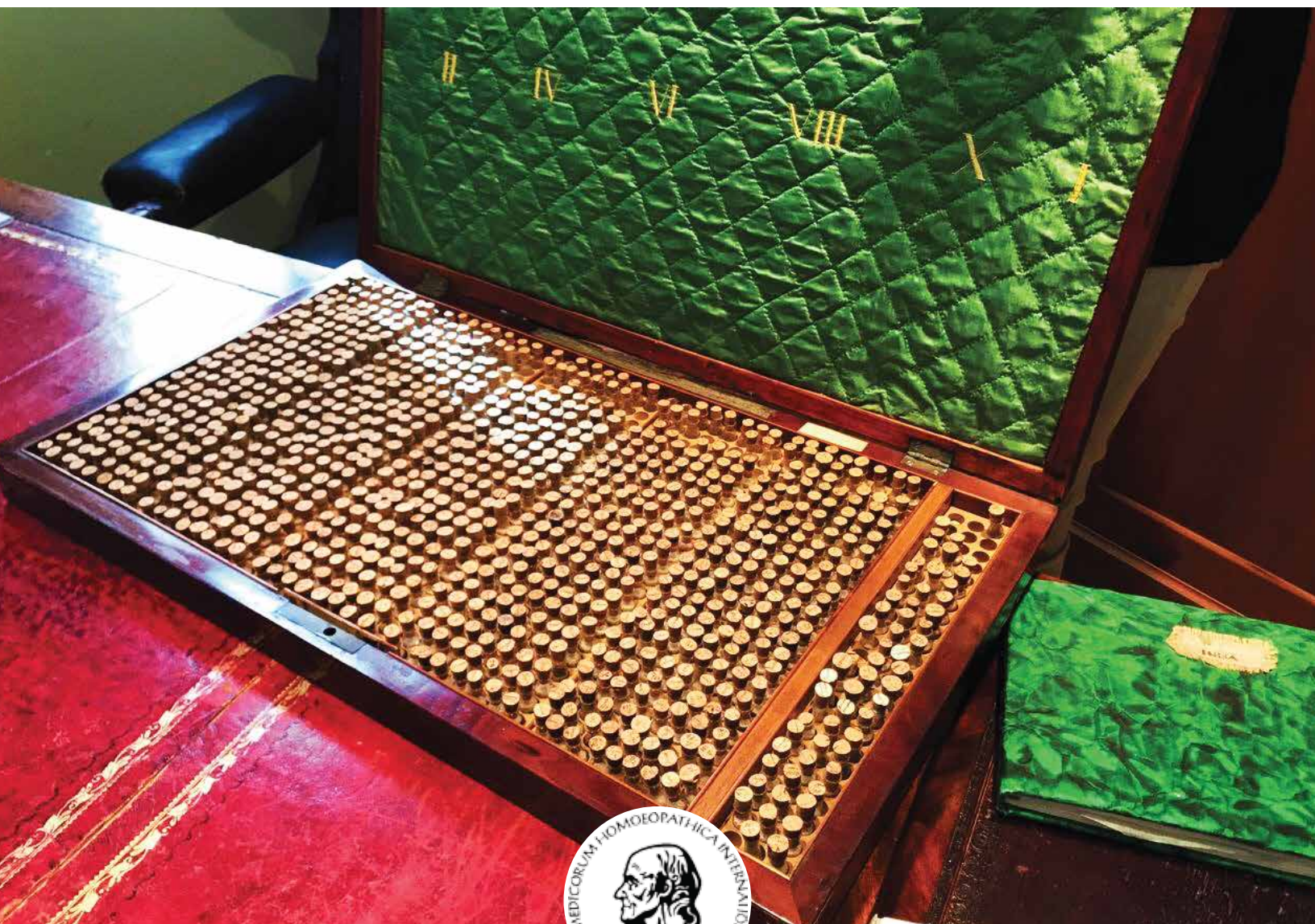


THE HOMOEOPATHIC PHYSICIAN

**LMHI Publication devoted to
Hahnemannian Medicine**

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Cover photo: Homeopathic medicine cabinet in Hahnemann House in Köthen, Germany. Photo taken by Dr. Andrea Flores Sánchez.



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Editor's Note

Dr. Andrea Flores Sánchez

Dear Colleagues,

It is with great enthusiasm that we share with you the new issue of our journal "The Homoeopathic Physician", which is a publication of and for all members of our LMHI organization.

Since its creation, more than three years ago, by Dr. Renzo Galassi, honorary president, our goal has been to share the knowledge taught by Master Hahnemann and his successors. To promote the best learning of homeopathy, we need to not forget what the great masters of homeopathy have taught us, but also, we must continue to formulate new knowledge to strengthen it and most importantly, to be useful to improve the health of our patients.

In this issue of the journal, you will read three clinical research articles: Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease, by Dr. Carl Rudolph Klinkenberg, where he exemplifies the way in which clinical cases can be solved in an effective way following what is shared in Boenninghausen's Pocket Book, with the help of other methods such as Kent's, to mention one. In the second article: The Relative Value of The Symptoms. A Case of Lymphoma, Dr. Renzo Galassi describes the approach and evolution of a complex clinical case following the advice of Hahnemann and the great masters. The third article: Homeopathic Management of Vocal Cord Polyp: A Case Report, Dr. Aditya Pareek, resolves a clinical case after individualized homeopathic treatment by choosing a remedy for the totality of symptoms. I have summarized too much of what each of the articles is about, so I invite you to complete their reading.

Then, as in every issue, you will be able to solve the quiz corner prepared by Dr. Pietro Gulia and corroborate the answers you gave in the previous quiz corner.

We also present the Guidelines for Authors so that all those who wish to submit an article in future issues of this journal can make use of them.

And last but not least, the letter written by Dr. Tsitinidis, where he invites us to make a deep reflection on what makes Homeopathy great.

We hope to see you all at the next congress in Colombia to continue exchanging ideas, opinions, and findings and to enrich the knowledge of homeopathy among the different schools and generations of our valuable homeopathic community.

My sincerest regards,



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Mexico City, Mexico
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President of LMHI's Message

Dr. Altunay Agaoglu

Celebrating a Century of Progress: LMHI's Journey

Dear Friends,

It brings me immense joy and great pride to share with you the remarkable journey of the Liga Medicorum Homeopathica Internationalis (LMHI) over the past century. What began in 1925 as a visionary initiative by fourteen homeopathic physicians from nine countries has blossomed into a global network of dedicated professionals, with members hailing from 76 countries. The LMHI was established with a powerful mission: to promote homeopathy worldwide and foster connections among like-minded individuals and societies.

As mentioned in one of the articles in this journal, the characteristic of a patient's symptoms is an important key in choosing the appropriate remedy. Similarly, the LMHI itself possesses distinct characteristics and a clear mission. At the heart of our mission lies the unwavering commitment to promote the development of homeopathy worldwide. This means that the LMHI aims to raise awareness of homeopathy, educate people about its benefits, and make this exceptional form of healing more accessible to individuals across the globe.

Just as patients' unique symptoms guide the selection of the most suitable remedy, the LMHI embodies certain qualities that define our organization. We gather around the shared characteristics of compassion, dedication, and an unwavering belief in the power of homeopathy to transform lives. Together, we stand proud as members of this rich history, working towards a common vision of a healthier and more balanced world.

To achieve our goals, collaboration with other homeopathic organizations is crucial. By working together, we can amplify our impact and enhance the visibility of homeopathy globally. Let us unite our voices, share resources, and champion the integration of homeopathy into healthcare systems worldwide.

Looking ahead, the LMHI's next world congress will take place in vibrant Bogota, Colombia, in 2023.

This gathering will provide an invaluable opportunity for us to delve deeper into the characteristics of homeopathy, exchange knowledge, and strengthen our connections. It is through these interactions that we can collectively enhance our understanding of the healing art and contribute to its continued advancement.

I extend a warm invitation to each and every one of you, my esteemed colleagues, to join us in Bogota. Your participation and active engagement are vital in ensuring the success of this congress and in shaping the future of homeopathy. Together, let us celebrate the spirit of LMHI, forge new connections, and delve into the latest advancements in our field.

As we embark on this exciting journey, let us remember that the LMHI is not just an organization; it is a global community of passionate individuals united by a shared purpose. Together, we have the power to ignite change, raise awareness, and make a lasting impact on the lives of countless individuals.

Thank you for your unwavering support of the LMHI. As we look forward to the future, I am confident that, together, we will shape a world where homeopathy thrives and serves as a beacon of hope and healing.

Warmest regards,



Dr. Altunay Agaoglu, M.D.
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Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

Dr. Carl Rudolf Klinkenberg MD

Paper presented to the 75th LMHI Congress in Istanbul on 9th September 2022

Clemens von Boenninghausen stated [1]:

“By emphasizing the ... characteristic of the remedy ... (I) opened ... a path into the wide field of combination ..., which had not yet been entered.”

It is this path into the “wide field of combination”, that we are now entering.

I have brought three cases with me. I will start with a case that shows the main features of the method:



Dr. Boenninghausen

Case 1

Christina B., age 40, had been in treatment from 2009 to 2018. In October of 2020, she presented for frequent twitching of the right upper eyelid. The twitching started four months ago. It gets worse as soon as she jerks her eyes, especially when she suddenly closes or squints them. It happens when she gets scared or when her children blow in her face, but also when the sun blinds her, and she squeezes her eyes shut. It is worse

when she sneezes. The twitching also occurs when she uses a make-up pencil on her right upper lid, as soon as she applies pressure. It gets worse with lack of sleep.

The family has just built a new house, as they are moving, and she feels overwhelmed with stress. Besides the twitching, she has had only one other symptom for a few weeks: as soon as she lies down on her left side to fall asleep, her heart beats fast and "stumbles", but only for a short time.

Christina's chief complaint, the eyelid twitching, has two main characteristic modalities:

1. It is triggered by abrupt closing of the eyes.
2. And it is triggered by external pressure.

Also, it is worse with lack of sleep.

We have only one main symptom, and this is a specific local symptom. There are no striking mood symptoms, no general symptoms, and no other unusual symptoms. Thus, the case is not suitable for repertorizational analysis according to Kent.

Incomplete Drug Provings

In Kent's repertory we can look up the specific local symptoms. "Twitching of the eyelids" is found with the following modalities [6]:

Twitching lids, closed when	Cupr-s., Lachn., Merc.
Twitching lids, cold air	Dulc.
Twitching lids, eating, while	Meny.
Twitching lids, menses, before	Nat-m.
Twitching lids, opening, on	Kali-bi.
Twitching lids, reading while	Agar., Kali-bi., Puls.
by lamplight	Berb.
Twitching lids, sleep, during	Rheum.
Twitching lids, thunderstorm, before	Agar.



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

As you can see, there are only a few modalities and Christina's are not among them. The reason is the nature of the proving itself:

In a proving, not every sensation or modality occurs in every organ. Even more so, it is the exception to get a complete local symptom including location, sensation and modality. Provings are by nature incomplete, which means that we face the problem of not finding a suitable remedy because of incomplete proving symptoms. This is especially a problem in the case of modalities.

Even if we find a matching rubric that contains a few remedies, it is unlikely that we will find the matching remedy producing those symptoms. Kent himself warns about relying in remedy selection on such specific local symptoms.

Boenninghausen was the first to recognize the shortcoming of the provings and developed an ingenious solution.

Kent's Method

During our education we got to know Kent's method. Kent introduced the division of symptoms into Generals and Particulars. Generals come first. He is only interested in a modality as a general if it affects the person as a whole, such as a general improvement in fresh air. This way the modality is a general symptom that characterizes the patient. Kent says [5]:

"Treat the patient and not the disease".

Local symptoms with their modalities are of little interest to Kent.

Generalization

In contrast to Kent, Boenninghausen observed that modalities of a remedy can be applied to other areas of the body. Therefore, a modality is valuable even if it occurs in only one part of the body.

Boenninghausen analogously states:

The symptom elements are repertorized independently of their symptom.

How is this possible?

Boenninghausen generalizes. If there is a burning pain in any part of the body, we immediately think of Sulphur, Phosphorus and Arsenicum album - because burning pain is typical of these remedies. If pain is aggravated by the slightest movement, we think of Bryonia alba, no matter in which part of the body the aggravation occurs. In other words, if a remedy can produce burning pain in one part of the body, it may be able to do so in other parts.

We know the remedies which are characteristic of burning pain and aggravation by movement. Boenninghausen also worked out the characteristic traits of remedies for other sensations and modalities, such as "aggravation by closing the eyes".

And Boenninghausen adds further the clinical verification: The symptoms that occurred in his daily practice are being confirmed and uplifted into the 3rd and 4th degree in his Pocket Book.

Generalizing is the core of the method! We don't take "twitching of the eyelid worse when closing the eyes" as a whole. Instead of that, we detach the modality from its symptom and then repertorize only the modality.

Generalization with the Therapeutic Pocket Book

In the Therapeutic Pocket Book, the symptoms have been broken down into their individual elements and are sorted by locations, sensations, modalities, and accompanying symptoms. In the Pocket Book rubric, we can see how characteristic a modality is for that particular remedy. But we can't see which areas of the body the modality refers to. We have just the modality, nothing else.



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

jRep Graph: CASE 1 : 2022-00-23													
6 Rubrics analyzed: [H,3] 335													
	PULS	PHOS	CALC	BRY	LACH	SEP	CHIN	SULPH	BELL	NAT-M	Agar	CARB-V	Mez
Position	1	2	3	4	5	6	7	8	9	10	11	12	13
Number of Hits	5	5	5	5	5	5	5	5	5	4	4	4	4
Sum of Grades	15	14	13	13	12	11	11	11	7	14	11	9	9
Sum of Polarity differential	-3	1	2	0	5	3	1	0	1	2	6	3	1
Boenninghausen: TPb 1846		AP	AP			AP		AP	Ap	AP	AP	AP	AP
α22 EYES - twitching - lids [215]	3	3	3	2	3	1	3	4	1	4	4	1	4
β1944t Eyelids Twitch [10]	-	-	(1)	-	-	-	-	(2)	(1)	-	(3)	-	-
α195b+P. VI - Agg - Eyes - Closing * [38]	3	1	3	4	2	1	3	1	3	-	2	-	-
α195b+P. VI - Amel - Eyes - Closing (see Agg - Opening Eyes: ** [24]	-	(1)	(3)	(3)	-	-	(2)	-	(1)	-	-	-	-
α195b+P. VI - Agg - Pressure, External ** [01]	1	2	3	1	3	3	1	1	1	3	4	3	2
α195b+P. VI - Amel - Pressure, External ** [74]	(1)	(1)	(1)	(2)	-	(1)	(1)	(2)	(2)	(1)	-	-	(1)
α22 GENERALITIES - sleep - loss of from [114]	4	4	3	3	1	3	3	3	1	3	-	4	1
α22 HEART & CIRCULATION - Sing - agg - side, on - left [98]	4	4	1	3	3	3	1	2	1	4	1	1	2

Repertorization with jRep 5.5

A sensation or modality characteristic of a remedy is here transferred to other body areas, even if it didn't occur there in the provings. It enlarges the range of application of remedies, and the result of repertorization goes beyond the *Materia Medica*. This is Boenninghausen's principle of generalization! And in this way, he closes the gap in our application of proving symptoms.

Combining Methods

I combine the strengths of different methods. In Christina's case, I take the rubrics "twitching of the eyelids" from the Kent and see which entries Phatak has selected in his Concise Repertory [7] - both repertories contain clinical confirmations of specific local symptoms. I take the secondary symptom "palpitations when lying on the left side" from Kent and combine these rubrics with the modalities from the Pocket Book. I repertorize Christina's case using the jRep software.

jRep provides a revised version of the 1846 Pocket Book with polarity analysis, supplemented with the relevant Dunham addenda. It contains other repertories including the Complete, the Kent and the repertories by Boger, Phatak and Jahr, which can be easily combined. On a gray background you see the opposite rubric, which is the polar rubric "amelioration by closing the eyes".

Analysis

Agaricus muscarius, a common remedy in twitching, especially of the eyes and eyelids, stands out. It has the most important modalities "aggravation by closing the eyes" and by "external pressure" in degrees 2 and 4 and

with 6 also the highest polarity difference. The sum of polarity differential is the sum of degrees of the polar rubrics minus the antipolar rubrics.

I decide to give *Agaricus muscarius* 200C (Gudjons).

Follow Up

In the following four weeks, the twitching of the eyelid occurs about 50% less frequently. The palpitations while lying on the left side disappear. Following her period, she gets spotting for several days.

This is a new symptom, not covered by *Agaricus m.*, but by Sulfur. Eyelid twitching has been clinically confirmed many times with Sulfur, as the entries in Kent and Phatak show. Here you can see all the symptoms of twitching of the eyelids in Sulfur [4]:

Twitching in the eyelids, mostly in the afternoon (*Fr. H.*).
Trembling of the eyelids for several days.
Daily trembling of the lower eyelid.
Trembling of the upper eyelid.
Twitching of the lower eyelid.
Twitching in the left lower eyelid, almost always.
Twitching in the eyelids.

I prescribe Sulfur 200C.

Four weeks later she reports: At first the twitching was much better but got worse again a week ago. The second strict lockdown in Germany started one month ago, everyone is at home. Christina is worried: How can her work continue? What will happen with her children who can't go to school? She wakes up twice at night and she "glows with heat". Thoughts run through her head. Her period has been absent for seven weeks.

The second lockdown was an existential threat for many people. This represents a serious disruption in the treatment process.



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

jRep Graph: CASE 1 : 2022-08-23													
6 Rubrics analyzed: [H3] 335													
	PULS	PHOS	CALC	BRY	LACH	SEP	CHRN	SULPH	BELL	NAT-M	Agar	CARB-V	Mez
Position	1	2	3	4	5	6	7	8	9	10	11	12	13
Number of Hits	5	5	5	5	5	5	5	5	5	4	4	4	4
Sum of Grades	15	14	13	13	12	11	11	11	7	14	11	9	9
Sum of Polarity differential	3	1	2	0	5	3	1	0	1	2	6	3	1
Boenninghausen TPb 1846		AP	AP			AP		AP	Ap	AP	AP	AP	AP
cr22 EYES - twitching - lids [215]	3	3	3	2	3	1	3	4	1	4	4	1	4
Orbital Eyelids Twitch [10]	-	-	(1)	-	-	-	-	(2)	(1)	-	(3)	-	-
blpb+P. VI - Agg - Eyes - Closing * [38]	3	1	3	4	2	1	3	1	3	-	2	-	-
blpb+P. VI - Amen - Eyes - Closing (see Agg. Opening Eyes) ** [24]	-	(1)	(3)	(3)	-	-	(2)	-	(1)	-	-	-	-
blpb+P. VI - Agg - Pressure, External ** [91]	1	2	3	1	3	3	1	1	1	3	4	3	2
blpb+P. VI - Amen - Pressure, External ** [74]	(1)	(1)	(1)	(2)	-	(1)	(1)	(2)	(2)	(1)	-	-	(1)
cr22 GENERALITIES - sleep - loss of from [114]	4	4	3	3	1	3	3	3	1	3	-	4	1
cr22 HEART & CIRCULATION - ting - agg - side, on - left [88]	4	4	1	3	3	3	1	2	1	4	1	1	2

Repertorization with jRep 5.5

Because of her distress, the prolonged last period, and the now delayed period, I think of Natrium muriaticum. I check the nocturnal glowing heat in the Materia Medica and find in Clarke [2]: "Nocturnal flush of blood with anxious heat and heartbeat."

I prescribe Natrium muriaticum 200C.

Five weeks later she reports:

The burning heat at night was gone after two days and had not returned. She is thrilled because she had that symptom for weeks! The twitching on the eyelid got better for two weeks and then got worse again. However, she still has no period.

In my experience after the similar remedy the period must come, otherwise she needs a different remedy.

You may be familiar with the Tuberculinum symptom "Amenorrhoea in emigrant women." It is from Pierre Schmidt. The symptom reminds me of the situation during the Lockdown. Also, Christina had an eczematous rash on her eyelids years ago, which was cured by Tuberculinum among other remedies. Twitching of the eyelids is not known for Tuberculinum, but twitching in the face is a Tuberculinum symptom.

I gave her Tuberculinum 200C twice at intervals of two weeks. The periods returned. The twitching on the eyelid improved a little but then persisted.

I decided to repeat Agaricus muscarius 200C.

Four weeks later:

The twitching is slightly improved, about 40% less than at the beginning of treatment. Five days after Agaricus m. she gets eczema on the lower eyelid. She has put some cream on it, and after that it got worse. Once she scratched it at night. Worsening after external treatment of a rash is like a suppression also.

These are Sulfur symptoms. In the early May of 2021, Christina received a dose of Sulfur 200C. Within one week, the twitching of the eyelid disappeared completely, and it has not returned until this day. Christina has no symptoms now.

Commonly, it takes several remedies to cure a case of chronic disease. This is the remedy sequence:

Agaricus m. (Nov. 20) → Sulfur (Dec. 20) → Natrium muriaticum (Jan. 21) → Tuberculinum (Feb. 21) → Tuberculinum (March 21) → Agaricus m. (Apr. 21) → Sulfur (May 21).

The modalities characteristic to this case were combined with rubrics from the Kent. This way I narrow down the choice of possible remedies. As you have seen, during the treatment I keep coming back to the remedy pool of the beginning.

Reliability of the Degrees in Kent and Boenninghausen

Kent took rubrics from the Pocket Book into his



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

repertory. A large part of the rubrics in the chapter "Generalities" are taken from the Pocket Book. Could we also solve the case with the Kent?

Kent compiled his repertory primarily from older repertories with different grading systems, from 2 to 5 gradings in the following list:

Jahr G.H.G.	1838	Manual of Homoeopathic Medicine (transl. C. Hering)	4
Boenninghausen C.v.	1846	Therapeutic Pocket Book (several engl. transl.)	5
Lippe C.	1879	Repertory to the More Characteristic Symptoms	2
Allen T.F.	1880	The General Symptom Register	3
Lee E.	1889	Repertory of the Characteristic Symptoms	3
Knerr C.B.	1896	Repertory of Herings Guiding Symptoms	4
Kent J.T.	1897	Kent's Repertory	3

Kent has also converted the 5 grades of the Pocket Book into his grading system and changed the grades according to his 3-grade scheme:

Boenninghausen	Definition of grade	Kent	Definition of grade
(0)	doubtful	1	sporadic occurrence in proving
1	sporadic occurrence in proving	1	sporadic occurrence in proving
2	multiple times in proving	1	sporadic occurrence in proving
3	clinically confirmed	2	with few provers + clinically confirmed
4	multiple times clinically confirmed	3	with all provers + clinically confirmed

You see that the grade definitions in Boenninghausen and Kent differ. Because Kent merged different grades from different repertories into his own repertory, the grades in Kent are variable.

Boenninghausen created the Pocket Book directly from the primary sources, the remedy provings, and he supplemented it with his own verifications and practical experience.

In the Pocket Book, Boenninghausen has clearly worked out the characteristic symptoms and differences between the remedies from those sources. Hence the grades are very reliable. Consequently, I recommend to repertorize the modalities with the Pocket Book.

Case 2

Sabine K., 46 years old, presents in November of 2021.



For nine years Sabine had a small bump on the left lower eyelid. From time to time this bump would get a little bigger, but then it would go down again. In the last eleven months the tumor has grown significantly - from 2 mm up to 9 mm. She has not had a tissue sample done. It is very likely that she has a basal cell carcinoma. In 2010, one year before the tumor developed, she and her husband had to get out of a sales contract. This was very troublesome for them, existentially threatening and stressful.

Sabine is self-employed and she is the breadwinner for her family. Because of the social restrictions related to Covid she had to close her office temporarily, and lost customers. She was very worried: What is actually happening here? Can I ever go back to work? It was a big strain on her.

When she wakes up in the morning, her eyes are sticky and pus is in her eyelashes. At the stage when the tumor grew rapidly, it itched. In the last four months it has formed a rather firm rim. Sometimes she has a foreign body sensation in the eye. Rarely, the tumor is bloody. The eye secretes mucus in the afternoon and especially in the evening. In the evening, the affected eye is often very dry. Other symptoms: From time to time, she has stomach problems and sensation of air in the stomach,

Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

and then she has frequent eructations. She is restless and this has increased in recent months.

Ulcer Rubrics in the Pocket Book

As you can see, I have asked very precisely about the nature, secretions and sensations of the tumor. The surety of the remedy choice is my top priority. Symptoms that can be seen, and that can be observed objectively, are measurable in space and time. An unresolved conflict or the patient's "theme", on the other hand, are difficult or impossible to measure. That's why I always take the safe symptoms first.

In the language of repertories, basal cell carcinoma is an ulcer. One of the strengths of the Pocket Book are the detailed ulcer rubrics. This is because Boenninghausen strongly adapted the Pocket Book to the experiences with his patients, who in his time came mainly with organ complaints. For example, the section on ulcers has about ten pages - ulcers being a common problem in 1840, while the chapter mind consists of only six pages.

Analysis

Which symptoms are important?

Sabine has a tumor on her eyelid - a clinical rubric from Kent. It is important to accurately repertorize the nature and sensations of the ulcer:

It is cancerous, it has a firm rim, it suppurates, and while it has grown it has itched. The mucous secretion and dryness of the eye are worse in the evening. I take the ulcer rubrics from the Pocket Book because of the reliable grading. Furthermore, not all ulcer rubrics were taken into the Kent's Repertory.

As far as the gastrointestinal problems are concerned, I take the generalized headings "stomach" and "belching" from the Pocket Book. One possible trigger for the tumor is anger and grief. This rubric is more complete in the Kent.

Reference Materia Medica and repertory



Image by Dr. Klinkenberg

As you see: We have to collect all the information from different sources and put them together! Our tools are limited, our sources are scattered all over the place:

In provings, in numerous Materia Medica individual works, journals and also in the repertories.

For this reason, we are currently working with an international working group on the structured Reference Materia Medica and the modern Reference Repertory based on reliable remedies and sources.

Continuation of Analysis

1. Clipboard 1										
1. EYE - TUMORS - Lids	(24)	1								
2. Sensations and complaints - Skin - ulcers - cancerous	(28)	1								
3. Sensations and complaints - Skin - ulcers - Margins; with high and indurated	(23)	1								
4. Sensations and complaints - Skin - ulcers - suppurating	(79)	1								
5. Sensations and complaints - Skin - ulcers - itching	(55)	1								
6. Parts of the body and organs - Eructation - eructations	(118)	1								
7. Parts of the body and organs - Abdomen; internal - Stomach	(118)	1								
8. EYE - DRYNESS	(124)	1								
9. Change of general state - Aggravation - time; according to the - evening	(122)	1								
10. MIND - AILMENTS FROM - grief	(89)	1								

	sulph.	caust.	phos.	staph.	puls.	sil.	ars.	sep.	lyc.	hep.	calc.	lach.	thul.	bell.	merc.	thus-t.	bry.	nat.m.	
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Repertorization with RadarOpus



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

Staphisagria, a rather small remedy in the Pocket Book, is one of the first hits. *Staphisagria* has a special affinity for the eyelids; it is higher rated in three of the selected ulcer rubrics, and it fits the anger and grief before the disease. I'll shortlist *Silicea*, *Sulfur*, *Arsenicum album* and *Sepia*.

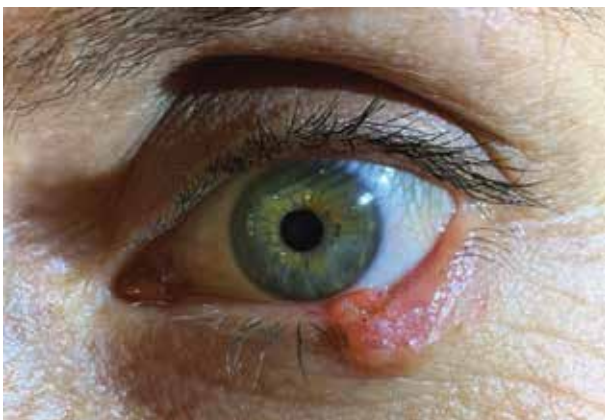
Follow Up

I start with *Staphisagria* 30C daily. The eye is less red and less sticky in the morning. However, the size of the tumor remains unchanged. That's why I change to *Sulfur*, followed by *Tuberculinum*. The basalioma contracts - it becomes smaller. This photo is from April 2022:



Then there is another standstill. I give her *Sepia*. The tumor again becomes smaller. Then I switch back to *Staphisagria*, this time in ascending Q-potencies.

However, currently she is taking *Sulfur* Q4. The tumor is getting smaller very slowly but steadily. Here is a recent picture from August 2022:



Use of the Therapeutic Pocket Book

Both cases have a clear main symptom and almost no other symptoms. The first case had pronounced modalities, the second a precisely described complaint. Simply put, it is best to use the Pocket Book in the following cases:

- > few but intense and distinct symptoms, e.g., a clearly pronounced main symptom,
- > clear or well-developed modalities or sensations,
- > few or unusable mind symptoms,
- > no unusual individual symptoms.

Case 3

Margret S., 54 years old, came to see me in March of 2019. She is a homeopath. 24 years ago, she had an electrical accident. She had put her right hand into an open lamp. Fourteen days after the accident she had ovarian-inflammation with fever, pain and a swelling of the right ovary.

In the following years, she saw several gynecologists as well as two gynecological clinics, and she was treated with antibiotics several times. She did acupuncture and osteopathy. The swelling of the ovary went down. However, the pain in her lower abdomen got worse. Over the course of 24 years, she had alternating phases of more or less discomfort; however, in the last year she describes her symptoms as "massive pain":

Painful pressure in the right lower abdomen. It feels like it is swollen inside, as if the ovary is too big and could burst. She had the exact same sensation 24 years ago - it got worse with each antibiotic. She also has back pain in the area of the right ileosacral joint, as if the muscles are cramping.

The lower abdominal and the back pain are worse at night. Once a night she has to get up, move and walk around, to make it better. The nighttime aggravation started while she was still being treated for the ovarian inflammation. There are times when she cannot sleep at all because of the pain. The pain is better with

Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

movement during the day. The pain is also better after stool at night or in the morning. And she feels better overall after stool; for instance, when she is not feeling well psychologically, she feels better after stool.

She was abused when she was eleven. Then when she got the abdominal pain at 30 years old and she thought, "If she doesn't tell anyone now, it's really going to burst." I could say that the abdomen, perhaps due to the abuse, was her weak point long before her electrical accident. Other symptoms: After the electric shock, she has had a severe pulsation in her head when bending over. It even pulsated when bending forward to brush her teeth and she still suffers from this once in a while.

It is interesting that the pain modalities like worse at night and other symptoms like the pulsation also occurred 24 years ago (!) after the ovarian inflammation.

Since the electrical accident, she has frequently lienteric stools. She had irregular and infrequent menses until the menopause. Six months ago, she was diagnosed with pancreatic cysts. With all kinds of weather changes she has trouble concentrating, her head being dizzy. She always feels nervous; she would love to be calmer. But this restlessness did not come with the electric shock. When I ask her, she says it is a basic character trait. She is loquacious. But she has always been like this, she says. During the examination I find many small brown warts on her belly.

Here is the overview of all symptoms:

Electrical accident in 1995	> Bowel movements in general
Swelling ovary / inflammation	
Pressing in right lower	Pulsation in head
Abdomen like "bursting"	< bending over
Back pain cramping	Stool with undigested food
< at night	Menses scanty
> movement	Pancreatic cysts
> walking	< Weather change
	(Talkative), brown warts

It's a complicated case, and in complicated cases Boenninghausen can really be helpful.

Margret has a clear main symptom - the lower abdominal and back pain, which are highlighted in **Orange**. Highlighted in **Red** are very good modalities. She didn't have any mood symptoms that could be safely used. But she has one striking symptom: the lienteric stool, shown in **Blue**.

A quick look at the scheme shows that the case fits most of the criteria for Boenninghausen:

- few, but clearly developed symptoms ✓
- ☐ clear modalities or sensations ✓
- ☐ no usable mind symptoms ✓
- ☐ no unusual individual symptoms ✗

But let's go one step further and move the different methods into the background for a while to have a fresh look. Because in real life I think differently. I use the characteristic symptoms of the disease case, which determines the choice of remedy.

What is most characteristic of all?

Characteristic Symptoms

You all know paragraph 153 of Hahnemann's Organon [3]:

"In this search for a homoeopathic specific remedy ... the more striking, singular, uncommon, and peculiar (characteristic) signs and symptoms ... are chiefly and almost solely to be kept in view. ... The more general and undefined symptoms ... demand but little attention when of that vague and indefinite character, if they cannot be more accurately described ..."

I would like to draw your attention to the second part of the paragraph:



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

"The more general and undefined symptoms ... demand but little attention ... if they cannot be more accurately described ..."

This means: Not only striking and unusual symptoms are characteristic. A symptom is characteristic, when it is "more accurately described" - by a modality or an accompanying symptom. Lienteric stool is characteristic, because it is "striking" and "uncommon". A pressing in the lower abdomen worse at night is characteristic because of the modality.

Let us use the characteristic symptoms of the case, as we have learned it. And let's keep in mind Boenninghausen's words:

The Symptom elements are repertorized independently of their symptom.

You do not need to take symptoms as a whole. Instead, you can simply repertorize symptom elements. That is the central point of my lecture.

Take the patient's most important symptoms - whether they are whole symptoms, symptom elements, a causa, or diagnostic findings!

I have selected the following:

- | | |
|--|---|
| <p>Electrical accident in 1995
Swelling ovary / inflammation
Pressing in right lower
Abdomen like "bursting"
Back pain cramping
< at night
> movement
> walking</p> | <p>> Bowel movements
Pulsation in head
< bending over
Stool with undigested food
Menses scanty
Pancreatic cysts
< Weather change
Warts brown</p> |
|--|---|

Analysis

The symptoms that Margret is suffering from today started with an ovarian inflammation. With each antibiotic her pain got worse. This is an indication that the ovarian inflammation is still not cured and therefore I am including it.

Margret is in menopause; she doesn't have the irregular menses anymore. Nevertheless, it is an important part

of the whole abdominal symptomatology, so I include it. The nocturnal pain in the lower abdomen is her main symptom. If you repertorize "pressing lower abdominal pain at night" you get only four remedies! If you widen the search to "pressing abdominal pain at night", you will find just ten remedies, all in the first degree, although "pressing abdominal pain" is a common symptom.

Surprising, isn't it? Here we have again the problem of incomplete proving symptoms, same as in the first case. And it always concerns especially the modalities. Therefore, we cannot repertorize these modalities in conjunction with their local symptoms, but only the modalities alone!

Margret had the pulsating headache when bending over for years after the accident, and it was triggered even by a slight bending forward. That's what's so striking about it. Today she only has mild headaches. Therefore, I take only the modality from this symptom. Even if the talkativeness of Margret is not a real symptom of mood, it can be taken as a hint.

Here is the repertorization:

- 1. patient symptoms
- > 1. FEMALE GENITALIA/SEX - INFLAMMATION - Ovaries (69) 1
- > 2. FEMALE GENITALIA/SEX - ENLARGED - Ovaries (20) 1
- > 3. FEMALE GENITALIA/SEX - MENSES - scanty (198) 1
- > 4. GENERALIA - ELECTRICITY - electroshock, ailments from (2) 0
- > 5. Change of general state - Aggravation - time; according to the - night (120) 1
- > 6. Change of general state - Amelioration - motion; from (100) 1
- > 7. Change of general state - Amelioration - walking (102) 1
- > 8. Change of general state - Amelioration - stool; after (44) 1
- > 9. Change of general state - Aggravation - stooping - during (106) 1
- > 10. STOOL - UNDIGESTED (104) 1
- > 11. MIND - LOQUACITY (144) 1
- > 12. MIND - AILMENTS FROM - abused; after being - sexually (5) 0

	con.	hep.	duic.	rhus-L	lyc.	lach.	thuJ.	puls.	brv.	aur.	phos.	ars.	plat.	acor
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Repertorization with RadarOpus



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

Conium maculatum is the first hit. This has no decisive meaning to me, but I wonder: What does this case have to do with Conium m.?

Conium m. is an excellent remedy for the ailments of injuries, shock or contusion. In this case there was a shock too: the electric shock!

No Materia Medica Comparison Required

When we repertorize a symptom element, for example a modality, then we generalize. By generalization we find out which characteristic symptoms of the remedies correspond to the disease.

For example, if your patient has "stabbing stomach pain, better by belching", take the elements "stabbing" and "stomach" and "better by belching". If a remedy has all three -symptom elements in characteristic degrees 3 and 4, then you have created a new remedy symptom, even if you do not find it in the Materia Medica! The symptom doesn't have to be in the Materia Medica, not even approximately. If we combine symptom elements, we do not necessarily have to make a Materia Medica comparison. We have just created the symptom, so we cannot expect to find it in Materia Medica.

Nevertheless, I usually read the Materia Medica for interest and find numerous abdominal symptoms in Conium m., but none of the modalities described by the patient.

I give her Conium maculatum XM.

Follow Up

Two weeks later, she reports: The lower abdominal pressure and back pain are about 30% better. She has slept through several nights-. Before treatment she had one night every three months without pain! Now she has discomfort all over, especially in the morning when she wakes up, but it is not as severe.

A week later she gets a purulent left-sided throat affection. The pain moves into the left ear, in the evening she feels sick. No other modalities.

The throat pain, the left side, the evening aggravation, the talkativeness, and last but not least the aggravation of the abdominal pain after sleep: I gave her Lachesis muta 200C and then I repeat it twice at intervals of three weeks.

At the next follow-up she reports:

The pain is much better. It has retreated to a small area in the lower abdomen and sacrum. She no longer has any pain at all at night. It is also much better in the morning, and often just gone. She also had an MRI to check for pancreatic cysts. The doctor told her she has a polycystic pancreas. The pancreas should be removed prophylactically because of the risk of cancer. That worries her a lot.

Cysts are benign tumors, and with tumors I always investigate the etiological and hereditary factors: Margret had a smallpox vaccination as a child. After her last vaccination at the age of 23, she had a strong side effect. Her father also had cysts in his pancreas. I gave her Thuja occidentalis 200C.

Change of Remedy

Some of you may be wondering about my frequent changes of remedies. Conium maculatum at the beginning improved her quickly, but later I gave Lachesis muta. With Lachesis m. the pain improves again more clearly. I repeat it twice and go on to Thuja.

When new symptoms occur, which the remedy doesn't cover, I usually check to see if a remedy is indicated that was shortlisted in my first repertorization. If I would simply repeat Conium m., it would no longer work to the same extent as the first time - that has been my experience. It needs a suitable intermediate or subsequent remedy. After that, I might come back to it if necessary.

Every day in life we are bombarded with a wealth of impressions and information. Add to this the electromagnetic radiation from mobile phones and wireless technology. Our lives have become fast. Speed is



Case Analysis According to Boenninghausen Combined with other Methods in Serious Chronic Disease

also progress! Have a look at a tennis match 40 years ago - it looks like they played in slow motion.

If you always do the same thing in boxing: you always come from the front onto the nose - your opponent will quickly learn and react. Better: come from the front... from the left... right... up... down... and again from the left. Think of Muhammad Ali!

This way you give the organism new impulses. And the impulse it needs is shown by the changes of symptoms.

With Thuja the pain on the right ovary and in the back flares up again briefly - a classic initial aggravation. In the course of the treatment, I gave her among other remedies Sulfur, Lachesis muta, Sepia, Conium maculatum and Tuberculinum. All of these remedies advance the improvement. Ten months after the beginning of the treatment, the pain in the lower abdomen and back at night and in the morning disappears completely. After all: she has had the pain for 24 years!

Conclusion

Boenninghausen, guided by his practical experience, made the elements of symptoms combinable. This considerably increases the range of application of a remedy. Boenninghausen wrote [1]:

“By emphasizing the ... characteristic of the remedy ... (I) opened ... a path into the wide field of combination..., which had not yet been entered.”

The wide field of combination increases our treatment efficiency.

Our treatment efficiency will increase even much more with a dependable database. This database is currently being created by me and my working group, the “Reference Materia Medica and Repertory”.

My thanks go to our colleague Dr. Alex Bekker MD from Colleyville/Texas, who carefully proofread the manuscript and made valuable corrections to my English style.

Literature

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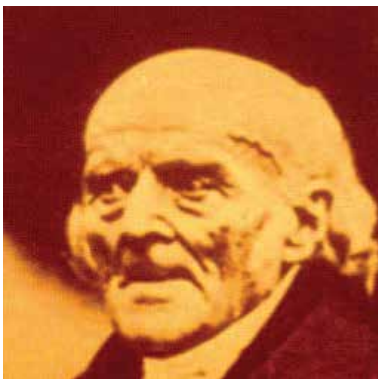
The Relative Value of the Symptoms. A Case of Lymphoma

Renzo Galassi, LMHI president of honor.

In the Homeopathic world today, we are used to reading and listening about our Materia Medica, or about the approach to our patients, in a way that differs greatly from the writings of the old Masters which we find in the Old Homeopathic literature.

All the best minds of our Medicine, in the past, have written articles about the Relative value of the symptoms, to decide which symptoms are worthy to be taken into consideration for our prescription and which are not. The quality of these old writings is very high, so it is strange that they are now totally overlooked and new strategies are used to put a value on the patient's symptoms. Not all the symptoms and conditions are of equal importance in homeopathic prescribing.

The choice cannot be made in a mechanical way or by mere symptom matching. The Simillimum can be determined, according to the statements of the immortal Masters of our Medicine, only by those symptoms called: **CHARACTERISTICS.**



Samuel Hahnemann

Hahnemann specifies which are the Characteristics. (In the § - 153 – Organon 6° edit. specifies that this totality means a reduced number of symptoms of very high qualitative rank:

“the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms (1) of the case of disease are chiefly and most solely to be kept in view...” This aphorism was the beginning of many interpretations and different methodologies to find the Simillimum.

A CHARACTERISTIC symptom is that peculiar, unusual and distinctive one. The characteristics are found in few patients and produced in provings of few medicines. They are the guides to the differentiation of remedies. Let's read what Dr. Eugene Underhill (1860-1938), a past president of the International Hahnemannian Association, wrote about this qualitative totality:



Eugene Underhill

“[...] Let's for a moment compare a photograph with a portrait. The photograph includes all the lines, curves and particulars, defects and all that are exposed to the lens of the camera, in short, the numeric totality. The portrait, on the other hand, includes the essential generals but omits numerous particulars. Nevertheless, the portrait, if well done by an accomplished artist, will just as truly represent and identify the person as the photograph.

The Relative Value of the Symptoms. A Case of Lymphoma

The portrait, therefore, is the artistic totality. It is this and not the numerical totality of symptoms that requires stressing in homoeopathic practice”.

Nowadays we have a “plethora” of strategies and methods to define the characteristics symptoms necessary for the prescription of the remedy, especially as it relates to the mind symptoms and most of these strategies are from the field of Psychology and Psycho-analysis, studying the patients (and also remedies) with the most fanciful theories that are very far from the original approach of Hahnemann, Hering, Lippe, H.N. Guernsey, Boenninghausen or Kent.

So, this means that our Medicine is out of date and needs a new “creation” of its methods of study of the patients? Do we need to change our basic principles?

A noted Homeopath once said: “a case well taken is half cured”.

We never have to forget that during our visit we look for **PHENOMENA...** evident, confirmed, not **invented**, nor **deduced!!!**

This is the main difference between the immortal and reliable classical Masters of our Medicine, who were working always with **true and confirmed symptoms**, and the fashions of the new Homeopathy, where the symptoms are often deduced through uncertain and variable methods.

Let’s see a case from my clinic. A Lady, C.L. was born in July 1961.

I cured her in 1995 for recurrent pharyngo-tonsillitis, with Silicea 3 LM and 6 LM.

After 15 years (2010) she came back because she noticed some lymph nodes enlargement on the left axilla, left temple, under right lower jaw, on the left inguinal region and one on the back, in the first dorsal vertebrae area.

She lost weight during the last few months. Her lymph nodes are really big, especially the one on the armpit which is adherent to the deep tissues and doesn’t move. She is waiting for further exams in the hospital and is asking me to give her something in the meantime, but I suggest to wait for the labs and diagnosis of the University Hematology Center.

We meet again after a few months, with the diagnosis of Low-Grade, Non-Hodgkin Centro-follicular Lymphoma, the lymph node adhering to the deep tissues of the armpit has been removed, but from that moment the others have started to grow.



Cat scan says that she also has cervical, pulmonary, liver and groin lesions. They propose 6 cycles of chemotherapy according to the R-CHOP 21 scheme, associated with Retuximab.

I suggested her to follow the treatments, as she seems confident in the treatments of the hematologists. From time to time she informs me that the checkups are going well, the lymph nodes have deflated. I tell her to keep going and I don’t prescribe anything because she is in the hands of allopathic doctors.

In September 2016 (6 years after the first diagnosis) she comes back for a relapse of swelling on the axillary lymph nodes, in the left temple, under the right lower jaw, in the back and in the left groin.

In May, the lab exams had gone well, indeed in the hospital they told her that she was in **complete remission**, she felt well and had resumed work. Then, in August, in the hospital, given the resumption of swelling, they told her that it was a strange lymphoma more difficult to heal because it is “sleepy”, but easily reactivated.

The Relative Value of the Symptoms. A Case of Lymphoma



She only reports the following symptoms:

Anxiety and agitation, she deals with trifles, such as cleanliness and feels, as always in her life, insecure, little **confidence** in herself, with shyness and fear of speaking or appearing in public, especially at work.

Very **conscientious** with her job. She feels cold, especially a part of the body, such as head or feet and is easy to catch colds. She is very constipated, with almost rectal inactivity and dry, hard and large stools.

A lot of anxiety about work, she wakes up earlier if she has an important commitment (as it was for school in her childhood). Anxiety of anticipation.
Amenorrhea after chemo, she thinks to be in menopause.

She tells that no longer wants to cure herself with allopathy. She is very disappointed, because after so many therapies and checks she is now again as before or worse than before. She wants to be treated by me, as long as I never ask her to do laboratory tests, not even urine tests.

If she has to die, she wants to die quietly, without the anguish for lab exams.

Silicea 3 LM 7 doses one each night and then 7 doses every other day.

11-2016 after 2 months

The situation seems **frozen** and she says that the lymph node in the lower jaw has shrunk a bit, the temple and armpit are the same, but she says that her feeling is that the situation is not going forward or backward, although now she does everything during the daily life with energy. She continues to be conscientious for fear of mistakes. The left armpit's lymph nodes are red and hard.



Silicea 10 M one dose, with the aim to give a strong and deep impulse to her vital force.

Now we go back to our study of the **CHARACTERISTICS** to see what was wrong with the patient.

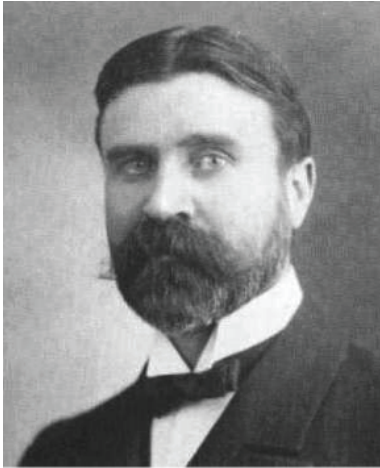
So... What to look for in our patients? **SYMPTOMS and SIGNS**

The SYMPTOMS, according to the definition of Stuart Close (1860-1929) are "any evidence of disease or change from a state of health".

The aim of this paper is to study the **approach to the mind symptoms**, so let's talk about them.

According to a chronological criterion we divide the mental symptoms into RECENT and ANCIENT.

The Relative Value of the Symptoms. A Case of Lymphoma



Stuart Close

While the **ancient** are often only the state of the mind, part of the character of the patient, the **RECENT** are the symptoms that appeared in the last stage of life of the patient, after a special event or since the beginning of a disease. These are the latest symptoms of the last stage of life (recent symptoms, uncommon symptoms). They are, according to the so called Hering's law, the first to be cured together with other symptoms of this last stage. And Hahnemann says in the Organon 6th edition:

§ 210 [...] since in all other so-called corporeal diseases the condition of the disposition and mind is always altered; (1)

§ 210 footnote (1) How often, the physician meets with a mild, soft disposition in patients who, when are cured, show again their frightful alteration in disposition, such as ingratitude, cruelty, etc., typical of their state of health.

§ 212 The Creator of therapeutic agents has also had particular regard to this main feature of all diseases, the altered state of the disposition and mind, [...]

§ 213 We shall, therefore, never be able to cure conformably to nature [...] if we do not, ... observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, [...]

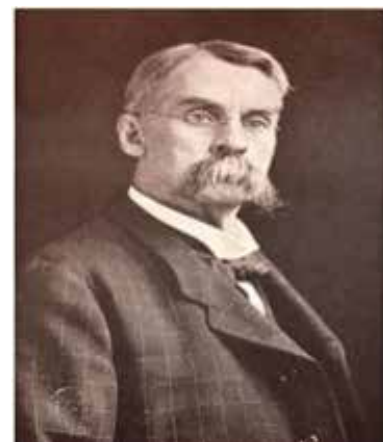
So, what we have to look for in our patients? **NEW mental** symptoms? or ancient symptoms of the **CHARACTER or TEMPERAMENT**?

This is a very IMPORTANT point. We are not Psychologists, we are not Characteriologists, we are **TRUE** Homeopathic DOCTORS and Hahnemann explained to us very well what to do with the Mind Symptoms and which of them to take into account. Not the one of the **TEMPERAMENT**, not the Character of the patient, because it is not part of our JOB. But the **EXTRAORDINARY mind symptoms**, that is to say the **UNCOMMON** ones, the symptoms that are out of the **ORDINARY LIFE** of the patients. Hahnemann invites us to take into account the **change** in the state of mind of the patients, due to the beginning of the disease.

YOU CAN OBJECT that this is my interpretation and that most of the modern authors, take into account the MIND symptoms of the temperament using them to create an approach to the patients and to the Materia Medica, like the Themes, Concepts, characteristics of Families of remedies or of the groups of the periodic table of the elements etc., we have a great variety of strategies nowadays.

But, as I never want to quote myself as an opinion leader, I will quote Masters of sure reliability.

DVJ (Denver Journal of Homoeopathy, better known as **"The Critique"** Vol. 11(1904), p. 401 - 403. **Dr. J.T. KENT**, (1849-1916) Professor of Materia Medica, Hahnemann Medical College and Hospital, Chicago.



J.T. Kent

The Relative Value of the Symptoms. A Case of Lymphoma

“Of late years it has become common for homeopathic physicians to say too much about the temperament of the patient when reporting cases. If by temperament we mean that in the patient which is his normal condition, it is an error to include it in the totality of the symptoms used as a basis of a prescription. The totality is the complex of all that is morbid, not what is physiological, and must ever guide the physician in the selection of a remedy. [...] The physician should above all things be able to distinguish in each case what is morbid from what is natural. This is clearly set forth in the § 3 of the Organon. It is a fatal error to confuse what is natural and what is morbid. [...] It is a bad habit of associating remedies with certain kinds of people except it be upon conditions that are morbid. The mild disposition being a normal state in any given patient is not a symptom, but when one of an opposite mental state becomes mild in sickness then it is a symptom of great importance. In sickness a person is generally changed mentally to the opposite of his mental state. When the good wife says: “My husband is generally obstinate, but he has become so yielding that I think he must be sick” such a mild state of mind has nothing to do with his temperament, but is of the greatest importance in selecting a remedy. [...] In many of the older writings, temperament was intended to teach only morbid mental states, conditions and symptoms. Recently these have been twisted into a justification of phrenological temperaments. Homeopathy does not need phrenology. It can stand on its own foundation as taught in the Organon.”

In another article, **TEMPERAMENTS. The Homoeopathician**, v.1 – 1912. So, we can consider it a final legacy, Kent writes:

“[...] Temperaments are not caused by proving, and are not changed in any manner by our remedies. [...] This morbid condition of body or mind, or both, is composed of signs and symptoms not belonging to the health of the patient, no matter how recent or long standing they may be. The study of general and particular symptoms so clearly defines and outlines this morbid constitution that the study, from first to last, become a positive and scientific problem. It is not something fanciful, but can be demonstrated at the bedside as a positive and certain procedure from beginning to ending, and it is entirely based upon facts, omitting all opinions and theories.”

It’s really clear the thought of Kent about the usefulness of mind symptoms. According to Kent’s statement, most of the repertorizations we see in papers or articles are incorrect.

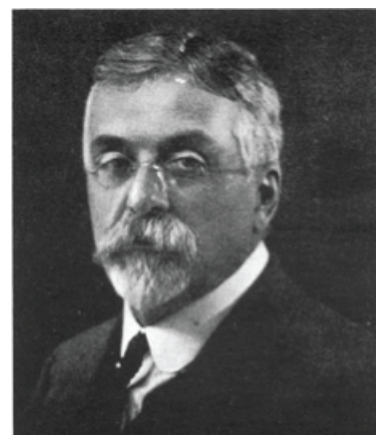
Go on with others statements of reliable doctors, let’s start with C.M. Boenninghausen (1785-1864), he exactly suggests:



C.M. Boenninghausen

Changes of personality and temperament are particularly to be noted, especially when striking alterations, even if rare, occur; the latter often supplant or by their prominence may obscure the physical manifestations and consequently correspond to but few remedies. [...]

His follower and wonderful prescriber Cyrus Maxwell BOGER (1861-1935), writes in “Taking the case”.



Cyrus Maxwell Boger

The Relative Value of the Symptoms. A Case of Lymphoma

[...] A study of the mental symptoms should include the gross objective changes noted by the attendants as well as a close scrutiny and interpretation of the speech, action and countenance by the physician, [...]

It is to be remembered that **changes in the ordinary moods are points of departure whose value depends upon their variation from the normal or everyday condition.**

In the part titled “**The study of Materia Medica**”, Boger adds:

“The most expressive new symptom is usually the key to the whole case and directly related to all of the others, and is often expressed by a change of temper or other mental condition. [...]

In the article “Random Notes”, Homoeopathic recorder, vol. 46, 1931, Boger writes: “Just as the lights and shadows of the mind color every form and kind of action, so they foreshadow those oncoming storm crises which we call sickness, by changes of mood and disposition. It’s nature’s first signal call for help [...].

Two other quotations of two reliable authors, Margaret Lucy Tyler, (1857-1943) and Edwin Awdas Neatby, (1858-1933)



Margaret Lucy Tyler

Dr. Tyler, in 1942, one year before her death, published the famous “Homeopathic Drug Pictures”, and under Staphysagria we find the following sentence, totally similar to the thought of her Master J.T. Kent:

“[...] Who has used Staphysagria for instance in rheumatoid arthritis? Here, from its provings, it ought to be useful, where its mental outlook prevails; mental symptoms being in “the grading of symptoms” the most important, provided they are marked, and especially if showing change, due to sickness, from the normal of the individual. [...] just such restless misery and feeling of resentment against (at all events, fate) as appear in the provings and as have been cured by Staphysagria.

In the introduction of “A manual of Homoeopathic Therapeutics”, of E. A. Neatby and Thomas George Stonham, Dr. Neatby, one of the 14 founders of the LMHI, wrote on page 11:



Edwin Awdas Neatby

“The mental symptoms of patients rank very high in value as drug indications. [...] In such a case mental or temperamental symptoms form an invaluable guide, and this will be especially the case if such characteristics have altered with the appearance of the local lesion.”

Let’s add the observations of Dr. Herbert A. Roberts in the article: **TEMPERAMENTS**, The Homoeopathic Recorder, v.45, 1930:

The Relative Value of the Symptoms. A Case of Lymphoma



Herbert A. Roberts

[...] These temperaments are part of the personalities of our patients. The temperament is cast in the very beginning of the combining of the parent cells, and once cast, there is no deviation from it. Morbific conditions may be added to the temperament, but the morbific process is not part of the temperament; it is a disease factor. Whatever is morbific to an individual is amenable to treatment and can be removed; but removal of the morbific manifestation leaves the temperament intact. Temperaments themselves are not changed by the action of our remedies. Temperaments are natural physiological division of mankind; therefore, not being pathological, they are fixed to the personality. Morbific conditions, on the other hand, are not fixed to the personality.

[...] what then shall be the basis of our prescription? [...] In taking the case and applying the homeopathic prescription, the totality of the morbific symptoms are the only ones to be considered, not partly morbific and partly temperamental. The physician must perceive in each case what it is that is morbific. The totality of the morbific symptoms is the sole basis of every homeopathic prescription. [...]

So, it's evident my message, the **Mind symptoms** to be useful and of the highest rank in the hierarchy of symptoms, have to be **NEW, UNCOMMON, APPEARED AFTER THE BEGINNING OF THE COMPLAINT/DISEASE** for which the patient comes to our clinic.

This explanation can make clear why, for example in the Kent's repertory, we find some rubrics that, as physicians, we can consider desirable, such as **mildness, joy, memory active, affectionate**, etc. If these conditions are NEW in the state of mind of the patients, they acquire the condition of symptoms, uncommon attitudes in the patient's life.

After all this theoretical part it's time to go back to our patient.

12-16 after 45 days



The situation of the glands is the same, nothing changed with Silicea 10M, she seems to not react to the possible Simillimum Silicea.

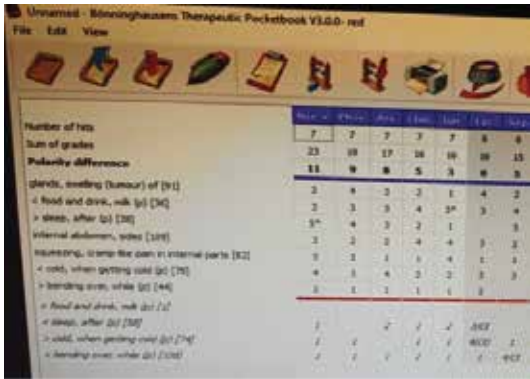
In this moment I decided to apply the exact indications of Hahnemann and followers like Kent, Boger, Boenninghausen, etc.

Looking again at the symptoms of the present moment, no new mind symptoms appeared, so I took the generals and some particulars.

GENERALS - meat – desire, salt desire, < after Milk
GENERALS - SWELLING - Glands; of,
GENERALS - < cold air, < after becoming cold, after sleep - amel., < twilight., > rubbing (sometimes her husband make massage and she feels better physically and mental)
ABDOMEN - PAIN - cramping, griping after taking cold, > bending forward.

The Relative Value of the Symptoms. A Case of Lymphoma

Both on Kent and Boenninghausen repertories Phosphorus appears as a possible remedy.



So, I went to the Chronic diseases of Hahnemann to look for possible similitude. All the symptoms were present and we find:

Symptom 1355 "Swelling of the axillary glands, with burning pain in the skin of the arms.

I prescribed Phosphorus 200 c, 3 doses one each night, in water with succussion before taking a sip of water.
5-17 after 5 months

The gland on the temple has deflated a little

Since 45 days a yellowish and thick serous liquid like starch is coming out from the armpit and the lymph nodes are reducing in size, she feels a good appetite and eats a lot, she likes salty food, pork salted meat, even if it irritates her stomach a little.



Phos. M 1 dose

12-17 after 7 months

The situation in the armpit is improving, the highest lymph node in the armpit has reduced its size a lot. The node on the back has nearly disappeared.



She feels good in general, like when she was a girl.

Phos. 10 M 1 dose

3-18

After 3 months she says things are fine, lymph nodes in her temple and under the jaw have disappeared.

The armpit continues to deflate and is pouring serum, that smell sourish. The highest lymph node, in the axillary cavity has disappeared and sebum come out of the hair bulbs of axilla...

If she thinks about the experimental protocol the allopaths wanted to do, she feels bad because she was afraid of deadly side effects, as she saw her father die of septicemia following chemotherapy,

Sometimes sense of weakness morning as from low blood pressure ..., << from both hot and cold humidity, it makes her legs heavy.

If she has coryza, bleeding mucus comes out.

The Relative Value of the Symptoms. A Case of Lymphoma



Phos. 10 M 1 dose plus
7-18 after 4 months

She refuses again LABORATORY analyses.
After a year of secretion, the lymph nodes have no longer secreted since March and have started to shrink and have become inflamed.

Some concerns because her husband has difficulty of work and does not earn, but she suffers it less than in the past and feels more relaxed.



Physically she feels more toned, less swollen... she eats well, at work they appreciate her very much for her precision.

Phos. 50M 1 dose
12-18 after 5 months

She dreams a lot during sleep. She wakes up at 5 am then falls asleep again.

Sometimes she is slow in her actions... because she goes to the bottom of the problem and is meticulous...

Her sensitivity to air drafts is still present, but without particular phenomena. < cold wet

Desire for salty things, grilled meat and salmon...
Smaller lymph nodes, but now WARTS are visible around the lymph nodes.



Perhaps in a hurry, without thinking carefully, I made a mistake and prescribed

Thuja M
5-19 after 5 months

No major changes, the lymph nodes are like during the previous visit and the warts do not change.

We must consider that they are probably the expression of a suppressed sycosis that comes out and therefore we should not try to cure them for now. One lymph node, the largest, had been removed from the allopaths in the

The Relative Value of the Symptoms. A Case of Lymphoma

past, so now we should not fight against the harmless and external exoneration of the sycosis, the warts, as taught me in the past by my Master P.S. Ortega.



She goes to work happy. > her sensitivity to COLD now she resists a little bit more.

Phos. 18 LM 1 DOSE IN water every 15 days

7-20 after 5 months

The lymph nodes continue to decrease in volume slowly. In general, she is fine. She is still sensitive to COLD AND DRAFTS. She THANKS ME because her quality of life is incredible and she can do everything life has to offer her without feeling a sick person.

We go back to Phosphorus 50M

11-19 6m

She is fine with great well-being... Phos. also helps for her psychological sensitivity and emotionality.

With her husband not so well, but she has understood that he is like a teenager and therefore no longer has anger with him as before, but only sorrow.

The lymph nodes began to decrease again

Phos. CM
2-20 3m

She is fine although there are problems in everyday life. The lymph nodes decrease very slowly; WITHOUT DISTURBANCES... only with irritated skin around.

The one at the left temple has disappeared... Now are present only in the armpit and groin.



Phos. 24 LM every 15 days

10-20 after 3 months

With the Lock-down for COVID, she works from home, she feels a little reclude, but she works well.

Health is good, but if she gets tired, she feels more the air drafts.

She started again to be HYPER-SENSITIVE to MILK, as she was very young, it is like POISON for her.

The Relative Value of the Symptoms. A Case of Lymphoma



During the past summer she had a new symptom, strong < from sun exposure, it gives her HEADACHE and she has a lot of weakness with the heat that she loved before. The wind bothers her a lot.

I repertorized the following symptoms:

DIARRHEA, after taking cold, - after Milk

< Weather, change of

< AIR drafts.

< WIND

WEAKNESS - hot weather - agg.

HEAD, PAIN, from exposure to sun.

With great surprise Natrum carbonicum emerged, that from the comparison with the Materia Medica corresponded very well to the patient.

Kent places the swelling of the axillary glands at the 2nd degree, Hering's Guiding Symptoms describes "swelling of the lymph nodes" under the General chapter, I prescribed a low LM potency to see the reaction of the patient.

Natr. carb. 3 LM 3 doses for 3 nights and then one dose every 7 days

3-21 5m

Psychologically much better, even emotional tension subsides sooner.

The glands continue to improve slowly.

Good energy

> weakness from heat and she REACTS Better.

She tells me: "Doctor everything is fine, with Natr. carb. you hit the mark!"

Sometimes dry and itchy skin.



Natr. carb. 6 LM 3 doses for 3 nights and then one dose every 15 days

9-21 after 6 months

In general, she is fine, only complains of constipation.

Completely improved the oppression and headache after exposure to sun. The lymph nodes have all deflated, the one in the inguinal region which was the most difficult has definitely disappeared.

The Relative Value of the Symptoms. A Case of Lymphoma



She feels a too sensitive creature and she adds that this aspect appeared with the ILLNESS. Lately she cries very easily, even by unimportant things, very sympathetic.

<< cow's milk, she had diarrhea from stress and abuse of milk, that immediately sends her to the bathroom, it also gives her paleness, ear noises and chills in the back. If she stops milk > immediately.

WEATHER wet agg.
WEATHER cold wet agg.
DESIRE for RUBBING
GREAT SENSITIVITY to MILK
New mind symptom SYMPATHETIC
Calc., Nat. carb., Nit. Ac., Phos., Puls., Sep., covered the symptoms.

She wants to receive the vaccine for Covid. It could be dangerous in her condition, but no way to convince her...

Natr. carb. 9 LM every 10 days

1-22 after 4 months

She received 2 doses of covid vaccine but with the dose of Natrum carbonicum taken the day before and after the vaccination she had no evident side effects, only a little tired for a few days.

Again, the slightest draft or change of temperature affects her immediately, but with an extra dose of Natrum carb. she reacts fast.

If she eats too much like at Christmas, she gets aphthae. Her intolerance to cow's milk continues but not to sheep or goat's milk.

Natr. carb. 12 LM one dose every 15 days

7-22 after 6 months

In May she had Covid, despite the 2 vaccines, but only a coryza and a mild cough that with Bryonia 30 c recovered in 3 days.

She feels young even though she is 61years old.

Sometimes she feels WEAK if she works too much or in the HOT weather. Low blood pressure, so she takes salty foods or chocolate.

With her husband she understood that they are exactly OPPOSITE. Being very religious she accepts the situation.

The lymph nodes now are flat and she feels nothing in that area...



The Relative Value of the Symptoms. A Case of Lymphoma

I tell her to stay a few months without therapy to see how the body reacts or if the picture of the disease changes. But she has a very good quality of life and health.

December 2022 last visit

She feels very well.



I suggest her to take again *Natr. carb.* 12 LM, one dose in water every month for 3 months and wait without remedy for 3 more months.



The Relative Value of the Symptoms. A Case of Lymphoma

Epilogue

What to say as conclusion of this article?

Going through the case, the first prescription of Silicea as the most evident remedy considering the symptoms of the whole life, with mind attitudes, part of the temperament, not new symptoms, was completely useless. On the contrary, following the advice of Hahnemann and old masters, considering the Generals and Particular Characteristics we obtained as result, first, the prescription of Phosphorus with a marvelous reaction of the patient; later on, small changes in the symptoms underlined the necessity of a change of the remedy to Natrum carbonicum, that slowly but progressively brought to a very stable and evident improvement of the condition of a patient considered not curable by the allopathic doctors.

We can be sure that our Medicine, the Medicine of Hahnemann is the best one to cure according to the Nature. We have not several kinds of Homeopathy, we have only the one left us by Samuel Hahnemann and his early followers. We can try to improve some details of this Medicine, but only working inside the rules and teachings they left us, without inventing new and frequently unreliable strategies. We need to study our old masters, because their teachings will enable us to cure cases apparently incurable and we need, every day, to thank and pray for our old beloved teachers!



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Homeopathic Management of Vocal Cord Polyp: A Case Report

Dr Aditya Pareek MD

Introduction

Vocal cord polyps are benign, usually unilateral lesions of the vocal cords¹. Although exact prevalence is unclear, a South Korean study revealed that vocal polyps were the second most prevalent laryngeal lesion (0.3–0.6%), after vocal nodules (1.0–1.7%)². Phono trauma is the most common etiological factor. Smoking, overuse of voice and gastric reflux are the other common etiological factors. Surgery is the most commonly employed treatment for vocal cord polyps.³ Surgery often needs to be followed by voice therapy. Vocal cord polyps often cause significant occupational and social difficulties due to their effect on the voice. Patients are often left with practically no non-invasive treatment option.

Following is a case report of vocal cord polyp managed through homeopathy where vocal rest had failed to resolve the complaints. Through homeopathic treatment, the lesion was completely resolved within 6 months.

Patient Information

A 50-year-old female, non-smoker, presented in the outpatient department on January 5th, 2019. She was a teacher by profession. The primary complaints were hoarseness of voice, lowered voice pitch and nearly complete aphonia on speaking for long since one year. Past History revealed primary complex at 7 years of age, managed through anti-tubercular regimen. Family history revealed hypothyroidism in mother and one younger sibling. Rheumatoid arthritis in maternal grandmother.

The patient had a mesomorphic built and a dark complexion. Mentally, she was described by her spouse

as a very sympathetic lady. So much so, that she would never reprimand her pupil and even be sad for those who would not be able to do well in the exams. She had similar feelings for the homeless and needy wherever she would see them and such would be the impact on her that she would be sad for them for a few days. No characteristic physical generals could be found except clear food disagreements – coffee and fatty foods would always make her sick and aggravate her complaints. She had scanty and very difficult expectoration of mucus which felt sticky. Occasional cough which would leave her throat sore.

She sought conventional treatment and was advised vocal rest. However, there was no improvement in his condition despite taking a leave from work for several months to ensure vocal rest. At this point, she was advised to undergo surgery. However, once informed about the prolonged recovery phase and the need for follow-up voice therapy, she decided to opt for homeopathy.

Clinical Findings

On examination of the nose and throat, bilateral mild turbinate hypertrophy was observed.

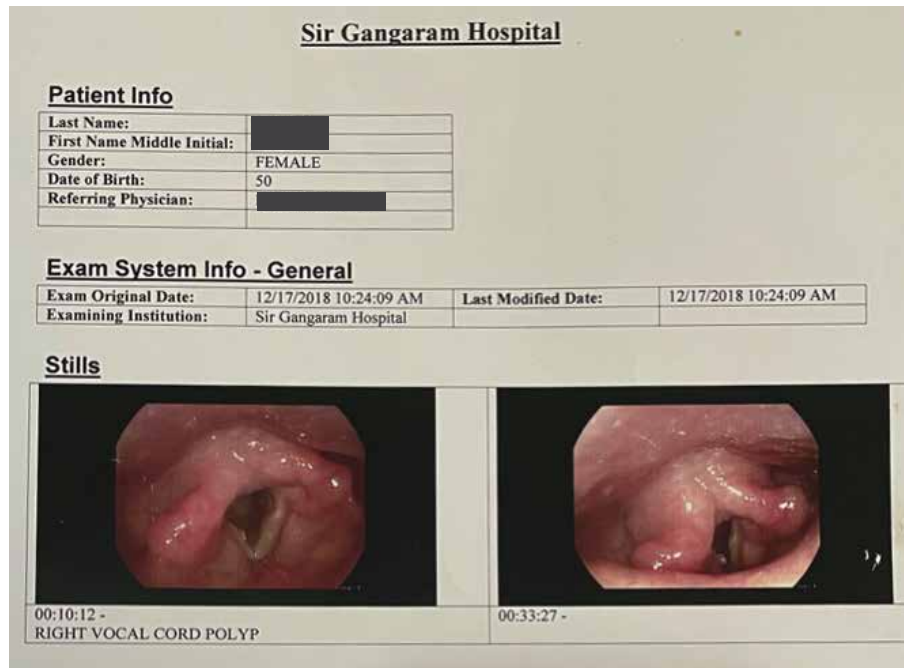
There was no postnasal drip or hypertrophied tonsils and cervical lymph nodes were not palpable. There was significant hoarseness of voice.

Diagnostic Assessment

A video laryngoscopy was already done for pre-surgical evaluation. The video laryngoscopy dated December 17, 2018 (Figure 1) revealed a right vocal cord polyp.



Homeopathic Management of Vocal Cord Polyp: A Case Report



Laryngoscopy findings

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 individualising symptoms were used for repertorisation using Murphy's repertory in RADAR Opus 2.2.

The repertorial totality consisted of the following symptoms:

- Sympathetic nature
- Aggravation from coffee and fatty foods
- Hoarseness of voice
- Aphonia on overuse of voice
- Rawness in throat
- Sensation of mucus in the throat which is unable to detach
- Polyp in the vocal cord

2. Clipboard 2		x
▶ 1. Mind - SYMPATHETIC, empathy	(64)	1
▶ 2. Throat - NODES, throat	(18)	1
▶ 3. Speech/Voice - APHONIA, voice, lost of - overuse of	(13)	1
▶ 4. Throat - RAWNESS, throat, pain	(161)	1
▶ 5. Throat - MUCUS, throat - detach, difficult to	(42)	1
▶ 6. Food - COFFEE, general - agg.	(87)	1
▶ 7. Food - FATS, general - agg.	(100)	1
▶ 8. Speech/Voice - HOARSENESS, voice	(232)	1

	caust.	arg-n.	nux-v.	phos.	nat-m.	lyc.	nat-c.	sep.	puls
1	2	3	4	5	6	7	8	9	
8	7	7	6	6	6	6	6	5	
19	13	13	12	11	10	9	8	12	
3	1	2	4	3	1	2	1	3	
1		1	1		1	1			
2	2								
3	3	3	2	2	3	1	1	2	
2	2	1	1	1		1	1		
3	1	3		1	1		1	2	
2	1	1	1	1	2	2	2	3	
3	3	2	3	3	2	2	2	2	

Repertorisation

Homeopathic Management of Vocal Cord Polyp: A Case Report

The reportorial result yielded *Causticum*, *Nuxvomica*, *Argentum nitricum*, *Phosphorus* and *Natrum muriaticum* as the foremost medicines.

The therapeutic value of *Causticum* in cases of vocal cord polyps known from clinical experience and the knowledge of *Materia Medica*⁵, was corroborated by repertorisation of this particular case.

So, *Causticum* was chosen as individualised homeopathic remedy. Treatment was started on 05.1.2019, the patient was prescribed *Causticum 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*

*Medicine*⁴ that repetition at 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; video laryngoscopy was advised from time to time.

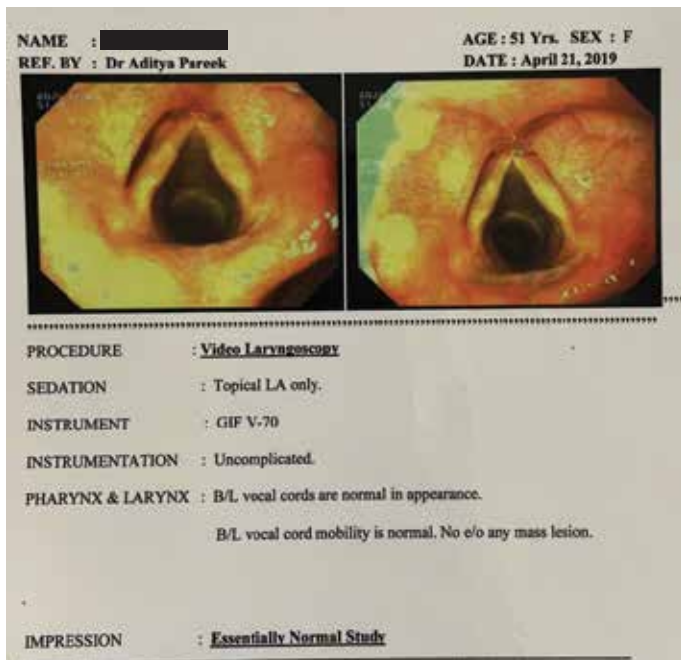
Follow-ups are stated in the following table.

Date	Indications for Prescription	Medicine, Dose and Repetition	Justification
5.2.2019	Significant improvement in rawness felt by the patient. Was able to use voice more easily and longer without significant aphonia	<i>Causticum 30C</i> once daily for 3 weeks.	Frequency of repetition reduced in view of ongoing improvement.
26.2.2019	Further improvement.	<i>Placebo</i>	
18.3.2019	No further improvement. Some relapse suspected.	<i>Causticum 200C</i> a single dose	Potency increased due to plateauing of improvement.
10.3.2019	Voice pitch normal. Phlegm sensation resolved. Aphonia almost resolved. Mild rawness persisting.	Single dose of <i>Causticum 200C</i> . No repetition	Frequency of repetition reduced in view of ongoing improvement.
20.3.2019	No further improvement. Mild rawness persisting.	<i>Causticum 1M</i> a single dose	Potency increased due to plateauing of improvement.
15.4.2019	Asymptomatic. Able to take classes regularly since a fortnight. Follow-up video laryngoscopy reveals an essentially normal study. (Figure 3)	End of treatment. Advised to report for follow-up in 3 months.	Complete resolution of vocal cord polyp.
15.7.2019	Patient is asymptomatic and teaching regularly – reported over phone call.	End of follow-up	

Follow-Ups



Homeopathic Management of Vocal Cord Polyp: A Case Report



Laryngoscopy Findings

Within two months of individualized homeopathic treatment, the symptoms of vocal cord polyps reduced significantly and by 4 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 in the video-laryngoscopy was achieved within 4 months of individualized homeopathic treatment. Thus, it shows the potential of individualized homeopathic treatment in such cases where a clear diagnostic approach and prognostic monitoring is followed.

Causticum is one of Hahnemann's great gifts to homeopathic clinicians. Its therapeutic value is well

established in cases of paresis, warts, vocal cord lesions, urinary incontinence etc. However, it is paramount to have an indication through the totality of symptoms and not merely a therapeutic indication. This was such a case wherein Causticum was holistically indicated and thus, a rapid and gentle cure was achieved.

A review of the source books reveals the value of Causticum for the above case:

Hering's Guiding symptoms:

- Excessive sympathy for others
- ✕ Roughness and scraping in throat
- ✕ Phlegm in throat, which she is unable to hawk up
- ✕ Coffee seems to aggravate every symptom

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 bilateral vocal cord nodules which resolved within 5 months along with symptomatic improvement using the holistically selected remedy Hepar sulphuricum (30C, 200C and 1M)⁸. Another case report was found wherein a vocal cord nodule was successfully treated within 7 months using the indicated remedy Thuja occidentalis⁹.

Conclusion

This case report shows a promising non-invasive intervention option for such cases wherein, the patient could avoid a radical surgery as well as consequent prolonged voice therapy.

Homeopathic Management of Vocal Cord Polyp: A Case Report

It shows that individualized homeopathy must be explored as a potential, potent, non-invasive treatment option in such cases.

Informed patient consent obtained

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QUIZ CORNER -

THE HOMOEOPATHIC PHYSICIAN Vol. 4 N. 2 - 2023

Dr. Pietro Gulia, M.D.

... For our younger colleagues

1) Clinical case n.1

February 2023 – An acute gastroenteritis

The patient is a 36-yr old woman (ten years ago she was cured by Sepia and Phosphorus from her headache and dysmenorrhea). February: outbreak of childhood gastroenteritis, our patient's daughter (two years old) felt ill and recovered quickly by Podophyllum. When her mother felt ill too, she took the same remedies by herself, but it did not work, and yet her symptoms seemed similar to her daughter's symptoms = many discharges – copious, watery, yellow, pestilential, stool. Ok, but there were other, individual, characteristic, symptoms: no fever, thirsty, she very often drinks but just a sip; very hungry but she cannot eat because after the very first mouthfuls she immediately feels a very urgent impulse and she gushes watery, not irritant, stool. If she does not eat, no diarrhea! What unpleasant situation! Other symptoms: a lot of flatus but just when she is discharging; before discharging, a lot of gurgling noises in her belly.

Which remedy?

2) According to Hahnemann,

(see quiz n.10): "Epidemic and sporadic fevers, therefore, as well as the miasmatic acute diseases, if they do not soon terminate and pass directly over into good health, (even when the epidemic and acute miasmatic part has found a homœopathic specific which has been rightly used against them), often need an antipsoric assistance, which I have usually found in XXX, if the patient had not used shortly before a medicine containing XXX, in which case another antipsoric suitable to this particular case will have to be used."

Which remedy is XXX?

3) Clinical case n.2

February 2023 – A case of epidemic flu

A 75-yr old plethoric woman. She undertook homeopathic treatment three years ago for grief and atrial fibrillation: Gelsemium and Sulphur relieved her.

She developed fever (38,8° = 101,8 F, continued fever) two days before her call. An outbreak of flu is in her town; many

people are suffering from it. She is a very active woman and works a lot, but now she feels prostrated: she has to lie, otherwise she could faint if she rises from bed. Dry cough; when she coughs, stitching pain in her chest and back. Despite that, she cannot sleep because she feels anxious and hot so she only tolerates a slight sheet to cover herself (she doesn't stand to heat her bedroom). What is very strange is her mood: anxious and sad, she is sure she cannot be cured and is going to die very soon. No changes in her thirst: she has the habit to drink a lot and the same she does now.

Which remedy?

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

Indented tongue – Tongue seems too broad – Thirst for large quantities of cold water – Rolling the head from side to side, with moaning and whining – Imagines he is going to die or to be very ill – Disgust of life – Pain and numbness in the right ovary, running down the thigh of that side. (Italic font by Lippe)

The remedy is ...

5) Quoted from Hering's Guiding Symptoms

Great depression and very morose without any cause, quite contrary to his habit – **■** Fear of death, which he thinks is near. **■** Fear of death – **■** Despair of recovery. Both mental and bodily quietness is required. Weeping mood, with headache and other complaints.

The remedy is...

6) In clinical case n.1

the patient complained of a lot of flatus (only during discharging). According to Nash in his Leaders in Homoeopathic Therapeutics, which are the main "flatulent remedies"?

- Pulsatilla – Bryonia - Ipeca
- Sulphur – Colocynthis - Lycopodium



QUIZ CORNER -

THE HOMOEOPATHIC PHYSICIAN Vol. 4 n. 1 - 2023

Dr. Pietro Gulia, M.D.

- c) Lycopodium – Pulsatilla - Sepia
- d) Carbo vegetabilis – Lycopodium - China

7) *Where is the mistake*

- a) Sulphur: > doors and windows open
- b) Sulphur gets burning everywhere, general and local
- c) Sulphur: > 5.a.m., above all the diarrhoea
- d) Sulphur gets redness of all orifices

8) *Clinical case n. 3*

A case of weakness after flu – End of February 2023

A 62-yr old man. In January he got flu: a month later, he feels still too weak and his cough has not disappeared completely. Actually, he says he has never been well since the three doses of anticoronavirus vaccine two years ago: he immediately after second dose got abdominal herpes zoster and, since then, he very often got colds, faringitis, etc., and last one, the epidemic flu.

Furthermore, over the last months he observed some changes: his sleep is not good, he wakes always weak; he dreams a lot, he feels so restless owing to his dreams that he is now afraid of going to sleep. Since few months he feels the heat, which is very strange for him, (cured by Silicea many years ago): his blood pressure is normal, not thyroid problems. Another change: during the night he feels heat, and if he wakes during the night he is wet by sweat. What time does it happen? Oh, yes, at 3 o 4 a.m.

Which is the remedy that returned him to good health? (I suppose reading Hahnemann's Chronic Diseases could be very useful to understand what happened to this patient: for example, see page 133-134-135 in second enlarged German edition of 1835, translated by Prof. L. H. Tafel – BJP, New Delhi 1985).

9) *Quiz n. 5*

According to Hering, which does | mean?

- a) A keynote
- b) Symptom verified by cures
- c) Occasionally confirmed symptom
- d) A cured symptom

10) *About Quiz n. 2,*

Where can we read that quotation from Hahnemann?

- a) Organon, 6th edition
- b) The Chronic Diseases
- c) Materia Medica Pura
- d) Cure and Prevention of the Asiatic Cholera



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Solutions of the QUIZ CORNER

THP vol. 4, issue 2

Dr. Pietro Gulia, M.D.

1) Clinical case n. 1

A case of acute tracheitis - GENERAL, COLD, air agg; COUGH – Cold air, agg – Cold air, entering cold air from a warm room – Cold, becoming agg – Cold drinks agg – Eating agg – Lying agg – Tickling, Throat-pit in (LARYNX and TRACHEA – Tickling, Throat-pit, in). RUMEX 30 CH, plus method (see aph. 246): every two hours, postponing repetitions in case of improvement. Quick amelioration: cured in two days.

2)

a) A preserver of health

3) Clinical case n. 2

A child with strange eyes movements - EYE – MOVEMENT, rolling. – HEAD – MOTIONS of head, rolling head. GENERALS – FOOD & DRINKS, Potatoes, desire, raw. MIND – SHRIEKING, pain, with the. CICUTA 200 K, a dose – After 15 days, she had again a very slight “eye rolling”: CICUTA MK, a dose. The neurologic examination and investigations were negative. Three years later: no more “crises” over the past 3 years. A false alarm by overly worried parents? Cure and/or prevention by Homeopathy? Simple coincidence or luck?

4)

Quoted from Hahnemann’s *Materia Medica Pura*: 6 – VERTIGO – OBJECTS, turn in a circle; seem to. 51 – EYE – PUPILS, alternately contracted and dilated in the same light. 173 – EXTREMITIES – CRACKING IN JOINTS, Wrists. 174 – ERUPTIONS, Hands – Hands, elevated – burning – confluent. 225 – ABDOMEN – PERSPIRATION, night. The remedy is **Cicuta virosa**.

5)

They are abbreviation of Hahnemann’s collaborators names, who took part in the proving. In this case [Fr. H-n.] is Friederich Hahnemann (Hahnemann’son) and [Lra] is Langhammer (a very criticized prover by someone, but

appreciated by Hahnemann himself. Lra took part in several proving).

6)

b) Phosphorus - Rumex - Spongia

7)

The mistake is: c) Thuja does not sweat on uncovered parts

8) Clinical case n. 3

Clinical case n. 3 – A case of congested painful hemorrhoids and proctitis - RECTUM – PAIN, walking, air, in open amel, stitching pain – PAIN, stitching pain, upward, PAIN, Anus burning – Moisture. GENERALS – FOOD and DRINKS, rich food agg; heavy food agg; fat agg, wine, agg. The symptom: “RECTUM – PAIN, walking, air, in open amel” is in T. F. Allen’s *Hand Book of Materia Medica and Homoeopathic Therapeutics*. Thuja 200 K, one dose, and light diet for almost two weeks, of course! Aggravation for half an hour soon after Thuja 200 K, then he improved and slept well. The day after, in the afternoon, he called asking to be allowed repeating the remedy. NO! New Year’s Day: better but not cured, he occasional feels stitching pain better by walking on open air. Thuja 200 K, 10 globules in a glass of water, ten succussions, just a teaspoon of the solution. Quick improvement: cured in two days. A week later he called to say: “Thank you and Thuja I managed my work meeting very successfully”.

Power of auto-suggestion or clinical truth?

9) N. 4

c) To observe how the patient behaves during the visit.

10)

b) Boenninghausen’s.



Invitation to the LMHI World Congress of Homeopathy

October 24 to 28, 2023 in Bogota, Colombia

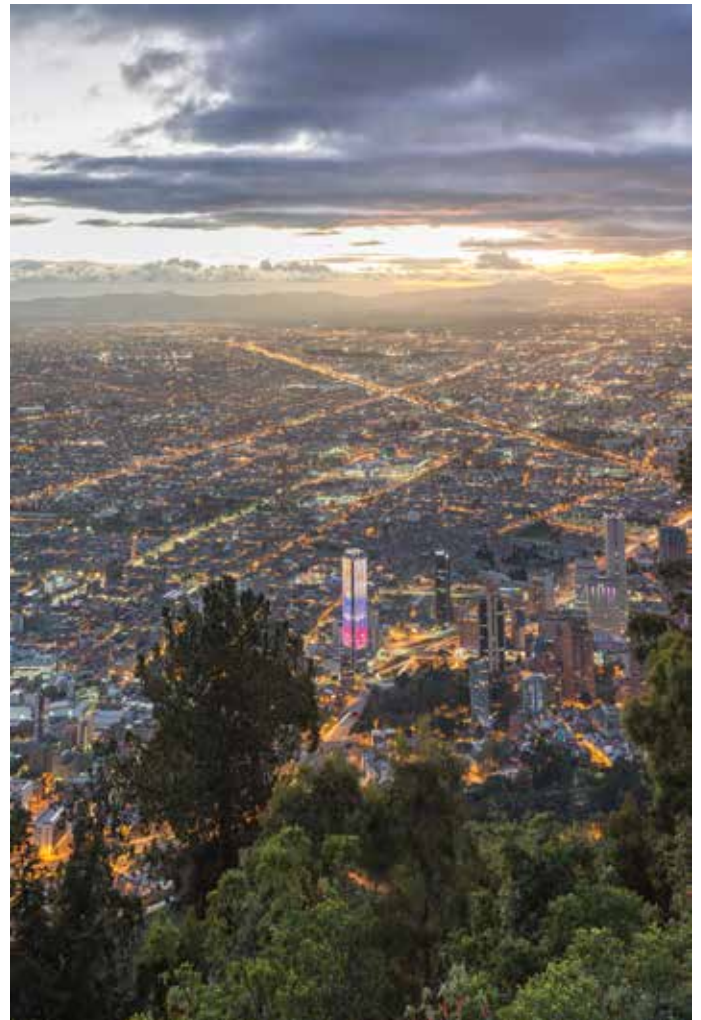


We look forward to seeing you all at the Grand Hyatt Bogotá Hotel from October 24-28, 2023!

LMHI 2023, under the slogan Education for the professionalization and qualification of homeopathic medicine, arises from the need to link the knowledge of the Academy with the Colombian hospital service and show the world the advances of both the country and Homeopathy. For the first time in history, the LMHI Congress will be held in Colombia, where you can discover its cultural and gastronomic richness and enjoy this enriching experience in every way.

The topic areas that will be discussed are:

- Clinical Research in Homeopathy
- New methods and approaches in Homeopathy.
- Pre-clinical research in Homeopathy
- Homeopathy in Clinical Practice
- Historical development of Homeopathy
- Integration of Homeopathy in: Pharmacy, Veterinary, Agro-homeopathy, Health systems.
- Education of Homeopathy in universities
- Advances in primary health care policies in MATCA
- Evaluation of WHO MATC Strategies 2014-2023



Response Letter to The Homoeopathic Physician vol. 4 issue 1

Homeopathy Revised

Dear colleagues!

I know the purpose of our journal is to defend pure Hahnemannian Homeopathy! But I think we have to look at the whole picture of the world of homeopathy!

The pendulum has gone back and forth through its history.

2005 LMHI Congress Berlin.

Everything was so strange to me then! I already had 25 years of experience in Homeopathy and I thought I knew nothing! The information was so uncontrolled and without real scientific or rational confirmation. The most imaginative new age meditation aspects were introduced as Homeopathic pictures; people just “meditating” on a medicine and coming up with purported symptoms!

2023 LMHI Congress Istanbul

Now the pendulum is back again; everything is strictly following Hahnemannian rules. An apparently small group of an elite is trying to keep the practice in accordance to old masters and favorites!

In the meantime, many new clinically unverified symptoms is getting inside our repertories (especially from an Italian and an Indian Master). They are pouring into our literature many new rubrics while merchandising the system of Homeopathy!

Let’s take a small rubric. “I want to be rich”.

In one repertory there is only one remedy (white marble) but if we combine all the existing repertories, we will find more than 25 different remedies! But you only own the first repertory and justified to give that particular remedy found there. The conclusion is that repertories are incomplete tools to practice Homeopathy (from the beginning of Hahnemann’s first repertory to the plethora and endless expanding of new repertories).

Nowadays the pollution of our Materia Medica is fast growing! What can we do except controlling and

fighting to stop such pollution? Are there any pathways to confront it? Can you think of any solution!?

The system is really chaotic. It cannot stand any effort to be controlled! If you try to limit it, you will lose the rich essence of what we are really doing, to advance high quality provings and pathogenesis!

Do we want to encompass and represent all homeopathic activities and methodologies or to stay together as a small elite, without expanding the role of Homeopathy worldwide?

Even someone as prominent as Dr. Luc de Schepper tried to reply to J. Sholten ideas by a new book. The result was a more or less identical work as Jan Sholten’s book!

I read meticulously Dr. Gypser’s article about the catastrophe of our Materia Medica by indiscriminately adding new clinical symptoms into our books!

Perhaps, there could be a round table in Colombia, at the next LMHI Congress, with experienced colleagues who could give a spherical view about this particular issue, and maybe make things clearer!

Clinical symptoms versus true proving symptoms
You can find more on Kim Elia’s site on the debate of old masters about the same theme!

“Truth is a lie that it is not discovered yet!”

Did you ever try to cure without using software and repertories? We call it heuristic approach (“Heuristic and bias in Homeopathy,” K. Souter). *Souter K. Heuristics and bias in homeopathy. Homeopathy. 2006 Oct;95(4):237-44.*

Have you tried to identify the correct remedy (essence) just knowing it from previous clinical cures?
Provings are also very problematic! The methodology changes from time to time, and the standards to do a pure proving are not readily available!

They change according to the will and purposes of the director of the proving!



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I am not referring only to meditation and dream provings! History reveals that even Hahnemann (Happy Hahnemann's Day!) made enormous mistakes (what a curse really!)

In a particular prover who had chronic pain in the liver region, all these symptoms began a "true and pure" proving of many remedies and poured inside and directly in our *Materia Medica*!

I agree with the problematic Lesser Writings of Kent! I once read as a case of mine the material on Kali sulph. from Kent's book, in front of an audience No one could discriminate any remedy!

We know of serious argument between Kent and Lippe. I read about them in old journals in UCSF library! Unfortunately, Lippe was a great healer (the best of his time) but he didn't write many manuscripts!

Where exactly will we find the avarice of *Arsenicum album* ...the sweetness of *Pulsatilla*...the communicative diffusion of *Phosphorus*...Are they symptoms from any proving?

Perhaps they usually don't change after a treatment but are of utmost importance regarding clinically verified character symptoms (Catherine Coulter) and which decide the selection of the true simillimum!

If one experienced homeopath had only 9 confirmed clinical symptoms in all his homeopathic life (Prof. Sanchez Ortega), what about the clinical confirmation of proving symptoms?

The sensation of a hair in the tongue in a proving of *Baryta carbonica* became useful after 50 years when a doctor saw this identical clinical symptom in a patient and eventually from this PQR symptom he found the simillimum and cured a particular situation! There are other remedies with the same sensation too, like *Silica*, etc.

Even proving symptoms have to be confirmed by clinical practice. Unless you have to put them in brackets too! There is also the problem of sensitivity of provers to a particular substance as well as the sensitivity of a substance itself! (David Little)

How can all provers (21) of *Alumina* have proving symptoms?

Is this our experience if and when you have conducted a proving?

There are always some people insensitive to a particular proven substance!

Where is the truth, when we have proving where everyone reacts to a substance (potentized!) following the wishes of the supervisor of proving?

By the way, the most sensitive remedy in our *Materia Medica* is *China officinalis*. You can have many true clinical provings by giving almost the whole *Materia Medica* in your private office with any proving methodology!

My first real solid cause to continue to remain homeopath was one of my first patients. She (main nurse of the Professor of Dermatology in Athens) who had an eruption on hands and feet! I gave her a remedy and in the course of 8 months, everything disappeared in a reverse order in which they appeared ("Hering's Law") only with one dose of 200CH!

In the first three days she had restlessness and was compelled at night to walk around her block of buildings! I searched and found, in a huge *Materia Medica* of an old Master, in the second line of this same remedy that a prover was compelled to walk around at night for three days around his house! (Even the duration was identical!)

I confirmed a proving symptom and I will never forget it in all my life only because I saw a cure with this clinical entity!

All days and nights we make clinical provings with our sensitive patients and become more and more precise to our healing art!

However, the scientific precision is not guaranteed by the modern research methods when applied to homeopathy without consideration for its unique characteristics.

If that is so, to prove clinical observations as "scientific," while conventional medicine, with so precise research facilities and methods, cannot cure any of whole groups of chronic diseases but only some symptoms, or organ relief, with significant subsequent side effects, and



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having to take medication for life! There is something wrong in this kingdom! Don't you think so?

The other notion is that we have evolution of the remedies (in reality evolution of patients in different societies). Previous Lycopodium and Phosphorus considered (Hahnemann's time) as more psoric...now they are considered more sycotic and tubercular respectively!

Which is the most detrimental, clinically verified symptoms or false provings indiscriminately inserted in repertories and *Materia Medica*s by an elite of "authorities"?

Doesn't all such misinformation give a clue to their prejudices, prophecies, and wills? There are more like self-fulfilling prophecies!

Do you know that the essences of G. Vithoulkas were in the beginning severely objected by Pierre Schmidt as not being a pure homeopathic practice? And he was the most prominent homeopath of his era, as a student of Kent's.

How about new "masters"?
Imagination and myth in full form! Symptoms coming from nowhere, no provings, no clinical verifications, no toxicology.

One famous "master" recently claimed that he had never encountered in all of his life a single *Pulsatilla* case!? Is that possible?

How about polarities, and hormesis?

How about the analogy between symptoms in crude form and in potentized form? Do any symptoms exist? Do you know why we have a discrepancy between *Allium cepa* crude and potentized form?

Because it is not the common onion but the Red German onion! There was no black swan to destroy my thinking!

There are also pure clinical repertories, hidden treasures of homeopathic literature such as D.H. Clarke's and Boericke's clinical repertory; also, a disease indexes, such as: Berridge's eye repertory, Minton's uterine therapeutics, etc.

"The fact is, we need any and every way of finding the right remedy, the simple simile, the simple symptomatic simillimum and the further reach of all the pathological simillimum (clinical finding) and I maintain that we are still within the lines of Homeopathy, that is an expensive progressive science"- Dr. J.Compton Burnett.

It is alright to search for solutions from the old masters, and modern ones, such as Dr. Andre Saine), but this is not of course a Panacea- a universal remedy. They have made their own mistakes too! (errare humanum est!) The importance of clinical repertories as well as clinical *Materia Medica*s cannot be neglected!

Although Master Hahnemann criticizes treatments of the so called "disease entities". Dr. Boericke says: "It is only by the persistent use of one repertory (clinical) that its peculiar and intricate arrangements gradually crystallizes itself in definite outline, in the mind of the student of the same, and thus he attains the ready ease and practical insight of the collator, thereby rendering such a clinical bee-line well-nigh indispensable in our day of labor-saving devices!"

How about all the small remedies of our *Materia Medica*! They contain only toxicological data of that era (identical adaptation and phrases). Do you suggest to eliminate this information as well?

There are no provings, no clinical verification at the start, or there are provings jeopardized by new age practices! So, there is, perhaps, no pure homeopathic provings in our whole homeopathic History!

Usually, "masters", without proving experience, give guidelines on how to make a proving that is impossible to follow anyway!

Unfortunately there are more questions than answers! With all these fallacies homeopathy itself progresses and gets results!

Despite the decline in Europe and USA we have a rejuvenation in India and some other developing countries! Recently, the recently formed Ministry of AYUSH, has led the vanguard!

If you think Hahnemann is and was the only true homeopath then we have not a science but a religious sect!



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I hope we don't get ruled by fanatics. I don't want to be told there is only one way to practice homeopathy, because I don't think that is constructive to anybody. We have already discussed the flexibility of thinking of Hahnemann himself! And, of course, to demand specific requirements to edit an LMHI Newspaper, limits our goal to represent every homeopath in the world!

How about miasms? (50% of a huge Hahnemannian work! What about using themes or scenarios for some remedies? Camphora, in some personal clinical notes- can be found in a woman with a failed marriage and excess of libido that cannot be expressed- so we find in her numbness ... being absent ...and having suicidal thoughts and incomplete attempts. She even has children with severe pathology, due to her being neglectful and an avoidant instinct to give herself to the wrong man!

If another doctor sees the same scenario, and another one confirms it, then we have to say it is verified and it deserves to be placed in repertorial language- and *Materia Medica*, as Dr. Sankaran has done with Fluoric acid).

Another scenario is Vithoulkas' scenario, in his *Materia Medica Viva*, of Agaricus. It reports a weak man who prefers to be in close relationship and company with a strong man for protection. I have seen this particular scenario twice in my patients; isn't it justified to put this information in the books?

I am wondering what provings entail a situation like this that give light and colors to the canvas of our beloved remedies!

We try to place algorithms and platforms of homeopathic information to what is true for us! The wise man can discern (diacrisis) what to use and what not to use, as you find germ stones in the sand!

Unfortunately, inexperienced homeopaths using software programs and huge repertories don't understand why they are choosing a particular remedy for a particular patient.

The best way to learn is by clinical experience. I recently saw the discrepancy between theoretically informed college students and experienced clinical doctors in India! Practice is what makes the master.

Let's try to go beyond Hahnemann!

We need to use all information (something that changes our form) from our era!

Let's use information, something that can improve our system, to bring it up to our time.

We now know (see: Ilya Prigogine: "The end of certainty in Biology," and Fayerabend: "Against Method"), that we can have a similar proving with different substances due to more than one energetic entrance into the organism! We can have the whole system resonate through a smaller secondary energetic door! We also know that, if the system of the organism is intact (psoric or acute stage), it can resonate with more than one frequency, but if it is permanent damage (i.e: an advanced syphilitic state), there is a loss of communication and you can have paucity of, little, symptomatology (Miasmatic Topology C. Tsitinides). We can say that the prover (meaning a healthy individual?) has paucity of symptoms due to his miasmatic level!

Even Hering's law doesn't seem to apply properly in this situation! And even chemical medicines, like painkillers or antidepressants, don't work. Only after the proper homeopathic treatment, at first with similar remedies and later with low doses of a simillimum, we can regain the energetic intercellular communication and then even the classical medicines can work properly!

Don't forget the triad Patient-Remedy-Healer (consider "entanglement" as presented by Wallach, as well as the semantics and symbolic representation of each substance!

They converge in all traditional medicines! They come without any provings, as is found in: TCM, Ayurveda and Hippocratic medicine, which are agreeable with only clinical observations!

To be a homeopath is both a curse and a blessing; I have 43 years of that, up to now. I see, in my dreams, Nazi's running after me (Germanium) but I really like mathematics and Mars' chocolate (Krypton).

And the vaccination theme?



Response Letter to *The Homoeopathic Physician* vol. 4 issue 1

We are considered as animals; as cattle?

I was obligated to have a shot and, from then, my health has deteriorated and continues to deteriorate! In Greece, we have lost ten experienced Homeopaths, in one single year!

But we are ready to “eat our own flesh” -a lyssinum situation?- than respond to the obvious drama in front of our eyes! We find that: 82-97% of vaccinated pregnant women have lost their child – Pfizer documents.

There is no getaway or road for an escape! There is no space of home for logical thinking!

If you don't know what has to be cured and what is the strange miasmatic attractor, and insist on platforms with only a “true and pure” homeopathic proving of an incomplete nature, you are handicapped in your practice!

Hahnemann, in his genius, kept experimenting until the end of his life!

For me, this narrow position is hubris, overbearing pride, where you don't know your blind spots!

In the darkness you will find the most incredibly true homeopathic endeavors!

The real problem is that information, something that can change you, is controlled by authorities and old masters even while they don't have a real communication with and understanding of our modern world!

We keep pouring in new information from masters that have tresspassed the Rubicon and are lost in their vanity! The ego is not a good advisor!

The system doesn't obey to any of your prejudices; see, Fritjhof Capra “The systems view of life”.

Other important concepts to contemplate in this relationship are:

- Autopoiesis, by Maturana, Varela, &Forster)
- Dissipative structures, by Ilya Prigogine)
- Evolution, by Lynn Margulis)
- Gregory Bateson, et al, have shown us a new cosmos, where everything collaborates in harmony!

Even if you place obstacles, the river will flow in the right direction, with or without you. The majority of experienced clinical homeopaths keep silent in front of this new fight, like in the past between unicist versus pluralis or low potency versus high potency, etc.

And, the repertories will continue to expand with questionable data!

It is much more than precision, addition, and polarity of clinical symptoms. It is the essence of our work, the understanding to the patient, the human being, in front of us!

The formative causation, the real purpose, must be included in the new definition of health, and the ideas of Elisabeth Wright Hubbard and George Vithoulkas, which have given new insights to our science!

Other masters, like Sankaran, Roger Morisson, Jan Sholten, etc. have also given new glimpses into yet unseen aspects of our science, despite inevitable failures!

The relation of the spiritual to the natural world is an interacting philosophy, dating back to Plato, and that has to encompass much more than just proving symptoms!

It is essentially a teleological perspective and it demands the admission of the real purpose for everyone of us, a “homeopathic topology.”

So, my colleagues! Wake up!

Catch Hahnemann's spirit!

Give your personal experiences and information, not only the positions of our ancestors!



Response Letter to The Homoeopathic Physician vol. 4 issue 1

Don't speculate or choose constructs that divide us!

The subject cannot be dealt fully in one single article, yet I have tried to give a glimpse from my understanding! I recommend Francis Treuherz book "My Journey in Homeopathy," in lieu of a bibliography.

Everything is written from hurt and, of course, by my heart!

I will finish with a Greek poem by John Andrianatos (Δείπνο αντιβαρύτητας)

"The conjecture with ourselves is a mobile bridge... Every now and then open for our sail crafts of egotism to pass over!"

Tinos 19/4/23

Constantine Tsitinides

NVP of Greece, president of HHMS Congress (Athens, 26-26 November 2023), author of two homeopathic books: "Homeopathic topology" and "Miasmatic topology", international speaker and teacher.



Appendix 1: Guidelines for Authors

LMHI publication devoted to Hahnemannian Medicine

The Homoeopathic Physician is a journal dedicated to all the members of the 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 the 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 *The Homoeopathic Physician* publications.

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 reserve the right to make any necessary changes and reductions after consultation with the author and decides 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 characters should be included and should reflect the main content of the manuscript, the objectives of the study, the procedures, findings and conclusions. Keywords. Up to 5 that describe the main points of the text.

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

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

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

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

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



Appendix 1: Guidelines for Authors

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 in-text citation; include the list of references at the end of the article. The recommended citations style is Vancouver style. Format: x. Author(s). Title. Edition. Place of Publication: Publisher; Year.

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Any duplication, translation, transfer to electronic data carriers or any other use requires the approval of the editors.

Research Studies

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

Clinical Case Reports

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

- Gender and age, possibly initials, no pseudonyms or identifiers should be mentioned.
- Important parts of the anamnesis with patient data.

If necessary for understanding, also data from the family anamnesis, as well as data obtained from imaging or laboratory studies.

- Clinical history with important clinical findings.
- Reason for the choice of the homeopathic remedy. Repertorization of the symptoms and confirmation in the Materia Medica must be included. It is very important to emphasize that any citation of the patient's symptoms and the Materia Medica must find confirmation in the Materia Medica of remedies tested according to Hahnemannian standards of proving.
- Remedies with potency levels (if possible, name the manufacturer), the method of dilution (D, CH, K, LM or Q) and the dose (number of drops, globules, etc.) should be clearly indicated as well as date of administration, accompanying therapy, detailed information on the course with time data (dates of administration) and changes in symptoms, follow-up time.

Privacy and Inform Consent

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

Conflict of Interest

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

Overlapping publications

In principle the journal will not publish papers that have been simultaneously submitted to other journals. If any



Appendix 1: Guidelines for Authors

article was previously published or wants to be published by another journal, the LMHI must be informed.

Remuneration

There is no financial compensation for the articles published. No one shall be paid for his or her contribution published in the journal.

Letters to the editor/response letters to articles

Letters to the editor and letters of response to articles should be sent to the editor. The letter must be brief and to the point. No more than 2000 characters; anything in excess of this must be discussed with the editorial team.

The letter should be clear and concise, easy to read and understandable. It has to be respectful, 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. It has to be specific, if questions are asked or concerns are expressed, they have to be as specific as possible. This helps the author and editors address concerns and improve their work. If the letter is making a critique or providing feedback, it must provide evidence or examples to support the letter writer's point of view.

The letter should follow the journal's formatting guidelines. This includes using appropriate headings, spacing, and referencing.

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

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

If the letter concerns an article published in The

Homoeopathic Physician, the author of the article is offered the opportunity to reply, in no longer than 2000 characters.

Manuscripts, letters to the editor, response letters to authors

should be sent or emailed to the Editor: Andrea Flores Sánchez, MD, andreafloressan@gmail.com and to the LMHI Secretariat: secretary@ligamedicorum.org

