems to have protected this patient from sudden death due to a 3rdD-AVNB with a 29 bpm heart rate.

This case questions how irreversible the AVN really is, as it's known to be very resistant to ischaemic damage, thus some irreversible 3rdD-AVNB may still be reversible via Digitalis. This case has shown that Digitalis causes an AJR which some other indicated homeopathic treatments could not slow down, except since the addition of Ars which also seems to have assisted in the restoration of SR.

Finally, a limitation of this case is that the patient had a narrow QRS complex, while other patients may have broad QRS complexes.

## KEYWORDS

Irreversible third degree atrioventricular node block; Digitalis purpurea; Accelerated junctional rhythm; Case report; Homeopathy

# The effect of homoeopathic constitutional medicines on persons with alcoholic use disorder

## BACKGROUND

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes health problems as well as social and economic burden in societies. Its consumption is one of the leading causes of death and disability globally.

Prevalence of alcohol use in India is reported to be 21.4% and there is increasing alcohol intake among the young people. The review of existing allopathic treatment concludes that there can be certain side effects and a major problem of non-compliance, which will help in generating evidence to support an intervention, i.e., Homoeopathy for alcohol dependence, further leading to improvement in the delivery of patient care.

## MATERIAL AND METHODS

A total of 30 patients were considered for the study. Male patients between the age group 25 to 55 years, regular alcohol usage for at least 01 month; history of 02 failed abstinence attempts were included. Patients on other medication for alcohol withdrawal, chronic systemic illness, pregnancy or lactating phase and migratory population were excluded from the study.

Patients were enquired, in detail, regarding complaints, past history, family history, etc., on a pre-defined proforma and screened on the basis of CAGE questionnaire and AUDIT test.

Data obtained was systematically tabulated and SPSS software was used to analyse the data.

## RESULTS

The results showed that 5% males in age-group of 25 years and above are suffering from alcohol use disorders and 4% of males are suffering from alcohol dependence.

## CONCLUSION

It was concluded from our results that Alcohol dependence constituted a significant group and various personality factors among alcohol dependent persons. This study

delved into the social factors, psychosocial and the commonly administered constitutional Homoeopathic remedies in the treatment of alcohol use disorders remedies.

**KEY WORDS**

Alcohol Use Disorder, The Alcohol Use Disorders Identification Test.

## Joshis' map of homeopathy

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Dr. Bhawisha Joshi will explain her new system of coming to the diagnosis of the patient and the remedy they need.

This system is called the Map of Homeopathy or Joshis' Map.

Created by her husband and her and based on 2 decades of evidence, clinical verification, experience and followed by several homoeopaths across the globe, this Map is a very profound and systematic way of understanding modern day problems and helping patients in today's world.

The Map is a map of case-taking and Materia Medica, likewise.

About the MAP:

Human mind understands patterns or rhythms. Patterns (energy patterns) are present throughout the universe. In fact, they are the base of the universe, itself.

If there was no pattern there would be chaos in the universe.

Though they are at the base of everything, patterns do not emerge first. When there is less information one cannot see an underlying pattern or in other words it takes time for the human mind to see or discover an already existing pattern.

There are already existing patterns in all the three kingdoms – plant, mineral and animal. To begin with, with fewer homeopaths and fewer remedies these patterns were not visible. Over 200 years, with the progress of homeopathy, more contributions from various generations and geniuses' newer remedies and newer dimensions to the human mind have been unfolded.

Now we can see an emerging pattern in the way the human mind works and also in the way the remedies exist and are related to each other.

In other words- the pattern has unraveled!

*'Simila similibus currentur'*

Like cures like

Symptoms created by a substance in nature can cure symptoms of a sick individual!

Let's apply this law to patterns

Joshis' have made a usable MAP of healthy patterns in the nature – plant, mineral,

animal and imponderable and these patterns can be compared and used to treat the same pattern in the human mind.

To make this MAP, they have used the grid of the periodic table as a base.

All humans and all kingdoms can be plotted on the grid and corresponding remedies can be matched to prescribe for the patient.

For eg. Let us say I have numbers on the MAP

3.6.6 column 10 – these are numbers for the remedy panther tigris.

Numbers 6.3.4. 10 these are numbers for remedy Fagus sylvatica the beech

Numbers 3.3.3. column 2+17 these are numbers for lac caninum and so on and so forth.

This work has been clinically tested and proved and well-documented.

*We are going to explain the levels and columns to the audience in our talk in Sorrento and this will open their world to a profound and scientific system of working in homoeopathy. I truly believe that this is the way forward!*

## Joshis' map of homeopathy

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Dr. Shachindra Joshi will explain the approach and understanding of their (Joshis') new system of coming to the diagnosis of the patient and the remedy systematically. An approach created by the Joshis' with over 2 decades of clinical verification. This approach advocated by them has been implemented successfully by doctors, homoeopaths from different parts of the world with successful results. This MAP is a very profound and systematic way of understanding modern day problems and helping patients in today's world with stronger prescriptive tools at hand.

The concept & its application:

We have studied in detail the behavior of various elements in nature from – plant, mineral, animal and imponderable kingdoms. We collected their peculiar characteristic behavior and laid that on a grid of the periodic table, with remedies graded from above down & from left to right. Similarly, we place our understanding of a patient, based on his behavioral features on the same grid of the periodic table again grading them similarly from above down & from left to right, with this gradation we find a remedy pattern that matches with the patient.

We call this strategic approach the MAP.

In homoeopathy, we have always stressed on understanding symptoms, rubrics, Materia medica, as all these tools aid us to come to a remedy. With time there is a need to expand our prescriptive understanding / tools to keep in tune with today's problems and today's human.

The MAP that we have created and have been using and teaching for a decade now, is the exact tool which expands this horizon and offers far more possibilities to make a remedy selection.

The MAP is a tool which has all kingdoms and possibilities placed on one single grid. Not only that, all sub kingdoms and families within each sub-kingdom have been graded on the MAP making it a detailed system by itself and the way forward. We believe that this is such humongous work and we have sown the seeds but this is an open book and homoeopaths can contribute and generations will take it further to suit it well to their times as well. This is its beauty that it is timeless and will be ever evolving to suit the future too. We shall share the MAP , its applications and its results at the congress!

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## Boenninghausen's methodology (part.2): polarity analysis, genius and case

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### 1. The genius of the remedies – the grades by Boenninghausen

The genius demonstrated on the example of *Asa foetida*.

The four different grades:

The first and smallest grade is written in basic types and reflects the occurrence of the symptoms in medical provings: Puls.

When symptoms occurred in provings frequently, then they were written in italics, that means the second grade: Puls.

The third grade, shown in bold, includes in addition clinical experience and represents a characteristic trait of the remedy: Puls.

The fourth and highest grade, for which bold capitals were chosen, is characterized by even more frequent clinical experience: PULS.

In rare cases, the fourth degree receives a special distinction by underlining, for example PULS.

Boenninghausen has worked out the characteristic features of each remedy.

“Characteristic“ is the generic term for genius symptoms and grains of gold.

During the creation of the Therapeutic pocket book Boenninghausen consulted Hahnemann repeatedly.

Rubrics shown

### 2. The Polarity-Analysis

These are symptoms, which in principle have an opposite, especially all modalities, but also other symptoms, for example urination low/increased or thirst/thirstlessness.

To secure the choice of the remedy, it is recommended to check, whether one or several components of remedies, which were detected during the repertorisation, are not in contradiction to the genius of the remedies.

An example for this:

The repertorised symptoms all lead to *Pulsatilla*. Among those considered there is

great thirst, well-being in warm rooms, aggravation in motion and amelioration in the evening.

In this case there are significant contradictions to the genius of Pulsatilla, so that in spite of all apparent appropriateness it can not be the curative remedy.

Several cases are presented to demonstrate the practical work with the Therapeutic Pocket Book and how to use the Polarity-Analysis.

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# The proving of Natrium arsenicosum

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## BACKGROUND

The crude substance Sodium arsenicosum is a strong poison and is used in the chemical industry. But in potentized form it shows a major healing power. In the 19th century, provings in C6, D3 and D30 were carried out and revealed many interesting symptoms, but only few mental symptoms.

## MATERIALS AND METHODS

In order to learn more about the action of Natrium arsenicosum, it was proved in 2006 using C200. The proving was conducted as a double-blind, placebo-controlled trial during 6 weeks and met the ECCH proving criteria.

## RESULTS

The proving not only confirmed the well-known action on the eyes, nose and respiratory tract, but contributed also many interesting new symptoms especially mental and sleep symptoms. Many of these new symptoms have since been clinically confirmed and have broadened further the therapeutical use of Natrium arsenicosum. Due to the mental picture obtained by this proving, it is now also easier to differentiate Natrium arsenicosum from other similar remedies as Arsenicum album or Natrium muriaticum.

## CONCLUSIONS

The proving of Natrium arsenicosum provides the homoeopathic community with valuable new symptoms, a clearer mental picture, as well as, new and interesting therapeutic possibilities.

## KEYWORDS

Natrium arsenicosum - proving - clinically confirmed symptoms - mental picture

# A prospective observational clinical trial to evaluate response to homeopathic treatment in Vitiligo

## BACKGROUND

Vitiligo is most prevalent pigmentary disorder occurring worldwide, affecting about 1% of the world population irrespective of age, race, ethnic origin or skin color. Although there is no threat to life or vital systems, it causes serious cosmetic and psychological stigma which can be devastating especially to the dark skinned individuals of the third world countries. Safe, effective and affordable treatment for such patients will be a great boon but is not available so far. The present study has been designed to ascertain the response to homeopathy treatment in vitiligo, using standardized parameters for assessment. The clinical hypothesis is that individualized homeopathic treatment can significantly reduce the patches vitiligo when measured on standardized scale like Vitiligo Area Severity Index (VASI).

## MATERIALS AND METHODS

A prospective, single arm, research targeted, non randomized, observational trial was conducted on 220 patients enrolled for care in hospital during January to December 2014. Ethical clearance has been obtained from ethics committee of institute. Patients of all ages and gender with variable duration of illness and etiology, diagnosed with Vitiligo and completed follow up for 6 months were considered. Those patients unwilling to take part in study were excluded. Pregnancy and lactation were allowed during treatment. Indicated remedy chosen after thorough history taking and individualization. Follow up scheduled as per patients need.

Vitiligo area severity index (VASI) was used for assessment of vitiligo. Area of involved skin varied from specks to total de-pigmentation. Duration of treatment to endpoint (100% re-pigmentation) was 5months to 4years. With the regular follow-ups as per patients need, assessment by VASI scale for evaluation purpose has been done at 1st,2nd,3rd,4th year of treatment completion. Study completed in January 2019 and data analysis has been done in next two months. Descriptive statistical analysis like rate, percentage, proportion etc. and chi square test were used.

## RESULTS

Among 220 patients, 142(64.5%) were females and 78(35.5%) were males. Mean

age of patients was 43.6 years (range 6 months to 72 years). Majority of patients score was between 30 to 70 on VASI scale at the beginning of treatment. In follow up visits patients were assessed and treated with follow up prescription. At 1 year, follow up patients were evaluated for VASI score again. 104(47.4%) patients has shown minimal improvement (0 to +10), 72(32.7%) has shown improvement (+10 to 25) while 22(10%), 12(5.4%) and 10 (4.5%) has shown much improvement (+25 to 50), minimally worse (-10 to 0) and very much improvement (+50) respectively.

At 2nd year, 180 patients were followed up. 86(47.8%) patients has shown improvement (+10 to 25), 44(24.4%) has shown minimal improvement (0 to +10), while 28(15.6%), 22(12.2%) has shown much improvement (+25 to 50) and very much improvement (+50) respectively. At 3rd year follow up, 45% of patients shown much improvement (+25 to 50) and very much improvement (+50). At 4th year follow up, 78% of patients shown much improvement (+25 to 50) and very much improvement (+50).

No treatment related toxic effects were seen. However some patients having additional systemic disorders like thyroid disorder, arthritis, migraine, hypertension got significant relief of these with the same regimen. No harm to infants, children or pregnant women was noted.

## CONCLUSIONS

This study shows that under classical homeopathic treatment patients with vitiligo improved significantly and it can be effective in treating vitiligo without any contraindications of age, pregnancy or coexisting diseases. Consistent with the holistic principle of homeopathy, correction of coexisting disorders can be added benefit. As this treatment is easily available, accessible and economical it can have broader implication for community.

## KEYWORDS

Clinical trial, Vitiligo, Homeopathy, Effectiveness

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# Usefulness of polarity analysis in homeopathic clinic

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## BACKGROUND

Polarity analysis (PA) originally developed by Dr. H. Frei was first introduced into Japanese Physician's Society of Homeopathy (JPSH) by Drs. Ulrich Fischer and Russell Malcolm who talked as guest speakers in JPSH from 2014 to 2016. Since then I have begun to use PA and examine the usefulness of PA for cases in my homeopathy clinic for women.

## MATERIALS AND METHODS

From 2016 to 2018 ten cases were analyzed with a computer soft program for PA. Cases included climacteric symptoms, menses problems, hay fever, urticaria, and dysmenorrhea with infertility. Absence of contraindications, high scores of polarity difference, completeness of symptom coverage and Materia Medica comparison were main criteria for remedy selection. RESULTS were assessed with Glasgow homeopathic hospital outcome score (GHHOS).

## RESULTS

Six cases were +4, two were +3 and one was +2. In addition one patient with infertility got pregnant.

## CONCLUSIONS

In all cases effective remedies were selected precisely by polar modalities. PA was easy to use and useful in selecting remedies. However modalities of symptom should be very carefully selected.

## KEYWORDS

Polarity analysis, modality, polarity difference

# My experience with homoeopathy in a case of brain tumor after 3 time surgery in a multispeciality hospital

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## **BACKGROUND**

A brain tumor is a mass or growth of abnormal cells in your brain. Different types of brain tumors exist. Some brain tumors are noncancerous (benign), and some brain tumors are cancerous (malignant). Common Symptoms of brain tumor are: seizures, clumsiness, numbness, changes in memory, nausea, vision changes and headache.

## **CASE STUDY**

A 40 years old man was brought by one of our hospital staff after undergoing 3 surgeries of brain tumor in November 2013.

After Homoeopathic consultation he was prescribed Calcarea Carb. 1M, which resulted in a gradual decrease in symptoms. After that he did not require any surgery. He is still under my observation.

## **DISCUSSION AND CONCLUSION**

Numerous case studies have been published suggesting the efficacy of Homoeopathic treatment in cases of brain tumor. Well defined research studies may help establish the role of Homoeopathy in such conditions. For this purpose, it is necessary to keep in mind aphorism 3 of organon to treat these type of cases.

## **KEYWORDS**

Brain tumor Homoeopathy, Calc. Carb 1M.

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# Homoeopathy, an answer to public health issues: the pharmacoepidemiological study EPI3

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## BACKGROUND

Homeopathic medication is widely used in France (77% of the population use it according to the 2018 IPSOS survey) where, following the example of some European countries, part of the treatment is subsidised by health insurance and supplementary health insurance. Given the difficulties in assessing the medical benefits provided by homeopathic medication through randomised clinical trials, the evaluation of medical practices that incorporate this medication is very significant, especially for those making public health policies. Several features of the situation in France made this evaluation particularly pertinent: 1. Many health professionals incorporate homeopathy into their practice; 2. Patients can choose homeopathic doctors as their GP. This has allowed 3 different medical practices and their impact on patients' health to be compared in interesting methodological conditions.

## MATERIALS AND METHODS

With 8,559 patients and 825 doctors participating, the EPI3 research programme is an extensive study which was carried out in France between 2007 and 2012. It describes and compares three different kinds of treatment: patients treated by conventional doctors, homeopathic doctors and doctors who practise a combination of both styles. It uses a large representative sample of patients who consult their GP for three main illness groups, representing most of the disorders in general medicine: (i) Sleep Disorders, Anxiety and Depression; (ii) Musculoskeletal pain and (iii) Respiratory tract infections. Four criteria to measure the impact of the different practices were chosen: Clinical development, Medication consumed, Side effects of the medication. The eventual "loss of chance" for patients. The data was collected by independent data collectors from doctors' office and from the patients themselves. The patients were monitored for 12 months.

## RESULTS

### **The role of homeopathy in general medicine in France**

3% of GPs centre their practice around homeopathy. 20% of GPs that are not registered as homeopaths regularly turn to homeopathy and every day they prescribe a

homeopathic medication to more than 15% of their patients. 77% of GPs say they hardly ever or never prescribe homeopathic medication.

### **The impact of the treatment according to the type of medical practice**

The clinical improvement rates for anxiety or depression are slightly higher for patients that consult a homeopathic doctor (Odds Ratio = 1.7; confidence interval 95% CI (1.09-2.87) compared to those that consult conventional doctors. The clinical improvement rates are similar between both practices for patients with musculoskeletal pain or respiratory tract infections.

### **The impact on medication consumed**

Less conventional reference medication was consumed in these 3 main illness groups. Compared to patients who are treated by conventional doctors, patients treated by homeopathic doctors are: 46% less likely to consume NSAID and 67% less likely to use painkillers for their musculoskeletal conditions ( $p < 0.001$ ). 71% more likely to consume psychoactive drugs for anxiety and depression ( $p < 0.001$ ). 57% more likely to consume antibiotics, 46% more likely to be prescribed with antipyretics for respiratory tract infections ( $p < 0.001$ ). However, they also prescribe conventional medication to 45% of their patients.

### **Impact on illness complications**

After a year, there were no additional complications in patients that consult a homeopathic doctor.

## **CONCLUSIONS**

Homeopathic treatment is of genuine value to public health, especially for the 3 groups of illnesses studied, as it means there is a clinical development that is comparable to conventional medicine where you can consume half the amount of conventional medication (antibiotics, psychoactive drugs and NSAID) and without loss of chance.

## **KEYWORDS**

Homeopathy, Medication, Patients, Public health, Medical practice

## Body language in clinical practice

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### **UNDERSTANDING BASIC MODES**

Body language - a multi-dimensional science of unspoken words... More than 700,000 nonverbal signals produced by the human body...necessity to categorize them for practical implication... Basic modes of body language and their uses in homoeopathic practice.

The author also discusses what kind of body language a physician should put before his patients for successful communication. He gives many useful clinical tips with a lot of examples.

Four combinations of posture groups in four basic modes:

### **THE RESPONSIVE MODE (BETWEEN OPEN AND FORWARD)**

Active acceptance... eagerness to listen and converse with others... possesses a good reservoir of energy...use the energy by engaging in immediate surroundings...orientation extroverted...giving out multiple open gestures.

Body language cues of the responsive mode

- Leaning forward
- Maintaining direct eye contact
- Using hand gestures to emphasize
- Frequent nodding of head
- Open hands with palms visible
- Repeated glances
- Warm, relaxed smile
- Firm, prolonged handshake

### **THE REFLECTIVE MODE (BETWEEN OPEN AND BACK)**

Shows interest, attentive but may not have active acceptance...basic process in this mode is that of reflection...entering within the self for the sake of revealing the inner dimensions...introvert reaction...process of introspection at the base...the person goes within, takes the pause and brings onto the surface the information hitherto not revealed... scratching of memory box.

Body language cues of the reflective mode

- Gazing steadily at an object
- Tilting or cocking of head
- Furrowing the eye-brows
- Folding the arms and staring into space
- Leaning back in chair
- Scratching the head
- Resting the chin on the hands

### **THE FUGITIVE MODE (BETWEEN CLOSED AND BACK)**

Attempt to escape, either physically by leaving the place or mentally into boredom... reflects disinterest, apathy, rejection or depression... if a physician is dull and unable to infuse inspiration in the patient, fugitive mode is often the result... a good parameter of assessing the low energy level of the patient.

Body language cues of the fugitive mode

- Glancing at watch or other objects
- Yawning
- Fiddling with pen, eyeglasses, paper etc.
- Picking at fingernails or imaginary lint
- Low tone of voice
- Relaxed, slumped or slackened body

### **THE COMBATIVE MODE (BETWEEN CLOSED AND FORWARD)**

Active resistance... power displays... exhibits antipathy, hostility, negativity, aggression, defiance etc... may be result of pent up anger due to illness, or out of causes like being offended or rejected... found in high self image people.

Body language cues of the combative mode

- Hands on hips
- Rapid and loud speech
- Tightly closed lips
- Scowling
- Clenched fist
- Firm handshake

### **MATERIA MEDICA: SOME EXAMPLES**

1. Responsive: Acon., Arg-n., Ars., Scorp., Coff., Snakes
2. Reflective: Carc., Caust., DNA, Ign., Lyc., Sil.
3. Fugitive: Ambr., Calc., Con., Kali-p., Nat-m., Psor.
4. Combative: Anac., Cham., Colo., Hep., Nux-v., Plat.

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# The role of repertory/decision support software in promoting the collection and analysis of clinical case reports

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## BACKGROUND

Data science has improved dramatically the last years as big data are being collected around the world for a large variety of objectives. Digital data, produced during the last two years, surpasses in volume all previously created digital data. New means have evolved for analysing electronic records combining algorithms from different fields. Multidisciplinary data analysis teams are formed including domain experts, computer scientists, mathematicians and statisticians, in order to identify underlying relationships hidden in vast amounts of data. Regarding medical research genomics is an outstanding example, all the same the mining of clinical data can be beneficial for medical practice.

## MATERIALS AND METHODS

A survey on available software suitable for case collection is conducted showing their main features and advantages. Further on a case study is presented on the issues that have arisen and have been overcome in order to utilise the clinical case data that have been collected with VithoulkasCompass on line platform. Data preparation includes consistency checks, quality checks and requires filtering many of the recorded cases. Analysis of collected cases provide useful evidence regarding the effectiveness of individualized treatment with homeopathic remedies. Series of high quality clinical cases can serve as a benchmark and validation tool for the further development of the decision support system. Therefore it is pivotal to ensure the high quality of the recorded cases.

## RESULTS

The parameters that were collected and analysed include gender, age, pathologies, geographical distribution, rubric usage and prescribed remedies. Filtering was also applied based repertorisation patterns and more than one hundred thousand cases have been analysed. Rubric usage has shown that mostly a small portion of the whole repertory has been used. Out of one hundred thousand cases, three thousand different rubrics (out of more than 70000 in the whole repertory) represent the three quarters of the total rubric entries. Furthermore one third of the repertory rubrics

have not been used at all. Therefore, a concise and confirmed repertory, which is benchmarked against high quality case material, is extremely valuable. Furthermore, using Bayesian statistical analysis on treatment efficacy, ten thousand symptom-remedy relationships available in Kent's repertory have been also statistically computed.

## **CONCLUSIONS**

These results show the potential of utilizing a suitable software in order to improve quality case collection and analysis. Quality case collection is assisted by Vithoulkas Compass since it provides guiding templates for repertorisation, remedy differentiation supporting algorithms, and follow-up evaluation. Additionally, cases provide valuable feedback for improvement of decision support algorithms that assist homeopaths in their daily practice. High quality individual cases and case reports are the basic building blocks for building these improved algorithms. As collaborative collection of clinical data around the world will be further explored, new knowledge with substantial potential to improve clinical practice will be revealed.

## **KEYWORDS**

Electronic clinical records; big data in homeopathy; multidisciplinary teams; data science; decision support cloud based software.

# Unicist homeopathy in the treatment of mourning somatization in veterinary medicine: a case report

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## BACKGROUND

In this work we describe the case of a mourning somatization in a dog treated with the constitutional remedy.

## MATERIALS AND METHODS

This case is a 10 year old cocker who developed, a week after the death of the dog with whom he lived, some peculiar symptoms not resolved following conventional treatment.

This dog, who witnessed the death of his companion, apparently showing indifference, developed a week later: multiple episodes of nocturnal vomiting, nocturnal restlessness with the need to move continuously, excessive vocalization, verses and frequent cries during sleep, symptoms that I could personally verify during the visits made to him.

In addition, the owner reported that the dog has developed terror for the water of the pond in their garden and often seemed to fix points in front of him as if he saw ghosts. The owner also adds that the dog behaved as if he had lost his identity, as if he were divided into two, sometimes dark and sometimes affectionate for no apparent reason.

Visiting the dog, I noticed that, when he was in the garden, he often stopped and stared looking at a point on the horizon, as if he were seeing something.

This case was analyzed according to the method of unicist homeopathy.

The dog has been visited and his behaviors have been carefully observed. He also underwent to an ultrasound which excluded the presence of gastritis and showed only signs of a previous non-active pancreatitis.

We also interrogate the owner with the aim to know precisely the clinical history of the dog, its experience and its current symptoms.

The symptoms considered fundamental because they were very intense and / or strange, rare and peculiar, were repertorized using the informatic repertory CompleteDynamics. A unitary remedy was prescribed, in successive administrations with incremental powers from 5 to 200 CH and the animal was carefully observed.

## RESULTS

The prescribed remedy is Cannabis Indica, and was chosen above all on the basis of excessive vocalization, interpreted as loquacity, associated with confusion about one's identity and visions of ghosts.

The main differential diagnoses are represented by the solanaceous, Stramonium above all, who share the nightly aggravation, the fear of water, the visions of ghosts, but have less the theme of the confusion identity.

A high value was given to the symptoms reported by the owner, which seemed very reliable in observing her dog's behavior.

The therapy started with Cannabis Indica 5 CH, 5 drops once a week for four weeks. During this period there was a first aggravation, represented by the reappearance of an otitis in the right ear (a pathology he had suffered in the past) which resolved only with the use of a tea tree based cream.

Thereafter, Cannabis Indica 7 CH was administered, 5 drops once a week for four weeks and then Cannabis Indica 9 CH, 5 drops once a week for another four weeks. During these two months of therapy the dog became progressively quieter and there were no further aggravations.

At this point, Cannabis Indica 30 CH was administered, 5 drops once a week for four weeks. Immediately after the first administration of Cannabis Indica 30 CH there was a second aggravation: the vomiting episodes increased, becoming daily for a week, and then gradually diminishing until they disappeared completely with the subsequent administration of the remedy.

In the following three months were administered Cannabis Indica 33 CH, then Cannabis Indica 35 CH and finally Cannabis Indica 37 CH, all the remedies were administered 5 drops once a week for four weeks each one. In this period the dog has undergone another transient aggravation characterized by an increase in aggressiveness and by the appearance of a strong fear of water, symptoms then gradually disappeared with the subsequent administration of the remedy.

Finally, Cannabis Indica 200 CH was administered 5 drops once. After this administration the dog appeared calm and affectionate, excessive vocalization disappeared as well as the cries during sleep and no further aggravations occurred or other symptoms appeared.

## CONCLUSIONS

This case is an example of how unicist homeopathy can be effectively applied also in the veterinary field and lead to a deep and lasting recovery.

## KEY WORDS

Veterinary, cannabis indica, homeopathy, identity, ghosts, vomit.

## Omeopatia unicista nel trattamento di una somatizzazione da lutto in medicina veterinaria: un caso clinico

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### INTRODUZIONE

In questo lavoro abbiamo descritto un caso di somatizzazione di un lutto da parte di un cocker di 10 anni, trattato con il rimedio omeopatico costituzionale.

### MATERIALI E METODI

Questo è il caso di un cocker di 10 anni che ha sviluppato, una settimana dopo la morte del cane assieme al quale viveva, alcuni sintomi peculiari non risolti in seguito a trattamento convenzionale.

Questo cane, che ha assistito alla morte del compagno mostrando apparentemente indifferenza, ha sviluppato una settimana dopo: plurimi episodi di vomito notturno, irrequietezza notturna con bisogno di muoversi continuamente, eccessiva vocalizzazione, versi e pianto frequente durante il sonno, sintomi che ho potuto personalmente verificare durante le visite a lui effettuate.

Inoltre la proprietaria ha riferito che il cane ha sviluppato terrore per l'acqua del laghetto presente nel loro giardino e che spesso sembrava fissare con insistenza dei punti come se vedesse dei fantasmi, secondo la proprietaria vedeva il cane morto. La proprietaria aggiunge inoltre che il cane si comportava come se avesse perso la propria identità, come se fosse diviso in due, a volte tenebroso e a volte affettuoso senza apparente motivo.

Visitando il cane ho constatato che, quando era in giardino, spesso si fermava e fissava un punto all'orizzonte, come se stesse vedendo qualcosa.

Questo caso è stato analizzato secondo il metodo dell'omeopatia unicista. Il cane è stato visitato e sono stati osservati con attenzione i suoi comportamenti. È stato inoltre sottoposto ad un'ecografia che ha escluso la presenza di gastrite ed ha evidenziato solamente segni di una pregressa pancreatite non attiva. Anche la padrona è stata sottoposta ad un'anamnesi accurata volta a conoscere con precisione la storia clinica del cane, il suo vissuto ed i suoi sintomi attuali.

I sintomi ritenuti fondamentali perché molto intensi e/o strani, rari e peculiari sono stati repertorizzati mediante Complete Dynamics. È stato prescritto un rimedio unitario, in somministrazioni successive con potenze incrementalmente dalla 5 alla 200 CH e si è osservato attentamente l'animale.

## RISULTATI

Il rimedio prescritto è Cannabis Indica, ed è stato scelto soprattutto sulla base della eccessiva vocalizzazione, interpretata come loquacità, associata alla confusione sulla propria identità ed alle visioni di fantasmi. Le principali diagnosi differenziali, poste sia dalla repertorizzazione che dallo studio delle materie mediche, sono rappresentate dalle solanacee, soprattutto Stramonium, che condividono l'aggravamento notturno, la paura dell'acqua, le visioni di fantasmi, ma hanno meno forte il tema della confusione identitaria. E' stato dato quindi molto valore ai sintomi riferiti dalla padrona, che è sembrata molto attendibile nell'osservare il comportamento del suo cane.

La terapia è iniziata con Cannabis Indica 5 CH, 5 gocce una volta alla settimana per quattro settimane. Durante questo periodo si è verificato un primo aggravamento, rappresentato dalla ricomparsa di una otite all'orecchio destro (patologia di cui aveva sofferto in passato) risoltasi con il solo uso di una pomata a base di tea tree.

Successivamente è stata somministrata Cannabis Indica 7 CH, 5 gocce una volta alla settimana per quattro settimane e quindi Cannabis Indica 9 CH, 5 gocce una volta alla settimana per altre quattro settimane. Durante questi due mesi di terapia il cane è diventato progressivamente più tranquillo e non si sono verificati ulteriori aggravamenti.

A questo punto è stata somministrata Cannabis Indica 30 CH, 5 gocce una volta alla settimana per quattro settimane. Subito dopo la prima somministrazione di Cannabis Indica 30 CH si è verificato un secondo aggravamento: gli episodi di vomito sono aumentati, diventando quotidiani per una settimana, per poi andare a scemare gradatamente fino a scomparire del tutto con le successive somministrazioni del rimedio.

Nei tre mesi successivi sono state somministrate, sempre 5 gocce una volta alla settimana per quattro settimane, Cannabis Indica 33 CH, poi Cannabis Indica 35 CH ed infine Cannabis Indica 37 CH. In questo periodo il cane è andato incontro a un altro transitorio aggravamento caratterizzato da un aumento dell'aggressività e dalla comparsa di una forte paura dell'acqua, sintomi che sono poi gradualmente scomparsi con le successive somministrazioni del rimedio.

Infine è stata somministrata Cannabis Indica 200 CH 5 gocce una sola volta. Dopo tale somministrazione il cane è apparso tranquillo e affettuoso, è scomparsa la vocalizzazione eccessiva così come i versi/pianti durante il sonno e non si sono verificati ulteriori aggravamenti né sono comparsi altri sintomi.

## CONCLUSIONI

Questo caso è un esempio di come l'omeopatia unicista possa essere efficacemente applicata anche in ambito veterinario e portare ad una guarigione profonda e duratura.

## PAROLE CHIAVE

Veterinaria, cannabis indica, omeopatia, identità, fantasmi, vomito

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# Study to evaluate the role of homeopathic therapy in pets epilepsy

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## BACKGROUND

Results of conventional treatment of epilepsy show only poor results or lead to life-long therapy and decline of life quality. Even those cases often respond very well to homeopathic treatment and the needed treatment is limited to several month in the majority of cases. Convulsion classification is taken in consideration as well into the management regime. Various examples of human and animal cases treated with organotropic (against the convulsions) or constitutional (taking in account the totality of symptoms of the patient) homeopathic remedies underline the therapy possibilities. The aim and Objective of the presenting paper are To evolve a group of most useful homoeopathic medicine in the management of the epilepsy, to identify their reliable indications, most useful potencies, frequency of administration and relationship with other medicines.

## MATERIALS AND METHODS

A prospective Observational study was carried out during the period 2013-2017. A total number of 36 Dogs, consisting of both males and females between the age ranging from 1 years to 12 years, suffering from epilepsy were Studied. Medicines were prescribed considering the following factors: causative (miasmatic, predisposing and precipitating), generalities, modalities, presenting complaints, constitutional features, and repertorial totality. Parameters to assess the intensity/severity of attacks: Mild –Duration of epileptic attack less than one minute. Moderate –Duration of epileptic attacks one minute to three minutes. Severe –Duration of epileptic attack more than three minutes. Observation: Most of the pets in this study fall in to age groups of 1-12 years. pets included from both sexes i.e. 20 Males and 16 Females. Investigation? Complete history including past and family history ? Complete through examining the pet, general and local examination. Electrocardiogram (E.C.G.), Routine investigations of urine, blood and stool, testing for heartworms CT scan, MRI, or Spinal fluid for severe cases.

## **RESULTS**

Out of 36 pets (Dogs) enrolled, 32 Pets who were followed up were included for the evaluation, 4 Pets were dropped out. Paroxysm of acute manifestation in form of frequency, duration and intensity of attack could be assessed at Pet's Owner level by evaluating various lab. reports. It was observed that 26 of 32 patients improved (81.25%).

## **CONCLUSIONS**

The results indicate a positive role of Homoeopathic medicines in the management of epilepsy. Medicine Prescribed were- Agaricus mus 200-Twice a day (80% improved), Belladonna 200-Thrice a day (96% improved), Cicutia virosa 1M-One dose in a week (86% improved), Cina 30-Twice a day (76% improved), Hyoscyamus 10M-One dose in 15 days (80% improved), Natrum mur 200-One dose daily (75% improved), Cuprum met 1M-One dose in a week (91% improved), A clinical trial with definitive qualitative and quantitative parameters, laboratory based diagnosis and the evaluation of the patients on those parameters is proposed to further substantiate the outcome of this study.

## **KEYWORDS**

Epilepsy, Homeopathy, Breeds, Dogs, Pets.

# A case of Ependymoblastoma Grad IV in a two years old girl

## BACKGROUND

Since 22 years cancer patients are treated at the Clinica Santa Croce with classical homeopathy following the principles of Hahnemann Kent Künzli. The most patients are using homeopathy as a complementary cure along with conventional treatment. The presented case shows the help of homeopathic treatment in a clinical setting after ambulatory homeopathic treatment could not prevent two relapses of the disease.

## MATERIALS AND METHODS

Patients stay for 14 days in our clinic, and then are followed as outpatients. Detailed Homeopathic case taking and analysis leads us to create a therapy plan including the following points: The acute problems/disturbances of the patient. The miasm. Blocks of healing like radiation, chemotherapy, vaccination, suppressed eczemas. The totality of the symptoms/constitutional remedy. Cancer remedy (one sided disease). So you have a list of remedies which will follow one after another. Prescription second the law of similar. During the recovery we use Q potencies (daily dose, you can see fast, if the remedy is correct, not disturbed by allopathic medicine) followed by C potencies in high potencies second the scale of Kent, once the patient is stable. The young girl was presented in our clinic one year after the first diagnosis of Ependymoblastoma WHO grade IV after the 3. Operation, chemotherapy and radiation. The patient had received all possible conventional treatment.

## RESULTS

Since the beginning of homeopathic treatment in the homeopathic clinic Clinica Santa Croce (nowadays Clinica Dr. Spinedi) 8 years ago using antimiasmatic and constitutional remedies there was no relapse of the disease and the severe behavioural disorder could be improved.

## CONCLUSIONS

In a case ependymoblastoma Grade IV in 2 years old girl the advantage of homeopathy applied in a clinical setting using q and c potencies following the therapy plan was shown.

## KEYWORDS

ependymoblastoma, homeopathy in a clinic, q potencies, c potencies

## Basic research in Homoeopathy in India: innovations, opportunities and the road ahead

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Basic research is often performed to further scientific knowledge sometimes without an obvious or immediate benefit. In spite of this, it is essential to understand the science behind homoeopathy and address the emerging challenges of skepticisms. Though the first publication of basic science dates back to 1832, this has been mostly neglected because of ultra-high dilutions, non-availability of suitable models, poor interest of multidisciplinary scientists, heavy investment and less appreciation by clinicians. As a result, we have not been able to progress with the revolution in biomedical sciences. An account of basic researches in homoeopathy is available at “HomBrex” database<sup>ii</sup>, that reveals that initially most of the studies were from Europe and USA but due to growing resistance, socio-political changes, scarce resource allocation, inadequate investments by Pharma companies, there is a sharp decline in published studies from these regions during the last three decades, but at the same time due to growing popularity and government patronage, scientists of Brazil and India are showing increased interest and now India is one of the leading contributors to basic research in homoeopathy and is only second to Brazil<sup>iii</sup>.

Homoeopathy in India has been integrated in healthcare systems<sup>iv</sup> and is well structured in terms of education, research and practice<sup>v</sup>. Government of India has established Central Council for Research in Homeopathy (CCRH) for undertaking organized research<sup>vi</sup>. Beside this many other mainstream research organizations/universities are contributing regularly. Out of 232 publications till 2013, from India, 80 were published between 2003-2013. CCRH is giving special emphasis on basic research and is funding researches of various universities, besides developing own state of art research laboratories in the area of molecular, virology, pharmacology, chemical, physical, nano-medicine researches. In recent years, council has contributed in 46 peer reviewed publications that includes studies on Japanese encephalitis, Dengue, Malaria, Kala-azar, Cancer, Diabetes mellitus, Kidney stone, Insomnia and pharmacological standardization of various drugs etc. Presently council has a comprehensive plan to develop drugs for the emerging diseases and standardize and innovating the process of preparation and potentization of medicines. An overview of these will be presented in the congress.

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# Epistemology of homeopathic medicine: theory, research and clinical models to date and future perspectives

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## BACKGROUND

Epistemology is the foundation of principles behind the theory and methods of the various scientific disciplines. Homeopathic Medicine, compared with Conventional Medicine, has developed its theoretical, clinical and research principles which are appropriate to itself, and which are not, by definition, totally adaptable and consonant with what often supports a substantial part of academia. The affirmations and demands of supposed scientism, of which Homeopathic Medicine is subject, is more often representative of truisms—apparently obvious and indisputable values—rather an openness to true appraisal.

Is the homeopathic community capable of being assertive in demanding respect for its model?

Are we able to acknowledge that our classic homeopathic model, so respectful of the doctor-patient relationship and described more than 200 years ago in the Organon of Medicine, is today considered mandatory of good medicine by the World Health Organization?

How serious is the proposition that we earnestly comply with the academic world, which represents a dangerous distortion of our principles?

How much do the various homeopathic models, developed in the last 30 years, represent true development of the so-called classical model of homeopathy and medicine as a whole?

How much do these developments allow us to better define our path, within the homeopathic community and in its relations with other branches of official science?

## MATERIALS AND METHOD

I will briefly analyze the developments of homeopathic medical thought, particularly over the last 30 years. I will focus on my personal investigation as a homeopathic physician, clinical researcher and teacher and based on more than 10,000 cases collected verbatim over the course of 33 years.

## RESULTS

In my experience, for many of our colleagues, it is not so clear what distinguishes

different interpretations of Hahnemannian thought—and of other great masters—from critical reviews of homeopathic epistemology, that is, different models (that represent) possible evolution of classical thought. My goal is to clarify this difference and to propose possible reflections on our future in this sense.

### CONCLUSIONS

I believe it's important to understand and reflect on the need to continue to propose an increased number of provings, which have been growing exponentially over the last few years, and—I think—unsustainable for our pharmacopoeia. I also believe that we could develop a model of study and research whose foundational data (medical subjects, repertory analysis, clinical case studies) is not only by private companies but that becomes open-source for the whole community, as is true for other disciplines that have earned academic recognition. I consider it essential that we challenge ourselves with the rigor of other branches of knowledge, academic and otherwise.

### KEYWORDS

Homeopathic Epistemology  
Homeopathic research models  
Homeopathic clinical models  
Complexity thinking in Homeopathic Medicine

Epistemologia della medicina omeopatica:  
il contributo dei modelli teorici, di ricerca e clinici  
fino ad oggi, le nostre prospettive future

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### INTRODUZIONE

L'epistemologia può essere identificata con la Filosofia della Scienza: la disciplina che si occupa dei fondamenti e dei metodi delle diverse discipline scientifiche. La Medicina Omeopatica, rispetto a quella Convenzionale, ha fondato e sviluppato i suoi principi teorici, clinici e di ricerca che le sono propri e che non sono per definizione del tutto mutuabili e compatibili con quanto spesso sostiene una parte consistente del mondo accademico. Troppo spesso le affermazioni del mondo accademico e le

richieste di supposto scientismo di cui la Medicina Omeopatica è oggetto rappresentano più un truismo - valori apparentemente ovvi e indiscutibili - che la disponibilità a un vero confronto.

Quanto oggi la nostra comunità omeopatica è davvero capace di essere assertiva nel pretendere il rispetto del nostro modello?

Quanto siamo capaci di riconoscere che il nostro modello omeopatico classico proponeva già più di 200 anni fa i consigli dell'O.M.S., considerati oggi obiettivi ineludibili di una buona medicina, rispettosa del rapporto medico-paziente?

Quanto l'ipotesi di confrontarci seriamente con il mondo accademico non rischia di rappresentare un pericolosissimo snaturamento proprio di quei principi?

Quanto i vari modelli omeopatici sviluppati negli ultimi 30 anni possono rappresentare un reale sviluppo del cosiddetto modello classico e della Medicina intera?

Quanto questi ultimi ci possono permettere una migliore definizione del nostro percorso, in seno alla comunità omeopatica e nei suoi rapporti con altre branche della scienza ufficiale?

## **MATERIALS AND METHOD**

Analizzerò sinteticamente gli sviluppi del pensiero medico omeopatico, soffermandomi in particolare sugli ultimi 30 anni, sulla base della mia personale esperienza di medico omeopata, di ricercatore clinico e di docente. Mi soffermerò in particolare sulla mia personale ricerca sviluppata su un materiale di più di 10.000 casi raccolti verbatim nel corso di 33 anni.

## **RESULTS**

Nella mia esperienza per una larga parte dei nostri colleghi non è così chiaro cosa distingua le diverse interpretazioni del pensiero Hahnemanniano - e di altri grandi maestri - dalle reali revisioni critiche dell'epistemologia omeopatica, ossia diversi modelli che possano rappresentare l'evoluzione del pensiero classico.

Il mio obiettivo è chiarire questa differenza e proporre possibili riflessioni sul nostro futuro in questo senso.

## **CONCLUSIONS**

Ritengo che sia doverosa una riflessione comune sulla comprensibile quanto discutibile necessità di continuare a proporre una crescente quantità di provings, che nel corso di questi ultimi anni stanno facendo crescere in modo esponenziale e - credo - insostenibile la nostra farmacopea. Credo inoltre che potremmo pensare a un modello di studio e di ricerca i cui dati fondanti per il nostro lavoro (materie mediche, repertori, casistica clinica) non siano solo in mano ad aziende private ma disponibili open-source per l'intera comunità, come avviene per altre discipline che hanno meritato un riconoscimento accademico. Considero indispensabile un reale confronto con altre branche del sapere, accademico e non.

**KEYWORDS**

Epistemologia Omeopatica - Modelli di ricerca omeopatici - Modelli clinici omeopatici - Pensiero della Complessità in Medicina Omeopatica

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# Remedies of the *Prunus spinosa* family and similar in homeopathic medicine

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## BACKGROUND

The study was conducted to enrich the homeopathic medical matter of remedies already important in traditional phytotherapeutic use and to fully understand their potential even in Homeopathic Medicine. In my clinical practice of homeopathic physician, more than 40 years old, I came across some remedies of the Homeopathic Family of the Rosaceae, remedies like *Prunus spinosa*, *Crataegus oxycantha*, *Spiraea ulmaria*, *Sanguisorba officinalis*. These remedies, so-called erroneously minor, have worked in many cases better and more profoundly than the classic polycrests.

## MATERIALS AND METHODS

The study is predominantly clinical. The substances were first studied in their traditional use, collecting the material available both in the homeopathic and phytotherapeutic field, also including ethno-phytotherapeutic and symbolic elements. Subsequently, even on the basis of clinical experience gathered between homeopathic colleagues, they were prescribed to patients both on first prescription and in subsequent prescriptions, where the remedies previously administered had not given the expected results.

## RESULTS

These remedies have acted better and more profoundly than the classic polycrests in the following pathologies: cardiac, hypertensive, rheumatic and have benefited in depressive-anxious patients. The most interesting aspect, which arose from the observation of my cases, corroborated by the observations of other colleagues, in particular Dr. Massimo Mangialavori, is the response in these remedies of very common themes. These topics constitute a very useful guide in my daily practice because they allow us to quickly make a differential diagnosis with other groups of remedies and to more easily arrive at the prescription of a Simillimum remedy taken from this family. The experience of these cases has allowed me to better understand an aspect overlooked in our Repertory, that of 'excessive oblativity' (MIND: too much generous), a repertory symptom very little used and known only for few remedies.

## **CONCLUSIONS**

The symptom MIND: too much generous is actually a very clear availability in the group of remedies similar to Prunus, which can be better understood in the context of the somatic and psychic symptoms of the remedy and of the patient. A further opportunity to reflect on the indication of the Higher Purposes, which Hahnemann himself wishes in paragraph 9 of his Organon of the art of healing. Taking into account all the dimensions of the living being is the prerogative of Homeopathic Medicine which seeks to understand each individual in its complexity.

## **KEYWORDS**

Rosaceae, Oblativity, hypertensive, rheumatic, Complexity.

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# Herbal remedies and homeopathic medicines: a possible scientific explanation of the therapeutic indications and mechanism of action

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## BACKGROUND

Herbal remedies and homeopathic medicines suffer from the lack of scientific explanation of both their therapeutic indications and mechanism of action. A possible solution may come first of all from a careful analysis of the active ingredients contained in the Mothers Tinctures, soon after from the study of their physiological and toxicological activity.

## MATERIALS AND METHODS

From the study of the physiological action of the active principles it is possible to find a scientific explanation of the corresponding herbal remedies, while on the basis of the study of the toxicological activity of the aforementioned active principles it is possible to find an explanation of the corresponding homeopathic medicines. For example, the herbal remedy “Indigo tinctoria” can be used in states of anxiety because indirubin, its active ingredient, is able to inhibit the protein kinases called GSK-3 beta (glycogen synthase kinase-3beta) in the same way as lithium. By studying the toxicological activity of the active ingredients present in other plants it is possible to understand their use as a homeopathic medicine. For example, the intoxication due to the plant “Spigelia anthelmia” consists mainly of heart palpitations. The reason why is that the aforementioned plant contains an alkaloid called spiganthine which is able to stimulate the rianoid receptors which are present at the cardiac level resulting in palpitations. In Homeopathy, the homeopathic medicine Spigelia is used precisely on palpitations by acting on the “principle of reversing the effect”. The principle of reversing the effect of homeopathy can be explained by studying the Veratrum album plant. It contains the alkaloid veratridine, which when applied to muscle cells, at low concentration (1-10 uM) stimulates the I (Na) channels (causing contraction of the muscle cells) while at higher concentrations ( $\geq 30$  uM) inhibits them.

The explanation is that depending on the concentration used veratridine acts on two different I (Na) channels called Na (V) 1.6, ie it intervenes on Na (V) channels 1.6 (- / -) or on Na (V) channels 1.6 (+ / +).

## **CONCLUSIONS**

Both homeopathic and herbal remedies show and share common principles which can provide a possible hypothesis of the scientific mechanism of action.

# Integrated management of symptoms in oncology clinic: a personal experience

## BACKGROUND

According to India's "National Institute of Cancer Prevention and Research" the estimated number of people living with the disease as of 2018 is around 2.25 million of which every year, 1 million new cancer patients get registered. The cancer-related deaths every year are about 7,84,821 (Men: 4,13,519; Women: 3,71,302). Cancers of oral cavity and lungs account for over 25% of cancer deaths in males and cancer of the breast and oral cavity account for 25% cancers in females. The top five cancers in men are oral, lung, stomach, colorectal and oesophageal whereas in women the top 5 cancers are breast, oral, cervical, lung and gastric. These cancers can be prevented, screened for and/or detected early and treated at an early stage. This could significantly reduce the death rate from these cancers.

Palliative care is an approach to care that addresses the person as a whole, not just their disease. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any related psychological, social, and spiritual problems.

## MATERIALS AND METHODS

After successfully running several Oncology centers in Allopathic Hospitals in Maharashtra, I would like to describe our methods and methodology that help us treat cancer patients. When a patient arrives at our center, firstly a complete homoeopathic case taking is done as per Hahnemannian Organon (Aphorisms 204 to 209). Their symptoms and susceptibility are studied in detail. The prognosis of the case is predicted based on the type of cancer, stage of cancer, the location of cancer, its metastasis and progress. In a case where the patient comes at an early stage, with no surgery or therapies done, we try to analyze the case constitutionally, if we get a well-rounded totality of symptoms. In this case, a constitutional remedy is prescribed most often as it would deal with the miasmatic tendencies too. If the picture presented is of a one-sided disease with very poor susceptibility, then a more local and specific medication becomes indicated. In such local presentations of cancer, we even prescribe hormonal medications or potentized allopathic medications. The potency usually selected remains a low potency in the centesimal scale or LM scale as the patient's

susceptibility is generally low. I always use the 5-cup method, as I have seen it to work best in these cases. Repetition is generally started as 1 tsp twice of the day from the 5th cup, and then increased only if indicated. In case a patient comes at a later stage after the disease has progressed substantially, and several therapies have been tried and failed, a palliative approach is taken, whereby remedies are selected again based of the presenting totality and susceptibility, simply to try to ease the patient's discomfort. In case of open cancerous wounds, we have confirmed several remedies while helped when given as a local application by preventing septicemia and encouraging healing. Evaluation after the remedy was done using Karnofsky Performance Scale and European Organization for Research and Treatment of Cancer QLC -C30 (Version 3).

### **RESULTS**

The results have been very encouraging. More than 70% of the patients irrespective of the type of cancer and type of pain felt an improvement in their symptoms. More than 60% of the patients reduced their morphine sulphate or other painkillers by more than 75%. The tendency to catch recurrent infections reduced as compared to others. Their general immune system showed improvement.

### **CONCLUSIONS**

After 36 years of using homoeopathy for terminally ill cancer patients, I can confidently say that classical constitutional homoeopathy works much better than different protocols and combinations used. Anti-sycotic remedies were useful in reducing the size of the tumor, when constitutional remedies failed to address that. It is important to understand the overall picture of the disease and the patient when it comes to treating diseases like cancer. You cannot use a one size fits all approach, but it has to be tailored and customized for every patient as per their requirement.

### **KEYWORDS**

Cancer, Oncology, Homoeopathic management, Cancer management, Treatment of cancer

# A possible role of homoeopathic remedies in the treatment of Autism Spectrum Disorders. A randomised placebo-controlled clinical trial

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## BACKGROUND

The world is in the grip of an epidemic. Autism Spectrum Disorders (A.S.D.s), have increased ten-fold or more over the last decade. A recent survey estimated that by 2025 half the population will have some form of autism. Various treatments are available for patients besides medications like various diets, therapies, etc. Homeopathic medicine is one of the most popular alternative systems used for Autism treatment. Homoeopathic treatment of those diagnosed with autism and autism spectrum disorders (ASDs) has produced highly positive results. Because homeopathy stimulates and strengthens the body's natural ability to heal, autism with its related neurodevelopmental, gastrointestinal and immune system symptoms respond very well to the holistic treatment done using homeopathy.

## MATERIALS AND METHODS

Study Design - Prospective randomized Placebo Control Single blind clinical trial – Parallel design

Group 1: Indicated Homoeopathic Medicine + OT + Ongoing medications if any

Group 2: Placebo + OT + Ongoing medications if any

Observational Period: 9 months

Total sample size – 120 Homoeopathic medicines were given through the period of the study. This was the only new added intervention through the study.

Selection of Medicine: was done on the basis of proper analysis and evaluation of the case, framing the totality of symptoms which indicate the individuality of the patient.

Selection of Dose and Potency: according to the nature of the case i.e. susceptibility.

Study Tools

DSM – 5 Criteria

ATEC – (Autism Treatment Evaluation Checklist)

The outcome of the study was assessed based on the changes seen in the autistic expressions in the children. They were assessed based on the A.T.E.C. Score where we

evaluated if the medicine group showed any significant reduction in scores as compared to the placebo group after 1 year of treatment

### **RESULTS**

The results were very encouraging after the use of Homoeopathy. The ATEC Score after 3 months did not show any change between the placebo and the study group. However, the 6th month and 9th month ATEC Score showed a significant change. 80 percent of the children showed improvement compared to the placebo group by the 9th month. The ATEC Score reduced by more than 20% in the study group amongst the children that improved. Restlessness improved 50 percent more than the placebo group. The skills where homoeopathy helped were – communication, better eye contact, speech development, behavioral changes, and restlessness. The children were able to concentrate better, and the parents received lesser complaints from school. The overall state of health and acquiring recurrent infections also improved under homoeopathy.

### **CONCLUSIONS**

The study concluded that the role of Homoeopathy in Autism is indeed present, but it needs to be explored and a deeper understanding needs to be obtained.

### **KEYWORDS**

Autism, ASD, Pediatrics, Clinical Study, Research

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# Additive use of Tuberculinum bovinum in the treatment of Autism Spectrum Disorders. A homoeopathic case report

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## BACKGROUND

The world is in the grip of an epidemic. Autism Spectrum Disorders (A.S.D.s), have increased ten-fold or more over the last decade. Various treatments are available for patients besides medications like various diets, therapies, etc. In 2013, the American Psychiatric Association released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) which contains the criteria to diagnose Autism.

## MATERIALS AND METHODS

The case presented below is of a 3-year-old boy from the suburbs of Mumbai who came to us with the symptoms of restlessness, delayed milestones like speech and walking, extremely poor eye contact and anti-social behavior. He would often get aggressive and bite other children. Besides his symptoms of ASD he also has a tendency of contracting colds frequently. He had an allergic disposition with an aggravation of them every change of season. An etiological study showed the parents observing symptoms in the child since a year which coincided with an illness in the mother being hospitalized for. His family history showed significant Sycotic traits (miasm) with a strong history of vitiligo, hypertension and diabetes mellitus amongst them. He would feel hungry early mornings by 2am. The child was especially fond of ice cream and sweets. He also enjoyed food that had a crunchy character to it. He tended to sweat more only on his forehead. He would sleep on his abdomen and would salivate through his sleep. Due to his allergies his nose would be blocked through the night, thus having to breathe from his mouth. Mother's History revealed she had a previous miscarriage before he was born. Through her pregnancy, she suffered from a forsaken feeling as her husband was constantly away for work. She would spend days weeping out of her loneliness. She even suffered from nausea and had a strong craving for sweets. Her nature in general was irritable and would react to the smallest of things, after which she would start crying. Birth History – He was born via Caesarian Section. Birth weight was 2.9 kg. APGAR score was 8 at '1 min' and 9 at '5 min'. He cried immediately after birth and showed no significant problems. Emotional State – The boy was very fearful of the dark. He couldn't sleep alone at night and required someone constantly with him. He loved music and loud noises and would turn the TV volume on loud and

start dancing. He enjoyed playing in water and would want to take a bath for hours together. He was extremely restless, and the parents commented that he couldn't go 5 minutes in one place. He was also very stubborn and wanted everything to go his way. He would otherwise get angry and start biting those around him. He also enjoyed travelling a lot. Psychological Testing – The following were the results of his psychological testing. CARS 2 ST – Childhood Autism Rating Scale – Score 31 ATEC – Autism Treatment Evaluation Checklist – Score was 59.

A totality of the characteristic symptoms was formed using classical Hahnemannian Organon of Medicine 6th edition and the Synthesis repertory by Dr. Frederik Schroyens. The remedies which came up for consideration were Calcarea carbonica, Natrum muriaticum, Phosphorus, Pulsatilla nigricans, Tuberculinum bovinum and Baryta carbonicum. After a thorough study of the remedies, the medicine selected for the patient was Tuberculinum bovinum. The remedy was given in the 30C centesimal scale and repeated in the “5 cup method of dynamization” as 1 tsp every 8 hours for 30 days. The first month showed no significant changes. The medicine was increased to Tuberculinum bovinum 200C, centesimal scale and repeated in the “5 cup method of dynamization” as 1 tsp every 8 hours for 30 days. The second month showed improvement in the following symptoms. Better eye contact, Can follow basic commands, Started opening the fridge when hungry, instead of simple crying. Speech shows improvement, Restlessness is better. The symptoms which did not change were –Biting others, Touching things, Obstinate behavior. Seeing this improvement, the medicine was continued as it is for another month. The following month also saw consistent improvement, so the medicine was continued. After 6 months of treatment, the psychological testing of A.T.E.C. was repeated. The score was 41.

## RESULTS

The case presented above showed a significant decrease in the ATEC Score (59 to 41) of a child with Autism Spectrum Disorder. The child was treated exclusively through the process with only homoeopathy, without any additional therapy ongoing in the background. This was one of the cases extracted for the purpose of this case report presentation, from our on-going clinical study at the Hospital. The implications of a positive response to homoeopathy verifies the efficacy of Homoeopathy as an alternative treatment in the treatment of ASD and other neurological disorders.

## KEYWORDS

Autism, ASD, Homoeopathy, Tuberculinim.

# Homeopathic management in the treatment of infantile cortical hyperostosis (Caffey's disease)

## BACKGROUND

Caffey disease or Infantile Cortical Hyperostosis (ICH) is a rare and mostly self-limiting condition affecting young infants. It is characterized by acute inflammation of the periosteum and the overlying soft tissue and is accompanied by systemic changes of irritability and fever. Diagnosis may be delayed as this disorder mimics a wide range of diseases including osteomyelitis, hypervitaminosis A, scurvy, bone tumors and child abuse. A heterozygous mutation for a 3040C T in exon 41 of COL1A1 was found in affected individuals, further confirming the autosomal dominance of Caffey disease that is caused by this particular mutation. The novel findings in our studies include short stature and persistent bony deformities in the elderly. The facial skeleton is the most frequent site of involvement in hyperostosis, and dysphagia is a typical component, usually seen by refusal of food and failure to thrive.

## MATERIALS AND METHODS

I would like to present two very interesting cases of infant cortical hyperostosis treated in my private clinic in New Delhi, India. The homeopathic medicines were dispensed by me in my clinic to the patients.

Homeopathic dynamic dilutions of SBL and Schwabe were used.

Both the patients were less than 6 months of age suffering from severe acute symptoms of pain, swelling and fever; the infants were refusing feed with loose stools. All the symptoms were relieved with homeopathy in my clinic in the most rapid and gentle way. The patients were almost relieved in 4 weeks without any allopathic medication. Homeopathic remedies selected on the basis of indicated most striking and peculiar symptoms of the patient in disease. The selected medicine was able to treat the acute inflammation of the periosteum and overlying soft tissues.

The emphasis is to throw light on the efficacy of homeopathy in treating Caffey's disease in the most rapid and gentle way.

## RESULTS

Homeopathic remedies chosen on the basis of totality of the most striking and peculiar symptoms of the patient were able to treat the acute inflammation of the periosteum and overlying soft tissues.

# Homeopathy, epigenesis and salutogenesis

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## **BACKGROUND**

For centuries, the greatest effort of medicine was to discover and understand the disease process, given that, under the influence of Claudio Galeno, the main concern was to work on diathesis, pathos and nosos. Until in the twentieth century began to awaken a new consciousness, that of working to discover and understand the process of health, which is known as salutogenesis.

## **MATERIALS AND METHODS**

This state of well-being is due to multiple factors, among which is the epigenome, whose study has established a new doctrine, epigenesis.

## **RESULTS**

Many patients oriented towards homeopathy, already have this awareness of active prevention and do not consult us for an illness, but to continue with their welfare state.

## **CONCLUSIONS**

I focus on the processes of health and not those of the disease, and how homeopathy, along with other resources, is a tool of first choice for the maintenance and consolidation of the state of well-being.

## **KEYWORDS**

Homeopathy Epigenesis Train for health Salutogenesis

# A clinical study of acute pain management among chronic migraine patients in India

## BACKGROUND

One in 10 people in India has migraine. Moreover, cases of migraine are gradually increasing day by day. Patient's history is an essential diagnostic tool for the diagnosis. The aim of this paper is to show that the treatment on the basis of homeopathic principle, i.e. Similia Similibus Curentur is very effective in treatment of migraine not only in chronic conditions but also in managing acute conditions effectively. This study suggests that homoeopathic medicine is the natural and safest way for treatment of in both acute and chronic conditions of migraine without side effects

## MATERIALS AND METHODS

In this study, 68 patients were enrolled but some dropped out due to various reasons, lack of enough income being one of them. In the final study only 61 cases of classical migraine were included; 7 cases of systematic disease were excluded. They included both sexes and different age groups. All these patients suffering from the classical migraine were treated in my clinic during the period from August 2017 – July 2018. Homeopathic medicine was selected on the basis of totality of symptoms, following the concept of treating the patient, not the disease. In this study, only classical migraine was included and patients with the systematic disease were excluded. In acute conditions, special emphasis was given to the modality of the disease as well as the mental disposition. Each and every case was followed up for one year and the final assessment was done after that, to evaluate the clinical effectiveness of homeopathic medicine.

Homoeopathic treatment was given as per instructions given in Hahnemann's Organon of Medicine. Selection of one medicine at a time, using the 'Similia Principle' if the first prescription didn't work; change the prescription after reviewing the case.

Homoeopathic LM-potencies To begin with, all the prescription will start with LM1 and shall move to higher potencies. . The medicine was prepared as follows: One globule (poppy-seed size) of the medicine in LM potency to be dissolved in 120 ml of distilled water containing 2.4 ml (2% v/v) of dispensing-alcohol premixed in it, followed by ten uniformly forceful downward strokes given against the bottom of the phial. This solution shall be given to the respective patient with the instructions regarding the dosage as per the advice.

Each and every case followed for one year and final assessment was done after that. In many cases after the relief of the acute attacks with short acting remedies deep acting medicine were found necessary to patient for the episodes of headache but in certain cases it was found effective to control the acute attacks were also found effective for the prevention of the chronic episodes. Observation of acute condition during the chronic treatment when present came in acute conditions medicine prescribed according to symptoms. most common effective acute medicines are Sanguinaria, Spigellia, Nux Vom, Onosmodium, Tabacum, Iris V, Cyclamen as soon as acute symptoms subsided again constitutional treatment start medicine found effective in this sequence are, Nat M, Sepia Pulsatilla, Lachesis, Sulphur, Lycopodium Argentum Nitricum, Kali bi, Lac Def

### RESULTS

At the end of the reference period out of 61 cases 54 were relieved (88.5%). Among them 28 cases (45.9%) were fully recovered and 26 cases (42.6%) had moderate improvement. 7 cases (11.5%) showed no improvement. This paper represents how the acute remedies help in treating acute aggravation of chronic migrainous attacks more effectively along with our simlinum constitutional remedy. Five case studies are discussed in detail.

### CONCLUSIONS

Homeopathic medicines are effective to cure the symptoms of migraine and fix it to the root cause level. They are able to manage successfully the headache in cases of migraine. Homoeopathy treats the patient as a whole in both acute and chronic migraine and therefore different patients need different treatment. It was encouraging to study the effectiveness of homeopathic medicines in migraine to encourage our young homoeopaths to treat the cases of migraine effectively.

### KEYWORDS

Migraine, Homoeopathy, Acute and Chronic headache

## A case study on rheumatoid arthritis

### BACKGROUND

Rheumatoid arthritis (RA) is a long-term autoimmune disorder that primarily affects joints. It typically results in warm, swollen, and painful joints. Pain and stiffness often worsen following rest. Most commonly, the wrist and hands are involved symmetrically. The peak onset age is  $50 \pm 15$  years. The prevalence ratio in female: male is 3: 1. Prevalence of RA in older women is about 5 %. Genetic contribution is seen in 30% to 60%. The HLA-DR4 allele in Caucasians is associated with a relative risk of almost 4 for RA. It starts as a vague pain with gradual appearance without the classic symptoms of joint swelling/tenderness/morning stiffness. Affection for small joints, symmetric pattern of involvement and positive compression test are highly suggestive of RA. For this study, a case of rheumatoid arthritis was taken and treated as per guidelines of homoeopathic treatment and the result was analyzed to assess the efficacy of homoeopathy in the treatment of rheumatoid arthritis.

### MATERIALS AND METHODS

The case of a 38 years old female was taken for the study. The patient presented with pain, swelling, stiffness and deformity in multiple joints for 7 years. She also complained of itching and cracking of palms and soles. Detailed case taking was done. The presenting complaints along with location, sensation, modality & concomitant were clearly obtained. Then treatment history, H/O presenting complains, past history, family history, personal history, physical generals and mental generals were collected. Finally physical examinations & laboratory investigations were done and the case was diagnosed nosologically to be a case of "Rheumatoid arthritis". In the given case of disease, RA factor and C-reactive protein were positive and ESR was high. Miasmatic assessment was done & it was found to be a case of "mixed miasmatic disease with preponderance of psoric miasm". Step by step procedure was followed from Analysis of symptoms, Conceptual image, Analysis of the case/Synthesis of the case, Evaluation/Repertorial totality to arrive at a "Totality of symptoms". The case was repertorized and Pulsatilla evolved as the drug of choice. Thereafter, materia medica was duly consulted and Pulsatilla was prescribed in 50 millesimal scale; Pulsatilla 0/1, 2 ounces, divided into 16 doses, twice daily for 8 days, followed by Pulsatilla 0/2,

0/3, and 0/4 in the similar manner. The patient was followed up at about 1 month interval for 1 year. At the first follow-up, Pulsatilla 0/5 to 0/8 was prescribed and then Pulsatilla 0/9 to 0/12, in the subsequent follow-up, as the patient was improving. At the 3rd follow up, there was aggravation of few symptoms and few new symptoms were observed and hence, the case was rebuilt with new totality & repertorization was done. Petroleum 200(4 doses, 6 hourly) was prescribed as intercurrent remedy based on the present symptoms and the miasmatic background, followed by Bryonia alba 0/1 to 0/4 (2 oz, 16 doses, twice daily). In the subsequent two visits, the patient was showing improvement and hence Bryonia was continued from 0/5 to 0/12 in the similar manner. At the next visit, improvement was stand still and hence Medorrhinum 1M (1oz, 4doses, 6hourly) was prescribed as intercurrent remedy, keeping in mind the miasmatic background of the patient and then Bryonia was continued from 0/13 to 0/24(2oz, 16doses, b.d.). Finally, Sulphur 200, 1 dose as an anti-psoric as per miasmatic treatment principle was given as the finishing dose. The patient's consent was obtained for publishing the case.

### **RESULT**

Although rheumatoid arthritis is an autoimmune disease, and it is very difficult to cure, but in this case of RA, proper homoeopathic treatment, not only relieved the complaints, but also cured the case completely.

### **CONCLUSION**

Rheumatoid arthritis can be fully cured with the help of individualized constitutional homoeopathic treatment if the totality of symptoms is formed properly and symptomatic as well as anti-miasmatic medicine is given. The result of this case was inspiring, but since this refers to a single case, it is necessary to conduct further RCTs with suitable sample size for more generalized conclusion about the efficacy of homoeopathy in RA.

### **KEYWORDS**

Rheumatoid arthritis, autoimmune disease, Homoeopathy, Totality, Pulsatilla.

# A randomised controlled trial of individualised homoeopathic treatment in rheumatoid arthritis

## BACKGROUND

Rheumatoid Arthritis (RA) is the most common inflammatory articular disorder. It is a chronic progressive systemic autoimmune disease with hallmark of chronic erosive polyarthritis. It can be seen in all races with overall prevalence of about 1 percent. Its prevalence in old women is about 5 percent and female to male ratio is 3 to 1, with the peak onset age of  $50 \pm 15$  years. The clinical feature of RA is divided into three categories i.e. Articular, Peri-articular, Extra-articular (systemic).

The objective of the clinical trial was to study the response of Homoeopathic medicaments in RA and to find out, whether there was any difference in the results of treatment of RA with individualized homoeopathic medicine in centesimal potency, individualized homoeopathic medicine in 50 millesimal potency and placebo. In this study, Disease Activity Scores in 28 joints (DAS28) scoring system was used as a tool to quantify the disease severity. Three groups were created, containing 30 patients each. Patients in the first group received medicine in centesimal potency, the second group received medicine in 50 millesimal potency and the third group received identical looking placebo. The results of each group was compared with other groups, to find out whether there was any difference in results of treatment with individualized homoeopathic medicines in centesimal potency, individualized homoeopathic medicines in 50 millesimal potency and placebo.

## MATERIALS AND METHODS

The study was a prospective, simple randomized, single blinded placebo controlled clinical trial. The sample size was fixed at 90. Out of 187 patients enrolled for the study, 90 patients were selected randomly and using simple randomization technique, they were divided into three groups containing 30 patients each.

Test group comprised of 60 patients i.e. Group – I(Centesimal) -30 and Group – II( 50 Millesimal) -30 & Group – III(Control) comprised of 30 patients. Detailed case taking was done and individualized homoeopathic medicines were prescribed in centesimal potency to Gr-I patients and in 50 millesimal potency to Gr-II patients. Gr-III patients were prescribed identical looking placebo. Duration of the study was two years. It was carried out and completed at International Study & Research Centre on

Homoeopathy, Bhubaneswar. The inclusion & exclusion criteria and treatment plan were strictly followed and disease activity scores in 28 joints (DAS28) of RA was used to assess the improvement during follow up visit. Requisite ethical clearance was duly obtained.

Each case was repertorised. Medicine was prescribed after repertorisation with due consultation with Materia medica. Medicines prescribed in both 50 millesimal and centesimal potencies and repeated as per the need of the case at suitable intervals. Medicine was procured from a GMP compliant pharmaceutical firm i.e Dr. Willmar Schwabe India Pvt. Ltd. Follow up included change in signs & symptoms periodically at 1 month interval along with change in DAS28 for a period of two years.

## RESULTS

The final results were documented before and after intervention with respect to change in RA severity, which was assessed by Disease Activity Scores in 28 joints (DAS28). Before treatment the data were collected as per DAS28 and categorized into low disease activity, moderate disease activity and high disease activity. After intervention, the response was recorded as per the “DAS28 improvement over time points”. As per the guidelines, the above data was interpreted for results, after completion of the study and it was found that both centesimal and 50 millesimal potencies of individualized homoeopathic medicine were far more effective in the treatment of RA, as compared to placebo group. Out of the thirty patients in each group, 25 patients of Gr-I, 28 patients of Gr-II and 2 patients of Gr-III showed positive response.

## STATISTICAL ANALYSIS

Chi-square test and t-test were used for analyzing the results of centesimal potency and placebo groups. The chi-square equaled to 32.593 at 1 degree of freedom and the two tailed P value was less than 0.0001. Hence the result was statistically significant ( $P < 0.05$ , CI=95%) in the treatment of RA. Similarly for fifty millesimal potency and placebo groups, the chi-square equaled to 41.567 at 1 degree of freedom and the two tailed P value was less than 0.0001 and hence the result was significant ( $P < 0.05$ , CI=95%). In results of centesimal and fifty millesimal potency groups, the chi square value was 0.647 and two tailed P value equaled to 0.4212 and hence the result was not statistically significant.

## CONCLUSION

This study shows that individualized homoeopathic medicine based on totality of symptoms is highly efficacious in the treatment of RA in both centesimal and 50 millesimal potencies. It also may be concluded from this study that prescribing on “Totality of symptoms” can be the guideline for treatment of RA. Both Centesimal and Fifty millesimal scales are effective in the treatment of RA. And there is no significant difference between the efficacy of centesimal and fifty millesimal scales in the

treatment of RA. Since this study was conducted on a small scale, double blind RCT with larger sample size is recommended.

**KEYWORDS**

Rheumatoid arthritis, Homoeopathy, Totality, DAS28, Fifty millesimal potency.

# Miasmatic expression in a case of maximal bone destruction and its clinical rehabilitation

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## BACKGROUND

The disease is an imbalance of the vital force that we perceive by the appearance of physiological and anatomical disturbances in a living being. These disturbances or symptoms in a certain order with a cause, are characteristic of the diseases. The application of the oral health care process is very important for the professional in dentistry. The methodology of the work consists of a system of related steps that allow to identify and satisfy interposed needs to solve health problems that affect the human being in their physical, mental and social context. The present work was carried out in order to apply the process of care in a 50-year-old woman who presented in a private practice in Mexico City with a diagnosis of generalized periodontal disease with dental mobility, bleeding and pain. For the assessment, three medical and diagnostic tests were applied: the data collection with the completion of the interrogation in the clinical history; evaluation with panoramic radiography to determine existing condition and anomaly and dental clinical exploration with periodontal probing, measurement of mobility, evaluation of teguments and attached structures. At the end of the previous stages we proceeded to the valuation of data obtained throughout the process. The real illness is therefore the result of each patient's consideration of their individuality, insofar as it is given to us to intuit it through their personality in its last stage, if this personality has varied or has been persistent, whether or not it is satisfactory and allows or prevents him from his broader expression as a human being.

## RESULTS

In the homeopathic consultation the aim is first of all the establishment of the therapeutic diagnosis, is to establish as it could a certain condition to develop in a patient, investigate all the details that concern the evolution of that disease and know precisely in what differs from all the others that they have the same nosological diagnosis. The benefit of scaling and curettage was to reduce the periodontal pockets, to reduce inflammation of the gum and eliminate bleeding, a gel containing ethyl diamine tetraacetic acid (EDTA) was placed. It is a divalent ion chelating agent that was used as a therapy to eliminate the layer of smear on the surface of the exposed dentin and to provide optimal binding conditions for the and the blood clot on the root surface.

Advances in bone regeneration are presented.

## CONCLUSION

The definition presented by the World Health Organization (WHO) in its constitution approved in 1948, says that “health is a state of complete physical, mental and social, not only the absence of disease or disease.” And that physical well-being is broken by pain, a symptom of alarm that nature uses to ask for help.

So that we can try to reestablish their wellbeing, which is stable what has ceased to be, that their health be re-established, we must understand where their deterioration is talking about the anatomical area but the most important thing is to understand from when it began its deterioration. When the patient began to realize how his body works? When the patient lost his unconscious and unresponsive state? When we are in health we do not realize the functioning of our organism.

Before fighting against the disease we must be an assistant of nature, we must remove the obstacle so that the lost function is rebalanced. The disease represents a set of symptoms that mean a healing effort, conditioned to the disturbing cause are disproportionate in favor of the individual vital force. Making a clinical history is helpful for the application of the law of peers, but making a miasmatic clinical history helps us find the cause of the obstacles to healing.

Doctor Hahnemann made the necessary observation and thorough investigation of these causes until reaching the conclusion of the fundamental origin of human suffering Psora, syphilitis and syphilis. Psora is the oldest contagion of vital force, the superior cause that inhibits or weakens the reactivity of dynamism. Syphilis and Sycosis are not subordinated to each other but both are subordinated with Psora. The miasma is based on the dynamic, is expressed in the somatic and transcends in the mental.

The real illness is therefore the result of each patient’s consideration of their individuality, insofar as it is given to us to intuit it through their personality in its last stage, if this personality has varied or has been persistent, whether or not it is satisfactory and allows or prevents him from his broader expression as a human being.

What gives form to the true illness of a subject is everything of a volitional nature as well as accidental or forced by circumstances, which distances it from its existential purpose. Under these principles we present the case of maxillary bone destruction in a 50-year-old woman, who through the clinical history reveals the damage in her existential “I am” Fear, terror, anguish are some of the mental symptoms experienced in their youth and with them the cellular disorder until the destruction of the dental bone support.

The homeopathic remedy is based on the mood alterations that correspond to the mental symptoms and also on those that represent the variants of the activity in the organs and the organism in general. This is where the balance or imbalance and the function of the vital force is conceived.

## KEYWORDS

Vital force, Periodontal disease, periodontal probing.

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# Homeopathic integrated treatment of Guillain-Barre syndrome: a case report

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## BACKGROUND

Guillain-Barre syndrome (GBS) is a rapid-onset muscle weakness caused by the immune system damage to peripheral nervous system, symptoms being developing over half a day to over two weeks. It may be a life-threatening condition in acute phase due to weakness of the breathing muscles. GBS may present as numbness, tingling, and pain, alone or in combination, followed by weakness of the extremities. The cause of GBS still remains unknown and is thought to be triggered by autoimmune process. GBS is diagnosed clinically on the basis of rapid development of muscle paralysis, absent reflexes, absence of fever, and a likely cause, may be appended with supporting investigations such as Cerebrospinal fluid analysis, MRI etc. This treatment of this condition warrants safe and alternatives modes of treatment and homeopathy may play a crucial role in managing the GBS.

## MATERIALS AND METHODS

This paper present the case of a girl aged 6.5 years who developed sudden high fever, with acute body pains, cough, cold and restlessness. The patient was initially treated by a local conventional physician. The fever was relieved within two days with resuming of school activity, but on 4th day the child fell down suddenly in the school on account of unable to move due to paralytic state. Upon hospitalization in a Super Specialty Hospital, Allahabad (4th March 2016) she was diagnosed as a case of GBS. During her stay at hospital no change was noted in her condition.

## RESULTS

During the course, she presented with challenges like paralytic condition of lower limbs leading to walk difficulties, lordosis, lack of concentration etc, but the child remarkably responded to well selected medicines (Conium 10M as first prescription followed by series of indicated medicines like Calcarea carb 0/1,0/3, & Ferrumphos 6x, Kali phos 6x etc.) and at present she is undertaking all her daily routine like a normal child.

### **CONCLUSIONS**

Holistic and Individualized treatment with homeopathy has a prospective role in dealing with auto immune conditions such as GBS and their further scope in this area warrants further research.

### **KEYWORDS**

Homeopathy, Individualized treatment, Guillain–Barre Syndrome, Evidence based case report.

## A case of usage of Q- and C potencies in oncological patients

### BACKGROUND

Although the homeopathic literature regarding the cure of oncological patients is rich and based on multiple methods of treatment, nowadays the challenge of homeopathy is to counteract the devastating side effects of conventional therapies, rather than just curing the disease. For this reason, the Santa Croce Clinic has developed a new and individual patient-based approach for the treatment of oncologic patients. Specifically, this case concerns a five-year-old patient suffering from lymphoblastic leukaemia, who was simultaneously treated with chemotherapy and homeopathy. The method mentioned above is based on the administration of Fifty millesimal scale potencies (Q potencies) during the first critical stage of the disease, followed by the constitutional treatment through the use of Centesimal scale potencies (C Potencies), with regular and long-term follow-up, resulting in stabilization and progressive healing phase.

### MATERIALS AND METHODS

Anamnesis and selection of remedy is done in accordance with the basic principles of classical homeopathy: the remedy is strictly prescribed according to the principle of the totality of symptoms through repertorisation. During the acute phase, remedies are prescribed in Q potencies, usually, one dose per day, to avoid unnecessary homeopathic aggravations in patients with a fragile immune system due to the conventional therapies and annihilate the collateral effects of the latter. Once the critical phase is over, the remedies are prescribed in C potencies on the basis of series and degrees (Dr.J.T Kent).

### RESULTS

After a week of the treatment with the Q3 potency, the two-month long feverish state suffered by the patient disappeared. Subsequently, epistaxis, asthenia and night sweats significantly improved. Overall, after taking the homeopathic remedy, the child has tolerated chemotherapeutic treatment much better. After 15 months of conventional treatment and homeopathic treatment, the patient had a complete recovery from the disease. Follow-up for the last eight years showed neither signs of the disease reappearances neither other diseases.

## **CONCLUSIONS**

This clinical case confirms the efficacy of classical homeopathy and supports the method used by the Santa Croce Clinic as an adjuvant treatment in similar cancer cases. Twenty years of experience with this approach allow us to affirm that in the most critical phase of oncological disease, during which the patient is often also subjected to conventional treatments, the use of the Q potencies is the best choice. In the subsequent phase, when the purpose is to restore the patient's health in a permanent way, the C potencies, applied on the basis of series and degrees, are the most effective approach. Thus, the approach used in the Santa Croce Clinic, reflects the effectiveness of this methodology in the treatment of these pathologies and in the reduction of the side effects caused by the chemotherapeutic treatment.

## **KEYWORDS**

Leukaemia, Chemotherapy, Q potencies, C potencies,

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# Treatment of chronic bronchial asthma in a rural set up using keynote method

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## BACKGROUND

Chronic bronchial asthma is a complex disease characterized by recurrent attacks of breathlessness, wheezing, cough, and fatigue affecting the social, physical, and psychological well-being of the patient. According to World Health Organization, between 15 million to 20 million people have Asthma in India.

High cost, and long term side effects of conventional therapy has been observed to result in poor compliance in patients from poor socio economic strata. The study was conducted to evaluate the role of homoeopathy as effective, safe and economical alternative in management of Chronic Bronchial Asthma.

## MATERIALS AND METHODS

A retrospective observational study of 225 patients suffering from chronic bronchial asthma was carried out at the community rural hospital, over a period of 3 years.

In a mass setting with a large number of patients from poor socio economic strata presenting with common symptoms of bronchial asthma, there was paucity of characteristic symptoms .Therefore, the keynote method of prescribing was employed.

The data regarding patient's presenting symptoms was noted. The protocol followed in this study was formed based on totality of common symptoms of chronic bronchial asthma (dyspnea, wheezing, cough, fatigue, frequency of acute attacks). Common repertorial picture was made. One characteristic symptom (keynote) from the symptoms presented by the patient was selected as the differentiating rubric to help choose the Similimum . Patient's regular progress and clinical outcomes up to one year of starting therapy were noted.

### Common Repertorial Picture of Bronchial Asthma

Repertorisation - Chronic Bronchial Asthma															
Remedy	I p	Sul ph	A rs	Car b v	Pu ls	Ka li- c	La ch	A m- t	Ant t	S ili	Str am	B ry	Na t s	Sa mb	Spo ng
Totally	25	25	24	24	24	23	23	22	22	22	22	21	21	21	21
Symptoms Covered	7	7	7	7	7	7	7	7	7	7	6	7	7	6	6
[Complete] [Respiration]Asthmatic	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Respiration]Wheezing, whistling:	4	4	4	4	3	4	3	3	3	4	4	4	3	4	4
[Complete] [Cough]Asthmatic	4	3	4	3	3	3	3	3	4	3	3	1	3	3	3
[Complete] [Chest]Constriction:	4	4	4	4	4	4	4	4	3	4	4	4	2	4	4
[Boericke] [Respiratory System]Respiration: Dyspnoea (difficult, embarrassed, oppressed, anxious):	3	3	3	3	3	3	3	3	3	3	0	3	3	3	3
[Complete] [Respiration]Air:Amel., open:	3	4	1	4	4	1	4	3	3	1	4	3	3	0	0
[Murphy] [Lungs]Asthma, general:	3	3	4	2	3	4	2	2	2	3	3	2	3	3	3

Examples of keynotes used

- 1) Ipecac – incessant violent cough with nausea and desire to vomit.
- 2) Ars alb – unable to lie down, fears suffocation, asthma worse midnight.
- 3) Carbo veg – wheezing with intense air hunger, must be fanned.
- 4) Pulsatilla – cough towards evening and night, must sit up in bed for relief. Cough with thick bland expectoration.
- 5) Antim tart – congestive unproductive cough. Rattling cough with minimal expectoration and loud wheezing.

### RESULTS

Results were assessed based on following criteria: 1. Dyspnea; 2. Wheezing; 3. Cough; 4. Fatigue; 5. Frequency of acute attacks and; 6. General well-being. Out of the above factors, improvement in general well-being and amelioration in dyspnea were observed first, which indicates the correct direction of homoeopathic action.

### Comparison with conventional treatment

Patients on homoeopathic treatment show good long term prognosis with reduced dependence on oral and inhaled bronchodilators.

## **CONCLUSION**

Homoeopathy as a treatment modality may add substantial value to the paradigm of chronic bronchial asthma management. Also, the keynote method of prescribing has been observed to be effective in mass settings where, patients present with common pathology and similar symptomatology.

## **KEY WORDS**

Chronic Bronchial Asthma, Homoeopathy, Keynote

# A retrospective evaluation on some cases of tumors with reference to its types and stages

## BACKGROUND

With better control of infection and increased life expectancy malignant tumors, benign tumors and cysts in vital organs cause major health problems including high mortality and morbidity, respectively. Benign tumors in certain organs cause serious health problems due to mass effects. When the site of the tumor is in depth, becomes unapproachable for resection. Recurrence rate is also significant even after radiotherapy, chemotherapy. The therapeutic measures by conventional system for carcinoma is still a challenge. Constitutional treatment in such cases showed encouraging results and hence a retrospective analysis was made on the scope and limitations of homoeopathy on different types of tumor and cysts with respect to their sites, sizes, nature and stages.

## MATERIALS AND METHODS

The study was conducted at A.C.Homoeopathic college, India. MRI and histopathologically diagnosed cases of thirty patients with tumors of premalignant type which included, Cervical Intraepithelial Neoplasia (CIN) (No-1), CIN-II (2), CIN-III (3), Astrocytoma (1), Glioma (1), Leukoplakia (4), Early diagnosed gall bladder cancer without metastasis (2), Pleomorphic Salivary adenoma (1) and benign type of tumors which included meningioma (2), micro adenoma pituitary (2) uterine fibroid (5), Polycystic ovarian syndrome (2), Pseudo pancreatic cyst (2), Gall bladder polyp (2) were included in the study. Malignant tumors with metastasis were excluded in this study. The patients whose pre and post treatment reports were available, included in the study. There were 17 females and 13 males. The age group distribution was from 15 to 70 years. Patients having allopathic and other adjuvant mode of treatment were excluded. Written consent was obtained from the respective patients. Medicines were selected based on totality of symptoms and allocated to patients for 6 months to one year with a regular follow up with relevant reports. The Size (Length x Breadth x Height) of tumors and histopathological reports were considered as parameters. Substantial reduction of size of the tumor up to 0 – 0.1 (mm), was considered as marked improvement (MI), no change in tumor size was considered as no improvement (NI) while reduction of size up to 50% was considered as Partial improvement (PI). It was

a systematic allocation of study without control. One sample proportion test had been used for statistical evaluation.

## RESULTS

Out of total thirty patients, 24 were found to be improved. Total 11 cases under MI (includes 7 benign, 3 premalignant cases and 1 case of early diagnosed gall bladder carcinoma without metastasis), 13 under PI (includes 4 benign and 9 premalignant) and 6 under NI (includes 3 cases of benign and two cases of premalignant and one case of gall bladder carcinoma without metastasis). In MI cases the average tumors size was reduced from 5cm to 0-1mm, while in the PI cases, the tumor size was reduced from 5cm to 3cm. where as in NI cases, the tumor size was 7cm and 6cm before and after treatment. The findings of the study indicated the effectiveness of homeopathy considering all types of tumors, as the improvement was statistically significant (P value 0.001). However, in case of premalignant and locally malignant without metastasis, though the recovery level was significant it is comparatively less (P value 0.038).

## CONCLUSIONS

It was concluded that benign tumors as mentioned above and premalignant conditions like CIN-I, pleomorphic salivary adenoma, leukoplakia showed marked improvement. In contrast, glioma, CIN-II, long standing cases of leukoplakia showed partially improvement where as Astrocytoma, CIN-III, did not improve. Out of two early diagnosed cases of G.B. cancer without metastasis, in one patient, the tumor regressed completely and the post histopathological report showed degenerated cells and macrophages replaced the anaplastic cells. During the process of treatment of CIN-I, Pleomorphic salivary adenoma and gall bladder adenocarcinoma it was observed in the post treatment histopathological report, the anaplastic cells were converted to degenerated cells admixed with macrophages. This is in consistent with the study made by Saha. et. al and Seligmann et al that homeopathic medicines stimulated the cellular immunity by activating the macrophages for asserting their cytotoxic action against cancer cells. Medicines selected basing on totality with miasmatic background were found to be effective. Bowel nosodes, nosodes and deep acting medicines with suitable repetition of potency showed good results. LM potency was mostly used. An extensive prospective analytic study with a large sample size is suggested to ascertain the scope of homeopathy on other premalignant conditions and early diagnosed cancer cases. As it is an evidence based study, reports of a case of G.B Cancer, Meningioma, Pleomorphic salivary adenoma are attached.

## KEYWORDS

Benign, premalignant tumors, histopathological stage, homeopathy.

# Homeopathic treatment protocol for Bruxism

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## BACKGROUND

Bruxism is a condition in which the person grinds or clenches the teeth when awake or during sleep. Common signs and symptoms are tooth wear, pain in masticatory muscles and temporomandibular joint (TMJ) and headache. Many etiological factors may be associated with the development of bruxism including systemic, psychological, occupational and genetic factors. It may also be related to sleep disorders. The Orofacial Pain Extension and Research Program UniFOA promotes an extension as a way to teach, research and offer community service. The program develops several theoretical and practical possibilities in science through therapeutic treatments that stimulate natural protective mechanisms against injuries and promotes health restoration by means of therapeutic homeopathy.

The objective of this study is to present the homeopathic treatment protocol established in the Orofacial Pain Extension and Research Program UniFOA. This protocol was applied to treat patients diagnosed with bruxism since 2004 to date at the University of Volta Redonda, Brazil.

## MATERIALS AND METHODS

It will be shown data of prevalence and incidence records of awake and sleep bruxism as well as centric and excentric bruxism, etiological assessment of the prevailing diathesis in different age groups through clinical examination, patient reports and questionnaires: RDC/TMD (Research Diagnostic Criteria for Temporomandibular Disorders: Axis II) and life quality WHOQOL-100 and also the risk factors for bruxism associated to individuals treated in the Extension Project of the Pain Research Group between the years 2004 and 2019 were used in this study.

## RESULTS

High incidence of psoric and syphilitic diathesis among individuals with bruxism was detected. This condition can be found in children and adults. The homeopathic protocol proved to be efficient to control bruxism and improve sleep quality.

## **CONCLUSIONS**

The homeopathic protocol of the Extension and Research Program on Homeopathy applied to Dentistry UNIFOA showed to be a valuable resource to treat bruxism and to improve sleep quality of patients.

## **KEYWORDS**

Homeopathy, bruxism, diathesis, sleep disorder

## Italy's historic role in the european expansion of homeopathy

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The European expansion of Homeopathy is closely linked to the history of Italy in the 19th century. The point of this paper is to show the role, too often forgotten, played by Naples and by many Italian physicians. Because of them, the Homeopathic culture experienced such a strong impulse as to become a new therapeutic methodology. Homeopathy arrived to Naples in 1821, owing to the Austrian troupes sent by the Emperor Franz I to aid in the suppression of the first revolts against the so called "Ancien Regime". Amongst the military physicians, there were some eminent homeopaths (De Schoenberg, Marenzeller, Necker) who introduced the "New Medical System" and educated the first Italian homeopathic doctors, such as F. Romani, C. De Horatiis, S. De' Guidi. Their successes quickly conquered the Neapolitan court and attracted numerous European physicians whom, in their turn, introduced Homeopathy to their countries as well as others. In fact, from Naples Homeopathy was then established in France (by De Guidi), Spain (by De Horatiis), Great Britain (by Romani, H. F. Quin), Brazil, Egypt, Sudan (by Mure) and in the European colonies overseas. Between the 19th and 20th centuries there was an increase in the production of Italian Homeopathic literature. In addition to textbooks, there were specialized journals, such as "Rivista Omeopatica Italiana", which was managed by the internationally renowned G. Pompili. The richness of the international relationships has been shown through the translations of some important foreign authors, such as the first four editions of the "Organon". In addition, by virtue of ancient textbooks, we can discover the Homeopathic approach of that time, the struggles and the disputes, which were not so different from the present ones. Most of the textbooks cited are preserved in the Museum of Homeopathy in Rome, or they can be traced to Italian libraries, based on specific abbreviations. Bibliographies are tools in constant evolution. Additional information regarding texts not yet included is necessary in order to obtain the maximum data possible.

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## The archetype of the mirror: a ubiquitous principle in healing

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### BACKGROUND

Despite its effectiveness, there is uncertainty and speculation and ongoing research regarding the exact process by which the simillimum heals. The archetype of the mirror—with its expression in a variety of human experiences—offers promise of contributing to the understanding of the means by which our medicines promote healing.

### MATERIALS AND METHODS

Research was conducted into various fields of healing as well as religious writings, mythology and other sources in search of a potential unifying principle. The transformational event of true healing is explored via references to the Organon of Hahnemann and his concept of the role of the vital force compared with that of the similar medicine in the initiation and promotion of healing.

### RESULTS

In accord with the principles of general systems theory, the mirror archetype is relevant in a wide variety of experiences of healing and resolution of conflicts.

### CONCLUSIONS

The archetype of the mirror is applicable in describing the phenomenon that takes place when the simillimum is administered to the ill patient, to initiate the healing process. The ubiquitous applicability of the mirror archetype in the healing process in general is elaborated in its relevance to other fields, with reference to Jungian psychology, mythology, Native American customs, narrative medicine and the Bible, among others.

### KEYWORDS

Mirror, metaphor, homœopathy, Jungian psychology, general systems theory, narrative medicine.

# The use of Cimex 6CH in the control of daytime bruxism diagnosed with biofeedback technology

## BACKGROUND

Daytime bruxism is characterized by parafunctional masticatory muscles movements during the day which is associated with stressful situations and activities that require a lot of attention. Biofeedback is a technology based on positive reinforcement when there is muscle relaxation and negative reinforcement when there is a contraction of the parafunctional muscles which leads to patient awareness and can be used as a diagnostic tool. Homeopathy has therapeutic resources that stimulate the natural mechanism of disease prevention and health recovery. This work aims to assess the efficacy of a homeopathic protocol based on Cimex 6CH to treat parafunctional contraction of masticatory muscles in patients of the Extension and Research Program on Homeopathy applied to Dentistry UniFOA diagnosed with daytime bruxism by Biofeedback technology.

## MATERIALS AND METHODS

After approval of the UNIFOA ethics and research committee, 30 patients were selected by the following criteria: clinical examination, patient complaint, data provided by the answers to RDC and WHOQOL life quality questionnaires. All patients were submitted to Biofeedback technology NeuroUp device to confirm the diagnosis of daytime bruxism and to quantify muscular parafunctional contractions. Then, all patients received an appropriate and adjusted myorelaxant plate to use and were monitored during 14 days with the NeuroUp device performed with the protocol of 10 minutes session. Two groups were created: G1 - no homeopathic medication (control group); G2 - Cimex 6CH. After 14 days, all patients were asked to answer again the RDC and WHOQOL life quality questionnaires. Biofeedback technology NeuroUp monitoring data were collected and analyzed with questionnaires answers of before and after treatment.

## RESULTS

All patients of Group 2 related life quality improvement and Biofeedback monitoring supported this data.

### **CONCLUSIONS**

Cimex 6CH showed to be effective in treating parafunctional contractions of daytime bruxism with patients relating life quality improvement.

### **KEYWORDS**

Homeopathy; Dentistry, biofeedback; Cimex; daytime bruxism.

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# Homeopathic treatment of veterinary oncological cases. Cure or/and palliation

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## BACKGROUND

some significant clinical cases of neoplastic diseases in small animals treated with homeopathic therapy are presented, with long follow-ups related to their oncological pathologies and species.

## MATERIALS AND METHODS

the patients, of different ages and sexes and with serious tumours of various kinds and different localisations, were treated by expert homeopathic vets after appropriate diagnostic work. Reasons for searching an homeopathic treatment were: impossibility of continuing chemotherapies owing to their strong side effects, their high costs or stress related to administration of oncological therapies (hospitalization, slow infusions, daily sedations during radiant therapy). Some owners, in front of short-term poor prognosis, choosed homeopathy as first therapy. The goal, in all these cases, was to secure good quality of pets'life, until exitus.

## RESULTS

following careful homeopathic medical history, prognostic assessments and remedy choice, in some cases with the prescription of "satellite" remedies useful for the case, in all animals we noticed a fast improvement in clinical status and for long times, that in some cases made to hope in pathology resolving. Improvements were clinical (reduced or disappeared pain, normal digestive functions previously strongly affected, weight recovered, normalisation of biochemical values) and social- psychic (recovery of usual relations and behaviours) and this until exitus, generally fast and without pain.

## CONCLUSIONS

Veterinary clinical neoplastic cases are very important for the homeopathic community, as they show that for opponents and skeptics is inappropriate to invoke placebo effect, and as they enable us to understand the power of homeopathic methodology, if properly used. It's very uncommon for human doctors the management of such cases only with homeopathy. Animals answers to homeopathic remedies with great

simplicity and efficiency and are good biological markers. Our results are very comforting.

### **KEY WORDS**

Veterinary, oncology, prognosis, homeopathy.

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## Trattamento omeopatico di casi oncologici veterinari. Curare e/o palliare

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### **INTRODUZIONE**

Vengono presentati alcuni casi significativi di pazienti oncologici trattati con terapia omeopatica e con lungo follow up, in relazione alla patologia oncologica e alla specie considerata.

### **MATERIALI E METODI**

I pazienti, di differenti età e sesso e affetti da patologie oncologiche gravi di diversa natura e a diversa localizzazione, sono giunti all'attenzione del veterinario omeopata dopo adeguato iter diagnostico. Le motivazioni per la richiesta di una terapia omeopatica comprendevano l'impossibilità di proseguire con le terapie tradizionali a causa dei pesanti effetti collaterali, della difficile sostenibilità economica o dell'impossibilità da parte dell'animale a reggere il forte carico di stress che le terapie oncologiche comportano (ricoveri, infusioni lente, sedazioni pressochè quotidiane nel caso della terapia radiante). Alcuni proprietari, di fronte all'evidenza di una prognosi infausta a breve termine, hanno optato per l'omeopatia come scelta primaria. L'obiettivo, in tutti questi casi, è stato quello di poter garantire una buona qualità della vita dell'animale, fino all'exitus.

### **RISULTATI**

A seguito di un'anamnesi condotta secondo la metodologia omeopatica, dopo attenta valutazione prognostica e oculata scelta del rimedio, in qualche caso corredata da prescrizione di rimedi satelliti valutati per il singolo caso, in tutti gli animali si è osservato un miglioramento dello stato clinico rapido e per tempi duraturi, che a volte ha fatto sperare nella risoluzione della patologia. Il miglioramento è stato clinico (riduzione o scomparsa del dolore, ripresa di funzioni digestive prima fortemente

compromesse, recupero del peso, rientro nel range di valori biochimici alterati) e psico-sociale (recupero delle relazioni e dei comportamenti abituali) e questo fino alla fine, che di norma è giunta senza sofferenza e in modo rapido.

Di seguito un elenco in breve dei casi che saranno presentati, con iter diagnostico e terapie eseguite:

### **CASI DR. BETTIO**

Peto gatto europeo m c  
nato 2015

Diagnosi: tramite RM, neoformazione di presumibile natura neoplastica localizzata a livello

dell'aspetto dorsale del soma vertebrale di L6, in sede meningeo/extradurale, determinante moderati/marcati fenomeni compressivi a carico del filum terminale.

Tramite RM

Terapia: ARA MACAO 1MK 7 gl sid

Metodologia: studio delle tematiche relative al phylus uccelli

Follow up: dal 14.10.17 a oggi

Aharon, cane boxer m  
nato 01.01.14

Diagnosi: tramite RM, tumore encefalico vicino al talamo (mesencefalo)

Terapia pregressa: prednicortone 10 mg sid + Radioterapia

Nessuna modificazione

stop terapie

Terapia: conium maculatum 6LM 2 gocce sid (posologia a crescere fino a 5 gtt poi 7 gtt)

Metodologia: studio repertoriale

Follow up: dal 14-08-19 ad oggi

Stella gatto europeo f st  
nata: 01.08.14

Diagnosi: da VET Clinica Modena SUD sospetto sarcoma e consigliata amputazione dell'arto. Citologia: sarcoma (patologia mesenchimale) zampa anteriore sinistra.

Terapia: phosphorus 1000K 2 gocce sid, poi phos 10M K 2 gocce sid

Metodologia: studio repertoriale

Follow up: dal 07.04.17 ad oggi

solo terapia omeopatica

### **CASI DOTT.SSA NUOVO**

Bea, cane chow chow F st

Nata 27.03.2007

Diagnosi: melanoma orale, con citologico e successivamente istologico post-chirurgia

Terapia: metronomica (senza fans) e omeopatia, aurum metallicum 1 LM 5 gocce sid + rimedi satelliti per grave cistite emorragica insorta a seguito della terapia metronomica

Metodologia: lo studio repertoriale ha portato alla prescrizione del rimedio aurum metallicum, lo studio dell'acuto contingente ha portato alla prescrizione dei rimedi d'urgenza (cantharis, colibacillinum, medorrhinum e infine thuya)

Follow up: dal settembre 2017 ad oggi

Kajal, gatto europeo F st

Nata 2013

Diagnosi: il 10 marzo 2017 TC e courettage chirurgico, diagnosi istologica sarcoma retronasale, consigliata radioterapia. In assenza di radioterapia prognosi 1-3 mesi

Terapia: dal 28 marzo 2017 Agaricus muscarius 200 K, 3 gocce bid + Hydrastis canadensis 5 CH, 3 granuli al mattino; dal 15 luglio 2017 Lac Humanum 200 K, 3 gocce bid, nel tempo passate a una somministrazione quotidiana e aumentate fino a 7 al dì.

Aprile 2018 comparsa di ematuria e emoglobinuria a intervalli, che scompare anche senza terapia e senza sintomatologia infiammatoria; passa a Lac Humanum M K, 3 gocce bid

21 settembre 2018 ecografia: probabile neoplasia vescicale, il linfonodo tributario è aumentato di dimensioni e ha aspetto compatto, Lac Humanum 10M K, 3 gocce bid + cistus canadensis 5 CH, 3 granuli sid

Metodologia: studio repertoriale e studio su tematiche dei latt

Follow up: da marzo 2017 ad oggi

Oliver, cane labrador M st

Nato 18.06.2011

Diagnosi: mastocitoma su fianco destro, asportazione chirurgica maggio 2017, diagnosi citologica e conferma istologica.

Terapia: già in terapia da tempo (ipertrofia prostatica) con Lac Caninum 1M K, poi rivalutato e modificato con Thuya occidentalis 1LM e successivamente 3LM e 4LM, 3 gocce bid

Metodologia: studio repertoriale

Follow up: da maggio 2017 ad oggi

Lisetta, gatta europea F st

Nata presumibilmente 2006 (gatta di colonia)

Diagnosi: comparsa di tumefazione importante occhio sinistro dal 7 dicembre 2018,

già trattata con antibiotici locali e generali senza esito, esoftalmo e panoftalmite. Ecografia del 20.12.2018: ecograficamente è visibile una neoformazione oculare/retrobulbare di grandi dimensioni (3 x 3,2 cm) di eziologia da definire e di probabile natura neoplastica. A livello splancnico il quadro ecografico è compatibile con neoformazione multinodulare epatica di grandi dimensioni, in prima ipotesi di natura neoplastica; lieve/moderata infiammazione peritoneale focale perilesionale associata; lieve infiammazione bilaterale associata.

Consigliata terapia palliativa per prognosi infausta a breve termine

Terapia: Conium maculatum 1LM, 2 gocce bid

Metodologia: studio repertoriale

Follow up: dal 21 dicembre ad oggi (riacquistato peso, occhio completamente sgonfiato)

### **CASI DOTT. ORSI**

Lucky, Cane meticcio Breton, maschio, 10 anni.

Diagnosi: Linfoma a grandi cellule probabile fenotipo T, localizzato a cavità nasali (RMN e biopsia). Consigliata chemioterapia e terapia radiante, con prognosi di 6 mesi.

Terapia: Calc phos 200 Ke 1000 K, Phos 1-2-3 LM, Tuberc 1000 K, Carc 200 CH in plus con notevole riduzione degli episodi di epistassi. A seguito della perforazione del setto nasale si prescrive Chromicum acidum 5 CH, tre granuli al dì, dopo diagnosi differenziale con Osmium metallicum.

Metodologia: studio repertoriale e riflessione sulle MM di Boericke, Clarke, Scholten e di Vermeulen e sul concetto di rimedio specifico secondo Farohk J. Master.

Follow up: nei due anni e mezzo di assunzione giornaliera di Chromicum acidum ha condotto una vita normale con rari episodi di epistassi. A seguito di infestazione massiva di miasi in loco si effettuò eutanasia.

Artù, Gatto Europeo, MS, 9 anni.

Diagnosi: endoscopica, voluminosa neoformazione a carico della laringe. Diagnosi istologica: carcinoma squamocellulare e flogosi mista. Consigliata chemioterapia e terapia radiante, con prognosi di due mesi.

Terapia: Plutonium nitricum 2 LM quotidianamente e Carcinosinum ogni 10 giorni. In seguito una somministrazione di Thuya 200K e 1000K, seguite da Plutonium nitricum 3 LM

Metodologia: studio repertoriale e successiva riflessione sul proving di J. Sherr

Follow up: ottima qualità di vita e sintomi clinici della neoplasia estremamente ridotti per circa un anno e mezzo, con declino finale in 48 ore

Delyla, Cane American Staffordshire, FS, 10 anni. A seguito di episodio di collasso con grave ipoglicemia, si reperta all'esame ecografico nella regione pancreatica sx

una lesione nodulare ipoecogena, a margini netti, di circa 1,63 x 1,61 cm di dimensioni.

**Diagnosi:** Lesione nodulare di origine pancreatica (insulinoma; altra neoplasia meno probabile). Rifiutata TAC con mdc e chirurgia (che offre una prognosi da 6 a 18 mesi), con dieta casalinga formulata da collega esperto presenta curva glicemica abbastanza stabile (glucosio 44) ed episodi di collasso ipoglicemico ogni 4-5 giorni.

**Terapia:** Saccharum officinalis 15 CH ( successivamente alla 30 CH e alla 100 CH), tre granuli al dì e Pancreas 12 CH

**Metodologia:** studio repertoriale e riflessioni sull'esperienza di questo rimedio di Tinus Smits, (organoterapia)

**Follow up:** due anni di vita assolutamente normale per Delyla, con rari episodi di crisi ipoglicemia, l'ultimo dei quali fatale.

Kira, Cane meticcio FS, 8 anni, 17 kg.

**Diagnosi:** osteosarcoma radio distale dx (radiologica ed istologica), con TAC che evidenzia interessamento dei linfonodi prescapolare ed ascellare dx, piccoli noduli iperdensi polmonari, fluido a livello della porzione caudale della cavità nasale destra e nel seno frontale destro (probabile reperto occasionale). Eseguita amputazione, rifiutata chemioterapia. Prognosi non superiore a 5 mesi.

**Terapia:** Causticum 1-3 LM, 4-6 LM, 7-9 LM, e in seguito, nell'arco di 4 anni e mezzo, fino alla 20 LM, unitamente a Radium bromatum 5 CH (poi 6, 9, 12, 15 CH), che permettono una qualità di vita assolutamente normale, con frequenti crisi di starnuti. Nel mese di maggio 2018, a seguito di crisi dispnoica, si diagnostica Endocardiosi mitralica grave, e si instaura terapia farmacologica. Dopo un mese violenta crisi di starnuti ed epistassi (Sabadilla 15 CH, 30 CH), che migliora molto, ma dopo 10 giorni si ripresenta (Lachesis 30 CH in plus, seguita da Lachesis 1 LM).

**Metodologia:** studio repertoriale e studio dell'acuto contingente con prescrizione dei rimedi d'urgenza

**Follow up:** attualmente a distanza di 5 anni e quattro mesi dalla diagnosi iniziale di osteosarcoma, Kira assume Lachesis 2 LM ogni giorno, con buona qualità di vita.

### **CASI DOTT.SSA RIGAMONTI**

Bruno, cane meticcio maschio, 14 anni al momento della prima visita omeopatica

**Diagnosi:** carcinoma squamoso del cavo orale con infiltrazione del tessuto osseo (IZS Piemonte e Liguria)

**Data dell'insorgenza dei fenomeni correlati alla neoplasia:** dicembre 2010

**Data del trattamento chirurgico e della biopsia:** luglio 2010

**Data di recidiva:** agosto 2010

**Data della prima visita omeopatica:** 21 settembre 2010

**Terapia:** Hepar sulphur assunto in potenze crescenti per tutta la durata del trattamento omeopatico. In seguito affiancati rimedi organotropici per severa patologia

cardiologica. Viene utilizzato anche bicarbonato di sodio per os. Terapia cardiologica allopatrica durante l'ultimo anno di vita.

Metodologia: studio repertoriale

Follow up: terapia omeopatica fino ad aprile 2014, quando il paziente muore per scompenso cardiaco acuto. La massa neoplastica rimane stabile fino al decesso.

Diego, gatto europeo maschio c, 8 anni al momento della prima visita omeopatica

Diagnosi: linfoma duodenale

Data dell'insorgenza dei fenomeni correlati alla neoplasia: ottobre 2015

Data della diagnosi istologica: maggio 2016

Data della prima visita omeopatica: 7 luglio 2016

Terapia: Natrium phosphoricum, assunto in potenze crescenti per tutta la durata del trattamento omeopatico, dopo la sospensione dei corticosteroidi che già stava assumendo. In fase terminale utilizzati anche Acidum phosphoricum e Ipeca.

Metodologia: studio repertoriale

Follow up: dal 7 luglio 2016 al 22 agosto 2018, data del decesso

Ulisse, gatto europeo, 5 anni al momento della prima visita omeopatica

Diagnosi: linfoma della mucosa nasale

Data dell'insorgenza dei fenomeni correlati alla neoplasia: agosto 2015

Data della biopsia: 1 dicembre 2015

Data della prima visita omeopatica: 7 gennaio 2016

Terapia: in un primo tempo Calcium fluoricum (prescrizione errata); dal primo aprile 2016 Thuja, assunto in potenze crescenti per tutta la durata del trattamento omeopatico, tuttora in corso.

Metodologia: studio repertoriale

Follow up: dal 7 gennaio 2016 ad oggi.

Lucky, cane meticcio maschio, 14 anni al momento dell'insorgenza della neoplasia

Diagnosi: sarcoma dei tessuti molli (massa sul costato, a sinistra); metastasi splenica con concomitante ematopoiesi extramidollare delle tre linee cellulari; presenza di lesioni epatiche dubbie

Data dell'insorgenza dei fenomeni correlati alla neoplasia: luglio 2018

Data di inizio della terapia oncologica omeopatica: luglio 2018

Data di trattamento chirurgico ed esame istologico: 28 agosto 2018

Terapia: Ceanothus americanus, assunto in potenze crescenti sino ad ora, e affiancato da fitoterapia.

Metodologia: studio repertoriale

Follow up: dal luglio 2018 ad oggi

### **CASI DOTT.SSA CIARMATORI**

Cechetta gatto europeo F sterilizzata, nata 2002

Diagnosi: tramite esame istologico, neoformazione di natura neoplastica di circa 8 cm di diametro localizzata a livello del dorso. Sarcoma iniettivo.

Terapia: CONIUM MACULATUM 1ML 5 gocce bid

Metodologia: studio repertoriale

Follow up: dal 14.01.17 al 28.08.17

Betty, cane meticcio F st nata nel 2006

Diagnosi: maggio 2017 carcinoma polmonare, massa di 10 cm e metastasi a fegato e milza; aspettativa di vita 15 giorni, un mese; nessuna terapia consigliata, se non cortisone

Terapia: conium maculatum 10MK e carbo vegetabilis 9 ch per aiuto su respirazione; nel luglio 2017 passa a phosphorus 1LM, 2 gocce mattino e sera, poi nel tempo sale di scala fino alla 4LM.

Metodologia: studio repertoriale

Follow up: dal maggio 2017 a giugno 2018, 13 mesi di buona vita.

### **CONCLUSIONI**

I casi oncologici veterinari costituiscono un bene prezioso per la comunità omeopatica, in quanto mostrano quanto sia inopportuno per i detrattori appellarsi all'effetto placebo e perché ci permettono di capire quanta potenzialità ci sia nel metodo, se seguito correttamente. Nessun medico di medicina umana potrebbe osare tanto di questi tempi, ma i nostri animali, i cui organismi rispondono con la loro semplicità al granulo omeopatico, costituiscono degli indicatori biologici nel bene e nel male e ci confortano.

### **PAROLE CHIAVE**

Oncologia, prognosi, cura, palliazione, integrazione.

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## Scope and support of homeopathy in rare diseases

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### BACKGROUND

The common denominator of rare diseases is the infrequency of their occurrence in the human population. Hence, Rare diseases is defined by the World Health Organization (WHO) as “Often debilitating lifelong disease or disorder condition with a prevalence of 1 or less, per 1000 population”. Most rare diseases are genetic and thus are present throughout the person’s entire life, even if symptoms do not immediately appear. Though some countries have acknowledged their importance by an Act by their Governments, and enacted the Orphan Drug Act, there is not enough to give necessary relief infact, as several countries do not even have an enough awareness to alleviate this problem. Thus, many children and those that manage to grow a little older but suffer and eventually die without much solace.

### MATERIALS AND METHODS

This paper attempts to draw a picture of the ongoing efforts in India to create awareness, draw the attention of Government to make a policy and integrate the AYUSH systems in the fight against Rare Diseases and survival with dignity, with special emphasis on the Scope of Homoeopathy. Particular efforts have been made to collate and compile single cases from several homoeopathic physicians who have treated Rare diseases.

### RESULTS

The methods which succeeded and those that have failed are discussed in detail for further research. An emerging picture of the potential for Homoeopathy is very visible due to the unique approach of ‘Individualization’ that overrides the limitation of a Rare Disease and the very ‘Rarity’ here becomes the emphasis for Individualization.

### CONCLUSIONS

Not only does this offer a better chance for the patients at a microlevel, but at a macro level, It also lessens the per capita expenditure burden on the country. One can safely conclude that Rare Diseases have a good scope for relief and a promising better quality of Life with Homoeopathy.

**KEYWORDS**

Rare Diseases - Awareness - Orphan Drug Act - Integrative Medicine - Individualization - 'Rarity' of Homoeopathy.

# Management of Infertility due to PCOS by Homoeopathy – A case report

## BACKGROUND

Polycystic ovary syndrome (PCOS) is a common heterogeneous endocrine disorder characterized by irregular menses, hyperandrogenism, and polycystic ovaries. The prevalence of PCOS is as high as 15%–20% during reproductive age. 17% of subjects had bilateral polycystic ovaries on ultrasound. However, the cases present with associated complications like hyperinsulinemia, hyperprolactinemia, hypothyroidism, infertility along with symptoms of dyspepsia, mood swing, irregular menses, weight gain due to adverse effects of the conventional system of medicine which is too costly.

## MATERIALS AND METHODS

A case of 21 years female suffering from irregular menstruation, unusual milk secretion from both mammae, headache, irritability, depression, dyspepsia diagnosed as PCOS with anovulatory cycles treated successfully by homeopathic medicines Natrum Muriaticum 200 – 10M followed by Sepia 200 -10M on the basis of totality of symptoms after thorough case taking by Hahnemannian method along with lifestyle management and repetition schedule as per requirement. The data registered on the basis of the subjective/objective symptoms and pathological investigation parameters in beginning and at the conclusion.

## RESULTS

Evidence of relief from subjective symptoms occurred earlier than regular menstruation, serum prolactin level gradually reduced from 44.96 µgm/ml to 4.38 µgm/ml reflected in the cessation of unusual milk flow from both breasts. The female became pregnant with Sepia 1M -10M after one and a half year of treatment along with lifestyle management and delivered a male baby in 2017.

## CONCLUSIONS

This particular case report highlights the positive role of Homeopathic treatment in the management of the irregular menses, infertility, unusual milk secretion from breasts along with other complications of liver toxicity manifested after the contemporary system of treatment. This is evident from the data with regards to subjective

symptoms, objective manifestations and pathological investigations recorded in the beginning and at the conclusion of the treatment. The case was followed up for further 2 years without recurrence which suggests that good management is achievable through homoeopathic treatment in PCOS.

**KEYWORDS**

Polycystic ovary syndrome, Hyperprolactinemia, Hypothyroidism, Anovulation, Hirsutism.

## Case report: management of chronic, non-healing, gangrenous foot ulcer referred for foot amputation

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### BACKGROUND

Cases of sero-positive Ankylosing Spondylitis are often left with very few management options. Immuno-suppressive therapies which are often the main-stay of treatment may cause significant adverse effects in the long term. The nephro-toxicity of NSAIDs when regularly used is also a concern in management. While Tumor necrotizing factor therapies are claimed to have promising results, there is a risk of a flare up of latent tuberculosis with such therapies. This study shows that homeopathy is a viable and potent, non-invasive therapy for the management of Ankylosing Spondylitis.

### MATERIALS AND METHODS

10 cases of sero-positive Ankylosing Spondylitis were retrospectively studied at Pareek Hospital and Research Centre, Agra, India using Individualized homeopathic treatment after taking due informed consent. Inclusion criteria for sample selection of the study was positive HLA B-27 cases within the age group of 18-40 years where bambooing of spine had not taken place and BASDAI scoring had been done at least every 8 weeks for at least 2 years. Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) which is a validated diagnostic test to determine the effectiveness of current drug therapy in cases of Ankylosing Spondylitis was used to evaluate the usefulness of Homeopathic treatment. The scale was used to assess the change in every follow up or at least once in 8 weeks.

### RESULTS

A BASDAI score of below 2 was achieved and sustained for at least 6 months or until the end of study period in 8 of the 10 cases after using Individualized homeopathic treatment. A BASDAI score of below 4 was achieved in all the 10 cases after using Individualized homeopathic treatment. Statistically p value < .05 was found signifying usefulness of therapy.

### CONCLUSIONS

With otherwise a prognostic likelihood of disability, such Ankylosing Spondylitis cases

have a safe option in homeopathic management. This observational study is promising and indicates the need for a bigger study with a control group.

**KEYWORDS**

Ankylosing Spondylitis, Individualised Homeopathy, BASDAI.

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## Case report: chronic, non-healing, gangrenous foot ulcer referred for foot amputation treated with homeopathy

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### BACKGROUND

Chronic non-healing foot ulcers are a challenge to the attending clinician especially in chronic smokers and patients with diabetes mellitus. Often, these complications prevent wound healing despite of the best wound care. Such ulcers often progress to become gangrenous and may end up leaving the patient with no option but to undergo amputation of the affected limb. Such a prognosis is disabling and emotionally traumatizing. This case-report shows how homeopathy can be a useful and potent non-invasive complementary therapy in such cases.

### METHODS

A 67 year old male presented with a non-healing foot ulcer despite of the multiple conventional measures and wound care since 9 months. He was a smoker and diabetic. Glycosylated Hb at the time of ulcer appearance was 8.7% and had come down to 7% since 4 months. Due to the poor response even after diabetes management and smoking control, he was eventually referred for amputation to prevent spread of gangrene. He opted for homeopathic management at this point. He continued with his conventional medicines for Diabetes during homeopathic treatment for his gangrenous foot ulcer.

He was treated with the constitutional anti-psoric remedy chosen on symptom similarity which in this case was Sulphur. Subsequently with clinical remedies selected therapeutically which included *Secale cornatum*. The constitutional remedy helped improve his diabetes levels and paved the way for subsequent anti-syphilitic remedy, *Secale cornatum*. The gangrene was the first to reduce, followed by progressive healing of the ulcer with lesser sloughing and discharge. By the third month of treatment, the ulcer had slight bleeding of fresh blood and better healing. By the 7th month, the ulcer was totally healed.

### RESULTS

The patient's chronic gangrenous foot ulcer was completely healed within 7 months. Photographical evidence at each step of treatment and biochemical and serological

monitoring suggest total recovery and improved diabetes levels. The patient was able to avert amputation. Modified Naranjo criteria score was 8.

### **CONCLUSIONS**

With an otherwise poor prognosis, such cases with chronic gangrenous foot ulcers where amputation is imminent have a viable option in homeopathic management. This case report is promising and indicates the need for a bigger study with multiple cases.

# Management of tumours by reconstruction of the epigenome

## BACKGROUND

30 years experience of treating cancer cases revealed that repeatedly it was possible to treat malignant tumours with homoeopathy, tumours may dissolve and do not reappear. With respect to the anamnesis, the paragraphs 210 ff of the Organon underline the emotional symptoms, while some decades ago Jan Scholten evaluated the mental picture by analysing the periodic table (PT) on the psychological level.<sup>1</sup> His approach reflects the mental sphere and the life conflict of the person in-depth. When the tumours subside, the action of the remedies reveal syndrome shifts according to the Rules of Hering.

## MATERIALS AND METHODS

The elaboration of the PT by Jan Scholten is a classification of the mineral remedies on their psychological level. The PT can therefore be used both as a *Materia Medica* and as a repertory, the particular elements reflect the psychodrama and life conflict of the individual. The method reveals that the character of the patient is closely connected with a life theme, morphological symptoms comply or go together. Exploring a case on the basis of this method, hundreds of potential mineral remedies are available.

## RESULTS

By using Scholten's approach, each case matches a character and frequently the constitution of the patient, on what basis disease develops. When the tumour subsides, we repeatedly observe syndrome shifts according to the Rules of Hering. Frequently old symptoms reappear in the reverse order of appearance. This strongly indicates that a case may be considered as being cured.<sup>2</sup>

Illustration. I refer to new and old cases of earlier publications or partly published. The list of particular cases includes the remedy reflecting the conflict and the action of the remedy resulting in syndrome shifts according to Hering's Rules. Two cases will be highlighted, the follow up of "Recurrence of a highly malignant non-Hodgkin lymphoma" after another 21 years and "Lung cancer, NSCLC" after another 3 years: Examples whereby the tumour subsides according to the Rules of Hering:

- Recurrence of a highly malignant non-Hodgkin lymphoma: calc-i. Malevolence after marriage. Highly malignant lymph nodes and an external tumour vanish, soon after a painful tumour at the shinbone appears and is cured with a second remedy (perfinity). Cured since 33 years.<sup>3</sup>
- Osteolysis after breast- and stomach cancer: ferr-sil, sil and ars (perfinity). Tragic family affairs. The bone destruction and insufferable pain subsides, while old rheumatic symptoms reappear, which easily can be cured. Period of observation 5 years.<sup>4</sup>
- Visceral mesothelioma, kali-f. Mistreatment in childhood. While the primary tumour subsides, earlier excised warts on the hands reappear and vanish. Observation 7 years.<sup>5</sup>
- Several other malignant tumours dissolved by using Scholten's approach resulting in syndrome shifts according to the Rules of Hering: Hairy cell leukaemia, calc-mur; malignant pleuromesothelioma, phos; low grade non-Hodgkin lymphoma, ferr-iod.<sup>6</sup>

Examples whereby the malignant tumour dissolves or necrotizes:

- Stomach cancer, acid-nit. Mistreatment in childhood. Cured since 10 years.<sup>5</sup>
- Astrocytoma grade III, plb-iod. Father son conflict, cured 6 years.<sup>6</sup>
- Lung cancer, NSCLC, kali-i. Family-minded. 12 years later: no recurrence.<sup>7</sup>
- Osteoplastic bone metastasis, calc-f. Expelled.<sup>6</sup> Tumour dissolved.

## CONCLUSIONS

- An overview of 30 years treating tumours with Scholten's approach shows that hundreds of minerals are available to treat cancer.
- The action of the remedies is different to therapies based on molecules. We observe syndrome shifts, according to the Rules of Hering.
- When the tumour subsides and old symptoms reappear, what else can it be than the reconstruction of an epigenome? Hahnemann's "reconstruction of the life force" and "reconstruction of the epigenome" are the same.

## KEYWORDS

Cure of tumours, reconstruction of the epigenome, Hering's Rule, Scholten Materia Medica

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# From homeopathy of symptoms to homeopathy of themes and symptoms

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## BACKGROUND

In the last few years the study of homeopathy has remarkably changed, thanks to some homeopaths that have developed the analysis of homeopathic literature, of toxicology and of the results of the provings carried out and their cases in a completely different manner compared to the past. Themes and concepts have been introduced, or significantly expanded.

## MATERIALS AND METHODS

The use of symptoms and the repertorial case analysis is still very important but we can have better understanding of the case using also themes both for remedy and groups or families.

## RESULTS

It's possible to start from single symptoms and try to confirm our prescription with confirmation coming from themes or we could understand in the patient some important themes leading to a group and then use symptoms to choose the best remedy (video cases will show the strategy).

## CONCLUSIONS

Passing from homeopathy of symptoms to homeopathy of themes and symptoms gives more possibilities to prescribe lesser known remedies and focus in a better way the prescription.

## KEYWORDS

Groups, families, themes, symptoms, repertory.

# Homeopathy as a language of communication: methods of communication with the patient

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## BACKGROUND

Communication in healthcare is a complex process, which develops in few instants, whilst exchanging of information between the therapist and the patient, as a result create an efficient outcome.

This process is the combination of glances, facial mimics, Para-verbal and verbalisations that both therapist and patient conduct. The doctor, regarding the prescription, and the pharmacist, regarding the counsel, both are using those methods to propose reasonable therapeutic indication.

Such assumption of receiving a therapy and taking it becomes the aspect, which represents its success; in the meantime it becomes the combination of the communicative process where doctor and pharmacist are the cornerstone of the relationship.

The success of any action it is determined by the choice of the cure, which it is define as “la compliance”, the alliance between therapist and patient.

This concept is present due to the crisis of the relationship between doctor/patient and the low level of empathy that patients have towards healthcare professionals.

According to AIFA approximately 50% of Italian patients with chronic illnesses do not take or do not take the proper medicines prescribed.

Homeopathy as language of communication of the patient's analysis represents the method of interaction with the patient and it could be a type of relationship to adopt overall in medical science overtaking the dichotomy allopathic-homeopathic.

## BODY

The illness is the breakup of the mental and physical balance: we become ill when our abilities to recreate this balance are falling. The patient is open with his fragility at the support of technical medical knowledge and human relationship by whom must take advantage to rebalance the condition psychosomatic

Those concepts are the synthesis of cognitive and emotional processes for which the current models of communication (PNL) outline the relationship with the patient and the result of an economic valuation which compare advantages and disadvantages in view of mechanisms of attraction and repulsion, satisfaction and gratification weighing up the balance between reason (economy) and emotion (value).

The path defines the choice of the medicine by the therapist and the choice of the patient to take it, according to a bidirectional relationship, which require to both:

- Knowledge
- Empatia and synchronisation
- Awareness
- Discernment

The results of those processes it is the freedom given by the therapist to the patience to choose of accepting or refusing the treatment. (This represents the success or failure of the relationship).

The language homeopathic of the analysis of the symptom appears articulated to represent this prerequisite: it is an active listening.

I am the therapist and I outline an open dialogue where I understand mine interlocutor (patient) because: I ask explanations, allow him to express himself freely by stimulating him, I will predispose him in favour of the solution I will present. Whatever this will be.

We begin with a micro vision (symptom) and landing to a macro vision (patient)

Today the dimension of anamnesis is micro (symptom) as such remains in the reductionist dimension of the relationship one-dimensional symptom and therapy opposite to the bond bidirectional therapist-patient .

The language of the homeopathic analysis of the patient (therefore not only of the symptom) it will allow us to address in a better and more complex way to the requirements of the patient, who do not demand the simple overlapping of medicine and symptom.

A more analytical view represented by the homeopathic investigation it will allow to understand better the general condition of the patient not based on a simple and isolated symptom.

## **CONCLUSION**

The skills of analysis of the homeopathic language, combined of knowledge of medicine, physiology, anatomy, posturology, psychiatry and metabolism, it allows to see the patience over the casual condition (symptom) and the designated therapy (medicine) and it will lead us to define a therapeutic theatre where the patient plays the leading role. (Termination of the bidirectional relationship).

The meaning of the treatment is to establish the balance lost during the illness where the patient feel excluded from the connection, which keep him feeling alive.

By overcoming a vision of fragmented science and to bring about a model of vision of structures more holistic, which is well represented by the University of Reykjavik in the Institution of the Science of Live and summarised at the University of Bergamo at the Master degree “ the pharmacist and the homeopathic product: marketing strategies”, where homeopathic clinic and method of communication merge in one.

## Omeopatia come linguaggio: Modelli di comunicazione con il paziente

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### INTRODUZIONE

La comunicazione in ambito sanitario è un processo complesso che si sviluppa in pochi istanti nei quali lo scambio di informazioni tra il terapeuta ed il paziente produce un risultato efficace.

Questo processo è la sintesi di un percorso fatto di sguardi, di mimica facciale, di paraverbale e verbalizzazioni che entrambi gli attori conducono. Il medico, per quanta riguarda la prescrizione, ed il farmacista, per il consiglio, utilizzano tali aspetti per arrivare a proporre un'opportuna indicazione terapeutica.

Tale predisposizione a recepire una terapia e ad assumerla diviene il fattore che determina il successo della stessa e rappresenta, al contempo, la sintesi del processo comunicativo di cui il medico o il farmacista sono pietra angolare.

La corretta riuscita di qualsiasi azione effettuata in ambito di scelta della cura ne determina la compliance, l'alleanza terapeuta-paziente.

Tale concetto è oltremodo attuale vista la crisi della relazione medico-paziente e il basso livello di empatia che i pazienti lamentano nei confronti del personale sanitario.

Secondo AIFA circa il 50% circa dei pazienti italiani affetti da malattie croniche non assume o non assume correttamente i farmaci prescritti.

Il linguaggio omeopatico dell'analisi del paziente rappresenta uno strumento molto importante di interazione con il paziente e può essere un modello di relazione da impiegare in una dimensione di scienza medica generale superando la dicotomia allopatico-omeopatico.

### CORPO

La malattia è la rottura di un equilibrio fisico e mentale: ci ammaliano quando le nostre capacità di ripristinare tale equilibrio vengono meno. Il paziente è aperto, nella sua fragilità, al supporto di sapienza tecnica medica e di rapporto umano da parte di chi deve adoperarsi per riequilibrare la sua condizione psico-somatica.

Questi concetti sono la sintesi di profondi processi cognitivi ed emozionali per i quali gli attuali modelli di comunicazione (PNL) definiscono la relazione con il paziente il risultato di una valutazione economica che compara vantaggi e svantaggi alla luce di meccanismi di attrazione e repulsione, soddisfazione e gratificazione, soppesando il bilanciamento tra ragione (economia) e sentimento (valori).

Il percorso definisce la scelta del farmaco da parte del terapeuta e la scelta del paziente di accettarlo, secondo una relazione bidirezionale che impone ad entrambi:

- conoscenza
- omeopatia e sincronizzazione
- consapevolezza
- discernimento

La risultante di tali processi è l'atto di libertà in cui consentiamo al paziente di effettuare la scelta di accettare la terapia o rifiutarla (è il successo o meno della relazione). Il linguaggio dell'analisi omeopatica del sintomo risulta articolato per rappresentare questa premessa: è un ascolto attivo.

Io terapeuta definisco un dialogo aperto in cui comprendo il mio interlocutore (paziente) in quanto: chiedo spiegazioni, gli permetto di esprimersi liberamente motivandolo, lo predispongo con favore verso la soluzione che gli proporrò, qualunque essa sia.

Partiamo pertanto da una visione micro (sintomo) per approdare ad una visione macro (paziente).

Oggi la dimensione di anamnesi è micro (sintomo) e tale resta cristallizzandosi nella dimensione riduzionistica del rapporto monodimensionale sintomo-terapia in contrasto con la richiesta di legame bidirezionale terapeuta-paziente.

Il linguaggio dell'analisi omeopatica del paziente (quindi non più solo del sintomo) ci consente di rispondere in modo più completo ed articolato alle esigenze dei pazienti che non richiedono la semplice sovrapposizione farmaco a sintomo.

Una visione più analitica rappresentata dall'interrogatorio omeopatico ci consente di intuire in modo prospettico la condizione generale di un paziente non riconducibile ad un semplice ed isolato disturbo.

## CONCLUSIONI

La capacità di analisi propria del linguaggio omeopatico, comprensiva di conoscenze intersecate di medicina, fisiologia, anatomia, posturologia, psichiatria e metabolismo, ci consente di vedere il paziente oltre la condizione occasionale (sintomo) e la terapia assegnata (farmaco) e ci induce a definire un teatro terapeutico in cui il paziente recita la parte di attore protagonista (chiusura della relazione bidirezionale).

Il senso della cura è pertanto ripristinare l'equilibrio perso durante la malattia in cui il paziente vive un'estromissione dalla vita di relazione in cui ti senti vivo.

E' il superamento di una visione delle scienze in modo parcellizzato per giungere ad un modello di visione delle discipline più olistico come ben rappresentato dall'Università di Reykjavik nell'istituzione delle Scienze della Vita e riassunto didatticamente dall'Università degli Studi di Bergamo nel Master "Il farmacista e i prodotti omeopatici: strategie di marketing " ove clinica omeopatica e tecnica di comunicazione si fondono in un unico corpo.

# A pilot study on effectiveness of homoeopathic medicine in management of bacterial vaginosis on the basis of laboratory diagnosis

## BACKGROUND

Vaginal discharge (Leucorrhoea) is the one of the most common gynecologic ailment that has been experienced by majority of women in their lifetime at some time or the other. In about 90% of affected women, it is caused either by bacterial vaginosis (BV), candidiasis and or trichomonas vaginalis infection.

## MATERIALS AND METHODS

**Aim:** The present pilot study was conducted to explore the role of homoeopathic medicines in Bacterial Vaginosis and to find out the group of most effective medicines supported on the basis of laboratory diagnosis.

A pilot prospective study was carried out at Dr. B R Sur Homoeopathic Medical College, Hospital & Research Centre which is pioneer institute run by the Govt. of NCT of Delhi, India from April 2015 to August 2015. A total of 128 females having history and complaint of vaginal discharge underwent per vaginal examination (P/V) and were investigated further for Bacterial Vaginosis. Bacterial Vaginosis was diagnosed clinically by Amsel's criteria and laboratory diagnosis by The Nugent score. During the P/V examination, vaginal swabs were taken. PH analysis and Whiff test was carried out. Wet mount was observed and confirmed by a trained and expert pathologist. Detailed case taking of consented females was done on pre-formed Performa. Medicines were selected on the basis of totality of symptoms. Follow up investigation was carried out after three months of medication and follow up.

## RESULTS

Out of 128 females having complaint of leucorrhoea, 58 (45.31%) were of bacterial vaginosis. 36 out of 58 consented to undertake homoeopathic treatment. 27 (75%) out of 36 patients diagnosed by Amsel's Diagnostic Criteria, were cured and by The Nugent score 24 out of 32 were cured. Sepia, Kreosote, Pulsatilla and Sulphur were amongst the most effective remedies.

## CONCLUSIONS

A significant change in the Amsel's Diagnostic Criteria, and Nugent score after ho-

homeopathic intervention indicates that the homeopathic intervention has the potential to treat bacterial vaginosis. Further studies with rigorous clinical setting are warranted.

**KEYWORDS**

Vaginal discharge, bacterial vaginosis, homeopathic, Amsel's Diagnostic Criteria, Nugent score.

## In balance between two medicines: experience of a basic pediatrician in allergic manifestations

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I am a basic pediatrician, psychotherapist, homeopath and professor at LUIMO and I worked in the area of Monte di Procida for about 35 years using both homeopathic and traditional medicine. I maintain that medicine is unique and that my aim has always been to bring the child to a state of dynamic healing and psycho-physical well-being. I worked in an area that of the ASL and I had a continuity with a large number of patients, but with many limits in the use of homeopathic medicine. My work has always been characterized by moderate use and not drug abuse. I believe that childhood is the imprint of our life path from all points of view, both of psycho-physical health and of affirmative achievement in the future. Therefore, I strongly believe in the importance of prevention in pregnancy and socio-family prevention during growth and the use of homeopathic remedies from birth.

Due to an ethics problem, I used the homeopathic remedy only when there was the consent of both parents, even though I moved into a medical field in which I was not understood even very sharply criticized.

For me there were no doubts that children treated from birth with the homeopathic remedy showed a better quality of life during their growth, becoming sick with less frequency and developing less severe forms. The advantages were many: a lower healthcare cost (less hospitalizations and less pharmacological expenditure), a continuity in the school without repeated and prolonged absences, and an improvement in the parent-child relationship in which the child is perceived as healthy, a lower absence from work from part of the parents and with lower cost for a baby sitter.

If we only want to think about these economic advantages, given that we live in a world where the economy unfortunately represents the maximum value that guides us, we should sponsor and embrace all of us Homeopathic doctors.

From these observations came the need to talk about the integration of the two different medicines as a method, as a spirit and as results, so as not to remain isolated and be labeled as “physicians with disabilities”.

For me, integration means feeling like doctors who are unique in spirit and never forgetting to be central to patient care, to have the child’s health at heart, feeling responsible and called upon to use life-saving drugs, when we think it necessary, or for a failure of the homeopathic remedy. The importance I underline is “the use and not

the abuse”. Often, with the children included in a triad with the parents it is necessary to treat with the homeopathic medicine both the parents too. To facilitate changes in their familiar attitude to life, to the illness and unhealthy habits.

It took me several years to change the mentality of my patients and the approach to a path that leads to a different state of health. In my district I am considered “the doctor who does not have drugs”, and often this is a reason for choosing my patients. But even this mentality has to be dispelled because homeopathic remedies are remedies that act in all respects and levels, transforming the state of illness into wellbeing. If we have the opportunity to work in the area, and this is my good fortune, we will have the support of our patients who will understand that “the other medicine” is as valid and indispensable as the traditional one and we will no longer be identified as “weird or strange.” We are a minority and we are losers compared to the empire of traditional medicine. Therefore, let us support all of us doctors so that we can work together and freely affirm the need for the use of the homeopathic method, considering the diversity of approach and method, an enrichment and a possibility of sharing. From this experience the need for an observational study was born to validate these concepts. The study was performed over ten years on two groups of children of all ages, of sufficiently homogeneous socio-environmental origin who suffered from allergic asthma or atopic dermatitis from birth, or later on. In the observational study I compared a number of patients treated in the same years with two different methods. I observed relapses and healing results in the two groups.

The reason why I chose these two manifestations are the causes that unite them according to traditional medicine. The origin of bronchial asthma in children, in addition to psycho-somatic, is especially allergic today, with a positive familiarity for children of allergic parents, although prick and rast tests often give false negatives or false positives. Atopic dermatitis, on the other hand, has multifactorial hypotheses that trigger the allergic-environmental, psycho-somatic and genetic hypotheses. In general, the causes of psychosomatic illnesses are linked to socio-environmental or family discomforts, to deaths, transfers or separations, and therefore to a change of state of the child. My data have been extrapolated from medical records and concern both patients treated with traditional medicine and patients followed with homeopathic remedies compared for relapses and healing. The severity of the demonstrations according to the progress of the Hering law were different in the two groups observed. For the constitutional homeopathic remedy I almost always followed a single remedy choice with increasing dilutions in treatments from 1 LM to 9 LM which corresponded, according to our biopatographic protocol of LUIMO, to miasmatic diagnosis, based on the minimum maximum value syndrome. The smaller the child the more the miasmatic diagnosis was close to that of the parents. Children with allergic parents and therefore with a high probability of developing an allergic reaction have not developed either allergic asthma or atopic dermatitis if treated from birth. Childhood is the golden age for homeopathy, fertile and receptive soil, with great reactivity. The miasmatic predisposition is very important. Infants who develop bronchiolitis

within a few months tend to be children who then develop respiratory problems up to bronchial asthma. For acute manifestations I have always chosen a homeopathic remedy linked to unique and peculiar symptoms, with dilutions from 6 to 30 ch. I noticed that, in the most chronic forms, treated with traditional medicine, recurrences were many and increasingly resistant to drugs. With the homeopathic remedy recurrences instead decreased and were less severe even in the same child treated first with traditional medicine.

Another observation concerns the missing patients, whom I saw only once, who were given a homeopathic remedy. They have often returned after several years due to the ineffectiveness of traditional therapy and drug abuse prescribed by other doctors.

In these scattered patients I found myself treating also the effect of a chronic illness and symptoms no longer belonging to the patient but due to drug abuse. This time span damages the results of homeopathic medicine and damages our identity as doctors. From this comes the importance of the function of the doctor having a central role in the patient's life. The centrality of the doctor is fundamental and is linked to the continuity of meetings that allow us to maintain a state of miasmatic health in dynamic balance.

## RESULTS

Groups of children treated with a homeopathic remedy Hahnemaniano developed recurrences of both respiratory and dermatological manifestations with less frequency and less severity over time, compared to those treated with traditional medicine and the results of healing were different and greater in children treated with homeopathic remedies and a better quality of life.

Mine wants to be an observational study based on evident data that belong to a rather homogeneous cohort of children, from a socio-environmental point of view, but not enough to draw definitive data. I argue that the lack of scientific evidence cannot be understood as evidence of lack of effectiveness. The evaluation of effectiveness is also a function of the outcomes.

This type of study has the aim over time to highlight, more and more in children, what are the most effective, less harmful, more lasting methods for a dynamic state of well-being and health. On the other hand, this undoubtedly means that a drug abuse in the pediatric age brings not only a high and useless economic expense but also leads to a worsening of the child's health conditions and a lower reactivity of the organism.

For all of us doctors, medicine is an art and a new culture.

## In bilico tra due medicine: esperienza di una pediatra di base nelle manifestazioni allergiche

Sono pediatra di base , psicoterapeuta, omeopata e docente LUIO ed ho lavorato sul territorio di Monte di Procida per circa 35 anni utilizzando per quello che mi era possibile sia la medicina omeopatica che quella tradizionale. Sostengo che la medicina sia unica e che il mio scopo sia stato sempre quello di portare il bambino ad uno stato di guarigione dinamica e di benessere psico-fisico. Ho lavorato in un ambito che è quello della ASL e con una numerosa platea di pazienti in cui ho avuto una continuità, ma molti limiti nell'uso della medicina omeopatica. Il mio lavoro è stato sempre caratterizzato da un uso moderato e non da un abuso di farmaci. Ritengo che l'infanzia sia l'imprinting del nostro percorso di vita sotto tutti i punti di vista, sia di salute psico-fisica che di realizzazione affermativa nel futuro. Perciò credo molto nella importanza della prevenzione in gravidanza, della prevenzione socio-familiare durante la crescita e dell'utilizzo di rimedi omeopatici dalla nascita.

Per un problema di etica ho utilizzato il rimedio omeopatico solo quando c'era il consenso di entrambi i genitori pur muovendomi in un ambito medico in cui non venivo compresa anzi molto spesso aspramente criticata.

Per me non c'erano dubbi che i bambini curati dalla nascita con il rimedio omeopatico manifestavano durante la crescita una migliore qualità di vita ammalandosi con meno frequenza e sviluppando forme meno gravi. I vantaggi erano molti: una minore spesa sanitaria (meno ricoveri e meno spesa farmacologica), una continuità nella scuola senza ripetute e prolungate assenze, un miglioramento nella relazione genitori-figli in cui il bambino viene percepito come sano, una minore assenza dal lavoro da parte dei genitori ed una minore spesa per la baby sitter .

Se solo vogliamo pensare a questi vantaggi economici , visto che viviamo in un mondo in cui l'economia rappresenta purtroppo il massimo valore che ci guida, dovremmo sponsorizzare ed abbracciare tutti noi medici l'Omeopatia.

Da queste osservazioni è nata la necessità di parlare di integrazione delle due medicine diverse come metodo, come spirito e come risultati, per non rimanere isolati ed essere additati come "medici diversamente abili".

Per me integrazione significa sentirci medici unici nello spirito e non dimenticare mai di essere centrali nella cura del paziente , di avere a cuore la salute del bambino, sentendoci responsabili e richiamati all'utilizzo di farmaci quando lo riteniamo necessario, o per un fallimento del rimedio omeopatico. L'importanza lo sottolineo è "l'uso e non l'abuso". Spesso nei bambini inseriti in una triade con i genitori è necessario curare con la medicina omeopatica anche entrambi i genitori. Così cambia l'atteggiamento familiare alla vita, alla malattia e alle abitudini insane.

Mi ci sono voluti vari anni per cambiare la mentalità dei miei pazienti e l'approccio ad un percorso che conduca ad un diverso stato di salute . Nel mio distretto sono

considerata “ la dottoressa che non da farmaci”, e spesso questo è un motivo di scelta dei miei pazienti. Ma anche questa mentalità va sfatata perché i rimedi omeopatici sono dei rimedi che agiscono a tutti gli effetti e livelli trasformando lo stato di malattia in benessere. Se noi abbiamo l’opportunità di lavorare sul territorio, e questa è la mia fortuna, avremo l’appoggio dei nostri pazienti che , capiranno che “l’altra medicina” è valida ed indispensabile come la tradizionale e non verremo più additati come “strani o diversi”. Siamo una minoranza e siamo perdenti rispetto all’impero della medicina tradizionale. Perciò affianchiamoci tutti noi medici affinché si possa lavorare insieme e affermare liberamente la necessità dell’uso del metodo omeopatico, considerando la diversità di approccio e di metodo, un arricchimento ed una possibilità di condivisione.

Da questa esperienza è nata la necessità di uno studio osservazionale per avvalorare questi concetti. Lo studio è stato eseguito nell’arco di dieci anni su due gruppi di bambini di tutte l’età, di origine socio-ambientale sufficientemente omogenea che hanno sofferto di asma allergico o dermatite atopica dalla nascita, o sopraggiunta in un secondo momento. Nello studio osservazionale metto a confronto un numero di pazienti trattati negli stessi anni con due metodi differenti. Ho osservato le recidive ed i risultati di guarigione nei due gruppi.

Il motivo per cui ho scelto queste due manifestazioni sono le cause che le accomunano secondo la medicina tradizionale. L’origine dell’asma bronchiale nei bambini, oltre quella psico-somatica, è soprattutto oggi allergica, con una familiarità positiva per i figli di genitori allergici, anche se spesso prick e rast test danno falsi negativi o falsi positivi. La dermatite atopica ha invece ipotesi multifattoriali scatenanti, quella allergico-ambientale ,psico-somatica e genetica. In genere le cause delle malattie psicosomatiche sono legate a disagi socio-ambientali o familiari, a lutti, trasferimenti o separazioni, quindi ad un cambio di stato del bambino. I miei dati sono stati estrapolati dalle cartelle cliniche e riguardano sia pazienti seguiti con la medicina tradizionale sia pazienti seguiti con i rimedi omeopatici messi a confronto per quanto riguarda recidive e guarigione. La gravità delle manifestazioni secondo l’andamento della legge di Hering erano diverse nei due gruppi osservati .

Per il rimedio omeopatico costituzionale ho seguito quasi sempre una scelta di rimedio unico con diluizioni crescenti nelle cure dalla 1 LM alla 9 LM che corrispondesse, secondo il nostro protocollo biopatografico della LUIMO, alla diagnosi miasmatica, in base alla sindrome minima di valore massimo. Più il bambino era piccolo più la diagnosi miasmatica era vicina a quella dei genitori. Bambini con genitori allergici e quindi con alte probabilità di sviluppare una reazione allergica non hanno sviluppato né asma allergico né dermatite atopica se curati dalla nascita. L’infanzia è l’età d’oro per l’omeopatia, terreno fertile e ricettivo, con grande reattività. La predisposizione miasmatica è molto importante. Infatti lattanti che sviluppano a pochi mesi una prima bronchiolite tendenzialmente sono bambini che svilupperanno poi problemi respiratori fino all’asma bronchiale. Per le manifestazioni acute ho scelto sempre un rimedio omeopatico legato ai sintomi unici e peculiari, con diluizioni dalla 6 alla 30

ch. Notavo che, nelle forme più cronicizzate, curate con la medicina tradizionale le recidive erano tante e sempre più resistenti ai farmaci. Con il rimedio omeopatico le recidive invece diminuivano ed erano meno gravi anche in uno stesso bambino trattato prima con la medicina tradizionale.

Un'altra osservazione riguarda i pazienti dispersi, che ho visto una sola volta, a cui è stato dato solo un rimedio omeopatico. Spesso sono ritornati anche dopo vari anni per l'inefficacia della terapia tradizionale e l'abuso di farmaci. In questi pazienti dispersi mi sono trovata a curare anche l'effetto di una cronicizzazione della malattia e di sintomi non più appartenenti al paziente ma dovuti all'abuso dei farmaci. Questo intervallo di tempo danneggia i risultati della medicina omeopatica e danneggia la nostra identità di medici. Da qui viene fuori l'importanza della funzione del medico come funzione centrale nella vita del paziente. La centralità del medico è fondamentale ed è legata alla continuità di incontri che ci permettono di mantenere uno stato di salute miasmatico in equilibrio dinamico.

## **RISULTATI**

Il gruppo di bambini curati con un rimedio omeopatico Hahnemaniano unicista sviluppava le recidive sia di manifestazioni respiratorie che dermatologiche con una minore frequenza e minore gravità nel tempo, rispetto a quelli curati con la medicina tradizionale ed i risultati di guarigione erano diversi e maggiori nei bambini curati con rimedi omeopatici ed una qualità di vita migliore.

Il mio vuole essere uno studio osservazionale basato su dati evidenti che appartengono ad una coorte di bambini piuttosto omogenea, da un punto di vista socio-ambientale, ma di un numero non sufficiente per trarre dei dati definitivi. Sostengo che la mancanza di evidenza scientifica non può essere intesa come evidenza di mancata efficacia. La valutazione dell'efficacia è anche in funzione degli esiti.

Questo tipo di studio ha lo scopo nel tempo di evidenziare, sempre più nei bambini, quali siano i metodi più efficaci, meno nocivi, più duraturi per uno stato dinamico di benessere e salute. Questo d'altra parte significa senza dubbio che un abuso di farmaci nell'età pediatrica porta non solo ad un'elevata ed inutile spesa economica ma porta anche un peggioramento delle condizioni di salute del bambino ed una minore reattività dell'organismo.

Per noi tutti medici la medicina è un'arte e l'approccio ad una nuova cultura.

# Western medicine and homeopathic medicine united by the same semitical root

## BACKGROUND

The themes of both the 'why' of a clinical and suffering event and of its 'how', of the 'sign' it represents, of the 'sense' and 'meaning' in the life of a living person, comes from the culture not only of researchers, or practicing doctors, but also anthropologists, historians, philosophers, theologians, archaeologists, and others. Each vision puts its reflection on the PATODICEA of the living.

Every great civilization establishes distinct systems of care by providing an answer to the 'what man is':

1. The Traditional Western Methodology: it has anthropological root SEMITICAL (basing its action on the physiopathology and physiopathography of the body): it cares through the law of contraries (except for vaccines).
2. The Traditional Homeopathic Methodology: it has anthropological root SEMITICAL (basing its interpretation and action on toxicological similarity): it cares through the law of the similar.
3. The Traditional Chinese Methodology: it has anthropological root TAOIST-CONFUCIAN (establishing its interpretative basis on the balance of the 5 elements): it cares modifying the balance.
4. The Traditional Indian Medicine (Ayurvedic medicine): it has roots in the anthropological complexity of HINDU CULTURE (its interpretation is based on dynamic factors, called "endocrinological" in West medicine): it cares modifying equilibria.

Since the root is the same, they COULD BE CONSIDERED SISTERS: for both of them, the therapist is a 'REFAIM', (Jewis), i.e. the intention and the medical therapeutic have to be ready to stop, to 'die' on the altar of LIBERTY, AUTONOMY and DIGNITY of the patient (par. 32 Organon). I see that there's the same anthropological SEMITICAL ROOT. This common root could explain the conflictual relationship between these two clinical methodologies. The only economic and cognitive reasons are not enough to explain these contrasts. It's necessary to define a "COMMON METHODOLOGICAL PARADIGMA, USED IN THE INTERPRETATION OF CLINICAL DATA", since the anthropological paradigms of departure are different among

the various clinical methodologies (different the concepts of health, disease and healing). I see also that it's time to consider HUMAN MEDICINE AS ONE, exercisable through different and integrated clinical methodologies.

### **MATERIALS AND METHODS**

Anthropological literature

### **CONCLUSIONS AND KEYWORDS**

Root of the clinicals methodologies

Human medicine as one

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## Medicina occidentale e medicina omeopatica accomunate dalla stessa radice semitica

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Ogni grande Cultura ha organizzato una sua risposta al tema della sofferenza e della morte; ogni Cultura ha altresì strutturato anche una sua ipotesi sul tema del senso e del perché profondo del dolore e della sofferenza, intendendo per dolore non solo quello biologico, ma soprattutto una risposta al dolore cosiddetto 'totale' o esistenziale, che tanto impatta -ci dicono le neuroscienze- anche sulla biologia umana. Per questo il tema della 'risposta' alla sofferenza e al dolore non può essere delegato ai ricercatori, o ai medici praticanti, ma anche agli antropologi, agli storici, ai filosofi, ai teologi, ai letterati, perfino agli archeologi.

Ogni visione pone la sua riflessione sulla PATODICEA dei viventi.

Conseguentemente ogni grande civiltà fonda il proprio sistema di cura a seguito della risposta che fornisce alla domanda delle domande, "che cos'è l'uomo, perché tu te ne curi?".

Dalla risposta a questa domanda derivano distinti sistemi di cura:

1. la Metodologia Tradizionale Occidentale: ha radice antropologica SEMITICA; fonda la risposta medica al dolore su quella personalistica di Sem il figlio maggiore -di Noè (basa la sua azione sulla fisiopatologia e fisiopatografia del corpo): cura con la legge dei contrari.
2. Metodologia Tradizionale Omeopatica: ha anch'essa radice antropologica SEMITICA come la precedente (questa si basa sulla similitudine tossicologica): cura con la legge dei simili, analogamente alla filosofia vaccinale.
3. Metodologia Tradizionale Cinese: ha radice antropologica TAOISTA CONFUCI-

ANA; fonda la risposta sul ritorno umano a polvere cosmica (base interpretativa fondata sull'equilibrio dei 5 elementi): cura modificando equilibri

4. Medicina Tradizionale Indiana: ha radice nella complessità INDUISTA; fonda la sua risposta sul ritorno umano alla dolce dissolvenza nel nulla (la sua base interpretativa su fattori dinamici che in occidente sono chiamati endocrinologici): cura modificando equilibri

Vedo nella comune base antropologica 'semitica' delle due metodologie Occidentale e Omeopatica, la fonte, specie in OCCIDENTE del LORO rapporto conflittuale; considerata la stessa radice SEMITICA esse POTREBBERO CONSIDERARSI SORELLE; è soprattutto per questo che, a mio vedere, 'litigano': per entrambe il terapeuta è un 'REFAIM'; vale a dire, per entrambe, l'intenzione e la volontà del MEDICO TERAPEUTA deve essere pronta a fermarsi, a 'morire' sull'altare della LIBERTÀ e della DIGNITÀ del paziente (par. 32 Organon ); in sintesi per l'occidente il medico è un servo competente della persona umana, mentre per l'oriente il medico è un saggio competente per la vita.

E' aperto il problema di definire il "paradigma metodologico che viene utilizzato nell'interpretazione dei dati clinici", visto che i paradigmi di partenza 'dell'Osservatore' sono diversi tra le varie metodologie cliniche.

Tuttavia, presumo, che l'attuale 'contaminazione' interculturale abbia fatto maturare i tempi per considerare la MEDICINA UMANA COME UNA SOLA, esercitabile a metodologie integrate tra di loro, anche se esse presuppongono diverse visioni dell'identità, e soprattutto del destino, dell'oggetto della cura, l'uomo.

# Importance of methodological approach in relation to the clinical data collection

## BACKGROUND

Which is the quality of clinical cases published in homeopathy? Which scientific validation can increase its quality? What value can the homeopathy add to increase the level of health in the whole population? And finally, which methodological homeopathic coherence accompanies the publication of a clinical case considering that the methodological approaches are multiple?

A job but even more a proposal...

Why is all this important? If demonstrating the effectiveness of homeopathy becomes imperative today, it is equally true that a comparison between methodologies is important both for the homeopathic cultural elaboration and for making the data collected more comprehensible.

## MATERIALS AND METHODS

A retrospective analysis was performed on approximately 3.500 patients and 17.000 consultations. Analyzing the cases two types of data are taken into consideration:

- objective ones
- those relating to the doctor's methodology

This second group of data is the one that most distinguishes one method from another. Case analysis is the most interesting aspect from a homeopathic point of view. Two important methodologies are compared: the Argentine school (Paschero - Candegabe and Masi), the one I followed most, and the Mexican school (Ortega) and for each step of the case, the differences are listed.

## RESULTS

What emerges from this analysis and a purely methodological study is that each approach must be followed possibly from the beginning to the end. The mistake that is often made is to mix parts of different methodologies that make it difficult to evaluate the individual case in the follow-up and even more when these data are sent to a Databank.

Each patient has its own symptomatological and behavioral "cloud" which is more suited to a particular methodological evaluation. Different clinical situations present

the more or less intense need for a methodological framework: a simple acute case, for example, requires much less a complex methodological “support”.

### **CONCLUSIONS**

From the analysis of the data and the review of the homeopathic literature it becomes necessary:

- To identify common parameters that can validate our clinical cases regardless of the methodology: this is common to all homeopathic homeopaths and institutions. Only in this way with well-documented and structured clinical cases we can open a dialogue with conventional medicine on equal terms.
- With respect to the methodological approach each methodology should define the criteria related to each methodology for publication of cases.
- It is only from the evaluation of the entire clinical history of a patient, treated by homeopathy, that important information about the level and quality of health can emerge.

### **KEYWORDS**

Clinical research, Homeopathic methodology, Databank

## Importanza dell'approccio metodologico in relazione alla raccolta di dati clinici

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### **INTRODUZIONE**

Quale è la qualità dei casi clinici pubblicati in omeopatia? Quale validazione scientifica può accrescerne la qualità? Quale patrimonio può aggiungere l'omeopatia all'accrescimento del livello di salute nell'intera popolazione nella sua totalità?

E Infine quale coerenza metodologica omeopatica accompagna la stesura di un caso clinico considerando che gli approcci metodologici sono molteplici?

Un lavoro ma ancor più una proposta ...

Perché tutto ciò è importante?

Se dimostrare l'efficacia dell'omeopatia diventa oggi imperativo, è altrettanto vero che un confronto tra le metodologie è importante sia per l'elaborazione culturale omeopatica sia per rendere più comprensibile i dati raccolti.

### **MATERIALI E METODI**

Analisi retrospettiva effettuata su circa 3500 pazienti e 17.000 visite

Analizzando i casi vengono presi in considerazione due tipologie di dati:

- quelli oggettivi
- quelli relativi alla metodologia del medico

Questo secondo gruppo di dati è quello che distingue maggiormente una metodologia da un'altra.

L'analisi dei casi è l'aspetto più interessante dal punto di vista omeopatico.

Vengono confrontate due importanti metodologie quella della scuola Argentina (Paschero – Candegabe e Masi) quella da me seguita maggiormente e quella della scuola Messicana (Ortega) e per ogni passo della presa del caso, vengono elencate le differenze.

### **RISULTATI**

Quello che emerge da quest'analisi e da uno studio puramente metodologico è che ogni approccio deve essere seguito possibilmente dall'inizio alla fine.

L'errore che spesso viene fatto è di mescolare parti di metodologie differenti che rendono poi difficile la valutazione del singolo caso nel Follow-Up e ancor di più quando questi dati vengono inviati in una Banca Dati.

Ogni paziente ha una sua "nuvola" sintomatologica e comportamentale che maggiormente si presta ad una particolare valutazione metodologica.

Differenti situazioni cliniche presentano la necessità più o meno intensa di un inquadramento metodologico: un semplice caso acuto, ad esempio, necessita molto meno di un "sostegno" metodologico complesso.

### **CONCLUSION**

Dall'analisi dei dati e della revisione della letteratura omeopatica si rende necessario:

- Individuare comuni parametri che possano validare i nostri casi clinici indipendentemente dalla metodologia: questo accomuna tutti gli omeopati e le istituzioni omeopatiche. Solo in questo modo con casi clinici ben documentati e strutturati possiamo aprire un dialogo con la medicina convenzionale ad armi pari.

- Rispetto all'approccio metodologico ogni metodologia dovrebbe definire i criteri per la pubblicazione dei casi relativi ad ogni metodologia.

È solo dalla valutazione dell'intera storia clinica di un paziente, sottoposto a cura omeopatica, che possono emergere importanti informazioni sul livello e qualità di salute.

### **KEYWORDS**

Clinical research, Homeopathic methodology, Databank

# Falcon peregrinus and Lac lupinum: a clinical update and differential diagnosis in veterinary medicine

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## BACKGROUND

Among its most important cultural activities, the Società italiana di Omeopatia veterinaria carries out research on possible applications in veterinary medicine of remedies which have recently become of interest in homeopathic science. In the last few years, two animal remedies, Falcon peregrinus and Lac lupinum, have proved very interesting in veterinary medicine from a clinical point of view. Our school is therefore studying the subject more in depth, constantly updating clinical results, contrasting them both with the provings, and with human medicine. A differential diagnosis of the two remedies is also being carried out, revealing significant affinity.

## MATERIALS AND METHODS

Based on the study of provings and human medicine, we have developed hypothesis on possible themes for the prescription of the two remedies in veterinary medicine. Later, the remedies were applied with unicist methodology in the clinical field. Years of follow up are now included in our literature.

## RESULTS

Both remedies gave important results in a variety of clinical contexts, particularly autoimmune diseases and behavioural conditions. Long-term follow up clinical cases will be presented involving dogs, cats and birds.

## CONCLUSIONS

From a study of solved cases, it appears that the two remedies have a materia medica which differs from the existing one in human medicine. For a number of cured symptoms we shall recommend inclusion in the Repertory. Clear elements of differential diagnosis emerge between the two remedies, having some common traits.

## KEYWORDS

Falcon peregrinus; Lac lupinum; autoimmune; behavioural; veterinary

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## Challenging inaccurate influential literature on homeopathy

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In recent years, the science and politics of Homeopathy have become closely intertwined, with public access to homeopathic treatment and training, as well as regulatory issues, becoming increasingly determined by the how the evidence base is interpreted by decision-makers.

It is therefore of great concern that over the same period, we have seen an ever-increasing divergence between the actual status of the Homeopathy evidence base as understood by experts in the field, and how this data is reported by academics from other disciplines and in the mainstream media.

The most striking example of academic misreporting is the Overview Report published by the National Health and Medical Research Council (NHMRC) in 2015. This report, commonly known as ‘The Australian Report’ found ‘no reliable evidence’ that homeopathy is effective. Despite being scientifically flawed and highly inaccurate, the Australian Report is the most influential clinical research publication on Homeopathy, having generated damning headlines and been cited by decision-makers worldwide. In 2017 this trend of misreporting continued with publication of the European Academies’ Scientific Advisory Council’s anti-homeopathy position statement, “Homeopathic products and practices: assessing the evidence and ensuring consistency in regulating medical claims in the EU”.

Despite claiming to have based its conclusions on, ‘excellent science-based assessments already published by authoritative and impartial bodies’, the ‘EASAC Statement’ quotes the infamously flawed Shang et al. meta-analysis published in 2005, a non-scientific and widely criticised document produced by a UK Parliament Select Committee in 2010 and the 2015 Australian Report.

In this session we will briefly review the key scientific flaws in the NHMRC Overview Report and EASAC Statement; look at the impact these publications have had on the Homeopathy sector worldwide; and report on the outcomes from strategies employed by the Homeopathy Research Institute and colleagues across the Homeopathy sector to challenge their inaccurate findings.

### KEYWORDS

Australian Report, NHMRC Homeopathy Review, Overview Report, EASAC Statement on Homeopathy.

## Case study of structural injury of the central nervous system

### BACKGROUND

Structural damage of the central nervous system can occur due to different pathophysiologies, and its differentiation is important for choosing the correct approach. The present work presents a case of chronic non-progressive encephalopathy of childhood with extensive central nervous system impairment, evidenced in magnetic resonance imaging, resulting in an important deficit in the neurodevelopment of the child, which presented important gains after homeopathic treatment. Among the physiopathological hypotheses for the case, we can work with two concepts according to the Complex Systems of Carillo: one, related to mechanical structural damage by anoxia and consequent neuronal damage due to ischemia (instability predominantly extrinsic to the chronic system), and another related to the diathesis (instability predominantly intrinsic to the chronic system). In this specific case, the syphilitic diathesis. According to the Complex Systems Theory of Carillo, syphilinism is characterized by a dissipative deficiency, predominantly hepatic, for the processing of certain substances or elements with toxic potential of exogenous origin (external inputs) or endogenous (internal inputs). Such unprocessed substances are factors of instability for the system, with greater affinity for certain tissues, among them the central nervous system. The toxins deposit into the tissue triggering an inflammatory response and consequent neuronal damage.

### MATERIALS AND METHODS

A case study of a child diagnosed with chronic non-progressive encephalopathy and a history of prematurity and seizure, with an important family history of syphilinism with predominance of the nervous system (Alzheimer's Disease and Epilepsy) was carried out. The patient presented delayed neuropsychomotor development, difficulty in social interaction, stereotyped movements and self-aggressiveness. In magnetic resonance, the thickness of the lower portion of the cerebellar hemispheres and an important diffuse tapering of the corpus callosum were observed. He underwent homeopathic treatment at the outpatient school of the Brazilian Association of Homeopathic Care and Recycling (ABRAH) from 3 to 7 years of age.

## **RESULTS**

Patient accompanied by second prescription protocol at ABRAH, having used the drug *Helleborus niger*, among others during the treatment. There were significant motor gains, a significant decrease in stereotyped movements and self-aggression, improvement in social interaction, attentional focus and concentration, with positive repercussions on school achievement.

## **CONCLUSIONS**

Homeopathic therapy acted to stimulate neuroplasticity with excellent response. The history of peripartum anoxia combined with the important family history of syphilinism makes it difficult to determine a single pathophysiology for structural damage to the central nervous system. *Helleborus niger* presents tropism due to the compromised structure in question and symptoms in the medical field very similar to that of the patient, besides having syphilitic diathesis in its process. In this way, he was able to act in both pathophysiologies being essential for the success of the treatment.

## **KEYWORDS**

central nervous system, *Helleborus Niger*, encephalopathy

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# Methology of Clemens Boenninghausen, basics and cases

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## BACKGROUND

Successful treatment of a 69 year old woman with depression and of an 8 year old girl with herpes zoster, repertorized with the method of Bönninghausen.

Bönninghausen refined the method to find the right remedy by the methodology of combination of symptoms in his Therapeutic Pocket Book, based on the idea of a complete symptom.

This term “complete symptom” was coined by C. Hering (comp. The Guiding Symptoms of our Materia Medica, Vol.I, p.vii)

Boenninghausen clarified and systematized basic terms of homeopathy: 1. the characteristic symptom 2. the main-symptom and 3. the side-symptom

He also looked which remedy will follow well after each other to cure a chronic disease. Not every remedy of the our various remedies we have will work quick and well after each other.

## RESULTS

We will look at the scheme Boenninghausen used, to find the right remedy.

## CONCLUSIONS

With these basics it will be demonstrated, how to analyze by this method cases including repertorisation, materia medica.

## KEYWORDS

- 1) Clemens Boenninghausen’s way of repertorisation
- 2) complete symptom
- 3) main symptom
- 4) side symptom
- 5) materia medica

# Homeopathy and complementary medicine to reduce adverse-effects of anti-cancer therapy

## BACKGROUND

In order to address the side effects of anti-cancer treatments, the Clinic for Complementary Medicine and Diet in Oncology was opened, by the Homeopathic Clinic in collaboration with the Oncology Department, at the Hospital of Lucca (Italy) in 2013.

## MATERIALS AND METHODS

The aim of this cohort study is to provide an overview and describe the results of homeopathy and complementary treatments and dietary advice given to cancer patients at the public Hospital in Lucca, Tuscany (Italy), over a 5-year period (2013 - 2018). Integrative treatment was aimed at reducing the adverse effects of anti-cancer therapy and the symptoms of cancer in order to improve patients quality of life. Furthermore, dietary advice was aimed at the reduction of foods that promote inflammatory processes (i.e. red and processed meat) in favor of those with anti-oxidant and anti-inflammatory properties such as vegetables and fruit.

This is a retrospective observational study on 438 patients consecutively visited from September 2013 until December 2018. The intensity of symptoms was evaluated according to a grading system from G0 (absent) to G1 (slight), G2 (moderate), and G3 (strong). Almost all the patients (91.6%) were receiving or had just finished some form of anti-cancer therapy; chemotherapy (CT) was the most used therapy (30% used it exclusively and 36.6% associated with other therapies); endocrine therapy (ET) was used exclusively in 8.7% of cases and associated with other therapies in 34.4%; radiotherapy (RT) was used exclusively in 4.2%. The severity of radiodermatitis was evaluated according to the Radiation Therapy Oncology Group (RTOG) scale: G1 toxicity corresponding to light and/or painless erythema, epilation, desquamation and/or dryness; G2 to sensitive and/or intense erythema, desquamation, partial sweating, and/or moderate edema; G3 to desquamation, widespread sweating, and/or marked edema; G4 to ulceration, hemorrhage, or necrosis. In order to improve their clinical situation cancer patients are given evidence-based dietary and lifestyle advice. Patients are advised to eliminate or reduce: refined carbohydrates, in particular white sugar and flour, to reduce glycemic load and hyperinsulinemia; red meat, including charcuterie, to reduce chronic inflammation; harmful substances such as

alcohol in large quantities and tobacco; and foods for which there is a documented food intolerance.

## RESULTS

The main types of cancer were breast (57.1%), colon (7.3%), lung (5.0%), ovary (3.9%), stomach (2.5%), prostate (2.2%), and uterus (2.5%). The main symptoms related to the cancer itself were depression, anxiety, and asthenia. As expected, hot flashes and joint pain were the symptoms most frequently connected with endocrine therapy. Lymphedema was mainly related to surgery (particularly in breast cancer) and dermatitis to radiotherapy. Comparing clinical conditions before and after treatment, a significant amelioration was observed, obtained using the Wilcoxon test for paired samples: hot flashes ( $p \leq 0.01$ ), nausea ( $p \leq 0.01$ ), depression ( $p \leq 0.001$ ), anxiety ( $p \leq 0.001$ ), insomnia ( $p \leq 0.001$ ), fatigue ( $p \leq 0.001$ ), joint pain ( $p \leq 0.05$ ), mucositis ( $p \leq 0.05$ ), dysgeusia ( $p \leq 0.05$ ), neuropathy ( $p \leq 0.05$ ), and all symptoms ( $p < 0.001$ ). Radiodermatitis from RT deserves a separate discussion. We assessed the severity of radiodermatitis in a group of 30 consecutive patients undergoing RT, evaluated at the beginning and the end of the RT, according to the Radiation Therapy Oncology Group (RTOG) scale. Till December 2017 we compared 17 patients undergoing an integrative RT protocol with a control group of 13 patients without integrative therapy. Among those with integrative treatment, 15 had G1, 1 patient G2 and 1 patient G3 toxicity, while in the group without integrative treatment, only 5 patients had G1, 2 G2, 3 G3, and 3 G4 (Mann-Whitney U test: two-tailed significance:  $p \leq 0.01$ ). Moreover, thirty cancer patients (6.8%) either refused or discontinued conventional anti-cancer treatment against the recommendation of their oncologist; after the integrative oncology visit, 41.2% of the patients with follow up decided to accept standard oncological treatments.

## CONCLUSIONS

The integration of homeopathy and evidence-based complementary treatments seems to provide an effective response to cancer patient demand for a reduction of the adverse effects of anti-cancer treatments and the symptoms of cancer itself, thus improving patient's quality of life and combining safety and equity of access within public healthcare systems. It is therefore necessary for physicians (primarily oncologists) and other healthcare professionals in this field to be appropriately informed about the potential benefits of complementary medicines.

## KEYWORDS

Integrative oncology; cancer patients; homeopathy and complementary medicine; diet

# Integration of homeopathy in the Tuscan public health system: the experience of the homeopathic clinic in Lucca

## BACKGROUND

The healthcare programs of the Region of Tuscany (Italy) have started the process of integration of some types of complementary medicine (CM), including homeopathy, which began in 1996. The Homeopathic Clinic of Lucca was opened in 1998, followed by the Homeopathic Clinic for Women in 2003, and the Clinic for CM and Diet in Oncology in 2013.

The Homeopathic Clinic in Lucca, which is funded by the Region of Tuscany, was established in 1998 as part of a pilot project aimed at assessing the feasibility of integrating complementary medicine into the public healthcare system. Since then, its doctors and researchers have carried out observational studies aimed at evaluating the effectiveness of treatment and analyzing patient characteristics in detail. In 2002, after nearly four years of activity, it became the regional reference center for homeopathy and received funding for special projects. The Homeopathic Clinic for Women, which opened in 2003, is dedicated to women's health and addresses mostly the secondary symptoms of menopause. In 2010, the Region of Tuscany funded the Clinic for CM and Diet in Oncology, an integrative outpatient clinic started as a pilot project in collaboration with the Lucca Hospital oncology department. Its goal is to improve the quality of life of patients by reducing the adverse effects of anti-cancer treatment and the symptoms of cancer. The clinic includes a medical oncologist on staff. Since 2015, the clinic's activity has been included in the healthcare program of the Breast Unit of Lucca.

## MATERIALS AND METHODS

The aim of this retrospective study is to describe the process of inclusion and integration of CM in the regional public health system of Tuscany and the results of clinical work done at the public hospital of Lucca by the Homeopathic Clinic, the Homeopathic Clinic for Women, and the Clinic for CM and Diet in Oncology over a period of 20 years. An observational longitudinal studies were conducted on 6,641 patients consecutively examined from 2003 to 2018 in each of the clinics mentioned above. At the Homeopathic Clinic, 4,344 patients were consecutively visited from September 1998 to December 31, 2018 meanwhile at the Homeopathic Clinic for Women, 1,859

women were visited from 2003 to 2018 and 438 patients at the Clinic for CM and Diet in Oncology (September 2013-December 2018) for a total of 6,641 patients. The ORIDL (Outcome in Relation to Impact on Daily Living) was generally used to assess outcomes. The ORIDL reference values define the different degrees of improvement: 0 = no change/unsure; +1 = slight improvement, no effect on daily living; +2 = moderate improvement, affecting daily living; +3 = major improvement; +4 = cured/back to normal; -1 = slight deterioration, no effect on daily living; -2 = moderate deterioration, affecting daily living; -3 = major deterioration; -4 = disastrous deterioration. The intensity of symptoms of the cancer patients was evaluated according to a simple Grading system from G0 (Absence of symptoms) to G1 (Slight); G2 (Moderate); G3 (Strong).

## RESULTS

Comparing the clinical conditions before and after homeopathic treatment, improvement is observed in 88.8% of general medicine patients with follow-up (45.1%); in particular 68.1% of the patients had a major improvement or resolution (ORIDL +2, +3, +4) of their condition. In women, an improvement was obtained in 74.1% cases and a major improvement in 61.2%. In cancer patients with homeopathic and integrative treatment, a significant improvement was observed for all the symptoms during anticancer therapy, particularly for hot flashes, nausea, asthenia, depression, anxiety and prevention and treatment of radiodermatitis.

## CONCLUSIONS

The experience of the Region of Tuscany and more specifically of the Lucca Hospital suggests that homeopathy and other complementary medicines can be positively included and integrated into the public healthcare systems of industrialized countries. To strengthen this work in progress, the unity among all CMs and the ongoing dialogue with healthcare institutions, policy makers, professional associations, universities, and patient groups should be further developed. This experience could lay the foundation for a true integration of homeopathy in healthcare that aims to ameliorate a number of frequently occurring diseases and conditions, reduce some adverse effects of mainstream treatments, and contribute in this way to make public healthcare systems more sustainable. Finally, some aspects of this innovative experience, which were a point of reference for similar processes elsewhere in Italy, could be a reference point at the European level as well, especially in those countries where federalist healthcare systems allow for greater local autonomy in decisions regarding healthcare issues.

## KEYWORDS

Homeopathy; Complementary and integrative medicine; Public healthcare; Tuscany.

## Current state of the art of the homeopathic treatment of cancer patient: results, limitations and future directions

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1. Cancer has reached an epidemic level to the point that with the latest estimate half of the people will hear in their lifetime, “You have cancer,” while only a decade ago it was 1 in 3 persons.
2. Homeopathy has a long record of successfully treating patients with cancer.
3. The homeopathic treatment of the cancer patient requires for obtaining predictable favorable results much knowledge and clinical acumen.
4. By increasing our expertise to treat cancer patients with homeopathy, we improve our skills to treat all other patients presenting with difficult conditions.
5. As homeopathy offers a most effective approach to treat patients with cancer, it is our duty to master and make it accessible to the public.
6. Common limitations met in the homeopathic treatment of cancer patients and their resolutions will be addressed.
7. Complementary approaches to homeopathic treatment that can improve outcome in late-stage cancer patients will also be mentioned.

# Standardization guidelines for homeopathic provings

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## BACKGROUND

In 2014 LMHI and ECH released a document named “Homeopathic Proving Guidelines” with the purpose of setting a standard method for provings. However, these guidelines were not used entirely since then, and lots of provings were done with methods that differ from them, and some even from the principles written by Hahnemann in the 6th edition of the Organon. The idea of these guidelines is to propose a method not only for provings, but a method for rating remedies assigning them a score based on the way in which they were proved. In addition, these guidelines propose ways to include new methods for provings, comparing them to the traditional ones, to see whether if those new methods are scientific and effective or not. We must have a standard method for research in order to achieve a scientific standard, to ourselves and to stand in front of the scientific allopathic community, and to that end we should start to follow our fundamental principles stated in the work of Hahnemann.

## MATERIALS AND METHODS

Based on the “homeopathic proving guidelines” released in 2014, a new set of guidelines was created with different levels of complexity. Starting with a “basic” Hahnemannian protocol based strictly on the principles written in the 6th edition of the Organon, and followed with guidelines to test new protocols using the “basic” as control group to evaluate efficacy, reproducibility and results. The guidelines include a method to assign scores to the teams that prove remedies, and to the remedy proved. The idea of those scores is to achieve a “reliability score” for the new remedy to be released, so it can be used in patients with full confidence. The score has been recently used in a proving conducted in our School 2 years ago. And it cannot be used to evaluate previously proved remedies, unless the author submits the appropriate data for it (will be detailed in the presentation). It can only be used in future studies, that’s why the idea is to show and propose the method to the Homeopathic Community and gather as much provings as possible to build a worldwide database with the final goal of building a international standard material medica database available to every single member of the LMHI, to improve the quality of our practice and to stand in front of the scientific community with a standard method of provings.

## **RESULTS**

Although the method has been proved and a score has been assigned to the remedy and to the proving team, there still lots of work to do. First, all the authors should submit the necessary data regarding their proving teams, to assign them a score; second, there is a challenge with the old provings published by Hahnemann, Hering, Allen, etc, which are now very popular and wide used remedies but their score is relatively low compared to new remedies; and third a communication system is needed in order to submit provings to be published to assign scores.

## **CONCLUSIONS**

Most of the work to finish this guidelines is to be done in the future and requires the collaboration of the colleagues all around the world. The aim of this presentation is to make a point about the need of cooperation and collaboration between LMHI homeopaths all around the world. Lots of issues require this cooperation. However, the scope of this presentation is to settle the foundations for cooperation regarding provings.

## Homeopathic treatment of the chronic diseases: experience from the Mexican School

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En “Homeopatía de México” procuramos que el médico logre la misión de **VOLVER SANO AL HOMBRE ENFERMO**, no solo Individual sino Genéricamente. La Homeopatía no es una terapéutica más, sino la Ciencia y Arte de curar, basada en una doctrina y filosofía de Hahnemann, cumpliendo con todos los requisitos del método científico; como medicina diferente, trata enfermos y no enfermedades, su terapéutica por el semejante ayuda al organismo individualmente a que se cure conforme a la Naturaleza. Nos da la oportunidad de ir quitando la verdadera enfermedad crónica, tratando siempre el fondo constitucional, para que cada enfermo lo sea menos, procurando con esto menos patología y haciendo de la Homeopatía una medicina verdaderamente Trascendente.

### **PALABRAS CLAVE**

Ciencia y Arte, Doctrina, Filosofía, Enfermedad crónica, Hahnemann.

# The miasmatic method in the homeopathic integral practise

## BACKGROUND

The term MIASM as long-term health condition was coined by Hahnemann in the final days of his life, when he discovered that diseases returned or that patients came back with other conditions. Through a lot of research, he noticed in the medical history of their patients, that they or their ancestors had suppressed acute diseases, and he categorized three different groups of diseases: Psora, Syphilis, and Sycosis. For a long time, and due to a misunderstanding of these terms, very few authors talked about miasmas and, during the last century, Dr. Proceso Sánchez Ortega set about studying in depth different classical authors, such as Kent, Roberts, Allen, Farrington, among others, which led him to clarify said terms and to use them in the clinical practice.

## MATERIALS AND METHODS

By studying classical and contemporary authors, Dr. Proceso S. Ortega concluded that the cause of the diseases can only have three directions:- Hypofunction – Hyperfunction – Dysfunction, which correspond to each miasm: the syphilis denotes dysfunction or destruction through the manifestation of ulcerous lesions; Sycosis denotes hyperfunction through lesions like excrescences and discharges, and Psora denotes hypofunction through skin manifestations, the pruritus exanthema.- Not only diseases or illnesses, but all symptoms have a direction, i.e., only in one of these three directions: deficiency, excess or destruction.

## RESULTS

The application of these insights will lead us to a methodology that considers all homeopathic principles, emphasizing the most important one: the MIAMS. Since Hahnemann was not able to conduct further research on this subject, we will use Dr. Ortega's conclusions, which are based on other authors.

We will apply this to the homeopathic practice, taking into account the family history, the remedy prescription and other factors based on the miasmatic classification of the patient symptoms and of the remedy itself.

The family and personal backgrounds, as well as the actual disease tell us the direction of the symptoms, and we will assign a remedy according to that miasmatic direction.

## **CONCLUSIONS**

A MIASMATIC METHODOLOGY helps us to:

- Have a clearer picture of the pathology we are dealing with.
- Better define the miasm.
- Determine the prognosis for each case.
- Assign a remedy based on the miasmatic predominance of the patient.

## **KEYWORDS**

Miasm, miasmatic predominance, Psora, Sycosis, Syphilis, homeopathic practice, homeopathic diagnosis

## The Principle of Similars: scientific hypothesis, rational concept, therapeutic tool, or eternal truth?

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The Principle of Similars is the basic principle of homeopathy. It is more essential and fundamental than e.g. the principle of potentization, which might be verified, falsified, or modified without unsettling the core of homeopathy. The Principle of Similars demands “treat likes by likes”, i.e. in order to heal a diseased person, consider the symptoms that are connected by similarity to symptoms of proven remedies, and give a remedy that is connected by similarity to the symptoms of the patient.

The basic idea behind this rationale is the concept that the patient’s life-force suffers under a disease-enemy that cannot be overcome due to the distunement of the former. If being exposed to a similar disease-enemy, however, the life-force may raise its energy and overcome both the old and new disease-enemy and ultimately heal itself. Contrary to allopathic or antipathic treatment which only relieves and palliates symptoms temporarily, the challenge prompted by a similar (artificial) disease-enemy may lead – possibly via a phase of aggravation – to enduring healing.

Hahnemann announced the Principle of Similars to the public in several stages.

1. In his first publication of 1796 he presented it to his medical colleagues as a new hypothesis to be discussed, verified, or falsified by empirical testing.
2. In several publications to a broader public in the years 1805–1810 he suggested several rational theories in order to point out its plausibility, culminating in the first edition of his *Organon*, with which homeopathy had definitely become a scientific doctrine.
3. From the second edition of the *Organon* in 1819 onward Hahnemann considered himself an artist of healing, self-convicted by his medical practice that principles alone may not achieve anything if not being applied in a competent professional way.
4. In his later days, from 1827, Hahnemann finally elevated homeopathy to the rank of a divine truth being revealed to him by infinite grace, thus immunizing himself from refutations on a mundane level.

Each of these stages may have its entitlement as well as its problems. Considering the cultural history of prevailing forms of knowledge, a puzzling dialectic may be disclosed. According to the history of science, the last 5000 years may have witnessed a development from the spiritual, practical and ethical wisdom of sages, towards specialized professional knowledge of craftsmen, towards methodological abstract

knowledge of scientists, towards anonymously gathered fragmentary information and data. Paradoxically, Hahnemann seems to have passed through exactly these stages during his lifetime – in the opposed direction.

1. Excited by the ideals of enlightenment, rationalism, scientific progress, etc., Hahnemann at first assumed it sufficient to suggest a new principle and let the scientific community decide empirically whether or not it may prove to be true and valuable. This first stage may resemble the current situation when people expect homeopathy to be proven or disproven by clinical trials in terms of evidence-based medicine.

2. Soon, however, Hahnemann realized that recognition might not be easily obtained, henceforth laying his emphasis on arguing for the principle's rationality and plausibility to convince people to acknowledge it. To be sure, the success of such an attempt is dependent on the education and horizon of its addressees. Contrary to today's situation, however, Hahnemann could still intellectually connect with erudite colleagues like Hufeland in terms of life-force, dynamic effects, pathogenic influences or the like.

3. After Hahnemann became aware that the claim of rationality was usurped by the allopathic school as well, he left this path of argumentation, obviously realizing that in the name of rationality virtually anything might be justified and promoted. Instead, he adopted the position of an artist of healing, i.e. a kind of meta-instance necessary to ensure that rational concepts and scientific methods may indeed – in every single case – be applied correctly and salutary.

4. Finally, after severe quarrels with heretics about their “unhomeopathic crimes”, Hahnemann refrained arguing in terms of words and propositions and conceived himself as a kind of blissful sage who had been privileged by divine grace to reveal to humankind the only true principle of healing.

Considering the pros and cons of every stage as well as the (critical) cultural history of predominant forms of knowledge, we may now better understand the current difficulty of the Principle of Similars to being acknowledged on a broad consenting basis. On the level of universal wisdom it may – in a physical as well as psychological, political, and spiritual sense – be the only true and sustainable principle of healing. Yet, as Hahnemann had equally experienced, it may be extremely optimistic to expect its plain acceptance by a majority of contemporary stakeholders, influencers, and decision makers in the medical system, as long as they are stuck in today's prevailing most reductionist form of knowledge, the belief in numbers and statistical evidence only.

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## Tracing the simillimum family

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### BACKGROUND

Since the beginning times of homeopathy, the technique of the repertory analysis (repertorization) has highly increased reproducibility of results.

If homeopaths cross more or less the same symptoms, the analysis suggests the remedies that should be considered for this patient.

Homeopaths do not depend upon their memory to think of a remedy, even of an unknown remedy.

The Kentian format of the repertory offered precision and great detail, the Bönninghausen format more generalized symptoms.

However, in both cases the format was very clear: a symptom was linked to one or more remedies.

### MATERIALS AND METHODS

During the last decades, the so-called family approach has gained ground in the daily practice of many homeopaths.

Certain characteristics of patients were directly linked to a family of remedies.

Sometimes, these links were too easy: aggressive patients would all be an animal remedy, hypothetically leading the homeopath to a very quick prescription.

In this process, as least according to some authors, there was no need for any repertory.

In fact, there was another reason why the repertory was used less and less by homeopaths applying the family approach.

The symptoms linked to families were more abstract, more conceptual than the quite precise language of the repertories so far.

As a result, most insidiously, a Tower of Babel was created in the homeopathic community.

Several authors had their ideas as to the symptoms, even better themes, of the families they knew.

A little bit of research shows that these ideas did not always match.

In addition, these islands of knowledge were often hard to access: e.g. those interested were supposed to attend seminars.

Those desiring to work in a scientific way, which above all means reproducibility, did not have a way to easily integrate these hypotheses in their practices because all family information is so fragmented.

### **RESULTS**

In the light of these observations, the concept of the repertory had to be re-evaluated. This lecture will explain the ingredients of a totally new concept, where family information becomes readily available and usable to all homeopaths.

### **CONCLUSIONS**

This will increase the accuracy of those wishing to prescribe following the family approach. It will also create a baseline for scientific evaluation of the many new ideas. As much as time allows, examples of other LMHI lecturers will be used to clarify the usefulness of this new concept when analyzing a case.

### **KEYWORDS**

families, repertory, repertory analysis, repertorization

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# The LM potencies manufacture; from the “Organon of the art of healing” to the European pharmacopoeia 9.2 Method 5.2

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## BACKGROUND

July 1, 2017, the LM potencies officially entered the European Pharmacopoeia (Ph. Eur.), On that date was published the supplement 9.2 which, in method 5.2, explains the manufacture method of these potencies. The questions i tried to answer in this work are: does method 5.2 reflects procedures previously described in Method 17 of the German Homeopathic Pharmacopoeia and even earlier in paragraph 270 of the “Organon of the Art of Healing” ? And again: does method 5.2 require equipments not provided for in the other texts? At least: are solvents and supports substantially comparable?

## MATERIALS AND METHODS

I therefore started a comparative review of the three texts indicated, including in this analysis, not only the mixing ratio, dissolution and impregnation procedures but also the trituration techniques, in my opinion, a basic step in LM potencies manufacture.

## RESULTS

Results have underlined meaningful differences among the Hahnemann’s method , taken back by the HAB in comparison to the method 5.2 of the Ph.Eur.

## CONCLUSIONS

The purpose of this work is the methods comparison from the manufacture point of view. Will be physician’s faculty to verify, through the Pure Experimentation, if the differences highlighted from the technical point of view, lead to variations in the therapeutic activity.

## KEYWORDS

Lm Potencies  
Organon  
European Pharmacopoeia  
German Homeopathic Pharmacopoeia

## Ankylosing spondylarthritis, a clinical case

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Autoimmune diseases are a favorite area for homeopathy. I am particularly interested in it.

Homeopathy allows real definitive healings.

To succeed, we must maximize the possibilities of our *Materia medica* and of our different methodologies.

### BACKGROUND

In front of a patient and its complexity, the homeopathic doctor must adapt to the character in front of him and use the most appropriate clinical approach to the situation. Some patients give many details, interesting symptoms or signs for using the classical repertorial method. Others are unable to explain themselves and the doctor must develop his own observation and “see” what is not said (behavior, gestures, manner of expression, words used, biography etc.). Physical examination of the patient can also provide useful objective informations.

The doctor must therefore know different types of “tools” approaching the patient and be able to use them depending on the case.

### MATERIALS AND METHODS

To find the curative remedy of my patient (I will explain the path of my reasoning to achieve this), I had the opportunity to use three different methods for the same case and I realized that they converged all towards the same remedy!

This allowed me to compare these three methods of clinical approach:

- the classical repertorial method,
- the “new” deductive method (Bombay): classification method,
- the method I initiated in 1987: study of the strain (original substance) confronted with proving and existing clinical cases (this last method is the only one that allows a deep understanding of the remedies).

### RESULTS

To widen the scope of possibilities of our homeopathic *Materia medica*, we must be able to use different methodological approaches and get out of our prescribing hab-

its. This multiple approach is often required to resolve complicated clinical cases such as autoimmune diseases.

In the case presented, I prescribed a remedy from the animal kingdom: HALIAEETUS LEUCOCEPHALUS. This will be an opportunity to compare Haliaeetus leucocephalus with other 'birds' remedies and to differentiate them.

### **CONCLUSION**

It is essential to continue to experiment with new remedies (especially in the animal kingdom) and not to be content with traditional remedies.

Knowing how to use different methodologies also seems essential.

It must also be made known to all that homeopathy is capable of curing the most serious diseases.

### **KEYWORDS**

Different methodologies of clinical approach

Birds remedies

# A personal contribution to the treatment of alcoholic liver with a homeopathic support

## BACKGROUND

Alcohol is one of the most common causes of Chronic Liver Diseases world wide with consumption continuing to increase in India and world wide. Patients with Alcoholic Liver Diseases (ALD) may also have risk of Cirrhosis of Liver and Alcoholic Fatty Liver Diseases, may interact to increase diseases severity. Alcohol induced liver diseases may be classified as-(a) Alcoholic Fatty Liver (AFL)(b) Alcoholic Hepatitis (AH)(c) Alcoholic Cirrhosis of Liver (ACL) The risk threshold for developing ALD is variable but begin at 30g per day of Ethanol. However there is no clear linear relationship between dose and Liver damage. The average alcohol consumption of a man with Cirrhosis is 160g per day for even 8 years. Alcoholism is more concordant in monozygotic than dizygotic twins. Obesity increases the incidence of Liver related mortality.

## MATERIALS AND METHODS

8 diagnose cases of Alcoholic Liver Diseases were enrolled from different districts of Western U.P. India from 35 years to 55 years. Selected Homeopathic Remedies used in LM potencies and were administrated in water. Mother tinctures also given in water. After administration of Homeopathic Medicines as relief found in the symptoms then patient's Blood Test and Ultrasound done and compare from the previous Reports. **INCLUSION CRITERIA** :Patients suffering from jaundice with alcohol in take. Confirmation by Ultrasonography of abdomen finding of alcoholic liver.Blood Test for Liver Functions. **EXCLUSION CRITERIA** :Patients suffering from jaundice with other cause like gall stones, non-alcoholic cirrhosis of liver, liver malignancy. Confirmation by Ultrasonography of abdomen. Finding of non-alcoholic liver.Blood Test for Liver Functions.

## RESULTS

Out of 18 enrolled cases 15 cases improved well an are living normal life. Two patients didn't respond, One patient left the treatment in half way. Marked improvement seen after given homeopathic medicines. Best results obtained from 35 years to 55 years

## **CONCLUSIONS**

After confirmation of ALD homeopathic medicines given like Phosphorus, Lycopodium, Acid muriatic, Carduus mar., Chelidonium, Quercus. Out of 18 patients 15 patients improved well and are living normal life. Two patients didn't respond, One patient left the treatment in half way. Homeopathic remedies given 83% result. We can say homeopathic medicines have very good efficacy in treatment of Alcoholic.

## **KEYWORDS**

Liver  
Diseases  
Homeopathy  
Alcohol  
ALD  
Hepatitis  
Cirrhosis

# An overview of homoeopathy in India: challenges, opportunities and road ahead

## BACKGROUND

Homoeopathy today is a rapidly growing system and is being practiced almost all over the world. In India it has become a household name due to the safety of its pills and gentleness of its cure. Based on a pluralistic approach to health care, India offers a range of medical treatment modalities to its population. In that context, the government of India aims at providing its people with wider access to homeopathy through its Ministry of AYUSH. This paper reflects the challenges and opportunities of homoeopathy in India.

## DATA & METHOD

A literature review was undertaken to understand the infrastructure for academics, health care delivery, and research initiatives by the Ministry of AYUSH as an umbrella body for different organizations under it such as “Central Council for Research in Homoeopathy” for research, “Central Council for Homoeopathy” for education and practice, “Homoeopathic Pharmacopeia Laboratory” for quality standards of drugs used in homoeopathy, “Central Government Health Scheme” for health care delivery etc. Further this paper also reflects the various schemes available with the Ministry to promote and propagate AYUSH systems at large and homoeopathy in particular.

## RESULT

The review shows that the Healthcare services in Homoeopathy in India are provided through central government and 30 provinces across India. A total of 164 hospitals and 7544 dispensaries are run by state governments and municipal bodies among them 33 are running through Central Government Health schemes. There are 201 undergraduate homoeopathic colleges which includes 50 postgraduate colleges. There are 229628 institutional qualified registered homoeopathic practitioners. In the field of research in homoeopathy the Central council for research in homoeopathy has a multi-dimensional approach to research and the research activities includes Drug standardization, Drug Proving, Clinical verification, Clinical research including research in epidemics, survey, collection and cultivation of medicinal plants’ both exotic and indigenous drugs , fundamental and basic research will further being dis-

cussed during paper presentation. Further the Homoeopathic Pharmacopoeia Laboratory takes care of laying quality standards for manufacturing of homoeopathic medical products by the pharmaceutical companies.

### **CONCLUSION**

The government patronage in India has made homoeopathy one of the recognized health systems in the country and is a hub for its growth.

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# Pathophysiological bases for the homeopathic materia medica and the repertorial method

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## BACKGROUND

The possibility that potencies or succussed remedies act on biochemical targets has found evidences and probably this action is the source of the pathogenetic symptoms on the healthy man. - Drug-induced symptoms are controlled primarily by membrane receptors, so receptor activity regulation has an important role in the production of symptoms. - Regulation of membrane receptor activity is extremely variable among different individuals and in different periods of a life span in consequence of stressful events or different life conditions (food, sleep, climate). - These receptor features may form a biological background able to explain the homeopathic clinical method, including individualization, symptom totality and symptom modality as just presented previously. - A specific set of individual symptoms could be related to a coherent global alteration of one or a few receptors in different body sectors (stimulation or inhibition) as a substrate for a coherent symptom totality. - The correct similar drug would act on specific receptors in the same direction (stimulation or inhibition) of the spontaneous receptor alterations of the patient. Due to constantly opposite receptor adaptations in respect to the drug primary action, the resulting secondary reaction would restore a better physiological balance of involved receptors, i.e. secondary down-regulation of up-regulated receptors after intake of a stimulatory drug. Here we present the pathophysiological bases of the pathogenetic symptoms listed in Materia Medica and a biological explanation of the repertorization technique, based on receptor activity alterations.

## MATERIALS AND METHODS

1) The Materia Medica of several homeopathic drugs have been studied concerning: active substances, receptors involved by their actions and clinical effects or symptoms linked to the couple 'substance/receptor'. 2) A second analysis challenged the repertorization technique in its ability to select a drug which produces a receptor alteration coherent with the repertorized symptoms.

## RESULTS

1) In several pathogenesis of different homeopathic drugs the totality of symptoms

produced on the healthy man is linked to the pharmacodynamic action of the main active constituents on specific membrane receptors. This is the case of Acon., Bell., Coff., Nux-v., Nat-m., Ign., Rhus-t., Lyc., most animal venoms and most minerals. A modern homeopathic Materia Medica should include the biological targets, mainly receptors, involved by each homeopathic drugs and the link between receptors and symptoms. 2) In two cases the comparison between repertorial symptoms and receptors reached good results. A) Nux-v. versus Coff.: two Nux-v. alkaloids, strychnine and brucine inhibit glycine receptors. This inhibition on nervous system, pancreas, liver Kuppfer cells and heart may explain, respectively: hyperesthesia and spasms, a relative postprandial hyperglycemia and symptom aggravation after eating, liver toxic symptoms by chemicals, and cardiovascular symptoms produced by Nux-v. Furthermore, similar inhibition of glycine receptors by caffeine explains both the aggravation by coffee in a Nux-v. patient and partially similar symptoms between Coff. and Nux-v. Notwithstanding, specific caffeine inhibition on adenosine receptors explains the differences in sleep (early vs. late sleeplessness) and mood (Coffea exhilaration) between the two drugs. Moreover, brucine in Nux-v. inhibits 5-HT<sub>3</sub> receptors in vestibular system (dizziness) and in vagal afferent (constipation) while caffeine has no targets in vestibular system and has opposite effect on the gut through adenosine receptors (diarrhea). B) Homeopathic drugs that inhibit GABAA ion channel, the most important brainstem inhibitory receptor. GABAA activation produces calmness, sedation, and muscle relaxation, GABAA inhibition causes anxiety, fear, irritability, spasms and convulsions. Remedies able to inhibit GABAA are: Lyc. (apigenin), Cham. (apigenin), Zinc., Cic. (cicutoxins). Our analysis shows that: the repertorial epileptogenic symptoms of Cic. are linked with the strong GABAA inhibition caused by five potent cicutoxins; the spasmodic symptoms and restlessness of Zinc. are linked with GABAA inhibition by zinc metal; the irritability and the convulsions of Cham. and the anxiety and irritability of Lyc. are linked with GABAA inhibition by apigenin. Different compounds in Cham. (like chamazulene and bisabolol) explain the difference in the inflammatory symptoms of Cham.

## CONCLUSIONS

The comparison between pathogenetic symptoms of Materia Medica and receptors involved by drugs has important pathophysiological implications, which show the coherent alteration of specific receptors. In clinical cases, the repertorial technique may indicate a drug specific for these receptor alterations/symptoms or exclude other drugs specific for other receptor alterations/symptoms.

## KEYWORDS

Pathogenesis, receptor alteration, symptom totality, repertorization.

# Methodology of curing oncological patients and principles of teaching at the Clinica Santa Croce (Orselina, Switzerland)

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## BACKGROUND

For the past 20 years, our group of 11 physicians at the „Clinica Santa Croce“ has been treating hundreds of cancer patients.

## MATERIALS AND METHODS

We want to demonstrate by the help of two cases of melanoma treated by homeopathy the methodology, especially concerning the potencies used (Hahnemannian Q-Potencies or Kent's centesimal potencies).

## RESULTS

Exact indications when to use Q-Potencies (benefits and disadvantages) or C-Potencies.

## CONCLUSIONS

Using the Hahnemannian Q-Potencies and Kent's centesimal we have at our disposal wide ranging possibilities to prescribe. The teaching at our clinic is based mainly on Kent's philosophy concerning the cure of chronic diseases and on Hahnemannian Q-potencies in severe pathologies.

## KEYWORDS

Q-Potencies, centesimal potencies, oncology.

# Homeopathy in patients with depression: a retrospective study of electronic case records

## BACKGROUND

Depression is estimated to affect around 350 Million people worldwide. Conventional approaches are only moderately effective and sometimes associated with side-effects. A search for complementary or alternative treatment methods is justified. Homeopathy has long been used for the treatment of depressive symptoms. The 'Vithoulkas Compass' was launched in 2011 as the first fully cloud based homeopathic decision support platform with the capability to analyze remedy prescription criteria and patterns. This study aimed to analyze electronically recorded case material of patients with depressive symptoms that were treated with individualized homeopathy.

## MATERIALS AND METHODS

Retrospective analysis of electronically recorded case material in the Vithoulkas Compass online expert system. Records were selected on the basis of the word 'depression' being entered in the main complaint text field and/or the symptom "Mind-Sadness, mental depression" being recorded in the 3rd or 4th degree in the repertory for supporting the remedy decision. A prescription episode was defined as the prescription of a single homeopathic remedy followed by an assessment of the effectiveness of that remedy prescription. Multiple prescription episodes per case were possible. Outcome was assessed on a four point ordinal scale with the categories; Large Improvement, Moderate Improvement, Small Improvement, No Improvement. The Vithoulkas Compass online system holds all the prescription data of all the patients for all recorded conditions. This enabled analysis of the relative prevalence of the homeopathic medicines used in the treatment of depression cases (as compared to the prevalence of that remedy in the treatment of all cases). The prevalence of a 'clinical response' (defined as a large improvement) in depressed patients treated with commonly prescribed remedies was compared to the clinical response rate in all patients treated with the same remedy via the calculation of likelihood ratios. Ethical approval was not required because Vithoulkas Compass users acknowledge in the Terms of Service that data submitted can be used anonymously for research purposes.

## RESULTS

Between the 1st of September 2014 and the 31st of August 2018, in total 189000 cases had been entered into the online ('cloud based') Vithoulkas Compass database. Of these cases, 1072 met the eligibility criteria for depressive symptoms. In these patients, 2049 prescription episodes were reported and analyzed. Eighty percent of the patients were female. 2107 mind rubrics were used out of a total number of 4785 mind rubrics present in the repertory. Relatively commonly prescribed remedies were (in descending order) Nat-m, Ign, Sep, Aur, Staph, Ph-ac. The reported outcomes of all prescriptions combined were as follows: 'large improvement (26%), moderate improvement (39%), small improvement (21%) and no improvement or not sure (14%). The highest percentage of a 'large improvement' was reported after Ph-ac prescriptions (40%) and the lowest percentage after Ars prescriptions (21%). The Likelihood ratio of the presence of depressive symptoms for Ph-ac is  $1.38 (40\% / 29\%) = 1.38$ . Whilst the effectiveness of Ph-ac is principally determined by the presence of individualizing Ph-ac symptoms in the patient, the mere presence of depressive symptoms increases the likelihood of a clinical response to Ph-ac with 11%. This indicates that Ph-ac is an important remedy in the treatment of patients with depression.

## CONCLUSIONS

This paper provides detailed and comprehensive insight in the routine homeopathic treatment of patients with depressive symptoms. A wide range of remedies achieved good results. This study further illustrates and deepens our understanding of the treatment of depressed patients with classical homeopathy. The use of an online (cloud based) decision support system has the advantage that the available database is continuously growing, based on the collective experience of all the homeopaths that use the system. This will enable a significant leap forward in the statistical validation of the repertory and homeopathic prescribing.

## KEYWORDS

Depression; retrospective case analysis; cloud based data acquisition; Vithoulkas Compass.

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# Proposal of model of holohomeopathic intervention in agriculture based in metabolic similarity of living organisms

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## BACKGROUND

Homeopathy applied to plants was initiated at the suggestion of Rudolf Steiner as an extrapolation of the proposals made by Samuel Hahnemann in the nineteenth century. The first written work dedicated to homeopathy in plants was done by Eugen and Lili Kolísko, basing their experiments on the germination model, following Steiner's indications, and making the selection of homeopathic remedies according to human materia medica and repertoires.

For a long time the anthropocentric approach prevailed in agro-homeopathy and most of the pragmatic works carried out in agro-homeopathy (Pfeiffer E., Kaviraj V., Ruiz Espinosa F. and others) based their repertorizations on the same extrapolation from the materia medica and repertoires used in humans.

On the other hand, several researches were developed in the university environment, these experimental laboratory studies were made in Brazil, Italy, Mexico, India, United Kingdom, Switzerland, Germany and focused mainly on the verification of the scientific validity of some biological effects of homeopathy in the plants, selecting the remedies without having established any agro-homeopathic materia medica or agro-homeopathic repertoire.

Human homeopathy caters specifically to only one species: *Homo sapiens*, whereas agricultural homeopathy have to take into account hundreds of thousands of species that are interacting in a complex system with great genetic variety of the participating actors, and this is one of the causes of the great variability of results of the application of homeopathy on the plants based at criteria extrapolated from the human materia medica and repertoires. Although the pragmatic experiences of the field, as well as the laboratory experimental studies have generated a large amount of valuable material to date, but there is no valid model of agricultural homeopathic intervention that could be translated into a specific agro-homeopathic materia medica and repertoires. Objective of this study is to establish criteria and guidelines for the constitution of a systemic model of homeopathic intervention in agriculture called the holohomeopathic model.

## **MATERIALS AND METHODS**

Hahnemanian model of similarity as a principle of homeopathic healing is fundamental also for plants, the study establishes the metabolic similarity as the important criterion to validate the relationship between plants and remedies of animal, vegetable or mineral origin.

The plants contain three groups of metabolites namely: primary, intermediate and secondary, that characterize them biochemically.

Taxonomy is not a reliable division in this case, since it bases the criterion on the morphological similarity, and the plants have the so-called chemiotypes, that is, different plants of the same species with different biochemical content.

Neither genetics does offer a criterion of completely reliable similarity due to the so-called epigenetics that significantly varies the biochemical content of plants with the same genetic structure extracted from diverse environments.

The first phase of the study included the plants of agricultural and medical interest, lists of plants with metabolic similarity were elaborated from search of information in databases (ordered by number of metabolites shared between the plants).

In the second phase of the study, tables of metabolic similarity were elaborated, including specific biological activities of each plant (antibacterial, antifungal, antiviral, insecticide, insectifuge, acaricide, etc.), specifying the number of metabolites of each function.

In the third phase of the study, metabolic similarity tables of the animals (principally fytopatogenic insects) were elaborated, generating tables of metabolic similarity based on the coincidence of the semiochemicals (name that is assigned to the animal metabolites).

The fourth phase of the study included the elaboration of lists of interspecie metabolic similarity between the different taxonomic domains (plants / animals).

## **RESULTS**

A total of 2376 plants with 29,585 metabolites were analyzed and cataloged by metabolic similarity, as well as 30,000 animal organisms and more than 3,500 semiochemicals in the preparation of the metabolic similarity lists as a fundamental material for the repertorization in homeopathy applied in plants, based on a systemic (not anthropocentric), holohomeopathic approach, applying metabolic similarity criteria.

## **CONCLUSION**

The present study establish novel systemic approach of homeopathic intervention in agriculture called the holohomeopathic model, based on the principle of metabolic similarity between different living organisms.

## **KEYWORDS**

Agro-homeopathy; holohomeopathy; homeopathy for plants.

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# The use of the method of the primary psora induction in the universal algorithm of remedy selection

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## BACKGROUND

Homoeopaths elaborated many different methods of the homeopathic remedy selection during long history of homeopathy. In this key creation of universal algorithm of homeopathic remedy selection with methodology of including of different methods of remedy choice into it is very important for systematization in homeopathy. The purpose of this report is the presentation of methodology of the use of the method of the primary psora induction in the universal algorithm of homeopathic remedy selection in the clinical praxis.

## MATERIALS AND METHODS

Method of the primary psora induction is the stimulating of the primary psora by homeopathic remedy, selected on the symptoms of the primary psora in the personal anamnesis of a patient. Thus the cure is activated. Universal algorithm is consists of three steps. On the first step we define, what should be treated in the patient and/or in his disease and we choose the model of the development of pathology, which is the most suitable for his case. Then the symptoms, which are in concordance with the chosen model, have been selected. On the second step we differentiate the pathogenic and sanogenic symptoms. The sanogenic symptoms, as a rule, should be excluded from the totality of symptoms for repertorization. On the third step we work with the symptoms, which were not excluded during the two steps of the algorithm, by the "pure homeopathic way".

A patient with endometrioid cysts, treated by this method, was chosen for this presentation.

## RESULTS

The method of the primary psora induction was included into the universal algorithm by the following way. On the first step the symptoms of the primary psora in the personal anamnesis should be found. In case of this patient the primary psora was manifested by often colds in her childhood, which were complicated by bronchitis. In time of these colds she saw men with machine carbines. These men killed other people and approached to her. She felt danger. All these symptoms were included into

the basic totality. On the second step the symptoms of pathogenesis and sanogenesis should be differentiated. As a rule the symptoms of sanogenesis should be excluded to avoid suppression. But in the method of the primary psora induction we do proving of the remedy, the symptoms of pathogenesis of which are similar to symptoms of the primary psora of a patient. By this way the primary psora should be activated. Primary psora is sanogenic reaction, which protects the body from the development of the internal psora with its evolution into secondary psora. Thus in the method of the primary psora induction the sanogenic symptoms should be taken. The first two steps of the universal algorithm are common for all branches of medicine (allopathy, homeopathy etc.). The third step of the universal algorithm is pure homeopathic. We make evaluation of symptoms, repertorization, differential analysis of remedies etc. In this case the following rubrics were taken for repertorization (Radar software):

#DREAMS - ATTACKED, of being

#DREAMS - ENEMIES#DREAMS - PURSUED, being - enemies, by

#DREAMS - PURSUED, being

#DREAMS - PURSUED, being - murderers; by

#DREAMS - PURSUED, being - soldiers, by

DREAMS - MURDER

@DREAMS - DANGER

@DREAMS - THREATENED; of being

COUGH - COUGH in general

The last rubric is too large, so the remedies in the second degree and higher were taken into the consideration. Only three remedies were present in all rubrics. They were Belladonna, Spongia and Sulphur. The Spongia was taken because of different reasons. Two of them (the most important and simple) are the following: Spongia is the "smallest" remedy in this group and Spongia has more close affinity to respiratory system than Belladonna and Sulphur. I usually use A Synoptic Key of the Materia Medica by Boger C.M. to define affinity of remedies to different organs and systems. Spongia C30 one dose on the 5th, 10th, 15th, 20th and 25th day of menstrual cycle between 3 pm and 4 pm (the first hour of the period of the maximal activity of Chinese trait of Bladder, where the most of acupuncture bodies, connected with reproductive system, are present) during 4 months. In four months two from three cysts disappeared completely and the last one became smaller. In 2-3 months after the second consultation the last endometrioid cyst disappeared and the woman became pregnant.

## CONCLUSIONS

Thus the methodology of the primary psora induction in the universal algorithm of the homeopathic remedy selection shows efficiency in cases of patients with structural changes in organs due to disease and in many other cases.

## KEYWORDS

primary psora, methodology, algorithm, method.

# Efficacy and safety of Individualised Homeopathic Treatment in Sciatica – phase I pre-post comparison study

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## BACKGROUND

Cochrane review in 2008 and 2016 both showed that the efficacy of NSAIDs in sciatica for pain reduction and disability were comparable to placebo. Systematic review in 2011 failed to show any long-term benefit from surgery after 1-2 years. Because of the effectiveness gap, homeopathy can possibly play a significant role in future treatment.

## MATERIALS AND METHODS

A set algorithm was developed for the individualized homeopathic treatment from which can potentially contribute to the reproducibility of individualized homeopathic treatment. The algorithm was developed based on the principles of classical reperiORIZATION of local and general symptoms and differential diagnosis of 10 commonly used remedies in sciatica.

A prospective observational single group pre-post comparison Phase I study is being carried out in a private homeopathy center in Hong Kong from April 2018 to April 2019. The aim is to explore the efficacy of the algorithm based individualised treatment for pain relieve in acute, subacute and chronic sciatica. The frequency of aggravation, rescue medication needed, and modification of the standard dosage regime were also recorded.

## MAIN RESULTS

In the data updated in Jan 2019, 42 participants were recruited and 34 (81%) of them finish the follow up at day 7. 64.5% of them reported improvement / significant improvement, the most commonly indicated remedies were Rhus toxicodendron, Colocynthis, and Lycopodium clavatum, representing 45.2% of all prescriptions. 16.7% of the subjects reported an aggravation in the first 24 hours, 2.4% reported the use of rescue medications. Failed cases were reviewed and algorithm has been adjusted, data will be further updated after April 2019.

## CONCLUSIONS

Algorithm based individualised treatment for sciatica is feasible. Further randomised

controlled studies can be better designed with the optimal dosage regime, and sufficient sensitivity for the effect size revealed.

**KEYWORDS**

Sciatica; individualised; algorithm-based; pain; phase-I.

# Identification of personality disorders in adolescent age group and their management with homoeopathy

## BACKGROUND

We are surrounded by a wide array of people and including us, as a generation – need a sense of validation and instant gratification. When either is forbidden, kept from us, not provided in the measure we hope to receive – we exhibit a change in our social stature – for homoeopaths – these will define to be the symptomatology. Each of these case studies, will in fact, present with different stories, but the symptomatology would be similar. So, as practitioners, how do we identify these traits that can get converted into full blown disorders and when would that happen? Fortunately, when we learn our homoeopathic drugs, we also learn the personality types, we also learn which remedy was behaving in a certain way as a child and what sort of situation would make a child be a *Medorrhinum* or *Natrum muriaticum* or *Staphysagria* or *Baryta carb* or *Hycoscyamus* and in what way would their disorder present as a teenager, adolescent or an adult. This is a short attempt at trying to do the same.

So, it isn't as much a hypothesis, but is a reflective study on the role, we, as homoeopaths, can play in the identification and treatment in the interest of mental health specifically, in the adolescent age group.

The idea behind conducting such a study is to establish a definite connection between our method of history taking and the evolution of the personality in the patient and thereby our chosen remedy for that particular state of mind or set of presenting symptoms.

This would also help us to infer, over a large number of cases, to identify a protocol, in conjunction with the previously established modern medicine diagnostic protocol, and do so in a scientific manner.

The study would include cases that are being treated purely with homoeopathy and also, with both homoeopathy and modern medicine. This would also include cases that have some form of rehabilitation therapy or counselling or behavioural therapy as a part of the treatment plan.

The cases taken for the study are from our private practice and the reflective study of the same has led us to the following hypothesis so to speak:

1. Patients present with a certain set of symptoms that are already pre-diagnosed as

some personality disorder or have been presenting recently, and haven't been diagnosed yet. The job of the homoeopath would be to correctly identify the symptomatology – to identify the disorder and to identify the remedy that would correspond to the presenting complaint.

2. In the process of identification of the remedy – to establish a definite connection between evolution of the remedy that has been chosen and the evolution of the personality of the patient suffering from the said disorder.

3. Establish a protocol that would help in treating similar cases in the future making it easier to identify the similimum for the said specific disorder.

### MATERIALS AND METHODS

Each patient was given adequate time and data was elicited in a comprehensive manner in order to obtain the full picture and stage of disease.

Cases were processed depending on their degree of severity and the role of homeopathy in the treatment plan was explained.

References from the homeopathic materia medica and repertory had been availed for the selection of remedies. All cases have been followed up for a sufficient amount of time as per the guidelines of Organon, to obtain a thorough study.

From the above matter, data was thoroughly processed and a remedy was selected for the pertaining case.

Only those cases, suffering from personality disorders or symptoms presenting towards the same, were selected.

Patients of adolescent age group only, different gender and socio-economic background were selected.

The patient details and their diagnoses are as following:

Patient	Homeopathy	Allopathy	Diagnosis
AR - 28/M	+	+	Schizophrenia
GA - 24/M	+	+	Bipolar disorder
SK - 28/F	+		Schizophrenia
MR - 45/M	+		Bipolar disorder
PV - 23/F	+		Bipolar disorder
ST - 18/M	+		Schizotypal
AJ - 31/M	+	+	Schizophrenia
MM - 32/F	+	+	OCD
AS - 33/M	+		Schizophrenia
SV - 47/M	+	+	Bipolar disorder

Out of the 10 cases considered for the study – most have been under treatment since their diagnosis at the adolescent age and some have been diagnosed later on. The symptomatology presented by each patient at the time of history taking led us to the right similimum which has helped us in their long term treatment and assessment.

## CRITERIA FOR ASSESSING IMPACT OF TREATMENT

In order to understand the stage of the disorder or even to diagnose it in the first place, a simple questionnaire does the job. For this study the following has been considered a good tool in differentiating between the trait and disorder.

### Standardised Assessment of Personality – Abbreviated Scale (Moran)

Please ask your patients the following questions. Only tick a response if the patient thinks that the description applies *most of the time and in most situations*.

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | In general, do you have difficulty making and keeping friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Would you normally describe yourself as a loner?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | In general, do you trust other people?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Do you normally lose your temper easily?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Are you normally an impulsive sort of person?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Are you normally a worrier?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | In general, do you depend on others a lot?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | In general, are you a perfectionist?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Responses in bold should be scored as 1, those not in bold as 0.

A total score of 3/8 or more indicates personality disorder is likely. (A score of 3 or more on this tool correctly identified 90% of psychiatric patients with DSM-IV personality disorder. Sensitivity 0.94 and specificity 0.85).

Further, in follow ups, questions can be framed according to their daily functioning status which can be as specific to the case at hand or in general in order to assess the improvement following the treatment with the appropriate similimum.

## RESULTS

Among the 10 cases considered specifically in depth for this study, and having taken their case and adequate follow up for over 3 years in each case, until the said patient has reached adulthood, it can be said, that an in depth understanding of evolution of remedies and the corresponding evolution of personalities in these patients were resoundingly similar – helping us identify the right similimum – which when administered in centesimal and millesimal potencies, provided substantial relief to the symptoms of the patient and helped them manage their personality disorders to the extent of being able to pursue normal daily functioning and regular life.

## CONCLUSIONS

To reiterate from the above presented matter, it can be concluded, that:

1. Evolution of personality and the simultaneous evolution of remedy as is seen in materia medica, helps to arrive at a suitable prospective conclusion of the available

diagnosis of the patient under treatment.

2. When treated with modern medicine alongside homeopathy, it can be sufficiently proven that despite the side effects or presence of the modern medication, homeopathy helps in controlling the symptoms as well as lowering the dosage of medication when needed.

3. This study also helps broaden our application and orientation of homeopathy into the world of psychiatry and it's prospective scope in the identification and management of similar illnesses.

**KEYWORDS**

Psychiatry, Personality Disorders, Adolescence, Mental health

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# The prescription in chronic cases and its evolution according to Hahnemann and P.S.Ortega

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## BACKGROUND

In paragraph 78 of the Organon, Hahnemann recommends using the most convenient dose according to the similar miasm. Not so, in cases where there is miasmatic intricacy when two or three miasms are acting at the same time in a patient with diabetes, hypertension, allergies and skin diseases, irritable bowel and more.

Hahnemann in paragraph 214 and 215 of 'The Chronic Diseases' recommends avoiding high dilutions that can cause unnecessary aggravations of that 'boiling' morbid constitutional state, which is generally highly suppressed with allopathy and a miasmatic similarity is difficult to find. Following this, Dr. Ortega also considers the evolution of the case and different states of incurability.

## MATERIALS AND METHODS

Low dilutions can be especially convenient in patients with great dynamic poverty, not to agitate the morbid state and severely expose the patient, which at the same time can be far from simple palliation and continue the suppression. Therefore, it is realistic to treat patients nowadays pursuing qualitative healing rather than large quantitative advances.

## RESULTS

Clinical statistical results will be presented.

## CONCLUSIONS

It is necessary to point out the great benefit of using a correct method in homeopathic medicine, following the dynamic of miasms and the simillimum, especially in the analysis and treatment of chronic diseases.

It is realistic to treat patients nowadays pursuing qualitative healing rather than large quantitative advances. Assessing the most predominant miasm between two or three miasms in activity requires recognizing incurability and following closely the evolution with Kent's and Ortega's observations.

## KEYWORDS

chronic disease, miasms, Kent's observations, Ortega's observations, incurability

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# Physicochemical investigations of homeopathic preparations: a systematic review

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## OBJECTIVES

The aim of our review program is to update and expand the current state of knowledge in the area of physicochemical properties of homeopathic preparations. In part I of our review we identified 122 relevant publications of sufficient reporting quality for further in-depth analysis. In part 2, we analyse these publications regarding methodological criteria, to identify any empirical evidence for specific physicochemical properties of homeopathic preparations and to identify most promising experimental techniques for future studies.

## METHODS

We reviewed all publications regarding individual experiments. We extracted information regarding methodological criteria such as blinding, randomisation, statistics, controls, sample preparation, and replications, as well as regarding experimental design and measurement methods applied. Scores were developed to identify experimental techniques with most reliable outcomes.

## RESULTS

We identified 183 publications in part 1, 122 publications of which had an MIS  $\geq 5$ , 7 were excluded leaving 115 publications described 172 experiments. Less than 25% used blinding and/or randomisation, and about one third used adequate controls to identify specific effects of homeopathic preparations. The most promising techniques used so far are NMR relaxation, spectroscopy and electrical impedance measurements. In these three areas, several sets of replicated high-quality experiments provide evidence for specific physicochemical properties of homeopathic preparations.

## CONCLUSIONS

Further in-depth analysis of the experiments published to raise hypotheses regarding a possible mode of action of potentised remedies is warranted. For future experiments, we generally recommend using succussed controls, or comparing different homeopathic preparations with each other to reliably identify any specific physicochemical properties.

# Bridging the gap between research and practice; towards “practice-based medicine”

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## BACKGROUND

It is well established in both conventional medicine as well as homeopathy that there is a gap between ‘research’ and ‘practice’. As a consequence, practitioners often do change their prescribing habits based on the availability of new evidence. Whilst many practitioners recognize research as being important for their practice, they often perceive at the same time that a lot of research is not relevant for their practice. This presentation will further explore the gap between research and practice as well as barriers to change, and explain how we can bridge this gap by engaging in ‘practice based’ research

## MATERIALS AND METHODS

The gap between research and practice will be explained, as well as the main contributing factors. The question WHY we should do something about this gap will be addressed. The question HOW we can bridge this gap in homeopathy will be addressed, and practically illustrated

## RESULTS

The main components that contribute to the gap between research and practice are; cognitive, psychological, the practitioner-patient relationship, practical factors, and cultural factors. Research is ultimately meaningless if it does not affect/improve homeopathic practice and patient care. Improving the quality of clinical case reports is an important pillar of ‘practice-based’ homeopathic medicine. A modern homeopathic clinical case reporting guideline (HOM-CASE CARE), as well as a causality attribution inventory are available. Another important pillar of ‘practice-based’ medicine is the conduct of prognostic factor research, which aims to further validate which symptoms are important for the successful prescription of which homeopathic remedy. This can be done via the calculation of Likelihood Ratios of symptoms and symptom combinations, using Bayesian statistics. The practitioner’s experience takes a central role in ‘practice-based’ medicine. To optimally harvest the benefits of this rich information source, it is important that the practitioner is aware of the potential biases in the information used to support decisions, as well as in the decision mak-

ing process itself. The main biases to take into consideration have been identified. Furthermore, information technology, including repertorisation software and expert systems can play an important role in the further development of 'practice-based' homeopathy. This is achieved mainly by collecting and exploring routine practice data with the aim to further improve homeopathic knowledge and practice.

### **CONCLUSIONS**

There is a need to shift the focus from 'proving' homeopathy to 'improving' homeopathy. We need to further develop homeopathy as a 'practice-based' medical system that adheres to modern scientific principles. The methods and tools for the latter are available. Homeopathic practitioners, as the main stakeholders in this process, have to a large extent their own future in their own hands.

### **KEYWORDS**

Practice-based medicine; barriers to change; impact of evidence; prognostic factor research; biases in decision making.

# What are the hallmarks of a good clinical case report?

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## BACKGROUND

There is a need to improve the quality and reliability of clinical case reports for both teaching and research purposes. The HOM-CASE CARE reporting guideline was developed for homeopathic clinical cases. Apart from that, we need to be reasonably confident that observed changes can be causally attributed to the remedy prescription. For this purpose a causality attribution checklist was developed.

## MATERIALS AND METHODS

An online Delphi approach with a panel of homeopathic experts was used for identifying items that are important to include in homeopathic clinical case reports. This process was further supplemented by the development of transparent criteria for assessing the likelihood that the observed changes are causally attributable to the homeopathic medicine prescribed. Causality attribution criteria tailored to homeopathic prescribing were first developed by Dr Lex Rutten based on a modification of the 'Naranjo Criteria', and subsequently developed further by the Clinical Data Working group of the Homeopathic Pharmacopoeia of the United States. Dr Chetna Lamba assessed the content validity and reliability of the "Modified Naranjo's Criteria for Homeopathy-Causal Attribution Inventory" (MONARCH). Proper application of the clinical case reporting guideline requires the ability to apply 'critical thinking' to case analysis. Critical thinking involves a constructively critical approach to beliefs and claims. It includes the exploration of possible biases / errors in medical decision-making. Some of the key aspects of critical thinking, as applied to clinical case reports, will be explained.

## RESULTS

Eight 'core' HOM-CASE clinical case reporting items were identified, plus 4 additional -optional- items that can be used for -in particular- educational purposes. 'Critical thinking' has been applied by analysing human / medical decision making from an epidemiological, psychological and neurobiological perspective. The latest version of the MONARCH causality attribution inventory will be shared. Some suggestions will be given to how to set up patient registration projects with the aim to identify and publish high quality clinical case reports.

## **CONCLUSIONS**

Applying clinical case reporting guidelines in conjunction with critical thinking to case analysis will enable practitioners to improve patient care as well as develop personally. Furthermore, high quality homeopathic clinical case reports will contribute to improving homeopathy's evidence base.

## **KEYWORDS**

Case report; HOM-CASE CARE clinical case reporting guideline; Critical thinking.

# The scientific status of homeopathy in the 21<sup>st</sup> century: challenges and opportunities

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## BACKGROUND

The continuous and increasing popularity of homeopathy worldwide, has led to an increasing number of attacks by the medical establishment, often on the grounds that it is a 'pseudo-science'. Homeopathy is 'moving out of the margins' of medical health-care provision in modern societies, and this inevitably comes with an increased exposure to both beneficial and adverse forces. The further development of homeopathy's scientific foundations will be pivotal to ensure and enhance homeopathy's position worldwide. This presentation will give an overview of the current status quo of homeopathy as a 'science based' medical system, and provide a perspective on how to face the challenges, as well as seize the opportunities that lie ahead in the 21st century.

## MATERIALS AND METHODS

Different perspectives on scientific evidence are possible. The limitations of the dominant hierarchical model of evidence will be illustrated, and a non-hierarchical alternative will be proposed. The arguments behind the accusation that homeopathy is a 'pseudo-science' will be explored and refuted. In order to improve communication and further embed homeopathy in modern medicine, there is an urgent need to reassess and change the language around outdated concepts. There is a need to critically assess the information in the repertories and materia medicas, in order to A) establish what information is actually used in contemporary homeopathic practice, B) assess which information is valid and useful and C) as discard information that is not. In the 21st century, we are seeing an unprecedented confluence of the biotechnology and ('big data') information revolutions, and medicine is at the cusp of these developments. As a result, conventional medicine will become more 'personalized'. Potential implications and opportunities of these developments for homeopathy will be discussed.

## RESULTS

There is a need for a non-hierarchical perspective on evidence. Apart from gathering 'external' evidence, this will also require obtaining 'internal', 'practice-based', evidence. Whilst we should continue with research aimed at 'proving' homeopathy,

including its plausibility in terms of a potential mechanism of action, there should be an increased focus on research aimed at ‘improving’ homeopathy. Outdated homeopathic concepts, such as for instance the theory of ‘miasms’ as still applied in contemporary homeopathic practice, need to be translated into a modern scientific vocabulary. With regard to research into ‘improving’ homeopathy, significant methodological advances have been made in recent times. This includes the development of a reporting guideline for high quality homeopathic clinical case reports, as well as the application of Bayesian statistics and modern prognostic factor research methods for investigating and validating the role of particular symptoms for particular homeopathic medicines as predictors of treatment success. This empowers the homeopathic community to discard outdated and invalid information in the *materia medica*, and enables the establishment of a smaller, but more reliable repertory. The ability to investigate ‘personalized medicine’ has been significantly enhanced by the emergence and use of ‘big data’ in both conventional and homeopathic medicine. The potential of ‘big data’ as a contributor to the development of homeopathy will be explained and illustrated. The latter includes new ways in which computers can collaborate with clinicians in order to reduce bias and improve decision-making. Examples will be given how this can be applied to the complex process of deciding on the correct remedy in homeopathy. Reference will be made as well to the role of heuristics and intuition in homeopathic decision-making.

#### **CONCLUSIONS AND 5 KEYWORDS:**

The ultimate cornerstone of success is the provision of safe and effective medical treatment to patients. In line with Hahnemann’s spirit, this will require a continuous process of improving and advancing the scientific basis of homeopathy. For this, the validity of the homeopathic knowledge and the quality of decision-making needs to be constantly questioned and assessed, whilst incorporating scientific advances made. In order to better communicate the merits of homeopathy to the wider society, some of its outdated epistemology will need to be modernized and better aligned with contemporary science in terms of the language used. Information technology, including repertorisation software and expert systems, can play an important role in the further development of ‘practice-based’ homeopathy. Whilst homeopathy is facing significant challenges, it is in our power to claim its rightful place in 21st century medicine.

#### **KEYWORDS**

Practice-based medicine; evidence hierarchy; prognostic factor research; ‘big data’; reducing bias in clinical decision making.

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# A comprehensive approach of homeopathic medicine about “what is the signature of a homeopathic dynamized medicine?”

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## BACKGROUND

A lot of publications exist about the persistence of stock material in high homeopathic dynamizations (HHD), discriminant NMR signal between remedies, quality requirements for GMP and clinical data. Are all these publications giving coherent information about the exact nature (signature) of the homeopathic medicines explaining the quality requirements needed for registration of homeopathic medicines?

## MATERIALS AND METHODS

The present study program (DYNHOM) is aimed to approach the question of the nature of the homeopathic medicine in a comprehensive manner. Having a look from different perspectives, using different modern measurements methods, the nature and/or signature of each homeopathic stock in the final medicine would be detectable. An answer to this question is needed for prescribers, pharmacists and patients' understanding of their medicine. Different Universities are involved in this research. Each specialized in one of the measurement technique: Liquid chromatography (UHPLC-UV), NMR, Laser techniques including scanning electron microscopy and light scattering (DLS/ZP/NTA/SEM-EDX). The ElectroPhotonic Analysis (EPA) of globules and drops has been added later on. Two remedies were chosen as reference: a triturated medicine *Cuprum metallicum* and a soluble medicine *Gelsemium sempervirens*. Multiple controls and other remedies were used to strengthen possible conclusions.

## RESULTS

Due to the step by step dilution/dynamization process, solid material was identified in all preparations including specificities in quantities, chemical compositions, shapes, electromagnetic and electro-photonic signals but no trace of the original markers in HHD.

## CONCLUSIONS

In the homeopathic medicines there is specific material and electronic signal even in HHD, the solvent behavior is specifically modified by these elements only when a dynamization process has been applied during the preparation.

## KEYWORDS

Homeopathy; Medicines; Particles; Electro-Magnetic-Signature.

# Clinical experience in a case of ankle tuberculosis: diagnostic and homoeopathic dilemma

## BACKGROUND

Tuberculosis has been known to mankind since the dawn of human civilization but still remains a major health problem in India and the developing countries. Bones and joints are involved in 1 to 3% of all cases of tuberculosis and about 10% of osteoarticular tuberculosis affects the foot, and <5% of these affect ankle or foot.[1,2] Although there is extensive literature on tuberculosis even of the osteoarticular variety, there have been few studies on the involvement of the foot. Uncommon site, lack of awareness and ability to mimic other diseases clinically and radiologically leads to diagnostic and therapeutic delay. This presentation of disease is paucibacillary, so AFB culture serology is rarely helpful. Wound biopsy, when suspected, is confirmatory. In clinical practice radiodiagnostic imaging studies provide the best diagnostic tools. The clinical presentation includes pain, stiffness and swelling with fullness around malleoli and tendo-achilles insertion, and plantar flexion of ankle joint and sometimes an accompanying discharging sinus or non-healing ulcer with secondary infection. Pulmonary involvement is uncommon and usually present in less than 50% of cases.[3,4]

The conventional therapeutic intervention involves anti-tubercular medications (ATT) and surgical measures with some patients further requiring rehabilitation support.

Possibility of auxiliary homeopathic drug intervention in diagnosed cases of tuberculosis has been highlighted by two research papers within last decade.[5,6]

## CLINICAL EXPERIENCE

A 26-year-old man was brought on 27th December 2017 to clinic with intense pain and swelling in the right ankle for last 3 months. His serology revealed elevated uric acid and CRP levels (8.4-8.8 mg% & 6-7 MG/L respectively). Pain subsided temporarily under the effect of analgesics/ anti-inflammatories. Locally injected corticosteroids had provided temporary relief lasting for 48 hours.

The physical examination revealed foot drop and ankylosis of joint with marked tenderness antero-inferior to medial malleolus.

Based on the clinical history and modalities, *Drosera rotundifolia* was prescribed in as-

ending LM potencies, which provided progressive symptomatic relief within a week. The MRI of ankle joint dated 8th Jan 2018 confirmed the diagnosis of ankle tuberculosis.

## RESULTS

The homeopathic literature and materia medica provide ample statements of possible anti-tubercular action of the homeopathic remedy and due to the symptomatic relief observed within a week, it was decided, after obtaining due consent from the family members, to keep the patient on homeopathic remedy alone.

The patient recovered complete range of movement in the ankle joint within 6 months and the repeated MRI scan confirmed the response to homeopathic remedy.

## CONCLUSION

The diagnosis of ankle tuberculosis is a challenge for medical practitioners whether conventional or homeopathic. The homeopathic practitioners face the additional challenge of referring the patients for routine ATT or prescribing both the treatments simultaneously.

I underwent a similar dilemma in the above-mentioned patient after diagnosis, however, with the cooperation of the patient and his family, and after obtaining written consent, it was decided to keep the patient only under homeopathic treatment. And the positive clinical response of homeopathic drug intervention, verified with MRI scan, provides evidence-based confirmation in a diagnosed case of ankle tuberculosis.

## KEYWORDS

Ankle tuberculosis, homeopathy

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## Alcohol addiction, homeopathic individualized approach and speed of holistic recovery

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Alcoholism is a health problem with elements of genetic participation and considerable degree of difficulty in treating it. Additionally to physical health, it influences the patient's social and professional life, his quality and duration of life and his close relationships. It creates or promotes disturbances of several physical and mental functions of the patient's organism. The classical therapeutic approach (if and whenever it is asked by patients) is mainly consisted of long term psycho-educative and psycho-therapeutic interventions and targets to both: stopping the use of alcohol and preventing a relapse. Medicinal treatment can sometimes function supportively.

Homeopathy is defined as individualized medicine according to its approach to the patient on one hand and the individualized selection of the needed remedy on the other. Homeopathy is additionally defined as holistic according to the action of the indicated remedy on all coexisting chronic health problems of each patient.

The following videotaped cases of patients with a high degree of long term alcohol dependance, are analyzed and presented as indications of Homeopathy's fast, permanent and holistic therapeutic results not only on alcohol dependance but also on the other coexisting diseases of each of the 4 presented patients

Female 52. Profession: Alcohol producer. Severe alcohol addiction the last 15 years: 10-15 beers or 1 bottle of whiskey every day, 3 times hospitalized in mental hospitals with no result, using 3 different psychiatric medicines with no result (fluoxetine, tiapride and diazepam). In 1 month alcohol use stopped completely, depression disappeared, constipation disappeared, chronic itching of genitals disappeared and she was not using psychiatric medication any more. For the next 20 years she never used alcohol at all.

Female 40. Severe alcohol addiction the last 23 years: 1 bottle of wine or half a bottle of whiskey every day. Hearing and smelling delusions. Using classical antipsychotic medication (aripiprazole). In one month alcoholism disappeared, she was drinking 1 glass of wine a day, delusions almost disappeared (the 20th day she stopped aripiprazole).

iprazole), her concentration 'improved a lot', weeping diminished, irritability disappeared, she stopped braking things from anger.

Male 31. Severe alcohol addiction since the age of 18: 10 glasses of whiskey every day. Second interview at 3 months: Alcoholism disappeared, he drinks only wine and only socially. Sperm diagram improved, sperm quantity increased a lot, sexual desire and pleasure increased a lot, small size of testicles increased, weakness after sexual intercourse improved a lot, chest hair increased a lot, difficulty to start urinating improved, 'bulimia' disappeared.

Female 31. Alcohol addiction the last 6 years: 5 beers a day. In 36 days there is no alcohol use at all. Chronic stomach pains disappeared, she sleeps better and more, she became calmer and less in a hurry, her mood improved, appetite increased – gained 4 kilograms. Relapse of alcoholism, irritability and stomach pains after 1 year (after the death of her close friend). Complete recovery after 1.5 month.

The onset of recovery being directly related to the time of administration of the homeopathic remedies, the patients' preexisting long duration and high degree of alcohol addiction, the speed and size of the observed therapeutic results, the absence of any counseling intervention by the therapist and the simultaneous improvement of the co-existing chronic health problems of each patient, are strong indications that the recovery is due to the administered homeopathic treatment, a treatment that can be seen as a first line treatment for alcohol addiction patients.

## Analysis of 35 cases of Chironex fleckeri: comparison between clinical symptoms and proving

### BACKGROUND

Both proving and clinical cases are fundamental to our knowledge of remedies and needful for clinical homeopathic practice. This work aims to verify symptomatic correspondence between the proving of Chironex fleckeri (A. Grey, 2001), repertory rubrics and our case studies, confirming the clinical usefulness of proving and making the knowledge of the remedy wider.

### MATERIALS AND METHODS

We analyzed 35 patients (34 females and only one male) examined from 2009 to 2018, to whom Chironex fleckeri has been prescribed as constitutional remedy, well proven by a proper clinical trend over time. The patients attended a 3-9 year follow-up, with regular homeopathic examination every 3-6 months, according to the needs of each of them. For each patient, categorized by pathology and degree of injury, have been reported:

- symptoms with their modalities, obtained from patient's history and his/her natural verbalization;
- repertorisation: we used computer programs Radar 10.1, RadarOpus, Complete Dynamics up to version 18.14;
- therapy: the remedy has been administered over time in progressively ascending potencies - C and K (described in detail in the full text)
- follow-up extract and clinical outcome.

Then, we analyzed symptoms of each patient, comparing them with symptoms reported in the proving and in repertorial rubrics; after, we detect several features not described in *Materia Medica*, but common and recurrent in our clinical cases. For "common and recurrent symptoms" we mean: - peculiar (not generic) physical and mental symptoms found in two or more cases with similar modalities and healed by the remedy; - general symptoms, characteristic sensations and patient experience, not pathological perforce and therefore that have not been the subject of treatment (e.g. dreams, fears, modalities).

## RESULTS

Chironex fleckeri proved useful in several manifestations of endocrine imbalances, circulatory, congestive and hepatic diseases, variously related to gynecological diseases such as peri- and pre-menstrual syndrome with mental depression and aggressiveness, dysmenorrhea, uterine bleeding, menopausal syndromes. It also proved useful in post traumatic syndrome or psychic distress with sense of abandonment, characterized by sensory and emotional hypersensitivity and alteration of body perceptions. Analyzing carefully our cases, several symptoms not described in the Materia Medica, but consistent with the general picture of the remedy also emerged. Data analysis confirmed the physical and psychoemotive pathogenetic symptoms, and allowed a more precise description of syndromes, modalities and typical tropism of Chironex fleckeri.

## CONCLUSIONS

The analysis of these clinical cases (not just “remedy prescriptions” but patients who have been effectively treated over a long time) corroborates the validity of pathogenetic symptoms and repertory rubrics; moreover, it provides us with understanding of new features of the remedy, themes and symptoms not yet described in the proving, but common and recurrent in patients’ history. As a consequence of what has been observed in our study, we could consider to prescribe Chironex fleckeri, a little known remedy, as an alternative to the classic sea remedies as Sepia, Asterias, Venus, Cyprea and Aurelia, with whom it has in common several clinical and psychoemotive syndromes, such as reproductive and sexual issues. We could also consider Chironex fleckeri as an alternative to Stramonium, Platinum, Opium, Cannabis, involved in the differential diagnosis during the diagnostic phase of our patients.

## KEYWORDS

Chironex fleckeri, proving, gynecology, circulation, hypersensitivity.

# Analisi di 35 casi di Chironex fleckeri: confronto tra sintomi clinici e proving

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## INTRODUZIONE

Proving e casistica clinica sono due pilastri essenziali della nostra conoscenza dei rimedi, indispensabili per la nostra pratica omeopatica.

Questo lavoro ha lo scopo di verificare le corrispondenze sintomatologiche tra il

proving di Chironex fleckeri (A. Grey, 2001), le rubriche repertoriali e la nostra casistica, confermandone da un lato l'utilità clinica e dall'altro ampliando le conoscenze sul rimedio.

## MATERIALI E METODI

Sono stati analizzati 35 pazienti (34 femmine e un maschio) a cui dal 2009 al 2018 è stato prescritto Chironex fleckeri come rimedio costituzionale, confermato nel tempo sulla base del corretto andamento clinico.

Il follow-up dei pazienti inclusi nello studio va dai 3 ai 9 anni, con visite regolari ogni 3-6 mesi in base alle necessità del singolo.

Per ognuno dei pazienti, inquadrati secondo patologia e grado di lesionalità, sono stati riportati :

- i sintomi modalizzati, estratti dall'anamnesi e dalle verbalizzazioni spontanee;
- la repertorizzazione: i programmi utilizzati per la repertorizzazione informatica sono stati Radar 10.1, RadarOpus, Complete Dynamics fino alla versione 18.14;
- la terapia: il rimedio è stato somministrato nel tempo utilizzando potenze in scala progressiva ascendente CH e K (descritto in dettaglio nel testo);
- la sintesi del follow-up e il risultato clinico.

Sono stati quindi analizzati i sintomi di ciascun paziente, confrontandoli con quanto riportato dal proving e dalle rubriche repertoriali; successivamente sono stati individuati i sintomi non presenti nella Materia Medica nota, ma comuni e ricorrenti nei casi clinici.

Per sintomi comuni e ricorrenti si intendono:

- sintomi fisici o mentali non generici, riscontrati in due o più casi con analoga modalità e curati con il rimedio;
- sintomi generali, sensazioni caratteristiche e vissuti del paziente, non necessariamente patologici e pertanto non oggetto di cura (es. sogni, paure, modalità).

## RISULTATI

Chironex fleckeri si è dimostrato utile in numerosi quadri disendocrini, circolatori, congestizi ed epatici, correlati in vario modo a patologie ginecologiche come le sindromi pre- e perimestruali depressive ed aggressive, le dismenorree, le cefalee catameniali, l'endometriosi, le emorragie uterine, le sindromi menopausali. Si è dimostrato anche utile in quadri psichici caratterizzati da sindromi abbandoniche e post-traumatiche, dominati dall'ipersensibilità sensoriale ed emotiva e dall'alterazione delle percezioni corporee.

Dai casi analizzati sono emersi ricorrentemente anche sintomi non presenti nella Materia Medica nota, ma coerenti col quadro generale del rimedio.

L'analisi dei dati ha confermato i sintomi sperimentali fisici e psicoemotivi ed ha consentito una descrizione più precisa delle sindromi, delle modalità e dei tropismi caratteristici di Chironex.

## **CONCLUSIONI**

L'analisi dei quadri clinici di questi pazienti, efficacemente curati nel tempo, ha fornito, oltre alle conferme dei sintomi sperimentali e repertoriali già noti, nuove caratteristiche sintomatologiche del rimedio con tematiche e sintomi non presenti nel proving, ma comuni e ricorrenti nei pazienti.

In base a quanto emerso da questo lavoro, si potrebbe prendere in considerazione la prescrizione di Chironex fleckeri, rimedio poco conosciuto, in alternativa ai classici rimedi marini quali Sepia, Asterias, Venus, Cyprea e Aurelia, con i quali condivide numerose sindromi cliniche e psicoemotive, come per esempio le problematiche della sfera riproduttiva e sessuale. Potremmo inoltre considerarlo in alternativa a Stramonium, Platinum, Opium, Cannabis, rimedi con cui Chironex è entrato a sua volta in diagnosi differenziale nella fase diagnostica dei casi trattati.

## **PAROLE CHIAVE**

Chironex fleckeri, proving, ginecologia, circolazione, ipersensibilità.





# **Poster**

IN ALPHABETICAL ORDER

# School of homeopathic medicine in Verona: experience of interaction of different methodological approaches

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## **BACKGROUND**

We would like to introduce the experience of one of the historic Italian schools of homeopathic medicine, characterized in its continuity by the meeting with teachers of various backgrounds and by the fact that, in particular in the last decade, it has seen the interaction of teachers from different methodological backgrounds.

## **MATERIALS AND METHODS**

The school was founded in 1985, and immediately saw teachers from different backgrounds meeting and organizing seminars held by teachers from around the world with different methodological approaches. The last decade, in particular, has seen the meeting of teachers with different experiences, clinical and educational paths, with the consequent difficult, yet exciting idea to form a laboratory of concepts, comparisons, reflections, basic premises to achieve a synthesis of the different ways in which a strictly unicist homeopathic methodology can be declined. An essential contribution is given by the opening of a didactic clinical outpatient clinic at the School, which is inevitably a place for comparison, discussion and re-elaboration. Also, in recent years the school has organized thematic seminars with lecturers from various Italian schools, just to activate a meeting and a direct dialogue that brings concrete results on the level of a mutually interested and interesting sharing. A dialogue that has always been perceived as enriching by the participants.

## **RESULTS**

This experience is logically a continuous work in progress, but the effort of the teaching staff has already led to important results: first of all, to its own cultural and human growth, then to the creation of a didactic path to achieve a unified and unifying language, also in search of integration with contemporary scientific and humanistic knowledge, but above all to a dynamic didactics related to the richness of the teachers who preceded us. The effect is being evaluated in the skills acquired by the students and in their effectiveness as homeopathic doctors.

## CONCLUSIONS

This work aims to share with the homeopathic community a difficult, but fruitful and stimulating experience; an experience, according to our aims, which can be considered as a field and possibility of integration between the different approaches to the teaching of homeopathic medicine, without distorting the Hahnemann teaching, also adhering effectively to modern acquisitions in the biomedical field and in the research of homeopathy.

## KEYWORDS

Comparison, integration, teaching, homeopathic schools.

# Esperienza di interazione di approcci metodologici differenziati in una scuola di omeopatia

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## INTRODUZIONE

Si desidera presentare l'esperienza di una delle storiche scuole di Medicina Omeopatica italiane, caratterizzata nella sua continuità dall'incontro con maestri di varia formazione e che in particolare nell'ultimo decennio ha visto interagire docenti provenienti da differenti formazioni metodologiche.

## MATERIALI E METODI

La scuola nasce nel 1985, da subito vede incontrarsi docenti di diversa formazione e organizza seminari tenuti da maestri provenienti da tutto il mondo con impostazioni metodologiche differenziate. L'ultimo decennio in particolare ha visto il ritrovarsi di docenti afferenti a diverse esperienze, percorsi clinici e formativi, con il conseguente difficile, ma ricercato e desiderato, formarsi di un laboratorio di spunti, confronti, riflessioni, premesse fondamentali per giungere ad una sintesi dei diversi modi in cui può declinarsi una metodologia omeopatica, rigorosamente unicista. Un contributo essenziale è dato dalla apertura a Scuola di un ambulatorio clinico didattico, inevitabilmente luogo di confronto, discussione e rielaborazione. Sempre negli ultimi anni la scuola ha organizzato seminari tematici con relatori docenti di varie scuole italiane, proprio per attivare un incontro ed un dialogo diretto che porti risultati concreti sul

piano di una condivisione reciprocamente interessata ed interessante. Un dialogo che è stato sempre percepito dai partecipanti arricchente.

### **RISULTATI**

Questa esperienza è logicamente un work in progress, tuttavia lo sforzo del corpo docenti ha già portato ad importanti risultati: primariamente alla propria crescita culturale ed umana, quindi alla creazione di un percorso didattico per il raggiungimento di un linguaggio unificato ed unificante, inoltre alla ricerca di integrazione con il sapere scientifico ed umanistico contemporaneo, ma soprattutto ad una didattica dinamica afferente alla ricchezza dei maestri che ci hanno preceduto. L'effetto lo stiamo valutando nelle abilità acquisite dagli allievi e nella loro efficacia come Medici Omeopati.

### **CONCLUSIONI**

Questo lavoro si propone di condividere con la comunità omeopatica un'esperienza difficile, ma fruttuosa e stimolante; un'esperienza, nei nostri scopi, valutabile come campo e possibilità di integrazione tra i diversi approcci all'insegnamento della Medicina Omeopatica, senza snaturare l'insegnamento hahnemanniano, aderendo anche in modo efficace alle moderne acquisizioni in campo biomedico e nella ricerca propria dell'omeopatia.

Keywords: confronto, integrazione, insegnamento, scuole omeopatiche.

# Cactus grandiflorus – Quality standardisation and possibility of substitutes

## BACKGROUND

*Selenicereus grandiflorus* (L.) Britton & Rose, synonym *Cactus grandiflorus* is a cactus species originating from the Antilles, Mexico and Central America. The true species is extremely rare in cultivation. Most of the plants under this name belong to other species or hybrids. We attempted to standardise the drug and studied the phytochemistry of available substitutes to earmark the marker compounds and correlate with their FTIR pattern to analyse similarities if any which may affect the efficacy of the resultant mother tincture

## MATERIALS & METHODS

We took samples of control *Selenicereus grandiflorus* (L.) Britton & Rose imported directly from America and fresh herb grown indigenously as well as available substitutes in market and different brands of available mother tinctures in market to compare results of raw herb with finished material. Stem was used to prepare the extract of raw herb.

In-house extraction method was used to prepare extract: We weighed accurately 1 g crude drug powder and refluxed for 1 hr with solvent (25 ml). The extract was filtered through Whatman filter paper and the filtrate was concentrated up to 1 ml on water bath. Pharmacopeial methods as mentioned in HPI, EP, and Wagner & Bladt were used to get chromatograms and their spectrum studied in relation to available tinctures in market. UV of all herbal extracts and MT was also done to check the absorption of actives mainly flavonoids. This was further analysed through FTIR and overlay with Rutin standard to analyse the presence of actives in test material along with other glycosides, namely narcissin and cacticin. We even quantified rutin in samples through HPLC to get more insight into quality of all test material

## RESULTS

In chromatograms, we observed nearly similar pattern in control herb and some available substitutes as well some of the market samples of prepared MT but there was stark difference of major markers, namely Narcissin, Cacticin and Rutin in one of the sample thus making it imperative to do HPLC quantification and FTIR for confirm-

ing genuineness. UV Analysis also confirmed presence of active markers as per their absorption spectra.

### **CONCLUSIONS**

Cactus grandiflorus being one of the important homoeopathic medicines for heart ailments with its rare availability poses a question to its genuineness as not much reference is available for its marker compounds which further needs to be standardised, validated and documented

### **KEYWORDS**

HPI-Homoeopathic pharmacopeia of India, EP- European pharmacopeia, MT-Mother tincture.

# Case report: hemolytic anemia of infant for the use of maternal hydroxychloroquin, treatment with tautotherapy

## BACKGROUND

In this article we present the successful outcome of a case of hemolytic anemia of an infant treated by tautoterapia. Hemolytic anemia was caused by passage of maternal drug through milk. The mother had a diagnosis of Systemic Lupus Erythematosus and was taking hydroxychloroquine 400 mg, breastfeeding the baby exclusively with breast milk. The result of the treatment is evident when we look at the laboratory tests

## MATERIALS AND METHODS

This study is a case report, where the efficacy of the treatment was documented through serial laboratory exams. The mother's concern at the time of the consultation was to evaluate her baby's blood test, taken at 1 month of age, when anemia was found. The first examination of the infant at 8 days of life was normal. The same is the son of mother (affected by Lupus erythematosus systemic) Lupica, for this reason the request of these exams. The mother makes use of hydroxychloroquine 400 mg day. The infant is exclusively breastfed breastfeeding. It carries specific complaints regarding the baby. Physical examination of the infant showed no adequate changes, weight, height and head circumference (z-score: between +2 and 0). Exam 15/12/2018 (Age: 1 month and 11 days)

Red cells :2,47 Hemoglobin: 8,7 HT<sup>o</sup> : 23,9 Obs.: Erythroblasts in 100 leukocytes : 5 Anisocytosis, polychromasia, poikilocytosis. Platelets: 219000 leukogram: normal leukogram Reticulocytes: 5,66% absolute value:163x10<sup>3</sup>mm

Clinical diagnosis: Hydroxychloroquine hemolytic anemia, used by the mother. Neonatal Lupus, which could be another cause of hemolytic anemia, has been ruled out, because the mother is negative for anti-SS / Ro and anti-SSB / La, since they are believed to be the cause of the manifestations of the syndrome in the fetus, the infant also does not present any symptoms of cardiac block, one of its important manifestation (3). On December 20, 2017 Tautoterapia with Hydroxychloroquine 6 ch was started for the baby and for the mother, who continued to breastfeed exclusively to the mother's breast and taking hydroxychloroquine 400 mg daily

## RESULTS

After 13 days of treatment, new blood tests, blood counts and reticulocytes were requested. The infant and the mother were well, with no clinical complaints. Exam on January 2, 2018- After 13 days of treatment Red cells : 3,24 Hemoglobin : 10,1 HT<sup>o</sup> : 29,2 Obs.: Erythroblasts:0 ( not found) Anisocytosis +. Platelets : 175000 leukogram: normal leukogram Reticulocytes: 3,43 % absolute value: 111x10<sup>3</sup>mm

Exam March 1, 2018 Red cells: 4,29 Hemoglobin : 10,9 HT<sup>o</sup> : 31,5 Obs.: Erythroblasts:0 ( not found) Plaquetas: 251000 leukogram: normal leukogram Reticulocytes :1,26% absolute value: 54 x 10<sup>3</sup>mm

## CONCLUSIONS

The clinical case in question describes a drug illness in the child, through the use of maternal medication, hydroxychloroquine, treated by tautoterapia. The tautoterapia, etymologically, is equal to Therapy (Isos - equal / tautó - the same). The treatment in these cases, outside the scope of knowledge of homeopathic basis, would be the suspension of breastfeeding and, probably, the treatment with glucocorticoids or immunoglobulins. The knowledge of the effects of the mother's use of drugs during breastfeeding in the baby is still scarce. A report from the European Union Against Rheumatism states that there is a large gap, a lack of knowledge, in the transfer of drugs to human breast milk and the effect of drugs on breastfed children, require new and detailed studies. It is notorious, the importance of breastfeeding both for the child, in the short and long term, as for the mother. We found in this case an important effect in the prevention of early weaning and, consequently, the prevention of diseases in childhood, since the mother continued breastfeeding, without risks to the infant. Any drug illness is a false chronic illness and should be treated with tautotherapy. In the view of Systemic Homeopathy, Theory of Complex Systems of Carillo, Drug Disease, can be defined as the result of the refractoriness of the functional system, produced by repeated inputs (drugs), leading to changes in dissipation, autopoiesis and cognition, aiming at adaptation, with consequent alteration of the organization pattern and more or less drastic changes of the structure. Such changes are mediated by consciousness and interfere with the self-regulation of the system. In the case in question, the dynamized hydroxychloroquine changed the action programs, such as the formation of red blood cells, for example, treating hemolytic anemia. Hydroxychloroquine can be used at the level of drug competition or the reconstruction of action programs that protect red blood cells. We conclude that the efficacy of tautotherapy was notorious, treating a disease that has few therapeutic options and may be serious in the infant. He also avoided early weaning and its consequences.

## KEYWORDS

Hemolytic anemia, hydroxychloroquine, breastfeeding, tautotherapy, Lupus Erythematosus.

## Pisum sativum: from proof to clinic

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### BACKGROUND

Homeopathic medicine is based on natural law. It is governed by the principle of similarity and uses the pure homeopathic method for mediation of health disorders of all living beings. Selfpathogenesis is a simple and natural way, by which we know the powers of simple drug substances over man. Through experimentation it is allowed each proving to recognize in its own way what is necessary and sufficient about the curative power of the drug substances. Autopathogenesis is surely the method of homeopathic choice of the art of healing, which favors the physician and benefits the patient, the one who needs the medicine, in language recognized by the physician, through his or her proving. According to Hippocrates, there are many noxious foods and drinks that do not always affect man's health in the same way, exemplifies with wine, which can make its active principles known to those who experience it. He directs us to the investigation of the influences of each of the active principles in man and points out that the doctor who does not know the relation that holds each thing with the man, will not be able to use it correctly in the practice of medicine. Self-experimentation, the Hahnemannian method, gives the experimenter numerous benefits: the certainty of the symptoms produced by the drug tested; the composition of an experimental memory and its clinical use; increase in the capacity for observation, self-knowledge and expansion of consciousness. The objective of this study is to demonstrate that the knowledge of certainty about the effects and the peculiar character of the homeopathic medicine from self-experimentation, as well as its application in clinical practice, is easy to handle, economical and ethical.

### MATERIALS AND METHODS

The method used was the autopathogenesis of *Pisum sativum*, obtained after an olfaction of a mcglóbulo of the 30<sup>a</sup> CH. Experimental memory revealed to the tester an idiosyncratic morbid state of severe pain in the left burning heel that left him unable to touch his foot on the floor without being able to step on; a lot of anxiety and eating without realizing it. The recognition was made in a lady who, for many years, had suffered from a pain in the left heel, burning like a hot plate, unable to walk or walk; which is said to be anxious to the point of eating unnoticed and having problems sleeping.

## RESULTS

After 3 months of the use of *Pisum sativum* in the 32nd CH, in single dose, it reported improvement of sleep, dawning without pain, which eventually became, and walking almost normal; improvement of anxiety and decrease of appetite; and feeling better. At 6 months, she reported improvement in pain, with no burns; walking normal; very good sleep and intense intestinal discharge with improvement without intervention. The homeopathic prognosis of feeling of well-being, improvement of sleep and other symptoms followed by drainage reveals curative effect.

## CONCLUSIONS

Through this case of *Pisum sativum* and numerous others already published by the authors, we can affirm that the Hahnemannian method, based on knowledge and recognition from itself, allows the homeopathic physician to know with trustworthiness and authenticity the curative elements of the substances. Hahnemann directs doctors to carry out these experiments on their own in order to obtain this exclusive knowledge of the medicines that is essential for the art of healing and reports that was their main activity for 40 years, pointing it as the only and legitimate teaching on drug substances. It was concluded that the knowledge of the curative virtue of a simple substance through self-pathogenesis is surely the method of choosing the art of homeopathic healing where the doctor puts himself in service of donation through his proving with benefits for the patient and his health. The doctor sees the truth in him and the vocation of the remedy of the medicine is revealed to him and enables him to prescribe by experimental and art memory, obtaining quality in the way of helping, to reach the highest and unique mission of the physician: the cure of natural diseases.

## KEYWORDS

Homeopathy; Provings; Autopathogenesis.

# Case report of arthritis and Crohn's disease showing how homeopathy reduces antibiotic resistances and health costs

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## **BACKGROUND**

Rising health care costs and increasing antibiotic resistances are of great political and medical interest.

## **MATERIALS AND METHODS**

A patient suffering from arthritis and Crohn's disease for over 40 years has been treated since 5 years with Berberis and later Lycopodium.

## **RESULTS**

After several surgeries and recurrent infections, homeopathy allowed a smooth, gentle and lasting improvement, in accordance with Hering's laws.

## **CONCLUSIONS**

Classical homeopathy, when integrated into medical practice, makes an important contribution to efficient and sustainable health care.

## **KEYWORDS**

Arthritis, Crohn's disease, Berberis, health care costs, antibiotic resistances

## Bijoy Kumar Bose - A stalwart of Homeopathy

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### BACKGROUND

B.K. Bose (1879- 1977), a direct student of J.T. Kent was one of the leading figures in Indian homeopathy. He was a great teacher and a very successful practitioner. Under his leadership, the “Calcutta Homeopathic College and Hospital” expanded and flourished. He inspired generations of homeopaths in India and abroad to practice classical homeopathy with love and dedication. Since then his teachings have spread all over the world. His exceptional and efficient method of case-taking is still followed successfully by many. The SHI Homoeopathic College in Switzerland keeps the legacy of this Master alive through undergraduate and postgraduate teaching.

### MATERIALS AND METHODS

B.K. Bose gave lot of importance to the symptoms he observed, the appearance and behaviour of the patient. Through his Mastery of Materia Medica and Miasms, he was able to put together all vital elements of case-taking in a very short time and prescribe efficiently. He used both C- and D-potencies. He would analyze and evaluate the symptoms in each patient differently. In some, he would give more importance to the miasms, in others to the mind, the posture, the gait or behaviour. In others he would consider the local symptoms as the deciding symptoms. He had a unique ability to determine the vital essence of each case.

### RESULTS

Here are 3 cases narrated by his students to illustrate the uniqueness of the style of B.K. Bose.

A case of obsessive-compulsive neurosis: B.K. Bose made a home-visit to a 55 yrs old patient suffering with obsessive-compulsive neurosis. Coming down the stairs, the patient stopped and turned back to straighten a wall painting which he found not hanging properly. The patient was a thin and very well dressed man. As he greeted B.K. Bose, his nervousness and trembling hands were clearly visible. B.K. Bose watched the patient carefully and asked him only one question: “When are your symptoms the worst?”. The answer was: “every day at the same hour”. This was enough to the experienced homeopath to prescribe Arsenicum album XM. Under this treatment, the

condition of the patient improved successively. This case illustrates the importance of appearance and behaviour of the patient in B.K. Bose style.

A case of angina pectoris: A 60 yrs old man consulted B.K. Bose because of Angina pectoris. B.K. Bose observed following elements: the patient was looking sad with hanging jaw. He entered the room, walking very slowly with his right hand on the heart. He appeared very depressed and concerned about his condition. B.K. Bose took his blood pressure and measured a very high systolic and relatively low diastolic blood pressure. He asked him one single question: "what do you like to eat the most?" to which the patient answered: "Dry chapati (type of Indian bread)". B.K. Bose prescribed Baryta muriatica D12. The patient was very disappointed as he had travelled 1500 Km to see the renowned Master. And here he was asked only one question! His disappointment turned into great admiration when shortly after the medicine, the attacks of angina pectoris completely disappeared and never returned until he died 17 yrs later of another cause. This case illustrates the value of appearance, behaviour, mental and general symptoms as well as pathogenesis in B.K. Bose style.

A case of arthritis: A male patient, 70 yrs old, consulted B.K. Bose because of strong arthritis in both knees. The face of the patient was greasy, shining and with open pores. He had a wart on the tip of the nose. B.K. Bose observed him carefully approaching him and noticed that he was avoiding the edges of the chairs and table and was walking very carefully. The patient was very talkative and asking repeatedly if he would be healed. B.K. Bose asked him as to why he was walking this way. The patient explained that he was very worried about knocking his knees against something, as it could break. He had the feeling, as if his knees were very fragile. Appearance and complaint were sycotic. The fixation of a thought is highly sycotic. This added to the fragile feeling and fear of breaking the affected joint lead to the prescription of Thuja. This case illustrates the value of miasms and observation in B.K. Bose style.

## CONCLUSIONS

B.K. Bose always put the patient and not his sickness in the center of his teachings and prescribing. Through his Mastery of Homeopathy and his deep knowledge of human nature, he developed an extremely efficient style of case-taking. He emphasized the importance of Materia Medica and the practical application of Miasms. His style demonstrates the importance of keen observation of the patient and its integration in the totality of symptoms. This methodology has proven efficient till today in both acute and chronic diseases. It is very useful in one-sided diseases and complex chronic cases.

## KEYWORDS

B.K. Bose – method of case-taking – obsessive-compulsive neurosis – angina pectoris - arthritis.

# Exploratory study on communication and modern communication techniques in health care in India

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## BACKGROUND

For any communication sender, media / channel and receiver are essential. Sender has some idea, he sends it in some format through some medium / channel to receiver. Receiver decodes it and understands it. Receiver can also send his idea or feedback of the communication via same method to sender and this way two way communication goes on. Many times it may be one way communication also and may be for many receivers. For any effective communication 7 C s i.e. correctness, completeness, clarity, concreteness, conciseness, clarity, courtesy are essential. Not only this but any barriers in communication are also important to find out prior to making any communication and if any type of barrier is present, it has to be removed or method of communication can be changed. Old methods of writing communication and sending through post etc are still existing but less practiced. Due to evolution of Information and communication technology (ICT) now there are various ways for fast communication. Modern communication techniques like email, ( one to one, one to many or in email groups), Social media ( facebook, twitter, linkedin etc), use of smart phones (text messages, phone calls, video calls, whats app individual and in groups), websites (static contents and for various other functions including financial transactions) etc are now used in all field including health. Considering these modern developments in communication technology, need was felt to find out use of these techniques in health care of India.

## MATERIALS AND METHODS

Area- India

Sector- Government and non-government health departments/ organizations, private clinics and public.

Research technique - Considering latest development in communication technology, exploratory study was done for finding out impact of latest development of communication technology in public as far as their health needs are considered. Survey was conducted by direct interviews of public, doctors, paramedical staff and administrative officers in health care (total 100) as per developed standard questions/points. At

the same time methods of communication used in various government and non-government organizations at various health care levels were studied.

## **RESULTS**

Data analyzed w.r.t usage of various communication methods and comparing various communication methods used w.r.t various variables related to age, sex, education, health care delivery organization. It was seen that following communication techniques are used for health related communications –

- 1- Telephone and mobiles- 82% in tested sample
- 2- Whats app- usage is 61% in tested sample
- 3- Text messages- 30% in tested sample
- 4- Emails- 24% in tested sample
- 5- Websites- 7.2% in tested sample

It was seen that following are the method of communication adopted by health organizations-

- 1- E mails- 90.%
- 2- Whats app- 80%
- 3- Websites- 30%
- 4- Social media- 20%

Apart from these findings, it was seen that techniques like chats, online answering through websites, hospital management information systems, telemedicine, call centers are also used in health for various communications and these methods are getting popular day by day.

## **CONCLUSIONS**

Modern technology in ICT is very widely used in health domain in India and its popularity is increasing day by day. It leads to very fast and effective communication and helps in preventive, promotive, curative as well as rehabilitative health care. It is suggested to do similar study with large sample size. Further study for each communication method w.r.t other methods and study of its impact (descriptive research and causal research) is also needed.

## **KEY WORDS**

ICT

Exploratory research

Telemedicine

Descriptive research

Causal research

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# Attention deficit and hyperactivity disorder. Children in school age under treatment for five years. Symptoms and medicines

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## BACKGROUND

Parents turn to homeopathy in order to treat the classic symptomatological triad – inattention, hyperactivity, impulsivity – differently named as Attention Deficit and Hyperactivity Disorder, in Mental Health Diagnosis-5 (MHD-5), and Hyperkinetic Disorders, in the International Classification of Diseases (ICD-10). Countless diagnoses match the triad, and a profusion of psychoactive drugs is proposed in treatments, hiding the uniqueness and the particular history of each patient. Those drugs can mute creativity in the long run. Symptoms are more prevalent in children and adolescents and have a social impact when one considers financial costs, family stress, impairment in vocational activities and negative effects on self-esteem. Children with these symptoms are at increased risk of psychiatric illnesses. In the Homeopathic Materia Medica, the symptoms comprehend this illness and the feelings related to these characteristics. Some professionals add to those cases new diagnoses, such as depression, panic, oppositional defiant disorder, among others.

## MATERIALS AND METHODS

Symptoms were investigated in interviews with the children and from reports by parents, family and school. All patients received a single dose at high potency, considering the hierarchy of mental symptoms, miasmatic dynamics and similarity at organic and general levels. In addition to the single dose, a dose of the same drug was administered once or twice a day in C 10M or in LM4 – a necessary measure considering the characteristics. When more complex drugs were used, the attempted goal was to reach the best possible improvement, considering the law of similars, with the continuous goal to decrease the number of drugs until finally reaching a single one. This arose from one deep understanding: that PATHOGENESES ARE IDIOSYNCRASIES. By using this idea, I understand that some of the medicines will have no effect, but I increase the possibility of being correct – a fact that has been proven successive times.

## RESULTS

Among the initial symptoms observed were disorganization, anxiety, an inability to understand, listen, agree and change behavior due to a lack of commitment and

initiative; also, difficulty taking notes and sitting in class, studying and doing the requested tasks. The children would not take notes and would tell their parents they had no homework. In general, parents perceived children as immature and lacking autonomy. In the monitored cases, attention, concentration and school performance improved; also their focus on what they were hearing; also understanding and the ability to formulate questions and answers on a particular topic. Parents have become more attentive and participatory when it comes to the skills and inclinations of their children.

### **CONCLUSIONS**

Homeopathy has demonstrated important efficacy in ADHD, a highly prevalent syndrome in children and adolescents. We have obtained excellent responses in children whose parents opted for homeopathy as initial treatment. The school sent positive feedback. Adolescents who have used methylphenidate since the age of six did not accept a new approach and refused to cooperate by taking homeopathic medicines regularly.

### **KEYWORDS**

Child, Inattention; hyperactivity; impulsivity; High dynamization; LM4

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## Proving at sap of *Vitis vinifera* (vine tear)

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### BACKGROUND

Every spring, a wonderful thing happens in the vineyard! Cutting the vines for annual renewal, a liquid begins to flow clean, transparent, clear, slightly sweet-brackish tasting, which is also called “living water”. The phenomenon is known as “the vineyard crying” and our grand and grand-grandparents called those drops of sap “vine tears”. They found that those drops do miracles for our body. And why not, after all, considering the benefits of the vine fruits - the grapes - from which wine is made, so much praised and sung by the poets! But it also has a great spiritual significance: vine is the symbol of Jesus Christ, our Savior, who sacrifices himself for us, the branches, every spring, during the Easter, which coincides precisely with this “crying vine” and ends in the flow of the wine representing the “holy communion”. Seeing articles on the Internet in which people complained that preservation for the “miracle of nature” fails and that they could benefit from it only for a short while in spring, I thought I could try to preserve it in the homeopathic remedy form that also reveals all of its informational and energetic charge - in fact the idea was suggested by Ms doctor Niculina Garjau.

### MATERIALS AND METHODS

First I study the composition of this sap of *vitis vinifera*. Then I made the proving, first with a remedy obtained from sap of hybrid *vitis vinifera*, next year with a remedy obtained from noble *vitis vinifera*. I researched each time three potenses : 7 CH, 15 CH, 30 CH. I have had 35 participants for the proving with 30 CH, 20 participants for the proving with 15 CH and 17 participants for the proving with 7 CH. I have tested with three biorezonance machines ( Quantum, Bio-well, 8 DNLS-LRIS ) a lot of provers, inclusive me. Miss Maria Topor has studied the remedy by Radiesteziac ( Divining ) point of view. Profesor doctor Corneliu Moldovan has studied the sap of *vitis vinifera* from point of view Kirlian effect, Electric cutaneous palmar Micropotentials and Palmar Thermography.

### RESULTS

In general the effects obtained from these two remedies was similar, slightly more

intence from noble sap. According to Arnold effect it is known that the 7 CH potency has an incentive role, 15 CH has an inhibitory role, while 30 CH has a regulatory role, this law has manifested itself and in this proving. Were compared effects obtained on proving with effects of components of sap taken separately and many similarities have been found. Many confirmations of the effects of remedy were observed on bioresonance machines.

## **CONCLUSIONS**

Sap of *Vitis vinifera* (Vine tear) must be taken with caution due to its composition rich in enzymes and organic substances with important biological roles and in homeopathic remedy these are more amplified. It is known from BACH floral therapy that *VITIS VINIFERA* is attributed to very rigid, domineering personalities, who know best what is good for others, they get very violent if you do not listen to them, love power more than money, and they do their best in crisis situations because they do not lose their temper. It is known that in spring, vineyard sap brings the vineyard from hibernation to active, lucrative state (it's rejuvenates it, antiaging effects). It is useful to treat in particularly personality type previously described in case of premenstrual, premenopausal and infertility syndromes, migraine syndromes of inflammatory, hormonal or excess/lack of neurotransmitters causes, neurodegenerative diseases, psychiatric diseases, addictions, cardiovascular, digestive, urinary, rheumatic, dermatological and ocular diseases.

## **KEYWORDS**

Sap of *Vitis vinifera*, domineering personalities, addictions.

# Homeopathy and integrated medicine: preliminary results of a real life study on a group of patients with type 2 diabetes

## BACKGROUND

The challenge of this project is to develop an integrated protocol and evaluate how, where and when it is possible to introduce it during the CCM Diabetes. We describe this new integrated model in the care of diabetic patients, which includes new roles and new functions; how to identify proactive patients using risk stratification tools; and how we have improved hospital infrastructures, which support patient information sharing and monitoring.

## MATERIALS AND METHODS

The study started in February 2017 and is still ongoing; we included 34 diabetic patients with HBA1C $\leq$ 8% in the study. The protocol provides for: - a homeopathic “magistral preparation” (Lycopodium 9ch, Phosphorus 9ch, Hepatine 5ch, Nefrine 5ch) to which is added a basic remedy for the customization of homeopathic therapy in that patient. The prescribed dose for each patient is stress: ten drops before breakfast and dinner, to be put in the mouth and absorbed via the tongue: it is recommended not to drink or eat for 20 minutes before / after the intake of the magistral ; - advice on lifestyle and diet of the type to “avoid / prefer”. We evaluated their answers: with the SF12 questionnaire for quality of life, with the EDMONTON scale for the evaluation of symptoms and with a CARD for the consumption of conventional drugs.

## RESULTS

Improved QoL: 68 to 85% of them report improvements in general health feelings in a follow up year.

Improved HB glycate values: 0.4 to 2.1 U/I of value reduction during 1 year of follow-up in all but one patient.

Reduced use of conventional drugs ( preliminary results): in two patients we observed complete oral drug withdrawal; in two patients we recorded a 50% reduction in the dosage of the drug; in nine patients we recorded a 25% reduction in the dosage of the drug; for five other patients we are discussing the reduction of their conventional therapy.

The study is ongoing, but patients who recorded a reduction in their HB glycosate values maintained the advantage throughout the follow-up.

## **KEYWORDS**

real life medicine, diabetes, integrated medicine.

# Omeopatia e medicina integrata: risultati preliminari di un "real life study" su un gruppo di pazienti con diabete tipo 2

## **INTRODUZIONE**

La sfida di questo progetto è quella di sviluppare un protocollo integrato e valutare come, dove e quando è possibile introdurlo nel corso della CCM Diabete. Descriviamo questo nuovo modello integrato nella cura dei pazienti diabetici, che include nuovi ruoli e nuove funzioni; come identificare i pazienti proattivi utilizzando strumenti di stratificazione del rischio e come abbiamo migliorato le infrastrutture ospedaliere, che supportano la condivisione delle informazioni e il monitoraggio del paziente.

## **MATERIALI E METODI**

lo studio è iniziato nel febbraio 2017 ed è tuttora in corso; abbiamo incluso nello studio 34 pazienti diabetici con  $HbA1c \leq 8\%$ . Il protocollo prevede: - una "preparazione magistrale" omeopatica (Lycopodium 9ch, Phosphorus 9ch, Hepatine 5ch, Nefrine 5 ch) a cui viene aggiunto un Rimedio di fondo per la personalizzazione della terapia omeopatica in quel paziente. La dose prescritta ad ogni paziente è la stessa: dieci gocce avanti colazione e cena, da mettere in bocca e far assorbire via perlinguale: si raccomanda di non bere o mangiare per 20 minuti prima /dopo l'assunzione del magistrale; - consigli sullo stile di vita e sulla dieta del tipo "evitare/ preferire". Abbiamo valutato le loro risposte: con il questionario SF12 per la qualità della vita, con la scala EDMONTON per la valutazione dei sintomi e con una CARD per il consumo di farmaci convenzionali.

## **RISULTATI**

QoL migliorati: dal 68 all'85% di essi dichiara miglioramenti dei sentimenti generali di salute in un anno di follow up.

Valori migliorati di HB glicata: da 0,4 a 2,1 U/I di riduzione del valore durante 1 anno di follow up in tutti i pazienti tranne uno.

Ridotto uso di farmaci convenzionali ( risultati preliminari): in due pazienti abbiamo osservato la completa dismissione dei farmaci antidiabetici per via orale; in due pazienti abbiamo registrato la riduzione del 50% del dosaggio del farmaco; in altri nove la riduzione del 25% del dosaggio del farmaco; per altri cinque pazienti stiamo discutendo della riduzione della loro terapia convenzionale.

Lo studio è in corso, ma i pazienti che hanno registrato la riduzione dei loro valori di HB glicata , hanno mantenuto il vantaggio durante tutto il follow-up.

**KEYWORDS**

Real life medicine, diabetes, integrated medicine.

# Schoenlein Henoch disease in a two years old child

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## BACKGROUND

A case of Schoenlein Henoch disease in a two years old child, treated according to the 3th, 7th and 11th Organon's paragraphes and according to the 45th paragraph of "Chronic Diseases" by Hahnemann about alternation of remedy.

## MATERIALS AND METHODS

Observation of cutaneous manifestations during acute phase of disease. Fever. Blood test, urine test and stool test useful for choose the therapy. Medecine used: Hepar Sulphur, Rhus Toxicodendron, Mercurius Solubilis, Arsenicum Album.

## RESULTS

The child has been totally cured during three weeks and blood and stool tests became normal.

## CONCLUSIONS

The treatment obtained a progressive disappearance of cutaneous, vascular and abdominal patient's symptoms without any injury of the abdominal organs, by choosing adequate therapy according to evident symptoms and their miasmatic means, as petechias, ecchymosis and pyodermitis, observing change of skin manifestations and their localisation and choosing the remedies according those changes.

## KEYWORDS

Petechias. Ecchymosis. Pyodermitis. Organon. Chronic Diseases by Hahnemann.

## Malattia di Schoenlein Henoch in un bambino di due anni

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### **INTRODUZIONE**

Un caso di Malattia di Schoenlein Henoch in un bambino di 2 anni curato secondo i principi dei paragrafi 3, 7 e 11 dell'Organon e con alternanza di farmaci secondo il paragrafo 45 delle Malattie Croniche di Hahnemann.

### **MATERIALI E METODI**

Osservazione delle manifestazioni cutanee durante la fase acuta. Caratteristiche febbrili. Esami ematici, delle urine e delle feci per indirizzare il trattamento. Uso di Hepar Sulphur, Rhus Toxicodendron, Mercurius Solubilis e Arsenicum Album.

### **RISULTATI**

Il bambino è guarito completamente in 3 settimane di cura con rientro nella norma dei valori ematici e delle feci che si erano alterati durante la malattia.

### **CONCLUSIONI**

La cura ha operato un'eliminazione progressiva della sintomatologia cutanea, vascolare e addominale del paziente, senza compromissioni di alcun organo, con un percorso terapeutico che ha valorizzato l'attenzione ai sintomi evidenti e al miasma di tali sintomi, quali petecchie, ecchimosi e piodermite, seguendo i cambiamenti delle manifestazioni e delle loro localizzazioni e adeguando la scelta del rimedio a questi cambiamenti, riducendo di almeno cinque settimane i tempi di guarigione previsti comunemente per questa patologia.

### **PAROLE CHIAVE**

Petecchie. Ecchimosi. Piodermite. Organon. Malattie Croniche.

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# Ignacio... Two years later – Medicine homeopathic. Criteria for healing treatment clinical case

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This case was presented through a poster, at the German LMHI congress 2017. Meditating on its good evolution, I decided to expand the case from 2017 to 2019. In this way, evaluate the evolution of clinical cases presented in congresses, over the years.

Hypothesis:

When doing the anamnesis, I evaluated whether it was possible for me to treat the case homeopathically.

Attempting to fulfill the purpose defined by Hahnemann in # 1 and # 2:

..taking into account Kent's advice on how to approach cases of serious diseases.

“Kent strongly recommends treating a patient rather than abandon the case, giving up all hope of healing, which would definitely add to the patient's greatest helplessness”.

## MATERIALS AND METHODS

I evaluated the case from the following homeopathic approaches:

1°Biopatographic

2°Acute picture. 3°Miasmatic analysis according to classical authors (HAHNEMAN-ALLEN - GAHTAK - ROBERTS - GROSSO)

## BACKGROUND

Date of Birth: August 11th/ 2004 Date 1st query: February 13th/2013

The patient went to consult medically, from 2013 to the date.

Pathological background.

At the end of January 2013. Ignacio suffered from red angina. His mother, consulted with doctors of the Italian Hospital. Doctors tell you how to treat antibiotics. Azithromycin .

A posteriori begins with pain when touching the genitals. Upon observation, the entire genital area was completely edematized (edematous).

In 48 hours, Ignacio increased 5 kg of weight. The edema was generalized, appearing in eyes, eyelids, knees, feet and abdomen. On February 4, his parents decide to take him to the Italian Hospital, Cordoba - Argentina.

## RESULTS

With the results of complementary studies, he was finally diagnosed with “Acute Nephrotic Syndrome”. They inject Ignacio diuretics. They stabilize him and on February 8 they release Ignacio, telling his parents that they should consult with specialists in the field, who will indicate corticosteroids and then dialysis.

Having received this diagnosis and the news of the terrible treatment, Ignacio’s parents, decide to go to my office.

I make the anamnesis, prescribing Homeopathic medicine, according to its respective Repertorization.

Statistics:

It is the presentation of a clinical case, therefore, it does not allow a statistical evaluation.

Adequate support to explain the evaluation of the case.

All the complementary studies were carried out, in order to control their evolution.

## CONCLUSIONS

The homeopathic diagnosis defines this condition as serious injury.

The results of each complementary study will be presented in the work itself.

The therapeutic carried out to date is exclusively Homeopathic.

Ignacio responded favorably. The edema gradually disappeared according to his presentation.

His life developed normally. In this year, Ignacio enters his third year of high school.

When I started the treatment Ignacio entered third grade. It was not known if he would be able to continue studying ...

I thank the Eternal for the medicine he has given us to help our patients. When I started the treatment Ignacio entered third grade.

## KEYWORDS

Clinical - nephrotic syndrome - acute. miasma - lesional- severe- homeopathy.

## Advanced cases of Buerger's disease: homoeopathic approach

### BACKGROUND

Thromboangiitis obliterans also known as Buerger's disease is a recurring progressive inflammation and thrombosis of small and medium arteries and veins of the hands and feet. It is strongly associated with use of tobacco products, primarily from smoking, but also from smokeless tobacco. There is a recurrent acute and chronic inflammation and thrombosis of arteries and veins of the hands and feet. The clinical study was done to establish the efficacy of homoeopathy in the treatment of buerger's disease.

### METHOD

A thorough and exhaustive study of each and every case was conducted. The cases were classified according to age, amputation done, no amputation done, extremities involved and sex of patient. Symptoms were recorded in detail and special care was taken for any distinguishing symptoms of the case complete with past history, family history, modalities, likings, physical generals and laboratory investigations and angiogram studies done in the case.

After careful analysis and thorough repertorisation a similimum was chosen for a particular case and homoeopathic remedy was administered according to an individual case. The case was followed up after a month and again a complete study of the case was done and action was taken accordingly.

### CASE

A 30 year old male presented with the problem of gangrene with severe pain, burning and swelling in right foot. The pain was so severe that he was unable to sleep at night. Discharge from toes was pustular and bloody.

After complete repertorisation *Secale Cornutum 30* was given the patient reported after a month; He was feeling slightly better. The pain had reduced slightly and the swelling was gone.

Discharge was also reduced. The same protocol was repeated for a month after a month; His pains had increased and he could no longer sleep at night owing to pain.

Now Secale Cornutum 200 was given weekly for a month.

The patient reported after a month; His overall condition had improved remarkably.

The same protocol was continued. After six months of treatment the patient was completely cured.

### **RESULTS**

In 63 out of 70 cases the patients were fully cured and successful results were more in cases where no amputation was done before .In 4 cases there was significant improvement while in 3 cases there was no improvement. The efficacy of homoeopathic treatment in advanced cases of buerger's disease was thus established.

### **CONCLUSION**

In advanced cases of thrombo angiitis obliterans homoeopathic medicines have proved highly successful in providing miraculous cure to the immensely suffering patients. Homoeopathic treatment was also equally effective in cases where amputation had already taken place.

# Treatment of gynecological disorders: constitutional approach towards treatment of leiomyomas, fibroadenomas and PCOS

## BACKGROUND

Gynecological disorders are increasing day by day. Every woman today has at least suffered once in a lifetime from a gynecological disorder in the form of menstrual irregularities, infertility, pcos, breast fibroadenomas ,ovarian cysts, leiomyomas etc. The clinical study was done to study the efficacy of homoeopathy in the treatment of various types of gynecological disorders and the role of constitutional approach towards the treatment of such disorders.

## METHODS

Multiple cases of women suffering from PCOS , fibroadenoma of breast and leiomyomas were taken for the study and cases were classified according to age and size of cysts and tumour. A detailed case history was taken and an ultrasonography was done in every case. Every case was evaluated in detail on a monthly basis and a repeat ultrasonography after treatment was done to procure evidence based results

CASE 1 A CASE OF PCOD : a female aged 20 years reported with primary amenorrhea and problem of hirsutism. Within five months of homoeopathic treatment she started menstruating regularly and her problem of PCOD was also solved.

## RESULTS

Pcos- in cases of PCOS 90% successful results were reported

Fibroadenoma- in cases of fibroadenoma of breast in 50% cases the lumps dissolved completely whereas in 20% cases the lumps reduced in size

Leiomyomas- 70 % success was reported in cases of uterine fibroids; out of which in 50% cases the leiomyomas dissolved completely and in 10% cases there was significant reduction in the size and in another 10% cases the patients were fully relieved of their symptomatic problems. Intramural fibroids showed the highest success ratio amongst all the uterine fibroids .

In 90% of all gynaecological disorders some form of emotional disturbance was reported in the case.

**CONCLUSION**

Constitutional approach of homoeopathy proved to be highly effective in the treatment of gynecological disorders.

**KEYWORDS**

Leiomyoma, fibroadenoma, Pcos, Constitutional.

# Comparative study between didactic teaching methods and case studies of famous personalities with pathological disorders

## BACKGROUND

The homoeopathic system of education is facing varied challenges in the 21st century. This study was conducted to study and analyze the didactic subject-based teaching methods such as traditional teaching methods -power point presentations and student-centered teaching approach with the help of analysis of case studies of famous personalities with pathological disorders in the form of a problem based teaching .

## MATERIALS AND METHODS

A total of 50 students of Second year B.H.M.S of the Institute were randomly selected for this study. Data collection tools included a pre test questionnaire and a post test questionnaire .The data obtained was systematically tabulated and SPSS software was used to analyse the data .

## RESULTS

The results showed that the students extremely preferred the case study centered teaching and learning approach (75%), lecture teaching and learning method (60%). Our results further revealed that small group teaching and learning method was extremely possible for discussion (70%), clarification of doubts (78%) and interaction with teacher (82%) and peers (60%)

## CONCLUSIONS

:It may be concluded from our results that the students more preferred problem based approach, as compared to lecture method and tutorials. Problem based learning which highlighted the clinical relevance of the subject through real life situations were far more effective. Formation of innovation dynamics for the case studies was discussed

## KEY WORDS

Problem based learning, didactic learning , power point , problem based learning , traditional methods.

# Communication skills in veterinary case taking

## BACKGROUND

Communication is a process that allows us to interact with other people. Veterinary professionals need to possess good communication skills for history taking, diagnosis, and treatment. Communicative skills are hardly taught in Veterinary Colleges of India. The students are expected to learn them on their own. To address this issue, we introduced communicative skills training (CST) for Veterinary interns. Objective: Primary – To determine the effectiveness of CST in improving history taking on sensitive issues by Veterinary interns. Secondary – To improve owners of patients' satisfaction through improved communicative skills.

## MATERIALS AND METHODS

This was a randomized control study carried out on Veterinary interns at COVS Hisar in 2003 as part of my MCA Programme. The interns were randomized to either Group A or Group B. Intervention in the form of CST was given to Group A while Group B was control. The topic of CST was "How to take a Case." Assessment of participants was done by pre- and post-intervention objective structured clinical examination. For ethical reasons, Group B was also given CST by experts after completion of our study but their results were not included for analysis.

## RESULTS

Although mean scores increased in both the groups, (from 6.4 to 13.4 in the intervention group and from 6.5 to 7.5 in controls), the percent increase was much larger in the intervention group than controls (109% vs. 15%). Students gave a positive feedback to CST. Opinion of teachers was favoring CST. Among the owners of patients allotted to intervention group, 83% were satisfied.

## CONCLUSIONS

CST-improved communication skills among Veterinary interns and is acceptable to students and teachers. It also helps in helping in improving doctor-owner of patient relationship. However, its conduct is a resource-intensive exercise and requires pre-planning. There is a need for training of teachers before CST can be introduced in

the undergraduate curriculum. Training can be given by organizing workshops and developing orientation manuals. Gradual changes in policies to introduce CST will bring a welcome change in the attitude of medical graduates and improve doctor-patient relationship.

**KEYWORDS**

Communication skills, doctor-owners of patient relationship, Case taking, training, assessment.

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# The holographic nature of individual practitioners in Australia reflected in a national portrait

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## BACKGROUND

The broad objective of this research project is to understand the extent and diversity of professional homeopathic practice in Australia.

This project is the first of its kind in Australia utilising the commitment of practitioners to gain insights into the diversity of practice throughout the country. The population of homeopaths in Australia is an unknown number, even though 517 are registered with Australian Register of Homoeopaths (ARoH), a self-regulating body defining a minimum standard of practice. Registration with ARoH is the criterion for homeopaths to participate in this study. A secondary aim of the project is to increase the research skills of the community of homeopaths who may not have come through a scientific or research-based training education pathway. Issues of capacity, competency, environmental effects on the profession from the political climate are discussed in the context of the research findings.

Global attacks on Homeopathy, fuelled by claims from the National Health and Medical Research Council's second report (NHMRC 2015 Australia) claiming there is "no evidence" for Homeopathy as an effective medical treatment for any conditions. These actions have created the imperative to understand the nature of practice in Australia.

## MATERIALS AND METHODS

An observational survey of homeopathic clinical practice conducted over an eight week period is reported (Jan 28, 2019 to Mar 22, 2019). The demographics of homeopaths, and their patients, conditions treated and remedy prescriptions are recorded. This pilot study is approved through the Human Research Ethics Committee process. Informed consent is obtained by both the homeopath and the patients in their practices.

The data tool used to collect patient data, HomeoStats, is an online interface allowing homeopaths to enter specific information and data about their patients for the study : including patient's: age, gender, ethnicity, place of birth, current residence, presenting condition(s), as defined by the International Classification of Primary Care - II, as well as remedy and potency prescribed. All the patient data is de-identified at the point of collection and the homeopath's identify is also anonymous.

## **RESULTS**

Available in May 2019

## **CONCLUSIONS**

The study findings will be critical for informing the fundamental landscape of what constitutes homeopathic practice in Australia and how the Australian community uses homeopathy. The methodology is a prototype for homeopathic practice to be mapped world-wide. This method will support the international homeopathic community to integrate with the National Health Systems of individual countries to demonstrate the importance of homeopathy.

## A clinical case of Sulfur iodatum

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### BACKGROUND

One of the first cases I have personally treated, at the end of a long educational, theoretical and practical path at LUIMO centre in Naples.

### MATERIALS AND METHODS

Female patient aged 51, architect, wants to be examined for weakness and dizziness following the climacteric. "I'm optimistic, my body is healthier than me... I wasn't expecting to reach menopause in a state of depression... Menopause is a step to take into account everything we have achieved until that moment"

I collected the symptoms, congruous with a thin Sulphur constitution. In the biopathographic anamnesis, the most relevant element is iperthyroidism since the age of 26, linked to the Basedow disease.

"Iperthyrodeic is my way of being, I hated the thiamazole". She refused the proposed thyroidectomy operation for a long period, until she had to pace a radical therapy with radioiodio at the age of 41.

Consulting the Materia medica and the reportorial extraction of Sulfur iodatum' symptoms, I have observed a surprising affinity between the symptoms of the patient and those of the remedy.

### RESULTS

I then prescribed a cure 6K-MK.

After the sixth capsule there was a dramatic comeback of her past iperthyrodeic severe crisis' symptoms. From the first follow up, she reported a rapid improvement in the symptoms, starting with the mental ones.

### CONCLUSIONS

This case helps to define the essence of the remedy Sulfur iodatum, beyond his more commune and known clinical uses: i.e. rhinopharyngitis, acne, convalescence.

### KEYWORDS

Sulfur Iodatum, Climaterio, Astenia, Iperthyroidismo, Basedow.

## Un caso clinico di Sulfur iodatum

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### **INTRODUZIONE**

Uno dei primi casi trattati personalmente, al termine di un lungo percorso formativo teorico e pratico presso la LUIMO di Napoli.

### **MATERIALI E METODI**

Paziente donna di 51 anni, architetto, viene a visita per astenia e vertigini successive al climaterio. “Sono ottimista.. Il mio corpo è più sano di me.. Non mi aspettavo di arrivare depressa alla menopausa.. La menopausa deve farti accettare tutta una vita”. Raccolgo i sintomi dell’attualità, più o meno congrui con una costituzione tipo Sulfur magro.

Nell’anamnesi biopatografica l’elemento più rilevante è ipertiroidismo, dai 26 anni, correlato a morbo di Basedow. “Ipertiroidico è il mio modo di essere... Odiavo il Tapazole”. Rifiuta a lungo intervento proposto di tiroidectomia, fino a dover affrontare a 41 anni una terapia radicale con radioiodio.

Mi viene in mente di dare uno sguardo alla Materia Medica ed all’estrazione repertoriale dei sintomi di Sulfur Iodatum, riscontrando una sorprendente somiglianza tra i sintomi della paziente e quelli del rimedio.

### **RISULTATI**

Prescrivo una Cure 6K-MK. Dopo la sesta capsula drammatico ritorno dei sintomi delle sue passate crisi acute ipertiroidiche. Dal primo follow-up deciso miglioramento dei sintomi, a partire da quelli mentali.

### **CONCLUSIONI**

Questo caso definisce meglio l’essenza del rimedio Sulfur Iodatum, al di là di suoi più noti e comuni usi clinici (rinofaringite, acne, convalescenza).

### **PAROLE CHIAVE**

Sulfur Iodatum, Climaterio, Astenia, Ipertiroidismo, Basedow.

## The mystery of water: not only H<sub>2</sub>O

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The conventional view defines water as a “chemical compound described by the H<sub>2</sub>O formula”, namely a fluid following the rules of the classical physics and chemistry. In ancient times, water was revered and respected as a divinity. Achieving knowledge about its physical properties and learning to employ it, human beings have lost the perception of the “spiritual” significance of water, progressively. In the past, water was considered in different Cultures and Religions in the same way as quantum physics describes it nowadays: life substance and matrix of information. For Thales of Miletus, for instance, water was the original cause of everything. He stated that its characteristics make water suitable to explain reality: “...it is colorless, odorless and tasteless. If water has no qualities, it can assume all of them”. Moreover, in ancient China, Lu Yu, who lived during the Tang dynasty, wrote in 750 b.C. the first known monography on tea: “The Classic of Tea (Cha Jing)”. He indicated as the best water to prepare tea or remedies the “billowing water”, obtained by mechanical “activation” by stirring in a pot until drops appears on its surface. Recent theories from quantum physics, biology and medical science highlight some properties of water that could change our point of view, substantially. The systemic perspective pointing out an organized and complex behaviour of water’s molecules, suggests a strong relation with life, allow us to rejoin with ancient philosophy and support the basis of homeopathy.

### KEYWORDS

H<sub>2</sub>O, complex systems, quantum physics, ancient philosophy, homeopathy

## Il mistero dell'acqua: non solo H<sub>2</sub>O

La visione tradizionale definisce l'acqua come un "composto chimico di formula H<sub>2</sub>O", ovvero un fluido rispondente unicamente alle leggi della fisica e della chimica classiche. Nell'antichità, l'acqua era venerata nel culto, gli uomini percepivano in essa la presenza di entità divine a cui ci si doveva accostare solo con grande rispetto. Con l'acquisizione della capacità di conoscere l'acqua nelle sue proprietà fisiche e di utilizzarla tecnicamente, man mano nell'uomo si è spenta la cognizione dello spirito e dell'anima di questo elemento: si è gradualmente persa l'intuizione del suo contenuto "spirituale". In passato l'acqua fu considerata nelle diverse Culture e Religioni in maniera molto affine a quanto le moderne teorie della fisica quantistica la descrivono oggi: sostanza di vita e matrice di informazioni. Talete di Mileto, per esempio, la indicò quale principio originario di tutte le cose, asserendo che le sue caratteristiche la rendevano ideale come principio esplicativo della realtà: "...è incolore, inodore, insapore. Se l'acqua non ha caratteristiche può quindi assumerle tutte". Nell'antica Cina, ancora, alcuni studiosi tra cui Lu Yu, vissuto durante la dinastia Tang, autore nel 750 a.C. del "Libro del Tè" ("The Classic of Tea", "Cha Jing"), indicavano come la migliore per la preparazione del tè o di medicinali, la "billowing water", acqua "fluttuante", resa "attiva" meccanicamente rimescolandola in un catino fino alla formazione di gocce sulla sua superficie. Le recenti teorie che provengono dal mondo della fisica quantistica, della biologia e della medicina mettono in luce alcune sue proprietà che potrebbero cambiare considerevolmente la prospettiva con cui l'uomo, oggi, si rapporta ad essa. La prospettiva sistemica, che evidenzia un comportamento complesso e organizzato delle molecole d'acqua, suggerisce una forte relazione con le dinamiche della vita, ci ricongiunge con il pensiero degli antichi e supporta dal punto di vista epistemologico i fondamenti dell'approccio omeopatico.

### PARLE CHIAVE

H<sub>2</sub>O, complex systems, quantum physics, ancient philosophy, homeopathy

## Specifics in Hahnemannian literature

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### PURPOSE OF THE STUDY

Purpose of this paper “Specifics in Hahnemannian literature” is to investigate therapeutic relevance of specific remedies in Hahnemannian literature<sup>1</sup>. This study tries to identify, investigate, measure, prove and judge the rising popularity of specific remedies<sup>2</sup> and protocol methods<sup>3</sup> in contemporary homeopathic practice.

### MOTIVATION

1. prime motivating factor was to provide a tangible, practical proof behind these specific remedies to myself, to my fellow practitioners and to my beloved students.
2. After 22 years of homeopathic practice, 19 years of teaching and after authoring a book on organon of medicine I motivated myself to do so.
3. My experience in teaching motivated me to collect specific remedies quoted by Master Hahnemannian literature.

### PROBLEM IN STUDY

The difficult part was selecting the cases to apply specific remedies and also presenting the paper in the most convincing manner; to avoid unnecessary criticism from classical prescribers.

Methods: Study was conducted on patients visiting my personal clinic at Chennai, India between years 2008 to 2018. Cases were selected randomly on the basis of history and clinical presentation. Both acute and chronic cases were taken. Selection of the remedy, potency and repetition of doses was based on pathology or as per specific remedies in Hahnemannian literature.

### RESULTS

Result of this study is positive. In terms of clinical improvement of the patient, laboratory investigations, “Specifics in Hahnemannian literature” seemed to be practically applicable.

### CONCLUSION

“Specifics in Hahnemannian literature” are practically applicable in day to day prac-

tice. Protocol methods<sup>4</sup>, specific remedies do have their significance in contemporary homeopathic practice, especially in surgical and pathologically advanced diseases.

**KEYWORDS**

Specifics in Hahnemannian literature, protocol methods.

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# Siberian coniferous plants in homeopathy

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## BACKGROUND

The purpose of the study: to compile a list of coniferous medicinal plants in Siberia, used in homeopathy, indicating the systematic position, geographical distribution, morphological description, growing conditions, chemical composition of raw materials, application in homeopathy.

## MATERIALS AND METHODS

Expeditionary research A.N. Nekratova and other scientists on the territory of Siberia formed the basis for compiling a list of medicinal plants of Siberia. On the basis of the Diagnostic Analytical Repertory, L.V. Kosmodemyansky and other sources identified coniferous plants of Siberia, used in homeopathy.

## RESULTS

An inventory of Siberian coniferous plants has shown that 3 species that grow on the territory of Siberia are used in homeopathy: *Abies sibirica* Ledeb., *Juniperus communis* L. *Pinus sylvestris* L.

## CONCLUSIONS

As a result of the research it was established that 3 species that grow on the territory of Siberia can serve as sources of environmentally friendly raw materials for the manufacture of homeopathic medicinal preparations.

## KEYWORDS

Siberian coniferous plants, homeopathy, repertory.

# Immediate detection of homeopathic remedy effect by the heart rate variability method

## BACKGROUND

The autonomic nervous system (ANS) regulates visceral functions through the sympathetic and parasympathetic branches which act antagonistically. Heart rate variability (HRV) measurement evaluates the tone of ANS. Some of the parameters like HF (high frequency), PNN50, SDNN, RRNN show parasympathetic influence, while LF (low frequency) shows sympathetic output to the heart. Total power registers the general variability of the heart. The higher variability is indicator of better functional state of the organism. The lower values of HRV are connected with increased cardiovascular and psychiatric morbidity and mortality.

## AIM OF THE STUDY

Evaluation of the influence of homeopathic remedies over the tone of the ANS by the HRV measurement.

## METHODOLOGY

We tested 50 patients, from 7 to 65 years old. After homeopathic interview patients were lying fully relaxed in a quiet room for 5 minutes. In these conditions a basal examination was done – ECG recording for 5 minutes and analysis of HRV parameters by special software. Then patients after homeopathic interview received individually chosen remedy. Second measurement of HRV parameters was done 10 minutes after the remedy in the same position of the body. Each patient filled questionnaires about level of anxiety and depressive tendencies.

The same procedure was made with placebo group that consists of 10 person.

## RESULTS

We found that 10 min after administration of individually chosen homeopathic remedy the Total power of HRV and HF parameter were increased significantly while in placebo group they were not changed.

Psychological testing shows that one month after the intake of homeopathic remedy the patients had lower level of anxiety and stress.

## DISCUSSION

Our results show that after the administration of the individually chosen homeopathic remedy the total power of HRV is increased. The higher HRV is indicator of improved health as general. Increased HF parameter after the homeopathic remedy shows increased activity of parasympathetic nerve system, that is protective for the heart and is connected with decreased cardiovascular morbidity and mortality. Parasympathetic nerve system lowers the heart rate, decreases excitability of the heart, has antiarrhythmic, restorative and protective influence over the heart.

Increased TP and HF in our study suggest that homeopathic remedies moves the equilibrium between two part of ANS in the direction of healing and reparation process. This is desirable and protective process and shows higher adaptability of the organism after the homeopathy treatment detected as short standing effect over the HRV.

# Classical homeopathy and isotherapy in the treatment of autism

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## BACKGROUND

Over the last decades, Autism and Autism Spectrum Disorders are on the increase. We are witnessing a real epidemic and the statistical data – one child every 59 children according a report made by US CDC in 2014 – speak for themselves.

About ten years ago, I started treating autistic children. And from the very beginning, I have been wondering “Why did they fall ill?”. The answer is in their medical histories disclosing quality and amount of the aetiological factors able to cause the failure of their neurological development.

A careful homeopath must investigate all the life of the little patient in order to find what deranged the state of health. He must collect information about conception, pregnancy, parturition, breast or bottle-feeding, childhood milestones as dentition, language, walking etcetera. He must understand the miasmatic inheritance from parents and ancestors. Finally, he must look for “chemical agents” as drugs and vaccine shots taken before or during pregnancy and/or during the first years of life of the child.

The “Never Well Since” often is an intricate combination of miasmatic, emotional, traumatic and chemical factors.

In the Organon, at the §74 Hahnemann states: “Among chronic diseases...those artificially produced in allopathic treatment by the prolonged use of violent heroic medicines in large and increasing doses...” and at the §75: “These...are of all chronic diseases the most deplorable, the most incurable...”

Autism is a multifactorial disease that challenges us to have a flexible and dynamic attitude and to try different approaches. Isotherapy, also known as Isopathy, is a particular form of Homeopathy and uses remedies made from the offending substance, such as drug, vaccine or allergen.

## METHODS

After the administration of a drug or of a vaccine, new “signs and symptoms” can occur and a “new disease” is produced. The isopathic remedy, made from that drug or that vaccine, helps the Vital Force to gain balance again. The isopathic remedy acts like a nosode, eliminating the “chemical disease” waste.

Among many, I chose three cases, where I worked with Classical Homeopathy (one remedy or many remedies in succession) and with Isotherapy and Classical Homeopathy.

## RESULTS

CASE 1: B.B.Female, born in 2012, first visit: June 2016

Cesarian birth, Breast-feeding, Stopped talking after the hexavalent vaccine (first dose), went on vaccinations (MMR, Anti-Meningitis); recurrent ENT infections (cortisone, antibiotics, paracetamol. Diagnosed in 2015

The little girl was put on gluten and casein free diet and given SILICEA. Because of good and quick results parents decided to go on with the only remedy, even if Isotherapy could help in such cases. She always was given Silicea, in different potencies. She is attending the first class of the primary school without “support teacher”. According the Evaluation scale of Autism by Eric Schloper, she has a good score (>15).

### CASE 2

P.L. Male, born in 2012, first visit: February 2015

Mother with Diabetes, lots of antibiotics in pregnancy, Cesarian birth, Breast-fed, received all the vaccines, after the last one (anti-meningitis) he withdrew on himself and stopped talking. He suffered from recurrent ENT infections treated with antibiotics, paracetamol and cortisone. Diagnosed at the end of 2014.

He used some homeopathic remedies (Carcinosinum, Zincum metallicum and Natrum muriaticum) and Isotherapy of vaccines (hexavalent, MMR, anti-meningitis C). He never followed gluten and casein free diet. Now he’s attending the first class of primary school. Evaluation scale of Autism by Eric Schloper, she has a good score (>15).

### CASE 3

R.R. Male, born in 2013, first visit: January 2016

Cesarian birth, Breast-feeding, received the Hexavalent vaccine. No language at all. Recurrent ENT infections (antibiotics, cortisone, paracetamol). He was diagnosed in 2015. The child was put on gluten and casein free diet. He was never given Isotherapy, but only Classical Homeopathy because of prevalence of emotional traumas (house-removal, sister’s birth, father who works in another city). He received some homeopathic remedies: Alumina, Saccharum, Silicea. Now, a child Psychiatrist of a University in Rome stated he is “out” of Spectrum, he is healed!

## CONCLUSION

Isotherapy shows some points of strength:

- Many recognized authors- Smits, Golden, Jansen- successfully used and use it
- It enables us to have an effect on the chemical cause;
- It enables us to save time in the treatment, because we know how important is to

cure quickly and early in a child affected by a neurological disturbance.

Its point of weakness is the frequent difficulty of recognizing only one - or more- "chemical causes". Every clinical history shows an intricate combination of possible aetiological causes. However, it is advisable to know this kind of therapy and use it together with Classical Homeopathy.

The more strategies of cure we know the more benefits our patients will receive.

#### **KEY WORDS**

Autism, Classical Homeopathy, Isotherapy.

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## Omeopatia classica e isoterapia nel trattamento dell'autismo

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#### **INTRODUZIONE**

Il flagello di quest'epoca moderna è dato dalla crescita esponenziale delle malattie croniche. Il primo a distinguere tra malattie croniche e malattie acute è stato Hahnemann. Nell'Organon, al §78 Hahnemann ci ricorda che le "Malattie croniche, vere, naturali sono quelle, dovute ad un miasma cronico. Esse crescono costantemente e, nonostante il regime di vita igienico sia del corpo che della mente, non cessano di tormentare la loro vittima, con sofferenze costantemente nuove, fino alla fine della vita, se vengono lasciate a sé senza l'aiuto di rimedi specifici. Esse sono le malattie più numerose e costituiscono la sorgente di gravi sofferenze per il genere umano. Le costituzioni più robuste, le abitudini migliori, l'energia della forza vitale, per quanto grande sia, non aiutata, sono incapaci di resistere a tali malattie." Quindi, la psora, la sifilide e la sicosi, con il loro intreccio e reciproca complicazione si esprimono con le malattie croniche e le malattie croniche trovano la loro radice nei suddetti miasmi. In un altro paragrafo Hahnemann dà una definizione delle malattie croniche non naturali. Al § 74 così leggiamo: "E' doloroso dovere annoverare tra le malattie croniche affezioni assai comuni, che vanno considerate quale conseguenza di cure allopatiche... Tali cure cervelotiche indeboliscono l'organismo, e, se non l'esauriscono del tutto, lo scombuscolano gradualmente ed abnormemente in accordo con i caratteri individuali di ogni medicina. Durante queste cure esaurienti e deleterie la forza vitale è obbligata ad alterare l'intero organismo a difesa della vita." E nel §75, così conclude: "Esempi di salute rovinata da cure allopatiche sono assai comuni nei tempi moderni. Essi costituiscono le infermità croniche più pietose e più incurabili e

che probabilmente non troveranno mai rimedi per essere guarite, quando abbiano raggiunto un certo grado di gravità.”

### MATERIALI E METODI

Negli ultimi decenni, l'autismo e i disturbi dello spettro autistico sono in continua crescita e stanno assumendo i contorni di una vera e propria epidemia. Dalle anamnesi dei bambini che ricevono diagnosi di autismo emerge il mescolarsi di due piani, quello miasmatico “naturale” e la componente iatrogena. L'autismo può considerarsi come il risultato della combinazione di diatesi e fattori emozionali, da una parte, su cui poter intervenire con l'Omeopatia classica e, dall'altra, di fattori esogeni, nemici alla vita come li definirebbe Hahnemann, di natura chimico-tossica sui quali può agire, con buoni risultati, l'isoterapia. E' opinione corrente che l'isoterapia comporti l'uso della stessa sostanza che ha determinato la malattia. In realtà, il termine isoterapia non è corretto e su questo argomento al § 247 de “Le Malattie Croniche” Hahnemann dice la sua: “Fra i rimedi di cui si parlerà, non si trovano quelli cosiddetti idiopatici, i cui effetti puri non sono stati ancora sufficientemente sperimentati perché se ne possa fare un uso omeopatico. Ciò vale per lo stesso Psorinum...la sostanza non rimane idem; anche se la sostanza preparata da un tessuto o da un liquido di un malato viene somministrata al malato stesso, il rimedio sarà efficace solo se dinamizzato... la sostanza idem non ha sul paziente nessun effetto. La dinamizzazione modifica radicalmente la sostanza...con la dinamizzazione diventa una sostanza attiva...” Diluendo e dinamizzando la sostanza “chimica” responsabile del quadro clinico si ottiene, in ultima istanza, il nosode della malattia iatrogena indotta dalla sostanza chimica.

### RISULTATI

Si espongono tre casi clinici di bambini che hanno ricevuto diagnosi di autismo e che ora, per dirla in gergo, sono “usciti dallo spettro”, così come documentano le relazioni dei neuropsichiatri. Due casi sono stati affrontati con rimedi omeopatici e, nel terzo, si è fatto ricorso all'isoterapia.

Per la valutazione personale della terapia mi sono avvalsa della scala di valutazione dell'autismo infantile CARS (Childhood Autism Rating Scale)[1]

[1] E' una scala di valutazione del comportamento autistico. E' costituita da 15 “comportamenti”, a ciascuno dei quali, mediante l'intervista ai genitori e l'osservazione diretta, viene attribuito un punteggio da 1 (normalità) a 4 (marcata patologia). La somma dei vari punteggi fornisce un totale che può variare da 15 a 60. In base alle esperienze effettuate un punteggio totale superiore a 31 è indicativo di una situazione autistica. Sotto questo aspetto, la scala CARS si pone non solo come uno strumento descrittivo, ma anche diagnostico. Elaborata da Eric. Schopler e Coll

### PAROLE CHIAVE

Malattie croniche naturali; Malattie croniche iatrogene; isoterapia, autismo

# Prevention of occurrence. Homeopathic and psychological correction of children with Autism Spectrum Disorders (ASD)

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## BACKGROUND

The problem of autism spectrum disorders (ASD) occurs in 1% of the world's population, which is more than 60 million people, and the number in each country is growing steadily. The concept of ASD hides many diseases, but they all have a distorted variant of pervasive developmental disability associated with a lack of basal communication needs, primarily due to the pathology of the emotional and intellectual spheres of the psyche, in which developmental asynchrony is the leading dysontogenetic mechanism (Morozov S.A.). The important part in socialization of patients with ASD is the methods of psychological and pedagogical assistance for the patient and his family introduced to the practice. There is a huge need for adequate, mild, pathogenetic medical support of children with ASD, since drug correction is symptomatic, causes a wide range of side effects, does not solve the basic problems of psychological and physical health. In the literature there is little information about prevention of the occurrence of these disorders.

Observations in veterinary medicine directly indicate that ASD is found not only in humans, but also in animals. ASD in animals are described before the introduction of mass vaccination and are directly related to impaired behavioral sexual responses of parents. Veterinary scientists (Novosadyuk T.V., Tsvetkova V.V.) make recommendations to prevent the appearance of ASD in offspring: the exception of early and indiscriminate crosses, as well as the use of homeopathic technologies in preparation of both parents for the future offspring. There are data in the literature on the correlation between the parental age of people and the risk of autism occurrence: for example, the risk of autism for a child of an adolescent mother is 18% higher than for children whose mothers became pregnant between the ages of 20 and 30 years.

## MATERIALS AND METHODS

In order to increase the effectiveness of accompanying children with autistic manifestations and identifying preventive measures, we conducted a retrospective study of the cases of children with ASD from 2 to 10 years old observed by us and analysis of anamnestic data of their families (23 families raising children with ASD from 2 to 10 years).

## RESULTS

1. Analysis of anamnestic data of 23 families showed:

- In 100% of cases there was a change of sexual partners and early onset of sexual activity in one or both parents before the child was born
- 50% of families had alcohol abuse as a habit
- in 100% of cases a high level of hidden or manifest aggression was revealed in one of the parents with the formation of the “victim” position in the other parent.

2. The case analysis was carried out using both the repertory and the system approach. We used such drugs as *Hyoscyamus niger*, *Maiasaura lapidea*, *Lac caprinum*, *Carbo animalis*, *Oleum animale*, *Asarum europaeum*, *Zincum metallicum*, *Theobroma cacao*, *Oxycotinum*, *Pulsatilla protensis*, *Formica rufa*, *Baryta carbonica*, *Lac caninum* and so on.

2. Our experience in managing families with children of ASD showed high efficiency in improving physical and mental health in children, which led to more rapid progress in psychological and educational work, subject to the following points:

- the sooner the child begins correction, the better the results. Children under 7 years of age respond well to almost complete recovery.
- the use of highly potentiated homeopathic monopreparations, selected according to the law of similarity individually in each case
- conducting a homeopathic treatment for both the child and his parents at the same time
- carrying out individual and group psychotherapeutic work with both parents
- with an integrated approach a very deep correction of children is possible even with late treatment (after 4 years)

## CONCLUSIONS

Based on the literature and our own research we can say:

1. In order to prevent the onset of ASD, it is necessary to begin comprehensive training for both parents even before the onset of pregnancy.
2. Work should be aimed at strengthening moral principles in the family, correcting infantile positions and attitudes of the “victim-aggressor”.
3. Accompanying children with ASD should be carried out with simultaneous work with both parents in the above areas.
4. The best results for the prevention and treatment of ASD can be achieved with a combination of group and individual psychotherapy of both parents, psychological and pedagogical management of a child and homeopathic treatment with high potencies of the child and both parents.

## KEYWORDS

Autism spectrum disorders, homeopathic treatment.

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# Homoeopathy born in India travelled to Jundishpur (Bagdad) brought up at Germany finally back in India

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## BACKGROUND

On detailed study it was found that philosophical contents and materia medica contents and details of organon were found to be mimicing at many points. Specially when miasms in detail was studied ,it posted doubt which was fortified when learned that one person with 11 childern , poverty, two wives , war time alone can think of a new science without some ready referance on back ground. Minute details of his work was available but no much detail of provers ,their native, salary paid to them is available , similar drugs with similar therapeutic actions were found in many materia medica ahtored before dr hahnmanns birth, before hand. This led to think that source of homoeopathy is lies somewhere else.

## MATERIALS AND METHODS

(1)books of principal of ayurveda (2) details of migration of litererature of ayurveda reached to house of wisdom at bagdad (3) translation of medical materils brought from india, persia, greece, byzethin,iran, belonging to author characa,susruta, hippocrate ,galen, al-raziz, al-mansur, al-ibna sinha (avicena) , translated in arabian, latin, persian, germany langauges and used as authoratative medical texts in many universities at western and european countries.

## RESULTS

Directly or indirectly dr hahnmaan had laid his hand on this ready material And had impregnated his mind , inspite of much efferts his work had remaind Identical with other

## CONCLUSIONS

(1) i am of fixed opinion that if miasms and principal of Ayurveda , unani, and homoeopathy to be compared  
(2) Compare humars, dosaj , miasms, theory of suppression With that of others  
(3) Compare ayurvedic mm , cullens mm , homoeopathic mm For its contents.

(4) Hahnemann never used a word about his roll model,  
All his advocations about classification of disease  
Are found else where

(5) He has used word "humours" once by mistake, his 2  
Yaers of missing period indicates that he used that  
Period for gainig referance from translated  
Materials

(6) Drugs without medicalical material , method of  
Trituration, use of alcohol as media were prevelant in  
Ancient medical world

(7) We should search source of addition ad subtraction  
Of miasms without consulting any co-workar of  
Expert.

(8) Compare proverb" let like be treated by like" with  
" Like attracts like "and "poison treats poison ds.

Life cycle of dr. Hahnemann in (1) box  
picture (2) directional (3) tabulated (4)  
summerised

---

**BACKGROUND**

Pictorial history

**MATERIALS AND METHODS**

Reference work from a book authored by veteran and renowned organonist dr mahender sikh and dr subhas singh , 1st edition

**RESULTS**

Arranged in three compartments

**CONCLUSIONS**

In loving memory of Hahnemanns birth day and world homoeopathic day 10/4/2018.

## Case of Tourette syndrome

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A 18-year-old female patient was consulted on May 3, 2018 with Tourette's syndrome diagnosed at the age of 12, followed by allopathic (affirmative) treatment and psychotherapy. She was not under allopathic treatment at the time of the consultation. The patient presented complex motor tics consisting of the sudden movement of the head to the right and simultaneous lifting of the right shoulder, at an interval of about one minute.

After the analysis and repertorisation of the symptoms, considering physical pathology in the first place, the homeopathic simillimum remedy (Agaricus) was administered in CH30 daily potency, in water, for one month.

After a month of treatment and until present time, the tics have disappeared completely.

### **KEYWORDS**

Tourette syndrome, simillimum, Agaricus.

# Clinical evolution of cases with Zika treated with homeopathy

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## BACKGROUND

The Zika was discovered in 1947 in a forest in Uganda with that name and began to spread in early 2015 in the Brazilian Northeast, quickly becoming an epidemic throughout Latin America. The cost of the disease in Latin America and the Caribbean is estimated between 7,000 and 18,000 million dollars from 2015 to 2017, according to a report presented by the United Nations Development Program (UNDP). Overall objective: determine the capacity of homeopathy in the treatment of Zika.

## MATERIALS AND METHODS

An action research designed from August 2017 to August 2018 is designed for cases with Zika clinical manifestations and symptomatic controls of the same disease, with random case entry.

## RESULTS

We treated 26 cases where the age of 41 to 60 years, the white color of the skin and the female sex predominate. Of the 96 initial symptoms collected, at 24 hours 66 had completely disappeared for 68.75% and with an overall improvement greater than 50% 24 symptoms for 25%, at 48 hours had disappeared 89 initial symptoms representing 92.7 %, Belladonna 6ch, Ledum and Gelsemium 200ch were the most indicated according to the individualization of each case

## CONCLUSIONS

Homeopathy as a therapeutic strategy can shorten the time of evolution of this disease; no complications of the disease or treatment are reported.

## KEYWORDS

Zika, Homeopathy, Epidemics, Primary Health Care

## A comparative study of brain cancer

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### BACKGROUND

The cancer burden in India is already high (approximately 1 million new cases in 2012) and is expected to rise even more with increasing life expectancy and changes in lifestyles associated with economic development. There are more than 100 types of cancers; almost any part of the body can be affected.

The five most frequent cancers (ranking defined by total number of cases) in India in men and women are breast, cervical, oral cavity, lung and colorectal. Cancer is the second most common cause of death in India (after cardiovascular disease). Use of tobacco products (e.g. smoking cigarettes) are the single most preventable cause of death worldwide. More women in India die from cervical cancer than in any other country. Breast cancer is the most common cancer in women in India and accounts for about a quarter of all cancers in women in Indian cities. The average age for breast cancer in India is almost a decade lower than that in the West. Cancers of major public health relevance such as breast, oral, cervical, gastric, lung and colorectal cancer can be cured if detected early and treated adequately.

Here I represent a comparative study of 3 cases of Brain Cancer

### MATERIALS & METHODS

CASE NO: 1

AGE: 47 YEARS

SEX: FEMALE

OCCUPATION: HOUSEWIFE

FAMILY HISTORY OF THE PATIENT: Father died of Obstructive Jaundice, Maternal grandfather has history of Bronchitis, and Paternal Uncle has history of Bronchitis.

PAST HISTORY OF THE PATIENT: Hydatid Mole Operation, Molar Pregnancy, Renal Stone, Total Hysterectomy.

IMPRESSION OF BIOPSY REPORT: Whole body PET CT scan report Dt. 10.06.2017:

BRAIN: Multiple Hypodense space occupying lesions are seen in left cerebral cortex-left frontal and left parietal-occipital region, with focal edema and abnormal FDG, Largest measures 2.52 cm X 2.35, SUV max -7.29.

Abdomen and pelvis: Liver is enlarged. No FDG avid space occupying lesion is seen in Liver.

New small simple hepatic cysts are seen in left part of Liver. Largest one in segment III...

Impression: Whole body PET-CT findings are suggestive of –

1. Multiple hyper dense SOL in left cerebral cortex of brain with peri-focal edema and abnormal metabolic activity – likely metastatic.
2. Diffuse increased activity in spleen – Reactive.
3. No Further metabolic active abnormal focus in rest of the body

NAME OF THE MEDICINES USED

- NATRUM MUR,
- CAL CARB,
- KALI PHOS 6X,
- ARS ALB.

YEARS/ LIVE: Still Alive, suffering from 2015

DURATION OF LIFE / PAINLESS: 4 years.

CASE NO: 2

AGE: 46 YEARS

SEX: FEMALE

OCCUPATION: HOUSEWIFE

FAMILY HISTORY OF THE PATIENT: Paternal Uncle Bone Tuberculosis,

PAST HISTORY OF THE PATIENT: Past History of Typhoid, Jaundice, Measles.

IMPRESSION OF BIOPSY REPORT: Date 15.11.2016 MRI - Brain ( P+C)

Above lesion measures about 48 mm in AP, 34 mm in lateral & 33 mm in craniocaudal dimension. Pressure effect seen on adjacent organ.

Impression: A heterogeneous enhancing external lesion seen involving left temporal region and adjacent perysylvian portion with edema around it. Features suggestive of Meningioma.

NAME OF THE MEDICINES USED

- PLUMBUM MET
- THUJA OC
- KALI PHOS
- CAL CARB
- NUX VOM

YEARS/ LIVE

Still Alive Since last February 2016

DURATION OF LIFE / PAINLESS: 3 years.

CASE NO: 3

AGE: 26 YEARS

SEX: MALE

OCCUPATION: SERVICE

FAMILY HISTORY OF THE PATIENT: Father died of eczema, Spodylosis, Grandfa-

ther died of Ca Cheek, and maternal Grandfather died of Bronchial Spasm.

PAST HISTORY OF THE PATIENT: Jaundice and Ch.pox

IMPRESSION OF BIOPSY REPORT: CT scan of Brain 7.09.2016: Impression: prominent calcific focus noted at anterior falx. Otherwise, no obvious abnormality visualized in brain. MRI suggested for further evaluation. MRI Scan of Brain (Plain) date 10.04.2017, Clinical profile : Impression: MRI scan of brain features reveals: No Obvious abnormality.

NAME OF THE MEDICINES USED

- NUX VOMICA
- THUJA OCCIDENTALIS
- CAL CARB
- LYCOPodium C.
- GELSIMIUM 200

YEARS/ LIVE: Steady, Normal daily life since 2016

DURATION OF LIFE / PAINLESS: 3 year.

## RESULT

With the cases provided above it can be stated that Homeopathic medicine can be a very effective mode of treatment in the Brain Cancer segment. I have provided a case study of 3 cases of my experience. The size of the tumors has reduced to a great extent with the medicines prescribed and the patient is leading an almost normal lifestyle and also free from any kind of pain.

## CONCLUSION

With reference to the above cases we can state that Homeopathic medicines can be an alternative therapy to any kind of cancers known to the medical world. The size of the tumors can be decreased and the metastatic area of the occupying lesion can be restricted. The patients can also lead a normal and healthy lifestyle and can be rehabilitated. In developing countries Homeopathic medicines can be used for these type of fatal diseases at a very low economic prices.

## Integrated approach PNEI-Homeopathy in the therapy of tumors

### BACKGROUND

The recent developments in Psychoneuroendocrinoimmunology show that the progression of Cancer disease is associated to a progressive deficiency of those hormones and cytokines involved in the mechanisms responsible of the natural immunobiological anticancer resistance and in particular IL 2 and IL 12, for what cytokines concern, the hormones of the pineal gland of indolic nature of which melatonin (MLT) is the best known; until the molecular irreversible defect that cannot be corrected without exogenous replacement administration.

Purpose of an integrated therapeutic approach PNEI-Homeopathy is therefore to restore the natural anticancer immunity resistance that characterizes the state of health, otherwise defecting even in cancer progression itself depends, applying in psychoneuroendocrineimmunity therapy integrated schemes including MLT, in the case of irreversible molecular defect as in the disseminated metastatic tumors, associated with a Homeopathic treatment, with either symptomatic therapy and constitutional remedy, as far as it is possible.

In the case in which it is still present an effective immune reaction of the patient, as in not metastatic tumors (after surgical removal of the tumor), the therapeutic protocol should include a constitutional homeopathic treatment, and/or the patient ground remedy, to be chosen following the classical homeopathic rules of Hahnemann with the best PNEI integration.

It has been demonstrated that the immunosuppression in the oncologic patient depends, at least in the initial states of disease, on an altered psychoneuroendocrine control of the immune system inhibited by brain opioid system (hyperactive in case of stress) immunostimulated by brain cannabinoid system and by pineal gland who are instead active in the perception of pleasure and in the spiritual expansion of consciousness. Therefore it may be considered that mystic spiritual experience and sexual pleasure are immunostimulatory and improve the natural anticancer resistance.

## **MATERIALS AND METHODS**

Therefore the importance of the homeopathic action that should be oriented to produce, in oncologic patient, increasing pleasure perception in order to immunostimulate endocannabinoid brain system and so decrease inflammation, through appropriate remedies.

It has been hard to translate Homeopathy effects into laboratory parameters of objective evaluation.

PNEI most recent scientific studies proved that anti-cancer immunity is the result of two actions opposed one to the other: an antitumoral immunity mediated by Lymphocytes, and an immunosuppressive action mediated by macrophagic/monocytes system through the induction of a chronic inflammatory response, the simple yet not less important Lymphocytes/ Monocyte ratio (LMR) with normal value greater than 2 and lymphocytes over 1500/mm<sup>3</sup> synthesizes already the immune state of the patient.

In case of an improvement of the LMR by a homeopathic approach turned to control the inflammatory chronic response, we have an objective data that can be documented even in absence of evident clinical changes, a likely improvement in relation to prognosis, survival and quality of life.

## **RESULTS**

To date the only PNEI approach applied to patients with solid metastatic cancer judged no longer treatable by academic oncology and susceptible only to a palliative therapy and with a good life expectancy, allowed to achieve a survival to 5 years in 10% that grew to an 30% in presence of a normalization of the LMR during therapy and even to 60% in presence of an objective cancer regression, event that has been observed in approximately 12% of patients.

## **CONCLUSIONS**

Further studies combining an integrative approach PNEI /Homeopathy could improve this data..

The purpose of this work is to propose an integrated therapy as diagnostic/therapeutic protocol to verify on the practical experience on evidence based medicine.

## **KEYWORDS**

PNEI-Homeopathy, Solid Tumors, Integration, Ratio Lymphocytes/Monocytes, Melatonin, homeopathic remedy

## Approccio integrato PNEI-Omeopatia nella terapia dei tumori

### INTRODUZIONE

I recenti sviluppi nel campo della Psiconeuroendocrinoimmunologia hanno dimostrato che la progressione della malattia CANCRO si associa ad un progressivo difetto di quegli ormoni e di quelle citochine coinvolti nei meccanismi responsabili della naturale resistenza immunobiologica antitumorale, ed in particolare:

IL2 ed IL12, per quanto riguarda le citochine;

gli ormoni della ghiandola pineale di natura indolica, di cui la più nota è la melatonina (MLT);

beta-carbolina;

fino al difetto molecolare irreversibile che non può essere corretto con nessun altro approccio terapeutico che non sia quello della somministrazione esogena sostitutiva. Scopo di un approccio terapeutico integrato PNEI-Omeopatia è pertanto quello di ristabilire la naturale resistenza immunitaria antitumorale che caratterizza lo stato di salute, dal cui difetto dipende la stessa progressione neoplastica, ricorrendo ad una terapia sostitutiva neuro immunitaria con schemi comprendenti la MLT, nel caso di difetto molecolare irreversibile come avviene nelle neoplasie metastatiche disseminate, associato ad un trattamento omeopatico sintomatico.

Nel caso in cui sia ancora presente una efficace reattività immunitaria del paziente, come avviene nelle neoplasie non metastatiche dopo rimozione chirurgica della neoplasia, il protocollo terapeutico prevede il trattamento omeopatico costituzionale o “di fondo” del paziente, scelto secondo i canoni della medicina omeopatica classica hahnemanniana e l'integrazione PNEI ritenuta più opportuna.

E' stato inoltre dimostrato che l'immunodepressione del paziente oncologico dipende a sua volta, quanto meno negli stati iniziali di malattia, da un alterato controllo psiconeuroendocrino del sistema immunitario inibito dal sistema oppioide cerebrale iperattivo nello stress, e stimolato dal sistema cerebrale cannabinoide e dalla ghiandola pineale che sono invece attivi nella percezione del piacere e nella espansione spirituale della coscienza. Pertanto sia la mistica spirituale che il piacere sessuale immunostimolano potenziando la naturale resistenza anti-cancro.

### MATERIALI E METODI

Da qui l'importanza dell'azione omeopatica che deve essere rivolta a reindurre, nel paziente con tumore, la percezione del piacere come Bene in quanto apertura alla vita attraverso i rimedi appropriati.

E' noto che il principale problema dell'Omeopatia è quello di tradurre i suoi effetti in parametri di laboratorio valutabili oggettivamente.

Ora, avendo le recenti ricerche PNEI dimostrato che l'immunità anti-cancro è il risultato di due azioni contrapposte fra loro, una immunitaria anti tumorale mediata dai linfociti, ed una immunosoppressiva mediata dal sistema magrofagico-monocitario attraverso l'induzione di una risposta infiammatoria cronica, il semplice rapporto LINFOCITI/MONOCITI ( LMR: lymphocitetc-monocyte ratio) con valori normali superiori a 2 e linfociti oltre 1500/mm<sup>3</sup> sintetizza già in sé lo stato immunitario del paziente.

In presenza quindi di un miglioramento del LMR mediante un approccio omeopatico volto a controllare la risposta infiammatoria cronica, abbiamo un dato oggettivo che possa documentare anche in assenza di cambiamenti clinici evidenti, un miglioramento verosimile in relazione a prognosi, sopravvivenza e qualità della vita.

### **RISULTATI**

Ad oggi il solo approccio PNEI ,applicato a pazienti con neoplasia solida metastatica giudicati non più curabile dalla oncologia accademica e suscettibili, come tali, della sola terapia palliativa e con una data aspettativa di vita, ha consentito di far conseguire una sopravvivenza a 5 anni attorno al 10%, che sale ad un 30% in presenza di una normalizzazione del LMR durante la cura e addirittura ad un 60% in presenza di una regressione tumorale obiettiva, evento questo osservato in circa il 12% dei pazienti.

### **CONCLUSIONI**

E' verosimile che un approccio integrato PNEI/Omeopatia non possa che migliorare tali dati. Scopo di questo lavoro è proprio quello di proporre questa integrazione terapeutica come protocollo diagnostico terapeutico da verificare nella esperienza pratica della medicina basata sulla evidenza.

### **PAROLE CHIAVE**

PNEI-Omeopatia, Tumori solidi, Integrazione, Rapporto linfociti/monociti, Melatonina

# Phenomeological approach to homeopathic case-taking and clean language method

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## BACKGROUND

Phenomenology, epistemology and psychology have immensely evolved during last century and can give great support to homeopathy as we try to gain a deeper understanding of how diseases express themselves through physical and mental and emotional symptoms, linguistic patterns that describe our experience and perceptual world. Modern approaches in homeopathy stress the importance of studying the experience of the patient as well as collecting the totality of symptoms and finding characteristic symptoms to prescribe medicine successfully. The way we understand other person's experience is through the language. Our language expresses who we are and allows listeners to see in our perceptual world. Our perceptual world is highly dependent upon the senses that a particular organism possesses, although it is also affected by the internal working of a human's organism at any given time. This study aims to adapt tools offered by psychology, phenomenology and epistemology into homeopathic case-taking to capture the totality of human experience to avoid limitations of mechanical collection of symptoms. Broadening our tools will allow to record precise language patterns corresponding to individual remedies and enrich our homeopathic Materia Medica, and will lead to more successful prescribing.

## MATERIALS AND METHODS

Exploring the experience of participants is known as a phenomenological approach. The experience is coded in language as well as in body expressions - physical symptoms, gestures, posture, movements, etc. It is important to have tools to facilitate a person's description of his/her experience from their point of view. We have adapted the Clean Language technique developed by David Grove as a communication methodology to explore the exact experience of patients. It allows the patient to stay with a sensory description of the experience to convey their own meaning, free of emotional or other distracting interpretations, such as the bias and prejudice of others. The developed method rooted in epistemology and phenomenology allows to respect "ecology" of the patient while staying with and exploring the patient's perception of reality, and understanding how it is coded in language, body expressions, and disease patterns. Method was adapted to homeopathic case-taking logic and principles, ap-

probated and effectiveness of the prescriptions was evaluated. Based on that evaluation the algorithm of the questionnaire was constructed, which now can be learned and implemented successfully by other homeopaths.

### **RESULTS**

Implementing Clean Language technique enhances successful prescription of homeopathic remedies. Understanding the exact experience of the patient which leads to narrowing down the number of remedies to prescribe and better results of the treatment. Clean Language shows its effectiveness during acute prescribing as well as for chronic pathology, especially when symptoms are general and it is hard to find characteristic symptoms using general homeopathic protocols.

### **CONCLUSIONS**

The implementation of Clean Language shows that developments in related disciplines can enrich instrumental repertory homeopaths can use to collect information to prescribe the most similar remedy to elevate the symptoms of the disease.

### **KEYWORDS**

phenomenology, epistemology, clean language, case-taking.

# Methodology approach of homeopathy in oncologic patients

## BACKGROUND

Homeopathy for oncology patients in western world is a challenging situation that oversees health care professionals and patients. Besides sufficient reported evidence, there are threats in the daily care of patients that makes difficult any clinical approach that does not consider conventional oncology treatments. We propose a method that includes all available options and reserves to homeopathy its holistic role in the treatment of the patient as a whole.

## MATERIALS AND METHODS

We describe our clinical approach that includes three lines of diagnosis and treatment of the patient. We include different subsets of processes, programs and treatments as follows:

- Homeopathy: Case taken, Repertory, Spinedi approach, Kingdoms, Periodic table, Follow-up controls
- Complementary support: Nutrition, Supplements, Immune regulation, Tumor Ablation, Hyperthermia, IV treatments
- Conventional approach: Clinical and pathology diagnosis, Oncology treatment, Response evaluation, Tumor Boards, Clinical Trials, Follow-up controls

The main objectives are cure of disease or at least improvement of survival better than historic controls, and side effects reduction from toxic treatments. We measure our results with the following endpoints:

- response to treatment,
- percentage and grade of improvement of toxic side effects
- survival.

## RESULTS

From 2017 we have treated and evaluated 35 patients following this methodology. Figure 1 shows flow diagram structured. Interactions between the 3 lines of treatment are common. Overall percentage of side effects reduction is 82%. All patients were included in at least 2 lines of treatments, 15% of patients did not follow any conventional approach. None of our patients followed a single line of treatment, homeopa-

thy included. We describe three cases under the Home Care Case approach with each objective achieved.

### CONCLUSION

Interactions between different approaches of cancer treatment are a reality in western world.

Homeopathy as the holistic approach for treatment of the patient as a whole is feasible and successful.

Complementary approaches and consideration of conventional treatments should be integrated in our daily practice.

### KEYWORDS

Oncology, Classic Homeopathy, Cancer, Side effects.

## Comprehensive Approach

HOMEOPATHY	COMPLEMENTARY SUPPORT	CONVENTIONAL APPROACH
<ul style="list-style-type: none"><li>• Case taken</li><li>• Repertory: the classics</li><li>• Grimmer, Compton Burnett</li><li>• Spinedi, Frass</li><li>• Kingdoms approach</li><li>• Periodic Table</li><li>• Follow-up controls</li></ul>	<ul style="list-style-type: none"><li>• Metabolic approach: Keto, Fasting &amp; Supplements</li><li>• Immune Regulation</li><li>• Tumor Ablation</li><li>• Hyperthermia</li><li>• IV Treatments</li></ul>	<ul style="list-style-type: none"><li>• Clinical &amp; Pathology Diagnosis</li><li>• Oncology Treatment</li><li>• Response evaluation (volume)</li><li>• Tumor Boards</li><li>• Clinical Trials</li><li>• Follow-up controls</li></ul>

# New, old and abandoned remedies in homoeopathic pharmacology. The forgotten art of prescribing Bacillinum testium

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## BACKGROUND

Nosodes are homoeopathic medicinal preparations sourced from biological materials viz. diseased tissues, diseased products of human or animal origin, cultures or clinical samples of microorganisms or pathogens or parasites, products derived from the decomposition of animal organs, cultured micro-organisms or body fluids containing pathogens or pathological agents.

It is interesting to note that Psorin or Psorinum (a nosode from the contents in scabies vesicle) was the very first one to be sourced from infected material, and was prepared and proved by Constantine Hering in 1830. Some of Hahnemann's own observations on this nosode were published later on in Stapf's archives. Most of the well-known nosodes have been prepared prior to 1901.

One such nosode is Bacillinum testium, which, the materia medica informs is sourced from the tuberculous testicle. The little information available on this nosode, ascribes its introduction in the materia medica by James Compton Burnett. The remedy was further highlighted by John Henry Clarke in his Dictionary on Materia Medica.

Over the last few years, the availability of the remedy in homoeopathic pharmacies is scarce. The purpose of this paper is to highlight a series of clinical experiences with the remedy. The clinical recovery documented in the cases is also substantiated with simultaneous improvement in quality of life (QOL) that was assessed using ORIDL (Outcome in Relation to Impact on Daily Living).

## MATERIALS AND METHODS

The records of patients who consulted between September 1999 and December 2018 at the primary health centers, and received Bacillinum testium during their treatment, and followed up at least for 3 months, were evaluated retrospectively. They received the remedy after thorough case recording as per the guidelines of homoeopathic philosophy.

## RESULTS

The records of ten patients, in the age-group of 19 - 73 years, which included three males and seven females, were evaluated. Four of these received the remedy as a

first and only remedy. In the others, it was prescribed as a second prescription or was followed by another remedy. 90% of the cases demonstrated substantive clinical recovery which was corroborated by the improved ORIDL scores. The remedy was useful in various clinical conditions viz. secondary infertility, poly cystic ovarian syndrome, chronic kidney disease, erectile dysfunction, urethral stricture etc. The case series also highlights the possibility of polysymptomatic and polysyndromic coverage capacity of a single homoeopathic remedy. In the study group, one patient, failed to respond to any of the prescribed homoeopathic remedy, including Bacillinum testium, and dropped out of treatment.

### **CONCLUSIONS**

The short case series out of my clinical practice, as a primary health care provider, suggests 90% efficacy in the study group, with improvement in clinical conditions substantiated with simultaneous improvement in QOL, depicted in ORIDL scores. The results presented in this study suggest potentised Bacillinum testium as a valuable addition to our materia medica after it has been proved according to homoeopathic guidelines.

### **KEYWORDS**

Nosodes, homoeopathy, Bacillinum testium.

# Glutathione: a new remedy on the horizon and some empirical clinical experiences

## BACKGROUND

In homeopathy Sarcodes are those groups of remedies that are prepared from healthy animal tissues or their secretions. Sarcodes possibly transmit biological information of the source structure, secretion or molecules, thereby stimulating natural healing of the being. Glutathione is a small amino acid containing peptide produced naturally by the liver and is involved in many processes in the body, including tissue building and repair, making chemicals and proteins needed in the body, and for the immune system. It is found in fruits, vegetables, and meats. Modern healthcare providers prescribe glutathione to prevent the side effects of chemotherapy. The homeopathic materia medica lacks proper proving records on the potentized substance thereby making its use empirical.

## MATERIALS AND METHODS

About 7 years back, I came across LM potencies of 'Glutathione' and added them to my personal pharmacy. And it has been prescribed 'empirically' in four patients ever since, and the results monitored over weeks/ months/ or years of follow up, not only with clinical recovery in their diseased conditions but also marked improvement in quality of life (QOL) that was assessed using ORIDL (Outcome in Relation to Impact on Daily Living).

## RESULTS

The results of treatment with ascending LM potencies are summarized under:  
Case no 1 – A man in his early twenties suffered with typhoid fever for which he took a course of antibiotics in mid-July 2012. Soon after his recovery he suffered with jaundice (bilirubin-total 4.7 mg%), as a side-effect of antibiotics. On (homeopathic) clinical evaluation, the case totality failed to point towards any indicated remedy and he received Glutathione LM1. A few doses of the remedy rapidly relieved the weakness and nausea and his liver enzymes- SGOT, SGPT/ Bilirubin levels returned to normalcy within following 7 days.  
Case no 2 – A 26-year-old man consulted for the first time on 1st October 2015 for persistent left ureteric colic and urolithiasis. Since 3rd week of August earlier that

year, he had consulted numerous allopathic and homoeopathic physicians and the prescribed medications had failed to provide any relief. His previous Ultrasonography KUB (Kidney, Ureter, Bladder) dated 29-Sept-15 revealed 4.1mm calculus right upper calyx; 7.7mm calculus left upper ureter under PUJ (pelvic ureteric junction), dilated left ureter. Under the ascending LM potencies of Glutathione, the pain subsided by the end of 2nd day. He voided the left ureteric calculus within two weeks of the remedy. His repeated Ultrasonography KUB on 17-Oct-15 revealed 4mm calculus right lower pole. He continued to be symptom free and his repeat ultrasonography dated 24-Nov-15 was Normal. Another 4 months of placebo later, his repeat ultrasonography was still normal.

Case no 3 – A 23-year-old female of average height and built consulted first time on 17th Dec 2013 for seborrheic dermatitis and pilonidal. Besides this she complained of poor physical stamina and episodes of intense weakness. Under the ascending LM potencies of Glutathione her energy levels improved, seborrhea capitis cleared and her pilonidal sinus healed. She was followed up for nearly 3 years without any relapse of complaints.

Case no 4 – A tall slim dark-complexioned man in his late twenties consulted for focal vitiligo lesions on face in April 2013. Under the effect of ascending LM potencies of Glutathione, re-pigmentation was observed in all the facial lesions by the end of 3 months. He took regular medication for 9 months and his face regained normal colour.

## CONCLUSIONS

The results of potentised Glutathione in ascending LM potencies in all of the mentioned cases may be considered merely instructive of therapeutic potential of the remedy, yet un-proved. However, remedial action of the potentized substance was recorded in various clinical conditions: relief the weakness and nausea and normalizing of SGPT/ SGOT/ Bilirubin levels within seven days of medication (in case 1), relief in ureteric colic and voiding of kidney and ureteric calculus (in case 2), healing of pilonidal sinus and seborrhea capitis (in case 3) and re-pigmentation in focal vitiligo lesions (in case 4), The clinical response was accompanied by improved QOL that was corroborated with ORIDL. The remedy may prove to be a valuable addition to our materia medica after it has been proved according to homoeopathic guidelines. It is important to mention that this remedy has so far been prescribed in four cases only after consulting for over a ninety thousand cases over last seven years. It would therefore be advisable to prove the remedy according to the classical guidelines before attempting clinical application.



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