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100  
YEARS

LIGA  
MEDICORUM  
HOMOEOPATHICA  
INTERNATIONALIS

Editor: Dr. Aditya Pareek, M.D.

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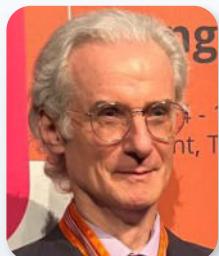
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# EDITORIAL

## *Timelessness of Homeopathic Concepts*

Homeopathy as a medical science encompasses various facets of understanding health, disease and treatment. It is not merely a form of therapeutics. The contemporary medical world has now appreciated the importance of holistic health whereas holistic wellness has been a core principle of homeopathy since its inception. Wellness refers to not merely a state of being healthy but to living a healthy life.



When traced for its origins, the concept of holistic wellness can first be found in the "Taittreyi Upanishad", an Indian scripture written around 600 BC. It mentions the 5 "koshas" of human life – The Annamaya kosha (Physical body), The Mannmaya kosha (Mind), the Aatmaya kosha (Vital Energy), The Vigyanmaya kosha (Knowledge) and finally, the Anandmaya kosha (Bliss). The "Taittreyi Upanishad" was not translated into any foreign language or available to the western world until the late 19th century. Yet, this timeless concept can be found in aphorism 9 of Hahnemann's Organon of Medicine wherein he defines health. Hahnemann mentions – Sensations and Functions (Mind and Body), Vital force (vital energy), reason gifted mind of man (Knowledge) and higher purpose of existence (Bliss). Such a complete and time-tested understanding of holistic wellness is just one example of what homeopathy has to offer as a medical science at large. It is no wonder that since 2 centuries, homeopathy has stood the test of time and continues to be an important part of the lives of millions across the globe.

## *Special edition on LMHI Centenary*

It is a special privilege for me to be the editor of the LMHI journal in the centennial year of this important association. Being the centennial edition – we have some special articles on history – Dr Ulrich Fischer who has been an important pillar of LMHI governance takes us through these 100 years of LMHI in his article titled likewise. Marion Baschin, LMHI secretary of archives, gives us an authentic account of the history of homeopathy in the past 100 years which is often not as well researched as the first 100 years of homeopathy. Articles on Endometriosis, fundamental research on Arnica, quiz corner and a veterinary case round up this edition. Regular readers will notice a new design and layout from this edition onwards – this is intended to align with the standard LMHI corporate design language. The cover image, designed by Dr Ulrich Fischer, is a collage containing pictures of homeopathic stalwarts who have greatly contributed to the LMHI administration and LMHI congresses.

With a commitment to further enrich the journal in its subsequent editions with diverse contributions, I wish you a fulfilling and enjoyable reading.

**Dr Aditya Pareek MD**  
**Editor**

# PRESIDENT'S MESSAGE

Dear colleagues, sisters, and brothers,

As we begin a new century for the LMHI and prepare for the future, we can anticipate successes, challenges, difficulties, and satisfactions; it is up to us to approach each of these in a way that suits us. We carry the wisdom of ages, some of it in the form of reason and wisdom, and in the context of experience from practice, not just our own but also inherited through apprenticeships, and the care of patients. Some elements get mixed in, which arise from our creativity and intuition, and some of them can be brilliant in the form of insights, and some can be imaginative and the sort of fancies that may be interesting but not necessarily true or useful.



That is where we need to be in community, to share and discuss what is what, what is worth preserving and keeping for posterity, and what may not be worth it. It is not for individuals or committees to decide, but the whole homeopathic community. For that, we need to have a framework and a method. The scientific method, born at the end of the Renaissance, provided the method that fostered the age of rationalism, which was the Enlightenment.

There is no question that Hahnemann was influenced by both Aristotle and Francis Bacon; he took from both and selected the elements that Bacon proposed that refuted Aristotle. Though this will have to be a discussion for another time.

What we can say, at this juncture, is that Hahnemann followed the principles of empirical observation, inductive reasoning (in contrast to Aristotle's deductive reasoning), and systematic experimentation, which Aristotle never did. He also called his magnum opus the *Organon of Rational Healing*, following Aristotle's "Organon," which means an instrument of thought, especially a means of reasoning or a system of logic. This instrument was then modernized by Francis Bacon and called the "Novum Organum," the new tool of reasoning; Hahnemann applied this method to healing.

We must keep in mind that Hahnemann left us a jewel of reason, not of heated, merciless, and contentious emotions; though he certainly was a passionate man himself, whose emotions took the best of him, sometimes to his detriment and that of the homeopathic movement, as it is noted by Dr. Ulrich Fischer in this issue. Hopefully, we can use discernment to go farther than Hahnemann did, while taking the best of him and honoring his legacy.

## PRESIDENT'S MESSAGE

Hahnemann also shared Bacon's contempt towards the orthodoxy of his time, as is well known, and its misguided and harmful methods, not the result of observation and experiment but of a rigid conception of assumption and the imagination. We must make sure that we don't close our minds and hearts to approaches that are reasonable, well thought out, arrived at by clear, systematic, and thorough experimentation, and not just personal preferences based on intuition imbalanced by sound reason. We must also not fall for the materialist scientism of our times.

The LMHI is currently at a crucial point, where we are reaching unity among schools of practice and multiple associations, including patient organizations, which are crucial for influencing legislators. Let's make sure we keep equanimity, open-mindedness, and compassion as we move forward.

And the most important of all, each one of us counts; it is only by participating, collaborating, and cooperating that we can achieve the goal of making homeopathy a global healthcare system. We need to have everyone's presence. Everyone is welcome to come together; each one has unique skills and competencies to offer.

Sincerely,

**Bernardo A Merizalde, MD**

**President LMHI**

# 100 YEARS OF LIGA MEDICORUM HOMOEOPATHICA INTERNATIONALIS

Dr. Ulrich Fischer  
President of Honour - LHMI, Germany

## Abstract

This article focuses on two key aspects in particular: On the one hand, significant structural changes have taken place within the LMHI over the past 100 years, which ultimately led to the democratic organisation we know today. On the other hand, the search for the 'right' homeopathy – i.e., the content and thematic orientation that the LMHI represents to its members and to the outside world – has not only shaped the global homeopathy community but also influenced the emergence and 100-year development of the Liga Medicorum Homoeopathica Internationalis.

## Keywords

LMHI, Genuine Homeopathy, Democratic Statutes

A lot can be said about the 100-year history of the LIGA. We will concentrate on 2 main areas. On the one hand, significant structural changes in regard to the statutes have taken place over the past 100 years, which ultimately led to the democratic organisation that we know today. On the other hand, there was the search for the 'right' homeopathy, or rather the controversial discussion about the content orientation of the LIGA and its congresses and the resulting external impact on the homeopathic world. Both aspects characterised the process of foundation and the 100-year development of the Liga Medicorum Homoeopathica Internationalis.

Intense disputes and conflicts regularly took place at many congresses between colleagues working classically and using high potencies with 'clinical'

homeopaths, pluralists, complexists and ideologists. Even within the so-called classical and Hahnemann-orientated approach, there were often differences of opinion.

Hahnemann himself initiated this conflict. Even before the first meeting of an international group of homeopathic physicians on the occasion of his 50th anniversary of the doctorate in Köthen 1829, a fierce dispute had arisen between him, his most loyal students and his colleagues in Leipzig who refused to support some of his developmental steps (Chronic Diseases) and who were also prepared to compromise with the existing university medicine of the time.

These fundamental conflicts of homeopathy were taken along with its worldwide spread and characterised the development of many national homeopathic associations.

Hahnemann himself took this conflict with him to Paris, because the next documented international congress of homeopathic physicians was organised with the participation of Samuel Hahnemann in Paris in 1835.

In his speech on 15 September 1835 to the Gallican Homeopathic Society in Paris, where he was invited as guest of honour, he said:

*„I recognise as disciples only those who practise pure homeopathy and whose medication is absolutely free from any mixture with the remedies previously used by ancient medicine.“<sup>6</sup>*



Hahnemann harshly criticised the homeopathic physicians in Paris in particular for having too little knowledge and making too many compromises.

He insisted further: „*In urging the members of this Society to redouble their study of homoeopathy, I would like to point out to them and to all of you that if homoeopathy is a life-saving art, the refusal to learn it is a crime.*“<sup>6</sup>

The well-established homeopathic colleagues in Paris then withdrew from Hahnemann and also ignored his regular offers of further training.

The conflict between the different schools of homeopathy, which had already caused him so much grief, trouble and worry in Köthen, had thus also been fully established in France since the mid-1830s.

Melanie Hahnemann is later reported to have said: „*Hahnemann's arrival in Paris led to a split among French homeopaths*“. <sup>7</sup> Melanie Hahnemann also gives us an insight into the quite controversial and heated discussions at congresses in the early days of homeopathy.

**The International Homeopathic Association**, one of the preceding organisations of the LIGA, was founded at the meeting of homeopathic physicians in Brussels in 1856.

An unpleasant incident occurred on this occasion. In the run-up to the congress, Melanie Hahnemann had announced that she would be attending this homeopathic congress in September 1856. This news reached the Commission Central Homoeopathique in Paris via the press and triggered a strong reaction there. Pétroz, president (and Hahnemann's former rival for opinion leadership among French homeopaths),

immediately published a letter in which he strictly rejected Mrs Hahnemann's participation in the Brussels congress - with reference to the congress statutes which state that only doctors with a university degree are admitted to the congress. <sup>5,7,11</sup>

The offended Melanie Hahnemann replied with the following words: 'What should I do in an assembly of parties who lack unity, who shout at each other when they meet, and whose sensational disputes turn homeopathic publications and assemblies into a Tower of Babel, instead of showing the educated world that beautiful unity which characterises true Hahnemann disciples who have a sufficient knowledge of their science.'<sup>5</sup>

The congress in Brussels was opened on 24 September 1856 under the honorary presidency of Clemens von Böninghausen.

**The 1st World Homeopathic Convention in Philadelphia in 1876** was another important step on the way to a stable and ongoing international homeopathic organisation and regular congresses.

The congress was prepared by Carroll Dunham. At this convention it was decided to have such international conventions every five years and these quinquennial congresses were held regularly until 1911.

At the opening of the congresses two sets of officers had been elected: acting and honorary. The acting officers were to serve only during the sessions of the congress, while the honorary officers were to serve during the interim between the current and the succeeding congress.<sup>2</sup>

Already 4 years later, on the 16th of June 1880 the



**International Hahnemann Association (IHA)** was founded.

What had happened?

The conflict between orthodox homeopathic colleagues and so-called 'free' homeopaths within the American Institute of Homeopathy (AIH) escalated and led to the formation of the IHA, one of the most important predecessor organisations of the LIGA.

20 years later, IHA President J. Henry Allen justified this step with the following words:

*„The great and valuable truths that had been promulgated by Hahnemann had been by the majority of homeopaths but imperfectly understood. But few had caught the true inspiration of the Master and the few followers had long noticed the rapid retrograde movement, on the part of the would be leaders in the so-called Homeopathic School. (almost the wording Hahnemann used in Paris 1835!) Nothing was taught but palliative treatment, Hahnemanns theories of chronic disease and the use of dynamized remedy, were treated as myths. The only recourse left was to organize a new society.“<sup>8</sup>*

Triggered by the events in the USA, which the Flexner Report had caused there, the wish was expressed in London in 1911 (President Dr Burford) that in future, meetings should be held at shorter intervals than the previous five-yearly intervals in order to be able to react more quickly to events threatening homeopathy in the individual countries.

Thus the **International Homeopathic Council (IHC)** was founded in 1911 as a subdivision of the five-yearly meetings. The IHC met every year and held consultations primarily on professional policy

issues and discussed how to help a country in which homeopathy was in difficulties. This purely advisory function of the new body meant that only the country delegates elected by the individual national societies met here. Thus, the idea of the International Homeopathic Council was born, with the aim to safeguard interests in the advancement of Homeopathy and advice in regard to politics.

Preparations for the foundation of the International Homeopathic League were made at the International Homeopathic Congress in Barcelona in 1924.

To show what thoughts moved the founders of the LIGA - finally in the run-up to its foundation in 1924 - I quote here from the minutes of Fergie Woods, one of the founders of the LIGA and its 'Organising Secretary'.

*„The work of the IHC is to help to extend homeopathy and strengthen its position in all parts of the world.*

*This should be done by annual meetings in different countries at which homeopathic practitioners meet each other. The bringing together of homeopaths of different ethnic groups and shade of opinion for friendly and social exchange, where papers are read and discussion held as to the best means of increasing the interests of doctors in our great system of healing.*

*The work of the IHC therefore consists on the one hand in a constant effort to improve the quality of our work and on the other hand in propaganda.“<sup>17</sup>*

The International Homeopathic Council, founded at the International Homeopathic Congress in London 1911, finally led to the foundation of the **International Homeopathic League (IHL)** 1925 in Rotterdam.



I quote from the minutes of the German delegate Dr med. et phil. Kranz-Busch:

*'On 9 September 1925, a working group was formed to initiate the preparations for the new organisation, consisting of Drs. Neatby (London), Dr Tuinzing (Rotterdam), Dr Granville Hey, Dr Pierre Schmidt (Geneva) and Dr Roy Upham (New York). The aim is to found an international league of homeopathic doctors from all over the world.'*

*The next morning, 10 September 1925 at 9:30 a.m., Dr. Neatby presented the proposals for the organisation of the Homeopathic League to the International Homeopathic Council. All motions were translated into English, German and French, discussed and put to the vote.*

*At the evening session at 8:30 pm, with 14 delegates present Dr. Neatby read again the proposed new constitution of the IHL. Afterwards it has been adopted as a whole and become effective forthwith. This was carried unanimously.*<sup>13</sup>

The IHL was established under the terms of Swiss Civil Law with Geneva designated as its registered office. On March 16, 2013, LIGA's headquarters were moved from Geneva to Köthen - to the Hahnemann House.

The aims and objects of the IHL were summarized as

*"First of all, every homeopathic physician should belong to the League affiliation of his own country. The aim of the League was to unify under one nominal head all the homeopathic institutions of the world. It was considered to be advisable that there should be a League meeting every year for political purposes and a League representative was needed in*

*every country all over the world. In that way the strong countries could support the weak; the weak could also give suggestions to the strong and homeopathy could be made a world institution."*<sup>12</sup>

Initially congress meetings for business affairs and elections took place every 5 years.

**1927 in London**, the expanded tasks of the LIGA were defined:

*"LIGA and national homeopathic associations should work for promotion by the state and authorities, as well as for homeopathic departments in hospitals, research opportunities and training centres for Hahnemann's homeopathy and support the unprejudiced re-examination of homeopathic remedies."*<sup>14</sup>

An interesting episode occurred in Brazil in 1954 when the so-called "1st Homeopathy World Congress" in Rio de Janeiro was held there under the direction of Dr. Azevedo. The LIGA was not officially invited. Alarmed by this situation, the IHL sent Pierre Schmidt, who made it unmistakably clear that this so-called „1st World Congress“ was at best the 42nd International Congress and could not be called a "World Congress", as European and Asian countries were almost not represented and, moreover, because this congress would not meet the LIGA's requirements either structurally or in terms of its lecture program. A humiliation for the LIGA. He made it clear that the IHL has a claim to leadership as far as world homeopathy is concerned. The Pan-American homeopathic institutes and organizations were invited to join the LIGA as members.<sup>16</sup>

At the **congress in 1955 in Stuttgart**, an attempt was made to reorganise the IHL with the aim of bringing homeopathic doctors around the world



closer together. An invitation was extended to all national associations to join the LIGA. At this point, a fundamental problem emerged in many countries, which accompanied the LIGA for years. How can several national associations, some with very different orientations, be represented by one delegate? This led to ongoing conflicts between national homeopathy associations.

**1966 in Hannover** the preamble of the LIGA, its aim and purpose as we know it today, was defined:

*„The purpose of the LMHI is the development and defence of homoeopathy in the world and the creation of a link between homeopaths with medical diplomas and also between societies and persons who are interested in homeopathic questions. The LMHI has only a philanthropic purpose and must not carry on any business or trade.“<sup>2,9,10</sup>*

**The International Homeopathic League is now called Liga Medicorum Homoeopathica Internationalis (LMHI).** (Now with the addition of *medical*)

The LIGA functions through an Executive Committee, the International Council, the General Secretariat and a triennial General Assembly which is responsible for elections, approval of accounts, fixing subscriptions, fixing the annual congresses, excercise of all rights conferred by the statutes.

The changes made to the LIGA constitution in Hannover, called a „Milestone“, can be seen as a necessary structural development of the LMHI, but at the same time this was also the cause of heated disputes and the subsequent split in the LIGA.

From 1975 onwards, there was a turning point in terms of the content-related orientation and

leadership of the LIGA by homeopathic personalities. Pierre Schmidt, the most experienced homeopathic teacher and guardian of Hahnemanns homeopathy who had been continuously present in the LIGA until then, withdrew and the transition to more recent times was characterised for years by outstanding teachers from various schools such as Pablo Paschero, Alfonso Masi-Elizalde, Proceso Sanchez Ortega, Matthias Dorcsi, Antonio Negro and others.

Later, George Vithoulkas, Frederik Schroyens, Jan Scholten, Massimo Mangiolavore, Rajan Sankaran and other colleagues also influenced the LMHI congresses with their lectures and books.

For many years there were disagreements and dissatisfaction regarding the nationally elected vice-presidents of the LMHI, who in some countries were not democratically elected from all existing homeopathic medical associations, but were appointed and sent by only one (usually particularly orthodox) school, in the desire to reserve the LIGA only for the followers of Hahnemann.

In addition, the members of the country in which the General Assembly took place, for example, were able to dominate elections and decisions and thus to a certain extent also the thematic orientation of the LIGA through personal policy and thus intervene in national conflicts.

An open and heated discussion emerged about this in 1985, which led to a physical fight in the audience during the General Assembly in Lyon.

In 1987, this dispute culminated in a split at the Extraordinary General Assembly in Washington. Colleagues from Argentina, France, Mexico, India, Italy and other countries left the LMHI and



founded the OMHI -Organisation Médicale Homéopathique Internationale- in 1987, which lost importance again over the years and finally disappeared.

As a result of this event, the Executive Committee of the LMHI began to draft a more democratic constitution for the LIGA in Oaxaca in 1995.

At the **1998 triennial congress in Amsterdam** the new Statutes and Procedures were approved by the General Assembly. The new Statutes had 2 sections: The Statutes with the most fundamental articles concerning name, purpose, membership categories and the definition of the official bodies of LMHI. And the Procedures: comprising proceduring matters like formation of working committees, job descriptions of the IC members, membership fees etc. The General Assembly was abolished and the International Council consisting of the National Vice Presidents (NVP's) of each member country was now the highest authority and decision taking body of the LMHI.

In the year 2000 in Budapest the **LMHI Resolution on Homeopathy** was adopted. "Homeopathy is defined by the application of the principles -the principle (law) of similars being the leading one- and procedures described by its founder Samuel Hahnemann in his Organon of Medical Art (6. Ed.). This represents a clear commitment by the LIGA to Hahnemann's homeopathy."

In the 2000s, LIGA developed a meaningful and fruitful collaboration with the European Committee of Homeopathy (ECH) in the area of several working committees. Valuable joint publications were produced, such as the *International Medical Homeopathic Teaching Standards* and a pooling of the few existing homeopathic specialists worldwide was created.

In preparation for this presentation, over the past year I have read many minutes of LIGA board meetings from the past 100 years and have found that the LIGA has always been able to work effectively and fulfil its self-imposed goals when the connection between the National Vice Presidents and the governing bodies of the LMHI worked well, when further there were enough qualified, homeopathically well trained and willing Executive Members who were able to manage the LIGA and accompany projects over longer periods of time **and** when there were sufficient financial resources. Unfortunately, the LIGA's lack of financial resources continues to set limits in many areas.

However, a minimum financial contribution is required to fulfil the most important tasks and, in addition, colleagues are always needed who agree to be available on a regular basis over a certain period of time to run the LMHI.

For decades, former LIGA President Jacque Imberechts described this with words that still ring in our ears today: '*You have to feed the cow you want to milk*'.

I would like to conclude my presentation with an outstanding personality in the history of the LMHI, who played a decisive role in shaping the first 50 years of the LIGA, as well as its foundation, and whose spirit still inspires us today.

I am talking about Pierre Schmidt/Geneva, Switzerland.

With his authority, his power of persuasion, his enthusiasm, his convincing lectures and his immense homeopathic knowledge he not only characterised the spirit of many congresses, contributed to a high standard of lectures, but also played a decisive role in shaping the policy of the



LIGA at many Council meetings. In 1931 he took over the presidency.

I quote a few sentences from his opening speech, which he gave at the congress in Geneva in 1931 - 6 years after the foundation of the LMHI at the age of 37 - and in which he masterfully sets out a code of honour for the LIGA.

*„The spirit of our congresses must be the spirit of homeopathy. There must be a spirit of gentleness, reconciliation and good understanding among us and our relationships should be fundamentally characterised by a spirit of goodwill, reciprocity and mutual learning.„*

*„There must be a spirit of rigorous observation and faithful presentation of the facts, not of sophistry and arrogance. There should be a spirit of wisdom, honesty and strict impartiality in our meetings when we analyse the facts presented by others.“*

*„If divergences should arise among us, on questions of detail in homeopathy, it is not for us to criticise those who do not think as we do, we should rather present our point of view and try to convince with faultless logic and precise facts.“<sup>15</sup>*

These words by Pierre Schmidt from the founding years of the LIGA should serve as an encouragement to us.

Finally, I would like to remind you once more of the thoughts that Fergie Woods wrote down in the run-up to the founding of the LIGA: *‘the aim is to safeguard interests in the advance of Homeopathy and advice in regard to politics to strengthen its position in all parts of the world.’*<sup>17</sup>

If we carry this basic idea of the LIGA as given by its

founders in our hearts and use our congresses, the most important instrument of the LMHI, to invite colleagues from all over the world to exchange experiences, we will be able to develop common strategies to conduct research, to effectively counter attacks on homeopathy **and** to face the biggest concern of homeopathy worldwide: the lack of young doctors with an interest in homeopathy.

Like all national associations, the LIGA must also succeed in creating a platform for students and young colleagues, particularly at its congresses, in order to motivate them to study homeopathy.

We conclude, that there are plenty of reasons why a LIGA with a strong membership is needed. This is what we wish the LMHI for the next 100 years.

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# HOMEOPATHY - 1925 to 2025

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In May 2025, the Congress of the Liga Medicorum Homoeopathica Internationalis (LMHI) was held in Utrecht in the Netherlands. During or with this Congress, the 100<sup>th</sup> anniversary of LMHI was celebrated. Therefore, the opening ceremony paid special attention to the last 100 years of homeopathy. The speech held at this occasion will be presented here referring to several sources used during the preparation but keeping the original character of a spoken text.

The history of homeopathy, of course, starts with the founder Samuel Hahnemann (1755-1843). His ideas and hopes for changing medical treatment completely were not fulfilled, as he already faced criticism. Nevertheless, homeopathy became part of the medical system, fascinating and convincing people even now. The history of homeopathy will be presented in four spotlights covering the last 100 years. In addition, although the history of homeopathy in the 19<sup>th</sup> century has been researched, there is still a lot of historical research work necessary to uncover the history of homeopathy during the last 100 years.<sup>1-3</sup>

Before entering the more recent history of homeopathy, we must step back 200 years: In 1825, Hahnemann lived in Köthen. He had moved there in 1821. He had already published several books in which he formulated the principles of homeopathy, e. g. the *Organon* or volumes of *Materia Medica Pura*. He had gathered pupils and scholars and worked in his medical practice helping patients and filling journals with information. In

addition, he worked on his system further. Around this time he developed the idea of potentisation, meaning that small remedy doses would increase their powers instead of decreasing and a few years later he was about to publish his ideas about chronic diseases.<sup>4,5</sup> But, at this time, criticism towards Hahnemann's approach was also formulated and it accumulated with his later works and ideas. This led to the separation of Hahnemann's followers: On the one hand, the genuine homeopaths, and the so-called critical homeopaths on the other hand.<sup>2,4,5</sup>

## 1925

A hundred years later, in 1925, the world had changed completely: Science had shaped the understanding of medicine in a completely different way. Bacteriology had celebrated huge successes and causes of illnesses had been discovered. But, the world and Europe had faced the catastrophe of World War I and only slowly the idea of working together re-emerged. In the 1920s, critics of "modern" medicine had grown loud. After successes in bacteriology and development of techniques such as X-rays, hopes for cures had not been fulfilled. Moreover, psychological effects on war veterans led to the question of how to deal with those injured in this respect. Therefore, the medicine of this period found itself in a deep crisis which was also named as such, e. g. in the publications of the German physician Erwin Liek (1878-1935) and others: technically based medicine and



technology, specialisation and changes in the physician-patient relationship were strongly criticised, amongst other points.

In Germany, scientific homeopaths dominated this period, working with low potencies in most cases according to constitutional features and organotrophic prescriptions. The use of technical achievements such as blood values or electrocardiography was also accepted amongst homeopaths. In Germany, according to a rough guess, around 1919 about 500 homeopathic physicians were doing their work. In general, lay movements in naturopathy and homeopathy gained members and were on the ascendant.<sup>2,5,6(p203-59)</sup>

In 1921, the 6<sup>th</sup> edition of the *Organon* was published by Richard Haehl (1873-1932). He was a homeopathic physician, trained in America, practising in Germany and had collected "everything" about the founder of homeopathy Samuel Hahnemann, thus preserving his belongings and historical documents. The manuscript of the 6<sup>th</sup> edition of the *Organon* today is held in San Francisco, while the legacy of Hahnemann is kept in the Institute for the History of Medicine in Stuttgart. Haehl also published a biography of Hahnemann, due to which Hahnemann's life and late works became more and more known and which also caused the interest in homeopathy to increase.<sup>2,5,7</sup>

From the beginning, homeopathy started under the impression of internationality:<sup>5(p231)</sup> Hahnemann had gathered his knowledge from several backgrounds, had translated numerous works and practiced in Germany and France. His disciples and patients brought homoeopathy to several countries worldwide. And, towards the end of the 19<sup>th</sup> century, international congresses had already taken place. After the War, the openness towards cooperation and demands for holistic

approaches enabled the formation of international organisations such as LMHI, although it was influenced especially by American and European homoeopaths. A first meeting and the foundation of LMHI took place 100 years ago in Rotterdam. But, the history of LMHI will be told in another contribution.<sup>8</sup>

In Germany in particular, the idea of homeopathy was not regarded as poorly as in the years before.<sup>2,5,6</sup> In 1925, an essay by the surgeon August Bier (1861-1949) appeared in the *Münchener Medizinische Wochenschrift*, a leading medical journal of these days, in which he spoke positively about Hahnemann and homeopathy. Bier became known for his trials of homeopathic remedies and his "Reizkörperbehandlung" ("stimulating body treatment"), which he described himself as some sort of homeopathy. Bier explained the effect of homeopathic organ-specific remedies by the fact that they caused a weak stimulation of the organs, which brought about healing (according to the so-called Arndt-Schulz-Rule). Bier experimented with low homeopathic potencies. He pleaded for a truce between conventional medicine and homeopathy. The reactions to his article were controversial and sometimes heated. Proponents and opponents tried to convince each other of their arguments. Ultimately, the debate increased awareness of homeopathy. Moreover, the idea of the effectiveness of homeopathic doses was enhanced by the discovery of the effects of hormones and vitamins as they had huge impact on life even in small doses. Also, research in allergies and hay-fever supported the idea of simile. Nevertheless, homeopathy still occupied a small field in Germany, whilst, worldwide, it was facing a lot of critics and fighting for survival. In particular, homeopathy had been in decline in the USA since the beginning of the 20<sup>th</sup> century.<sup>2(p63-9)</sup> And, although curiosity was woken, and research



work done, no real cooperation took place, nor was there any acknowledgement on behalf of regular medicine. Moreover, homeopathy itself was still separated in the dominating scientific group and those called "Hahnemannian" favouring high potencies.

## 1950

25 years later, Europe was shattered and in ashes again. In Germany and in those countries impacted directly by the war and or having been under occupation, homeopaths had to reorganise themselves. In general, political and medical systems had to be rebuilt and organisations had to start again. Due to several developments, modern medicine experienced an upswing and there were big successes which reinforced the hopes of curing illnesses completely. A decline of infant mortality and an increase in life expectancy favoured these circumstances. Antibiotics like penicillin, progress in surgical disciplines, technical developments like cybernetics and better anaesthetics led to great successes and new hope regarding cancer treatment for example. Thus, a decline of homeopathy could be observed and the role of homeopathy was questioned very critically. The scientific direction of homeopathy was still dominant, and the progress of medicine was also acknowledged on their behalf. Robert Schnütgen (1877-1963), a German homeopathic physician and co-editor of the *Allgemeine Homöopathische Zeitung* (AHZ), wrote in 1949:

"We have to ask ourselves the question of conscience: can we achieve the same result with our remedies, can we compete with these latest remedies? Therefore, the first thing each of us must be clear about is not to use homeopathy where it is not applicable and where other meth-

ods are more successful than we are."<sup>9(p7)</sup> A very self-critical way of analysing the situation of homeopathy.

On the other hand, LMHI recognised the need to start cooperation again. The war had caused severe losses in infrastructure and manpower. However, reports issued in 1947 showed that the demand for homeopathy on behalf of the patients persisted and even slowly increased. In the US the situation was especially difficult. Dr Gutman (1903-1991), an Austrian homeopathic physician practising in the US, therefore asked for

"an international effort as far as homeopathy is concerned if it is to survive as a very small island in an ocean of allopathic and hostile practitioners and organisations. We can only survive and make progress by co-operation between all our national organisations on an international basis and our first duty is homoeopathic research. (...) We have to do more and we can do it if we work co-operatively along international lines. (...) Only by joining forces and by utilising co-ordinately all existing homoeopathic facilities in the world can homoeopathy expand and progress."<sup>10(p216)</sup>

Therefore, the establishment of an International Institute for Homoeopathic Research was proclaimed and under the umbrella of UNESCO homeopathy was described as basically an international science, which invited international cooperation and was in need of it, as its practitioners were a small minority and very few medical institutions existed. In general, most countries reported interest on behalf of the population but very small numbers of homeopathic physicians as well as the lack of educational institutions.

The 200<sup>th</sup> anniversary of Samuel Hahnemann in 1955 also led to a rediscovery of his works. Adolf



Voegeli (1898-1993), a Swiss homeopath, published his works fighting for high potencies and the idea of vital-energetic effects of remedies. Voegeli taught from 1956 onwards in Freiburg, Munich, Darmstadt, Frankfurt, Mainz and Bochum. In these courses, homeopathic anamneses, the value of the symptoms, hierarchisation and repertorisation were taught, which was an absolute novelty at the time.<sup>11(p91)</sup> His book "Heilkunst in neuer Sicht" was published in 1955 and was described as the "fundamental manifesto of the emerging classical homeopathy".<sup>12(p58)</sup> In his book, Voegeli also described the various potencies, including the Q-potencies.

From the middle of the 1950s onwards, Kent's homeopathy came to Europe, represented especially by Swiss homeopaths.<sup>2,5,12</sup> This led to a revival of classical homeopathy. In particular, names such as Pierre Schmidt (1894-1987), Künzli von Fimmelsberg (1915-1992) and Rudolf Flury (1903-1977) represented this revival from 1956 onwards in Germany. A few years later, the journal *Zeitschrift für Klassische Homöopathie* was founded and LMHI cooperated with it.

## 1975

After several years of increasing economic power and welfare, growing wealth and having achieved a milestone in the history of mankind by landing on the moon, oil crises and economic problems occurred, technical progress seemed to have lost humanity and changes in society and students' movements formulated criticism towards established structures and led to an increase in more environmental conscience and a growing demand for "alternative" medicine. Classical homeopathy was blooming, health awareness and naturopathy

were on the rise, while scandals as the Thalidomide cases and the growing knowledge about severe side-effects of remedies led to more scepticism towards medicine. Again, criticism of "modern" medicine increased and was formulated in public, e. g. by Ivan Illich in *Medical Nemesis* in 1975.<sup>2,5,13</sup>

During these years, homeopathy celebrated growth in several regions worldwide. Thanks to LMHI, more scientific research was demanded in the field of homeopathy. Science and progress were identified as motors of medicine and society or social life in general. It was demanded that homeopathy should be given more scientific credibility and the method of Hahnemann was seen as having its rightful place in the medicine of the 20<sup>th</sup> century, as it was able to influence the specific regulations of the body functions. This was accompanied by an increasing demand for homeopathic treatment and the use of homeopathic medicine during the 1970s and 1980s. The LMHI saw itself as a heavy weight within medical-scientific community and was described as such. The LMHI also gathered more countries, e. g. the Netherlands, Germany and Belgium, France, Italy, the UK, Switzerland, Austria, the US, Mexico, Argentina, Brazil, Chile, India, Norway and Venezuela, and grew. In all of these countries, national homeopathic associations were at work, also organising homeopathic education to a certain degree.<sup>14</sup>

Mathias Dorcsi (1923-2001) shared a very optimistic view in an article published in the *Zeitschrift für Klassische Homöopathie* in 1975. He started with the statement that homeopathy had been fighting for its existence since its start and was one of the most criticised methods. However, he proceeded -



for some years homeopathy had worked on a better self-presentation: "The future of homeopathy lies in the future of medicine! As medical science turns back to the human being and clinical medicine becomes aware of its limits and limitations, homeopathy gains in value and importance as an extension and enrichment of diagnosis and therapy."<sup>15</sup> He also asked for cooperation within homeopathy for a joint fight. Dorcsi himself became one of the most important homeopaths in Austria and started the Vienna School of homeopathy, which encouraged the education of homeopathic physicians aiming for the integration of homeopathy in clinical and medical practice. A thorough clinical examination was the basis for the work. He aimed at a cooperation of the different homeopathic schools in harmony.

The commitment of outstanding homeopathic personalities also contributed to the strengthening of homeopathy after 1970.<sup>2,5,13</sup> George Vithoulkas (born 1932) founded the Athenian School of Homoeopathic Medicine in 1970, "which developed into a nucleus of the homoeopathic renaissance". He taught classical homeopathy and expanded the theory with his own ideas, trained numerous homeopaths from all over the world, who have since become teachers themselves, and was awarded the Alternative Nobel Prize in 1996. Also, the Mexican physician Proceso Sanchez Ortega (1919-2005) developed his interpretation of Hahnemann's Miasma theory and founded a school in Mexico. His theory of miasmas influenced a lot of contemporary homeopaths. Tomas Pablo Paschero (1904-1986) formed homeopathy in Argentina following Hahnemann's and Kent's works, combining them with psychoanalysis, also inspiring Alfonso Masi-Elizalde (1932-2003) from Argentina. So, several schools of homeopathy

were developed.<sup>13</sup> This made cooperation sometimes difficult and people beyond homeopathy often were not able to distinguish between these different schools.

## 2000

The rise of homeopathy lasted until around the 1990s. In 1996, the 200<sup>th</sup> anniversary of the founding of homeopathy was celebrated. In Germany, these celebrations were carried out under the umbrella of the federal ministry. There had been lessons at universities since 1981, and, in 1993, homeopathy was made part of medical examinations and several educational sites were founded. Further developments and interpretations of Hahnemann's works led to the foundation of further schools under the guidance of for example, Jan Scholten (born 1951) or Rajan Sankaran (born 1960). With the creation of these schools, the question of identity and what is keeping homeopathy together also arose, as these developments headed away from certain key aspects which Hahnemann had defined.<sup>13</sup> Also, the development of computer-assisted repertorisation programmes in particular made repertorisation easier and faster. Since 2000, with the successes of homeopathy within several medical systems, criticism of the method of Hahnemann grew again.<sup>16</sup> One of the key points for opponents was the article by Shang et al. published in *The Lancet* in 2005, claiming that homeopathy had no clinical effects at all and prophesising the end of homeopathy.<sup>17,18</sup> This article had an especially huge impact in the English-speaking world. Since then the impression of decline in homeopathy has been obvious. There were also several campaigns worldwide to weaken the position of homeopathy, as the "There is nothing in it" campaign in the UK in 2010. Amongst the actions against homeopathy,



the decision in the US for special remarks on remedies since 2016/2017 should be named, when the Federal Trade Commission, in the interest of consumer protection, demanded the inclusion of a warning that there is no scientific proof that these products are effective, as well as the exclusion of homeopathy from health systems, e. g. in France where, in 2021, the payments for homeopathic remedies through insurance were stopped. Four years before, in the UK, the NHS had also stopped paying for homeopathic treatment and medicines. Evidence-based medicine emerged as a new paradigm in medicine.<sup>19</sup> In combination with this, the focus on results of randomised control trials and the question whether a therapy is really effective followed.

On the other hand, homeopathy is fully integrated in medical systems such as those in Brazil, India and Switzerland and with a small but persistent role in a lot of other health systems. In general, the development of homeopathy was very different in the countries worldwide.<sup>50(p193-231)</sup> This is neither the time nor the place to describe the global evolution or spread of homeopathy nor the actual status in each country. The spread and status differ according to historical, cultural, economic, political, medical, social and religious conditions and frameworks typical for each country or region. It also depends on people acting not to the same extent, charismatic physicians, important followers and helpers, politically active lay movements or organisations, a free medical market or interested pharmaceutical industries and pharmacists or publishing companies. From this variable of national components and similar factors an astonishing variability in the development and institutionalisation or professionalisation of homeopathy in form of organisations, educational places, hospitals, pharmacies, journals, publications, textbooks and congresses can be observed

over time. For a better understanding of these reasons and for a deeper knowledge of these developments, further historical research is needed worldwide.

### *Summary: Like rolling waves*

These spotlights shed a brief light onto the difficult situation of homeopathy during its global development. They show ups and downs, which might be described "like rolling waves" or a "circle of life". With regard to the "long" history of homeopathy of more than 200 years, however, we might be able to stay calm. From the beginning, the differing approach caused criticism, as well as creating struggles within homeopathy about "how to do it right". What can be observed is the ambivalence with which the situation of homeopathy is seen: There are always those seeing a bright future and there are always those seeing the present time in sceptical or negative manner. This seems to be a tension which has accompanied homeopathy since the beginning. However, though the numbers might have been small, homeopathy continued to stay in the medical systems. Maybe it is therefore time to embrace these differences and to accept that medicine is first of all about helping ill people. In this respect, medicine might not be understood completely by interpreting it as pure "natural science".

Homeopathy has proven itself to be able to stay in medical systems. It has its popularity especially with patients by the promise of gentle healing. Surveys show that a lot of people ask for complementary or integrative approaches, with homeopathy very prominent amongst them. As such, a majority of patients are demanding an integrative approach and are favouring holistic approaches and a concept of different treatment methods



working together.<sup>20,21</sup>

Also, the World Health Organisation (WHO) has formulated in its strategy that traditional systems should be integrated in medical systems.<sup>22</sup> In particular, the WHO keeps reminding us that health issues are not solved locally but are of global importance in the awareness that costs are rising and there is no chance of affording expensive systems globally. This strategy also encourages the voices for health systems with people in focus, which means to follow integrating treatment methods as well. Also, with regard to the history of homeopathy, one has to bear in mind that medical systems in general are under the impression of changing paradigms. With the different impacts in mind, the history of homeopathy probably will not be decided by research works and studies alone.<sup>2(p108)</sup>

To conclude, the focus on Hahnemann should be relevant. Although not everything he has published might be accepted by all of his followers, although not all of his concepts and ideas might be explained in the ways some people think it should be, especially according to the dominating understanding of "science" in a certain time, the keys of understanding homeopathy and what it is were laid by him. Amongst these core principles, we might stick to:<sup>23</sup>

- The principle of similarity (Law of Similars): A disease is to be treated with the remedy that produces similar symptoms in healthy individuals with illness being understood as a disorder that affects the whole human being
- Drug testing on the healthy person to establish which symptoms a remedy can produce (find out what the effects are)
- Drawing up of an individual disease picture based on thorough case taking (anamnesis)
- Homeopathic remedies: Potentisation, small

doses and single remedies preferably

Thank you! Enjoy the Congress and celebrations, bearing the long history of homeopathy in mind.

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# HOPE, HEART & HOMOEOPATHY: CURING A PATIENT OF SURGICAL SCAR ENDOMETRIOSIS WITH A SARCODE AND SOME OBSERVATIONS

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## Abstract

Endometriosis affects an estimated 89 million women of reproductive age worldwide, i.e. nearly 5% to 10% of all women, most frequently in the pelvis. Amongst the extra-pelvic endometrial locations, surgical scar endometriosis has also been reported in fewer than 1% of affected patients. A 36 years old lady, pre-diagnosed with polycystic ovarian syndrome (PCOS), migraine, seborrhoea capitis, acne vulgaris, constipation and chronic urticaria, consulted for painful and tender caesarean surgical scar, which was diagnosed later ultrasonologically as surgical scar endometriosis. After documenting the anamnestic medical history as per the guidelines of homeopathic philosophy, potentised *Thyroidinum*, a sarcode from the *materia medica*, was prescribed initially in ascending 50 millesimal and later in centesimal potency scale. The patient was followed up for a period of 19 months during which her menstrual cycles and bowels became regulated and she completely recovered from migraine and chronic urticaria, and repeat ultrasonographies showed her being cured of both PCOS and surgical scar endometriosis. The last to go away were acne vulgaris and seborrhoea capitis in accordance with Hering's direction of cure. She still visits with her other family members and has not reported recurrence in last 15 months. While, a few published case studies on homeopathic treatment of endometriosis can be found online, this is the first reported one on surgical scar endometriosis and homeopathy.

## Keywords

Surgical scar endometriosis, homeopathy, herings direction of cure, sarcode, *Thyroidinum*

## Introduction

Endometriosis is characterized by the presence of tissue similar to the inner lining of uterus outside, leading to significant somato-psychic discomfort and complications, which impacts day to day functioning and productivity. It affects approximately 1 in 10 women of reproductive age (15-49 years) and currently, around 176 million women worldwide suffer from this condition.<sup>1</sup>

The possible aetiopathogenetic factors for endometriosis include genetic predisposition, embryonic cell growth, fetal development abnormalities, immune dysfunction, retrograde menstruation, scarring during surgery and hormonal imbalance. Endometriotic lesions are found in uterosacral ligaments (63%), ovaries (superficial, 53%), ovarian fossae (33%), anterior vesicle pouch (22%), ovaries (deep endometrioma, 20%), pouch of douglas (19%) and intestines, fallopian tubes and uterus (5% each). Amongst the extra-pelvic endometrial locations, surgical scar endometriosis has also been reported in fewer than 1% of affected patients.<sup>2,3</sup> Accordingly the range of symptoms include intense pains (abdomino-pelvic region, chest, back, lower limbs), dyspareunia, bleeding (abnormal, heavy or irregular), infertility, fatigue and shortness of breath (due



to disease and anemia), bloating, bowel disturbances, painful defecation and micturition etc. The disease management includes both medicinal treatment (hormonal preparations, analgesics and other symptomatic therapeutic agents) and if they don't work, surgical excision.

Homeopathy has been applied successfully in the treatment of various gynecological conditions as far back as the nineteenth century. At that time, orthodox medicine was a male monopoly where women were almost entirely excluded from academic and political power structures. Homeopaths played a conspicuous role in breaking down these barriers by establishing women's medical colleges—the first one was Boston Female Medical College in 1848. Dr Clemence Lozier founded the New York Medical College for Women in 1863. Although she graduated from a non-homeopathic institution, Dr. Lozier specialized in homeopathy early in her career and held an appointment as professor of gynecology and obstetrics at the Homeopathic College of Physicians and Surgeons.<sup>4</sup> Homeopaths also contributed to the earliest modern medical treatises, complete with illustrations, with Henry Newell Guernsey's, *The Application of Principles and Practices of Homoeopathy to Obstetrics and the Diseases Peculiar to Women and Young Children*.

The homeopathic system of medicine differs fundamentally from conventional medicine by recording not just the anamnesis of the disease but also the unique personality and attributes of the individual in his distinctive heredo-familial background and psycho-social sphere. Therefore, the initial consultation (and sometimes even the follow-ups) require additional time and energy to identify the unique, individual symptoms of a woman's clinical presentation—the positional, diurnal and thermal modalities, aggravations and

ameliorations, psycho-dynamic triggers, and other lifestyle conditions that define her unique constitution and temperament. This entire recorded anamnesis is compared with the mental, emotional and physical phenomenon recorded in the *materia medica*. The remedy thus selected (and prescribed in suitable potency and repetition) provides therapeutic effect in accordance with the principles of homeopathy as well as the curative potential of the patient.<sup>5</sup>

While, a few published case studies on homeopathic treatment of endometriosis can be found online, none can be found on surgical scar endometriosis and homeopathy.

### *The clinical experience*

A 36-year-old lady, short, slim, and fair, presented with numerous acne and scars on her face and back, dark eyes and hair, red lips, and had a pre-diagnosis of polycystic ovarian syndrome (PCOS), migraine, seborrhoea capitis, acne vulgaris, constipation, and chronic urticaria. She consulted first on 18<sup>th</sup> September 2021 for a painful and tender caesarean surgical scar, later diagnosed via ultrasonography on 2<sup>nd</sup> November 2021 as surgical scar endometriosis

She had been married for 14 years and, after nearly a decade of inability to conceive (primary infertility), underwent assisted conception through IVF (in vitro fertilization), successfully conceiving and delivering twin children via LSCS (lower segment cesarean section). Post-partum she started experiencing gradually increasing tenderness in the left lower abdomen and cesarian surgical scar and a painful lump and tenderness in the latter. These symptoms worsened 6-7 days prior to the onset of menses and also during ovulation. At the time of first consulta-



tion, her pain VAS (visual analog scale) score was 8-9. She had menarche at ~15 years of age and her regular menstrual cycles (every 29-31 days) lasted for 3-4 days.

Over the previous few years there was intermittent mucoidal and itchy vaginal discharge with no definite modalities. She also complained of facial and bodily hirsutism gradually increasing post-IVF treatment.

Since teenage years, she suffered with recurrent headaches, especially in nasal and supra-orbital regions, associated with photosensitivity and phonophobia, with pre-menstrual aggravation.

She also complained of longstanding issues with acne and dandruff with only temporary relief from topical treatments, shampoos and other medicated toiletries.

Since pregnancy there were episodes of urticaria, triggered by tight clothing, synthetic fabrics, and rainy weather especially in early morning hours and evenings and ameliorated by cold water and air-conditioned rooms (dermographism positive).

### Past illnesses

- ?chickenpox during childhood
- Laparoscopic cholecystectomy due to cholelithiasis (17-18 years back)
- Two episodes of ?typhoid-like fever (before and after marriage), each lasting around a fortnight
- Measles with mild eruptions, 6 years back
- Mild COVID-19 infection (delta variant, April 2021), leading to reduced sense of smell; never vaccinated for it

### Family history

- Father: Skin allergies and coronary artery disease (CAD)
- Paternal grandmother and paternal uncle: CAD
- Elder sibling: Tuberculosis

### Generalities

- Appetite: Currently reduced; tolerates well; non-vegetarian diet
- Thirst: Consumed 3-4 litres of cold water throughout the year for the past few years.
- Sleep: Light and alert sleeper; recently preferred sleeping on the belly; startled and woke up occasionally in the dark.
- Food preferences: sweets +++ (increasing with time), grilled chicken++, and warm food+.
- Aversion: Odor of onions++ (always)
- Bowels: Regular evacuation of hard stools despite a healthy and balanced diet
- Thermal Reaction: Generally preferred summers over last few years

### Mind and disposition

- Less involved with children; felt low in energy- found day to day work tiring despite the husband's active involvement in household chores and with the children even after a 10-12 hours of office work.
- Increasingly irritable.



**Prescription & follow-up (Table No. 1)**

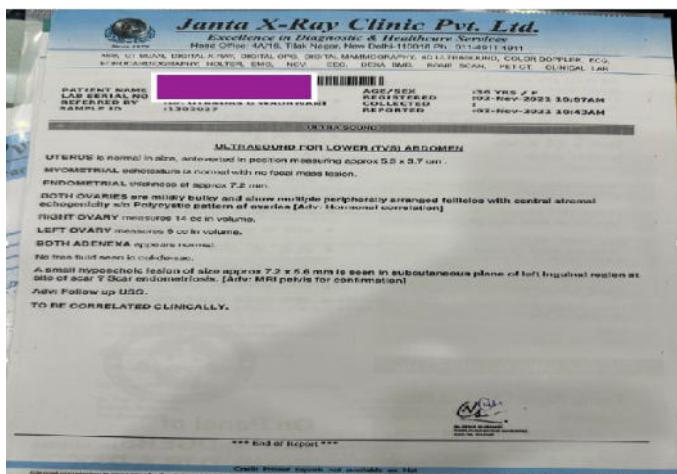
Date	Follow up	Prescription
18 Sept 2021		Thyroidinum LM1, OD
9 Oct 2021 to 4 Feb 2022	<ul style="list-style-type: none"><li>The first change was improvement in bowel habits, after LM1 it never came back</li><li>The urticaria disappeared with further LM potencies</li><li>Also, the intensities of migraine reduced but pre-menstrual aggravation however persisted. But the pain of scar endometriosis persisted (VAS pain score 6-7)</li></ul>	Thyroidinum LM2-LM6, OD
5 Feb 2022	The generalities were still the same.	Thyroidinum 1M, 4 pills TID x 3 days followed by placebo
Last week of Feb 2022 to end of October 2022	<ul style="list-style-type: none"><li>Her scar endometriosis pain subsided to a great extent (VAS pain score 0-1)</li><li>Her migraine episodes gradually vanished.</li><li>She continued to improve every month without any repetition of medicines and even her seborrheic dermatitis reduced to a great extent.</li></ul>	Placebo
1 <sup>st</sup> week Nov 2022	Slight increase in surgical scar endometriosis pain (VAS pain score 2-3)	Thyroidinum 1M, 4 pills TID x 3 days followed by placebo
Jan 2023	No trouble; finally acne reduced and dandruff cleared	Placebo

Table No. 1: Prescription and follow up



## Corroborating and documenting the results of treatment:

Ultrasonography dated 2-Nov-2021 (pre-treatment)



Ultrasonography dated 29-April 2023 (post-treatment)

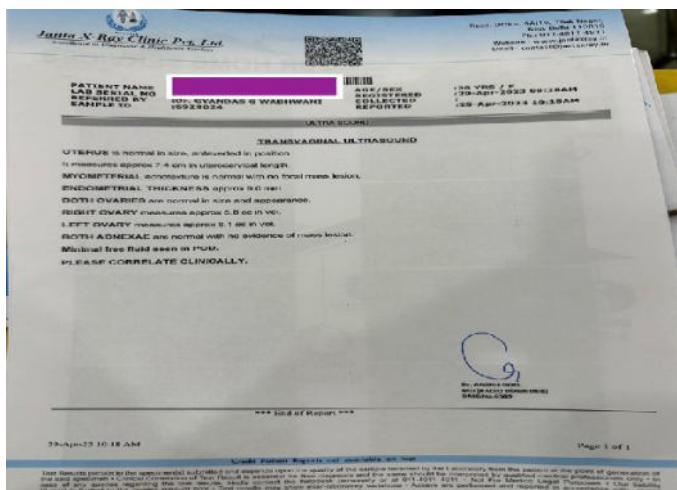


Table no 2: Serology

2nd November 2021	30 Jan 2023
<ul style="list-style-type: none"> <li>Serum IgE: 287.7 IU/ml (normal &lt; 100 IU/ml)</li> <li>Serum Vitamin B12: 226 pg/ml</li> <li>Other tests within normal limits, including Complete Hemogram, Serum Testosterone, DHEAS, Serum Prolactin, Serum Vitamin D25, Thyroid profile, Serum Iron studies, HbA1c, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Serum IgE: 69.3 IU/ml</li> </ul>

## Discussion

In homeopathic parlance, the anamnestic approach of the patient in homeopathy gives us a wide range of signs and symptoms, which must be evaluated as per the teachings of §3 of the Organon:

If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication)

...

The 'knowledge of disease' refers to all the pathognomonic symptoms, diagnostic of the disease, and 'indications' refer to the signs and symptoms diagnostic of the patient who has the disease.

Further, from this detailed anamnesis, or portrait of disease, only the deviations from the norm are the ones that ought to be considered for framing the anamnestic portrait of the disease, as explained in § 6 below:

... he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.<sup>7</sup>

In §7, Hahnemann guides us to remove all the symptoms pertaining to the lifestyle disorders and frame the characteristic totality of symptoms thus:

Now, as in a disease, from which no manifest exciting or maintaining cause (causa occasionalis) has to be removed, we can perceive nothing but the morbid symptoms, ... . and, moreover, the totality of these its symptoms, of this outwardly



reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires - the only thing that can determine the choice of the most appropriate remedy - and thus, in a word, the totality of the symptoms must be the

principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health.<sup>8</sup>

Accordingly, the case was evaluated and analyzed. (Refer to the table no 3)<sup>9</sup>

Sign/ symptom	Evaluation	
	Knowledge of disease	Indication of the patient
Red lips		Objective sign
Numerous acne and scars on her face and back	Disease symptom	
Tenderness of the left lower abdomen and caesarean surgical scar, worsening pre-menstrually and during ovulation.	Disease symptom	
Intermittent mucoidal and itchy vaginal discharge with no definite modalities	Disease symptom	
Facial and bodily hirsutism gradually increasing	Disease symptom	
Acne and dandruff	Disease symptom	
Bowel issues: Persistent hard stools daily, occasionally clearing	Disease symptom	
Chronic headaches, particularly in nasal bones, bilateral supra-orbital, and unilateral parietal region, worsening pre-menstrually	Disease symptoms	Modality of the symptom
Chronic urticaria with itchy wheals, aggravated by early mornings, evenings, tight clothing, synthetic fabrics, and rainy weather; relieved by cold water and air-conditioned rooms	Common disease modalities	Tendency for urticaria as a concomitant to onset of disease; allergic skin disease in family history (shows peculiar or characteristic symptom, § 153)
Reduced sensation of smell post-Delta COVID-19 infection	Disease symptom	
Reduced appetite	Without modifier it carries no weightage	
Persistent increasing thirst for cold water		Concomitant
Craving for sugar +++		Concomitant (increasing with time, therefore important for prescribing)
Sleep disturbances (light and alert sleeper) with preference for sleeping on the belly.		Concomitant
Odor of onions++		Since it was always there, it is not significant for prescribing
Generally preferred summers over last few years		Concomitant
Low energy and increasing irritability, especially in interactions involving children		Mind and disposition (increasing with time, therefore important for prescribing)

Table No 3: Evaluation of the anamnesis for framing the totality of symptoms



The characteristic totality of symptoms are therefore the following

- Redness of lips
- Strong cravings sweets
- Allergic phenomenon
- Increasing thirst for cold water.
- Preference for sleeping on the belly
- General preference for summer seasons.
- Chronic headaches worsening pre-menstrually.
- Low energy and irritability, especially in interactions involving children.

The trio of homeopathic remedies with red lips are Sulphur, Tuberculinum and Thyroidinum. While all three of these remedies have a craving for sweets, the most intense craving amongst these is found in Thyroidinum.

Sarcodes are homeopathic medicines that are prepared from the healthy animal tissues and their secretions. While they have been a part of homeopathic pharmacology for a long time, however, a lot of sarcodes are not properly represented in the repertories, and had I not had the opportunity to go through the most exclusive monograph on Thyroidinum by Dr S.K. Ghosh, I would not have been able to prescribe the remedy. Some of the most characteristic features pertaining to the remedy are found there:<sup>10</sup>

- Indicated by allergic phenomena, sycotic background, red lips, extraordinary craving for sugary sweets, cold water craving, belly sleeping habit, chilly disposition yet prone to vasomotor disturbances, constipation tendency, and perimenstrual disturbances.

### Thyroidinum as a Personality

- Allergic, hysterical, and prone to emotional

disturbances.

- Vasomotor constitution; lacks metabolic, nervous, or vascular balance.
- Chilly and thin-built with a nervous temperament, prominent eyes, predominantly right-sided symptoms.
- History of infantile marasmus; experiences sensations of splitting, clutching, and choking.
- Conditions arising from sexual disturbances or related emotional issues.
- Complaints aggravated by menstrual irregularities.
- History of mental disturbances following childbirth, puberty, or menopause.
- Symptoms worsen with cold or exertion, improve by lying on the abdomen.
- Notable cravings for sweets and cold water.
- Family history of diabetes mellitus; history of toxemia or poisoning during pregnancy.

### Thyroidinum as a Remedy

- Indicated in convulsions in babies of mothers suffering from eclampsia or metabolic disorders, convulsions during dentition without fever, and projectile vomiting post-birth.
- Addresses vomiting and diarrhea associated with dentition or pregnancy.
- Progressive diminution of eyesight with central scotoma.
- Beneficial in treating rhinitis with sneezing, dyspnea, palpitations, heart hypertrophy post hard labor, uterine fibroids, and atonicity.
- Effective for menstrual disorders, early abortion, premature labor tendency, toxemia



of pregnancy, agalactia, delayed fracture healing, undescended testicles, nocturnal enuresis, rheumatic conditions associated with obesity, diabetes mellitus following allergic episodes or cessation of allergic symptoms.

### Conclusions, observations and learnings from this case

In this clinical experience we have the opportunity to document the therapeutic potential of homeopathic remedy, *Thyroidinum*, in relieving a patient with surgical scar endometriosis not just symptomatically but also removing the pathological lesion as verified by ultrasonography. Further, the remedy also relieves the features and ultrasonological presentation of PCOS, the migraine, and the constipation. The last complaint to disappear are the dandruff and acne, proving that the cure proceeds from within outwards the remedy and that the Hering's direction of cure is a significant prognostic factor.

Sir William Osler is attributed with a quote highlighting a progression from multiple remedies to a single one, "The young physician starts life with twenty drugs for each disease, and the old physician ends life with one drug for twenty diseases". This is best established in homeopathy as the *similimum* carries the potential to address and cure poly-syndromic and poly-symptomatic manifestations simultaneously.



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M.D.(HOM)**

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# RESEARCH HIGHLIGHTS OF “MOLECULAR HOMOEOPATHY LAB”

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## Background

Homoeopathy is being widely practiced and used by millions globally for more than 200 years<sup>1</sup>. It is being used in various types of diseases including, skin disorders<sup>2-4</sup>, rheumatology<sup>5</sup>, gastric derangements<sup>6</sup>, gynaecological diseases<sup>7</sup>, paediatric cases<sup>8</sup>, cancers<sup>9</sup>, etc. Even after wide acceptance in population, it faces skepticism in research and medical communities, mostly due to the use of ultra-high dilutions (UHD), beyond Avogadro's number, which makes it implausible that any particles from starting materials may exist in the final medicine. Thus, the skeptics labelled the clinical effects of homoeopathic medicines as placebo effects<sup>10</sup>. Some countries have halted the practice of homoeopathy due to such claims of the skeptics<sup>11</sup>. Others have marked the intake of homoeopathic medicines unsafe and toxic due to the presence of alcohol<sup>12</sup>. Despite good number of clinical evidences, RCTs, systematic reviews and meta-analysis with positive and statistically significant findings, certain sections of the medical and scientific community still doubt that these UHDs can exert biological effects. However, skepticism could not negate popularity and millions across the globe continue to experience the positive effects of these remedies since generations. The homoeopathic practitioners and users have reliance on the clinical effects and results after treatments. Therefore, further research at molecular level is essential to establish the mechanism of action of homeopathic remedies<sup>13</sup>!

The “Molecular Homoeopathy Lab” established in

Amity University Uttar Pradesh, NOIDA, India, is one of its kind in exploring the molecular mechanism(s) of homoeopathic medicines in different types of cancers by integrating system biology, in vitro and in vivo models. Apart from the state-of-art Biosafety level-2 (BSL-2) facility, the central research facility of the university is well-equipped with advanced infrastructure for multidisciplinary research. This includes animal house facility for small animals to conduct in vivo research in controlled condition such as xenograft mice model to investigate drug efficacy. The objective is also to identify signaling pathways of homoeopathic medicines in other areas like urology, regenerative medicine, etc. Scientists at the lab aim to translate clinical insights of homoeopathy into fundamental discoveries at the molecular level giving it the scientific pedestal using high-throughput technologies based on latest scientific techniques. According to the information available, this is the first ever molecular lab with high-end research facilities, which is dedicatedly established for homoeopathic research in India and abroad (Figure 1&2).



**Figure 1.** Molecular Homoeopathy Lab at Amity University Uttar Pradesh, NOIDA



**Figure 2.** Workstation of Molecular Homoeopathy Lab

Recently, the lab has been awarded funding from the Central Council for Research in Homoeopathy, Ministry of Ayush, Government of India, to undertake a collaborative study in a highly significant and innovative area of cervical cancer research. Positioned as a pioneer in preventive homoeopathic oncology, the scientists here, aim to generate robust evidence in prevention of cervical cancer using homoeopathic medicines alongside establishing the therapeutic efficacy of these medicines in HPV positive and HPV negative cervical cancer using computational biology, *in vitro* and *in vivo* models. This lab has also received an industrial grant from SBL Pvt. Ltd., a leading homoeopathic pharmaceutical manufacturer in India, well-known for their wide range of world-class homoeopathic medicines. The objective of this project funded by them is to elucidate the molecular mechanism(s) underlying anti-cancer effects of selected homoeopathic medicines that have clinical efficacy and demonstrate measurable activities on cell-based and xenograft mice models.

### Research Overview from the Lab

Broadly, the lab's work is in the area of cancer biology, to decipher the molecular mechanisms

and underlying signaling pathways of homoeopathic medicines in different cancer models. Instead of using the conventional bench-side to bedside model, reverse pharmacology model is followed. The first work was done with *Arnica montana* (*Arn*), a plant-based homoeopathic medicine, proved by Dr. Hahnemann in 1805, commonly used for conditions of trauma, bruises, concealed injuries, etc<sup>14</sup>. Breast cancer is the most diagnosed cancer worldwide since 2020 and has a wide range inter tumor and intra tumor heterogeneity<sup>15</sup>. Cancer pathology is strongly linked to chronic inflammation which leads to DNA damage and immunosuppressant tumor microenvironment<sup>16</sup>. The rationale of selecting *Arn* was based on its anti-inflammatory properties. The indication to use *Arn* in breast cancer was incited by the fact stated in the Organon of Medicine, "disease producing power is the disease curing power"<sup>17</sup>. That is, if *Arn* can induce symptoms of inflammation, it may cure the same. Earlier studies showed that *Arn* could induce angiogenesis and chemotaxis in macrophages,<sup>18</sup> i.e. the normal cells. Therefore, attempt was made to check its effect on migration of cancer cells.

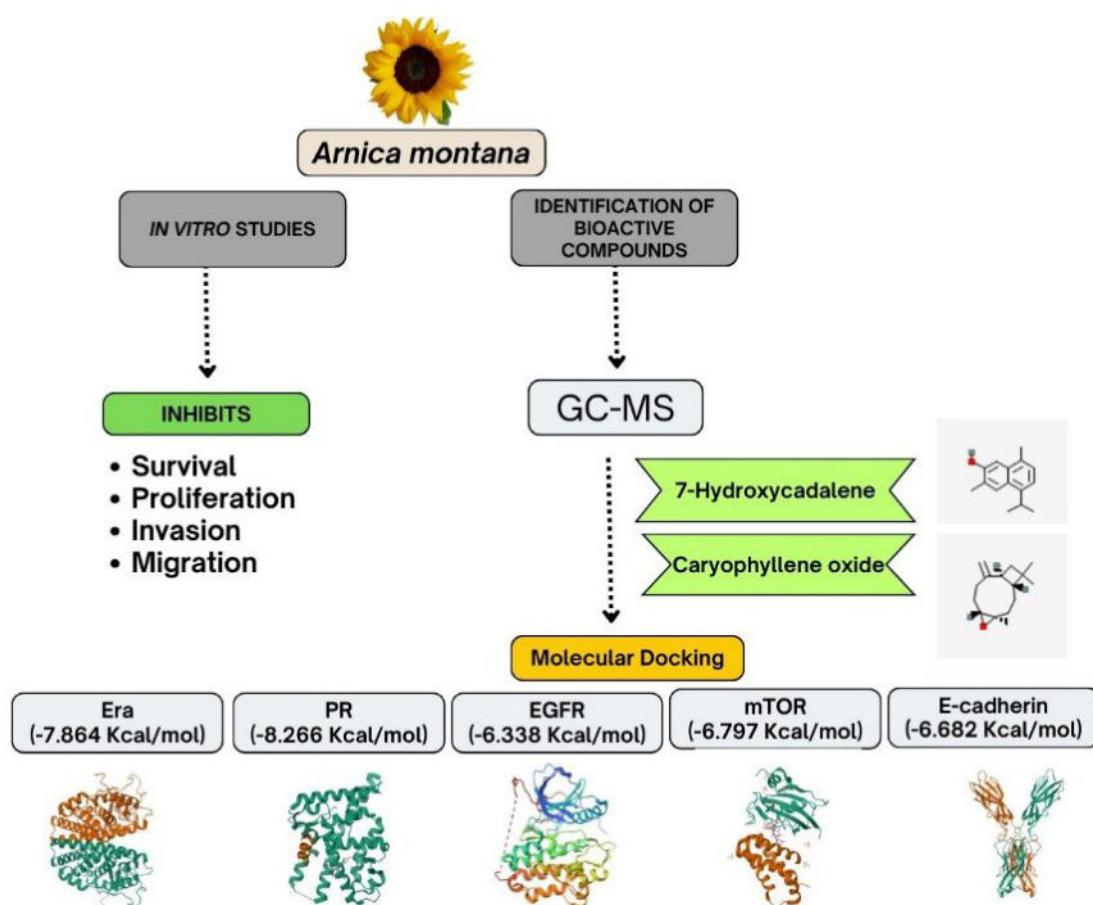
Homoeopathy has always been in the limelight for its highly diluted potencies of medicine. The sceptics never step back in highlighting that homoeopathy is nothing but a placebo effect<sup>10</sup>. This study was designed utilizing all the modern-day techniques using high-throughput technologies to report the effects of homoeopathic medicines on hormone positive breast cancer cells (MCF7).

Perhaps, this is the first study that used Gas Chromatography-Mass Spectroscopy (GC-MS) analysis for characterization of commercially available *Arn*<sup>19</sup>. The study reported the presence of two bioactive compounds namely, 7-

hydrocadalene and caryophyllene oxide out of several others that have drug-likeness according to Lipinsky's rule. The compounds were identified in Mother Tincture (MT) (ethanolic extract) of *Arn*; while cell line studies revealed statistically significant results in both MT and UHDs (Figure 5). Hence, it can be concluded that potentization does not imply absence of particles or imprints of starting materials and thus cannot be mere placebo.

metastasis), whose structures were retrieved from Protein Data Bank. Both the compounds demonstrated docking scores below -6 Kcal/mol indicating stable and potentially significant interactions with the hub proteins (Figure 3).

The results from *in silico* findings were validated in an *in vitro* model. To assess apoptosis, flow cytometric analysis and fluorescence microscopy



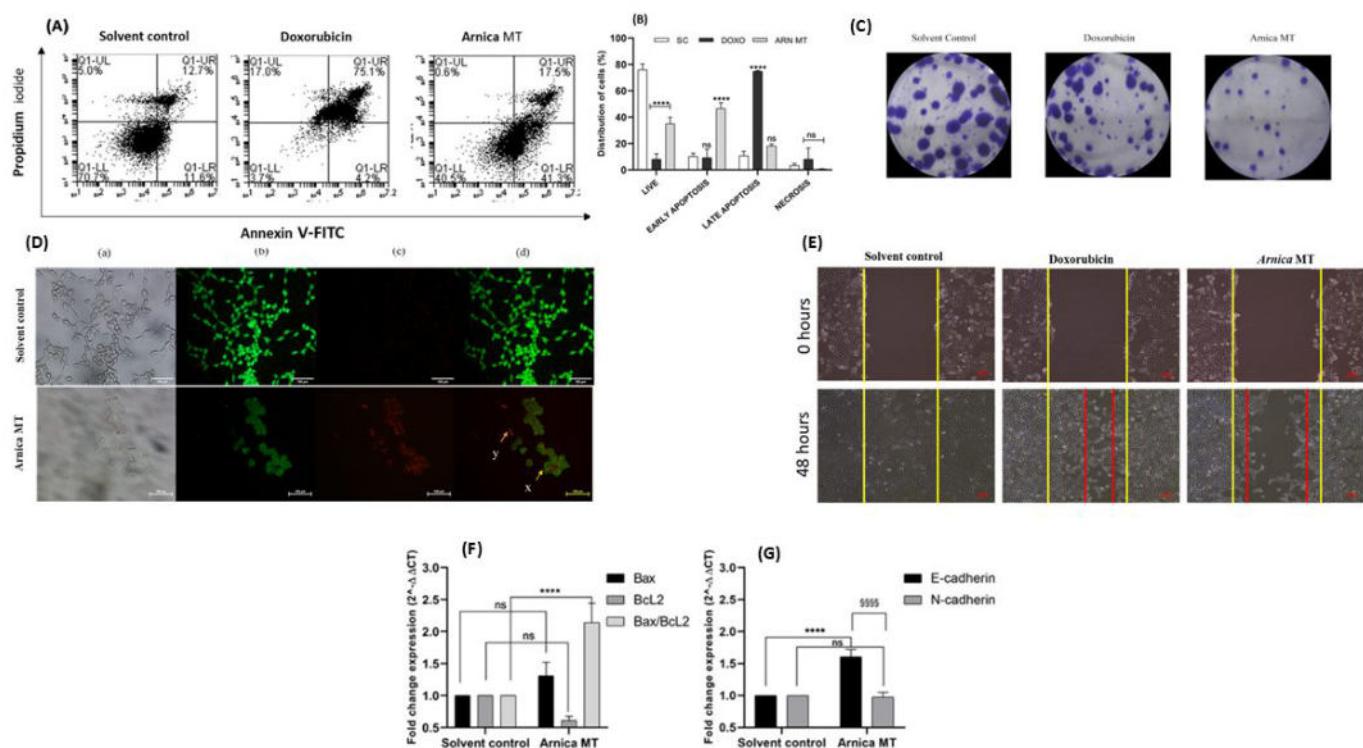
**Figure 3.** Graphical abstract to display multifaceted role of *Arn* MT

As per the modern drug discovery protocol, *in silico* studies like molecular docking are used and validated *in vitro*. The compounds identified by GC-MS were docked against key cancer-related target proteins Era and PR (hormone receptors for growth and proliferation), EGFR and mTOR (critical regulators for cell survival and proliferation), and E-cadherin (cell adhesion protein associated with

metastasis), whose structures were retrieved from Protein Data Bank. Both the compounds demonstrated docking scores below -6 Kcal/mol indicating stable and potentially significant interactions with the hub proteins (Figure 3).

The results from *in silico* findings were validated in an *in vitro* model. To assess apoptosis, flow cytometric analysis and fluorescence microscopy

no cytotoxicity due to 90% alcohol. Taken together, these findings conclude that *Arn* induced apoptosis in hormone positive breast cancer cells and its effects are not attributable to placebo. Furthermore, it was confirmed that solvent control (90% alcohol) exhibited no cytotoxic effect on cancer cells and the sole effects were due to *Arn* (Figure 4).

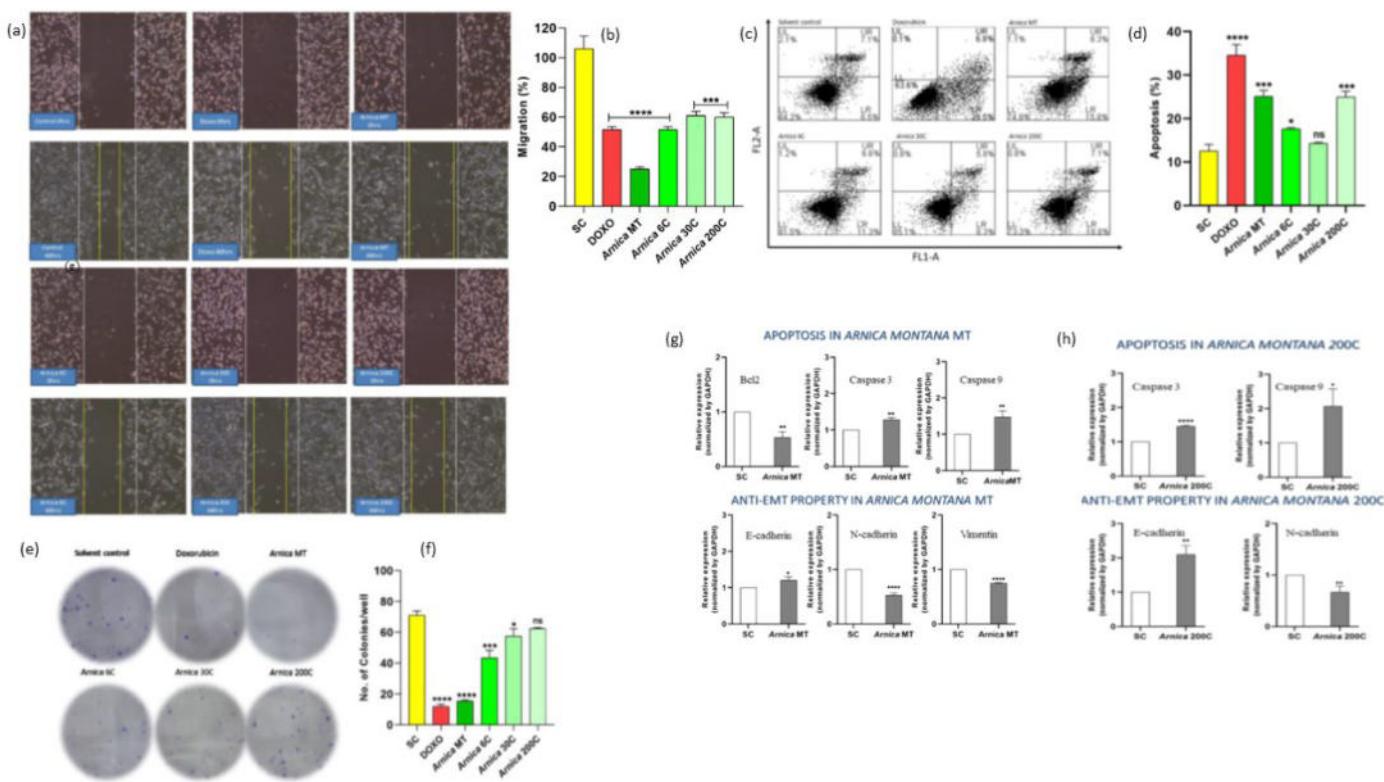


**Figure 4.** (A) Representative images of three separate experiments showing apoptosis of MCF7 cells treated with *Arnica montana* in various potencies using Flowcytometry using Annexin V-FITC/PI staining assay. LL-Lower Left quadrant (Live cells); LR-Lower right quadrant (Early apoptotic cells); UR-Upper right quadrant (Late apoptotic cells); UL-Upper left quadrant (Necrotic cells). (B) Graphical quantification of flow-cytometry data. (C) Representative images of colonies of cancer cells stained with crystal violet. Magnification:10x; scale bar: 100µM; (D) Acridine orange (AO)/Ethidium bromide (EB) staining. The figure compares morphological features of breast cancer cells treated with solvent control or *Arn*. The arrow marked as "X" shows the early apoptotic cell and the "Y" marked arrow indicates late apoptosis in *Arn*-treated cells. The cells treated with *Arn* appear to be flattened in nature. Magnification: 20x; scale bar: 100µM. (E) Representative images of three separate experiments showing inhibition of migration by *Arnica montana* in various potencies of MCF7 cells visualized under the microscope in the scratch assay. The white lines show the initial scratch made at 0hours and the yellow lines depict the distance of closure of gap after 48hours. Magnification: 10x scale bar: 100µM; (F & G) Gene expression analysis response to *Arn* MT in MCF7 cells. Bax, Bcl2, E-cadherin and N-cadherin mRNA detected by real-time PCR. Adapted from Basu et al. Homeopathy. 2022 Nov;111(4):288-300. doi: 10.1055/s-0042-1743565.

The next work was on deciphering the effects of *Arn* on triple negative breast cancer (TNBC)<sup>21</sup>. As mentioned earlier, *Arn* MT, HD (6C) and UHDs (30C & 200C) was employed for this study using MDA MB231 cell line. TNBC is a highly invasive and metastatic cancer having very poor prognosis. It is known that metastasis occurs due to the transfor-

mation of the epithelial character of the cancer cells into mesenchymal variety known as epithelial-to-mesenchymal transmission (EMT). This

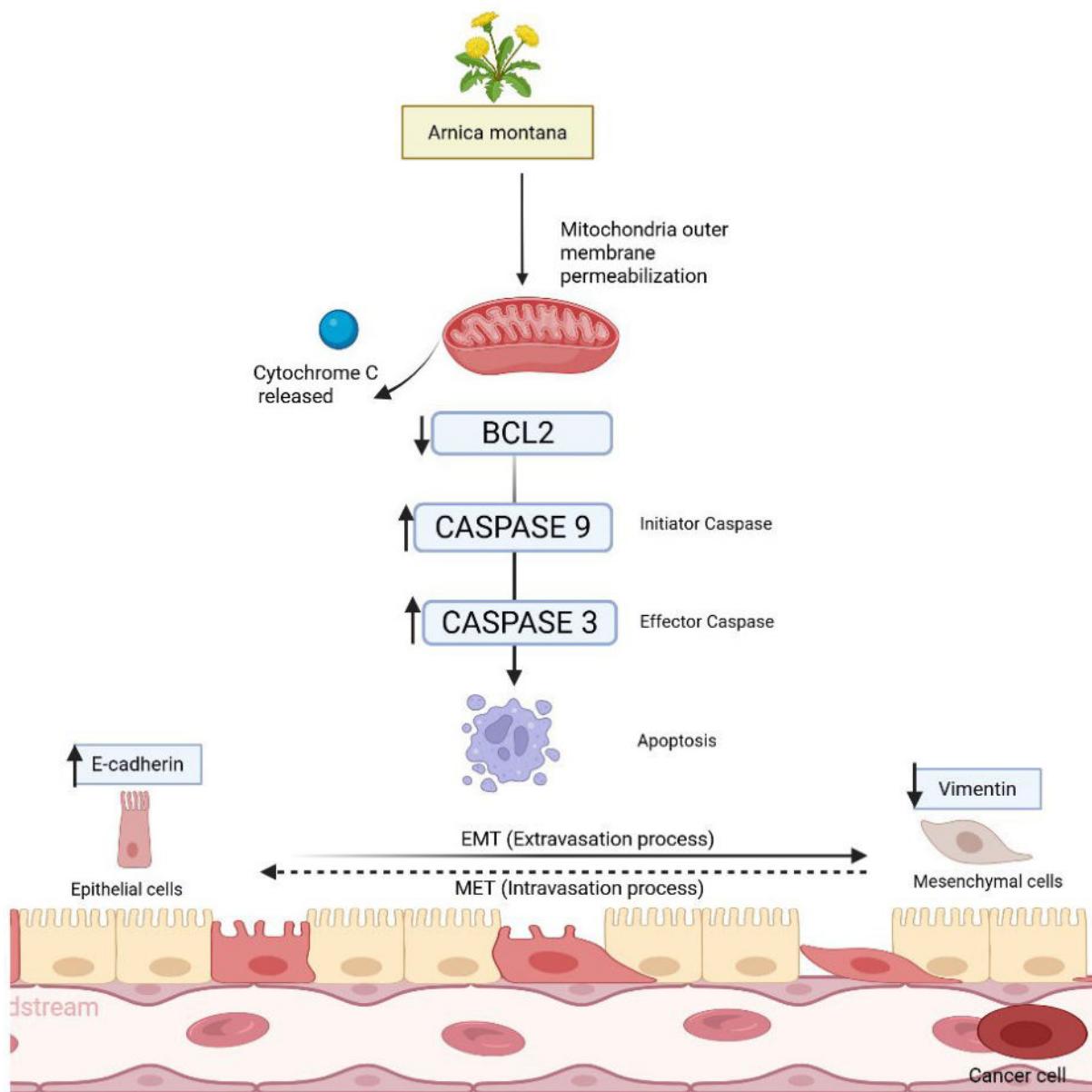
study reported inhibition of migration and colony formation in TNBCs following *Arn* treatment and the reversal of EMT. (Figure 5)



**Figure 5.** (a) Representative images of three separate experiments showing inhibition of migration by *Arnica montana* in various potencies of MDA MB231 cells visualized under the microscope in the wound healing assay. The white lines show the initial scratch made at 0 hours and the yellow lines depict the distance of closure of gap after 48 hours. Magnification: x10 scale bar: 100 $\mu$ M; (b) Quantification of the results by subtracting the distance between the initial wound and the gap at the end of the treatment period and normalizing to solvent control. (c) Flowcytometric assessment of apoptosis by Annexin V-FITC/PI staining assay. LL-Lower Left quadrant (Live cells); LR-Lower right quadrant (Early apoptotic cells); UR-Upper right quadrant (Late apoptotic cells); UL-Upper left quadrant (Necrotic cells). (d) Graphical quantification of flow-cytometry data. (e) Representative images of colonies of cancer cells stained with crystal violet. Magnification: x10; scale bar: 100  $\mu$ M; (f) Quantification of the number of colonies in each well. (g) Gene expression analysis response to *Arn* MT in TNBC cells. Bcl2, Caspase 3, Caspase 9, E-cadherin, N-cadherin, and Vimentin mRNA detected by real-time PCR. (h) Gene expression analysis response to *Arn* 200C in TNBC cells. Caspase 3, Caspase 9, E-cadherin, and N-cadherin mRNA detected by real-time PCR. Results are representative of three independent experiments. Values are mean $\pm$ SD. Adapted from Basu et al. Biointerface Research in Applied Chemistry. 2023 Jan 6. doi: 10.33263/BRIAC135492.

Briefly, it may be concluded that *Arn* in various potencies could arrest growth of colonies and inhibit migration of TNBCs. They could also induce apoptosis via intrinsic pathway (Figure 6).

science. Looking ahead, the scientists intend to achieve meaningful contribution to enrich the homoeopathic literature bridging the gap between traditional knowledge with modern



**Figure 6.** Graphical abstract of probable mechanism of action of *Arnica montana* on TNBCs.

## Conclusion

Taken together, the research activities of the Molecular Homoeopathy Lab focus towards innovative approaches with scientific rigor to achieve the fundamentals of homoeopathic

biomedical sciences. The journey so far reflects innovation integrating homoeopathy with cutting-edge molecular research. The envision of the lab is to contribute as a hub of translational research that may transform homoeopathic research in years to come.



## Abbreviation index

Ultra-high dilution - (UHD)  
High dilution - HD  
Randomized Control Trial – RCT  
Biosafety level 2 - BSL-2  
Gas Chromatography-Mass Spectroscopy - GC-MS  
Mother Tincture – MT  
Estrogen receptor  $\alpha$  – Era  
Progesterone receptor – PR  
Epidermal Growth Factor Receptor – EGFR  
Mechanistic Target of Rapamycin kinase – mTOR  
BCL2 associated X - Bax  
B-cell lymphoma 2 - Bcl-2  
*Arnica montana* – Arn  
Solvent control – SC  
Doxorubicin – Dox  
Ethidium bromide – EtBr  
Acridine orange – AO  
Triple negative breast cancer – TNBC  
Epithelial-to-mesenchymal transmission – EMT  
Michigan Cancer Foundation-7 – MCF7  
M D Anderson Metastatic Breast-231 – MDA MB 231  
Propidium iodide - PI

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**Dr. Nilanjana Basu  
M.D. (HOM), PhD**

Dr. Nilanjana Basu, a homoeopathic physician, served as Professor in the Department of Surgery and Vice Principal at Bakson Homoeopathic Medical College & Hospital, Greater NOIDA, from 2004 to 2016. Currently an Associate Professor at Amity University, she also practises at her clinic “Just Homoeopathy” in Delhi NCR, India, where she specialises in managing post-treatment morbidity in cancer patients. Driven by a strong interest in fundamental cancer research and the scientific basis of homoeopathic medicines, she left her earlier academic role to pursue a full-time PhD at the Amity Institute of Molecular Medicine & Stem Cell Research. Her research focuses on hormone-dependent and independent breast cancers, as well as cervical cancer, with an emphasis on preventive strategies and elucidating underlying molecular mechanisms.

# PHYTOLACCA BITCH

Edward de Beukelaer, DVM  
United Kingdom

Revised version from the original article published in "The Mag" (magazine of the British Association of Homeopathic Veterinary Surgeons - BAHVS - Winter 21/22) incorporating the International Association for Veterinary Homeopathy (IAVH).

## Abstract

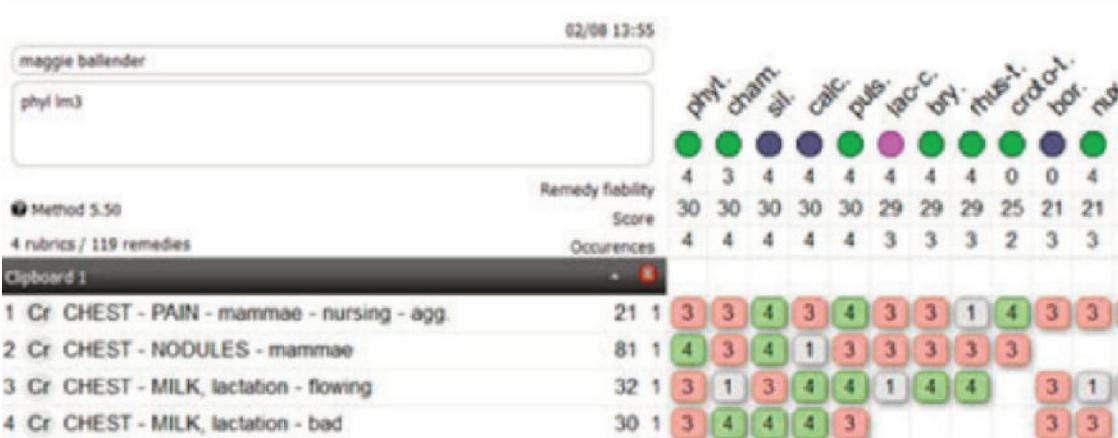
This case study reports on the successful homeopathic treatment of a lactating Labrador, who presented signs of mammary gland congestion following the birth of seven puppies. One week postpartum, she exhibited reduced appetite, general lethargy, and discomfort during nursing.

## Keywords

Homeopathy, Veterinary, Postpartum

## Patient Information

Holly is a 3 year old Labrador who had just given birth to 7 pups. I see her a week after because one of the pups is not putting on weight as the others. Then the owner mentions that Holly is not eating well. "She seems uncomfortable when the pups drink and then turns to lie on her back." She gave birth to the 7 pups in about three hours, all went



**Figure 1.** Complete repertorisation

Physical examination revealed hard, congested mammary glands, particularly the posterior ones. This case illustrates the relevance of individualized homeopathic prescription in veterinary postpartum care, particularly in conditions related to lactational stress and mammary gland conditions.

very well, she is a good mother. She cleans the pups and stays with them all the time.

## Clinical Findings

When I examine her in the back of the car, she is



lying in her dog bed and looks almost exhausted; she responds to us but all her enthusiasm of a normal Labrador seems to have gone. Her temperature is 38.7, she has a normal minimal discharge but her mammary glands are hard congested and the back two have a very knobbly appearance. A few drops of milk free from the back glands. The pups do not want to drink from the back mammary glands which are the most affected.

### *Therapeutic Intervention*

Repertorisation was performed (Figure 1) and because I get the impression this is about overdoing the lactation, I chose to prescribe *Phytolacca* LM3 twice per day.

The next day the owner rings to say they have their dog back: she is eating normally again, she is lively again and the puppies are now drinking from the back mammary glands again. Over 2 of the knobbly aspects of the mammary glands at the

back, the skin peeled off leaving a raw patch. The patch is not painful and heals over quickly without treatment.

### *Discussion*

*hytolacca* is of course a well-known medicine for mammary gland issues. It also has a predilection for the throat. *Phytolacca* has a hard life (or has the impression of having a hard life), forced to work hard and be inventive to make sure he/she can live on. There is so much to do and they need to keep going to keep the family going.

### *Conclusion*

This case demonstrates the effectiveness of an individualized homeopathic approach in managing postpartum complications in a lactating dog. The prescription of *Phytolacca* LM3, resulted in rapid and complete recovery in the mother.



**Edward de Beukelaer,  
DVM, MRCVS, VetMFHom**

Born in Belgium in 1962, Dr De Beukelaer completed his Veterinary studies in Belgium at Antwerp (RUCA) from 1980 - 1983 and Ghent (RUG) from 1983 - 1986. Since 2012, he has been the coordinator and translator for the Veterinary Materia Medica published by the IAVH (International Association for Veterinary Homeopathy). He was President of the IAVH from 2015 - 2019 and currently represents Veterinary Surgeons at the ECH and EUROCAM  
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# QUIZ CORNER Vol.6 No.2 - 2025

## ..... for our younger colleagues

Pietro Gulia, MD

Medico-Chirurgo Omeopata , Italy



### 1) Clinical case n.1 – A case of acute inflammation of the upper respiratory tract - 23 March 2025

**2025** – A 80 years old retired professor: homeopathic treatment since 37 years ago, cured from his seasonal allergy, his tendency to take cold easily and recurrent sinusitis, from his urolithiasis, by *Calcarea carbonica* and *Lycopodium*. Good health: he doesn't take any conventional pill. He is a typical intellectual, sedentary, very rational, reliable, capable and honest, authoritative one rather than authoritarian one: for all this he is highly esteemed.

March = early spring in Central Italy, that is instable weather, going from cold to hot quickly, from calm to strong and cold wind. He caught a cold (Nord Wind) while he was sweating and he sweats easily also because, out of caution, he tends to cover himself too much. He has a lot of sneezing; hoarseness, which gets worse in the morning but it is painless. In addition, he has a cough caused by tickling in the throat and behind the sternum; cough gets worse at night. Thick, yellow, sweetish phlegm. No fever. What is the remedy, which improved and cured him very quickly? In fact, two days after the medical visit, he called saying: *"Very effective and super fast remedy"*. He continued to feel well in the following weeks.

**2)** Which of Kent's twelve observations (Lecture 35) might have been satisfied in this clinical case? And what does this observation by Kent mean?

**3)** In the same "LECTURE 35: "Prognosis after observing the action of the remedy", Kent states: *"A quick rebound means everything in the remedy, means that it is well chosen, that the .... , and if everything goes well, recovery will take place."* What is the statement that is missing here?

### 4) Clinical case n.2 – A case of cellulitis (inflammation of subcutaneous tissue)

**Novembre 2013** – A 30 years old American woman (speaking excellent Italian) asks for a visit because of an infection that has been going on for almost two months. *"I have an annoying problem that is irritating and distressing me because conventional medicine is not solving it. Six weeks ago I had infection in two different places in the right lower groin and the inner thigh. The doctor diagnosed "cellulitis"; he cut where the infection was more extensive and prescribed me antibiotics, saying the less extensive infection would heal with antibiotic treatment. Instead, after a short improvement, the part that was cut has swollen and it hurts again, and pus is coming out. The doctor cut again and prescribed another course of more powerful antibiotics. During the treatment, the smaller abscess opened spontaneously and pus and blood came out. A few days ago, however, it closed again and it hurts; from the large abscess there is still blood and a little pus."* She finished her antibiotic treatment a week earlier but she still feels pain although not as severe as at the beginning.

**Objective examination** – Once the dressing is removed, the whole part, from the groin to the upper third of the inner surface of the right thigh, appears purple and swollen, painful to the touch. In response to the homeopath's questions, she provides additional information: she is very worried and irritated, feels very tired and sleepy; has night sweats; is not thirsty at all; in the morning and evening, a slight asthmatic cough; feels cold and prefers to stay warm. She has no fever. What remedy?

**5)** Quoted from Hahnemann's *Materia Medica Pura* (bold type from Hahnemann himself):



97) – **Vertigo on walking out**, as if about to stagger, **especially in quickly turning the head**.

98) – **Vertigo, on taking a walk in the open air** (also after 26 hours).

104) – **Frequent semi-lateral headache, always with much empty eructation**.

310) In great bodily efforts, she often sees black spots before the eyes (after 11 days).

729) – **Frequent severe cramp in the intestinal canal, but especially in the evening and night, with coldness of the thighs** (after 8, 29 days).

What is the remedy?

6) All these remedies, **except one**, have hypersensitivity to touch and pain, < and aversion to cold air: *Arsenicum album*, *Belladonna*, *Hepar sulphur*, *Kali carbonicum*, *Nux vomica*, *Psorinum*, *Silicea*, *Sulphur*. Which one is the intruder?

#### 7) Where is the mistake?

- a) *Calcarea carbonica* gets: worse with cold air
- b) *Calcarea carbonica* gets: worse straining from lifting
- c) *Calcarea carbonica* gets worse working in cold water
- d) *Calcarea carbonica* improves with exertion

#### 8) Clinical case n. 3 – A case of skin infection –

**November 2007** - The patient is a 18 years old boy. Homeopathic treatment since he was 3 years old. Over 15 years he has been prescribed: *Sulphur*, *Phosphorus*, *Calcarea phosphorica*, *Silicea*, *Natrum muriaticum*. Last prescription: *Sulphur*, two and half years before this visit, when he had an extensive urticarial eruption on his neck, torso and arms. Three weeks before the homeopathic visit he had his earlobes pierced, then he wore earrings in keeping with the prevailing fashion. The conse-

quence was a bad infection and a suspected infected reaction to contact with nickel. A dermatologist prescribed oral and local antibiotics, cortisone and antihistamines; very poor results, so the boy preferred to return to homeopathic treatment. He has a dressing that covers the entire right ear and extends to the mastoid region. Once the dressing is removed, the gauze appears dirty yellow; the auricle is red, swollen, covered with reddish-yellow crusts; varios fissures are visible along the edge of the auricle. The holes made in the earlobes are blocked by thickened yellowish secretion. The infected eczema extends to the retroauricular sulcus and reaches the skin of the mastoid region. A yellow, transparent, thick, sticky, odorless, secretion is present everywhere. The local-regional lymph-nodes are enlarged, hard and painful. No fever. Which is the remedy?

9) **Quoted from Lippe's Keynotes and Red Line Symptoms of Materia Medica** (capital letters and italics by Lippe himself): MENSES: TOO SCANT AND TOO PALE. – Menses: too scanty, pale, late with violent colic; irregular; delayed from getting feet wet. - >Very weak and prostrated during menses. – Morning sickness during menstruation. The remedy is ...

10) **Quoted from Lippe's Keynotes and Red Line Symptoms of Materia Medica** (capital letters by Lippe himself): OFFENSIVE ERUPTIONS ON THE SCALP. WITH NON-EXCORIATING DISCHARGES AND GREAT TENDERNESS. – OTALGIA. WITH SENSITIVENESS TO EXTERNAL CONTACT, OUT OF PROPORTION TO THE ACTUAL PAIN – OVER-SENSITIVE, PHYSICALLY AND MENTALLY; THE SLIGHTEST CAUSE IRRITATES HIM What will this remedy be?



Pietro Gulia, MD

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# QUIZ CORNER Solutions Vol.6 No.1 - 2025

..... for our younger colleagues

Pietro Gulia, MD

Medico-Chirurgo Omeopata , Italy



## 1) Clinical case n.1 – A case of Epidemic Flu -

1	1234	1	MIND - FORSAKEN FEELING						93
2	1234	1	MIND - MOOD - repulsive						43
3	1234	1	MIND - LAMENTING						93
4	1234	1	MIND - LAMENTING - fever, during						6
5	1234	1	STOMACH - THIRSTLESS - fever; during						118
6	1234	1	FEVER - PERSPIRATION - absent						77
7	1234	1	HEAD - PAIN - cold - applications - amel.						81

	puls.	ars.	phos.	sulph.	acon.	alum.	arg-n.	bell.	bry.	lach.
	1	2	3	4	5	6	7	8	9	10
	7	6	6	6	6	6	6	5	5	5
	16	12	10	10	8	8	7	9	9	9
1	3	2	2	1		1	2			2
2	3	1	1	1	1	1	1	1		
3	3	2	1	2	2	2	1	2	2	2
4	1				1				1	
5	3	2	2	2	1	2	1	1	1	2
6	1	3	2	2	1	1	1	3	3	1
7	2	2	2	2	2	1	1	2	2	2

**Pulsatilla 30 CH**, plus method, a teaspoon every 2-3 hrs: > after two doses, stop repetition, cured in 36 hrs.

## 2) Quoted from Nash's *Leaders in Homoeopathic Therapeutics*: the remedy is **Mercurius corrosivus**

1	1234	1	RECTUM - PAIN - tenesmus	231
2	1234	1	RECTUM - URGING - constant	54
3	1234	1	RECTUM - URGING - stool - after - agg.	81
4	1234	1	RECTUM - URGING - stool - before	42
5	1234	1	STOOL - BLOODY	240
6	1234	1	STOOL - HOT	32
7	1234	1	STOOL - MUCOUS	166



	merc-c.	sulph.	merc.	nux-v.	bell.	aloe	ars.	staph.	phos.	bry.
	1	2	3	4	5	6	7	8	9	10
	7	7	7	7	7	6	6	6	6	6
	21	18	17	15	10	13	12	11	10	8
1	3	3	3	2	2	3	2	3	1	1
2	3	2	3	2	1		1			1
3	3	3	3	1	1	3	1	1	1	1
4	3	3	2	3	1	2		2	1	
5	3	2	1	3	2	2	3	1	3	2
6	3	2	2	1	1	2	3	2	1	1
7	3	3	3	3	2	1	2	2	3	2

### 3) Clinical case n.2 – An acute tonsillitis

1	1234	1	MOUTH - SALIVATION - profuse	188
2	1234	1	MOUTH - SALIVA - saltish	41
3	1234	1	THROAT - PAIN - burning	249
4	1234	1	THROAT - SWALLOWING - impossible	84
5	1234	1	THROAT - PAIN - swallowing - agg.	212
6	1234	1	THROAT - PAIN - swallowing - agg. - burning	22
7	1234	1	THROAT - PAIN - swallowing - liquids - agg.	8
8	1234	1	MOUTH - ODOR - offensive	184
9	1234	1	MOUTH - DISCOLORATION - Tongue - white	268
10	1234	1	MOUTH - SWELLING - Gums	137
11	1234	1	THROAT - SWELLING - Tonsils	142
12	1234	1	THROAT - SWELLING - Uvula	66
13	1234	1	FACE - SWELLING - Lips	97
14	1234	1	THROAT - DISCOLORATION - redness - Tonsils	24
15	1234	1	THROAT - DISCOLORATION - redness - Uvula	30
16	1234	1	MOUTH - DISCOLORATION - Gums - red	46
17	1234	1	GENERALS - MOTION - agg.	291

	sulph.	bell.	lach.	merc-c.	merc.	apis	lyc.	nit-ac.	calc.	phos.
	1	2	3	4	5	6	7	8	9	10
	16	15	15	15	14	14	14	13	13	13
	37	37	34	31	32	28	25	32	25	25
1	2	3	2	1	1	1	1	2	2	1
2	2			2	2		2			2
3	3	2	2	3	2	2	3	2	2	2
4	2	2	2	1		2	2	3	1	2



5	2	3	2	2	3	2	3	3	2	2
6	1			1			1			
7		3	3	3			1			
8	3	2	3	3	3	1	2	3	2	1
9	3	3	2	2	3	2	2	3	3	2
10	3	1	3	3	3	2	2	3	3	2
11	3	3	3	2	2	2	3	3	3	3
12	2	1	2	3	2	3	1	2	2	3
13	2	3	2	2	2	3	1	3	2	2
14	2	3	2		2	2		2		
15	1	3	2		1	2			1	
16	3	2	2	2	3	2		2	1	1
17	3	3	2	1	3	2	1	1	1	2

**Mercurius corrosivus 30 CH:** plus method, 5 globules in 250 ml oligomineral water, a teaspoon every 2-3 hrs, spacing out the repetitions more in case of improvement: ameliorated after three doses, repetition every 5 hrs: cured in 72 hrs.

#### 4) **Calcarea carbonica**

#### 5) **Aphorism 74**

6) Quoted from **Lippe's Keynotes and Red Line Symptoms of Materia Medica**: The remedy is **Pulsatilla**

1	1234	1	<b>GENERALS - MUCOUS SECRETIONS - thick, slimy</b>	<b>78</b>
2	1234	1	<b>GENERALS - MUCOUS SECRETIONS - bland</b>	<b>6</b>
3	1234	1	<b>GENERALS - MUCOUS SECRETIONS - yellowish green</b>	<b>9</b>

	<b>puls.</b>	<b>merc.</b>	<b>nit-ac.</b>	<b>arg-n.</b>	<b>kali-s.</b>	<b>sulph.</b>	<b>ars-i.</b>	<b>cycl.</b>	<b>kali-bi.</b>	<b>mang.</b>
	1	2	3	4	5	6	7	8	9	10
	3	3	2	2	2	2	2	2	2	2
	9	5	4	3	3	3	2	2	2	2
1	3	1	1	2	2	2	1	1	1	1
2	3	2		1	1			1		
3	3	2	3			1	1		1	1

#### 7) **Where is the mistake?**

c) Pulsatilla: is very fond of fat

**8) Clinical case n. 3 – A post traumatici condition**

1	1234	1	<b>GENERALS - INJURIES - Bones; fractures of - slow repair of broken bones</b>	<b>29</b>
2	1234	1	<b>GENERALS - REACTION - lack of</b>	<b>124</b>
3	1234	1	<b>MIND - INDIFFERENCE - everything, to</b>	<b>91</b>
4	1234	1	<b>MIND - INDIFFERENCE - external things; to</b>	<b>26</b>
5	1234	1	<b>MIND - REST - desire for</b>	<b>25</b>
6	1234	1	<b>MIND - TACITURN</b>	<b>256</b>
7	1234	1	<b>GENERALS - WEAKNESS - talking agg.</b>	<b>25</b>
8	1234	1	<b>GENERALS - PAIN - Bones - night</b>	<b>33</b>
9	1234	1	<b>GENERALS - EMACIATION</b>	<b>280</b>
10	1234	1	<b>FACE - SUNKEN</b>	<b>115</b>
11	1234	1	<b>SKIN - DECUBITUS</b>	<b>88</b>

	ph-ac.	lyc.	sulph.	calc.	op.	merc.	stann.	staph.	nit-ac.	arn.
	1	2	3	4	5	6	7	8	9	10
	11	10	9	8	8	8	8	8	8	8
	24	19	22	18	17	16	16	15	14	13
1	2	1	1	3		1		1	1	
2	3	2	3	3	4	2	2	3	1	1
3	3	2	1	1	2	2	1	3	1	1
4	2	1	4		1		1	1		
5	2	1			1		2			1
6	3	3	3	2	3	2	2	3	2	3
7	2		3	2			3			1
8	2	2				3		1	3	
9	2	3	3	3	2	2	3	1	3	1
10	2	2	2	2	3	2	2	2	2	2
11	1	2	2	2	1	2			1	3

**Phosphoric acidum 6 LM**, 5 drops every 48 hrs for a month, then once a week: in three weeks the callus begins to form (checked by X ray), cured in 3 months. His mood changed and improved, as well and his ulcers too.

**9) Aphorism 186****10) Mercurius corrosivus**

RECTUM - PAIN - extending to - Bladder - tenesmus: canth. *Caps. Med.* merc-c. *Nux-v.*



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Arrange both the Abstract and Text in the following sequence: Background, Methods, Results, and

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- Important parts of the anamnesis with patient data. It is recommended that data from the family anamnesis as well as data obtained from imaging or laboratory studies may also be included where applicable.
- Clinical history with important clinical findings.
- Reason for the choice of the homeopathic remedy. Repertorisation 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.
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