

# THE HOMOEOPATHIC PHYSICIAN

LMHI Publication devoted to  
Hahnemannian Medicine

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*Photo: Congress of the Liga Medicorum Homoeopathica Internationalis held in Geneva, Switzerland, in 1931*

**CONGRÈS DE LA «LIGA HOMŒOPATHICA INTERNATIONALIS»**



**SÉANCE INAUGURALE DU CONGRÈS TENU À GENÈVE DU 2 AU 5 AOÛT 1931**

De gauche à droite: Dra. Nelson de Vasconcellos (Rio Janeiro); Buczynski (Varsovie); Hernández (Madrid); Jaccard (Genève); Vinyals, Secrétaire (Barcelona); Tuinsing (Rotterdam); Président, Dr. Pierre Schmidt (Genève); Noailles (Paris); Fergie Woods, Secrétaire (London); Granville Hey (London); Van den Berghe (Gand); Duprat (Genève); Bonino (Torino); Le Tallier (Paris).

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## THE HOMOEOPATHIC PHYSICIAN



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# INDEX

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## THE HOMOEOPATHIC PHYSICIAN

- Editor's Note, Dr. Andrea Flores Sánchez pg. 4
- President of LMHI's Message, Dr. Altunay Agaoglu pg. 5
- The Centenary of the Foundation of the LMHI, Dr. Renzo Galassi pg. 6
- A Clinical Case of Sycotic Miasma, Dr. Pietro Gulia pg. 9
- Hahnemannian Homeopathic Experimentation in Clinical Practice –  
Proteus vulgaris: Proving and Clinical Cases, Dr. Gustavo Dominici pg. 14
- LMHI Centenary, A Double Interview: Pierre Schmidt and Carlo Cenerelli,  
Dr. Camilla Galassi et. al pg. 16
- The Use of Homeopathy in a Politraumatized Dog: A Case Report,  
Dr. Vet. Leticia Gaspary Bertoncello pg. 25
- Quiz corner vol. 6 issue 1 ... for our young colleagues, Dr. Pietro Gulia pg. 35
- Solutions of the Quiz corner vol. 5, issue. 2, Dr. Pietro Gulia pg. 40
- Invitation to the LMHI Centennial World Congress of Homeopathy 2025 in Utrecht,  
Netherlands pg. 47
- Book review: Lessons in Pure Homeopathy by Andre Saine, ND,  
Dr. Lisa Amerine ND pg. 48
- Guidelines for Authors The Homoeopathic Physician (pg. ) pg. 49

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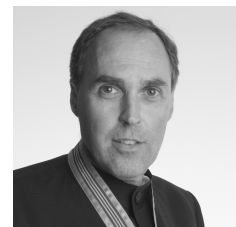
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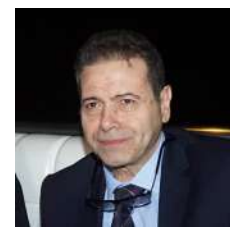
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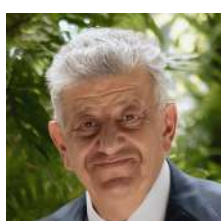
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# Editor's Note

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*Dear LMHI members,*

We are just a few weeks away from celebrating the 100th anniversary of the founding of the Liga Medicorum Homoeopathica Internationalis (LMHI) in Utrecht, Netherlands. I am delighted to witness up close the centennial of the most important organization for the global homeopathic community. Thanks to the efforts of its founders and the dedication of all active members throughout these hundred years, the LMHI continues to develop and securing homeopathy worldwide, creating a link among licensed homeopaths in medicine, veterinary medicine, dentistry, and pharmacy, as well as societies and individuals interested in homeopathy.

I feel deeply honored to have served as Secretary of Publications for the past three years, and I sincerely hope that the work I have done, together with our great working group, has helped many homeopaths deepen their knowledge through the articles published in this journal. I have also witnessed the continuous efforts of President Altunay Agaoglu and the committees in strengthening the organization and fostering unity among members and all affiliated institutions and associations. I hope that this effort will persist for another hundred years.

In this issue of The Homoeopathic Physician, you will find a historical article by Dr. Renzo Galassi, President of Honor, on the centennial of the LMHI's foundation, in which he recalls the founders and the early formation of the Liga. Dr. Pietro Gulia presents a well-documented clinical case of the sycotic miasm, demonstrating how homeopathic treatment can eradicate or reduce the patient's miasmatic state. You will also find the proving

of *Proteus vulgaris*, coordinated by Dr. Gustavo Dominici at the Homeopathic School of Verona, Italy. Additionally, Italian homeopathic physicians have conducted an interesting interview with Dr. Carlo Cenerelli, a disciple of Dr. Pierre Schmidt, one of the LMHI's founders, in honor of the League's centennial.

In the field of veterinary homeopathy, Dr. Leticia Gaspary, D.V.M., presents a case of a polytraumatized dog successfully treated with *Phosphorus*. You will also find the Quiz Corner by Dr. Pietro Gulia, along with the solutions to the previous issue's quiz. Finally, this edition includes a review by Dr. Lisa Amerine, N.D., of André Saine's book *Lessons in Pure Homeopathy*, which compiles the writings of Adolphe Lippe and serves as a guide and example for homeopathic practitioners.

*We look forward to welcoming you all with open arms to celebrate the LMHI's 100th anniversary in Utrecht from May 14 to 17, 2025. Congratulations on these one hundred years of the LMHI!*

With gratitude and best wishes,

Dr. Andrea Flores Sánchez  
Secretary of Publications of the LMHI

# President's Message

## *A Historic Milestone for LMHI and Homeopathy*

Dear Colleagues,

As I write this, my final editorial for The Homeopathic Physician as President of LMHI, I am filled with deep gratitude and reflection. It has been a privilege to walk this journey with all of you—to share ideas, challenges, and triumphs as we work together for the advancement of homeopathy worldwide. I extend my heartfelt thanks to the entire editorial board and especially to our dedicated Secretary of Publication, Dr. Andrea, whose tireless efforts have ensured that this journal remains a beacon of knowledge and inspiration. I also extend my appreciation to all the authors who have contributed their valuable research and insights, enriching our field with their dedication and expertise. I have no doubt that this journal will continue to thrive, fostering important discussions and shaping the future of homeopathy.

This year, we stand at a defining moment in LMHI's history. In 2025, our organization will celebrate its **100th anniversary**—a milestone that marks a century of dedication, perseverance, and global collaboration. Founded in Rotterdam on **September 10, 1925**, LMHI was born from the vision of homeopaths who recognized the need for an international organization to promote, defend, and unify the practice of homeopathy. Over the past 200 years, homeopathy has spread across the world, touching countless lives and proving its effectiveness time and time again. This is a testament to the strength and passion of our community—dedicated practitioners, researchers, teachers, and patients who believe in the power of homeopathy and work tirelessly to ensure its future.

The **78th LMHI World Congress in Utrecht, Netherlands, in May 2025** will be the pinnacle of our centennial celebrations. This is not just another congress—it is a once-in-a-lifetime event, a historic gathering where we will honor our rich legacy while shaping the future of homeopathy. Whether you are an LMHI member or not, whether you have attended previous congresses or this

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is your first—**this is the congress you cannot afford to miss**. It will be a celebration of our achievements, a space for meaningful discussions, and a platform to build new collaborations that will carry homeopathy and LMHI forward into the next century. Let us come together in unity and strength to inspire, learn, and share in this extraordinary moment in history.

*Before we meet in Utrecht, I am pleased to invite you to another very special occasion: the World Hahnemann Day Celebration on April 10th in Paris.*

Our French National Vice President has organized a wonderful event to pay tribute to the father of homeopathy, Dr. Samuel Hahnemann, in the city where he spent his final years. This gathering will be a beautiful opportunity to come together in reverence of Hahnemann's legacy and in celebration of the profound impact his teachings have had on medicine and healing. I warmly encourage you to attend and be part of this meaningful moment in the heart of Paris.

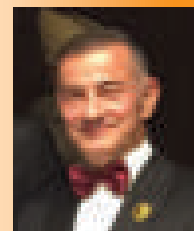
As my time as LMHI President coming to an end, I want to express my deepest gratitude to each of you for your support, your passion, and your commitment to homeopathy and LMHI. It has been an honor to serve this organization, to witness its growth, and to walk alongside so many brilliant minds and compassionate hearts. The past century has laid a strong foundation, but the next century will be shaped by us—by our vision, our determination, our excellency and our unwavering belief in the power of homeopathy. The future is bright, and together, we will ensure that homeopathy and LMHI continues to thrive for generations to come.

I look forward to seeing you all in Paris and in Utrecht, where we will celebrate this historic milestone together.

With warmest regards and deepest gratitude,  
Dr. Altunay Agaoglu

# The Centenary of the Foundation of the LMHI

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In 2025 the Homoeopathic World will celebrate the centenary of the foundation of the unique, oldest and most representative Association of homeopathic doctors and associations, the LMHI. The ceremony will take place in Utrecht, the Netherlands, during the LMHI congress in May, 14-17. This short article want to be a memory of those pioneers who, one century ago, decided to meet and found our beloved LMHI.

Looking back to the Homeopathic History we realize that since the beginning there was an exchange of experiences and information among Homeopathic Physicians.

The first meeting that can be considered the first Homoeopathic Congress was the **Jubilee Meeting** held in **1829**, in Leipzig, Germany, for the fiftieth anniversary of Hahnemann's medical degree.

Thanks to the **American Institute of Homeopathy founded in 1844** Homeopathy had the first World Homeopathic Convention in Philadelphia in 1876. thanks to the efforts of **Dr. Carrol Dunham**.

Colleagues from every part of the world joined for this first mega-event in the history of Homeopathy.

One of the fruits of this congress was the creation of an international body, the **International Homeopathic Council**, that organized meetings every 5 years.

During the congresses of the International Homeopathic Council held in Florence, Italy, 1923 (see the following photo)



and in Barcelona, Spain from September 2 to 5, 1924(see the following photo),



under the presidency of Dr Michel BALARI COSTA (1871-1933) (see the following photo)



and organizer Dr. Augusto Vinyals Ruig, (see the following photo)



the decision was made to found, the next year, the Liga Medicorum Homoeopathica Internationalis, the world association of the Homeopathic Doctors.

That next year the LMHI was founded in Rotterdam, the Netherlands, 10th of September of 1925.

The aims of the Liga were and are:

- 1) The development and securing of Homeopathy worldwide;
- 2) The creation of a link among licensed homeopaths with medical, veterinary, dental or pharmaceutical diplomas and societies and persons who are interested in homeopathy.

As regards the method, it was considered advisable that there should be a Liga Congress every year, for scientific and political purposes.

The first LMHI congresses, held yearly, were organized in Paris -1926, London -1927, Stuttgart - 1928, Mexico City - 1929, Rome - 1930 and Geneve - 1931, with Pierre Schmidt as president (see the following photo).



### Fundation of the LMHI

There were 14 founding members in Rotterdam, the Netherlands, coming from 9 different countries

Roy Upham, USA: first LMHI President (see the following photo)



Roy Upham (1879–1956) received his medical degree from the New York Homeopathic Medical College in 1901. He was a staunch advocate of homeopathy, being heavily involved in the American Institute, serving as its president in 1921.

He was one of the founders and first president of the LMHI in 1925.

George Burford, Vice president

Juan Bertran, Spain

Victor Ellwood, UK

Petrie E. Grouleff, Sweden

C. Granville Hey, UK (see the following photo)



M.F. Kranz-Busch, Germany

Edwin A. Neatby, 1858-1933, UK (see the following photo)



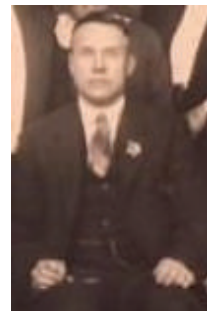
A. Moreira Piedras, Brazil

Pierre Schmidt, 1894-1987, Switzerland (see the following photo)



J.P. Tessier, France

E.C. Tuinzing, the Netherlands (see the following photo)



Augusto Vinyals, Spain (see the following photo)



H.Fergie Woods, 1883-1961, UK (see the following photo)



It is thanks to these honourable colleagues that we join again in Utrecht, the Netherlands, to celebrate a new congress on the **Centenary** of our beloved and unique association, the **LMHI**.

LMHI tries with all its energies to defend our Medicine, our principles, our patients. In other words, we don't want to lose the wonderful gift, the legacy, left us by the unique Master of our Medicine: **Christian Frederick Samuel Hahnemann**.

# A Clinical Case Of Sycotic Miasm

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## Summary

The patient was a 4 year old child when examined for the first time. She got a marked sycotic inheritance: two homeopathic remedies – Thuja and Medorrhinum - allowed to reduce it. Her sycotic miasm exploded again when she was a teenager: once again, Medorrhinum took care of her. The homeopathic remedies were selected and prescribed according to the guidelines which are summarized in the aphorism 3 of Organon by S. Hahnemann.

## Keyword

Sycosis – Anti-miasmatic treatment - Sycotic homeopathic remedies - Medorrhinum

**November 25, 1989** - The first contact with the four year old patient is by telephone: mother's call. The child has recovered from bronchopneumonia, treated with antibiotics for 15 days. Now she is restless and has a frequent urge to urinate, feels pain while urinating and feels something pressing down (presumably, vesical tenesmus). The request for homeopathic help comes from her mother, pushed by her husband who, in the past, had been cured homeopathically. In the end, while protesting that it is risky to prescribe by phone for a patient you do not know, moved by the mother's heartfelt request, on the condition of visiting the child as soon as possible, a dose of Sulphur 6 LM/Q was prescribed.

**November 27, 1989** – First homeopathic visit immediately after bronchopneumonia treated by a two weeks course of antibiotics. She has an interesting clinical history and she has inherited a peculiar terrain from her parents. She is an only child.

## Family Anamnesis

### Paternal line

Father, 28 years old. Troubled childhood, he never felt loved.

10 years old - Acute Articular Rheumatism: hospitalization for 2 months and, then, benzathine benzylpenicillin for 1 year. Lots of styes and chilblains on his feet.

11 years old – He starts smoking.

16 yrs. Turbulent, extroverted, witty; he travelled a lot abroad, lived in “hippie communities”, hashish. Gonorrhea, twice: first time when he was 16 yrs-old; second time when 20 yrs-old.

From 15-ysr to 17-ysr old: numerous warts on his hands, treated with fig milk. Recurrent inguinal mycosis.

20 yrs: heroin for 1 year.

22 yrs: HBsAg +. At that time he smoked 40 and more cigarettes/day

24 yrs: Glans and anal condylomas: causticated.

24 yrs: onset of multiple skin lipomas. His daughter is born.

25-ysr old: he begins homeopathic treatment for “uncontrollable anxiety”: several doses of Thuja were beneficial to him (for this reason he convinced his wife to have the child treated homeopathically after yet another episode of serious inflammation of the respiratory tract).

Grandfather: when 52 years old, he died of cancer-cirrhosis. Diffuse lipomatosis: on abdomen, trunk, limbs. Frequent styes.

Grandmother: alive, hypercholesterolemia, rheumatic disorders.

Paternal great-grandfather – Died of unspecified pneumopathy (Tuberculosis? Cancer?). The other paternal great-grandfather: alcoholic, dead of liver disease.

Both great-grandmothers: good health, both of them died of old age.

### **Maternal line**

Mother, 28 years old. Severe myopia. Tine Test +++ . Very frequent cold sores: >> after pregnancy. Genital condylomatosis.

Grandfather: parotid adenoma. Bladder papillomas; anal papilloma. Previous TB.

Grandmother: chronic emphysematous bronchitis. Previous TB.

### *Clinical history*

Pregnancy: no problems. Full-term birth; eutocic birth; Kg. 3.6. Mild congenital dislocation of the hip. Breastfeeding for 8 months.

2 months: eruption of large "bubbles" on the face while in the countryside, with recurrence a few months later in the same place. (Diagnosis: urticariform dermatopathy)

6 months: first acute bronchitis. First dose of vaccinations required by law (polio, tetanus, , diphteria, pertussis vaccinations): no apparent reactions. Second and third doses within 14 months of age.

From the first weeks of life, excessive sweating on the head, especially at night. Precocity: speech and walking at 10 months. Habit of biting other children, up to 18 months. Nightmares, from which she wakes up screaming

3 years: recurrent asthmatic bronchitis.

October '89: bronchopneumonia, antibiotics for 20 days. Relapse after 7 days: another course of antibiotics for 15 days.

### *The child*

Pale, almost waxy, puffy face; blonde with blue eyes. Long, tapered, thin fingers.

"Lively, extroverted, sociable". She loves music a lot and loves dancing, wants to study music.

Warm child; uncovers herself at night; does not tolerate blankets.

Aversion to milk and sweets; she loves ice cream and meat.

Much yellow nasal discharge; noisy breathing at night (adenoidism); grinds her teeth.

O.E.: cm 106; Kg.17.5. Bilateral diffuse snoring rhonchi in the pulmonary fields.

**Nosological diagnosis:** Sequelae of acute bronchopneumonia in an adenoid child.

**Miasmatic diagnosis:** Sycosis. Clear sycotic inheritance from the paternal line (and from the father in particular); but also, present maternal sycosis and tubercular inheritance. The brief clinical history and the current symptomatology testify to a sycotic prevalence.

**First prescription** (without repertorizing), considering her father's medical history, considering her father benefited from Thuja, considering that she has a lot of yellow nasal phlegm and sweats a lot: Thuja 200 K, a single dose + Saccharum lactis for one month.

### *Follow-up*

**January 15, 1990** - (50 days later) >> cough, snoring and nasal discharge.

**Thuja MK** + Saccharum lactis for 2 months.

**May 15, 1990** - "She has gotten stronger. If she gets a cough, it doesn't last more than 2 days. She snores again" An acute tonsillitis in April: cured quickly by

Belladonna 30 CH.

Thuja MK.

**October 10, 1990** (5 months later) - Very good health during the summer. During the summer, at the seaside, adenoid disorders improved a lot but now, in Autumn (cold humid climate), they have reappeared. Cervical lymph nodes: hypertrophic and hard. Often pain in the left ear, at night. She no longer grinds her teeth in her sleep. She no longer has the urge to urinate often. Cm.110; Kg.20.

As soon as she enters the office, she already wants to leave: she cooperates during the medical examination, but continually asks to leave. She is impatient, hasty. The mother: "She is always like that: she wants to be finished before she even begins." (like her father).

**Reported and observed symptoms** - Impatient - Hasty - Starts easily at noises - Fearful: dark; when alone; noises (fairly common fears in children) - Reacts with tears in her eyes at the slightest reprimand - Jealous of her cousin, becomes violent and bites him. - Loves to dance.

- Loves animals very much, very intense displays of affection - Loves ice cream, and especially ice: goes to steal it from the refrigerator; > to the sea.

**Selected sycotic symptoms** - Impatient - Hasty - Starts easily at noises - Reacts with tears in her eyes at the slightest reprimand: (but this symptom is not in Kent's repertory, consulted at the time). Loves ice cream, and especially ice: goes to steal it from the refrigerator. > at seaside; cold wet weather <.

At the time (1990), **Kent's paper repertory** was used, also resorting to synthetic Materia Medica for quick consultation such as: Allen, Boericke, Nash.

Impatience

Hurry

Starting, noise from

Fear, noise

Desires, ice

Air, seashore >

Cold wet weather <

"Radar Opus" (Kent up to 1916) would have provided this picture:

	med.	sil.	nux-v.	sulph.	ars.	iyc.	nat-c.	aur.	nat-s.	kali-c.	calc.	lach.	merc.	nit-ac.	phos.	rhus-t.	verat.	apis	bar-c.	bry.	caust.	nat-ar.	carb-v.	kali-p
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7	3	3	1	2	3	2	2	1	3	1	3	2	2	2	1	3	2	2	1	1	2	2	1	

In the modern computer repertory, we also find these clinical rubrics, that is, based on cured cases reported by homeopaths and the remedy reported in the rubric has cured the symptom or the general condition (Sycosis, for examples):

- a) GENERALS - Family history, sycosis: Bar-c; Graph; Med; Sil; Thuja
- b) GENERALS - **Sycosis** (183 remedies), 3° = Arg-m, Arg-n, Kali-s, Med, Nat-s, Nit-ac, Sepia, Staph. 4°: Thuja
- c) **MIND – Sensitive to reprimands**; children in: Carc, Med, Nat-s, Staph

### *Prescription and follow-up*

October 10, 1990 - **Medorrhinum MK** + Saccharum lactis for two months.

March 3, 1991 - >>. **Medorrhinum XMK** + Saccharum lactis for two months

May 14, 1991 – >>. **Medorrhinum XMK, plus**

**Remark** - The XMK potency was given 6 months (March 1991) after the MK, for the recurrence of a mild form of asthmatic bronchitis and repeated (May 1991) in plus due a new episode of asthma.

Good health until the winter 2001/2002, that is for ten years. No more asthma, nor adenoidism, nor serious acute episodes. Banal childhood diseases, quickly overcome. She had Measles when 9 years old: Bryonia ameliorated in a few hours, completely resolved in 48 hours. Rubella when 15 years old: Apis cured it quickly.

Menarche at 11-ysr: regular return cycles, no problem during menses.

**2002** – She is 17 years old and returns for a visit accompanied by her mother, who had forced her to come and get examined. For a year she had suffered: dysmenorrhea, frequent coryza, restlessness, bulimia and anorexia. She smokes a lot. She attends high school and works in a pub until late. She has taken the

estrogen-progestin pill for contraceptive purposes and for dysmenorrhea. Deep emotional disappointments had triggered her malaise.

During that year she refused to take the prescribed remedy. A slight amelioration of her eating disorder was reported later thanks to psychotherapy.

**13 July 2004** (2 years later) - This time it is her who asks for a medical visit.

One month before the homeopathic visit, numerous condylomas on the cervix had been causticated, the operation lasted an hour and was followed by hemorrhagic blood loss for 10 days: dark red, coagulated blood.

Insomnia: she sleeps 4 hours. Extremely agitated because of her final exam at high school; she feels even more agitated because of exam (she is really scared of it) than she had before the condylomatas' caustication. She discontinued the pill a few months before.

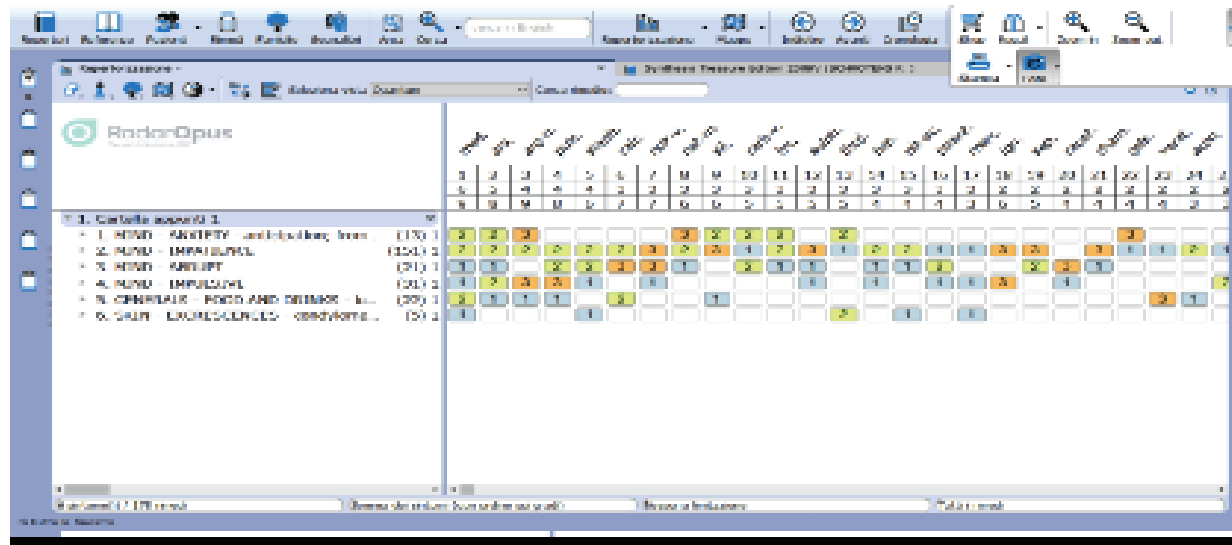
Since the last visit, two years ago, she has lost 10 kg: she weighs 52 kg, 166 cm, slightly thin.

*“At home I am hysterical: I don't know what to do at university, I'm afraid of making the wrong choice, it has become an obsession ... I drip with anxiety, with tremors, before everything, even the driving test. The wait makes me worse; I am impatient and give brusque answers ... I love ice: I bring a glass of ice to my room, to bed before sleeping and I always ask for ice cubes when I order something at the bar.”*

### **Selected Symptoms**

Extreme anticipatory anxiety  
Impatient - Abrupt - Impulsive  
Loves ice  
Suppression of condylomas

(At that time, repertorizing by Radar Synthesis 8.0)  
Radar Opus – Quantum



**Prescription: Medorrhinum XMK**, a single dose

**Follow-up 2004-2010** - The girl improved a lot thanks to Medorrhinum: mood, menstruation, general health; improved. The good result of high school final exams, a subsequent satisfying emotional relationship, the good university results, played a positive role in maintaining a good level of health in the following years. After graduating, she works as a freelancer.

## Discussion

The same homeopathic remedy, Medorrhinum, a nosode, prescribed after almost 15 years, was effective in curing the child patient's pathologies and the disorders of her teen-age period: in both of her two biographical phases, the patient developed disorders consistent with the heavy inherited miasmatic load (see Family History), confirming we must fight not "a name of disease" (see Aph. 81 and its note) but the real cause of chronic disease, as Hahnemann states and remind us in Aphorism 5.

We can read on Medorrhinum in Allen's Materia Medica of the Nosodes, Hering's Guiding Symptoms, Lippe's Keynotes and Red Line Symptoms of Materia Medica, Vijnovsky's Tratado de Materia Medica Homoeopathica, Wheeler's An Introduction to the Principles and Practice of Homeopathy, just to name a few authors.

In Allen's text you can read:

|| Is in a great hurry; when doing anything is in a such a hurry that she gets fatigued  
| Is always anticipating, fearing evil will happen, loss of reason or suicide.  
Depression and much anxiety, especially after sleep  
| Very impatient  
Starts at slightest sound.  
Craving for ice

With reference to this clinical case, Vijnovsky's debut in the chapter on Medorrhinum is interesting:

*"Vive sempre apurado, precipitado, agitado, atareado (mejor al anochecer), y es muy impaciente, trata de hacer las cosas lo más rápidamente posible, y hasta pierde el aliento para hacerla, se fatiga ..."*

(He lives always in a hurry, rushed, agitated, terrified (better in the evening), and is very impatient, tries to do things as quickly as possible, and even loses his breath to do it, he gets tired.)

Last but not least, Boericke (Pocked Manual of Homoeopathic Materia Medica) writes: "A powerful and deep-acting medicine, often indicated for chronic ailments due to suppressed gonorrhoea ...Chronic catarrhal conditions in children. Nose dirty, tonsils enlarged, thick yellow mucus from nostrils ...".

## Conclusion

Homeopathic treatment aims to eradicate, to reduce or put into quiescence the miasmatic condition, which is ready to reactivate when a serious illness, psycho-physical stresses, bad habits (style of life, diet, tobacco, coffee, alcohol, drugs, sexual promiscuity, use and abuse of drugs, etc.) weaken the vital force, favoring the reactivation of miasmatic processes. The reactivation of the miasmatic condition is more probable the more marked the inherited miasmatic imprints, especially if from specific acquired diseases (e.g., gonorrhea, syphilis, tuberculosis, severe skin disease, etc.) by parents, grandparents or the patient himself.

Another point is worthy to be remembered. H. C. Allen in his *Materia Medica of the Nosodes*, about *Medorrhinum* reminds us:

*“The potentizing of the virus has developed latent dynamic forces, which is just as effective in homeopathic practice, prescribed strictly on its symptomatological basis as any other remedy. If the symptoms of the patient call for this remedy it should be prescribed with the same confidence as any other in the Materia Medica, entirely irrespective of the sycotic history of the case. Like every other nosode, it should be prescribed according to its strict indications, just as we prescribe Arsenic, Opium or Sulphur, irrespective of its origin or the diagnosis”.*

Undoubtedly, in this case, strict indications of *Medorrhinum* combined with the sycotic history allowed to obtain the excellent clinical result achieved.

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# Hahnemanian Homeopathic Experimentation in Clinical Practice – *Proteus vulgaris*: Proving and Clinical Cases

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## Abstract

### Introduction

The Homeopathic School of Verona in Italy organizes hahnemanian provings for experimental and educational purposes. In 2013 was tested *Proteus vulgaris*. The results of the proving and the data in the literature allowed the clinical use of the remedy.

### Methods

Participants: 15 experienced provers, 10 expert supervisors; 1 coordinator; 1 director. Potency tested: 200 K; 3 placebo or blank (20%). It was triple-blind proving. Observation time: 30 days; periodical checks to 1 year.

### Findings

The mental symptoms of the proving of *Proteus vulgaris* are characterized by extreme violence in any event. There are restlessness, uncontrollable mobility; it is polemic, hard, aggressive; there is destructive criticism.

It breaks consolidated relationships. There is insomnia. The most affected systems are: gastrointestinal and urinary tracts. Are affected the finger joints. There are many headaches.

The symptoms in the literature complete the pathogenesis-clinical picture and allow the prescription. Differential diagnosis: *Iodum*, *Hyosciamus*, *Medorrhinum*, *Mercurius solubilis* and *corrosivus*, *Staphisagria*, *Syphilinum*, *Tarentula*.

The Author shows two clinical cases of children: the first with many behavioral problems and mild autism; the second with ADHD syndrome.

### Conclusions

The proving is the best method for defining the pathogenesis of a new substance. The results must be completed with the literature data. *Proteus* is a homeopathic remedy with very intense and characteristic symptoms and can be used successfully in clinical practice, particularly in children with behavioral disorders including ADHD syndrome.

### Key words

*Proteus vulgaris* – Proving - Pathogenesis – Clinical Cases

## PROTEUS VULGARIS

### The proving

The knowledge of the remedies used in Homeopathic Medicine is based on the results of provings conducted on healthy individuals (homeopathic drug proving - HDP) of animal, plant and mineral substances prepared using the homeopathic procedure (dynamization = dilution + succussion), according to the principles set out by Samuel Hahnemann in the sixth edition of the *Organon of Medicine*<sup>1</sup>.

The aim of a proving is to highlight and define with precision the artificial illness generated in healthy individuals by the dynamized substance which is the subject of the study. The experimental method pioneered by Hahnemann has undergone several modifications in line with the requirements of modern pharmacological research - in particular, the double-blind test and the introduction of control samples (placebos) - based on guidelines established by the main homeopathic organisations<sup>2</sup> and on personal experience<sup>3</sup>.

Each year the School of Homeopathy in Verona runs a vocational training course in Homeopathic Medicine. As part of this initiative, a proving was conducted in 2009

(Hydrogenium peroxidatum)<sup>4</sup>. The initiative was repeated in the academic year 2011 (Colibacillinum)<sup>5</sup> in 2012 (Streptococcinum)<sup>6</sup> and in 2013 with *Proteus vulgaris*. The proving, as part of a teaching program, has both research and educational purposes: the organization and the protocol are therefore focused on achieving this twofold objective.

There were three main phases: 1. A preparatory seminar to provide information about the nature and procedure of the proving and to choose the provers and supervisors; 2. the actual proving; 3. a final seminar in which the results are illustrated, and the experiences of both the provers and supervisors are discussed to supplement and complete the symptom information. The proving of *Proteus vulgaris* took place between February and May 2013 over a period of 30 days. Data-gathering to assess the long-term results continued until February 2014.

*Proteus vulgaris* was discovered by Hauser in 1885; it is a gram-negative bacterium that belongs to the family of Enterobacteriaceae. The most recent classification recognizes four species: *mirabilis*, *penneri*, *mixofaciens* and *vulgaris*. They are extremely mobile bacteria which are rod-shaped but are morphologically unstable which explains why they have taken their name from Proteus, the god of the sea, who could take on any appearance he wished. *Proteus* bacteria are widespread in nature and are mainly found on decomposing organic substances of animal origin. They often feed on the intestines of humans and numerous mammals, birds and reptiles. They can therefore turn up in human or animal feces, in the soil, water, sewage, manure, decomposing animal proteins and rotting substances; they are also present in secretions and abscesses.

*Proteus vulgaris* is one of the main microorganisms in decomposing corpses. As well as being present in the intestine, they also occur as saprophytes in the vagina and the urethra, most often after prolonged antibiotic treatment and a weakened immune system. In these conditions the microorganism can become pathogenic and give rise mainly to urinary infections, otitis-mastoiditis and skin infections.

## **PROTEUS VULGARIS**

### **Pathogenesis**

#### **(80 symptoms + notes)**

#### **School of Homeopathy of Verona - 2013**

#### **LEGENDA**

VR13 = Verona 2013, the code number of the proving. The code number after each symptom identifies the prover.

The next number indicates the day of the observation, from 1 to 30; the number 1 stands for the day when the prover begins to take the substance.

The next number, if used, indicates the time the symptom appeared.

At the end of the list of symptoms, there are important notes by the supervisor or by the prover, spontaneous or recorded a posteriori by contact between the director and the prover.

#### **Mind (21)**

#### **Critical, vehement, argumentative**

1. The supervisor points out to me that at the school of homeopathy at Verona I had an argument with two teachers in which I expressed my opinions in an unusually vehement manner. VR13 EC 7
2. I feel more decisive. If I think I'm in the right during an argument I stick obstinately to my views instead of dropping the matter as I usually do; this attitude has caused me to be defined as the "stickler". VR13 MD 1
3. I deal with things in a more critical, decisive and resolute way. I have a firm reaction. VR13 FZ
4. I feel more rational when handling sentimental relationships, I am less carried away by feelings and am more realistic. I use less sweet talk, give fewer cuddles and concentrate more on "practical matters". Phone calls with my girlfriend don't last two hours as they used to and are more practical and direct. VR13 MD 1
5. The sensation of being more decisive at work and handling sentimental relationships. VR13 MD 8.
6. I am extremely irritable, both with my partner and at work. I tend to be aggressive and argumentative.

Normally I tend not to talk about things that irritate me. VR13 FZ 7,9,11,12.

7. I've felt more vigorous, more lively, more rapid and I've been working well. VR13 CT 1

8. After taking the remedy for the second time, my girlfriend says I have become more affectionate and am less "grumpy" than usual. VR13 AT 1

9. At the school of Homeopathy my colleagues are surprised to see that I am more friendly, more sociable, readier to talk and joke about things. They say I've changed completely. VR13 AT 6

10. The people that have to deal with him notice a greater capacity to engage in relationships and socialize; they find him more cordial, sociable and tolerant. VR13 AT 11

11. I have become more trusting of homeopathy, while initially I was skeptical. After the proving I began to have several homeopathic appointments. VR13 EC (Note: this was said during the final seminar).

#### **Break-up of relationship**

12. Suspicious and doubtful about forthcoming plans for cohabitation with his girlfriend. VR13 MD (sensation confirmed at the seminar in May).

13. I have called into question long-term relationships. I have broken up with my boyfriend. It's proved to be a step forward, but it has been hard and tiring. VR13 FZ

14. I take drastic almost kamikaze-like decisions, reacting energetically to the provocation of my assistant in the studio, which could become definitive: I sacked her. To put it simply, I asked her to leave (after 22 years of working together ...). VR13 LG 8 (The prover went back on his decision and reconsidered it 15 days after ceasing to take the remedy.)

#### **Anxiety, desperation, suicidal and homicidal instincts**

15. I feel extremely agitated and find it difficult to get to sleep. VR13 DV 23.00 2,3,4,5,7,9,10

16. Anxiety, agitation with palpitations, continuous tension, verging on fear. I felt a sense of liberation and burst into tears. VR13 DV 17.

17. When I woke up, I felt dazed, I found it hard to think, I forgot to give my niece the things I had prepared for her. VR13 CT 2

18. The sensation of being drunk. VR13 MP 16.00 4

19. A sense of desperation, and not managing to cope during my wife's gynecological appointment. I had never experienced this previously. VR13 EC (this emerged during the final seminar).

20. Homicidal urge. VR13 LG 8

21. Suicidal thoughts involving jumping from the window preceded by internal shaking, also experienced an hour beforehand and in previous days. I had never had these thoughts before. The thoughts rapidly disappeared by washing my hands in cold water and after an expression of satisfaction. The prover formulated the following ideas in his mind: M., don't talk rubbish, just forget about it. VR13 MD 10.00 7.

#### **General symptoms (8 >29)**

22. I feel vigorous and energetic. VR13 FZ 1

23. I feel like eating something salty: I can't resist temptation, and I must stop at motorway services to get something to eat. I choose something particularly salty (chips). VR13 FZ 5,6

24. Immediately after taking the substance for the first time, I feel so much stronger that I feel as though I could carry the weight of the world upon my shoulders. It lasted a few minutes. VR13 MD 1,2

25. A sensation like a "hot flush" which begins from the pubic region and rises up the body to the chest, where it reaches a peak and continues up to the head, accompanied by a slight inner tremor, without external sweating. (2 minutes). VR13 MD 9.15, 10.30 2,7.

26. Feeling tiredness and somnolence. VR13 FG 1,3

27. Unexpected and sudden, almost dramatic regression of the skin lesions (psoriasis) on the wrists and the antecubital region of the elbows. VR13 AT (Note: the tendency towards regression was noted from the fourth day of taking the substance and the improvement continued during the proving).

28. I have felt extremely warm during the last few days. I have worn light clothes and kept the heating at 16 degrees whereas I usually keep it set at about 17.5-18.5. I feel extremely uncomfortable if the radiators are turned on; breathing warm air really annoys me. I open all the windows; I like feeling the cool air in my mouth as well as on my face. VR13 DV 5,6,7

29. I go to the gym; I have a lot of energy and a desire to make a big effort and sweat. I want to feel my muscles working a lot. VR13 DV 9,11

#### **Sleep (6 >35)**

30. I wake up in the middle of the night in a state of agitation with a queasy feeling in my stomach. I stayed

in bed and after nearly two hours I manage to get back to sleep. VR13 DV 2,3,4,9,10

31. I wake up every morning at 5.00 am, regardless of the time I go to bed. VR13 MD 1,2,3

32. I find it hard to get to sleep, which is extremely unusual for me since I immediately fall asleep. I fall asleep at about midnight and wake up at twenty past one. I have a restless sleep for the rest of the night. VR13 EC 1

33. In the afternoon, towards 3.30 pm, I slept two hours flat out, a strange, unusual thing for me. When I awoke my eyes and head felt heavy and I had a general sensation of grogginess. VR13 CT 3,4

34. I only woke up twice during the night rather than every two hours as I tend to do. VR13 MP 4

35. I wake up at 5.00 am with a sensation of suffocation and I find it hard to breathe. VR13 MP 14,19

#### **Head and dizziness (4 >39)**

36. I have an ache in my head, left eye and left temple (10.00 am); the headache increases (11.00 am), I can't concentrate (on the lesson), my eyes are dry, and they are watering and have a burning sensation; (1.00 pm), an explosive headache on the left side of the head. The pain persists throughout the afternoon, with a sharp pain and stiffness on the left side of the neck. At 5.45 pm I ask to go out of the lecture theatre because I cannot follow the lesson due to the pain. At 7.00 pm I have a pounding headache. At 1.30 pm I woke up with a terrible headache. I can't cope with the lighting from the streetlamps, and I wake up my husband because I can't get up to pull down the blind. Ambulances go past, the sound is unbearable and drives me mad. By 4.00 am the pain had improved. VR13 MP 27

37. Unrelenting pain in my right temple (I have never had a headache in my life except from one episode, 15 years ago, probably caused by the sulphites in a wine) which got worse if I pressed it although I had the desire to put pressure on it. It lasted the whole day. VR13 FZ 21

38. I felt as though my head had been detached from my body at the level of the eyes. VR13 DV 4

39. A few minutes after taking the substance, I felt an immense sense of heaviness in the head (temples and forehead) and in the eyes, which lasted for an hour and a half. VR13 CT 1,4,6,7

#### **Eyes and sight (4 >43)**

40. Heaviness in the eyes (and in the head). I wasn't able to wear glasses because I couldn't see clearly. I found it difficult to focus. VR13 CT 1,6

41. Vision a bit blurry. VR13 MP 1,2,3

42. I saw sparks in front of my eyes. VR13 FG 6,8

43. Itchiness and burning sensation in both eyes. VR13 MP 18,19 (an old symptom in the prover which had not appeared for about 30 years).

#### **Throat (3 > 46)**

44. I found it difficult to swallow at dinner. This had never happened to me before. VR13 LG 2

45. I wake up with the sensation of suffocation and have difficulty breathing in. VR13 MP 14, 19

46. I feel as though I've got an apple core stuck in my throat, which is suffocating me. I have the sensation that my windpipe is blocked due to external pressure, like a weight that closes it and doesn't allow either breath or saliva to pass through. I feel as though my thyroid has swollen. VR13 MP (Note: symptoms reported between the end of May 2013 and June 2013, therefore about 75 days after the start of the proving).

#### **Ears, hearing (1 >47)**

47. I wake up with low-pitched whistling in my ears, a dull, distant sound. VR13 LG 2

#### **Gastrointestinal tract (9 >56)**

48. My stomach feels very swollen. VR13 DV 1

49. I wake up in the middle of the night with an upset stomach. I have a feeling of nausea and am in a state of extreme agitation. VR13 DV 2,3

50. Feeling hungry. VR13 DV 9,10,12

51. Constant sensation of discomfort in the stomach and the abdomen (epigastric zone) as though I had a bloated stomach. A new and highly acute symptom. VR13 EC (Note: a persistent symptom throughout the first week of proving)

52. I feel as though I've got a hole in my stomach. VR13 AT 4,5

53. A hole in the stomach; the sensation of not being able to eat or drink anything. VR13 CT

54. In the morning, I had dark diarrhea with an unpleasant smell. VR13 MP 2,3, 5, 6,

55. Feces looked like small dark balls, rather like plasticine. I have the urge but find it difficult to have

bowel movements. MP 19, 20,21,26,28

56. I have cramp-like pains in my belly, my stomach is bloated like a balloon VR13 MP 19, 20. (and again in late May and June 2013)

### **Chest (1 >57)**

57. Pain in the left breast in the nipple area as though there was a knot. VR13 MP 14

### **Respiratory system (5 >62)**

58. I wake up every morning at about 4.00-5.00 am with the sensation of suffocation. VR13 MP (the symptom occurs again in mid-May 2013, 60 days after the start of the proving).

59. I started coughing although it was unproductive. I felt the impulse every few minutes (Note: the prover reports sweating with cold air and attributes the coughing to this). My nose was a bit runny. VR13 EC 12,13,14.

60. The coughing that had persisted for days disappeared (Note: prior to the proving). VR13 AT 2

61. A few coughs when I took the substance for the proving. VR13 CT 17.00, 22.00 5

62. I wake up with a series of violent, dry coughs. VR13 MP 11, 19

### **Back, musculoskeletal system, extremities (8 >70)**

63. As I drive, the index fingers of both hands feel very hot, and they look redder than the other fingers. This lasted 10 minutes. Shortly afterwards the sole of my left foot felt extremely hot, and this sensation lasted about 10 minutes. VR13 DV 8

64. I felt a sharp muscular pain in my left shoulder which lasted a very short time. VR13 FG 12

65. I notice that the bilateral skin lesions (psoriasis) in my wrists and elbows in the antecubital region are getting better; I would even go so far as to define the improvement as dramatic. The skin lesions in the elbows have almost disappeared. VR13 AT 3

66. Low back pain. It got better spontaneously the next day. VR13 AT 11

67. The pain in my right index finger, which had disappeared for some time, got worse again (Note: the prover suffers from arthritis in the fingers). VR13 LG 2 (On 12 April 2013, during the last meeting with his

supervisor, the prover said that the situation in the hands had gradually deteriorated; he couldn't bend the small finger of the right hand and was worried it would remain paralyzed. It was an observation rather than an actual fear. The prover had difficulty working with these symptoms: he is a dentist.

68. Sharp pain in the extremities (right thumb, right big toe). VR13 MP 9,11,12,13,15,21, 26,30,31.

69. Intense, gnawing pain in the left shoulder when I woke up. VR13 MP 21, 23

70. I felt intense numbness in the left iliac crest in the thigh as though it was a cyst or swelling (the swelling was real; it had a diameter of about 3-4 cm and was taut). VR13 CT 15,16,17 (Note: the prover believes this is linked to eating foods containing gluten, which she normally doesn't use, and it seems this symptom reappears whenever she consumes them. It seems to be an old symptom that had not arisen for years).

### **Urinary tract and urine (3 >73)**

71. It seems that the urine has a sweet smell. VR13 FZ 4, 6.

72. The sensation that I have lost control of the urethral sphincter: the urine comes out like a tap that has been turned on. VR13 CT

73. At 9.00 am I had already peed twice which is strange. I usually urinate 3-4 times during the whole day. VR13 EC 3

### **Female reproductive system – sexuality (7 >80)**

74. Pains in the lower abdomen, comparable to the pains experienced one day before menstruation. As in the past, before getting married. The menstrual pains stopped many years ago when I started to engage in sexual activity. The pains are strong and prevent sexual relations. The intense pain also stops me from going to sleep. VR13 FG 20,21, 26,27,28,29,30,31,32.

75. I have lost the desire for sex. I have always had a strong sex drive, and I have always really enjoyed having sex. VR13 FG (Note: the prover reports this symptom during the final seminar: the symptom persists even 60 days after the start of the proving – 18 May 2013 – and she asks the Director for an antidote.)

76. Tummy ache that corresponds to the onset of menstruation - slight cramps in the middle of the abdomen (normally menstrual pain is lower and much more acute). VR13 FZ 14,15.

77. A feeling of indifference towards sex, even though I have always had a strong sexual urge. VR13 FG (this persists in May 2013 at the final seminar)

78. Increase in sexual appetite. My husband has noticed a complete change in me. VR13 MP 5

79. Clear increase in sexual urge. My husband says I have been transformed by the proving. VR13 MP 7 (Note: the husband subsequently asks her to continue taking the substance).

80. Conception. VR13 DV 15 (Note: I mention this in the interests of completeness, but it may be just a coincidence; the partner of the prover came back precisely during this period after being away for 6 months).

### *Comments and notes on the Proving*

#### **Prover FG**

I have changed my approach to sexuality. I have always had a strong sex drive but this is no longer the case and I would like things to return to the way they were. I would like an antidote.

#### **Prover FZ**

The proving was extremely tiring. During the proving I have called a series of well-established situations into question. I felt the strongest sensations at a mental level. I observed and faced them in a more critical, resolute and decisive manner. From a personal point of view, it was a step forwards, although unquestionably hard and tiring. I initially had a positive reaction and managed to act. However, I now feel drained of energy.

#### **Prover AT**

My general mood had improved. I have always been grumpy. My girlfriend now says I am more affectionate. My colleagues at the School of Homeopathy at Verona have also noticed this change. They say that the light in my face has changed. I laugh, make jokes in class, have coffee together with them. I feel more tolerant, even when I'm at work. The sudden and distinct regression in the skin lesions associated with psoriasis is quite incredible.

#### **Prover CM**

I was really convinced I was taking a placebo. Indeed, my proving diary is blank, without any symptoms. I only

noticed a capacity to cope with a family situation in a more categorical manner, adopting a more determined approach than usual.

#### **Prover LG**

I expected great things from the proving. The arthritic pains in the distal extremities of my fingers, which I had suffered from for a long time but had died down before the start of the proving, worsened again. The pain was incapacitating, and I was unable to do my job (dentist). I was affected by dysphagia with difficulty in swallowing. I had never experienced this before. The most alarming aspect was the homicidal urge that I felt towards my assistant, something which is quite unlike me. I sacked my assistant after 22 years of working together daily.

#### **Prover MP**

I feel transformed in terms of my sex drive and my husband has also noticed. The remedy has led to great changes. However, I still wake up at about 4.00-5.00 in the morning with a sense of suffocation. I feel extremely bloated with my abdomen swelling up like a balloon, as though I had put on weight. During the proving I had a violent throbbing headache which lasted almost a whole day, something to which I am completely unaccustomed. I have a lot of commitments, but I face them more calmly and decisively, confident of being able to cope.

#### **Prover EC**

The most interesting and persistent symptom affected the stomach. I had a sensation of epigastric irritation during the whole of the first week which never let up. Thanks to this proving I gained trust in homeopathy because I realized that it was not a palliative. I began to have homeopathic appointments and to prescribe remedies. Other interesting things I noticed included restless sleep and the strength of my opinions which I expressed firmly.

#### **Prover MD**

His affectionate behavior towards his girlfriend changed. Previously it had just been sweet talk and hours spent on the phone. He is now more detached and practical. He has called into question the forthcoming plans they had agreed together to live together. He became more suspicious and rigid in his positions, which was quite unlike him. On the sixth day he had

suicidal instincts to throw himself out of the window. This was preceded by hot flushes and the need to let out a scream. He had never experienced this before. The feeling passed after washing his hands and face with cold water.

#### **Prover CT**

The most powerful sensation I experienced was the difficulty in reading and trying to focus. The sensation was particularly intense, associated with a heaviness of the head. The area of the body that was most affected was the head and the eyes. I experienced an incredibly strong feeling of somnolence in the afternoon.

#### **Prover DV**

I noticed significant changes. I was highly agitated during the night and stayed awake for hours, feeling the need to do something. I played with the mobile in the hope that I would get back to sleep. I had terrible insomnia and the desire to be active. When I was in the gym, I felt the need to make an intense effort, pushing my muscles to the limit so that they were exhausted. I used weights which are usually only used by men.

#### **Prover EZ**

Placebo. I felt an incredibly strong, incapacitating sensation of tiredness during the proving which prevented me from working. This was noticed by colleagues who were unaware of the proving. She was the only prover who stopped taking the substance before the seventh day. The idea that she should have to take an antidote was also taken into consideration.

#### **Supervisor RP**

Taking part in a proving as a prover means taking a substance blindly without knowing anything about it. This involves making an incredible emotional effort, a leap in the dark. This is why even placebos can cause symptoms.

### **PROVING VERONA 2013**

#### **PROTEUS VULGARIS (Summary)**

*Proteus vulgaris* 200 K in the form of a hydro-alcoholic solution (supplied by Ce.m.o.n.)

#### **PRELIMINARY WORKSHOP (February)**

Theory and practice of proving

The art of self-observation and recording of symptoms.

Practical exercises

Clinical record and guided self-observation

The experimental protocol

Evaluation and choice of the participants

Planning of the proving.

Clinical record and guided self-examination

PROVING (9th March – 9th April)

Taking the substance

30-day observation period + follow-up observations

FINAL WORKSHOP (May)

Examination of the results of the proving.

Provers' and supervisors' reports.

Conclusions

PARTICIPANTS

1 Director (the only person aware of the proving substance)

1 Coordinator

10 Supervisors

15 Provers (11 females 4 males)

12 200K bottles, 3 bottles of placebo.

1 Prover decided to stop.

1 Prover withdrew for health reasons.

Verum =

TOTAL: 13 valid PROVINGs of which: 10 200K, 3 Placebos.

### **PROTEUS VULGARIS**

#### **Clinical use**

By examining the scientific literature on *Proteus* (*vulgaris* and *mirabilis*)<sup>7,8,9,10</sup> and combining it with the data provided by the Proving, we can develop a synthetic framework of the *Proteus* remedy and use it in clinical practice:

EXTREME VIOLENCE in all its manifestations.

Can kill in the grip of a fit of rage if challenged.

Can have an impulse to commit suicide.

VOLATILITY, HIGHLY CHANGEABLE MOODS.

RESTLESSNESS, EXTREME MOBILITY, UNCONTAINABLE.

Slippery behavior. Evasive.

TENSE, IRRITABLE, DEPRESSED.

Exhausted; prone to bursting into tears.

ARGUMENTATIVE, RIGID, AGGRESSIVE; DESTRUCTIVELY CRITICAL.

Can break up firmly established emotional relationships.

Proteus is the microorganism of decomposing matter.

Proteus vulgaris is the main bacterium of rotting corpses.

The gastro-intestinal tract is the most severely affected. Lesions at the labial commissures, ulcers in the oral cavity.

Acidity, dysphagia, hiccoughs.

Feeling of having a pit in one's stomach, vomiting, ulcer, haematemesis, melena.

Constipation, emotional diarrhea, oxyuris, intense anal itching.

A longing for fatty foods, desserts and cakes, salt, butter and eggs.

Disorders of the urinary tract and genitalia, in particular female genitalia.

Cloudy, smelly urine, vulvitis, itching, vaginitis, malodorous leucorrhea, adnexitis.

Disorders of the upper and lower limbs.

Deforming rheumatisms of the fingers, cramps, contractions, atrophy of the tendons and muscles.

Pains in the calf muscles, feet, bruises, cyanosis.

#### **DIFFERENTIAL DIAGNOSIS:**

Tuberculinum Koch, Tarentula, Medorrhinum, Syphilinum, Mercurius solubilis and corrosivus, Hyosciamus niger, Carcinosinum, Iodum, Staphisagria, Pyrogenium.

## **PROTEUS VULGARIS**

### **Clinical cases**

#### **Clinical case no. 1**

Giulio came for an appointment at the age of three.

Thin, pale, delicate features.

He had frequent fevers with temperatures of over 39°C; he has recurrent styes and/or chalazae, sometimes all over his eyelids simultaneously; he eats a lot but does not put on weight; he wants meat and fish; his faeces are acidic. Furthermore:

- HE HITS PEOPLE for no reason; he scratches his mother.
- HE THROWS THINGS ONTO THE FLOOR; he hurls them as far as he can WITH VIOLENCE (on several occasions during the last appointment).
- HE WON'T STOP MOVING, he wants to go out and run, even with a really high temperature.
- He wakes up at night screaming.
- HE COMES IN AND OUT OF the surgery from the waiting room, SLAMMING the door; he keeps on touching and examining things.
- Despite all this movement, his body still remains cold.
- UNCATCHABLE, he wriggles, squirms and sneaks off, so it proves impossible to examine him.
- Impossible to create a relationship, HE EVADES ANY QUESTION OR ATTEMPT TO INVOLVE HIM IN AN ACTIVITY; he hums, starts doing something else or gives answers that are seemingly nonsensical. (The sensation is that he understands everything, but he simply avoids all forms of contact)

Tuberculinum calms him down for only 10 days, but then he gets a severe case of gastroenteritis and the restlessness returns, a sort of boundless excitement. The styes also improve but subsequently worsen again. He eats too voraciously and gets cross if anyone goes near him.

Mercurius solubilis and Iodum lead to temporary improvements.

STAPHISAGRIA administered in different potencies, prescribed for a year both in acute and chronic phases, alters the situation of the child – a veritable transformation! – who falls sick much more rarely; the styes occur less often and his height and weight increase; even his behaviour improves but with numerous side effects. At times HE IS COMPLETELY OUT OF CONTROL. Now when he has a high temperature, he remains calm and wants to be cuddled but every so often he suddenly hits people.

At the age of four he becomes difficult to handle, even at school: he spits and throws things, HE DOESN'T EVER JOIN IN WITH THE OTHERS, HE HUMS TO HIMSELF AND GOES INTO A WORLD OF HIS OWN. He keeps to himself. He soils his underpants. He draws circles, never figures. A

special needs assistant is requested due to a probable cognitive deficit. In the surgery he slams the door, screams and hits people.

Based on the information gathered about Proteus and published clinical cases 10 PROTEUS 200K is prescribed.

The results are extremely encouraging.

Over the following 22 months Proteus was prescribed almost exclusively at each relapse (the only exception being two acute cases which were solved by administering Mercurius solubilis and corrosivus), both in the acute and chronic phases, at the potencies of 200K initially and subsequently MK and, on one occasion, at the potency of XMK.

The child almost ceased to fall ill, his behavior improved, and the situation stabilized: the excesses disappeared; he is now manageable, and it is possible to talk to him.

After nearly two years, Proteus ceased to be effective. The symptomatologic framework underwent a profound change; the symptoms had disappeared or significantly abated.

He is currently getting on well in the 3rd year of primary school with the help of a special needs assistant; there will probably be no need for one at middle school. He has been treated exclusively with homeopathy. He has occasional appointments. He has become friendly and affectionate to the doctor and often does not require treatment.

### **Clinical case no. 2**

Alexander came for an appointment at the age of 10 years old.

He had been adopted at the age of 6. His parents were alcoholics; he showed signs of repeated beatings. He displayed many behavioural problems: diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). He even threatened his teacher with a knife. He took methylphenidate for six months.

Oppositional, provocative, hyperactive.

Extremely extrovert, unmanageable, a volcano; he touches everything, he wants to know everything, he follows every sort of impulse. He is violent and hits people; at school he knocks over desks and throws pairs of scissors.

He always has to be the center of attention and is extremely talkative.

During the appointment he intentionally hit the doctor on the genitals.

HYOSCIAMUS NIGER MK

Better, significant improvements. This was also noticed by his teachers.

HYOSCIAMUS NIGER XMK

No improvement.

Extremely AGITATED, CAN NEVER KEEP STILL, he always wants to play war games.

FURIOUS, he keeps up a string of insults (bastard, son of a bitch ...).

He wants to bully and command others; he is isolated by other children.

Astute and rebellious, he objects.

He often says: I DON'T LIKE LIFE, IT'S DISGUSTING, IT'S NOT WORTH IT, I WANT TO KILL MYSELF.

One idea is to administer Tuberculinum, Medorrhinum or Tarentula, but in the end PROTEUS MK is chosen.

He comes back for an appointment two months later and is now a completely different child: less violent, calmer, manageable. He helps people who have problems.

Numerous fears emerged.

Proteus was not administered because the symptomology had definitively changed.

He took Lycopodium twice and was then given Veratrum album

### **Clinical Case No. 3**

30-year-old woman. She is in the 19th week of her second pregnancy.

She has a very difficult history. Born prematurely to a heroin-addicted mother, she weighed 1.5 kg and underwent methadone therapy. Her mother died early, and her father did not acknowledge her. She lived in an orphanage for five years before being adopted, but there were problems: her adoptive father abused her. At 18, she ran away from home for good. She had hepatitis A. Three years ago, she had her first pregnancy, which she carried to term. She then experienced severe depressive episodes, and her menstrual cycle disappeared.

She suffers from severe nervous crises characterized by intense aggression, extreme restlessness, and isolation. She does not want to be touched or even brushed against—"as if they were cutting my skin!" She continuously clenches and grinds her teeth. She screams and yells, even at her child. She has almost total insomnia. "It's as if someone is making me explode—I SCREAM, I YELL, I CURSE AT MY HUSBAND, I HATE HIM!" She has no strength in her legs, as if she cannot walk.

The crises are sudden and violent, lasting for two or more days, continuing day and night, often accompanied by self-harm and suicidal thoughts (including one attempt with medication). Afterward, she falls into a depressive state. Additional symptoms include nail-biting and cravings for raw foods: meat and fish with lemon.

A differential diagnosis was made between Mercurius, Acidum nitricum, and Proteus. Proteus 200C was chosen. The patient experienced a nervous crisis shortly after taking the remedy, but then went for a long period without any episodes. Two months later, she took Proteus 200C again. Her nervous condition remained stable. A third dose of Proteus 200C was prescribed, even though the characteristic symptoms had largely disappeared. The patient then experienced a relapse with some returning symptoms but recovered. She carried the pregnancy to term while taking Sepia. The baby was born without complications, was breastfed by the mother, and was healthy.

Ten years have passed. The patient has not experienced violent nervous crises since, sleeps well, and no longer has self-destructive behaviors or suicidal thoughts. She had a third pregnancy

## Conclusions

Proteus (Vulgaris; Vulgaris + Mirabilis) has been mentioned in the literature with symptoms taken from clinical practice but until now without experimentation. The proving of 2013 by the Verona School of Homeopathy has filled this void. The results obtained by experimenting with Proteus vulgaris 200K have confirmed many of the symptoms, highlighting its importance and have added other important features.

As a homeopathic remedy, Proteus has even more potential for clinical use.

It is marked by: VIOLENCE, EXTREME AGITATION AND VOLATILITY. For this reason and for many of its symptoms, it should be considered as a way of treating children and young people affected by Attention Deficit Hyperactivity Disorder (ADHD) where it can have significant results.

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## NOTE

*This article is based on a previous article: Dominici, G: PROTEUS VULGARIS Proving and clinical use in pediatrics published in Homeopathic Links in 2018; it has been revised and a case report added.*

# LMHI First Centenary. A Double Interview:

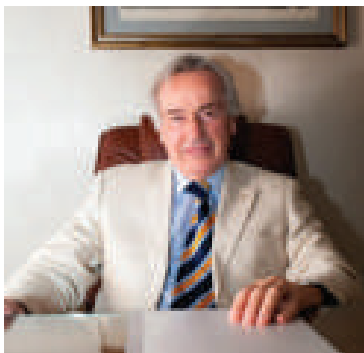
## Pierre Schmidt and Carlo Cenerelli

By Camilla Galassi, Renzo Galassi, Pietro Gulia, Livio Marcellini, Paolo Pifferi and Sonia Zimmiti



**Dr. Pierre Schmidt (1894 - 1987), co-founder of the LMHI, through the memories of one of his students, Dr. Carlo Cenerelli Campana (1941-), a third-generation Italian homeopath**

*Dr. Cenerelli, thank you for granting us this online interview. As you know, 2025 marks the first centenary since the founding of LMHI in 1925 in Rotterdam. Pierre Schmidt was one of the founders of LMHI and later became its President and was awarded the position of Honorary President. You were Schmidt's pupil: can you share your memories of him with us? First, however, since you belong to a family of homeopathic doctors, we cannot but invite you to tell us about your training and experience as a homeopath and how you came to be a pupil of Pierre Schmidt*



Dr. Carlo Cenerelli

Dr. Carlo Cenerelli - Thank you. So, according to your request, I will just start with my grandfather and proceed a little freewheeling. My grandfather was born in 1879 in Osimo in the Marche region (Central Italy), his name was Carlo like me. He was orphaned and was raised by a relative who was a Capuchin friar at the Sanctuary of Loreto.

In those days there was very little money and, to start earning some, he took a degree in agriculture. His desire, however, has always been to become a doctor, but he could not enroll in the Faculty of Medicine because he did not have a high school diploma in classical studies (Liceo Classico), which was compulsory at the time. He then proceeded to graduate in Pharmacy and then in Veterinary Medicine.

Afterwards he got the diploma from Liceo Classico, even though he was a bit older and already married, and finally he managed to enroll in the Faculty of Medicine in Bologna, where he graduated. A man of tenacious will, evidently!

He practiced as a doctor, with satisfaction.



Dr. Carlo Cenerelli (1879-1950)

He had four children: Luigi, who assisted him at the beginning of his profession, then my father, Umberto, Giovanni and Mariola. Giovanni suffered from chorea: quite a difficult, tough disease. My grandfather was busy trying to find what conventional medicines had to offer at the time. Little to zero results. It was then that Dr Tosi, a homeopathic doctor from Arezzo (Tuscany, Central Italy) advised him to try homeopathy.

My grandfather was an open-minded man, he tried homeopathy and considering that with that kind of pathology - i.e. chorea - it's impossible to get a full recovery, he obtained absolutely satisfactory results, so he decided to follow the path of homeopathy and started practicing it. He was particularly attracted by Kent's work, so much so that he translated his Lectures on Homoeopathic Materia Medica into Italian; a monk originally from Malta, P. L. Saliba, who lived in the Franciscan sanctuary in Osimo, collaborated in the work. His translation of Kent's text was the first one in Italian and was published in 1922.

In the introduction, my grandfather briefly mentions some of his cured cases: a uterine cancer; a case of uterine fibroma; an anthrax of the neck; chronic mastitis; acute renal failure; a severe headache that had lasted for 20 years; a case of chronic emphysematous bronchitis; a tubercular peritonitis, etc. My grandfather died in 1950. When he died, a newspaper remembered him as a man of science, a politician ... a man of broad interests.

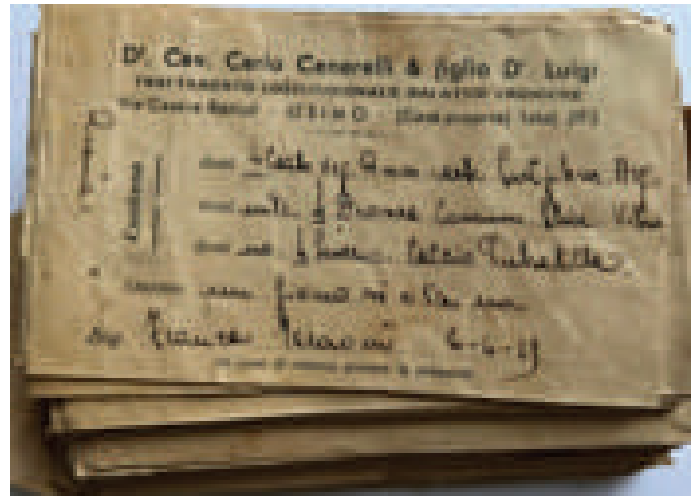


Meeting of the International Homoeopathic Council in 1923.

Dr. Carlo Cenerelli is the first from the left, standing. In front of him, sitting Dr. Pierre Schmidt

*Dr. Gulia - Did he leave any other writings, articles, pamphlets?*

Dr. Cenerelli - No, but I keep here, in the bookcase behind me, about fifty cards as small as business cards, in which there were the patient's name and surname, pathology, prescription and dosage. In short, there was that person's history. He would ask patients to bring this small card back to the next meeting because it was a record of what had been done. In the ones I keep, many different pathologies are listed: from anaemia to bronchitis, etc., with the remedies prescribed.



The "famous cards" of Dr. Carlo Cenerelli grandfather

*Dr. Galassi - I can testify that, at the beginning of my career, so towards the end of the 1980s, I had some patients, old men and women, who had been treated by your grandfather, and they had brought me this famous cards. All of his patients also told me about the famous envelopes of Dr. Cenerelli of Osimo, because he gave the remedies in these small paper bags: he put the globules in there and then the patients took them.*

Dr. Cenerelli - I have a clear memory of this because in my father's house this tradition was maintained: I remember my father and mother rolling up the paper to make a sachet and then pouring in the medicated lactose, sealing the sachet and handing it to the patient. It went on like this until the homeopathic pharmaceutical industry came along.

*Dr. Gulia - Does that mean they prepared the remedies themselves?*

Dr. Cenerelli - No, they got them from Germany, mainly from the Schwabe company: they took them in drops, and then, with those drops they impregnated the globules.

*Dr. Galassi - At this point, tell us about yourself.*

Dr. Cenerelli - After talking to a professor in Milan, who was then Dr. Margaria's assistant, I enrolled at the Faculty of Medicine in Milan, renouncing a university career, of which I cared none: I wanted to be a doctor. I graduated in 1967 and I was already on the ward with patients in my second year. I started by working in an institute of Semeiotics, where, at that time, we were doing experiments on erythropoietin. It excited me ... I must have syringed a few hundred rats.

After the research lab I went to the ward: it was a pleasure being a doctor. I was also tempted to be a surgeon like my father, who had been a surgeon for some time and then preferred to be a family doctor. Even though I had grown up in a homeopathic environment, and had been treated homeopathically, I felt inside the 'Science' and I kept asking my father: 'But what is this homeopathy? The powders, what is that?' I was suffering from a rather annoying disease, which I won't tell you about: no one had been able to cure me. My father had put a lot of effort into it; when I was 13, he had even sent me to Paris to see Léon Vannier, a histrion, but a very good doctor.

It was Vannier, in Paris, who, after some time, told my mother that it was useless for us to continue going to him in Paris because there was one of his students in Milan, whom he held in high esteem, and so we went to him. That doctor was Mario Braccianti: he was my first homeopathic teacher.

I started seeing him to learn homeopathy in 1968 - about a year after I graduated. At that time, in 1968, there were three homeopaths in Milan: to be precise, one of them was not a homeopath but an anthroposophist, Aldo Bargerò, then in charge of the anthroposophists of Upper Italy. The environment at

Braccianti was one of extraordinary scientific enthusiasm. Once a month the homeopaths from northern Italy met together: I remember Garlasco, Gaither, and Bignamini. I remember them all: we discussed, we compared experiences and we established a program for the following month. There was dynamism. Braccianti was a pluralist, in the French manner, a pupil of Vannier.

Braccianti died in 1969, he was not yet 50 years old. He introduced me as his son, as his pupil. He was a doctor with a large and prestigious practice and when he died, nearly all his patients came to me. I had a crisis because I was too young, but eventually I made it. When Braccianti passed away, I was sure that I had already absorbed homeopathic science and that I was the best homeopath in Milan, so I told myself that I could also study acupuncture. I first went to Italian acupuncturists, then, together with two colleagues, one of them was Ruggero Dujany, a brotherly friend, I went to Lyon to Paul Nogier.

There it was, the centre of all alternative medicines. These meetings lasted a couple of days and, at the end, a door opened and this not very tall person came in, with a rather...how should I say...scratchy voice: it was Pierre Schmidt! He stood at the blackboard and wrote a lot of stupid things, or at least they sounded stupid to me. At that time, I was a complexist-pluralist, in short, I used three or four remedies at a time, so I asked myself: 'but what is this one saying?'

One fine day, however, at the end of a meeting, Ruggero and I said to each other: 'Here he comes now, that's Schmidt' - so we decide to pick up our books and leave ... but as we were about to leave, he enters and, with a very sly air, says: 'Ah, you're leaving, eh?'

And we, a little embarrassed, make up an excuse: 'Yes, you know, teacher, we have a train.' And he says: 'Fine, go, but come and see me in Geneva!'

How can you say no? A few weeks later, Ruggero and I went to Schmidt's in Geneva and there I got the biggest headache in history, because he put this book in our hands, Kent's Repertory. He gave me two copies, which I keep in my two studios, one in Erba and one in Milan.

The copy I keep in Milan is worn; I learnt homeopathy on these. Talking to you about Kent's Repertory is superfluous. Schmidt put his entire library at our disposal; thus, we had Hering's Materia Medica, the Clarke, etc. He opened the bookcase, gave us a task, then came to check how we had fulfilled it and said: 'Guys (he spoke French, of course) dig, dig, dig! Don't let a single clod of the ground you are working on remain unmoved, you must concentrate.' We really did study homeopathy.

At the end of the day's visits, he would let us into the practice and reported to us on the cases he had seen; very, very few times we attended a visit in person because he thought that the consultation is too personal, so the patient can be disturbed by the presence of others. But a couple of times we could attend his visits. He had a great passion for iridology; I still keep some notebooks, where he indicated, right on the drawing of the iris, what this and that sign meant. So much so that I bought myself a slit lamp with which I used to examine the iris; now I do it a little less because I only look at the symptoms, because symptoms are what guide the choice of the homeopathic remedy.

*Dr. Marcellini - In the preface to the first "Cahiers", Schmidt states that, during the examination, we should not always be interested in pathology, but in mental, general, physical symptoms, sexual functions, desires, aversions, etc. Did you also proceed in this way during the patient's examination?*

Dr. Cenerelli - Absolutely. There are two big questioning mirrors, Schmidt's and Paschero's, which actually corresponded with each other. But one thing that was then emphasized is the biopathography, that is, what happened in the patient's history. Now I refer to my own actual experience, when I start a visit, if the situation allows me, I even ask what had happened before conception. I start by asking whether that child was sought or came by chance, because these are already situations that can condition the formation of the individual.

Going on, I find out about the birth, what the birth was like, what the early years were like, how the illnesses

came about, what the consequences were; in short, it is important to have the history, the biopathography. Also, because, when a remedy is prescribed, it is possible, I would even say desirable, that according to Hering's law a story can be retraced: if you have collected it well, you know what stones you are walking on, you don't fall in the water because the stone in the stream is a bit unstable.

*Dr. Gulia - What portrait can you give us of Schmidt as a man and as a doctor. Did he have other interests besides homeopathy?*

Dr. Cenerelli - He cultivated good food, but his interests were all related to health matters. He liked art. He collected paintings, some of which he put on display in his waiting room, saying: 'Look at this one: it's very beautiful and I can't afford it, but I'll sell it to you!' Let's say that, basically, he was a professional medical figure. We were not aware of anything else: however, if you go and look at his Cahiers, there he talks about himself, but it is all always linked, consonantly, with medicine. He, firstly, was a doctor, a doctor who, among his tools, had homeopathy, and because homeopathy was a winner over other therapies, he was a homeopathic doctor. This definition of homeopathic doctor is one that I too no longer like to attribute to myself; I am not a homeopathic doctor; I am a doctor who practices homeopathy.



*Dr. Gulia - What teaching methodology did he have?*

Dr. Cenerelli - The methodology was direct, as it was with a few people or every two months we met together with 40-45 people in Geneva in his room and he gave a lecture. When he lectured, he allowed people to speak, the topic was always chosen from time to time. He also allowed big names to speak, important specialists, for example, pediatricians. In every case the real teacher was him, Pierre Schmidt.

*Dr. Galassi - What was his level of knowledge of the materia medica?*

Dr. Cenerelli - I would say it was ... remarkable, remarkable indeed! But he had a strategy, a very intelligent way of teaching: if we asked him something, he would not give us the answer but would tell us where to go to look for it and, since he knew the materia medica very well, he would tell us where to go to look for the answer to that question. And this also for doctrine. Speaking of doctrine, I remember an episode that was extraordinary for me. I had been practicing homeopathy for some time when I treated a girl with an alopecia problem.

I studied her, as a good homeopath would do; I got her history, past diseases, desires and aversions, etc. In short, I collected a good biopathology and then I prescribed Natrum muriaticum. It was a great success; she came back after 3-4 months, saying: 'Look doctor, look what a good result.' I said, 'Yeah, bah, you know...' Good but not extraordinary, so I told her to take the remedy again ... as a result she went around saying I was a murderer.

And why was that? Because her hair had fallen out again, and she was sick again. With this case in my hands, I went to Schmidt saying: 'Monsieur, qu'est-ce que c'est... why did this happen, what does it mean?' And he: 'Because you,' he was always calling me 'lei' (formal Italian), 'you don't know the doctrine well.' And I: 'Meaning? I don't understand.' He: 'Then go to the Organon to paragraphs 246, 247, 248.' I went and I found there the solution, the explanation: the remedy must be prescribed... well I'll stop. I don't need to tell you now

what is written in those paragraphs, you know it well. But, at that time, I had not yet acquired this knowledge, this experience. What is certain is that from then until now I have been obsessive: the remedy must be over 12 CH, from there you go beyond the famous Avogadro's number, it must be strictly liquid - when it has to be repeated - so that it can be dynamized and, above all, you must stop administering it when the first positive results begin to appear otherwise you compromise the therapy and the result.

*Dr. Galassi - Schmidt travelled to the United States to meet Kent who, however, was already dead. He attended Kent's students. Did he tell you anything, considering that he practically lived through the golden age of homeopathy in the US? Even though Kent was dead, there were great masters of homeopathy. Did he tell you anything about that experience, who he met, what he saw?*

Dr. Cenerelli - He told us mainly about two favorite pupils of Kent, who were Schmidt's teachers. One was Dr Gladwin, the other Austin. So, Schmidt, through his two masters, can be said to have been Kent's pupil. He never spoke directly about his experiences in America, but he reported on them in his Cahiers. He recounted, with interesting anecdotes, his experiences in India. I attended more than one Congress with him. He also went there perhaps two or three times on his own, he was fascinated by Indian philosophy.

*Dr. Galassi - Schmidt trained pupils who became great*



Carlo Cenerelli and Renzo Galassi, 2002.  
Congress LMHI of Moscow.

teachers, for example Dr. Künzli. His pupil was also Dr Chand, who was LMHI President when you were Secretary for Public Relations. What was the lesson like? When he came in what did he do? Did he have papers? Did he lecture going off on his own?

Dr. Cenerelli - No, there were no sheets. He talked, explained, narrated: Jacques Baur, his pupil/secretary, took notes and then took care of publishing the Cahiers.

*Dr. Galassi - So he went off on his own. Did he also lecture on materia medica in this way?*

Dr. Cenerelli - Yes, he used to lecture on materia medica like that. Yes, I can see it now: he described a remedy. But above all, he invited people to go and study the materia medica; afterwards, if necessary, he would add his experience. If a case was being discussed, or a remedy for a case, and someone proposed a remedy he didn't agree with, he was used to say: 'Then maybe you haven't read the Materia Medica well, it's not the remedy I would have concentrated on'.

The dilutions! He was obsessed with dilutions. The dilution, indeed, the potency, had to be higher than 12 to be considered a good choice. Even 30 CH was fine because Hahnemann had said so, but then he said 'dix mille, dix mille'. This "dix mille" still rings in my ears: 10,000, 10,000, one dose, 10,000, 10,000, because if that's the remedy it works, and if it doesn't work, that's not the remedy.

*Dr. Gulia - By the way, when Schmidt talks about 10,000, is he referring to Korsakovians or another type of preparation?*

Dr. Galassi - I think they were Korsakovians. In 1989, when I realized that in homeopathy one should not only use centesimals, as we had learnt from Professor Negro or even in Mexico, from Ortega, I went in search of LM potencies. I went to Geneva to the laboratory that had been of Pierre Schmidt's wife's, Mrs. Nagel, to ask if they produced LMs and if there was a way to bring them to Italy, because at that time in Italy we only had the 6LM, the 12LM, the 18LM: we jumped from 6 to 6 and, instead, I was looking for closer dilutions such as

1,2,3,7,9, etc. In that lab, I met two of Mrs. Nagel's co-workers, who had taken over the lab. I remember one of them very well, who had an Italian name: she showed me the instrument that Pierre Schmidt's wife used to dynamize the medicine. It was a membrane of a loudspeaker and she had been able to calculate how many vibrations it made in a second: so, she would put the solution of the medicine on there to dynamize it according to the Korsakovian scheme. So, the centesimals Mrs. Nagel made were Korsakovian. On the other hand, making a Hahnemannian 10,000 centesimal is not so easy. They also showed me the production of LMs from potency 1 to 120; in Italy, in those years, we only had a few LM dilutions, reaching a maximum of 30 LMs. I remember being received very cordially, they even showed me some books and placed in my hand a Kent repertory that belonged to Pierre Schmidt himself with his annotations ... I felt an intense emotion!

*Dr. Gulia - I link to what Renzo has just told us about the 50 millesimals. Schmidt translated the sixth edition of the Organon from German into French and therefore knew the technique of producing LMs and how to use them. To your knowledge, did Pierre Schmidt use them? And what was his opinion of them?*

Dr. Cenerelli - No, I don't remember him emphasizing his use of the 50 millesimals. These are discussions we had together with Jacques Imberechts, who was a colleague and practically my Belgian brother. He was much closer to Schmidt than I was, also because he was geographically closer to Schmidt. Imberechts and I, along with others and with Schmidt himself, discussed whether there was any difference between a Hahnemannian centesimal, for example a non-high centesimal, and a Korsakovian of the same dilution and the answer was: none, it is the number of dynamizations received what counts. So, Hahnemannian or Korsakovian, what's the difference? What matters is the energy they receive, because we work not with matter but with energy.

Dr. Galassi - Schmidt also studied in the US, where the 50 millesimals were not used. And even in Kent's time, the Fincke potencies were probably the most widely used. In short, all of Kent's clinical cases that we read about are

treated with Fincke's: with the Fincke's method one arrives at extreme dilutions, the millionth, the 52,000th, the 100,000th. It is probable that Schmidt, in the USA, witnessed cases treated with Fincke's high potencies. Don't you find it curious, however, that his pupils, like Künzli himself, worked predominantly with the 50 millesimal instead, or that they used Korsakovians according to the Kentian scheme? So, with the 200, the 1,000, the 10,000 and then upwards.

*Dr Gulia - You told us that Schmidt was talking about doctrine and now we have mentioned the word energy: did Schmidt ever address the subject of life force and miasmas?*

Dr Cenerelli - Life force: strictly yes! On miasms, of course he knew about them. He also knew them because having studied and translated Hahnemann, who was the great discoverer of miasms, he could not fail to mention them; however, he did not use them in the strategy to set therapy, i.e. miasmatic diagnosis and then remedy diagnosis, as happened instead with us, who also followed other masters. He concentrated on the symptoms. The symptom is the patient's language: miasmatically it could correspond to a syphilitic; psoric symptom, but this was not the word that guided him, rather it was the symptom. I can say this because I witnessed it, absolutely. The symptoms. The symptom is the symptom. The patient speaks through the symptoms, the patient knows nothing of the doctrine, the patient only knows that he gets a headache at 3 am and it is accompanied by the fear of dying. This is Arsenicum album. Stop.

*Dr. Gulia - Considering your decades of enormous experience, if you had to advise a young homeopath today on which texts to study, 'dig', as Schmidt used to say, what would you recommend?*

Dr. Cenerelli - Well ... I am old ... I stay with the classical texts. I would really like to stress the importance and usefulness of knowing the Organon, especially the whole Organon, especially where it talks about the prescription strategy. Hahnemann, in the 21st and 22nd paragraphs makes assertions as to why a prescription works - it may be so.

But it is when Hahnemann comes to how one should prescribe that I consider those very paragraphs absolutely indispensable. There is no alternative.

Speaking of Materia Medica, there are now far too many of them, not least because one copies the other. I'll give you a quote. Eugène Canseliet, an alchemist, said that the important thing is for the man of science to have a few books with him, but of safe provenance. In other words, one can have as many as 500 books, but the ones to work on must be few and safe. And those few and safe are these: Hahnemann's Materia Medica, Kent's Materia Medica, Clarke's Materia Medica. Then there were and are, so many colleagues who think they can say new things. Yes, maybe that's fine, but let's stick to tradition.

*Dr. Galassi - Most of the authors who have written books or compendiums of materia medica have essentially copied from Constantine Hering, from Hering's Guiding Symptoms and, to a lesser extent, from Allen's encyclopedia, even if only the results of the provings are reported there. For example, 80% of Kent's materia medica is based on Hering and he took up and compared the remedies with each other... What did Pierre Schmidt think and what do you think of the new trends, the so-called new homeopathic trends?*

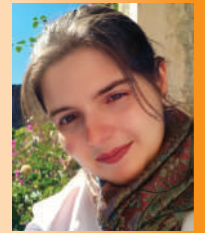
Dr. Cenerelli - I quote a sentence pronounced by Paschero during the Congress of Vienna in 1973, when experiments on rats were also presented: "I understand that the Phosphorus remedy corresponds to the patient phosphorus and nothing else." There are other strategies... complexes... homotoxicology etc. Homotoxicology is not homeopathy, homotoxicology is homotoxicology with its strategies and its laws, but it is not homeopathy.

We have talked about many topics and we would like to continue this conversation, but we cannot abuse the kind availability of Dr. Cenerelli any longer; moreover in the late afternoon of a public holiday. Many, many thanks, Dr. Cenerelli for the testimony you wanted to share with us both regarding your homeopathic family, of which you represent the third generation, and for what you told us about your Master, Dr. Pierre Schmidt.

Dr. Cenerelli - Very good, thanks to you.

# The Use of Homeopathy in a Polytraumatized Dog: Case Report

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## Abstract

Trauma is defined as tissue injury caused by violence or accident, occurring suddenly and damaging the physical body, while the term polytrauma refers to severe injuries in at least two parts of the body. Traumas are the second most common cause of death in puppies (following infectious diseases) and adult dogs (following neoplasia).<sup>2</sup>

The survival rate of polytraumatized dogs is very low, depending on the injuries sustained and the organs affected. Conventional treatment is expensive, often leading to the consideration of euthanasia.<sup>3</sup>

Treatments within Integrative Veterinary Medicine, including homeopathy, play an important role in improving quality of life by alleviating or curing pain secondary to trauma or other conditions in dogs.<sup>4</sup>

The case described involved a polytraumatized puppy that underwent surgery to correct bone fractures and was also treated with homeopathy, improving its symptoms with a single remedy throughout its life.

## Keywords

Polytrauma, Pain, Dogs, Homeopathy

## Patient Information

A female dog, approximately three months old and of no defined breed, was brought to the clinic for emergency care on August 31, 2020. The animal was a stray dog and had been hit by a car. In addition to the characteristic pain caused by the accident, it also had difficulty urinating. Despite all the trauma it had endured and its young age, it was affectionate and compassionate, never showing fear toward those caring for it or displaying aggressive behaviors such as growling.

## Clinical Findings

On physical examination, the dog exhibited intense pain and distress during the evaluation, which indicated the presence of fractures in the pelvic limbs, the right thoracic limb, and a ruptured urinary bladder.

## Diagnostic Assessment

An X-ray taken on August 31, 2020 (Figure 1), confirmed fractures in the left femur, right and left tibias, right fibula, and right humerus.

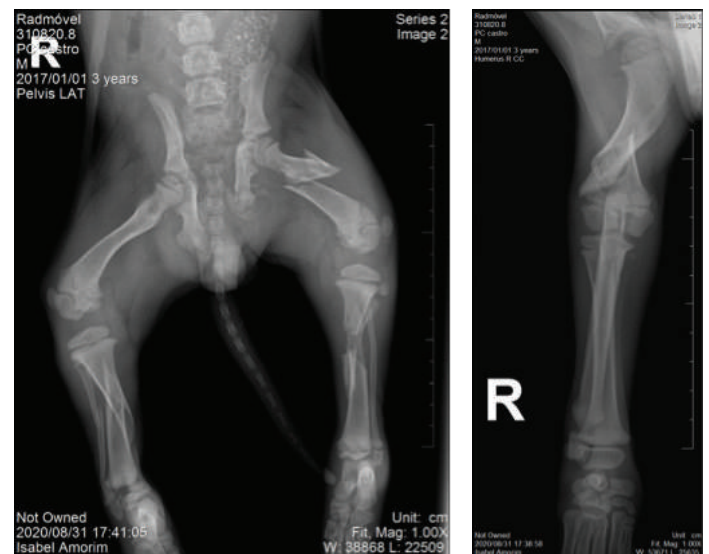


Figure 1

Following the radiographic diagnosis, a surgical procedure was performed on September 8, 2020, to place pins and cerclage for fracture stabilization, along with the surgical reconstruction of the ruptured urinary bladder. The animal experienced reduced pain after surgery, though edema was observed in the pelvic limbs.

A new radiograph (Figure 2) was taken on October 2, 2020, showing fracture consolidation in the right and left tibias and the right humerus.

On May 21, 2021, repertorization was performed (Table 1), using the Homeopathic Repertory for Veterinary Doctors<sup>5</sup>, with the following symptoms. The first two were selected as the guiding symptoms, while the others were secondary but equally important to the case:

- 1 - Limbs; pain, in joints;
- 2 - Behavior; affectionate, nature;
- 3 - Generalities; improved, touch;
- 4 - Generalities; trauma, consequences of;
- 5 - Behavior; desire, to bite;
- 6 - Limbs; lameness, pelvic limbs;
- 7 - Skin; hair loss;
- 8 - Urine; red coloration;
- 9 - Generalities; worsened, by heat;
- 10 - Behavior; fear, noise.

1+2	3	4	5	6	7	8	9	10
caust	X		X	X	X	X	X	X
ign		X	X	X	X		X	X
lyc	X		X	X	X	X	X	X
<b>nat-m</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
nit-ac		X	X	X	X		X	X
nux-v		X	X	X		X	X	X
ph-ac	X	X		X	X		X	X
<b>phos</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
puls			X	X	X	X	X	X
sil		X	X	X	X	X	X	X
staph	X	X	X		X	X	X	X

Table 1 - Repertorization. Numbers 1-10 correspond to each of the symptoms selected in the repertorization above.

The remedies that covered the totality of symptoms are highlighted in bold.

Prescription: Phosphorus 30CH, 3 globules, once a day, for 30 days.

By June 21, 2021, the patient was supporting its left pelvic limb more effectively, had great vitality for jumping and playing, showed a reduced intensity of biting, appeared to be in less pain, and had no further episodes of reddish urine during this period. The single remedy was maintained throughout its life, and it passed away nearly three years later (in March 2023) due to renal complications resulting from the initial trauma.



Figure 2

## Therapeutic Intervention

Eight months after the surgery (in the beginning of May 2021), it showed significant improvement from its initial condition. It had adapted well to its new home, no longer had limb edema, was walking again, running short distances, jumping, and interacting with people. However, in the same month, its overall condition changed, and new symptoms emerged, including difficulty supporting its left pelvic limb on the ground, hair loss, episodes of reddish urine, and a constant urge to bite. While the latter is expected in puppies, it was exacerbated by the chronic pain it experienced. Mentally, the dog remained affectionate and very gentle but showed fear of loud noises, such as fireworks.

## Discussion

Cases of trauma caused by automobile accidents are very common in veterinary practice. Unfortunately, most affected animals have an unfavorable prognosis after surgical reconstruction of bone fractures. In this case, homeopathy contributed to an increased sense of overall well-being, positively influencing the patient's survival.

The homeopathic prescription and the choice of a single and individualized remedy led to an improvement in symptoms and the patient's overall well-being. The repertorization identified two remedies that covered the totality of symptoms: Phosphorus and Natrum muriaticum. The latter was not chosen for this case because the animal's mental symptoms did not match the remedy, making Phosphorus the better option.

Phosphorus was selected based on William Boericke's *Materia Medica* due to the following symptoms: hematuria with red sediment in the urine, bone and joint fragility, significant hair loss, and hypersensitivity to external stimuli, such as noise.<sup>6</sup>

The patient showed symptom improvement with the use of a single remedy throughout the first month of treatment. Despite the chronic pain that was always present in its life, homeopathy contributed to an improved quality of life and the gradual disappearance of other symptoms.

The Centesimal Hahnemannian scale was chosen for this case.

Manufacturer: Quiron Manipulation and Homeopathy.

## Conclusion

This case report was significant in demonstrating the role of homeopathy in a polytraumatized dog. The use of a single remedy contributed to an overall improvement in the patient's condition and sense of well-being.

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# QUIZ CORNER

Vol. 6 n. 1 - 2025

... For our younger colleagues

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## 1) Clinical case n.1

*A case of Epidemic flu - 20 December 2024*

A 60 years old teacher: twenty years ago, cured from his liver ailments by Sulphur and Lycopodium. He has been in good health since then. Over last 15 years he got a few acute diseases, quickly cured, also because he is able to describe his symptoms precisely.

He got flu: fever from the evening before, preceded by an intense sensation of cold. T= 39°C (102.2° F.). No perspiration. He feels an intense headache, > by cold application. No thirst, above all when fever is very high. He feels hot, but prefers to stay under the covers. Shivers and tremors. He doesn't feel agitated but has noticed something very strange about him: a very strange feeling of being alone, that is wife is not taking care of him, which is not true at all, but he can't help lament about it and then he blames himself for that feeling and his repulsive behavior and mood.

*What is the remedy, which improved and cured him very quickly?*

## 2) Quoted from

*Lippe's Keynotes and Red Line Symptoms of Materia Medica* ("italics" and "capital" by Lippe himself): a) TENESMUS OF THE RECTUM, NOT RELIEVED BY STOOL. A "NEVER-GET-DONE" FEELING IN THE RECTUM. INCESSANT AND PERSISTENT TENESMUS. b) Stool: hot, bloody, slimy.

*Which remedy?*

## 3) Clinical case n.2

*An acute tonsillitis - 5 December 2024*

A 10 years old child. Last winter he got 3 acute tonsillitis by Streptococcus  $\beta$  haemolyticus, every time treated by massive doses of antibiotics. Since two days he has got another bilateral tonsillitis, high fever 39,2° C (102,5°F), he feels very cold and wants to stay warm. Throat swab: negative for Streptococcus. His tonsils are very swollen, very red. Lips and gums swollen and very red in color; his uvula is very swollen and red, too. Tongue: covered with a white layer. Swollen cervical and submaxillary lymph nodes. He just can't swallow anything because of the

burning pain and the mechanical obstacle; there is also a continuous flow of abundant saliva, which seems salty to him and which he has to spit out without stopping, since the night before. The breath smell is horrible. Contrary to his usual behavior, he tries to stay still because motion makes him feel worse. His father, a chemist (not willing to give him an antibiotic course again), gave him Belladonna 30 CH, first and then Mercurius solubilis 30 CH: poor results.

*What remedy? (in the following days: blood test for Epstein Barr virus was negative).*

## 4) All of the following remedies

*except one, present the symptom: tenesmus of the rectum, ameliorated by stool.*

Which is it? Calcarea carbonica; Colocynthis; Mercurius solubilis; Nux vomica; Rhus tox.

## 5) In Organon, 6th edition

*Hahnemann states: "... the vital energy is sometimes weakened to an unmerciful extent, sometimes, if it do not succumb, gradually abnormally deranged (by each substance in a peculiar manner) in such a way that, in order to maintain life against these inimical and destructive attacks, it must produce a revolution in the organism, and either deprive some part of its irritability and sensibility, or exalt these to an excessive degree, cause dilatation or contraction, relaxation or induration or even total destruction of certain parts, and develop faulty organic alterations here and there in the interior or the exterior (cripple the body internally or externally), in order to preserve the organism from complete destruction of the life by the ever - renewed, hostile assaults of such destructive forces".*

Which aphorism is? I will help you: read aphorisms from 70 to 80.

### 6) Quoted from

Lippe's Keynotes and Red Line Symptoms of Materia Medica ("italics" and "capital" by Lippe himself): a) SECRETIONS FROM ALL THE MUCOUS MEMBRANES ARE THICK, BLAND AND YELLOWISH-GREEN –

The remedy is ...

### 7) Where is the mistake?

- a) Pulsatilla: all is changeable, mood, symptoms
- b) Pulsatilla is fond of herring
- c) Pulsatilla is very fond of fat
- d) Pulsatilla: < by rest

### 8) Clinical case n. 3

A post traumatic condition – May 1999

The patient is a 53 years old teacher. Just a year before, he suffered a terrible road accident: concussion (remained in coma for several days); multiple and disjointed fractures to the four limbs. He underwent various orthopedic surgeries (reduction and osteosynthesis). One year later, very little callus formation at the various fractures. Forced to stay in bed, attended by two nurses and his wife. Bedsores also formed on his heels and on external malleoli. The trauma changed him: apathetic, no longer interested in anything, detached from everything, he just wants to be left alone, he doesn't want to talk because he gets tired quickly, it is as if every stimulus disturbs him, and he wants to rest. He has lost a lot of weight. His face is pale and sunken. Sometimes, at night, bone pain at the site of the fractures. At that time, at the patient's bedside, I used Synthesis 5, paper edition.

Which is the remedy?

### 9) In Organon 6th edition

Hahnemann states: "... For in the case of injuries occurring to the body from without, if they be at all severe, the whole living organism sympathizes; there occur fever, etc. The treatment of such diseases is relegated to surgery; but this is right only in so far as the affected parts require mechanical aid ... e.g., by the reduction of dislocations, by needles and bandages to bring together the lips of wounds ... by bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate

bandage, etc. But when in such injuries the whole living organism requires, as it always does, active dynamic aid ... then the services of the dynamic physician and his helpful homoeopathy come into requisition."

Which is this aphorism, which explains the clinical case n.3? (I help you: read aphorisms from 180 to 190 and, while you're at it, also aph.67)

### 10) According to Nash'

Leaders in Homoeopathic Therapeutics: "Of XX we have to say that it leads all other remedies for tenesmus of the rectum. This tenesmus is incessant. Stool does not relieve it, and this is what decides between it and Nux vomica in dysentery ... This severe tenesmus may begin in the rectum and extend to the bladder or vice versa ...".

What will this remedy be?

# Solutions

## QUIZ CORNER

### Vol. 5 – n. 2

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#### 1) Clinical case n. 1

**Pulsatilla 1 LM/Q**, 5 drops in half a glass of water: just a teaspoon of the solution, twice a day (morning and evening) for a week: quick amelioration, >>> in ten days.

#### 2) Quoted from Nash's Leaders in Homoeopathic Therapeutics

The remedy is **Veratrum album**

#### 3) Clinical case n. 2

**Veratrum album 30 CH**: plus method, 5 globules in 250 ml of water, a teaspoon soon after each stool discharge.

#### 4) Quoted from Hering's Guiding Symptoms:

The remedy is **Cedron** (=Symptom verified by cures).

#### 5) Hahnemann's Materia Medica Pura

The remedy is **Veratrum album**

#### 6) Quoted from Lippe's Keynotes and Red Line Symptoms of Materia Medica

The remedy is **Stramonium**.

#### 7) Where is the mistake?

b) Capsicum: burning pain in throat, ameliorated by cold drinks

#### 8) Clinical case n. 3 – A case of Bell's Palzy

**Causticum 200K**, one dose + Saccharum lactis, two granules for 3 days: ameliorated but non cured. **Causticum MK**, one dose: completely healed in 48 h.

#### 9) What is the essential requirement for a homeopathic prescription to be effective?

c) Exact selection of the homeopathic remedy based on the Law of Similars

#### 10) From what sources does one acquire knowledge of the therapeutic properties of a homeopathic remedy?

c) Repeated and controlled experimentations on healthy subjects and verified clinical observations

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# Book review: Lessons in Pure Homeopathy

## by Andre Saine

By Dr. Lisa Amerine, ND, DABHM

### Overview

In the profession of homeopathy, few works can claim to be both foundational and revolutionary. Dr. Andre Saine's "Lessons in Pure Homeopathy" (Dare to Know Publishing, 2024, Montreal, Quebec, ISBN: 978-1-7389264-1-2) achieves this distinction by presenting a masterful compilation of nineteenth century American physician Adolphe Lippe's writings while serving as an indispensable modern guide for practitioners. This two-volume masterpiece represents a monumental achievement in homeopathic literature, offering unprecedented access to the wisdom of one of homeopathy's most successful practitioners.

### Strengths and Weaknesses

The work's primary strength lies in its comprehensive presentation of homeopathic principles through Lippe's extensive articles and case studies. Dr. Saine has meticulously curated hundreds of previously unseen cases that demonstrate precise case-taking methodology and successful treatment outcomes. The material is presented in an accessible, inspiring manner that serves both novice and experienced practitioners. The practical applications are clearly outlined, making complex concepts readily digestible for readers at all levels of expertise.

The philosophical foundations are thoroughly explored in early chapters where Lippe addresses the fundamental question "What is Homeopathy?" and distinguishes true homeopathic practice from numerous "departures" that threatened to undermine Hahnemann's work. The inclusion of Lippe's meticulous case analyses demonstrates why he is considered one of homeopathy's most successful practitioners ever to practice.

One of the things that makes this compilation valuable is Dr. Saine's editorial commentary that contextualizes

Lippe's arguments within both historical and contemporary homeopathic discourse. The footnotes enhance understanding of key concepts while providing important biographical and historical details.

The only weakness of Dr. Saine's "Lessons in Pure Homeopathy" is physical. The two-volume structure, while necessary to contain the wealth of information, requires readers to frequently reference both books simultaneously, particularly when consulting the appendix. This could prove to be cumbersome during study sessions and requires careful organization of one's workspace. Perhaps an e-book would be a good addition as links to appendix articles and ease to return to the proper place in the book would be helpful.

### Usefulness to the Intended Audience

This compilation serves as an invaluable resource for practitioners at all levels, with its systematic presentation guiding readers through progressively complex concepts. Beginners will establish a solid foundation in homeopathic principles, while experienced practitioners can refine their knowledge and realign their practice with pure homeopathy.

The book excels in covering essential aspects of homeopathic practice. Chapters on case analysis emphasize the importance of identifying characteristic symptoms that individualize the patient's condition rather than focusing on pathology. Lippe's discussion of the materia medica reveals it as the foundation of homeopathy, consisting of pathogenetic symptoms observed on the healthy, symptoms from intoxication, cured symptoms, and clinical experience. There are valuable sections on posology, where Lippe emphasizes three fundamental principles: constant individualization of potency and repetition, the expanded healing possibilities of higher potencies, and the "golden rule" that as long as improvement continues, there's no need to interfere with additional doses.

### The Law of the Similars: Cornerstone of Homeopathy

Throughout the book, Lippe powerfully emphasizes the primacy of the Law of the Similars as the fundamental principle of homeopathy. In his 1866 Valedictory Address, included in the compilation, Lippe articulates the "inseparable trinity" of homeopathic practice, with the Law of the Similars standing as the first and most essential principle, followed by the Single Remedy and the Optimal Dose.

The book demonstrates how Lippe, following Hahnemann, steadfastly defended this law against any compromise, stating emphatically that "there can never be exceptions" to this fundamental principle. Dr. Saine's commentary elucidates how Lippe warned that admitting exceptions would open the door to eclecticism and ultimately undermine homeopathy's foundation. Through carefully documented cases, the book illustrates how adherence to this law consistently produced superior clinical outcomes, even in serious conditions that conventional medicine of the time struggled to address effectively.

### New Information and Impact on Practice

While this book doesn't introduce new theoretical concepts to homeopathy, it offers a comprehensive collection of historical materials that many modern homeopaths have limited exposure to. The hundreds of cases and articles by Lippe provide valuable demonstrations of expert case-taking skills and successful treatment approaches, highlighting the importance of careful observation, precise symptom collection, and individualization according to Hahnemann's principles. These historical materials reaffirm and validate Hahnemann's work, showing the continued clinical efficacy of pure homeopathy in contemporary practice.

### *Evidence Presented*

By conducting a comprehensive 200-year literature review and consolidating it into a modern reference, Dr. Saine has created a powerful testament to homeopathy's historical efficacy and continued relevance. The careful documentation of successful

cases, combined with detailed methodology explanations, provides compelling evidence for homeopathy's contemporary role. Lippe's passionate defense of homeopathy against allopathic medicine's opposition offers historical evidence supporting properly practiced homeopathy's efficacy.

### Style, Organization and Size

The book's organization serves its purpose exceptionally well. The two-volume format, while physically demanding, is necessary to contain the breadth of material. Dr. Saine's organization creates a coherent educational journey through homeopathic principles and practice. For serious students seeking to understand Hahnemann's pure homeopathy, this work demonstrates why adherence to fundamental principles remains essential for successful practice.

### *Comparison to Similar Literature*

No other publication offers such a comprehensive compilation of Lippe's work, making this one of the most valuable books on homeopathy ever written. There is nothing like this book in the existence of homeopathy. It represents the most significant publication in modern homeopathy, offering practitioners a complete resource for establishing and maintaining a successful practice by combining foundational principles, philosophical insights, and practical case management strategies.

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Disclosure: The reviewer has known Dr. Andre Saine for 25 years and considers him the most influential mentor of her career. While this connection exists, this review strives to provide an objective assessment of the work's merits and limitations.

# Guidelines for Authors

## The Homoeopathic Physician

LMHI publication devoted to Hahnemannian Medicine

*The Homoeopathic Physician* is a journal dedicated to all the members of LMHI. It sees itself as a platform for the Hahnemannian approach within homeopathy. Homeopathy is a medical system and is defined by the application of its principles - the principle of similars being the main one - and procedures described by its founder Samuel Hahnemann in his "Organon of the Medical Art". This is the foundation of all publications in *The Homoeopathic Physician*.

### Submission and Approval of the Manuscript

Send manuscripts with all attachments by e-mail to the editor [andreafloressan@gmail.com](mailto:andreafloressan@gmail.com) in editable format (Word). All articles are subject to review, with articles being distributed to the editorial team. The editorial team reserves the right to make any necessary changes and reductions after consultation with the author and decide on approval. After approval or rejection, the editor will inform the author of the editorial team's decision.

### Structure of the Manuscript

**Formatting text.** Use a standard font like 12 pts. Times New Roman or 11 pts. Arial. Apply single spacing, with no paragraph indentation on the first line. Text should be left justified.

**Title.** The title of the contribution should be as concise and informative as possible.

**Author(s).** Name of author(s), higher academic degree(s) in abbreviated form, e.g., MD, PhD, etc., institutional affiliation, full address of the author responsible for correspondence, including e-mail address and picture. The picture of the main author should be submitted separated in jpg., png., etc. format with a resolution of at least 300 dpi with clear identification. Please include a

brief CV of the main author with the important career milestones, max. 300 characters.

**Abstract.** A short summary of no more than 150 words should be included and should reflect the main content of the manuscript, the objectives of the study, the procedures, findings and conclusions.

**Keywords.** Up to 5 that describe the main points of the text.

**Text.** The text of the manuscript should be sent in English, it should be clear, concise and orderly, taking care of writing and spelling. It should include easily identifiable subheadings. It may include bold words for emphasis.

**Tables.** Tables may be inserted in manuscripts and should include a brief description below. Tables should also be submitted as separate .doc or .docx files.

**Graphics and illustrations.** Graphics and illustrations may be included the text file with a brief description below, but original files should also be submitted separately in jpg, png, etc. format with a resolution of at least 300 dpi with clear identification.

**Comments/Footnotes.** They should be numbered consecutively and identified by superscript numbers in the continuous text.

**Text specifications.** The name of homeopathic remedies, books and journals should be in italics. Abbreviations should be written in parentheses at their first occurrence if they are not generally known, e.g., Liga Medicorum Homoeopathica Internationalis (LMHI). Avoid abbreviations if they are not generally known.

**Citations and References.** They should be numbered consecutively in the order in which they are first mentioned in the text. Do not include the author in your

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## *Research Studies*

Arrange both the Abstract and Text in the following sequence: Background, Methods, Results, and Conclusion. Subheadings maybe used within sections to clarify content.

## *Clinical Case Reports*

A clinical case report should contain at least the following case documentation information:

- Gender and age, possibly initials, no pseudonyms or identifiers should be mentioned.
- Important parts of the anamnesis with patient data. If necessary for understanding, also data from the family anamnesis, as well as data obtained from imaging or laboratory studies.
- Clinical history with important clinical findings.
- Reason for the choice of the homeopathic remedy. Repertorization of the symptoms and confirmation in the Materia Medica must be included. It is very important to emphasize that any citation of the

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

- Remedies with potency levels (if possible, name the manufacturer), the method of dilution (D, CH, K, LM or Q) and the dose (number of drops, globules, etc.) should be clearly indicated as well as date of administration, accompanying therapy, detailed information on the course with time data (dates of administration) and changes in symptoms, follow-up time.
- Use of MONARCH criteria for causality analysis is recommended.

## *Privacy and Informed Consent*

The author is responsible for the protection of data privacy, especially with regard to the medical history and information of patients. Photos of patients must conceal the patient's identity and require a statement of consent. If the identity of the patient is disclosed, the author must obtain informed consent by means of a written statement.

## *Conflict of Interest*

All authors are obliged to disclose conflicts of interest, if any, in their manuscript.

## *Overlapping publications*

In principle the journal will not publish papers that have been simultaneously submitted to other journals. If any article was previously published or wants to be published by another journal, the LMHI must be informed.

## *Remuneration*

There is no financial compensation for the contribution published in the journal.

## **Letters to the editor/response letters to articles**

Letters to the editor and letters of response to articles should be sent to the editor. The letter must be brief and to the point. No more than 2000 characters; anything in excess of this must be discussed with the editorial team. The letter should be clear and concise, easy to read and understandable. Even if the author of the letter disagrees with the article, it has to be written in a respectful manner, without aggressive or derogatory language. If questions are asked or concerns are expressed, they have to be as specific as possible. This helps the author and editors address concerns and improve their work. If the letter is making a critique or providing feedback, it must provide evidence or examples to support the letter writer's point of view. The letter should follow the journal's formatting guidelines. This includes using appropriate headings, spacing, and referencing.

The letter should provide contact information including name, academic degree, position, institutional affiliation, e-mail address and any other relevant contact information so that the editor can contact the author of the letter when needed.

After approval, letters to the editor and response letters to articles will be published in the next publication.

If the letter concerns an article published in The Homoeopathic Physician, the author of the article is offered the opportunity to reply, in no longer than 2000 characters.

## **Book reviews**

Book reviews may be submitted as short articles of 500-1200 words. The book review must include a brief summary of the book's strengths and weaknesses and evaluate the book's overall usefulness to the audience it is intended for.

Ideally the review must include the answers to questions such as- What new information does the reviewed book present and how it might affect the readers' practice? What evidence does it present and how convincing is it? Is the style, organization and size of the book appropriate for its purpose? Is similar literature already available? If yes, what is new in this book?

The title must include the book's name. The article must contain the name of publisher, ISSN number, year and place of publication of the book. It must also contain the qualification, institutional attachments, place of residence, e-mail and contact information of the reviewer. The reviewer must clearly state their relationship, if any (personal or professional) with the author or publisher of the reviewed book.

**Manuscripts, letters to the editor, response letters to authors, book reviews** should be sent or emailed to the Editor: Andrea Flores Sánchez, MD, [andreafloressan@gmail.com](mailto:andreafloressan@gmail.com) and to the LMHI Secretariat: [secretary@ligamedicorum.org](mailto:secretary@ligamedicorum.org)