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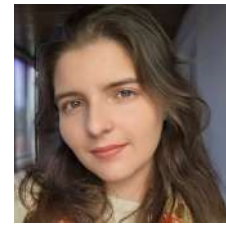
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Editor's Note

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Dear LMHI members,

The purpose of this journal is to promote the study of classical Hahnemannian homeopathy and to share it with our fellow members and colleagues, while also providing space for diverse perspectives on this subject.

In this issue, you will find articles by authors who adhere to the classical homeopathy we advocate, offering their personal viewpoints based on their experiences. It is important to note that the opinions expressed in these articles are those of the authors and do not necessarily reflect the views of the editors or publishers.

We would like to dedicate this issue of the journal to Dr. Klaus-Henning Gypser, an exceptional homeopathic physician, collaborator, and member of the editorial board of this journal, who sadly passed away on September 4, 2024.

To honor his memory, we are sharing an article written by him on the practical use of statistics in the selection of homeopathic remedies in the clinic —a really interesting and useful article for all homeopathic physicians. It is a must-read. Additionally, this issue includes his obituary, written by his close friend Dr. Klinkenberg, along with heartfelt memories of Dr. Gypser shared by Dr. Renzo Galassi and myself.

You will also find a case of cervical ranula treated by Dr. Aditya Pareek, an article on the proving and clinical use of *Streptococcinum* by Dr. Dominici, a text on homeopathic principles by Dr. Matuk, and an editorial letter written by Prof. Vithoukias on the future of homeopathic education.

You will be able to test your knowledge with the classic quiz corner written by Dr. Gulia and the solutions of the last issue's quiz. In the book review section, you can read about the book *Gentle Medicine*, written by Dr. Grätz.

Don't miss the upcoming congress in Utrecht, which promises to be an extraordinary event as it celebrates the 100th anniversary of the founding of the world's most important homeopathic organization: our Liga Medicorum Homoeopathica Internationalis.

We invite you to collaborate with the journal by submitting articles following the guidelines for authors that we share at the end of this issue.

Warm greetings, and I look forward to seeing you all in a few months to celebrate 100 years of the LMHI in Utrecht!

President's Message

Dear Colleagues and Friends,

As we near the close of this year, I find it meaningful to reflect on the milestones and moments that have shaped our journey together as a global homeopathic community. This October, we gathered in the stunning city of Sevilla, Spain, for a truly memorable LMHI Congress. I extend my heartfelt thanks to the organizers, speakers, and participants who made this event so successful. The fruitful discussions during the Executive Council and International Council meetings demonstrated our collective commitment to advancing homeopathy worldwide.

Equally important, the parallel meeting with patient organizations was a highlight, emphasizing the vital connection between our work and the patients who inspire us.

However, this year has also brought profound sadness. We lost a dear friend, a brilliant homeopath, and a true master of our art. Their wisdom and dedication, so evident in their engaging presentations at LMHI congresses and their invaluable contributions to *The Homeopathic Physician* as a member of its editorial board, will forever remain a part of our legacy.

The LMHI represents licensed healthcare practitioners specialized in homeopathy from every corner of the globe, standing as a unified body where all voices can be heard and respected. Our journal, *The Homeopathic Physician* (THP), reflects this diversity, providing a platform for authors to share their insights and perspectives on homeopathy. It is important to note, however, that the opinions expressed by authors in THP are their own and do not necessarily represent the official position of LMHI.

The LMHI is guided by the findings of reliable science; therefore, based on the current standing, individualized homeopathic treatment is proving to be the most reliable and effective; yet, we look forward to reliable evidence of the use of homeopathic medicine based of various methodologies.

Dr. Altunay Agaoglu, M.D.
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This position is in line with Hahnemann's own experimental methodology, up to the time of his death, as evidenced in his clinical practice notebooks.

As LMHI President, I deeply value diversity, equality, and unity, and I have consistently advocated for these principles throughout my presidency. These ideals guide our work and our shared vision for the future of homeopathy.

Looking ahead, I am filled with anticipation for a truly historic event: the LMHI Centenary Celebration at our 78th Congress in Utrecht, Netherlands, this coming May. This milestone is an opportunity to honor 100 years of dedication to homeopathy and to envision the path ahead with renewed energy. I warmly invite all of you to join us for this momentous occasion. Your presence will not only enrich our celebrations but also reinforce the strength and unity that define our global homeopathic family.

Let us carry forward the successes of this year, honor the memory of those who have left us, and embrace the future with optimism and determination. Thank you for your unwavering commitment and for being part of this incredible journey. I look forward to seeing many of you in Utrecht as we celebrate this centennial milestone together.

With warm regards,
Dr. Altunay Agaoglu

Klaus-Henning Gypser - An Obituary

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A great man has passed away: On 4 September 2024, Klaus-Henning Gypser passed away in the presence of his beloved wife Heike and his family after a short, serious illness. His services to homeopathy were outstanding.

Early contact with homeopathy

Klaus-Henning Gypser was born on 27 February 1955. He came into contact with homeopathy as a child when his homeopathic family doctor gave him medical books. At the age of 16, he decided to become a homeopathic doctor, and at 20 he read the Organon. During his medical studies in Aachen, he spent the term breaks with Jost Künzli von Fimmelsberg (1915-1992), Will Klunker (1923-2002) and Georg von Keller (1919-2003) which allowed him to learn from three of the most important homeopaths of the 20th century.

Künzli allowed Gypser to attend his practice and see patients. Klunker worked out the cases of his daily practice with Gypser showing him how to properly choose the right remedy. He further taught him the fundamentals of homeopathy in detail and introduced him to Heidegger's philosophy. Von Keller opened up Gypser to the wide field of homeopathic literature. Gypser started collecting homeopathic literature himself in 1980, and over the course of his life, he built up the world's largest private homeopathic library with around 8,000 volumes. In 1986, he opened his private practice in Gleys.

Important contributions to research and methodology

In 1984, together with the assistance of Georg von Keller, Jacques Baur and Philip Wilfried Thomas, he catalogued all homeopathic journals published worldwide since 1822 creating the Bibliotheca Homoeopathica. It contains a new list of abbreviations,

thus creating one of the prerequisites for the revision of the homeopathic materia medica. Another accomplishment was the publication of the writings of Bönninghausen, Hering and Kent, which he thus made available for further research.

This made it possible to revitalize Clemens von Bönninghausen's way of thinking, which is now known as the 'Bönninghausen Method'. Between 1996 and 1999, Bönninghausen's Pocket Book was revised under Gypser's direction and thus became a modern aid in everyday practice. Bönninghausen's Method was disseminated by Gypser at courses which he gave in Switzerland and by Andreas Wegener and Bernhard Möller in Germany. It was popularized by Heiner Frei's Polarity Analysis - a quantum leap for homeopathy.

The scope of his publications is considerable: Gypser published a total of 18 books on homeopathy in up to 5 editions, including Bönninghausens Kleine Medizinische Schriften (1984), Kent's Minor Writings on Homoeopathy (1987), Hering's Medizinische Schriften in three volumes (1988), the Gesammelte Arzneimittelpfahrungen aus Stapf's "Archiv für die homöopathische Heilkunst" (1822-1848) in three volumes together with Achim Waldecker and Bönninghausens Therapeutisches Taschenbuch (revised version 2000). Gypser also published over 300 journal articles, editorials, letters to the editor and reviews, e.g. in Zeitschrift für Klassische Homöopathie (ZKH), Allgemeine Homöopathische Zeitung (AHZ), British Homoeopathic Journal, Journal of the American Institute of Homoeopathy, Revue Belge d' Homoeopathie and The Homoeopathic Physician.

From 1987 to 1992 he was editor of the ZKH and from 1988 to 1992 editor of the Classical Homoeopathy Quarterly. His planned biography of James Tyler Kent, which he had been working on since 1978 and for which he travelled to the USA several times, resulted in a four-part series of articles in the AHZ in 2016 and 2017.



His passion as a mentor and pioneer

From 1989 to 1992, Gypser gave lectures at the medical faculties of Bonn and Gießen. Over 100 students attended them, many of them travelling 100 km and further, kindling a spirit of optimism. 'He ignited the enthusiasm and fire in the hearts of the students', one of the former students told me. This led to the establishment of student and medical working groups. From 2005 to 2012, Gypser taught homeopathy as a compulsory elective subject in Bonn, and also during clinical semesters.

'You learn the most when you teach', he often said, echoing the philosopher Martin Heidegger. Gypser influenced an entire generation of homeopaths. Every month, he invited a small group of students, doctors and alternative practitioners to Glees, where they discussed the day's cases until late at night. He encouraged anyone who seriously wanted to learn homeopathy in working groups of 5 to 10 people. Here he taught the basics, cases and topics such as Q-potencies, methodology of materia medica study, remedy relationships, Boger-Bönninghausen repertory and Kent, etc.

A generous mediator of knowledge

Gypser was very generous in passing on his knowledge. Those who approached him with a question came back enriched. You could ask him at any time and he could tell you the source; if he didn't know it in a seminar, he would share it after the next break. His manner was friendly and attentive, his language clear and direct. We were welcome to attend or observe his practice. Students and colleagues received their basic training or continued their education with Gypser; others benefited from exchanges with him and he reached many more people with his numerous publications and books.

Among his closest students are Robert Goldman, Ulrich Fischer, Ammo Kummer, Heiner Frei, Gertraud Roos, Rainer Bütow, Peter Minder, Doris Barzen, Peter Scholl, Susanne Jungmann and myself. He maintained friendly contact with colleagues from all over the world, including Julian Winston, George Dimitriadis, Renzo

Galassi, Raj Kumar Manchanda, Altunay Ağaoğlu, André Saine, Gustavo Cataldi, Danny Pillay, Marina Afanasieva, Jay Yasgur and Andrea Flores. Attempts to establish a professorship for Gypser were met with failure in Bern, Switzerland and Witten-Herdecke, Germany.

Revitalizing the foundations of homeopathy

Building on the ideas of Drs Klunker and Keller, Klaus-Henning Gypser revitalized the foundations of homeopathy. He was particularly interested in its understanding of disease, in which the phenomena, i.e. the symptoms themselves, form the compass for the choice of remedy.

When selecting remedies, he reverted to comparing the patient's symptoms with the original wording of the provings, thereby setting the standard. The awareness of this had not been entirely appreciated until Gypser awakened it. Practitioners mainly resorted to smaller materia medicae with characteristic remedy symptoms such as Nash, Boericke, Tyler, Phatak and Vithoulkas. With the reintroduction of the comparison of the materia medica, he initiated a move towards considering the original symptoms.

Gypser set an example of homeopathy. He created the basis of genuine homeopathy in German-speaking countries - also through colleagues who learnt from him or exchanged ideas with him.

The revision of the Materia Medica

In 2004, Gypser founded the 'Gleeser Akademie homöopathischer Ärzte'. In addition to education, it was intended to provide a broad basis for a project he had been planning for years - that of an urgently needed revision of the materia medica.

He looked through provings and clinical experiences and compiled them in a reliable materia medica. Gypser, nonetheless, warned against prematurely incorporating clinical symptoms into the materia medica without thorough examination - as he did during his last lecture

on 10 September 2022 at the LMHI Congress in Istanbul. In the *Materia Medica Revisa Homoeopathiae*, 68 monographs were compiled by 25 members of the academy under his direction by 2022 - a great achievement that completes his life's work.

Part of his library was acquired by the LMHI and is now housed in the Hahnemann House in Köthen. As most of the provings are written in German, German-speaking homeopaths have the task of continuing Gypser's important work and completing the revision.

His deep attachment with India

Gypser felt connected to Indian philosophy and especially to the Indian saint Ramana Maharshi. Gypser studied Hindi. He began his day early at 5 AM with meditation. On the subcontinent he cultivated deep friendships and held guest professorships in Goa and Jaipur.

A life for homeopathy

Klaus-Henning Gypser leaves a valuable legacy to the homeopathic community. His outstanding life's work was only possible thanks to the unconditional and loving support of his wife Heike, who was actively involved in many of his projects, and the generous support of his family.

His life was a life for homeopathy. He deeply enjoyed homeopathy. Even when he was on holiday, he would study homeopathic literature and enthusiastically recount interesting passages he had just discovered. He often said: 'What an ingenious method. How privileged we are to be able to practice homeopathy!'

I would like to thank Rainer Bütow, Peter Busch, Ulrich Fischer, Robert Goldmann, Heike Gypser, Ammo Kummer, Bernhard Möller, Andreas Wegener and Jay Yasgur for their contributions.

Memories and Lessons of Dr. Gypser

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Glees, Germany

Dr. Klaus-Henning Gypser was a physician who dedicated his entire life to homeopathy. I was recently invited to his home in Glees, Germany, by his beloved wife, Dr. Heike Gypser—former LMHI Secretary of Pharmacy. When I asked her what Dr. Gypser enjoyed doing besides practicing homeopathy, she replied: “Homeopathy was not only his work but also his passion and hobby. As a result, he never felt burdened by his work. Homeopathy was the central purpose of his life. In his free time, whether on a train or during vacations, he would study and research homeopathy.”

Thanks to this unwavering dedication, he made significant contributions to the field and inspired many, including me.

Since 2022, when I assumed the position of Secretary of Publications and Editor of this journal, The Homoeopathic Physician, I maintained constant communication with Dr. Gypser and deeply valued his advice due to his vast expertise in the fields of

publishing and library sciences. Dr. Gypser was a member of the editorial board of this journal and contributed several notable articles, including: “The Study of Our Materia Medica,” “The Term Characteristic in Homoeopathy – Its Meaning in Study and Practice,” “Clinical Symptoms and the Destruction of Materia Medica,” and “Boenninghausen Revival – A Chronological Treatise on History and Practice.” (If you haven’t read them yet, I highly recommend you to do so.)

Dr. Gypser continued to actively participate in the LMHI, delivering speeches at congresses and writing articles until his final days—and even beyond. In this issue of the journal, we are honored to present the article he expressly designated for posthumous publication.

Dr. Gypser is an inspiration to me. I first met him at the congress in Sorrento, Italy, in 2019. Dr. Renzo Galassi introduced us. In the main auditorium I attended his lecture, “The Study of our Materia Medica,” and was impressed by his explanation of how the Materia





Dr. Gypser at the 77th LMHI Congress in Sorrento, Italy in 2019.

Medica (MM) should be studied correctly and rigorously. He emphasized the importance of avoiding speculation and “hunches” when selecting a remedy.

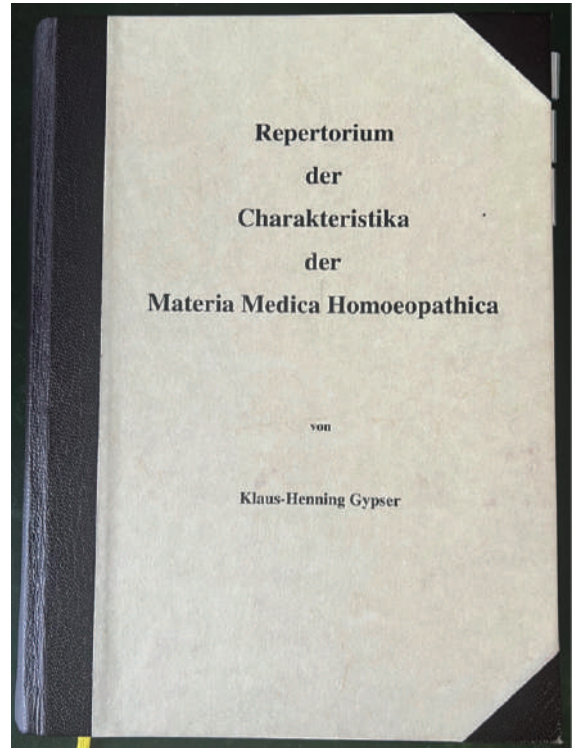
Dr. Gypser’s direct and concise message was clear: for a homeopathic physician to restore a patient’s health, she or he they must be a dedicated student of the proven Materia Medica, faithfully adhering to the principles laid out by Hahnemann and his disciples.

In that lecture, Dr. Gypser pointed out that studying the homeopathic MM is one of the most difficult tasks for homeopaths, he stressed that it is essential to become a tireless student of it. He explained that we must be able to discern the symptoms at all, ask the right questions, and understand the intensity of the different symptoms among the different remedies. He proposed the following steps for studying the Materia Medica effectively: follow a methodology, develop your own method, repeat, avoid learning by heart, and compare two remedies.

To progress from a beginner to an advanced student in the study of the Materia Medica (MM), Dr. Gypser recommended starting with the keynotes and important modalities. He suggested beginning with the Materia Medicas of Allen, Boenninghausen, and the keynotes of Guernsey, Nash, Dunham, Farrington, Kent, and Pierce. From there, he advised delving deeper into the works of Cowperthwaite, Lippe, and Allen’s Handbook. Finally, he encouraged moving on to more comprehensive studies with the Materia Medica of Gross and Hering, culminating with the original sources, such as Hahnemann’s *Materia Medica Pura* and Allen’s *Encyclopaedia Medica*. Dr. Gypser concluded his lecture by recalling Dr. Guernsey’s advice: “Cure your patients, and you will not starve.”

It was my turn to speak at the congress in Sorrento, where I presented a case study of a parasitic epidemic disease, Leishmaniasis, treated with individualized homeopathy. I remember seeing Dr. Gypser sitting in the front row, listening to me carefully.

At the end of my lecture, I stepped down from the stage, and he approached to congratulate me. He gave me his card and advised me —something I later found out he often did with young homeopaths whom he considered the future of homeopathy. He suggested that I should study German, explaining that much of the homeopathic literature is available exclusively in the German language. He also extended an open invitation to visit his extensive library and clinic in Gleys. From then on, my study of the German language began.



Repertory of the Characteristics of the Homeopathic Materia Medica by Dr. Gypser



Dr. Gypser in his library (photo by Dr. Renzo Galassi)

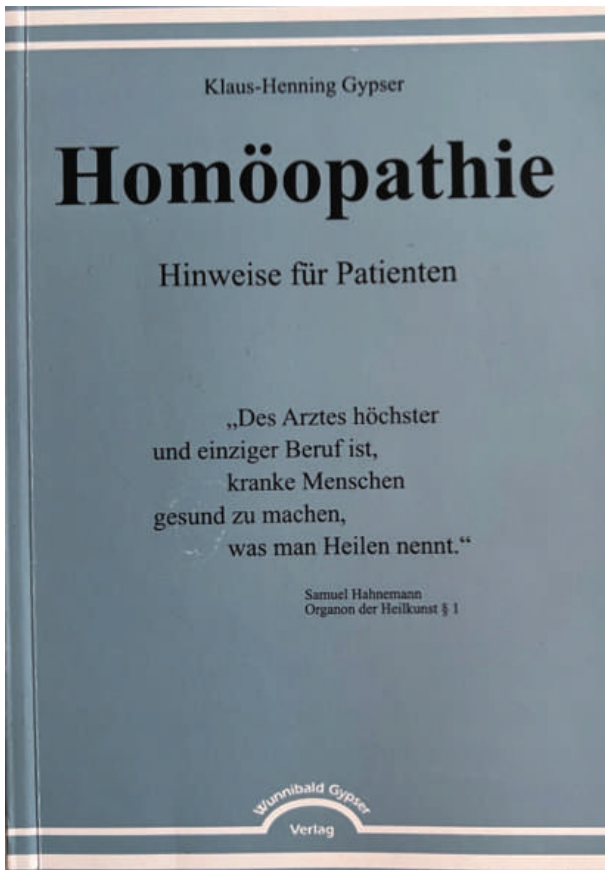
A great collector of homeopathic books, Dr. Gypser lived surrounded by them. Among his bibliographic contributions are the Repertory of the Characteristics of the Homeopathic Materia Medica and the Materia Medica Revisa Homoeopathiae (MMRH).

With these works, he achieved his aim of having absolutely reliable instruments and an easy-to-use repertory in order to find the right remedy. He wanted to be absolutely sure to get the right remedy, so he started to relate the books and the sources of provings and original sources of the remedies. The MMRH stands as a comprehensive compilation of thoroughly reliable sources for each remedy, including both provings and clinical symptoms.

In his clinical practice, Dr. Gypser was also very methodical and organized. Every day, after his morning



Materia Medica Revisa Homoeopathiae by Dr. Gypser



Repertory of the Characteristics of the Homeopathic Materia Medica by Dr. Gypser



Dr. Gypser's office cabinet

meditation, he would spend an hour and a half in the morning answering his patients' calls, following up with them and answering their questions. In his office he offered a small book to patients interested in learning more about the homeopathic method: "Homeopathy - Information for Patients."



Dr. Gypser's office in Glee, Germany

He saw patients in person during the morning, wrote down the most important symptoms. In the afternoon, he dedicated time to studying their cases, and later called the patients to inform them of the remedy they should take, so that they could go to the pharmacy to get the remedy.

In his clinical records, he listed the prescribed remedies along with their respective potencies, specifying whether the condition was acute or chronic. He marked with a red cross the remedies that led to significant improvement in his patients. This method also allowed him to conduct daily statistical analyses of his patients and the remedies he prescribed.



I visited his home on November 1st and 2nd, coinciding with "The Day of the Dead" in Mexico—a holiday when we joyfully remember and pray for our dearly departed. As part of the tradition, an offering is prepared with flowers, candles, and the favorite foods of the deceased. That evening, Dr. Heike Gypser and I prepared his offering in a heartfelt and touching ceremony.

His physical absence from our homeopathic community creates an irreplaceable void. However, his invaluable contributions have undeniably enriched and revitalized homeopathy. Thank you, Dr. Gypser.

My memories on the death of my dear friend Klaus-Henning Gypser

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It is so difficult to deal with thoughts and memories of a dear friend who unexpectedly leaves us, without any warning sign.

We used to write to each other every 2-3 weeks, sometimes we spoke on the phone and it was always so nice to mix aspects of work with information from our private lives. Even though our friendship was not very long-standing, our common feeling regarding Homeopathy had brought us so much closer, so much so that we seemed to have always been friends.

We had exchanged visits to our respective homes, showing each other the places where we worked or where we most loved to visit during our moments of relaxation.

We took long walks together, obviously talking about the only topic that never bored us, our dear Homeopathic Medicine.

Thanks to my esteem, friendship and repeated invitations, Henning, who lived somewhat isolated from the rest of the homeopathic world, decided to actively join the LMHI and began to participate in all the latest conferences around the world, making extraordinary contributions with his papers presented and with several articles written for the magazine that I had decided to publish, "The Homoeopathic Physician" which he liked so much.

What I remember with great pleasure was his sagacious irony, hidden behind his severe and academic appearance, but which was able to make people laugh until they cried, it was so subtle and acute.

When families gathered in the various conferences' venues, Henning took the chair and took charge of guiding the family members on various tours to discover the most evocative places in the city, with "wise" stops in the best places to appreciate the local specialties (cakes more frequently).



He was always welcoming to any colleague who approached him to ask for clarification and even with someone who proposed bizarre ideas regarding the homeopathic clinic he proved to be very tolerant. He tried to respond politely and explain that those ideas were not exactly in line with what Hahnemann and the great Classics had taught us and he was ready to direct him towards homeopathic orthodoxy, of which he was certainly the greatest connoisseur of the entire homeopathic fraternity.

Sometimes we also talked about death, about our idea of death, about the death of the great homeopathic masters, about their religious ideas, but I never thought I would have to write this memory so soon on the occasion of his death, of my dear friend Henning, a great doctor, a great homeopath, a good husband and family man, an enlightened soul, a Hahnemannian to the end of his life. Throughout his life he always pursued the motto "Aude Sapere", and managed to know so much that he could be able to say like the Master of Meissen at the end of his life: "Non inutilis vixi".

With his great organizational and planning skills he planned all his studies and researches and even shortly before his death he instructed his beloved wife Heike to send me some unpublished writings to be published in the La Liga magazine as his final gift to the colleagues. Truly touching! Today we start with a very interesting article where in the second part he reports some statistics of the work at his clinic.

Thank you, Henning, for everything you have given to the homeopathic world and to all of us who were lucky enough to know you. With unchanged affection, Renzo.

Practical Consequences of Some Statistics in Homoeopathy

By K.-H. Gypser (1955 – 2024)



Introduction

In homoeopathy we do not frequently meet contributions claiming to make statistical statements. The pure homoeopath usually regards them as a part of conventional medicine and believes them of no value at all concerning the cure of the sick. Some of the lesser pure homoeopaths make use of them believing that the adoption of methods established in conventional medicine will lead to the acceptance of homoeopathy one day. But it is very doubtful if this will ever happen because sciences being different in regard to their suppositions like conventional medicine and homoeopathy cannot acknowledge each other from their own basis. Here they risk to be accused of crossing the border of their science in an unscientific manner. Concerning that even Hahnemann (1755 - 1843) had already remarked:

“Each science can decide on such matters only as are within its own province.”¹

Here a more appropriate translation would be: “Each science can discuss subjects only which are within its own sphere of action.”

Returning to the last mentioned group of homoeopaths it has to be added that at least some use statistics to support the use of a remedy for a particular diagnosis. This is the methodological approach of conventional medicine which is completely non-homoeopathic and therefore of no use in treating a patient by homoeopathy. If statistics suggest that 65 per cent out of a group of patients with a certain diagnosis are benefited by a fixed remedy how does the doctor know to which group the patient in front of him belongs? To the 65 per cent or to the 35 experiencing no effect of the remedy?

By the way concerning the name of diseases we should always remember what Hahnemann had said in the first footnote to aphorism 73 in the 6th edition of the Organon and especially in the footnote to aphorism 81:

“From all this it is clear that these useless and misused names of diseases ought to have no influence on the practice of the true physician, who knows that he has to judge of and to cure diseases, not according to the similarity of the name of a single one of their symptoms, but according to the totality of the signs of the individual state of each particular patient, whose affection it is his duty carefully to investigate, but never to give a hypothetical guess at it.”²

Now we are going to turn to our special subject, which consists of two parts: First statistics originating from studies of the *Materia Medica Revisa Homoeopathiae* (MMRH), and second from observations of the writer's clinic.

Statistics From MMRH

The MMRH has been repeatedly outlined or mentioned on LMHI conferences and requires therefore a short introduction only: It is an arranged compilation of primary sources regarding *Materia Medica* containing all known provings of the very drug as well as of clinical



symp-toms directly extracted from the published case-reports. At present it covers 68 remedies with 93,493 symptoms on 5,864 pages.

The first statement deals with the frequency of symptoms in one region like mind, head, eyes, stomach, sleep etc. For example the average percentage of mind symptoms of all 68 remedies which is already a quite representative number of drugs compiled is 6.4. Stramonium which leads the list of that chapter arrives at 24.5 per cent and is followed by Hyoscyamus with 23.8 per cent of symptoms belonging to the mental region. For both remedies it is about four times more symptoms than the average. These overviews were collected for all regions and some examples are given now:

| Region | Average Percentage | Top Percentage |
|---------------------|--------------------|---------------------------|
| EYES | 4.1 | 30.7 (Euphrasia) |
| NOSE | 2.7 | 14.6 (Adhatoda) |
| INTERNAL THROAT | 2.4 | 12.6 (Lac caninum) |
| ANAL REGION | 1.0 | 8.3 (Aesculus) |
| STOOL | 3.8 | 20.0 (Podophyllum) |
| FEMALE GENITALS | 2.3 | 12.5 (Sabina) |
| LARYNX/TRACHEA | 0.9 | 6.8 (Spongia) |
| COUGH/EXPECTORATION | 2.5 | 20.0 (Drosera) |
| EXTERNAL CHEST | 0.6 | 6.0 (Ranunculus bulbosus) |

How could this information prove helpful? In one-sided cases with a lack of detailed symp-toms. This is outlined in the aphorisms 173 and 174 of the Organon. So one could check out whether any of these remedies with a lot of symptoms in the very region would cover the pa-tients´ symptoms.

Beyond that it is valuable to know about the percentage in the judgement of provings. If the top percentage in any region is exceeded highly one should have serious doubts in regard to the quality of the proving.

Our next statistic example deals with the frequency of proving and clinical symptoms. Among the 68 remedies Magnesium sulphuricum takes the lead with 98.64 per cent of provings symp-toms. It is more than obvious from this result that this remedy was used clinically very rarely. When studying its 515 symptoms in the MMRH one is facing many characteristics and a great similitude to the more well-known Magnesium carbonicum and Magnesium muriaticum.

So, why not make use of it? In spite of the fact that T.F. Allen (1837 - 1902) included it into his “Encyclopedia” Magnesium sulphuricum was not mentioned in his “Handbook” which was published as a summary of the former in 1889 and was well accepted by the profession. The same is true for Hering´s (1800 - 1880) “Condensed Materia Medica” where it was omitted whereas it covers a chapter in his “Guiding Symptoms”. So, maybe this is why the American colleagues did not become familiar with it and consequently did not prescribe it.

By the way there was a female patient in my clinic suffering from terrible flushes of heat and sweat for many months during her climacteric period accompanied with frequent waking at night. The only characteristic symptom was grayish stool. This was covered by Kalium car-bonicum and Magnesium sulphuricum in my repertory of the characteristics. Her flushes ex-tending from chest to head were exactly mentioned under the latter remedy in the proving symptom no. 499 as well as in the clinical no. 502 of the MMRH and her heat at night in no. 495. Her frequent waking at night was met with the proving symptoms no. 451 and 456 and also her mood which had changed to

irritability with no. 8 and 10. According to our basic principle, the apriori certainty of healing, a beneficial action of the remedy had to be expected but the speed of it even surprised the speaker: After a single dose of Magnesium sulphuricum 10m she was free of flushes within 24 hours lasting two and a half months and her sleep, stool and temper quickly became normal.

The next remedies in order are the following:

Proving Symptoms

| | | | |
|-----------|----------------|----------|-----------|
| 1. Mag-s. | 98.64 per cent | quotient | 72.57 : 1 |
| 2. Ran-s. | 97.89 per cent | quotient | 46.29 : 1 |
| 3. Euph. | 95.01 per cent | quotient | 19.29 : 1 |
| 4. Clem. | 92.53 per cent | quotient | 12.40 : 1 |
| 5. Agar. | 91.05 per cent | quotient | 10.17 : 1 |

We see that even in a remedy like Agaricus only ten per cent of its symptoms are of clinical origin.

Just to give an impression of the reverse we switch to the other end of the scale where Hepar takes the lead with almost 67 per cent clinical symptoms out of its whole Materia Medica. It is followed by Sabina, Podophyllum and Cina.

So we learn from this study how much or little the various remedies were applied and reported clinically and perhaps we are encouraged to study Magnesium sulphuricum, Ranunculus sceleratus, Euphorbium, Clematis and even Agaricus more closely to be able to prescribe them.

Our next subject refers to the sides of the body. Out of the total of 93,493 MMRH symptoms sides are mentioned in 18,200. Out of these 8,573 are related the right side and 9,627 to the left. There was made no difference in that counting whether they were of proving or clinical origin. When we draw the line by 60 per cent and round up Podophyllum four remedies only can be regarded as clearly right-sided.

They are:

Right-sides Remedies

| | |
|----------------|----------------|
| 1. Sanguinaria | 71.91 per cent |
| 2. Cedron | 70.83 per cent |
| 3. Aesculus | 60.42 per cent |
| 4. Podophyllum | 59.68 per cent |

The left side is primarily covered by six remedies:

Left-sided Remedies

| | |
|----------------|----------------|
| 1. Lachesis | 67.68 per cent |
| 2. Capsicum | 67.35 per cent |
| 3. Euphorbium | 63.04 per cent |
| 4. Cenchrus | 62.96 per cent |
| 5. Sabina | 61.54 per cent |
| 6. Medorrhinum | 61.63 per cent |

From this we already learn that the side relationship is not a significant characteristic. If one had lowered the border to 55 per cent the number of remedies for the right side would have increased to nine and for the left to 21. But the difference of 55 per cent for one side and consequently to 45 for the other would probably be too small to make reliable statements in regard to a value as characteristic.

For some polychrests we find for the right side 53.51 per cent for Causticum, 51.35 per cent for Hepar and 50.04 per cent for Thuja. As a rule it can be said that the more symptoms a remedy contains the less the side differences are. As there are many remedies left to be incorporated into MMRH these figures are non final results but we can already observe some tendencies.

It could be retorted here that the proportions in the different regions like head or extremities could be completely different. That is true but the writer's studies are not so far advanced at the moment that a final answer is possible. Among 25 checked remedies it is possible to say that only some of them came up with significant differences:



- Adhatoda affects much more the left upper limbs;
- Borax the left ear and the right side of the internal chest;
- Capsicum the left internal chest;
- Cedron the right internal head;
- Cina the left inner chest and left lower extremities;
- Euphorbium the left inner chest.

In closing that subject we can say that we should not put too much weight to the general sides of the body in the process of remedy selection. They cannot serve as contraindications and one should not exclude for example Sanguinaria when most of the patients' symptoms are on the left side.

The next point of view is dedicated to the aggravation by the times of the day. We are going to concentrate upon morning, forenoon, noon, afternoon, evening and night. Before and after midnight will be omitted because they are too rarely mentioned to influence the study significantly. Of special importance is the aggravation at noon time because authors of repertories deal with it perfunctorily. The first repertories which were published by Boenninghausen³ (1785 - 1864) did not call it to notice at all which is also true for his "Therapeutic Pocket Book" of 1846.

Hering's translation from the German original of 1835 of Jahr's "Manual"⁴, published in 1838 which has been the first repertory in the United States, lists nine remedies only and even Kent's Repertory mentions not more than 15⁵ in the chapter "Generalities". So, we will pay later special attention to the aggravation at noon.

These analysed aggravations were met in 17.890 symptoms totally, that is in about in every fifth symptom. About three quarters of them refer to aggravation in the morning, evening and night:

- Morning - 26.91 per cent
- Evening - 24.98 per cent
- Night - 26.15 per cent

The rest are dispersed to:

- Forenoon - 5 per cent
- Noon - 6.53 per cent
- Afternoon - 10.42 per cent

This knowledge is indispensable if one likes to arrive at a correct assessment. It was laid down as a rule that the average percentage of every considered aggravation has to be surpassed by one third. For example we take the morning aggravation which counts to 26.91 per cent. One third of it is 8.97 per cent. We add to this the average percentage of 26.91 and arrive at 35.88. Above this we will list all remedies. Of course this is open to criticism because the percentage can also be chosen different.

Now have a look upon the charts for the different times:

< Morning

(Average 26.91 Per Cent; Considered Over 35.88 Per Cent)

| | |
|------------------|----------------|
| 1. Podophyllum | 53.19 per cent |
| 2. Euphorbium | 48.28 per cent |
| 3. Bovista | 40.96 per cent |
| 4. Asafoetida | 38.69 per cent |
| 5. Sanicula aqua | 37.98 per cent |
| 6. Sanguinaria | 37.35 per cent |
| 7. Spigelia | 36.58 per cent |

Here we already notice the absence of Lachesis which is considered in several secondary works on Materia medica to represent this time aggravation very highly.

But the extensive collection of pathogenetic and clinical symptoms of Lachesis published in the MMRH proves that the morning aggravation arrives at 27.51 per cent and the night aggravation at 35.15 placing the latter among the characteristics and not the morning aggravation.

< Afternoon

(Average 10.42 Per Cent; Considered Over 13.89 Per Cent)

| | |
|---------------------------|----------------|
| 1. Laurocerasus | 33.66 per cent |
| 2. Asafoetida | 20.60 per cent |
| 3. Magnesium carbonicum | 20.06 per cent |
| 4. Valeriana | 19.73 per cent |
| 5. Alumina | 18.77 per cent |
| 6. Zincum | 17.65 per cent |
| 7. Gelsemium | 16.94 per cent |
| 8. Ammonium carbonicum | 16.22 per cent |
| 9. Ipecacuanha | 14.75 per cent |
| 10. Magnesium sulphuricum | 14.22 per cent |

< Forenoon

(Average 5.00 Per Cent; Considered Over 6.67 Per Cent)

| | |
|--------------------------|----------------|
| 1. Aesculus | 14.81 per cent |
| 2. Alumina | 11.76 per cent |
| 3. Sulphuricum acidum | 12.00 per cent |
| 4. Magnesium carbonicum | 9.47 per cent |
| 5. Magnesium sulphuricum | 8.62 per cent |
| 6. Sabadilla | 8.33 per cent |
| 7. Ammonium carbonicum | 8.11 per cent |
| 8. Argentum nitricum | 7.79 per cent |
| 9. Thuja | 7.72 per cent |
| 10. Anacardium | 7.36 per cent |
| 11. Podophyllum | 7.07 per cent |
| 12. Valeriana | 6.73 per cent |
| 13. Ranunculus bulbosus | 6.67 per cent |

< Evening

(Average 24.89 Per Cent; Considered Over 32 Per Cent)

| | |
|------------------------|----------------|
| 1. Allium cepa | 44.81 per cent |
| 2. Ranunculus bulbosus | 36.00 per cent |
| 3. Mezereum | 34.50 per cent |
| 4. Platinum | 33.11 per cent |
| 5. Cyclamen | 32.35 per cent |
| 6. Stramonium | 32.28 per cent |
| 7. Rumex | 32.01 per cent |

< Noon

(Average 6.53 Per Cent; Considered Over 8.71 Per Cent)

| | |
|-----------------|----------------|
| 1. Moschus | 22.54 per cent |
| 2. Valeriana | 17.04 per cent |
| 3. Laurocerasus | 15.53 per cent |
| 4. Zincum | 11.15 per cent |
| 5. Asafoetida | 10.55 per cent |
| 6. Agaricus | 10.54 per cent |
| 7. Stannum | 9.29 per cent |
| 8. Euphr | 9.18 per cent |
| 9. Cedr. | 9.09 per cent |

< Night

(Average 26.15 Per Cent; Considered Over 34.87 Per Cent)

| | |
|---------------------|----------------|
| 1. Medorrhinum | 55.10 per cent |
| 2. Drosera | 52.87 per cent |
| 3. Hyoscyamus | 51.56 per cent |
| 4. Cenchris | 50.55 per cent |
| 5. Sanicula aqua | 49.61 per cent |
| 6. Spongia | 49.29 per cent |
| 7. Cuprum | 42.93 per cent |
| 8. Hepar | 40.53 per cent |
| 9. Lac caninum | 38.81 per cent |
| 10. Staphisagria | 37.40 per cent |
| 11. Sabina | 36.63 per cent |
| 12. Adhatoda vasica | 36.59 per cent |
| 13. Lachesis | 35.15 per cent |

Again in this study the percentage determining the boundary of significance is open to discussion. Concerning the evening aggravation upwards of 33.19 per cent would have been the correct number to consider remedies. But doing so only *Allium cepa*, *Mezereum* and *Ranunculus bulbosus* would have crossed the border. Therefore the percentage was lowered to 32 which resulted in seven remedies.

Now we take up the questions how these results go in line with the corresponding rubrics of "Boenninghausen's Therapeutic Pocket Book". The MMRH study brought forth groups of remedies which are characteristic for the respective time of aggravation. In the rubrics of the "Pocket Book" the third and fourth grade - that is the heavy and the heavy plus capital print - represent characteristic entries of remedies. We had seven remedies of characteristic value for the morning aggravation but only four of them are contained in the "Pocket Book", because the others were unknown to Boenninghausen:

Morning Agg.

| Characteristic in MMRH | Therapeutic Pocket Book |
|------------------------|-------------------------|
| ASAFOETIDA | <i>Asafoetida</i> |
| BOVISTA | <i>Bovista</i> |
| EUPHRASIA | <i>Euphrasia</i> |
| SPIGELIA | <i>Spigelia</i> |

Here it is obvious from the first and second grade in the "Pocket Book" that no entry proved to be characteristic.

Concerning the

Forenoon Agg.

| Characteristic in MMRH | Therapeutic Pocket Book |
|------------------------|-------------------------|
| ALUMINA | <i>Alumina</i> |
| AMMONIUM CARBONICUM | Ammonium carbonicum |
| MAGNESIUM CARBONICUM | Magnesium carbonicum |
| SABADILLA | SABADILLA |
| THUJA | --- |

Only *Sabadilla* is listed as a characteristic and *Thuja* is missing at all. Summarizing it has to be said that there are great deviations in the "Pocket Book" for the aggravations in the morning and at forenoon. Responsible for that is probably the year of the "Pocket Book" which was 1846. Our updated MMRH includes many more proving and clinical experiences and therefore the results are more reliable. You can imagine how mistakes in repertorizing arise when numbers are blindly added in some software programs now circulating. But this is a completely different subject and we will now proceed to the

Statistics From The Writer's Clinic

This study is based upon data which were collected over almost four decades in the speaker's clinic. It covers all treated patients. For each of them there is a separate document folder which contains on its first inner side a sheet with nine vertical columns: Date of consultation, acute/chronic/intercurrent prescription with their corresponding abbreviations, name of remedy, of potency, manufacturer, daytime of application, special remarks, initial aggravation and amelioration. In the latter a red cross is placed if the symptoms without any doubt very decidedly changed for the better. If they continued as before a black minus mark is placed. In case the amelioration was surprisingly and unexpected in its speed and size two red crosses are applied. If the judgement is difficult and uncertain no mark is set at all. It is strange to say that quite a number of patients were completely and permanently cured of their chronic ailments presenting almost no mark. They usually were not able to explain clearly which effect had the prescribed remedy. Always hesitating and being not sure of anything they wander around talking and after some time of prescribing as fine as possible they finally regard themselves as cured.

With the aid of this special sheet in the folder it is very easy to have a quick overview and to extract the data in question. But before we turn to the results of the study something has to be added about the type of the writer's clinic: It is a nationwide private clinic destined to chronically ill patients. In case they suffer during treatment from acute diseases these are dealt with as well. Of course this structure of clinic can influence the results now referred to.



The first subject refers to the total number of successfully prescribed remedies which is 192. In Boenninghausen's original "Therapeutic Pocket Book" 125 remedies are listed and in Kent's repertory 628. Having in view that most of the latter are not well proven lacking well developed characteristics 192 remedies are almost more than expected but out of these only 21 covered one per cent or more of all prescriptions. These are in the order of their frequency:

Successfully Prescribed Remedies

| | |
|-------------|---------------|
| 1. Sulph. | 9.09 per cent |
| 2. Sep. | 8.74 per cent |
| 3. Lyc. | 7.92 per cent |
| 4. Puls. | 6.56 per cent |
| 5. Phos. | 6.45 per cent |
| 6. Nat-m. | 4.96 per cent |
| 7. Calc. | 4.88 per cent |
| 8. Nux-v. | 3.81 per cent |
| 9. Sil. | 3.71 per cent |
| 10. Ars. | 3.25 per cent |
| 11. Lach. | 2.93 per cent |
| 12. Rhus-t. | 2.65 per cent |
| 13. Bry. | 2.55 per cent |
| 14. Bell. | 1.77 per cent |
| 15. Kali-c. | 1.64 per cent |
| 16. Merc. | 1.41 per cent |
| 17. Caust. | 1.30 per cent |
| 18. Thuj. | 1.22 per cent |
| 19. Hep. | 1.08 per cent |
| 20. Ign. | 1.08 per cent |
| 21. Carb-v. | 1.00 per cent |

From this we can derive that the first five remedies corresponded to 38.76 per cent of all successful prescriptions including acute ones which is far more than one third of them. Including the next three remedies we even arrive at 52.41 per cent. So if a newcomer to homoeopathy would start studying the characteristics of these eight remedies more than half of all prescriptions could be covered.

If we add the next five remedies ending up with totally 13 remedies 67.5 per cent or about two thirds of all cases would be dealt with. If we finally take into view the last eight remedies we arrive at 78 per cent of all curative prescriptions, that is with 21 remedies almost four fifth of the cases are covered.

The result leads to a warning especially for our younger colleagues. It is a homoeopathic derivative of a saying of the diagnosticians of old Greece and reads:

"Who rarely prescribes the frequent remedies and frequently the rare, rarely prescribes the correct ones."

Is it not astonishing that these 21 remedies but Lachesis were all proven by Hahnemann and are still today the most often used? Here we are reminded of the words Hahnemann spoke in the introduction to Nux vomica⁶ as well as to Pulsatilla in his *Materia Medica Pura*:

"There are a few medicines, the majority of whose symptoms correspond in similarity with the symptoms of the commonest and most frequent of human diseases, and hence very often find an efficacious homoeopathic employment. They may be termed polychrests."

By the way 95 per cent of all curative prescriptions in the writer's clinic were performed out of the 125 remedies mentioned in the "Therapeutic Pocket Book". Of course it could be objected here that the frequent use of this tool in the writer's daily clinic is responsible for that.

But Kent's repertory, Boger's "Boenninghausen's Characteristics and Repertory" as well as his "Synoptic Key" or "General Analysis", Barthel and Klunker's "Synthetic Repertory", Allen's Repertory to his Encyclopedia are all quite often consulted. So this possible criticism is without real basis.

It should be remarked that Natrum muriaticum and Sepia were almost always indicated in chronic troubles. Arsenicum, Phosphorus and Pulsatilla were equally indicated in acute and chronic cases. Belladonna, Bryonia and Nux vomica have been primarily used in acute com-plaints.

Not much attention seemed to be paid to Arnica. Of course it was given in many acute traumatic cases but these are not included into this study. Arnica was listed only when prescribed in non-traumatic acute or chronic disorders which happens quite rarely and does not cross the one per cent line. The very same is true for Argentum nitricum and Gelsemium in acute antici-pation like before an exam, stage fright or similar conditions.

Maybe it is a surprise to some that Aconite is met among the rarely prescribed remedies. Perhaps the circumstances of nowadays life seldom dispose to sudden attacks with high temperature or other indications. Even in infants or young children with fever it is not often the proper choice. Far more it has been used in fright if it was possible to apply it within the first half an hour after the cause.

One day the wife of a farmer rang speechless and in complete shock at the door of the writer's clinic being unable to relate anything. She immediately received two globules of Aconite 10m dry upon her tongue. After seconds she relaxed and was able to tell her story: She had just discovered that a neighbour had purposely destroyed her field with all the young trees and bushes.

With the aid of the sheet containing basic data other studies could be performed, such as:

- Duration of action of different remedies and in various potencies,
- Remedy relationship, or
- Frequency of initial aggravation in acute or chronic cases.

Concerning the latter it could be said that it depends upon the type of potencies we apply. In the writer's clinic about one half of the patients obtain single doses of high centesimal potencies, usually not lower than 200 and up to cm, and the other half Q-potencies. In the latter initial aggravations are rarely observed but sometimes the so-called belated aggravation which is outlined in aphorism 248 of the Organon, 6th edition.

Regarding single doses of high potencies in chronic cases we observe initial aggravations in less than five per cent. Here attention should be paid to the circumstance not to mix up initial aggravations with a raise of symptoms after reducing or finishing the conventional medication.

Epilogue

The first part of this paper dealt with statistic results from the MMRH:

- The frequency of symptoms in one region,
- The frequency of proving and clinical symptoms,
- The sides of the body,
- The aggravation by the times of the day.

In the second part some statistical observations of the writer's clinic made over the years were analyzed:

- The total number of 192 successfully prescribed remedies,
- Eight remedies covered more than the half of all prescriptions,
- 13 remedies accounted for two-thirds, and
- 21 remedies for four-fifth of all successful

prescriptions,

- All these 21 but Lachesis were already proven by Hahnemann,
- 95 per cent of the cures were performed with the 125 remedies of the “Pocket Book”.

My honest thanks are referred to our colleague Dr. Daniel Cook of Dallas/Texas for checking the English style of this paper.

Footnotes

1. Hahnemann, S. *Materia Medica Pura*. Vol. II. London 1881, p. 16.
2. Hahnemann, S. *Organon of Medicine*. 6th edit. Transl. by W. Boericke. Philadelphia 1922.
3. Boenninghausen, C.v. *Systematisch - alphabetisches Repertorium der homöopathischen Arzneien*. 1. u. 2. Teil. Münster 1833 u. 1835, p. 213 and 273.
4. G.H.G. *Jahr's Manual*. Transl. from the German. Allentown 1838, p. 434.
5. Kent, J.T. *Repertory of the Homoeopathic Materia Medica*. 6th Ed. Chicago 1957 (11897 - 1899), p. 1341.
6. Hahnemann, S. *Materia medica Pura*. Transl. R.E. Dudgeon. Vol. II. Liverpool 1881, p. 223.

Hahnemannian Homeopathic Experimentation in Clinical Practice – Streptococcinum: Proving and clinical case

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Abstract

The Streptococcinum nosode is a homeopathic remedy derived from two strains of *Streptococcus pyogenes* Rosenbach, specifically Mercy n. 433 and 434. In collaboration with the School of Homeopathy in Verona, the author conducted a proving of Streptococcinum from February to May 2012.

Participants included 16 provers, 6 supervisors, 1 coordinator, and 1 director, all recruited from the student and faculty body of the institution. The study employed a triple-blind trial with a 25% placebo control group, utilizing potencies of 30c (4), 200c (4), and MK (4), alongside corresponding placebo samples (4). The observation period was extended by 30 days, during which provers were regularly consulted to evaluate the persistence of symptoms for up to 12 months post-proving.

The pathogenesis and symptomatology observed during the proving are particularly noteworthy. Under controlled experimental conditions, the remedy appears to replicate certain pathologies associated with *Streptococcus pyogenes*, including scarlet fever and rheumatic manifestations, with a significant impact on the digestive system.

The predominant mental and general symptoms observed included dejection, mental dullness, fatigue, and depression—a general downturn.

Based on the symptoms documented during the proving, the author successfully prescribed Streptococcinum. He presents a clinical case of polyarthritis, chronic sinusitis, and recurrent tonsillitis that were definitively cured.

Keywords

Streptococcinum – Proving - Pathogenesis – Case report

Streptococcinum The proving

We tested an unknown or not much known dynamized substance on healthy provers in order to highlight:

- Clear symptoms
- Intense symptoms
- Symptoms certainly belonging to the substance
- Symptoms characteristic of the substance

To achieve similar results with a single proving, a protocol based on previous experiences has been developed. The main features include:

1. A pre-proving seminar: to provide detailed explanations of the experimental protocol; to define roles clearly and assign them to the most suitable individuals.
2. The supervisors should be chosen with special care and should undergo training.
3. The number of provers for each supervisor should be restricted to a maximum of three.
4. The contact between supervisors and provers should be frequent and direct.
5. Potencies equal to, and especially, superior to 30c.
6. The substance should be administered for lengthy periods 5 drops 4 times a day, until symptoms appear, for no longer than 7 days.
7. Objective symptoms have particular importance.
8. The provers should be monitored even up to a year later.
9. A brief overall description: the prover is asked to provide his/her condition during the proving.
10. A post-proving seminar: this meeting makes it possible to confirm many symptoms and make up for the inevitable imperfections and lapses of the provers and supervisors.

Streptococcinum Pathogenesis (88 symptoms + notes)

School of Homeopathy of Verona - 2012

Key to symbols

The initials after the symptoms provide identification of the prover.

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

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

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

Mind (11)

1. I only see the bad side of things. This afternoon I felt depressed, and I easily got angry at the most innocuous remark. I feel listless, I continue to put off doing the things I need to do and waste time. AA 4,5
2. At work today I made quite a few mistakes due to carelessness, whether oversights or just forgetting things. I feel a bit scatterbrained as if my mind couldn't concentrate on anything in the way it should. I hardly ever make these sorts of mistakes; it feels as though I am lost in thought and unable to focus sufficiently on the things I'm doing. AA 9,10,19
3. Dullness, torpor, absent-mindedness when driving. A sense of mental aloofness. I talk and listen, I try to concentrate, but it feels as though I'm in another dimension. EZ 6
4. After the first time I took the substance, as soon as I got up, I experienced a slight sensation of dullness that lasted all day long: felt slightly dizzy, my ideas are

muddled, slowness in coming up with ideas, a constant feature of the whole day. MF 1,2,3

5. I'm at a party. I feel extremely listless and don't feel like socializing. I make a bit of an effort but it's clear that I'm not very spontaneous. I spend the whole evening next to my boyfriend. I don't dance. I can't wait to go home even though I don't feel tired. I just don't feel like talking to anyone. AA 5

6. During the afternoon I'm irritable, discontented. I lose my temper for no reason; I make cutting remarks, and I have no appetite. Tension-induced headache, a pain in the back of the neck and then in my forehead, above the eyebrow, which improved in the evening due to distractions (cinema). AR 8

7. I feel more impatient, more intolerant, more inclined to argue and to tell people to go to hell! I must make an effort to control myself to avoid being rude. MF 1 N 26

8. A sensation of anxiety, as if I was worried about something, almost a fear of doing things, indecisiveness, uncertainty. TM 6

9. Just before the alarm went off, I was seized by a feeling of anxiety that it was late, even though I knew it was impossible. I felt as though I had been punched in the stomach, a feeling of emptiness in the stomach, although luckily the sensation only lasted a few minutes. EZ 3

10. I felt less anxious about-facing things. I felt more tolerant about various requests, without losing my temper, and by clearly stating my views which I don't find easy. SM 3,4,5

11. After receiving some unexpected bad news, I didn't experience the panic that this usually causes me. EZ 12

Sleep and dreams (8>19)

12. A strong sense of drowsiness, my head keeps on falling back suddenly: I have to make a real effort to stay awake. To stop falling asleep, I have to keep moving my legs or pinch my arms and hands. CM 1,8

13. Incredible sense of drowsiness, I just can't keep my eyes open. Every afternoon I suddenly feel drowsy and am powerless to stop it. EZ 10,13

14. In the morning, I'm overcome by extreme drowsiness with the sensation that my eyelids are about to drop off with nothing to justify this feeling. TM 2 P

15. Extremely sleepy after lunch. GB

16. Deep sleep with dreams, sometimes a sense of drowsiness and then, at a certain point, I heard the doorbell ring. I woke up but I'm not sure whether it was a dream or if it really happened. EZ 4

17. I often wake up in the very early morning. SS I

18. I sleep on my back as well as in my normal "foetal" position. SS

19. I have fewer, less intense dreams. I stopped dreaming of cats. SS

General symptoms (6>25)

20. I feel tired and exhausted. I haven't got any energy. I feel depressed. I'm listless and just feel like sleeping. AA 2,3,11,27

21. In the morning I'm weighed down by such a strong sense of oppression that I don't feel like getting up. EZ 9,11,12,27

22. I wake up feeling very tired and with no energy. I would very happily stay in bed. My head feels really heavy as if someone had placed something on it, as if something heavy was crushing me. If I lie down, it just gets worse. If I get up and start moving, it feels a little better. AA 3,28,29

23. I feel extremely tired and unresponsive. I just want to go to sleep. I've got things to do which I don't feel like facing. I feel tired even before I start. I'm so tired that I just want to drag myself off to bed. I'm half asleep. I need to drive somewhere but I'm seriously worried by this drowsiness. Stiffness and pain in the left part of the neck. EZ 19,20

24. I feel a bit tired with a sensation of heaviness on my eyelids when I close them although I am fairly switched on intellectually. EZ 5

25. I'm really tired and my bowels hurt. SM 2

Shivering, fever, sweating (1>26)

26. I suddenly start shivering and the feeling runs down from my neck to my back, then I feel a cold sensation in my upper body and my arms. The feeling lasted half an hour but came back later together with a sensation of dryness and irritation in the throat associated with a burning sensation in the esophagus. Even at this moment, just after taking the remedy, I have the same shivering sensation in my back, a feeling of sinking and acid reflux at the gullet. SM 1,2,6

Head and dizziness (3>29)

27. A feeling of heaviness in the head which lowers my eyelids. It gets worse if I close my eyes and I feel my head spinning. It feels as though I'm falling even though I don't fall over. When I wake up the sense of heaviness persists, even though it is less intense. BC 1,2,3

28. I black out when I get up after bending down. I almost feel as though I'm falling over and fainting. EC 2,3

29. Very oily hair. SS

Face, eyes, ears, nose, throat (10>39)

30. Half an hour after taking the remedy I feel a sudden flush in my face which lasts a few seconds, but it is not particularly strong. It's a bit like when your face feels sore due to the cold. It happens again in the evening and over the following days. EC 1,2,3

31. In bed, about 30 minutes after taking the remedy, my face feels flushed, and I experience tension in my upper left molars as if they were being sucked. EC 24:00 2

32. When I open my mouth, I feel a crack in the articulation of my jaw on the left side. It doesn't hurt but it is irritating. It occurs when I chew something, or I open and close my mouth. AA 15:00 20

33. I felt a bit tired when I woke up and I experienced an intermittent trembling of the lower lip which went on for 30 minutes. LM 7 7.00

34. My lips are very dry. My mother says they are redder than usual as though I had put lipstick on, and it had partly come off. She says it is not a uniform red. AA 19:30 4

35. Ear blocked with accompanying deafness. BC 3-5

36. Sharp pain in the left eye which lasts a few seconds and then goes away. It reappears and subsides again for 3-4 times consecutively. EZ 4,10

37. My eyes are red, although they don't burn and I have no secretions, from when I wake up to the evening. LM 8 8-10,12,13

38. My nose is blocked as soon as I get up and I experience a sharp pain that comes and goes in my right eye. If I bend over to pick up something, the top of my head throbs on the left side. EZ 1 8.30

39. I sneeze several times after getting up from an afternoon nap. EZ 2

Digestive system (24>63)

40. The white fur on my tongue disappeared. SS 7
41. Frequent mucus when swallowing. SS
42. Frequent belching throughout the day. I feel as though my stomach was full of air. I feel bloated and have hardly any appetite. I constantly feel very tired with a sensation of heaviness in my head. AA 28,29
43. I feel as though my stomach is bloated and full of air. I'm neither hungry nor thirsty. I can't find a position that eases this sensation, but it hurts if I press on my stomach. AA 29
44. I feel nauseous in the car. I'm tired and I can't stand the voices of other people chatting. My whole-body hurts, in particular my back and legs. I can't find a comfortable position in the car seat. AA 13
45. After lunch I feel sick, and my stomach feels heavy. It is as though a hot water bottle was in my lower stomach. I can't stand the feeling of my belt pressing against my stomach. AR 6
46. Nausea. I don't feel hungry at lunchtime. I find even the smell of food off-putting. I try to eat but it makes me feel even more nauseous. I drink a bit of water, but things don't improve. I am sick three times. AA 13
47. I get stomach cramps, and my stomach feels as though it were made of metal. When it contracts, it makes a sound like banging against an empty can. AA 11:30 29
48. A sharp pain like a cramp in the stomach. It lasted several minutes but came back later, forcing me to lie down so that I had to get up and go to bed later. I felt pain in the esophagus up to the throat. SM 7
49. At 1.35 am I woke up with a burning sensation in my stomach which only lasted two minutes, after which I went back to sleep again. MF 3
50. As I am having lunch, I experience a sharp burning sensation in the stomach after swallowing a mouthful of food. It lasts about a quarter of an hour and then stops, after which I finish lunch. EZ 9
51. Even before finishing supper, I feel a stabbing pain in the abdomen which gets worse by eating and also with pressure. It only improves if I lie down. The pain is extremely sharp, and I haven't experienced it for many years since I was 17-18 years old. The pain lasted for about an hour and was associated with a swollen abdomen. LM 3
52. There was significant improvement in gastro - intestinal symptoms which I had suffered from for a long

time. I manage to eat fresh cheeses and carbohydrates without too much problem. SS
53. Feces were slightly runny, light colored, yellowish in the morning; they were similar in the afternoon. AR 7
54. In the morning the feces had an unpleasant smell that I had never encountered before; in the afternoon the urine had an intense, slightly sweetish smell. TM 6
55. In the morning, after having a coffee, the feces were initially runny then creamy and then runny again; after about 30 minutes further runny feces without abdominal pain. Swollen abdomen but no pain. Good mood. LM 2,6
56. Tendency to have constipation. SS
57. Bowel movements are more difficult than usual. I must make an effort but feces normal. Unusual for me. EC 2,3,4
58. Short sharp tinge of pain in the anus independently of bowel movements. GB
59. Sudden hunger pangs, a feeling as though my stomach had been vacuum-packed. AA 1,2,3,8,11,20
60. Sudden hunger pangs with an empty feeling in the stomach. BC 2,4,7,9
61. Increase in appetite at mealtimes. BC 5-7
62. I can't stop myself eating things. If I'm offered something, I have a second and even a third helping, even if I'm full. It isn't hunger but a strong urge to eat something. AA 5,21,26
63. This morning, I have an almost insatiable appetite. At breakfast I eat a vast amount. I ate voraciously at lunchtime too. EZ 17

Chest, back, locomotor system (15>78)

64. Pressure at the center of the sternum feels like bruising although it is not painful. It lasted about 30 minutes and came suddenly. CM 5 08.00
65. An extremely intense shock lasting only a few seconds from the lower ribs on the left side to the iliac fossa. TM 4,6
66. Worsening of back spasm. SS
67. Muscular and bone pain caused by minor exertions. At the end of a phone call my left arm is racked with pain from shoulder to hand and I am unable to lift it. I feel the need to massage my shoulder to curb the pain. In the evening, I lay down on the sofa using my left forearm for support. When I got up, the arm that I used as a support

hurt, I felt a pain in my elbow and my shoulder. My legs also feel stiff and painful. I feel stiffness throughout my body, both in the muscles and bones. I feel stiff when I stay in one position, such as when I'm sitting down and then I get up. My bones are stiff and creak as soon as I start to move (neck, spine). EZ 16,17,18

68. A slight pain in my left shoulder which came almost suddenly and spread into my neck. It got better when I moved but continued to spread to my neck and wrist, and even my right wrist, but especially in the left shoulder with slight twinges. I feel like belching but am unable to. My left nostril was runny. The whole thing lasted for no longer than an hour. On other days, I suffered from slight joint pain in my shoulders and elbows, in particular a sharp localized pain in the right elbow, which only came when I leaned on a surface with the tip of my elbow. SM 12

69. After taking the remedy a pain appeared in my right arm and in the right side of my chest. The pain was very sharp and did not change when I breathed. It was very painful, and I also felt a tingling sensation in my arm. It stopped after a few minutes. AA 17:00 3

70. A weakness in my legs as if I couldn't stand up properly. BC 2

71. When I sit down, I feel a discomfort in the back of my left thigh with a burning and stretching sensation. TM 2

72. Sitting down with my right leg crossed over my left leg, I felt a series of sharp jolts in the upper side of the right thigh which lasted for a few seconds. TM 2

73. Yesterday evening I struggled to get warm in bed. I also have a sore throat; I feel slight widespread muscular pain and a bit of stiffness. My left knee hurts and the pain and stiffness got worse when I moved. SM 1

74. During the late afternoon I felt joint pain in my foot and my left knee which improved with rest. TM 6

75. Pain in the knee as if my joints were out of place. AA 3,4,8,10,12,18,20,28 I

76. Pain in the left knee, making walking difficult, and the pain persisted even in bed. The knee felt swollen and soft. TM 2

77. Sudden and intense throbbing pain in the left ankle which I had never felt before. GB

78. A pain that I used to feel in my right foot when I walked barefoot stopped. SS

Female reproductive and urinary system (5>83)

79. Limited diuresis. I woke up without an immediate need to urinate. GB

80. When I bend down to pick something up I notice a small odorless vaginal discharge which is colorless and watery. When I get up from a seated position, I notice another vaginal discharge; as well as a transparent, odorless watery liquid, there is also a completely transparent gelatinous discharge which is glairy and odorless. AA 1,2,3 N

81. Vaginal thrush healed. SS

82. Immediately after taking the remedy, I experienced a sharp pain in the left ovary as if I had been stung. The pain was clearly localised. It increases if I lie on my left side and is reduced if I lie on my right side. AA 23:30 2

83. My menstruation began without needle prick pain and without a headache; the menstrual flow began at 11.00 pm and I didn't even notice. LM 23

Male reproductive and urinary system (2>85)

84. Sharp pain in the left testicle after intercourse. It was the same testicle that was operated on a month ago but it had never hurt like this before. I hadn't previously experienced any symptoms after sex. Over the following days the symptom re-emerged about one hour after taking the remedy. EC 23:00 3,4,5,6,7,8

85. Flagging sex drive which was accentuated this month. It has never happened so markedly before. SM

Skin (3>88)

86. About an hour and a half after first taking the remedy, I felt a hot flush in my body, especially in the back and the hands. My hands seem to be swollen. If I close my hands the sensation intensifies and I feel the skin of my hands stretching and clenching my hands is almost painful, especially in the parts where there are folds in the skin. AA 1

87. While I am making love, I feel a wave of heat all over my body. It feels really hot, and my skin is boiling. I take off the sheets, but the sensation continues for some time. It feels as though my skin was burning; it has gone red. It goes up my upper body and chest, my face and thighs, less so on my calves. AA 22

88. About two hours after having a meal, I begin to feel

cold. I feel the need to put on more clothing but the skin of my face, neck, upper body and thighs down to my knees is very hot and red as though I had been sunbathing. I took my temperature, but I haven't got a fever. Both the palms and backs of my hands are red too. They're not swollen, and it doesn't hurt to clench my hands. If I place my hand on something or I press the skin with my fingers, the skin gets lighter in color and then goes red again. It doesn't itch and there is no irritation. At the same time, I feel very weak. I struggle to raise my hands and to hold things. I find it hard to write and to hold a pen. It feels as though things were heavier. I feel listless and tired. I must make a big effort to concentrate. I feel like lying down and doing nothing. The sensation of heat on my skin continues until the evening, but compared to the afternoon, I now feel hot and need to take off some clothing. The contact with fresh air and the distance from my clothes causes the sensation of warmth to diminish. I still feel tired and listless. I feel like going to bed. AA 6,7

Comments and Notes on the Proving

Notes by AA (10 months afterwards)

I haven't felt well over the last few months.

The physical symptoms I experienced during the proving gradually diminished, but a strong sensation of imbalance remained. At an emotional and mental level, I didn't feel myself. Generally, I experienced the following symptoms:

- Significant tiredness throughout the day. I felt listless and found it hard to concentrate even though, for example, there were only a few days to go before an important exam or event. Found it difficult to finish things.
- Tiredness and heaviness. Each step I took, especially going uphill, I felt as though my legs were incredibly heavy.
- During a walk in the mountains, I felt like crying. I didn't want to go on with the walk; I felt I couldn't cope with facing anything unexpected. I didn't want to talk to anyone; I split off from the group and preferred to walk alone. This difficulty in coping with the unexpected has

happened on other occasions. It is as though when everything is going well, I manage to face up to things, but it takes just one unexpected thing to freak me out, as if I didn't have the resources to cope with situations that require more energy and capacity to adapt.

I continued to feel an unpleasant feeling in my knees and the articulation of the jaw. These sensations flared up suddenly and my joints seemed to be rather loose.

- Flagging sex drive.
- I often feel extremely cold in the evenings when I go to bed, although my skin is so hot that it feels as though it is burning, especially my legs and thighs. I didn't check to see if I had a rash.
- Headache after drinking a coffee; a pain in my forehead that was so strong that I had to take painkillers.
- During the menstrual cycle, I experience sharp pain during the first 3 days, which had never happened before! It comes suddenly and improves slightly by applying pressure and with warmth. I feel a dull, continuous pain that is very sharp in the uterus area. I go pale, feeling very tired and without any energy. My lips lose their colour and become dry. The pain is so intense that I can't concentrate on anything else. My breathing is lighter.

Notes by CM (2 months afterwards)

It is worth noting the distinct improvement that took place about 15 days after I stopped taking the remedy, in the metacarpophalangeal joint of the thumb of the right hand. Prior to the remedy, it was swollen and painful with slight localized inflammation; what is left now is a slight localized exostosis.

(10 months afterwards)

The improvement described has continued until now.

Notes by EC (1 month afterwards)

The pain in the left testicle has gradually disappeared. It was most intense on days 5-6-7 of the proving. Since the end of the proving it has gone by and about 2 days ago,

after a long time, I've experienced a very slight pain in my testicle.

Notes by GB
(10 months afterwards)

Drowsiness after lunch has disappeared.
The pain in my left ankle lasted six months and then disappeared.
The sharp pain in the anus lasted for two months then stopped.

Notes by LM
(10 months afterwards)

The symptom that I have had to live with since the proving is an itching of the left ear; it itches intermittently during the day. I get it suddenly and it is so strong that I have to scratch it but it is an internal itch. If I scratch it, the itching stops. At a thorough physical examination, there is neither swelling nor reddened skin, although I have the sensation that this part of the ear is stiff. Hearing is normal.

Notes by SS
(1 month afterwards)

I was able to notice gradual changes compared to my pre-proving state: a lot of physical and psychic energy which I am able to channel well. Improvement in my general psychophysical state. Great improvement in my mood. I feel open, enthusiastic and productive.

(10 months afterwards)

All the symptoms noted have disappeared. I sometimes wake up early, but I drink 4 coffees a day. I have begun sleeping in a fetal position again and no longer in a supine position, as happened during the proving. My dreams are not so intense, and I no longer dream of cats.

Notes by SM
(1 month afterwards)

One rather new sensation I've noticed in this period is that I experience less anxiety in dealing with everyday

things, at work, at home and school: although I realize that I can't do what I should do. I don't get worried, which is unusual for me.

The pain in the left knee has gradually diminished and disappeared, even though it hurts slightly when I walk quickly.

My intestinal problems, swelling on the right side with pain like a wound (I underwent surgery), the urge to empty my bowels, periodic diarrhea-like discharges, with lots of flatulence, re-occurred with significant intensity in early April. I had felt fairly well, without these symptoms appearing for at least two weeks during the proving.

Proving Verona 2012

Streptococcinum (Summary)

Mercy strains n. 433 and 434 of *Streptococcus pyogenes* Rosenbach. (supplied by Ce.m.o.n.)

Preliminary Workshop (February)

Theory and practice of proving
The art of self-observation and recording of symptoms.
Practical exercises
Clinical record and guided self-observation
The experimental protocol
Evaluation and choice of the participants
Planning of the proving.

Clinical record and guided self-examination

PROVING (1st – 30th of March)
Intake of the substance
30 day observation and follow-up observations

Final Workshop (May)

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

Participants

1 Director (the only person who is aware of the substance used in the proving)
1 Coordinator
6 Supervisors
16 Provers (10 females, 6 males).
4 30c bottles, 4 200c bottles, 4 MK bottles, 4 bottles of placebo.
All the provers completed the proving.

Streptococcinum Clinical use

Physical Symptoms

We know that Streptococcus pyogenes can affect many organs and systems, causing intense and severe pathologies (natural disease). Likewise, Streptococcinum can produce intense symptoms in those same systems during the proving (artificial disease).

Examining the symptoms of the proving, the organs and systems most deeply affected are:

- face
- nose-ears-eyes-throat
- skin
- joints
- muscles
- digestive system

In particular, prolonged and very bothersome symptoms have occurred, for example: Prover AA, female, a young doctor 28 years old, after 10 months she says:

I often feel extremely cold in the evenings when I go to bed, although my skin is so hot that it feels as though it is burning, especially my legs and thighs. I didn't check to see if I had a rash.

She had a rash too many times as if she had got scarlet fever several times.

Mental and General Symptoms

The mental and general symptoms were not numerous and can be summarized as follows:

- Bad mood
- Listlessness
- Dullness, absent-mindedness and difficulty in concentration.
- Tiredness and exhaustion
- Depression, sleepiness and intestinal disorders
- Overpowering somnolence or extremely deep sleep
- General downturn

In summary, if we have a patient in this mental condition with such low energy and a physical issue found in the proving or in pathologies caused by Streptococcus pyogenes, we should not hesitate to prescribe Streptococcinum, which will significantly improve our patient's condition. It could be their constitutional remedy or simply provide great benefit and reveal the next remedy.

Streptococcinum The clinical case

A male patient aged 31 years old came to have a visit in July 2011 for post-urethritic arthritis, chronic sinusitis and recurrent tonsillitis.

5 years previously he had developed purulent urethritis which was treated with a course of antibiotics. Shortly afterwards he developed conjunctivitis and subsequently acute arthritis in the right ankle with recurrent effusions. The arthritis rapidly spread to the right knee and then to the left knee. He took prednisone.

A year later he was tested positive for Chlamydia by urethral swab, following which he underwent numerous courses of antibiotics.

Meanwhile he had started having treatment with methotrexate. This caused epistaxis and led to an ulcerative colitis which forced him to stop taking methotrexate.

He stopped having conventional medical treatment and had cycles of treatment with REAC-CRM Therapy®, neural therapy and complex homeopathy without further positive results.

Further information about the patient's case history: at the age of 17 years old he had varicocele surgery; he previously had a tonsillectomy; he experienced several bouts of acute bronchitis.

He frequently suffered from pharyngitis, tonsillitis and sinusitis.

He is a tall, calm man who expressed himself clearly and in great detail.

He currently suffers from pain and swelling in the knees and in the hips which restrict his movements and daily activities. He has a disconsolate air of resignation, a general lack of confidence and a sense of restriction that makes him feel depressed. This is how he puts it:

- I feel like a nonentity and a sense of dissatisfaction with myself and others.

Because of his case history, Medorrhinum MK was prescribed and this led to a slight improvement. The following remedies were subsequently prescribed:

- Thuja occidentalis MK with a slight improvement.
- Rhus toxicodendron MK with worsening of the symptoms.
- Lycopodium 200K and MK and XMK with signs of improvement.

Despite the improvements achieved, the patient remained in his condition of pain and swelling in the knees and in the hips, resignation, lack of confidence, depression.

In January 2013, due to acute follicular pharyngitis, he was prescribed Streptococcinum 200K. The prescription was made on the basis of the alternation and/or association of tonsillitis and arthritis, considering the similarity between the patient's psychic state – depressed, discouraged and listless – and the mental and general symptoms of the experimental pathogenesis.

The effects rapidly proved to be decisive and led to general improvements.

A month later Streptococcinum MK was prescribed by phone with a significant improvement. Each time the patient suffered a relapse, he was prescribed Streptococcinum MK, three times, and subsequently XMK, twice. The frequency and intensity of the symptoms diminished.

The patient currently has extremely slight joint problems and no longer suffers from pharyngitis, tonsillitis and sinusitis. The next check-up was in June 2013: no symptoms, the patient was cured.

Currently, after more than 10 years, the patient can be considered healed. He rarely suffers from fevers and pharyngitis, has not had any more arthritis, and has taken Streptococcinum 5 more times during this period. He got married and has two children who are receiving homeopathic treatment, as is his wife. We can confidently state that Streptococcinum has been decisive for his health and the quality of his life.

Conclusions

We have a wonderful method to discover new homeopathic remedies: the Hahnemann's method. We tried to force it in order to get the best results in the shortest time. In this way, with a single proving, we obtain a lot of significant symptoms useful to prescribe the tested substance as a homeopathic remedy.

We applied this approach to the Streptococcinum's proving in 2012 in Verona's Homeopathic School. The results highlighted strong and characteristic symptoms. Using this data we have cured some difficult cases.

Bibliography

1. Hahnemann C.F.S. – Organon dell'Arte del guarire – VI ed. – translation G. Riccamboni, L.U.I.M.O. – Naples 1987.
2. E.C.H. - Homeopathic Drug Proving Guidelines - www.homeopathyeurope.org
3. Jansen JP, Van Wassenhoven M.- Guidelines for a Homeopathic Drug Proving (HDP) - December 2011
4. Dominici, G; Bellavite, P; di Stanislao, C; Gulia, P; Pitari, G: Double-blind, placebo-controlled homeopathic pathogenetic trials: Symptom collection and analysis. Homeopathy, 2006, 95, 123-130 (Eng: <http://www.omeopatia-roma.it/english/provings.php?pagina=0>)

5. Dominici, G. – EVOLUZIONE E PERFEZIONAMENTO DEL PROVING - Esempio di Streptococcinum: metodo, risultati, applicazioni cliniche - I Congresso Internazionale di Medicina Omeopatia I.R.M.S.O. - Roma, 18-20 Ottobre 2013 <https://www.omeopatia-roma.it/evoluzione-perfezionamento-proving/>
6. Dominici, G. - DEVELOPMENT AND REFINEMENT OF THE PROVING - An example of Streptococcinum: method, results, clinical applications - 67th LMHI Congress - Paris – 16th-19th July, 2014.
7. Julian, O. A.: LA MATERIA MEDICA DEI NOSODI – Streptococcinum: Pag. 320-325 – Nuova Ipsa Editore, Palermo, 1983.
8. RADAR Opus 3.2.16 - Synthesis Treasure Edition 2009 – Archibel, Assesse, Belgio.

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Homeopathic Management of Plunging Ranula: A Case Report

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Abstract

Plunging ranula is essentially a pseudocyst formed by extravasation of mucus from the sublingual salivary gland into the submandibular space.¹ The plunging ranula is located below the mylohyoid muscle and may present as a swelling in the upper part of the neck.² Obstruction of the outflow tract of the minor salivary glands and extravasation of mucus into the surrounding tissues may result in a mucocele.

The exact prevalence of plunging ranula remains unclear. However, it is a rare lesion and certain studies have indicated a higher incidence among Asians. Surgery is the first line of treatment for plunging ranulas.³ Surgery may be associated with complications such as recurrence of the lesion and lingual nerve injury.

Plunging ranulas cause aesthetic as well as social difficulties to patients due to their prominent appearance and consequent altered facial appearance. Patients are often left with practically no non-invasive treatment option.

Following is a case report of a plunging tubular ranula managed through homeopathic treatment, the lesion was completely resolved within 6 months and there was no recurrence over the next two years.

Keywords

Plunging ranula, Pseudocyst, Homeopathy, individualized treatment

Patient Information

A 35-year-old male presented in the outpatient department on May 23rd, 2022. He was a clerk by profession. The primary complaint was appearance of a

swelling in the upper part of the neck, in the submental region for six months. The swelling appeared insidiously and had been increasing for 6 months. Past History revealed primary complex at 5 years of age, managed through anti-tubercular regimen. Family history revealed hypertension in mother and one older sibling. Cancer of the tongue in maternal grandmother.

The patient had a mesomorphic built and a dark complexion. Mentally, he was described by his wife as having turned dull and weary from overwork since several years.

No characteristic physical generals could be found except an intense desire for cold drinks. He had profuse salivation and a metallic, fetid odor in the mouth. He sought conventional treatment and was advised to undergo surgery. However, he decided to opt for homeopathy.

Clinical Findings

On examination of the nose and throat, moderate left turbinate hypertrophy was observed. The tonsils were normal. On palpation, the neck swelling was fluctuant, freely movable and non-tender. Upon pressure on the sublingual component of the swelling, there was a slight increase in the size of the neck component.

Diagnostic Assessment

An ultrasonography of the neck dated May 14, 2022 (Figure 1) revealed a large plunging ranula in the submandibular gland extending in the floor of the mouth on left side. It was a lobulated cystic lesion measuring approximately 60 x 26mm in size.

Homeopathic Management of Plunging Ranula: A Case Report

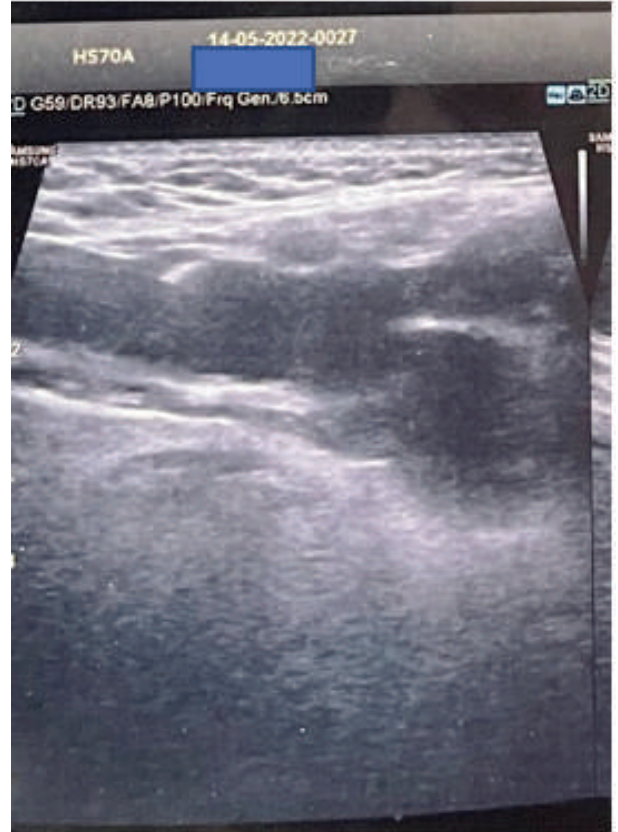
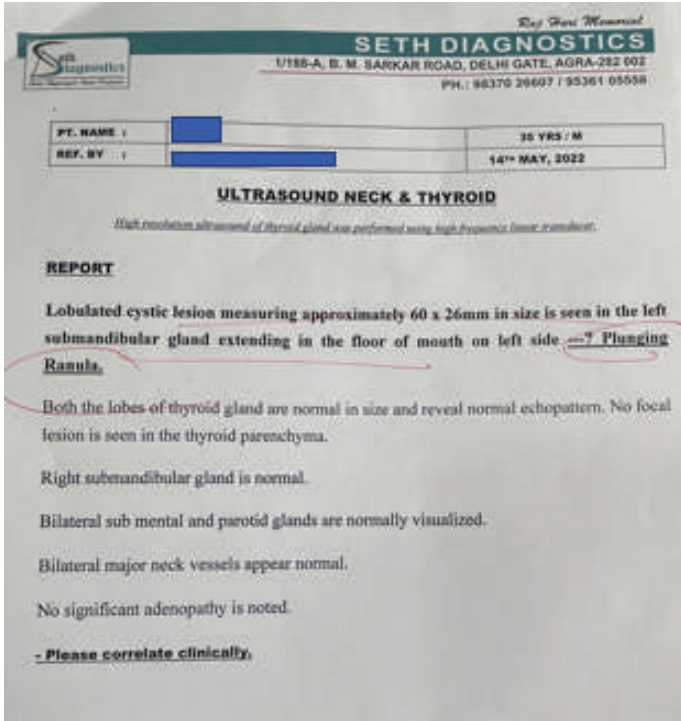


Figure 1

- Profuse salivation
- Metallic odour from mouth
- Fetid odour from mouth
- Weary and dull
- Desire for cold drinks
- Salivary gland swelling
- Swelling upper part of neck

Therapeutic Intervention

Case taking was done as per the guidelines in Organon of Medicine given by Dr Samuel Hahnemann (1796-1843) followed by analysis and evaluation of the symptoms.⁴

Totality of symptoms was erected, and only the most individualizing symptoms were used for repertorization using Murphy's repertory in RADAR Opus 2.2. The repertorial totality consisted of the following symptoms:

The repertorial result yielded Mercurius, Zincum metallicum, Lycopodium clavatum, Arsenicum album and Phosphorus as the foremost medicines. The therapeutic value of Mercurius in cases of salivary gland lesions known from clinical experience and the knowledge of Materia Medica⁵, was corroborated by repertorization of this particular case. So, Mercurius was chosen as individualized homeopathic remedy. Treatment was started on 22.05.2022, the patient was prescribed Mercurius solubilis 30C to be repeated twice every day for one month. (Dr Samuel Hahnemann (1796-1843) has advised in aphorism 246 of the 5th edition of Organon of Medicine⁴ that repetition at

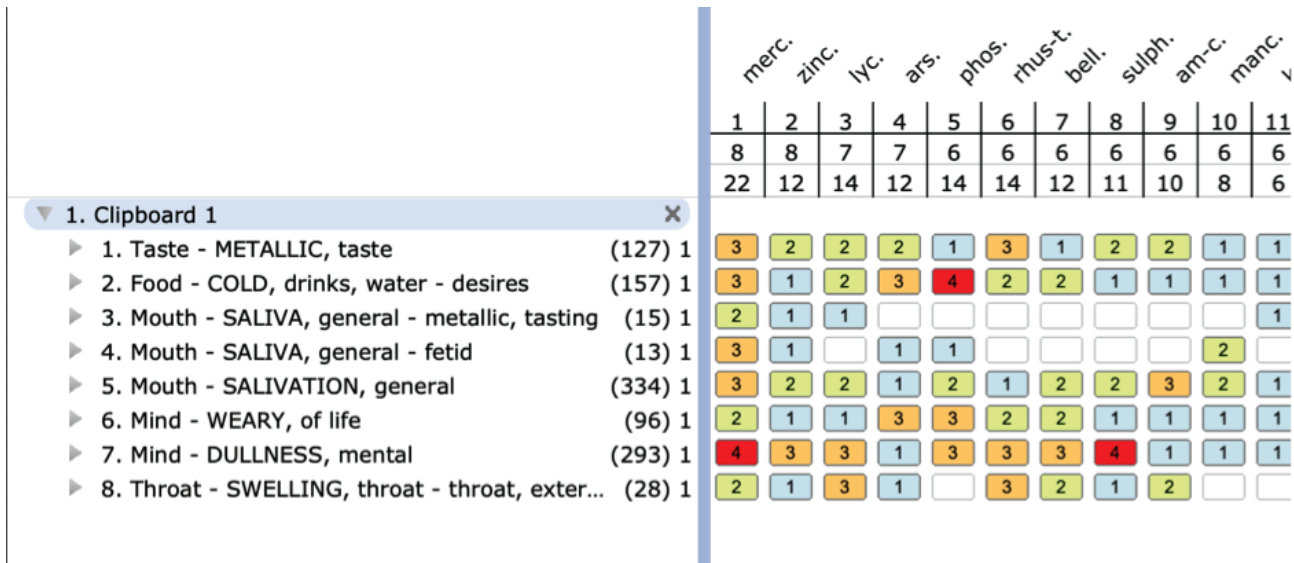


Figure 2

suitable intervals is one of the three pre-requisites for achieving a rapid cure and the suitable intervals have to be best adapted through experience.) A daily repetition of C30 has been adapted through author’s experience. During follow-up, changes in the signs and symptoms were assessed and subsequent prescriptions were made based on Dr James Tyler Kent’s (1849-1916) philosophy⁶; follow-up ultrasonography was advised. Follow-ups are stated in Table 1.

Within two months of individualized homeopathic treatment, the symptoms of plunging ranula reduced significantly and by 6 months of follow-up, it completely resolved.

The Modified Naranjo Criteria was used to assess the likelihood of therapeutic causality⁷, and the score for this case was 8, which signifies a high probability of a causal attribution for changes observed.

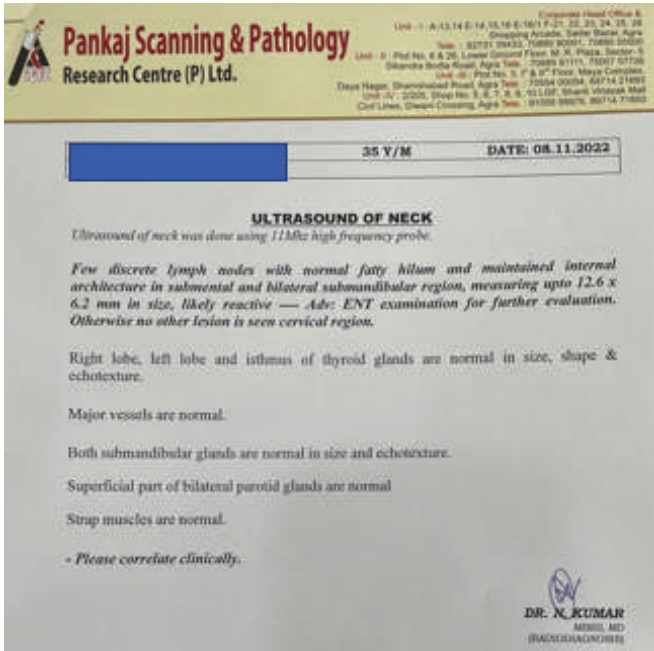
Discussion

In this case, a rapid improvement in the symptoms as well as complete objective improvement seen on clinical examination as well as an ultrasonography was achieved within 4 months of individualized homeopathic treatment. Thus, it shows the potential

| Date | Indications for Prescription | Medicine, Dose and Repetition | Justification |
|------------|---|---|---|
| 22.06.2022 | Significant improvement in salivation and metallic, fetid taste. | <i>Mercurius solubilis</i> 30C once daily for 3weeks. | Frequency of repetition reduced in view of ongoing improvement. |
| 26.07.2022 | Further improvement. | <i>Placebo</i> | |
| 18.8.2022 | No further improvement. | <i>Mercurius solubilis</i> 30C once daily re-started | Re-started due to no further improvement |
| 10.9.2022 | No further improvement | Single dose of <i>Mercurius solubilis</i> 200C. | Potency increased in view of plateauing of improvement |
| 28.9.2022 | Significant improvement in the size of lesion. Profuse salivation and fetid odor resolved | <i>Placebo</i> | No repetition in view of ongoing improvement |
| 10.10.2022 | No further improvement in size of lesion | Single dose of <i>Mercurius solubilis</i> 200C. | Repetition in view of plateauing of improvement |
| 25.10.2022 | No further improvement in size of lesion | Single dose of <i>Mercurius solubilis</i> 1M | Potency increased in view of plateauing of improvement |
| 9.11.2022 | Complete resolution of lesion. Cervical lymph nodes palpable | End of treatment | |
| 5.01.2023 | Asymptomatic. Lymph nodes mildly palpable | End of follow-up | |

Table 1: Follow-Ups





of individualized homeopathic treatment in such cases where a clear diagnostic approach and prognostic monitoring is followed.

Mercurius solubilis is one of the grand polycrest remedies in homeopathic Materia Medica. In this case, Mercurius was clearly indicated through the symptom totality and was the individualized remedy. The clinical utility of Mercurius in cases of salivary gland lesions, ptyalism, oral lesions etc. is well known.

A review of the source books reveals the value of Mercurius solubilis for the above case: Hering's Guiding symptoms:

- x Much slime collects in mouth.
 - xx Salivation: saliva fetid or tastes metallic
- xx Pain, swelling and ulceration of salivary glands. s.
 - x Right sublingual glands as large as hazel nuts, and very hard. v.
 - x Ranula, right side; had been opened several times and half a teacupful of fluid removed, but always returned

Potency scale used: Centesimal (Hahnemannian) One dose: 2 globuli of size 30 from a medicated vial.

Manufacturer: Willimar Schwabe India (Homoeopathic Pharmacopoeia of India)

Review of literature revealed a case report of sublingual ranula which resolved using the holistically selected remedy *Ambra grisea* (30C).⁸

Conclusion

This case report shows a promising non-invasive intervention option for such cases wherein, the patient could avoid surgery and possible complications such as Wharton's duct damage or sensory deficit of tongue due



Figure 3

to lingual nerve injury⁹. It shows that individualized homeopathy must be explored as a non-invasive treatment option in such cases.

Informed patient consent obtained

References

1 S Samant, R P Morton, Z Ahmad. Surgery for plunging ranula: the lesson not yet learned?. *Eur Arch Otorhinolaryngol* (2011) 268:1513–1518

2 de Visscher JG, van der Wal KG, de Vogel PL. The plunging ranula. Pathogenesis, diagnosis and management. *J Craniomaxillofac Surg*. 1989 May;17(4):182-5. doi: 10.1016/s1010-5182(89)80020-4

3 Gupta A, Karjodkar FR. Plunging ranula: a case report. *ISRN Dent*. 2011;2011:806928

4 Hahnemann S. *Organon of Medicine*. 5th ed. New Delhi: B. Jain Publishers (Pvt.) Ltd; 2002

5 Nash EB. *Expanded works of Nash*. New Delhi: B. Jain Publishers (Pvt.) Ltd; 2010

6 Kent J T, *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain Publishers (Pvt.) Ltd; 2008

7 Lamba CD, Gupta VK, van Haselen R, et al. Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191–7

8 Pal PP. Obliteration of ranula with homoeopathic treatment: A case report. *Indian J Res Homoeopathy* 2021;15:48-54

9 Zhao YF, Jia J, Jia Y. Complications associated with surgical management of ranulas. *J Oral Maxillofac Surg* 2005;63:51-4

The Forgotten Fundamental Principles of Homeopathy

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Work presented at the LMHI Colloquium in 2021

Summary

Homeopathy, as a medical science, is based on essential principles that govern its therapeutic practice. This article analyzes eight fundamental principles: *Natura Morborum Medicatrix*, *Similia Similibus Curentur*, pure experimentation, morbid individuality, medicinal individuality, minimum dose, vital dynamism and miasms. Each of these principles reflects the essence of homeopathy, from the observation of nature and experimentation on healthy humans, to the understanding of the dynamic mechanisms of disease and healing. This article reaffirms the validity of homeopathy as a scientific and philosophical practice that seeks to restore the vital balance of the body in a comprehensive manner.

Keywords

Homeopathy, fundamental principles, homeopathic philosophy

Introduction

Homeopathy is a science, because it has principles based on the scientific method, with data gathered through induction and deduction processes, confirmed empirically through independent replication, and which is based on these laws of action that we have called homeopathic principles, the eight fundamental ones listed below.

- *Natura Morborum Medicatrix*
- *Similia Similibus Curentur*
- Pure Experimentation
- Morbid Individuality
- Medication Individuality
- Minimum Dose
- Vital dynamism
- Chronic Diseases or Miasms

Natura Morborum Medicatrix

In the hierarchy of principles that underpin the scientific doctrine of Homeopathy, nature occupies a central place as an inexhaustible source of truths that humanity has extracted from Sciences, Philosophy and the Arts. Medicine, as a science, does not escape this influence.

Hippocrates, recognized as “the father of medicine,” was the first to deeply understand this truth, formulating it in his aphorism: “*Natura Morborum Medicatrix*.”

When interpreting this principle, we leave aside the conception of “expectant therapy” and the idea of the doctor as a mere spectator. We place ourselves in a modern perspective, confirmed by biological observations and laboratory experiments, which highlight the human organism as a synthesis of nature, governed by its same laws and principles.

Dr. Higinio G. Pérez, in his work *Philosophy of Medicine*, summarizes this concept by stating:

- “Every disease consists of manifestations of an effort (symptoms) aimed at preserving the individual or the species.”
- “The body, when reacting, shapes the disease according to the extent and type of injury, as well as the available defense resources.”
- “Nature creates, shapes and cures diseases.”

For his part, Prof. Walter Cannon, in *The Wisdom of the Body*, reaffirms this vision by describing how the body's healing processes operate spontaneously to repair and restore health, even without medical intervention. He adds that the doctor, as coordinator of these self-regulatory capacities, can reinforce or support them to optimize the healing process.

According to this perspective, disease is nothing more than the set of functional, organic and mental imbalances that reflect the efforts of vital dynamism to

restore harmony and balance to the organism. Each symptom and morbid process represents a resource deployed by the vital force to preserve the physical and mental integrity of the being.

The Principle of Similars

This principle is the scientific basis of our therapy, which also derives from nature, the common mother of science and philosophy. To understand this law, it is necessary to recognize that every similarity implies the existence of two terms of comparison. These terms are not found outside the living organism but are within its own biological organization. What are those terms? The first is the disease caused by a morbid cause, and the second is the artificial disease or pathogenesis induced by a drug. Both states have their origin in our organism. Since these states are manifested by observable symptoms and lesions, we can compare the symptoms and lesions of the natural disease with those of the pathogenesis and, thus, establish the desired similarity.

We must not forget that both morbid states are genuine reactions of the individual organism, generated by the forces of its vital dynamism. These reactions are expressed as symptoms (functional modifications due to excess, defect or perversion) and lesions (structural alterations). The factor that generates both the disease and the pathogenesis comes from the intimate nature of the being, that is, from the *Vis Medicatrix Naturae*, whose purpose is to restore vital balance and, ultimately, health.

The two modes of reaction—natural and induced illness—arise from the same root: the intrinsic nature of the organism. Both represent the terms of similarity, which manifest within the same organic structure as expressions of compensatory mechanisms and antagonistic forces aimed at restoring organic and functional balance in the vital unit.

Just as the human organism is a synthesis of nature, the Law of Similars is a concrete and real natural law in the human structure. Its therapeutic application, based on

the maxim *Similia Similibus Curentur* (“Like are cured with like”), reflects an interpretation of the principle of nature, just as the *Natura Morborum Medicatrix* does.

Pure Experimentation

Although the "Law of Similars" was enunciated centuries before Hahnemann, its therapeutic application was not possible until he developed the experimentation of medicines. This experimental stage is due exclusively to the founder of the homeopathic doctrine, who guided it towards its purest form: experimentation on the healthy body of the human being.

Although animal experimentation has specific indications, it cannot be the norm to obtain complete pathogenesis. This is because each species, and each individual within it, reacts differently, which limits the broad generalizability of the results. Furthermore, homeopathy places great importance on subjective symptoms, which are impossible to obtain in animals. Experimentation on sick people is also not appropriate, since the morbid factors present in their organism interfere with the reactions, altering the nature of the symptoms generated by the drug being tested.

Therefore, the only valid way to obtain complete pathogenesis is through experimentation on the healthy human body of a relatively large group of individuals. This process is an essential requirement to consider a remedy as truly homeopathic, always in accordance with the prescriptions established by Hahnemann.

Morbid and Medication Individuality and the Minimum Dose

Another foundation of the homeopathic system is individualization, which encompasses two interrelated postulates: morbid individuality and medicinal individuality. Hahnemann, throughout his *Organon*, constantly emphasizes the importance of this individualization. In paragraph 21, he points out that the intimate essence of the disease is unknown, and that the doctor must be guided only by the patient's

symptoms and precise knowledge of the effects of medications. With logical rigor, it establishes the only possible relationships between medications and disease: enantipathy, allopathy and homeopathy.

To ensure maximum similarity between the remedy and the patient's symptoms, Hahnemann states in paragraph 18 that: "For the choice of the remedy, there is no other guide than the set of symptoms observed in each particular case." This approach establishes that there are no diseases, only sick people and that the particular symptoms of each case are the key to selecting the appropriate medication.

After arduous work of observation and experimentation, Hahnemann concluded that "each medication produces unique effects in the human body, which no other substance can replicate exactly" (paragraph 18). Hence arises the need to look for a unique remedy that accurately reflects the patient's symptoms. By defending this monopharmacy, Hahnemann preferred to lose disciples who had abandoned his method and begun to prescribe several medications simultaneously.

Morbid and medicinal individuality is fully established by knowing, through pure experimentation, the symptoms that a medication generates in healthy human beings. Hahnemann also detailed in paragraph 153 a method for ranking the symptoms in each case.

Although he initially practiced homeopathy with larger material doses, experience showed that massive doses of the appropriate medicine could unnecessarily, even if temporarily, intensify symptoms. For this reason, he progressively diluted the medications, using dynamizations up to the thirtieth potency and, in the last years of his life, even the sixtieth and fiftieth attenuation.

Vital Dynamism

To conclude this exposition of the fundamental principles of homeopathy, let us address the concept of vital dynamism or vital energy, also known as "Simple Substance" in Kent or "Life Force" in Hahnemann.

It is well known that there is an essential difference between organized and unorganized beings: the presence of a vital energy in the former which is absent

in the latter. But what is life? Despite the efforts of numerous thinkers and philosophers to define it, it remains a mystery, like the essence of all things. However, we can know it indirectly through its effects, in a similar way to how we understand other forms of energy, such as light, heat, electricity or magnetism, which manifest in different modalities.

Life or vital energy can be conceived as an extension of this universal energy, applied specifically to living beings. In them, this force acts following laws that govern its operation and ensure its conservation.

Doctors of the allopathic school, by denying the existence of this vital energy, attribute all vital phenomena to simple physical-chemical forces. However, these forces, although present, are subordinated to a higher organizing force that gives them a specific character. This vital force explains why the same reactions occur differently in different organisms and why, while life is present, physical-chemical forces harmoniously work to preserve the being. When life is lacking, these forces act in the opposite direction, leading to the disintegration of matter.

However, some traditional doctors have questioned this purely organicist view. Eichwald and Todor, in their work *The Physico-Chemical Foundations of Biology*, state:

"It has not been possible to explain, through physical-chemical processes, the phenomena that occur in animated beings. Even if we describe these phenomena in physical-chemical terms, this will not allow us to understand life itself. The more we delve into living matter "The more mysterious life seems to us."

Furthermore, recent research has pointed out that the reactions of organic substances inside cells differ markedly from those that occur in a test tube. These reactions, in addition to being unique in each organism, can be significantly altered by pathological processes, which adds complexity to the study of life.

For this reason, the homeopathic school adopts an essentially vitalist approach. It recognizes that, in any disease, the first thing that is affected is the vital energy,

which causes a dynamic alteration. This alteration initially manifests itself in functional disorders and, only later, in anatomopathological lesions.

Dr. Joaquín Segura Pesado expressed this principle precisely: "Everything in the organism is subject to the action of an agent other than itself, which some call life and others, vital force. Nothing happens in the organism without the intervention of this force; everything, absolutely everything, is subordinate to it."

Segura Pesado defined the human being as a unit composed of a perceptible physical organism and a vital agent that governs it. This agent, although not directly observable, is essential. Whoever does not accept this vision interprets vital phenomena as if they were exclusively physico-chemical, reducing medicine to an organic pathology and limited therapeutics. By accepting that vitality is the central axis of the human being, the organicist vision disappears, and it is recognized that, in any disease, life is the first thing that is affected, while altered organs are a secondary consequence.

Finally, most of the causes of illnesses, even when they are not of psychic origin, act dynamically. This focus on dynamic causes is what distinguishes modern Hahnemannian medicine from other medical systems.

The Miasmas: the eighth principle

The conception of a transmissible morbid dynamism is easily recognized in all of Master Hahnemann's references on the miasmatic theory. This dynamism, when it finds a predisposed individual, transforms its state of existence into a permanent and progressive pathology, developing until the end of life, if a cure in the homeopathic sense is not achieved. In essence, a miasm is both a transmissible morbid dynamism and a persistent pathological state of existence.

In the history of medicine and in classical homeopathic medical literature, we find a complementary thesis to

Hahnemann's on the miasmatic concept. J. Bourchard, a French doctor born in Mountier on September 26, 1837, highlights nutritional alterations and, by extension, functional pathological alterations in the contexts of hypo, hyper and dysfunction (Dis). These conditions represent the elementary pathophysiological basis of all dysfunction and injury, and constitute, with their combinations, all possible symptoms and signs in diseases, whether acute or chronic miasms, according to Hahnemannian language.

Hahnemann broadly identified the syphilitic miasm, characterized by ulcers, destructive and degenerative lesions of a transcendent nature, that is, they affect the entire individual and can be inherited. He also discovered sycosis, initially defined by venereal condylomatous hyperplasias that generated an abnormal and heritable state of existence, associated with hyper-type alterations. These condylomatous formations are later recognized as derived from the suppression of gonorrhoeal flows.

Furthermore, Hahnemann sensed the existence of psora, rightly attributing to it any constitutional pathology that does not lead to syphilis or sycosis. Psora, a chronic and communicable condition, is characterized by multiple rashes of a pruritic and mangy type. This miasm, related to deficiency or hypo states, was later recognized as such by Hahnemann's disciples such as Roberts and Allen.

With this background, exhaustively researched in the homeopathic literature and verified in clinical practice, the supreme goal, pointed to by Hahnemann in his fundamental works, especially in *The Treatise and The Doctrine and Treatment of Chronic Diseases*, is achieved: the precise, correct and efficient theory based on his brilliant discovery of the only three forms of transcendent pathology and their derived combinations, which explain the diversity of clinical manifestations in medicine.

These three forms represent fundamental alterations of normal function, from the cell to the organism and

human life. They integrate the discursive analysis of human pathology, both psychic and somatic, and observations and investigations of possible conditions in human beings.

In Homeopathy of Mexico, as well as among numerous doctors trained in courses, works, and articles presented at various conferences, the technique indicated by Hahnemann in his texts is faithfully applied. This not only allows miasmatic treatment should be approached in a transcendent and effective way, but also facilitates authentic homeopathic and eugenic cures. With this, we reaffirm the continuous work of our association, founded more than 40 years ago in Mexico, which faithfully follows the unsurpassed thought of the genius of Meissen.

Bibliography

Sánchez Ortega P. Introducción a la Medicina Homeopática: Teoría y Técnica. México: Editorial Biblioteca de Homeopatía de México; 1992.

Sánchez Ortega P. Apuntes sobre Clínica Integral Hahnemanniana. México: Editorial Biblioteca de Homeopatía de México; 2003.

QUIZ CORNER

Vol. 5 n. 2 - 2024

... For our younger colleagues

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1) Clinical case n.1

A case of Morning sickness - February 2022

A 34-yr pregnant woman: second month of her third pregnancy, (previous pregnancy when 27 and 30-yr old) she is suffering from intense nausea, accompanied by exhaustion, which worries her greatly because it prevents her from taking care of her other two children as she would like to. Nausea for four weeks; two weeks before homeopathic doctor's visit she got Covid and, since then, her nausea has worsened.

Intense nausea in the morning; horrible bitter taste in the mouth throughout the morning; < drinking water, so she drinks only during the night because her nausea improves a lot by lying on her back in bed. She has to sleep on the back. When she walks slowly, her nausea gets better a bit. Despite the nausea, she would like to eat very rich and tasty food, for example very mature and spicy cheese; if she eats rich food, she immediately gets violent retching but without vomiting

Which remedy?

2) Quoted from

Nash's Leaders in Homoeopathic Therapeutics:

"Here the choice have to be made between this remedy and Stramonium. They are both very loquacious, and both strongly religious. Also, both at times very violent; but the face of Stramonium is generally very red and bloated, while that of X is likely to be pale, sunken or hippocratic ... Sometimes the violent form of mania alternates with a "disposition to silence", but if irritated gets mad, scolds, calls names and talks of the faults of others ...".

Which is X? (Repertorizing will help you)

3) Clinical case n.2

Childhood gastro-enteritis epidemic - April 24, 2024

First case: 8-yr old child. When 2 years old, he was cured of his atopic dermatitis by Sulphur: healthy ever since. Lively, vigorous child, a little reckless. The day before, at school, he had three discharges of diarrhea; today, his diarrhea is stronger. Exhausted and scared of evacuating because his anus burns a lot. The stool is clear, watery,

gushed. He feels cold (very strange for him), and feels abdominal pain before going to evacuate: cramping pain, relieved by evacuation. During the previous night, he had a lot of retching and vomiting several times.

He would like to go play in the garden, but he feels too weak and cold, his hands are cold, his skin is cold, his face is pale (but he turns reddish when he lies on sofa); white-yellowish tongue, dry lips. His mother and grandparents noticed that if he lies calm and still on the sofa, his abdominal cramping pain and retching calm down, but if he moves a little bit, pain and a diarrhea attack will most likely reappear. Very thirsty, but he is afraid to drink because, if he drinks, the abdominal cramping pain returns. No appetite, T. 37,4° c (= 99,32° F)

What to do and which the remedy, that relieved him very quickly?

Others cases were cured by the same remedy in 24-48 hours.

4) Quoted from

Hering's Guiding Symptoms:

- a) █ Chronic intermittent prosopalgia, always coming on at 7 or 8 p.m., and lasting from two to four hours.
- b) Facial neuralgia, returning with clocklike periodicity.

The remedy is ... (By the way, do you remember what does █ mean? See THP Vol.4 n. 2, 2023 Quiz n.9 and its solution in THP Vol.4, n.3, 2023).

5) In preface to the remedy

In his Materia Medica Pura Hahnemann writes:

"Physicians have no notion of the power possessed by this drug to promote a cure of almost one third of the insane in lunatic asylums (at all events as a homeopathic intermediate remedy), because they know not the peculiar kind of insanity in which to employ it, nor the dose in which it should be administered in order to be efficacious and yet not injurious."



Which is this remedy? I will help you: it is one of the remedies prescribed in one of the clinical cases in this Quiz Corner. (and I invite all of us to read Hahnemann's preface to it in Materia Medica Pura).

6) Quoted from

Lippe's Keynotes and Red Line Symptoms of Materia Medica ("italics" and "capital" by Lippe himself):

a) Twitching of single muscles, or groups of muscles, especially of upper part of the body; b) SPASMS FROM FRIGHT; c) Abscesses, with violent pains driving one to madness (especially in the left hip); d) Contortion of eyes and eyelids

The remedy is ...

7) Where is the mistake?

- a) Capsicum: homesickness with red cheeks and sleeplessness
- b) Capsicum: burning pain in throat, ameliorated by cold drinks
- c) Capsicum: pain in throat, < when not swallowing
- d) Capsicum: fear of draft of air

8) Clinical case n. 3

November 2011 – A case of Bell's Palzy

8 ½-yr old child. She took part in an earthquake evacuation drill in a mountain town; she suddenly walked out of the heated classroom to the freezing cold outside. The day after: paralysis of the left half of the face.

Hospitalized for 4 days: betamethasone 1 mg x 2 for 4 days, then 0,5 mg for 4 days; multivitamins, artificial tears and ophthalmic ointment. 11 days after the beginning of paralysis: no change.

She is a lively, diligent, obstinate and kind child, and loves to eat a lot and is sensitive to cold. She suffers from asthma attacks (salbutamol before physical activity because exercise triggers her asthma).

Paresis of the left half of the face with smoothing of facial skin furrows; the left half of the lower lip is pushed down; drops of saliva drip from the mouth and water as well when she drinks and so it is difficult for her to drink. Paresis of the left upper eyelid and the eye remains half open and the tears roll down. Her lips are very dry. Tactile, thermal, pain sensitivity are preserved. No other significant symptoms.

Which remedy?

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

- a) Precise diagnosis of disease
- b) Homeopathic remedy potency appropriate to the case
- c) Exact selection of the homeopathic remedy based on the Law of Similars
- d) Remedy potency appropriate to the case and correct frequency of dose repetitions.

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

- a) Pharmacokinetic and pharmacodynamic studies
- b) Toxicology studies and preliminary clinical studies on volunteers and selected patients.
- c) Repeated and controlled experimentations on healthy subjects and verified clinical observations
- d) Reading and studying Repertories.

Solutions

QUIZ CORNER

Vol. 5 – n. 1

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1) Clinical case n. 1

SIDE - alternating sides

GENERALS - CHANGE - symptoms; change of - constant

Lac caninum 200K, few globules had a terrific effect! No need to repeat it.

2) d) XMK

3) Clinical case n. 2

Acute Mastitis. GENERALS – Sudden manifestation. FEVER – Intense heat; Shivering with. CHILL – Shaking, heat with. GENERALS – Covers amel, desire for and. CHEST – Pain, Mammae, touch, agg; slightest touch, agg; Swelling, Mammae; Discoloration, Mammae, redness.

Belladonna 6 CH, (the patient got this potency in her homeopathic kit at home), plus method, a teaspoon every hour, postponing repetitions in case of improvement. A few hours later, improvement: a teaspoon every 3-4 hours. Recovered in two days.

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

CHEST – Induration, Mammae - Swelling, Mammae; hot; painful – Abscess, Mammae – GENERALS – Abscesses, hasten suppuration, remedies to – CHEST – Pain, Mammae, nursing the child, when; Pain, Mammae, Nipples, sore – Cracks, Mammae, Nipples.

The remedy is **Phytolacca decandra**.

5) Aph. 204

When and because the chronic miasmatic diseases *are deprived of their local symptom ... by physicians who employ topical remedies for their external symptoms instead of extinguishing these three miasms by the internal homoeopathic medicines suited for each of them.*

6)

b) Sepia - Liliun tigrinum - Murex

7)

The mistake is:

b) Rhus tox: amelioration from lying on a hard bed

8) Clinical case n. 3

A case of chronic sinusitis – NOSE – Discharge, gray – Odors, imaginary and real, offensive - Smell, wanting - HEAD – Pain, periodical, week every; Pain, dull pain – Pain, Occiput, extending to Head – GENERALS – Weather, wet weather, agg. - COUGH – Dry, night – Dry, waking on.

Sanguinaria canadensis MK, a dose: quick and permanent improvement.

9)

c) Colibacillinum

10)

a) Homeopathic medicines made from healthy animal tissues or secretions.



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The Need for supporting Classical Homeopathy in education if we want that this healing methodology will survive

by Professor George Vithoulkas

I believe that we all agree that Homeopathy today does not occupy its rightful place in the medical arena. The sceptics only recently have stopped calling it a pseudoscience, and this silence is due mainly to a ground-breaking scientific paper published recently in a prestigious scientific journal.

The name of this study is “Ultra-high dilutions analysis: Exploring the effects of potentization by electron microscopy, Raman spectroscopy, and deep learning.” This paper appeared in the Journal of Molecular Liquids of the Elsevier Publishing house:

<https://www.vithoulkas.com/research/scientific-papers/ultra-high-dilutions-analysis-exploring-the-effects-of-potentization-by-electron-microscopy-raman-spectroscopy-and-deep-learning/>

In this paper we demonstrated, beyond any doubt, that the highly potentized remedies leave measurable imprints. I would suggest that you all read this paper as it is an open access one and supports the scientific side of homeopathy.

I will not discuss here whether those who labelled homeopathy as pseudoscience are justified, though I understand the dilemma and the confusion of those who sincerely search for true homeopathy and have found instead the chaotic state of homeopathy, prevailing in most homeopathic schools.

This confusing state, unfortunately, has given reason to our enemies to call it a pseudoscience.

Yet there is a different side of the quality of homeopathy which emerges through the publication of cured cases that have been benefitted tremendously from classical homeopathy and published in peer reviewed conventional medical journals.

I would strongly suggest you to read all these chronic cases in the website -vithoulkas.com – in the section Clinical Cases

<https://www.vithoulkas.com/research/clinical-cases/>

I consider these readings absolutely essential for anyone who is really interested to see the results in curing chronic cases with classical homeopathy.

My purpose today is not to assign the blame to different factors, but to propose steps to restore the prestige that Classical Hahnemannian Homeopathy deserves. What follows is not a comprehensive plan, but rather a starting point for further discussion for the future of homeopathy.

The Urgency of Proper Education

The most urgent issue facing homeopathy today is the quality of education. If the current chaotic state passes down to the new generation, we can be sure that soon homeopathy will fade away from the face of earth.

At this moment, education and accreditation of homeopathy in the west, is in the hands of self-proclaimed associations, all of which lack official recognition by any governmental body. At the same time some of them seems to even lack connection to real Hahnemannian principles.

Leaders within these groups often have little knowledge of authentic classical homeopathy, and the whole thing is resulting in a widespread degradation of the practice.

Homeopathy is a very powerful healing system, when studied deeply and applied correctly. However, when practiced by those who lack a deep understanding, its effectiveness is tremendously reduced, often looking like placebo effect.

Today, thousands of such schools exist that claim to teach different variations of homeopathy, diverging significantly from the foundational principles of Samuel Hahnemann and James Tyler Kent.

This unregulated situation is the major reason why homeopathy remains outside the mainstream healing methodologies, unlike other alternatives like acupuncture, osteopathy, and chiropractic, etc, which have gained legal recognition and legitimacy.

A Call for Action by the LMHI

Despite of homeopathy being acknowledged by some medical institutions and universities, lacks official support, especially in the Western world.

The Liga being the oldest homeopathic association, holds a critical role in ensuring the continued existence of homeopathy as a respected medical alternative.

I am going to give a strange idea that at the beginning will look impractical, but I want you to think about it.

I believe the LMHI must take the difficult action of establishing within its body a separate classical homeopathic department. Such a department can become an accreditation body, recognizing and supporting ONLY those schools that teach Classical Hahnemannian Homeopathy.

To initiate this process, I propose forming a committee to evaluate the current global situation. This committee should then focus on developing a complete curriculum for classical homeopathic practice.

This department of the Liga will have the responsibility and the obligation to promote individualized, authentic Hahnemannian homeopathy.

I understand that there will be significant opposition to such steps, but the gain from such a decision will be immeasurable, if not historical for classical homeopathy.

Key Educational Principles for Classical Homeopathy

To ensure such an integrity for homeopathic education, curricula must be based on the foundational principles laid down by Hahnemann and Kent.

Which are these principles in a nutshell.

1. The Law of Similars – This is the central law of homeopathy that should be thoroughly investigated and explained to the students.

2. The Vital Force – it is important to infuse a deep understanding that the human body operates under a force, which in homeopathy we call the vital force and this issue must be explained in depth to the students.

Without the understanding of these two issues the students will always tend to be prescribing on pathology alone.

3. The Law of Infinitesimal Dose – This is an important issue for the understanding of how homeopathy acts, that remedies become more potent if they are diluted and potentised, so could act on an Energy rather than on the material level.

4. Individualized Treatment – Attention should be given to the idea that Homeopathy treats patients and NOT diseases, addressing every time the physical, mental, and emotional problems on these levels. Each case must be approached as a unique pathological entity, with treatments designed to stimulate the body's natural healing processes with the correct remedy, the simillimum as it called.

5. Ways Finding the Simillimum requires that the student must learn an in-depth case-taking in order to reveal the remedy that matches the patient's symptoms and the underlying imbalances. Students must be trained to analyse symptoms comprehensively in order to determine the correct remedy.

Ensuring High-Quality Education and Teachers

Perhaps the greatest challenge that Liga will have to face in building such a department is to discover charismatic instructors and prepare them to become well qualified homeopathic teachers.

The LMHI should form a rigorous committee to assess the credentials, reputations, and teaching materials of schools and instructors. In effect, this committee must ensure that the schools are capable of imparting the authentic homeopathic knowledge.

In addition to reviewing credentials, the committee should conduct on-site evaluations of prospective teachers, observing their practice over a short period of time. Their assessment should focus on the ability of teachers to prescribe remedies correctly and also to justify their decision.

The most important section of this obligation of the observers will be to follow up what happened to the

patient, whether there was a progress, a worsening or no effect at all and act accordingly.

In conclusion one can say that

The Future of Homeopathy Depends on Correct Education

The LMHI has the resources to assemble a world-class international committee of expert homeopaths who follow Hahnemann's teachings and who will be paid well in order to construct such a curriculum.

These observers-inspectors should scrutinise teaching methods and outcomes to ensure that the information passed to the next generation is both accurate and effective. All relevant knowledge, along with new material that withstands scientific scrutiny, must be integrated into homeopathic curricula.

If schools continue to tolerate diluted or inaccurate teachings, the current chaotic situation will worsen, potentially leading to the disappearance of homeopathy.

Only by emphasizing proper education and strict adherence to classical laws, can homeopathy reclaim its place as a credible and effective medical methodology.

Now I will give you some of the crazy things which have been circulating in different schools of homeopathy.

Can you Imagine?

They teach pendulum remedies, tarot remedies, the sound of mobile remedies,
Potentized songs!, paper remedies!, remedies chosen by the colour of outfits of the patient, remedies according to the likes of an animal or a bird, remedies by imagination, berlin wall remedy, give the remedy by etheric waves, just think about the remedy and there will be no need to take the remedy, and so on and so forth.

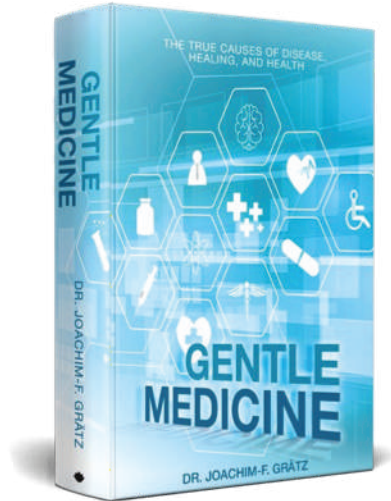
My hope and my vision is that Homeopathy can become a great alternative power in medicine for a better and healthier human being. Homeopathy can take away or at least minimize the aggression that exists today in the psyche of humans that threatens to destroy the whole human race.

THANK YOU.

Professor George Vithoukas
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Book review: Gentle Medicine – The True Causes of Disease, Healing, and Health

by Dr. Firuzi Mehta



Author: Dr. Joachim-F. Grätz
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No. of pages: 652

Gentle Medicine – The True Causes of Disease, Healing, and Health by Dr. Joachim-F. Grätz provides a critical examination of modern healthcare and a compelling argument for a return to natural, holistic medical practices. Grätz critiques the current medical paradigm, noting how advancements have extended life spans but compromised quality of life due to the prevalence of chronic diseases and over-reliance on chemical drugs. The book challenges readers to reconsider whether mainstream medicine truly promotes health or exacerbates deeper health issues.

Grätz emphasizes the importance of aligning medical practices with natural laws, a principle exemplified in classical homeopathy. Unlike conventional medicine, which often suppresses symptoms without addressing root causes, gentle medicine seeks to resolve the underlying factors of disease. The author's extensive

case studies highlight the adverse effects of suppressive treatments, such as medications and vaccinations, which often activate latent miasms—hereditary disease predispositions—and lead to worsening health.

The book is divided into several key sections:

1. Critique of Modern Medicine: Grätz explores systemic flaws in mainstream medicine, highlighting scientific frauds and practices that prioritize symptoms over root causes. He acknowledges the utility of conventional medicine in emergencies but critiques its ineffectiveness for chronic conditions.
2. Homeopathy and Miasms: Grätz delves into the chronic laws of homeopathy, explaining the concept of miasms and how improper treatments can exacerbate them. He offers guidance for practitioners on recognizing and addressing miasms to achieve long-term health improvements.
3. Natural Laws and Disease: Drawing on German New Medicine, the book discusses biological conflicts, disease phases, and the role of microbes, offering insights into disease formation and healing.
4. Vaccination and Encephalopathy: A controversial yet significant chapter examines the potential harms of vaccinations, arguing that they contribute to chronic illnesses and intensify miasmatic predispositions.
5. Practical Applications: Grätz shares personal experiences treating various chronic conditions—including autoimmune diseases, neurological disorders, and mood disorders—with gentle medicine. The cases underscore the links between past suppressive treatments and present illnesses.
6. FAQs and Resources: The book addresses common questions about vaccinations, antibiotics, and conventional treatments, while offering tools for practitioners, such as detailed questionnaires to identify miasms and prioritize symptoms.

Grätz's work is both a call to action and a resource for healthcare practitioners, especially homeopaths. The book advocates for a shift in medical philosophy—away from suppressive methods and toward holistic healing aligned with natural laws. It underscores that health is achievable only through understanding and addressing the deeper causes of disease.

With its rigorous arguments, practical insights, and case studies, *Gentle Medicine* serves as a guide for practitioners and a wake-up call for patients. The work is lauded for its clarity and quality, making it a valuable addition to the medical literature. Practitioners have reported improved outcomes after applying its principles, affirming its relevance in addressing modern health challenges.

About the reviewer:

Dr. Firuzi Mehta was brought up with homeopathy and qualified as a homeopathic physician in 1996. She then did her H.M.D. from the British Institute of Homoeopathy, London in 1998 and also studied Iscador Therapy for Cancer from the Lukas Klinik, Switzerland. She completed Prof. George Vithoukas' e-learning diploma programme from The International Academy of Homeopathy, Greece, a few years ago. She has been part of the team of www.hpathy.com since 2008. She practices in Mumbai, India.

<http://www.homoeopathie.in>

Guidelines for Authors

The Homoeopathic Physician

LMHI publication devoted to Hahnemannian Medicine

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

Submission and Approval of the Manuscript

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

Structure of the Manuscript

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Privacy and Informed Consent

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

Conflict of Interest

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

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

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

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