

INTRODUCTORY WORKBOOK IN HOMEOPATHY

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Dedicated to:
Samuel Hahnemann
James Taylor Kent
George Vithoukas
and a thousand other teachers, friends, and students

This workbook is the product of many friends, many minds, many hands – too many and too often unknown to acknowledge specifically. Any virtue or value it may have is the result – at least indirectly – of others’ labors; any errors and limitations are the direct responsibility of the compiler.

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Introduction

This book provides a systematic one-year study plan for a beginner in homeopathy. It introduces, and provides guidance to working material in theory and philosophy, interviewing and case taking, case analysis and repertorization, and remedy selection and study of materia medica.

It is organized into 40 study sections, each suitable for one week work. The ideal use might be for a beginner who plans to study for an hour or two a day and attend a beginning study group once a week.

Many people starting in homeopathy want to get right into prescribing – for themselves, friends and family, or even clinically if they are already practicing in a healing art. For the impetuous or practical minded, a long preliminary study of theory is tedious and deterring. Others who are cautious or of a philosophical bent would rather lay a firm foundation in knowledge of concepts and theory of homeopathy before beginning to give out remedies. This book provides an amalgamation of these approaches which is both interesting and practical.

Most importantly, this workbook provides step-by-step guidance on how to begin and how to proceed systematically toward mastery of the enormous amount of data one needs to have access to in order to understand homeopathy and know how to prescribe.

What is Homeopathy?

Homeopathy is a distinct, comprehensive and deep healing system originally developed by Samuel Hahnemann about 200 years ago. It uses small doses of specially prepared (“potentized”) remedies to set the body’s systems back in order and stimulate a persons own energies toward a natural healing process. It is entirely distinct in both theory and in practice from other healing systems – most notably from ordinary or main-stream (“allopathic”) medicine, but also from acupuncture, chiropractics, naturopathy, etc., although some homeopathy often finds its way into these other fields of practice.

It is comprehensive in that it deals potentially with all of human ills. It can be used curatively whenever the individual’s basic biological strength (“vital force”) is strong enough to overcome the illness, and palliatively to provide prolongation of life and enhancement of energy and well being when the illness is incurable.

It is deep in that it can trigger and guide a healing reaction to even very subtle or severe or all-encompassing mental or physical illness – often when other healing systems have failed. Many people discover homeopathy when they have an illness – perhaps chronic arthritis or other pain, or fatigue or depression or just a common cold – which other treatments cannot deal with and which homeopathy dramatically relieves.

Homeopathy also has the advantages that it is inexpensive (the only expense is the homeopath’s time and training – the remedies themselves cost practically nothing), non-toxic (although “side

affects” which reflect the body’s own healing processes may occur – such as fever, rash, discharge, etc.) and non-intrusive (the remedies are carried on tiny sugar granules which are dissolved in water or in the mouth, or swallowed).

Useful Literature

There are two books which are essential for this course of study in addition to this workbook:

Kent, James Taylor, Repertory of the Homeopathic Materia Medica – the basic repertory or catalog of symptoms and which remedies are related to them.

Kent, James Taylor, Lectures on Homeopathic Materia Medica – the best summary of the different remedies and their symptoms, patterns, and images.

There is no need to get an additional repertory; however, it is very useful to have one or several additional materia medicas because each author describes the remedy’s effects, subtleties in slightly different ways, and for a particular patient one author’s description may clearly fit while another’s may not quite gel. The most useful additional materia medicas are (in order):

Boericke, William, Pocket Manual of Homeopathic Materia Medica – which has the advantages that it has nearly every remedy you will ever hear of (Kent’s has only the most common remedies), that it is small enough to be comfortably portable and, although it is rarely useful and Kent’s repertory is essential, Boericke has a different, small repertory in the back.

Tyler, M.L., Homeopathic Drug Pictures – which is limited by having only about 125 of the most common remedies, but is enormously useful in having, for each remedy, the highlights or characterizing points from several authors’ perspectives. It is almost like buying several materia medicas in one.

Baker, Neiswander and Young, Introduction to Homeotherapeutics and Materia Medica Pura (from American Institute of Homeopathy) – another very useful summary of the main remedies with outlined highlights for each remedy.

Nash, E.B., Leaders in Homeopathic Therapeutics – a valuable synopsis of remedy use from another skilled clinician, written in a terse, communicative style.

If you are really going whole-hog you will want to have also an additional, more comprehensive symptom compendium, probably:

Hering, Constantine, The Guiding Symptoms of our Materia Medica – 10 volumes.

And perhaps, for side excursions:

Shepherd, Dorothy, Homeopathy for the First Aider, and/or

Gibson, D.M., Homeopathy First Aid, and perhaps

Sheppard, K., The Treatment of Dogs by Homeopathy and The Treatment of Cats by Homeopathy

And for fun and tales of the wonders of practicing clinical homeopathy

Shepherd, Dorothy, the Magic of the Minimum Dose books.

On the subject of philosophy and theory you might want to have:

Vithoukias, George, The Science of Homeopathy, a modern textbook, and

Hahnemann, Samuel, Organon of Medicine, the great final summary classic of the founder of homeopathy's 60 or more years of clinical and experimental experience.

Kent, James Tyler, Lectures on Homeopathic Philosophy

It is also very useful – almost essential – to have a dictionary of medical terms, such as:

Dorland's Illustrated Medical Dictionary

And a standard English dictionary such as Webster's or Funk & Wagnalls.

If medical terminology is new to you, you may want to work through

Smith, Genevieve Love & Phyllis E. Davis, Medical Terminology, revised 3rd edition, John Wiley & Sons, Inc., NY, 1976

which seemed to be the best of several books I reviewed. There is also a three page introduction to medical terminology in the next section.

Introduction to Medical Terminology

Many medical terms are built by combining a prefix for the organ, tissue or part with a suffix for the process or condition. Some of the prefixes are like the common name (group 1), some are different (group 2). Some of the most frequently encountered suffixes are on the next page.

Group 1 – medical prefixes (for organ, tissue or part) that are like the common names.

aort- = aorta
append- = appendix
arterio- = artery
bronch- = bronchus (air tubes in lung)
col- = colon
conjunctive- = conjunctiva (membrane covering around eye)
duoden- = duodenum (1st part of small intestine)
esophag- = esophagus
ile- = ileum (3rd part of small intestine)
ir- = iris (of eye)
laryng- = larynx (voice box in throat)
mening- = meninges (membranes around brain)
naso- = nose (or might use “rhin-“)
parot- = parotid gland (secrete saliva in mouth)
pharyng- = pharynx (back of the mouth, throat)
pleur- = pleura (membranes around lungs)
prostate- = prostate gland
retin- = retina (light sensitive back of eye)
sigmoid- = sigmoid (last part of colon, before rectum)
sinus- = sinus (e.g. around, behind nose)
spleen- = spleen
tonsil- = tonsil

Group 2 – medical prefixes (for organ, tissue or part) that are NOT like the common name we may already know.

aden- = gland
arthr- = joint
card- = heart
cervic- = neck or cervix (neck of womb)
chol- = gall bladder
cyst- = bladder (or other pocket)
chondr- = cartilage
dermat- = skin
diverticul- = out-pouch (diversion), e.g. from colon
encephal- = brain
endomer = inner lining of uterus (endometrium)

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enter- = intestine
gastr- = stomach
gingiv- = gums
gloss- = tongue
hemat- = blood
hepat- = liver
hyster- = liver
hyster- = womb
kerat- = cornea (of eye)
mast- = breast
myo- = muscle
neph- = kidney
neur- = nerve
oophr- = ovary
orch- = testicle
ot- = ear
oste- = bone
proct- = rectum
pyel- = collecting funnel for urine from kidney
phleb- = vein
rhin- = nose (or “nas-“)
salping- = tube from ovary to womb
thromb- = blood clot
ureter- = tube from kidney to bladder
urethra- = tube from bladder to outside body

Suffixes that are frequently encountered, for a medical process or condition:

-oma = tumor (literally, a swelling, but usually meaning a growth)
-sarcoma = malignant (= viscous) tumor of connective, supportive tissues (eg. bone, muscle, joints, lymphatics, etc.)
-carcinoma = malignant tumor of covering tissue or glands (which are also on the surface of whatever they secrete into)
-ectomy = cut it out
-emesis = vomited
-itis = inflammation
-opathy = disease of
-oscopy = looking into
-osis = condition of
-ostomy = making an opening to outside
-otomy = open it up
-rrhagia = bleeding
-uria = in urine

That gives you 22 prefixes you already knew, plus another 31 that might be new, to combine with 13 endings, for a possible 689 combo-words – probably at least half of which are really

legitimate. Also, sometimes you can use two prefixes together before an ending word – another couple of dozen legitimate words.

Here we go -

aortectomy, aortitis, aortopathy, aortoscopy

appendectomy, appendicitis (it should be appenditis – so who's perfect?)

adenoma, adeno, carcinoma, adenectomy, adenitis, adenopathy

arthrectomy, arthritis, arthropathy, arthrosis, arthrotom, arthrrrhagia (why not!)

hysterectomy, hysterosalpingectomy, hysterosalpingoophorectomy

(why wouldn't bleeding into the ovary be "oophrrrhagia"?)

Have fun.

Section 1 – Sulphur

Initially, one should read through the few introductory pages of this workbook, look over the Table of Contents carefully and leaf through the entire book to get a sense of the design and of the whole. One should do the same for the two essential books by Kent (Repertory and Materia Medica) and for any of the other books which are available.

You will notice that each week there is a remedy to study (later on also one or two related remedies to review); also some clinical case material to analyze and repertorize; and thirdly a study assignment on theory and concepts. Later on in this section I will present some ideas on how to study the remedies and we will spend considerable attention during the first few weeks on the process of “repertorization” and studying a case. First, however I want to make some brief orienting comments about underlying concepts and unique aspects of homeopathy. (By the way, both spellings of “homeopathy” and “homoeopathy” are correct – the shorter is perhaps a bit more modern.)

Underlying Concepts

Health is seen as freedom and creativity. On the **mental plane**, the deepest aspect of your functions around which all else revolves, we are concerned with having accurate information, effective memory, workable or consistent concepts, clarity of data processing, a sound sense of purpose and goals (including a clear basis of spiritual or metaphysical grounding and connection) – this is not the level of passion, but of accuracy, clarity, and connection. Freedom on this level means freedom from error and confusion. Creativity means access to the tools and goals and impetus in the cognitive and spiritual sphere.

On the **emotional plane**, the next level of our functions, health means freedom *of* the passions – access to the rich variety of feelings of a whole and wholesome human experience. Health on the emotional level also means *from* passions. Clearly, one can be limited or distressed if plagued by uncontrollable feelings – by anxiety, depression, or even more positive feelings of manic joyfulness or sexual stimulation, etc. if they drive one to inappropriate and destructive actions or expressions. Creativity means the experience of newness, evolution, enhancement in loving connections with others and enthusiasm in one’s life pursuits.

On the third and most superficial level, the **physical plane**, health means freedom from pain and physical limitations – smooth, effective, comfortable functioning in interface with the physical environment.

Symptoms are essentially the limitations of freedom. **Disease** means a complex or combination of symptoms that occur together.

The concept of **constitution** is a very important one in homeopathy – it is the groundwork or underlying context and processes of the individual. At the core of our constitution is our genetic endowment manifested as our ongoing psychology, physiology, biochemistry as modified by our

environment past and present. Chronic disease influences, learned behavior and thought patterns, nutritional factors, etc. become important in the imbalances and weaknesses in our constitution.

A **cure** is the removal of symptoms – and also of treatments. (When ongoing or recurrent treatment is needed, this is considered “palliation” not “cure”.)

The **vital force** is the inner, organizing, generating strength of the individual. We look at the individual as a whole – rather than some few symptoms or body systems – and we are concerned with the strength and organization of the vital force that directs the whole life show on the mental, emotional, and physical planes. We shall talk later on about a specific series of factors we use to assess an individual’s vital force – their age, level of the disease, family history and so on. That will, in an operational way, enrich your concept of the vital force. Let it suffice for now to say that it is the deepest source of life energy. The reason for assessing the vital force as clearly as we can is that it gives us an idea how long or short (weeks or years), stormy or easy the individual’s path to cure will be – and in fact whether the individual can be cured or only palliated. In a culture at least unaccepting, if not hostile, to homeopathy where mistakes or manifestations of limitations are hard to tolerate, we should decide whether we should be undertaking the treatment of this particular patient at all.

Suppression is another very important concept we will consider in greater detail next time and which will be discussed in the case material and readings on philosophy. Suppression revolves around the *concept* that the individual is an integrated whole, and the *observations* that when symptoms are treated piecemeal rather than treating the individual as a whole one is quite likely to see the disease displaced or suppressed to a deeper level. For example, eczema is “successfully” treated (that is suppressed) by Cortisone, and the patient develops asthma instead – not the concern of the dermatologist who has been successful in removing the eczema, although the patient as a whole is feeling worse. Subsequently, when asthma is suppressed by sympathomimetic inhalants etc., the patient becomes depressed or anxious (on the emotional level) or confused, paranoid (on the mental level). Mainstream or traditional (“allopathic”) medicine is usually suppressive. This is less important if the individual’s vital force is strong and can overcome the disease process anyway. It is also usually unnoticed because allopathic physicians are not trained to think wholistically, to recognize suppression when it occurs. They do not have the experience and concepts (Hering’s Law of Cure which we will study in detail later) to expect, observe, explain the suppression process.

Unique Aspects of Homeopathy

Homeopathy is based on a fundamental observation in healing processes – an observation which has apparently been made many times in different eras and cultures. Hippocrates is the first known source of it in our cultural heritage. Hahnemann rediscovered it and developed it into the elaborate healing system called homeopathy. The principle is that “*like cures like*” (in Latin, “*similia similibus curentur*”). One illness can be cured by another illness which can cause similar symptoms. It is as if the body maintains the first illness because it has not gotten the message or signal as to how to organize its energies to heal the disease. In homeopathy, the symptoms of the illness are matched to those known to be associated with a specific remedy – that is, with

symptoms the remedy could cause in higher or toxic doses. The remedy in some way provides a signal to the body: it stimulates a reorganization and redirection of the vital force toward the symptoms that need to be cured. In summary, the patient has an illness; we observe the symptoms; we seek out and prescribe a remedy which could cause similar symptoms; the patient is cured. Like cures like.

Hahnemann experimented with smaller and smaller doses of the remedies, and discovered they could be given in extremely small amounts. In fact, if they are agitated violently during each of a series of dilutions, their physiologic stimulating or signaling properties actually seem to increase as they are made more dilute. It is this single aspect of homeopathy – the process of making a remedy even more effective by diluting it more (with violent agitation or “succussion”) – that has baffled the tens of thousands of people who have observed it, and antagonized and alienated the well-meaning, logical-minded people who have heard of it without observing it. It seems obviously logically impossible that something could become stronger or more effective as it becomes more dilute (if it is also succussed at each stage). Yet it is the daily irrefutable observation of hundreds of otherwise sane and sensible, even intelligent people that remedies, diluted (with succussion) far beyond the point where there is any single molecule of the original material present, retained and even have increased the capacity to trigger a highly specific healing reaction. Homeopaths use this phenomenon daily in a repeatable, predictable way; those who have not had direct experience with it often scoff and debunk it.

Homeopaths use the smallest dose that will stimulate the healing reaction. And they usually use a single remedy (matching it carefully to fit all or the most important of the patient’s symptoms) in order to have the most clear control and knowledge of what is going to happen, of the response that is predicted. Multiple, or even two remedies become unimaginably complex in their potential interactions and net effect. Important principles in homeopathy: the minimum dose and the single remedy.

Potentiation of the remedies involves three processes: serial dilution, succussion and trituration. Trituration essentially means a long, arduous, fine grinding process of the remedy with lactose (milk sugar). This is especially used when the basic remedy is not soluble in water or ethanol (alcohol), for example with remedies prepared from gold (Aurum) or silver (Argentum). One part of the starting material is ground with nine parts of lactose for an hour. Then one part of that 1:10 mixture is ground with nine parts of fresh lactose, again for an hour. Finally for a third time one part of this 1:100 mixture is mixed with nine parts of lactose and ground together for a third hour. This mixture is – as you can imagine – a very fine powder that is one part of the starting material (perhaps gold or silver) with 999 parts of lactose. This mixture can then be dissolved in water or alcohol, and the potentiation process continued by serial dilutions (each time one to ten) with vigorous mixing by impact (succussion) approximately 40 to 100 times at each dilution.

Potency levels are designated by “x” (for example, 12x or 30x) if they have been diluted 1:10 at each stage. A 12x potency has been diluted 12 times, and therefore has one part of the original material to each 1,000,000,000,000 parts of the carrier or solvent (lactose, water, or ethanol).

The higher potencies are prepared by steps of 1:100 dilution, and are designated “c” or simply with no letter designation. For example, a 200 potency has been diluted one part of the original

material to 100 to the 200th power (or 10 followed by 400 zeros) of the solvent/carrier. This is unimaginably dilute, and well beyond the point where there is no single molecule of the original material present (this point is passed roughly at the dilution of one part to 10 followed by 25 zeros). Yet these dilutions, and far higher levels of potentization, are found to be powerfully effective in clinical use.

In designating the higher potencies, “m” is used to designate 1,000 and “c” for 100. Thus “1m” potency would be a 1,000c; a “cm” would be a 100,000c; an “mm” would be 1,000,000c.

Studying Sulphur in Materia Medica

The assignment for next time is to “study Sulphur,” which means to read the description of the effects of the remedy, the symptoms it will cure, in the long chapter on Sulphur in Kent’s Materia Medica. We will talk much more about what symptoms and groups of symptoms are most important, and how to look for the “essence” of a remedy. Suffice it for now to read Kent on Sulphur, the greatest of all the remedies, and look for the aspects and patterns he highlights. Lest you get lost in the endless catalog of Sulphur symptoms and not find the forest for the trees, let me say also that:

George Vithoulkas describes the essence of Sulphur as “mental order with outer disorder” – the individual who puts a great deal of energy on struggling toward mental order, patterns of ideas, plans and cannot keep his outer physical world working properly – he tends to be dirty, untidy, late, irritable and lost in thoughts of his own designs.

Shakespeare described the Sulphur constitution when he had Caesar say: “Yon Cassius has a lean and hungry look; such men are dangerous – they think too much.”

Some hallmark or key symptoms that are usually associated with a Sulphur illness or constitutional state are:

Loose bowels in the morning – perhaps with urgency driving him out of bed.

Late morning hunger with a faint, empty feeling – most typically at 11am or an hour before the accustomed meal time.

Burning sensations.

Irritated redness around the eyes, nose, mouth.

Skin that develops recurrent crops of boils.

But most of all the mental state – peevishness, irritability and being wrapped up in one’s own elaborate fantasies and plans.

Because (as we shall study more thoroughly next time) the mental symptoms and general symptoms are most important, it would be very useful to spend some time looking through the headings under “Mind” (p. 1-95) and “Generalities” (p. 1341-1423) of Kent’s Repertory. You will search through those headings hundreds of times before you develop any competence in

homeopathy. It is most useful to become familiar with them. You might look through, for example, and see what headings list Sulphur as a leading remedy.

In studying the repertory you should know that there are about 700 remedies cataloged in it. The list of remedies and abbreviations used for each is in the front (p. x-xvi). You should also know that the remedy may be listed at any one of three levels of intensity or commonness of occurrence for the symptom. Remedies in bold type are most common or intense for that symptom (for example “**SULPH**” under “Absorbed, buried in thought” on p. 1). Remedies in italics are the second level (as “*sulph*” under “Absent Minded” on p. 1). And finally, plain type is used for the remedies that do show that symptom but not commonly or intensely (as “sulph” under “Amusement, averse to” on p. 2).

Assignments

The study assignments for next time (as described above) are:

1. Spend some time looking through the books you have or have access to.
2. Make sure to complete your plans for getting copies of the two essential Kent books (Repertory, Materia Medica).
3. Read through the introduction and first lesson of this workbook again carefully.
4. Read through the chapter on Sulphur (p. 951-976) in Kent’s Materia Medica, and in any other materia medicas you have access to. Look for patterns.
5. Look through the “Mind” (p. 1-95) and “Generalities” (p. 1341-1423) sections of Kent’s Repertory. Begin to learn the “rubrics” or symptom headings used.
6. Jot down questions that come up as you study. Then answer the study questions below.
7. Finally, read through the informational material (p. 13-17) of Section 2 of the workbook at least quickly, and begin to develop questions about it for discussion.

Section 1 Study Questions

1. What are some of the advantages of homeopathy?
2. What is the definition of “health”, and how is this seen on each of the three planes – mental, emotional and physical?
3. Describe or define “symptoms”, “disease”, “constitution”, “cure”, “palliation”, “vital force”, and “suppression.”

4. Why do we assess the vital force?
5. What is meant by suppression?
6. What is meant by “like cures like”?
7. How are remedies potentized? What is meant by the designation “30x”, “200”, “200c”, “1m” and “cm”?

Section 2 – *Calcarea carbonica*

Remedies – Scope of Action

There are three ways the actions or range of symptoms covered by a remedy are determined: toxicities, cured symptoms and provings. (Remember through this discussion that a remedy will cure symptoms it will cause – “like cures like”; this is most especially and dramatically true when they are used “in potency”, that is after being “potentized” by trituration, dilution and succussion.)

Toxicities – many of the remedies are derived from well known poisons, such as arsenic (*Arsenicum*), poison oak (*Rhus toxicodendron*) and poison hemlock (*Conium*). (Notice that when we mean to indicate that we are referring to a remedy in potency, it is usually capitalized – e.g. ‘borax’ might refer to the raw material and ‘Borax’ to the potentized remedy. Also many of the remedies have Latinized names when we mean to indicate that they are in potency – e.g. ‘silica’ might be the raw material, and ‘Silica’ (modernized) or ‘Silicea’ (Latinized) would refer to the potentized remedy; similarly, ‘mercury’, ‘Mercury’ and ‘Mercurius’.)

Materials which are toxic in the crude, or material, or non-potentized form have a known range of toxic symptoms from accidental poisonings, suicide attempts, etc. For example, Plato, describing the death of Socrates by poisoning with hemlock (*Conium*) in “Phaedo”, writes “...he walked about until, as he laid, his legs began to fail, and then he lay on his back.... and the man who gave him the poison now and then looked at his feet and legs; and after a while he pressed his foot hard, and asked him if he could feel; and he said, No; and then his leg, and so upwards and upwards and showed us that he was cold and stiff.” And Boericke, in his *Materia Medica*, describes the action of *Conium* as: “Extremities: Heavy, weary, paralyzed... fingers and toes numb.”

Cured symptoms after administration of a remedy give further data on the scope of action. For example, in the August, 1976 issue of “Homeotherapy,” George Vithoulkas describes a case treated with the remedy *Calcarea arsenicum*. In addition to many known symptoms of this remedy that were relieved after it was administered, the patient had four distinct and persistent symptoms which were also relieved – craving for the smell of naphthalene, fainting at the sight of blood, involuntary movements of eyelids and impulse to count things when waiting. These are “offered for reconfirmation,” that is if they are noticed to be cured by this remedy a few more times, they may be added to the repertory as suggestively related to the remedy’s scope of action.

Provings of the remedies means having healthy people take the remedy and report carefully any symptoms they experience. Most people will not respond to a random remedy at all – but in a large enough group, and with repeated doses, a few people who are sensitive will develop transient symptoms. For example, in Kent’s *Materia Medica* he reports a small proving experiment on *Cenchrus-Contortrix* (p. 404-414) in which five people took the remedy at 6x, 30x and 10m potencies and reported symptoms they noticed.

Care of the Remedies

The potentized remedies are in some ways very durable and in some ways quite fragile. They can maintain their potency for many decades in closed (e.g. corked glass) containers, in a cool environment protected from excessive light. During storage, before administration they must not be exposed to temperatures above about 115° to 1200°F, to strong light (e.g. direct sunlight), to X-rays (e.g. airport security check) or to odors in the air – they should not be opened, for example, in a room with any detectable odor of smoke, incense, cleaning materials, perfumes, etc.

During administration, one should make sure the patient is not wearing any perfume or fragrant oils, or has a significant mouth or body odor. If any of these is present, the small. sugar globules that carry the remedy can be mixed in water and drunk – this seems to get the remedy past the odor barrier. The patient should also not eat or drink anything (except water) for about 15 minutes before and after receiving the remedy.

The problem of “antidoting” the remedies after they have begun to take effect is also significant. Again, in many ways the remedies are durable – or rather the natural healing process they trigger or stimulate, will evolve without interruption in the face of many obstacles – depending on the strength and specific susceptibility of the vital force. There are four “antidoting” or disordering stimuli that come up frequently enough to be worth reviewing with the patient carefully at the beginning:

1. Caffeine, especially coffee. Tea, chocolate, etc. seem to be alright in moderation, but coffee very often reverses the action of the remedy. Decaffeinated coffee, either instant or freeze-dried, seems to be all right, again in moderation, but for reasons unknown the decaffeinated beans that one grinds oneself seem to be disruptive.
2. Camphor – which is often an ingredient of topical muscle strain ointments (e.g. Vicks Vapor Rub, Tiger Balm), stimulating oils and inhalants, lip balm and lip-stick, cough lozenges, etc. It is important for the patient to read the label, and refrain from using products with camphor.
3. Symptom-suppressive medication – that is anything which treats symptoms locally rather than treating the organism as a whole, or which suppresses the body’s natural defense (symptom forming) reactions. Corticosteroids used on skin rashes are an outstanding example of this. The patient should really be cautioned against using any form of treatment, including other Homeopathic remedies such as Cell Salts, while under constitutional Homeopathic treatment.
4. Dental work – dental drilling and filling, with or without Novocain, often “antidotes” or counteracts the homeopathically stimulated healing process. Teeth cleaning and routine checks are not disruptive.

One certainly does not want to advise the patient to decline necessary medical, surgical or dental care, but it is advisable to postpone non-urgent treatments, and to consider the symptoms being treated in the light of Hering’s Law of Cure and the expected evolution of the healing process.

Hering's Law of Cure

Constantine Hering was a homeopath of about 100 years ago. He was an astute observer and thorough cataloger of symptoms. It is said that when he traveled to South America to get samples of the poison of the lance-headed viper or bushmaster snake and he was bitten by one, he urgently admonished his wife to “write down everything I say, every symptom” as he lapsed from agony into unconsciousness – thus providing the first clear and thorough record of the toxic symptoms of the remedy Lachesis.

In observing the shifts of symptoms as patients responded to the homeopathic remedies, he noted four principles – which I have shorthanded-for mnemonic purposes as:

upside-down inside-out backwards unimportant

1. Upside-down – When the body is involved in a natural healing process (whether triggered by homeopathy, acupuncture, a deep spiritual experience, a deep therapeutic dietary change, etc.) symptoms tend to move down the body, from head to feet, if the process is in a healing direction. For example, a rash may move from the face to the chest, then to the abdomen, then thighs – the upper parts clearing as it goes. Or muscle cramps or joint pains may move from the shoulders to the hips, then legs. If symptoms move the other direction, it suggests that the illness is being suppressed; the disease is getting worse.

2. Inside-out – When the body is involved in a natural healing process, symptoms tend to move from the deeper parts of the body toward the surface. Thus we often see, in the course of a deep cure, as mental and emotional and deep physical symptoms clear, the individual develops a skin rash, or eruption on mucous membranes of the nose, mouth, vagina, etc, or a discharge – runny nose, diarrhea, or opening of an infected area. It is as if the body was casting the disease outward. Such symptoms of evolution towards health need to be allowed to occur naturally and not suppressed by local treatments or systemic suppressive agents.

3. Backwards – When the body is involved in a natural healing process, old symptoms which have been suppressed or incompletely cured may return, and in the reverse order of their original occurrence. Thus, in a case we will study later in this workbook the patient experienced the return briefly of the urinary retention that had plagued him for weeks prior to treatment; subsequently he had briefly a painful throbbing that had occurred at the beginning of this disease; and a couple of weeks later still he developed a sore throat, such as he had not had for three years, but had had frequently and severely in his childhood.

4. Unimportant – When the body is involved in a natural healing process, symptoms tend to move from more to less vital organs or body systems. Thus, for example, as a depression clears the patient develops palpitations, which subsequently clear as the patient develops digestive disorders, etc. Brain and emotional functions are more central, more vital than heart palpitations, which are again more vital than digestion. If these symptoms are allowed to evolve without suppression, the patient will continue to move toward cure.

Homeopathy Case-Taking

The interview should take place in a comfortable, non-distracting environment with the client seated in full view (so that if the person points to a place on the thigh or abdomen, the interviewer can locate the part) and with the interviewer seated so that he can move forward easily (to look at a rash, or feel a lump) without disturbing the flow of the interview, and also so that the interviewer can jot notes and turn pages without a lot of contortion or distraction.

The interviewer should definitely take notes. If the client questions this or raises an objection - which is very rare – the interviewer should ask gently and patiently about his concerns and perhaps explain that the symptoms and feelings the client describes are too important to be trusted to memory and that the notes are kept carefully confidential.

The interview is begun in a non-directive way with a question such as “How can I help you?” or “What brings you here?” Early in the interview the client is allowed a full range of latitude in expressing his concerns in his own way. The interviewer listens patiently giving just enough warmth and reassurance to encourage the client to continue freely. Even requests and questions for clarification and expansion of details are at first very general, for example, “Tell me more about the anxiety.” Later in the interview one becomes more specific, for example, “What time of day do you feel most anxious?”, and finally focusing in on specific, important symptom modifiers, for example, “Do you notice feeling more or less anxious after you eat?”, etc.

As the client talks, the interviewer writes down each symptom on the left hand side of the note paper, working down the page skipping one or two lines between each pair of symptoms – thereby leaving enough room on the page to come back and fill in the modifying details as the client mentions them, or as they are specifically inquired for later in the interview. It is most important to write down the client’s own words, and to capture “living images”, specific phrases or descriptions exactly quoted from the patient. These can become very important later when studying the case and trying to capture the essence of the client’s experience behind the simple description of the symptoms. Particularly any distinctive mental, emotional or general physical symptoms should be illustrated with a specific example or two in the client’s own words. (There may be a significant difference, for example, between “I thought of killing the cat” and “I wanted to kill the cat” and “I was afraid I might kill the cat” and many other possible variations.)

Before the interview is over, the interviewer has carefully inquired about each of the major mental and emotional areas – lapses of attention, memory or consciousness, angry feelings, fearfulness, sensitivity or irritability, sadness or crying, etc. – also about important modalities – preference for warm or cold, open air or indoors, wet or dry weather, activity, exercise and other strong likes and dislikes or symptoms modifying factors. One has also inquired about food preferences and aversions, thirst, sleep patterns and positions, sweating, cleanliness, and other applicable modalities.

One leaves room at the head of the page after the client’s name and address, for noting the age, height, weight (and preferred weight), and comments on the general appearance and behavior in the interview, personality type, etc. Comments on parents’ health, family and social background,

job, etc. can also be jotted in at the head of the paper if not too extensive. A separate paragraph within the notes, not at the beginning, should be allotted to sexual feelings and patterns.

Assignments

1. Read through the second section of this workbook again carefully.
2. Read through the chapter on *Calcarea carbonica* (p. 311-329) in Kent's Materia Medica and in any other materia medicas you can. Calc carb is also called *Calcarea ostrearum*. It is calcium carbonate derived from oyster shells. It is the second of the great central trio of remedies around which, in a sense, all homeopathy revolves (*Sulphur*, *Calc carb* and *Lycopodium*). It is sometimes remembered by the mnemonic "fat, flabby, fair, faint and fearful" – the 5 f's. It is a remedy of very broad, powerful and variable scope. Look for the patterns, emphases and key hallmarks that Kent and the other writers point out to bring some order into the confusing forest of symptoms.
3. Look again through the Mind and Generalities sections of Kent's Repertory (beginning pages 1 and 1341) to notice again the rubrics or symptom headings that are used, and to get another perspective on *Calcarea carbonica* by seeing which symptoms it is mentioned for strongly. (Recall, the strongest rating is bold type, as "CALC" under "Anxiety" on p. 4; the second rating is italics, as "*Calc*" under "Anger, irascibility" p. 2; the lowest rating is plain type, as "calc" under "Absent-minded" p. 1)
4. Jot down questions that come up as you study.
5. Answer the study questions below.
6. Read through the informational material of Section 3 of the workbook (p. 18-22).

Section 2 Study Questions

1. How are the actions of Homeopathic remedies discovered (three ways)?
2. How may the remedies be inactivated prior to use, during administration and after administration?
3. What are the four parameters of Hering's Law of Cure – with examples?
4. Describe the structure of an interview for Homeopathic case-taking and the organization of taking notes.

- C** – Clear. This refers to how clearly and precisely we can translate the patient’s report into the language (“rubrics”) of the repertory.
- E** – Enduring. Persistent and long patterns of symptoms are important.
- D** – Deep. This refers to whether the symptom is on the mental, emotional or physical plane, and also to whether it is a general symptom that refers to the patient as a whole (“I am chilly”), to several areas (“My hands and feet get cold easily”) or a local part (“my nose gets cold”). One hierarchy of depth George Vithoulkas has suggested is:

Mental – Emotional – Physical General – Sex – Sleep – Local

Patterns of appetite, food desires and aversions are often quite deep, and considered general physical symptoms.

Assessment of the Vital Force – “FORCES”

There are six parameters we use to assess the vital force (see p. 1 and p. 8 of this workbook for some defining ideas about the vital force and reasons for assessing it). These six are easily remembered by the mnemonic “FORCES”.

- F** – Freedoms. As we review the case, how free or limited is this individual in general – to be loving, joyful, creative, active, and effective in life? This can be to a certain extent independent of the diagnosis or severity of the symptoms – one can be paralyzed from the neck down and live a very full, creative, loving, active life (as does Ken Keyes, Jr. who developed the Living Love program, has written several books, including Handbook to Higher Consciousness, and continues a vigorous schedule of teaching).
- O** – Old. The age of the patient both at the time of treatment and at the time of onset of the illness reflects the strength of the vital force. This needs to be taken in the context of the severity of the illness, however. A child’s vital force tends to be very strong – however, a psychotic child, one who has already developed severe symptoms on the deepest level, is reflecting a very weak vital force.
- R** – Relatives. The family history is important – early deaths, severe and chronic diseases in blood relatives tend to suggest that the vital force is weak.
- C** – Center of Gravity. That is, is the bulk or main weight of the symptoms on the mental, emotional or physical planes?
- E** – Emergencies. How the individual tolerates and responds to the unavoidable stresses of life – death of a parent, change of job or home, accident, loss of money, etc. Does the person respond passionately but flexibly, creatively, realistically or with despair, prolonged preoccupation, bitterness, physical symptoms, etc.? As Hamlet says, “To be, or not to be: that is the question: whether ‘tis nobler in the mind to suffer the slings and arrows of outrageous fortune, or to take arms against a sea of troubles, and by opposing end them?”

S – Sensitivities. This is the individual’s idiosyncratic or over-reaction to stimuli which are not observable stresses for most people – allergies, pollutants, side effects of medication, proving symptoms of remedies, etc.

Studying the Case

Assessment of the Vital Force

The first thing we do in studying a case is to assess the vital force. We may use each of the six factors mentioned, and perhaps decide on a number rating from 1 (at death’s door – most severely ill) to 10 (ecstasy – freedom from any limitations) for each factor. I have gone through this process for each of the cases studied in this workbook. Obviously this cannot be done with a high level of precision; however, thinking through each of these factors clearly gives us a better idea of how weak or strong the individual’s vital force is, and therefore how quick or prolonged, easy or stormy their path to cure will be – and in fact whether we should be attempting a cure at all, or rather palliation – or even declining to treat (because of the allopathic cultural milieu).

All symptoms

Next we go through the raw case and make a list of all the symptoms, with underlining to indicate the intensity, clarity and spontaneity of each symptom as we noted it when talking to the patient.

Heirarchy of Symptoms

Then we rewrite the list of symptoms in order of their overall importance, using the “PRICED” factors. In general we put mental symptoms first, then emotional, the general physical symptoms, sex, sleep and locals – moving some symptoms ahead of others if they are particularly peculiar, intense, etc. Precisely how to evaluate symptoms is a matter of experienced judgment – when you have the chance, notice how an experienced homeopath rates the symptoms in a case in moving toward selection of the remedy.

All Rubrics

Next we search through the repertory for rubrics (symptom listings) that might fit this patient. At this stage we want to find as many rubrics as possible (one of our goals, of course, is to use this chance to increase our familiarity with the repertory). We write down every rubric we find, whether big (many remedies) or small (one or a few remedies), precise (perhaps the patient’s own words) or vaguely suggestive.

Selected Rubrics

We then go through this list of rubrics and pick out the ones that best reflect this particular patient's distress. We tend to eliminate rubrics that are too big (too many remedies to be useful – and also suggestive that the symptom is too common to be useful) and too small (a slight error in interview, noting or interpreting the symptom or rubric might set us off the track if we use rubrics with only a single or 2 or 3 remedies). We want to strip our choices down to at most six or eight rubrics that really fit the deepest and most characteristic aspects of the case precisely. Using too many rubrics means we are not being precise and individualizing enough. If we repertorize from a large number of rubrics we will only turn up the “polycrests”, the great remedies of broad scope such as Sulphur and Calc carb. We will miss finding the smaller and less fully proved remedies that may often be needed.

Remedy Ratings

Next we write down all the remedies listed for each of the rubrics we have finally decided to use – and each remedy with a reflection of its rating in the repertory. In typing, I use all caps for the bold listings (highest or 3's) remedies, initial cap for the italics listing (second or 2's) remedies, and all small letters for the plain type (lowest or 1's) remedies. When copying by hand you might underline twice for the bold (3's), once for the italics (2's), and no underlining for the plain type (1's).

We then extract from this list of carefully selected rubrics, each with a list of remedies after it, the remedies that seem to come up most regularly and with highest rating. We might give each remedy an intensity rating – by adding up the total number of intensity points – 3 for each bold type listing, 2 for each italic listing and 1 for each plain type listing. We might also give each remedy a frequency listing – the number of times it is listed.

For example, suppose we decide on three rubrics for a case, and list them with the remedies:

-Anxiety, closing eyes, on (p. 6): calc, CARB-V, Mag-m

-Generalities, food, fish, shell, agg (p. 1363 – meaning the patient's condition in general is aggravated by eating shell fish): carb-v, Lyc, Urt-u

-Stomach, desires, eggs, boiled, soft (p. 485): Calc, ol-an

(Of course three rubrics are usually not enough, and these rubrics are too small to be safe – but this is just for a convenient example.)

The six remedies mentioned would get the following ratings (total intensity/ frequency):

calc = 3/2 carb-v = 4/2 lyc = 2/1 mag-m = 2/1 ol-an = 1/1 urt-u = 2/1

Studying Materia Medica

The next step would be to read about these remedies in one or more materia medicas and try to find a description that fits the patient otherwise and fully. If not – and this is a very important step – we backtrack and look for better rubrics or remedies that had a lower rating. If still in the dark, we may go back and take the whole case again looking for missed symptoms or clearer interpretations that may lead us, through more applicable rubrics, to the right remedy.

Choice of potency

The most important guiding principle in choice of potency is: it doesn't matter. The right remedy that perfectly matches the case (the "similimum") will act in any potency. In general, the higher potencies tend to act longer, more powerfully and more deeply – but the selection of which potency to use is a very secondary matter.

George Vithoulkas gives guidance on potency selection as follows:

1. If the case is clear, use 200 or higher.
2. If case is clear but with significant physical pathology, not over 200.
3. If an old person, weak vital force – a clear case but frail, not over 200.
4. If case is clear with severe mentals, give at least 200 – better to go to as high potency as possible.
5. If case not clear, but no deep pathology, use a low potency – 30x or 200.
6. If case is not clear, and with physical (tissue) changes use a low potency – 12x or 30x.

Assignments

1. Read through the third section of the workbook again carefully.
2. Read through the chapter on Lycopodium (p. 703-713) in Kent's Materia Medica, and any other materia medicas you have access to. Lycopodium is the third of the triad of greatest, deepest polycrests. George Vithoulkas describes the central theme of Lycopodium as "cowardice". Whitmont emphasizes the predominance of mental activity over physical; the attempt to manage the world cerebrally. Paschero gives as the essential characteristic that the individual should "lack self-confidence". Some of the important hallmarks are – aggravation of symptoms from 4 pm to 8 pm, great anxiety before an ability test or performance, digestive problems with gas. Robert Morley, the actor, suggested his constitutional remedy might be Lycopodium when he said, "Stage fright isn't mental, it's a digestive problem. Give a great burp and you won't fear a thing." Look for patterns and highlights Kent suggests.

3. Jot down questions that come up as you study.
4. Answer the study questions below.

Section 3 Study Questions

1. What factors does underlining reflect when taking a case?
2. When studying a case, how do we determine the value of a symptom – how is it “PRICED?”
3. How do we assess the vital force – six factors?
4. Outline the steps and use of the repertory in analyzing a raw case to determine which remedies we should study in materia medicas.
5. Decide on the most applicable rubrics, and the most likely remedy for the following case vignette #1:

This is a 32-year-old divorced mother of two (children live with father) who writes what she calls “political satire in poetry.” She complains mostly of recurrent boils on the back of her neck. She notes that she is restless before her menses, and then irritable during the flow. She also has burning pains in her stomach or upper abdomen when she sees food. She has little appetite, but desires fat and sweets. She is thirsty and drinks excessive alcoholic beverages. Her upper GI pain is worse standing.

My suggestions as to what rubrics we might use are outlined in the next section. You will get the most out of looking through the repertory extensively before you look ahead to my suggestions. Several of these symptoms might be covered in more than one place in the repertory, so even after you think you’ve found them, keep hunting a bit more – it will help you learn the organization of the book.

Section 4 – Pulsatilla Nigricans

Studying Materia Medica

Trying to “learn a remedy”, remember its scope, patterns, and symptoms, can be confusing and overwhelming. When first studying the materia medica, we turn to the write-up of a remedy in Kent’s Lectures, or Boericke, Nash or elsewhere, and are confronted by what appears to be an endless parade of odds and ends of little symptoms that remedy can cure. The experience seems something like attempting to memorize the telephone book, or at best if we can instill some human interest and color into it – like trying to remember the details of the Sears Catalog. Somewhere between one and twenty minutes into this experience, the student begins to suspect again strongly that he or she has chosen the wrong field – homeopathy must obviously be left to the compulsive geniuses.

Like anything, from tying one’s shoes to conversing in Tibetan, studying the remedies gets easier the more one does it. However, there are also certain ideas and approaches that can quickly make it a more comfortable and meaningful task.

For one thing, to approach the subject backwards, whenever we find a remedy works, it sticks in our memory, and we can use that chance to build a richer familiarity with the remedy. When we feel our own nausea fade magically away after a dose of Pulsatilla or Tabacum, we can use that experience to fix the remedy in our mind – and take a few minutes to study the remedy to flesh it out when it has made an impression on us. Similarly, when we see a friend with the flu perk up emotionally or have their congestion clear after a few pellets of Bryonia or Gelsemium, we have a beautiful chance to study that remedy when there is a special emotional charge on it – a shame to miss that chance. More broadly, the images and patterns of Homeopathic remedies are all around us – we see someone startle from the slam of a door, notice that their nose is peeling, that they are on the heavy side, they say they cannot tolerate milk; or we hear a friend describe a conversation with her landlord who was argumentative, irritable, contentious or was gentle, yielding; or a movie actress with heavy hips, furrowed brow whose nostrils flair – and we can let our curiosity be tickled, try to pursue those remedy images, and use those experiences to help study the materia medica.

We also try to get to know the remedies as friends, without such an introduction. How can we approach studying a remedy without going into confusion and overwhelm?

1. First we note its name – or more importantly, names – its source, and a bit of history. It is important to know at the start with a remedy, that Merc sol and Merc viv (Mercurius solubilis and Mercurius vivus) are considered identical – but very different from Merc cor and Merc cyan; or that Calc is Calcarea is Calc carb is Calcarea carbonica is Calc ost is Calcarea ostrearum – all the same remedy; or to untangle Alum, Alumn, Alumina, Alumen. That just takes a minute or two, and is an important place to start. A little notice of its source and history also helps give a sense of color, familiarity – an herb used by some American Indians, the white middle layer of an oyster shell, a pure metal, pus from a particular disease, etc. – perhaps used by Hahnemann

himself, perhaps a snake that nearly killed Hering, perhaps the first remedy that Kent dared to use in potency, seeing an infant dying of foul diarrhea. It helps the remedy come alive.

2. Next we look for the “essence” or central theme or overall pattern of the remedy. We try not to drown in the specifics, but to see what Kent and Nash and others have generalized about. The essence of a remedy appears only with long familiarity – and unfortunately often almost slips the notice of the experienced Homeopaths who could help us most, because what is familiar seems obvious, goes without saying. This is the “Aunt Emma” principle – the fellow questioned by a pedantic philosopher who said, “No, I can’t define my Aunt Emma, but I sure as hell can recognize her.” When we know someone, or a remedy, very well, we can recognize them by the way they move, a shadow, a glimpse, an aroma. When we start to study a remedy, we try to see what broad patterns, principles, and essences our teachers have highlighted.

3. We also look for areas of emphasis in the remedy, and try to get a sense of its scope of action. Most of the remedies we will study early are the great “polycrests,” drugs with very broad ranges of action. They have symptoms in every system of the body, in every sphere of life. These remedies (Sulphur, Calcarea, Lycopodium, etc.) can have skin symptoms of many different kinds, varied mental symptoms, digestive, muscular, etc., etc. Smaller remedies (Podophyllum, Ambra grisea, Chelidonium, etc.) may be similar to the big remedies in some particular area – bowel or mental symptoms, etc. – but have much more limited range of action. So the question is, how big, broad, and deep is the remedy; what are the limits or breadth of its scope, range? This is another important orienting idea about it – whether it is a mayor/governor type or a street sweeper, a corporation president or a pencil salesman in its power and range of symptoms.

4. We next consider if there are symptoms that almost always occur with this remedy – or more likely, which never appear with this remedy. For example, Arsenicum patients are characteristically bothered by cold – we would not prescribe Arsenicum for someone who tolerates cold comfortably. (Do you see how I have stated that symptom two ways – one as a positive feature (usually bothered by cold) and then as an excluding feature (never for someone who tolerates cold easily) – no symptom *always* appears with a remedy, but most remedies have symptoms that exclude or contradict their use.) We look for symptoms which are strongly characteristic of the remedy we are studying – and the more peculiar or unusual the symptom the better. Thus, for example, many remedies have irritability, aloofness, thirst – but few have morning diarrhea getting the patient out of bed, which is a strong characteristic of Sulphur.

We highlight for ourselves symptoms of this particular remedy that are strong, characteristic, or peculiar.

5. We also want to get a profile of the mentals, the generals and modalities of the particular remedy we are studying. Mental/emotional symptoms are the deepest levels of distress, and ones which the remedy must match. Generalities or generals are symptom patterns which apply to several areas of the body – burning pains on the head, at the anus, some joints, etc. or bleeding tendency from the gums, rectum, easy bruising, etc. Modalities are changes or conditions that make symptoms better or worse: Arsenicum patients have burning pains (a general) better with heat (a modality – quite general and somewhat peculiar, that something which feels burning should feel better warmed); Bryonia is characteristically worse from motion – their eyes, bowels,

joints, etc. – wherever symptoms occur, they are most likely to be worse from movement; Mercury patients are not relieved by the discharge or flow, have excess saliva but are thirsty, loose bowel with urgency not relieved by the movement, fever not relieved by sweating which is copious – a curious generality, and modality of a sorts.

6. We also may want to note what other remedies are related or similar in some regards to the one we are studying – what are we likely to confuse with it? What other remedies should we consider when we see some of its strong symptoms?

7. Last, and certainly least (if at all) we read through the raft of symptoms covered by the remedy in various body areas – not trying to remember it all, but to see the patterns we have noticed earlier, and help fix them in our minds.

Summary of studying materia medica:

1. Get the name of the remedy clearly, or names – untangled from similar names – and a bit of history, source – it’s more interesting that way.

2. Look for the essence or central theme as several experienced Homeopaths have described it.

3. Note the size of the remedy – is it a great polycrest or one of small scope – and what is its major area of effects?

4. Look for strong symptoms – ones that almost always occur with the remedy, or never occur with it.

5. Get a profile of the mental and emotional state associated with the remedy; and generals; and modalities.

6. Take note of related or similar remedies -- ones that might be confused with it, or should be compared with it.

7. Finally, read through all the symptoms it covers – not to remember them, but to get some initial exposure, and to look for the patterns you have studied above.

8. Think about the remedy, talk about it, look for it – and whenever it comes up in a case, take a moment to look back over it.

Assignments

1. Read over Section 4 of this workbook again carefully.

2. Study Pulsatilla (full name, Pulsatilla nigricans) in Kent’s and other materia medicas. The Pulsatilla person is “mild, sad, yielding”, often weepy, and feels better with consolation; typically changeable in symptoms; chilly but feels better cool; better with people; better active

and in the open air; and most usually not thirsty and not constipated. It is a very common remedy, and one of very broad scope – one of the “polycrests”, or drugs of many uses (when the characteristics above fit the person).

3. Look up in the repertory the rubrics suggested (below) for the case vignette #1 from Section 3 (p. 23).

4. Decide on the most applicable rubrics and most likely remedy for the following case vignette #2:

A 24-year-old woman who complains of chronic weariness and fatigue. She is overweight; says she is a timid person with many fears – especially of dying from a heart attack, or going insane. Her fear of death seems worse in the evening. She says she is constantly chilly; notably her feet get cold and perspire. She has a life-long habit of chewing on a piece of chalk; also likes to eat raw potatoes. She is disgusted by smoking.

Many of these symptoms appear in more than one place in the repertory. The assignment will be most valuable if you spend considerable time searching through the repertory for possible rubrics – that is the way we gradually learn its language and organization.

Rubrics for the case vignette #1 (Section 3, p. 23) might be:

boils back of neck – p. 887 better than 1309

restless, especially before menses – p. 74 better than 72 (more specific) or than 1374; also note p. 724-729, although there are no mentels

irritable during menses – p. 59 is better than 57-58, or 1373-1374

burning pain in the stomach or upper abdomen at the sight of food – p. 1364
worse standing – p. 572 or 516

desires fat and sweets – p. 485 and 486
minimal appetite- p. 479

thirsty – p. 527

alcoholic – p. 483

These rubrics suggest the remedy might be Sulphur, and when we read about Sulphur in materia medica, it does seem to fit her – including her life style and mental state that are hard to repertorize. She is on her own pretty much in life, and puts her energy into her own mental fancies.

Section 5 – Nux Vomica

Defining, Describing Symptoms

In homeopathy the remedy is chosen on the basis of symptoms – the report of the patient – much more than on signs the practitioner observes, or laboratory data, or even information from the physical examination. Each of us has an extremely complex and sophisticated set of bio-detectors, not just for pain, temperature, taste, position, vibration, sight, sound and similar gross physical data, but also for inner, mostly unconscious observations on blood pressure, nutrient and metabolite supply and balance, and a host of self-regulating feedback mechanisms that constantly adjust body systems and functions, and feed data into the higher computer areas of the brain when things are particularly out of whack or higher levels of response are in order. These higher levels of data may come to consciousness as hunger (and specific nutrient hungers), chilliness, thirst (and for specific beverages), fatigue (requiring various kinds of rest, change of position, sleep, etc.), or anxiety, depression, etc.

Homeopathy's dependence on symptoms is not a limitation, but a recognition of the extreme sensitivity and specificity which is possible in defining disease-states when an individual's own self-detection and reporting mechanisms are properly used. This requires careful inquiry on the part of the homeopath to assist the patient in defining and describing self-observations. It also provides an interesting and expanding experience for the patient, who learns to observe bodily and mental states much more closely – and also comes to experience that his observations and concerns about himself are the most valid and crucial kind of information.

The term “modalities” is used to refer to any state or process that changes a symptom. To quote Hahnemann on this important perspective (Organon #133):

On experiencing any particular sensation, it is useful, indeed necessary, in order to determine the exact character of the symptom, to assume various positions while it lasts, and to observe whether, by moving the part affected, by walking in the room or the open air, by standing, sitting, or lying the symptom is increased, diminished or removed, and whether it returns again assuming the position in which it was first observed – whether it is altered by eating or drinking, or by any other condition, or by speaking, coughing, sneezing or any other action of the body, and at the same time to note at what time of the day or night it usually occurred in the most marked manner, whereby what is peculiar and characteristic of each symptom will become apparent.

The “exact character of the symptom” also needs to be described carefully, precisely. For purposes of translating into the terms and groupings of the repertory, it is useful to note that Kent uses nine major categories of kinds of pain. Although there is some variation, depending on whether we are discussing pain of the abdomen, head, arm, etc., the categories are (in order of decreasing attention given to them in the repertory):

1. stitching (sticking, piercing, shooting, biting, darting, lancing)
2. tearing (lacerating, rending)

3. pressing (bursting)
4. drawing (pulling)
5. sore (bruised, tender to touch)
6. cramping (gripping, pinching)
7. burning
8. cutting
9. boring (digging)

Mental Symptoms – Cross-references

The mental symptoms reflect the deepest level of one’s personality. Finding a remedy that matches the mental state is particularly important. In Kent’s Repertory the first section is “Mind”, the symptom headings or “rubrics” for cognitive and emotional states. This section deserves special study.

There are several situations in which several rubrics may reflect almost the same mental state. It is a good idea to cross-reference these by writing the page numbers of related rubrics in the margin.

(All quotes in this section are from Webster’s Collegiate Dictionary.)

First there is no heading under “guilt”. We use three other rubrics to reflect this:

- Remorse (p. 71) – “a gnawing distress from a sense of guilt for past wrongs”
- Anxiety, of conscience (as if guilty of a crime) (p. 6)
- Reproaches himself (p. 71)

Second, there are several rubrics which may be applicable to feelings of depression, grief, etc.:

- Despair (p. 35) – “loss of hope” (or “confidence”)
- Anguish (p. 3) – “extreme pain or distress of...mind...*syn* see SORROW”
- Grief (p. 50) – “poignant sorrow for an immediate cause”
- Sadness (p. 75) (sorrowful, mental depression, despondency) – “sense of loss, or of guilt and remorse”
- Morose (p. 68) (sullen) – “sullen, gloomy disposition”

Closely related to this would also be:

- Weeping, tearful mood (p. 92)

And also the “suicide” rubrics:

- Loathing of life (p. 62)
- Death, desires (p. 17)
- Suicidal disposition (p. 85)

Weary of life (see ennuie, loathing, etc.) (p. 92)

And also:

Ennuie (p. 39) – “weariness and dissatisfaction”

Indifference (apathy) (p. 54)

Third, note the two rubrics related to anxiety and fear. While “anxiety” is technically of unknown cause, and more diffuse, whereas “fear” is of a known cause, more specific, Kent does NOT follow this separation strictly, and we generally need to review both of these rubrics:

Anxiety (apprehension) (p. 4)

Fear (p. 42)

The area of fearfulness related to health involves three rubrics, and is very difficult to untangle. The three rubrics are:

Anxiety about health (p. 7) – George Vithoulkas says this is the “anxious hypochondriac”
Anxiety, hypochondriacal (p. 7) – This, he says, describes someone whose attention is endlessly focused on fine details about the body (e.g. Dry patches of skin, easily breaking nails) but with little manifest anxiety.

Fear of impending disease (p. 44)

Other rubrics under ‘fear’ and ‘anxiety’ referring to specific conditions.

Fourth we should take note of the large rubric headed “delusions” (hallucinations, illusions, imagination) (p. 20). Strictly speaking, a “delusion” is a false, fixed belief whereas a “hallucination” is a mistaken perception. Both delusions and hallucinations are convincing to the individual, whereas “illusions” are more transient, less fixed and, like “imagination” are known or suspected by the individual to be false, illusory. However, Kent does NOT make these distinctions, but lumps them all under the single rubric – with many sub-headings.

Finally, it is worth noting by cross reference the two rubrics:

excitement, excitable (p. 40),

exhilaration (p. 41), also cross-referenced to under “exaltation” (p. 39).

Assignments

1. Read through Section 5 of the workbook again carefully.
2. Study Nux vomica in Kent’s and other materia medicas. The essence of Nux is irritability – quick tempered, argumentative, competitive, often using stimulants and other mind drugs; chilly; constipated...
3. Look up in the repertory the rubrics suggested below for case vignette #2 (Section 4, p. 27).

Rubrics we might use for the case vignette #2:

obese – p. 1376
timid – p. 88
lassitude – p. 1370 better than sleepiness, p. 1248 or dullness, sluggishness (mental) p. 37, or heaviness p. 1367; or weakness p. 1413
fears death – p. 44 (even has worse in evening)
fears insanity – p. 45
fears heart disease – p. 45; better than thoughts p. 87; more specific than anxiety about health of hypochondrical anxiety on p. 7
chilly – lack of vital heat p. 1366; better than warm ameliorates p. 1413
eats chalk (lime, etc.) – p. 485
eats raw potatoes – p. 486 “raw” better than p. 485 “potatoes”
disgusted by smoking – p. 482 better than 1402 or 1407
feet cold and perspire – p. 1183 better than the perspiration section, p. 1293-1302

The remedy that seems best suited to this lady is *Calcarea carbonica*.

Section 6 – Natrum muriaticum

1. Study Natrum muriaticum (known to its intimates as “Natrum mur”) in materia medica – Kent’s and others if possible. George Vithoulkas describes the deepest essence of Natrum mur as introversion due to feeling emotionally vulnerable. Others have said the Natrum mur person must feel mortified, humiliated, unfairly treated -- does not seek friendliness, consolation, coddling. This remedy is actually potentized table salt, sodium chloride (the old name for “sodium” is “natrum,” which is why the chemical symbol for sodium is ‘Na’; “muriatic acid” is the old name for hydrochloric acid, the acid of the chloride anion).

2. Study the case of MJ (12/4/78-MJ-30yf) on Page 36. Go through the process of listing all the symptoms, putting into a hierarchy or ranked order, finding all applicable rubrics, deciding which few rubrics to use, rating the remedies and reading the highest rating remedies in Materia Medica to try to find the one that fits this patient. My suggested work-up of this case is on page 37; be careful not to glance ahead until you have exhausted the study possibilities for yourself.

Section 7 – Remedies of Acute Conditions

1. Read about remedies of acute conditions in Kent's Lectures on materia medica:

Arnica montana (last paragraph p.145 through first paragraph p.146)

Ledum Palustre (p. 695 through first 4 lines of p. 697)

Hypericum (p. 588 to 592)

Calendula (p. 354)

2. Look over the chart of “Homeopathic Treatment of Acute Conditions” on p. 39. Look up some of the remedies in materia medicas to find especially the descriptions of symptoms that are summarized in the chart.

Section 8 – Bryonia Alba

1. Study Bryonia alba in Kent's and other materia medicas.
2. Study further the chart on acute conditions (p. 39).

Section 9 – Rhus Toxicodendron

1. Study Rhus toxicodendron (very similar to Rhus radicans).
2. Many remedies, including several used in acute conditions, are derived from herbs. The outline on p. 40 lists common Homeopathic remedies and their herb sources.

Case: 12/4/78 – MJ – 30yf

12/4/78-MJ, 30yf, 5'4", 111# (“I’m skinny from the waist up – I gain weight in the thighs and rear!”)

I hypersecrete acid
burning gastritis

diarrhea – undigested food and frequent BM’s; takes antacid and secretion inhibitor 15 min before she eats, for 13 months

hives – 2 y ago for 2 mo, swell, hot inside, red and hot to touch over palms, sides, then would spread to wherever pressure – e.g. cheek slept on or from shoes

very sensitive skin

diaphragmatic hernia at 4y age – surgery

esp. sugar or toast with jam in AM – knows as soon as hits stomach, epigastric pain used to bloat up in epigastrium 3 y ago, now throughout abdomen

a pulling sensation in right epigastrium and right throat seem related

muscles in back tight and along spine, esp. on right

gets itchy, hot rash at base of neck in front from sun

prefers cool air with lots of clothes – can’t take heat or cold well

better moving, active, better walking; gets minimal to no exercise

likes sugar, tomatoes, salt, coffee; coffee causes burning, hungry feeling

hands get cold, shoulders and back tight (from coffee)

likes dairy – makes her hyper and crazy

likes shrimp, fish, beef – makes her stomach sick

likes chocolate – makes her ill

all symptoms more on right than on left (except one area back of left shoulder)

awakes 6:15 if working, **very hard to get going** – would rather sleep ‘til noon

feels better after sleeping – once she gets going

sleeps on either side, not on back or stomach – hurts

takes shower in AM – warm, can’t tolerate hot – if bends down feels much better, then gets psyched up, hurried for work, nervous

usually eats about 7am – doesn’t feel like eating (if has coffee – gets quick surge)

about 10am gets hungry = shaky, cold, nervous, burning, stomach growls – all feels better eating, but then abdomen bloats up

hits a real low from about 4pm until after dinner, about 8pm; then by 11pm gets very tired again

if don’t eat get hyper, can’t sleep, starving; if eats goes to sleep ok but feels “raw” in AM

stools are “narrow”

fears – **darkness**, being closed in like elevator; very anxious in anticipation, e.g. if giving a talk – a cold sweat, very difficult, uncomfortable

a recluse – rather stay home

frequent vaginal infections – allergic to vaginal gel, gets vaginitis

sex energy low – body is “unenthused”; some sexual energy before periods

periods are regular, 26d or slightly longer; short flow

varicosities on legs

described herself as “timid”

Follow-up on 12/4/78-MJ-30yf; received remedy on 12/4. On 12/19 she reported doing “very well – haven’t felt this good in years,” inner worrying gone, more secure and hopeful – finds burning somewhat less, but indigestion continues. Two months after receiving the remedy she continued to feel more energetic and less energetic – but was worried because the burning continued somewhat.

Assessment of vital force:

Freedom – limited diet with pain, timid, tired. **F = 6**

Old (age now and onset) – GI surgery at 4y; present symptoms since 20’s **O=3**

Relatives – no info **R=?**

Center of gravity – some emotional, mainly physical **C=7**

Emergencies (response to stresses) – anxious before work, timid **E=6**

Sensitivities (hypersensitivities, allergies, provings, side effects) multiple food problems, allergic to vaginal gel, stressed fasting **S = 3**

Overall = 5

Possible rubrics:

timid (p. 88:12-3’s, 26-2’s, etc.)

anxious in anticipation (p. 5: 10)

fears darkness (p. 43: 25)

fears closed-in places (rep addition: 6)

worse arising in AM (p. 1341: many)

worse 4-8pm (p.1342: 8)

tired 11 pm

restless, better eating

sex desire diminished (p. 716: 1-3 12-2’s, 14-1’s)

right sided (p. 1400: 25-3’s etc.)

intolerant to heat or cool (p. 1349: 1-3, 21-2’s, 7-1’s)

better moving

hurried

hungry 10am

desires sugar (p. 486: 6; sweets = p. 486: 40)

toast (bread = p. 484: 30)

coffee (p. 484: 30)

dairy, shrimp, fish, beef, chocolate

burning gastritis (p. 515: 9-3’s, many 2’s)

Rubrics I decided to use:

timid (3’s): BAR-C CALC CALC-S GELS KALI-C LYC NAT-C PETR PHOS PLB SEP
SULPH

anxious anticipating an engagement: ARG-N Ars Carb-v gels Lyc Lyss med NAT-M ph-ac Sil
Thuj

fears darkness: Acon am-m bapt brom Calc calc-p calc-s Camph CANN-I Carb-an Carb-v Caust
Cupr grind kali-c Lyc Med Nat-m Phos Puls rhus-t sanic STRAM Stront valer

fears closed places: ambr Calc LAC-D Lyc NAT-M Puls

worse 4-8pm: alum bov Hell LYC mag-m nux-m nat-s sulph

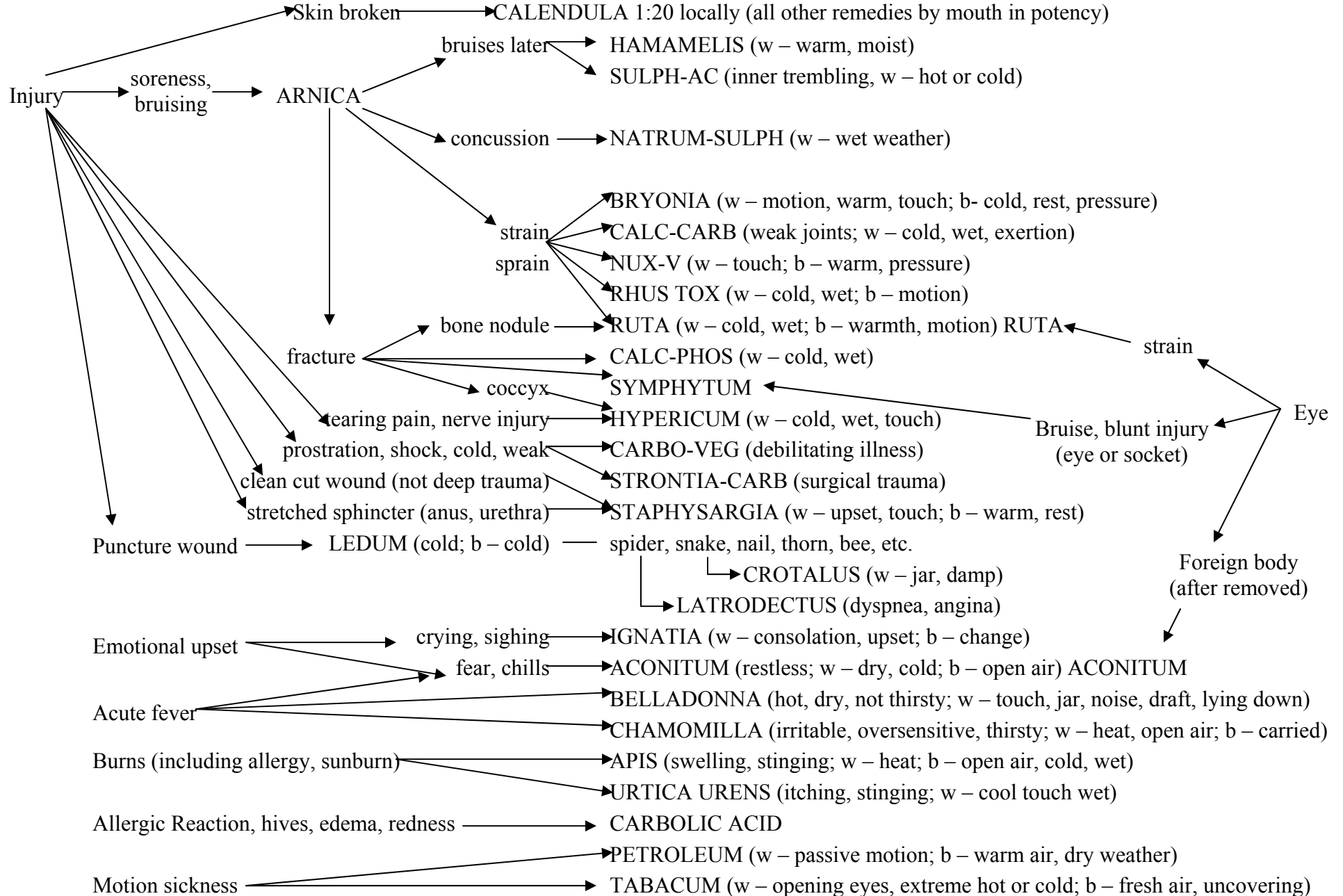
sex desire dim (2's & 3's) Agn Bar-c CAUST Ferr Graph Helon Hep Lyc Mag-c Nat-m Ph-ac
Rhod Sep
burning pain stomach-(3's): ARS CANTH CAPS CARB-V CIC COLCH PHOS SEC SULPH

The leading possibilities from this list are: Lycopodium (15/6), Natrum-mur (10/4), Phosphorus (8/3).

If we look these three up in materia medicas and cannot find a good remedy for this patient, we might look up Calcaria carbonica, Carbo veg and Sulphur (each of which rated 7/3 in this list of rubrics), or go back and look for more applicable rubrics. (For remedy this lady received, see p. 40)

Chart of Remedies of Acute Conditions

(w = worse, b = better)



Homeopathic Remedies and their Common Herb or Flower Names

Aconitum	monkshood
Allium cepa	onion
Allium sativa	garlic
Apocynum	dog bane, indian hemp
Asarum	wild ginger, hazelwort
Baptisia	indigo broom
Calendula	marigold
Capsicum	cayenne, green pepper, chili pepper
Chelidonium	celandine
Cimicifuga	black snakeroot, black cohosh, bugbane
Dioscoria	Yam
Dulcamara	bitterwort
Eupatorium	boneset, gravelroot
Euphrasia	eyebright
Gelsemium	yellow Jasmine
Hamamelis	witch hazel
Hydrastis	golden seal
Hyoscyamus	henbane, black henbane
Hypericum	St. John's wont, fluzweed
Iris versicolor	blue flag
Passiflora	wild passionflower
Phytolacca	pokeweed
Podophyllum	mayapple, American mandrake, wild lemon
Rhus tox	poison oak
Ruta gravens	rue
Sambucus	european elderberry
Symphytum	boneknit
Urtica urens	stinging nettle

(Note: The remedy given for case 12/4/78-MJ-30yf , p. 36-37 was Lycopodium, 1m, single dose.)

Section 10 – Mercurius

1. Study the remedy Mercurius (or Mercury, alias Merc, Mercurius sol, Merc sol, Mercurius vivus, Merc viv). George Vithoulkas characterizes Merc as “lack of reactive power” and “instability.” Paschero says Merc must show some degree of mental retardation, intellectual obtuseness and ideas of killing or committing suicide.
2. Study the case of WJ (10/6/78-WJ-49yf) below on this page. Go through the symptom listing, rating, rubric listing, etc. steps (p. 18-22 of this workbook). Decide what remedy you would give her. The follow-up and my suggested work-up of this case are on p. 42 – best not to look ahead until you’ve exhausted the study value of the case material.

Case: 10/6/78-WJ-49yf

10/6/78-WJ-49yf, 5’8”, 141# (prefers 138-140#); newspaper writer and cares for house and family. Alert, communicative, intellectual; casually though neatly dressed, sinks back into chair. migraine headaches every 7 days – Fridays, her day off; had not had them for about a year until 2 months ago (previously occasionally for 10 y) – regularly since. Headaches impair her recreation (tennis) and family life.

pain in temples, starts 4 am, increases ‘til noon; relieved by evening; can’t eat during headache; feels sick, nauseated; takes hot baking soda to induce vomiting; better with vomiting also gets headaches with periods – did not have any periods for 1 y prior to August; since then typical periods

difficulty “balancing household” – son started high school – hassle scheduling meals, quick dinner, arguing re homework; there is a constant struggle of wills between husband and son patient’s mother also had similar headaches at same age; aggravated by rich foods patient speculates much re causes – family history, etc.

chronic difficulty with digestion; feels better with 2 day fast after headache.

desires cake, vegetables, lamb, turkey, fish, potatoes, butter, ice cream

averse to liver – “it nauseates me”

aggravated by hot milk at night – brings on headache

used to be hungry all the time – recently about 11am and 4pm, not otherwise

when hungry – legs weak, shake; if don’t eat get very distressed, need to sit down, stomach growls, feels distressingly empty

compulsively hungry the night before headache

thirsty

feels good re losing weight, but if overdoes it will collapse

doesn’t have substantial energy flow – doesn’t nap, but rests during the day and meditates

feels worse in warm environment if active

usually showers every day, takes a bath a week; enjoys it but with headache a hot bath is not relieving

feels she has bad breath, she smells it and is annoyed by it

has dry skin, itches “not good skin” – no boils, rashes

constipated; has BM in AM after breakfast, ca. 8-9 am (awakes at 7 am); variable with headaches takes extra fluids, has loose BM in afternoon

had sub-total thyroidectomy in 1962 for hyperthyroidism
Takes Rx's – vitamins, pituitary and thyroid hormones; takes caffergot for headaches
has been easing off coffee, and will discontinue

10/6 – Remedy given

(10/6/78-WJ-49yf – follow-up)

10/11 (5 days) -called to say got a headache today, this morning – is off schedule (Wednesday instead of Friday) – about 60% as bad as usual – is puzzled, concerned because had been feeling generally wonderful; “lot's of good things happening”
“son doing well”

12/2 (57 days) called her for follow-up; no further headaches – a few times she felt one coming on but it didn't; takes ASV sometimes
generally feels better, and productive
feels appreciative – “a real breakthrough”

Studying the Case

Assessment of vital force:

Freedom – Has quite a high level of activity & freedom **F = 8**

Old – Is 48 years old, onset in adult, annoying but non-critical illness **O = 8**

Relatives – Only family history is mother's headaches; husband & son argue **R = 8**

Center of gravity – on physical plane; some emotional & mental symptoms **C = 7**

Emergencies – stressful job, full family struggles ok **E = 8**

Sensitivities – some foods **S = 8**

Overall = 8

Mental symptoms

difficulty balancing household, schedules

speculates re causes (?thoughtful -p.88, but too many remedies and not clearly her)

General symptoms

worse warm (p. 412; too many)

thirsty (p. 527; too many)

hungry, empty, 11am* (p. 477 or 488) 4 pm (p. 477)

difficulty with digestion (p. 503; too many)

food desires*- can find vegetables (p. 486; 8), fish (485; 3), potatoes (485; 2), butter (484; 2), ice cream (485; 5). We might also use fat (485; 5) or sweets (486; 36)

milk egg (1363; 60), warm (1363; 1); (head pain after drinking milk (143; 3) is local).

Local symptoms

headache every 7 d*(145; 14); temples (168-9; 200), after eating, etc.

head pain, morning, increases until noon, or a little later, then gradually decreases*(133; 2); comes & goes with sun (133; 9), ceases toward evening (133; 9)
AM bed, nausea (133; 9), relieved by vomiting (150; 18), with menses (142; 100)
bad breath (409; 175)
dry skin (1307; 185)

Using the rubrics:

appetite increased 11 am + emptiness 11am – alumn Asaf euphr hura hydr ign ind Iod
lach Nat-c Nat-m nat-p op Phos sep SULPH zinc
food desires (combined specifics) – all-s Alum alumn ars calc-s Calc carb-an cham
eup-per mag-c Mag-m merc nat-c Nat-m nat-p ol-an PHOS tub verat
head pain (combining times) – Bry calc cact cob Eup-per graph Kali-bi Kalm lac-d
Nat-m nux-v plat Sang sep sil Spig sulph tab
headache every 7 days – ars calc-ar gels Iris Lac-d lyc nux-m Phos phyt psor Sang
Sil Sulph Tub

Only 3 remedies appear more than twice in this small list of rubrics – so let us read about Natrum mur, Phosphorus and Sulphur in materia medica to try to find this patient. If those don't pan out, we'll try eup-per, nat-c, sang & tub; or go back to look for more and better rubrics. (See p. 46 for further comments.)

Section 11 – Phosphorus

1. Study Phosphorus, a remedy of excitement, of sensitivity to other people. Paschero says the Phosphorus patient must not be introverted, modest or calm. It is noted for burning pains, for bleeding, thirstiness for icy drinks, desire for salt. It is often hard to distinguish from Natrum muriaticum in many symptoms, but very different at the deeper levels – sensitivity, perhaps uncomfortable oversensitivity to others; warm, excited extroversion rather than the vulnerability, withdrawal, inner hurt of Natrum mur.

2. Study the case below, 11/9/78-SY-32yf. Follow-up and my suggested work-up appear on p. 45 & 46.

Case: 11/9/78-SY-32yf

11/9/78-SY-32yf – bright; computer analyst; active and effective in life.

quiet, alert, active, attractive, thin; tearful at times & labile.

ups and downs – mood varies over minutes to days – even the high’s are scary, too high

lonely

tearful

scared by how I felt

unstable – within myself

drinking a lot – to get numb, relieve inhibitions

?times – up betw. 5:30-8am – hard to get going, sleepy, sometimes bitchy

after arising – coffee, cereal, muffin (sometimes doesn’t eat)

energy low through AM until mid afternoon ca. 2-3pm, then stays up and peaks as best time late night ca 11-12pm

to bed MN-1 & to sleep without difficulty – gets up in night to smoke, walk around – this will be at 4am or if twice, between 3-5am

eats at 11:30-noon = full lunch – hot or sandwich & water; then at 9pm = full dinner

eats bran in AM or gets constipated alt with cramps & diarrhea; BM in AM and occasionally.

mid day; takes vitamins -ABCE; coffee = 2-10c/d, pot ca q d; no Rx or other meds.

thirsty a lot for water – pref room temp – lately

better cool, but enjoys sauna, sweating, hot sun if dressed for it; enjoys chilly if dressed for it

sweats a lot – past 2 mo

?physical symptoms – had a cold not long ago – runny nose, sneezing, cough, tired, no energy – not with aches

recent lack of energy

likes salt, - tastes food first – usually adds salt

exercise – softball 2/wk, occas racket ball; feel much better with exercise – body feels healthy, toned; mentally better

no pref. re open air or inside

sleeps with heat off, cold – window closed unless hot; if warm is uncomfortable & wakes with stuffed head & groggy;

?irrit – not usually, but yes lately

impatient- when others indecisive

annoyed by odors – garbage in house

fastidious – “in all ways” – house picked up, clean; self clean; clothes clean, pressed; desk neat; bothered if messy – I like the way things look when towels folded, dishes done, sink clean.

can't stand grease on things (shudders) “creepy” on a surface, or hands

recently muscles and body feel great – young – esp after exercise

?cry – a lot – “ridiculous things” – feeling I'm not a good softball player, humiliated or angry, frustrated

?fearful – no – that people wont like me, respect me

?competitive – yes – sports, work – like to be recognized in authority (important that others know)

11/12 – remedy given

11/30 (18 days after remedy) moodiness “significantly better” – even husband commented felt calmer, more energy day after remedy (had nausea, tiredness, abdominal cramps for 2 h the evening after getting remedy; mouth was dry for a while, lips chapped)

easy to get up in AM – “amazing”

increased appetite, gained weight – esp. notes desires sweets (unusual for her)

1/14/79 no tearfulness after the remedy, sleeping 5 h/night and feeling very good, was sweating less, and less desire for salt. At X-mas had 1 cup coffee with no significant response – so – just after New Years had 3 cups of coffee, got very speedy, tense, and next day was irritable, tired and symptoms have been getting worse since. Some return of ups and downs – not severe. Minimal loneliness – was entirely gone. Tearful again in job stress. Sleeping 8-9h and not rested. Sweating more again. Most of all feels “bitchy, impatient, irritable.”

1/14 – remedy given

Studying the Case

Assessment of vital force:

Freedom – active, alert, effective, good relationships **F = 8**

Old – not aged nor severely ill at a young age **O = 7**

Relatives – family history not known **R = ?**

Center of gravity – mental symptoms minimal, emotional marked **C = 5**

Emergencies – job is often stress & crisis oriented; some recent difficulties, e.g. when criticized, alone **E = 7**

Sensitivity (Hypersensitivity) – no allergies, food sens; emotional **S = 7**

Overall = 7

Selecting rubrics related to her symptoms, and ranking them according to Mental-Emotional-Physical-General-Local also Unusual-Common and also Underlining (for clarity, intensity, spontaneity).

fastidious (p. 42; 8 remedies including the additions) – ANAC Ars carc Graph Nat-m Nat-s
Nux-v thuj
impatient (p. 53; about 80 remedies)
moods alternating (p. 67; about 60 remedies)
disgust (p. 37; 8 remedies) – ars cimx coloc Merc mez phos PULS SULPH
lassitude (p. 1370; about 150 remedies)
weeping, involuntary (p. 93; 23 remedies) – Alum Aur Bell Cann-i Caust cina coff cupr
IGN lach merc mosch NAT-M phos PLAT plb PULS RHUS-T SEP stann stram verat
viol-o
exercise ameliorates (p. 1358; 9 remedies including additions) – canth Ign nat-m plb RHUS-T
SEP sil stann tril
irritable (p. 57; about 250 remedies)
thirsty (p. 527; about 200 remedies)
stomach, desires salt (p.486; 35 remedies) – Aloe ARG-N atro Calc Calc-p calc-s CARB-V
Caust Cocc con Cor-r LAC-C Lvss Manc Med meph merc-i-f merc-i-r NAT-M Nit-ac
PHOS Plb Sanic sel sulph Tarent teucr thuj Tub VERAT aur-m-n Chin scarlatina sil
uva

Using the five rubrics above which seem to be a workable size, that is 1, 4, 6, 7 & 10, I turned up only three remedies which appear more than twice: nat-m (9/4), phos (5/3), plb (4/3).

Checking these back against the other 5 larger rubrics, I found
nat-m had 1, 2, 2, 3, 3** phos had 1, 0, 2, 3, 3 plb had 0, 0, 2, 2, 0

So for overall ratings for these 10 rubrics, nat-m = 20/9** phos = 14/7 plb = 8/5

The next, and very important step is to read the materia medica (preferably more than one) to see if one of these remedies seems to fit the patient. If not, rethink. the case and look for more correctly applicable and ranked rubrics. (Remedy given p. 49).

(Note: Case 10/6/78-WJ-49yf, p. 41-42, got Sulphur, 1m)

Section 12 – Lachesis

1. Study the remedy Lachesis, a remedy of pressure, energy with obstructed outflow – social, communicative, loquacious, Jealous – worse from heat and from sleep; better with the start of a discharge, flow.
2. Study case 12/76-35yf. My suggested work-up is on p. 48

Case: 12/76-35yf

(designated Case #103 in reference) (Reference: Homeotherapy, v. 5, #1, Feb. 79, p. 13)

This patient is a 35-year-old gregarious Caucasian woman who appeared to be of an excitable nature, and afraid to be alone in the dark. She was first seen in December of 1976, complaining of gas and pains in the stomach area. These pains were of a burning, cramping, tight nature. She also complained of chronic, weekly headaches that had been occurring about once a week for the past year, primarily involving the general head area: worse by sun, light, and noise, better by lying down. She complained of burning between her shoulder blades. She mentioned having sensitivity of her teeth with bleeding gums. She tended to have gas or indigestion from eating cheese, seeds, raisins, onions, and fried foods. She desired salt, ice cream, green peppers, starches, spices, cold drinks. She perspired profusely, in general before menstrual period, but worse around her hands and feet, which were of a cold, clammy nature. Her headaches would tend to get worse, or come on, if she had a stomach problem. She bruised easily.

MEDICAL HISTORY: Peptic ulcer, 1972; T & A at age 21; a benign colon polypectomy in 1973; a hemorrhoidectomy in 1972. She was vaccinated against smallpox once.

FAMILY HISTORY: Father had cirrhosis. adult diabetes and cardiovascular disease; mother had cholecystitis. No history of tuberculosis or cancer disease. Her brother has a goiter.

LABORATORY DATA: A chemzyme panel included thyroid function tests and VDRL were non-significant or negative. Urinalysis was negative.

PHYSICAL EXAMINATION: Blood pressure: 110/80: Pulse: 72 and regular; Respiration: 16. This lady was of average build and height. She had some moles on the back. Otherwise, no significant physical abnormalities noted.

On December 14, 1976, the patient was given 1m, and she was seen again on December 25, 1976, at which time she was feeling better, in general, and had had no real aggravation of the symptom picture. She was eating better, no stomach pain or discomfort, no burning between the shoulder blades, and headaches had become rare –

when occurring were of short duration. Also, she was having fewer problems with bleeding gums and sensitivity of her teeth. In January of 1977, the patient continued to do well with her stomach, having no pain or discomfort. She was eating without any difficulties at all; bowel movements were normal. She was seen again July of 1977, at which time a sigmoidoscopic exam was done: no polyp was seen. She stated that she was continuing to do well.

Studying the Case

Assessment of Vital Force:

Freedom – some fears, physical symptoms intermittent, not too limiting **F = 8**

Old – 35y now; onset unknown (headaches 1 y) **O = 7**

Relatives – father had cirrhosis, adult diabetes, heart disease; mother had gall bladder disease; brother a goiter **R = 5**

Center of gravity is physical mainly, with some emotional **C = 7**

Emergencies response not known **E = ?**

Sensitivities – to foods; headaches worse light, noise; sens. Teeth **S = 7**

Overall = 7

Rated List of Symptoms and Possible Rubrics

Mentals

gregarious – desires company (p. 12; too big)

excitable (p. 40; too big)

fears being alone in dark: – fears alone (p. 43; too big); fears dark (p. 43; 23)

Generals

burning pains – stomach (p. 515; too big); between shoulder blades (p. 920; 24)

bruising, bleeding – gums (p. 398; too big)

polyps, moles – rectal polyps (p. 631; 10)

desires salt. (p. 486; 30), ice cream (p. 485; 5), green peppers (p. 485; 1), starches (?farinaceous, p. 485; 4), spices, cold drinks (p. 484; too big)

perspiration profuse before menses (p. 1300; 2)

especially hands and feet, cold, clammy (p. 1181; 13 & 1183; 5)

gas or indigestion from cheese (p. 1362; 6), seeds, raisins, fried foods, onions (p. 503; 3)

Locals

headaches weekly (p. 145; 14); worse sun (p. 149; too big), worse light (p. 141; 45), worse noise (p. 144; too big), worse lying (p. 141; too big)

stomach pains (in addition to burning) cramping, tight (p. 517; too big)

hemorrhoids (might this be considered part of a general symptom with polyps, moles? do they bleed – part of general with bruising?) (p. 619; too big)

Rubrics I decided to use:

fears dark – Acon am-m bapt brom Calc calc-p calc-s Camph CANN-I Carb-an Carb-v
Caust Cupr Lyc Med Phos Puls rhus-t sanic STRAM stront valer
burning pains between shoulder blades – acon alumn ars-m Berb bry cur glon graph helon
KALI-BI LYC mag-m Med merc Nux-v ox-ac ph-ac PHOS sabad senec Sil Sulph Thuj
Zinc
rectal polyps – we're not sure the polyps were rectal rather than deeper in colon, and also this
operation was 3 years ago – other symptoms are more recent
desires salt – Aloe ARG-N atro Calc Calc-p calc-s CARB-V Caust cocc Con Cor-r LAC-
C Lyss Manc Med meph merc-i-f merc-i-r NAT-M Nit-ac PHOS Plb Sanic sel sulph
Tarent teucr thuj tub VERAT
desires ice cream – Calc Eup-per PHOS tub verat
perspiration profuse before menses – hyos thuj
perspiration clammy, hands (1181) & feet (1183) – acon anac Ars cann-i carb-ac ind merc
nux-v PHOS pic-ac plan pyrog sep spig sulph zinc
gas or indigestion from onions – LYC Puls Thuj
headaches weekly – ars calc-ar gels Iris Lac-d lyc nux-m Phos phyt psor Sang Sil Sulph
Tub

The remedies that come up most in this list of rubrics are: Phosphorus 16/6 Lycopodium 9/4
Sulphur 6/4 Thuja 6/4.

Let us study these four remedies in materia medicas and see if we can find a description of this
lady's symptoms. Another interesting adjunctive approach might be to go back to the rubrics that
seemed to fit her but were too big to use initially, and see how these four remedies are rated.

If none of these remedies fits, we would look for better rubrics, etc. (Final comment on this case
is on p. 52)

(Note: Case 11/9/78-SY-32yf, p. 44-45, got Natrum mur, 1m)

Section 13 – Remedies for Cold & Flu

Study the remedies for colds and flu. Kent's Materia Medica extracts:

Belladonna (Kent Lectures p. 233 & 243), **Bryonia** (p. 276-7 & 283), **Ferrum phos** (p. 531 & 533), **Gelsemium** (p. 543 through 1st para p. 544), **Hepar sulph** p. 570 & last para p. 571 through 1st half of p. 573), **Mercurius** (p. 731 & “nose” para on p. 736), **Nux vomica** (last para p. 806 through 1st para p. 807), **Pulsatilla** (p. 861 from para “The patient is subject...coryza” through 1st para p. 862 & p. 863 from para “With **Carbo veg**” to end of page).

Definitions (from Dorland's Medical Dictionary, (D) or Webster's New Collegiate (W))

catarrh (D) – inflammation of a mucous membrane with a free discharge, esp. such inflammation of the air passages of the head and throat.

cold (D) – common cold; a catarrhal disorder of the upper respiratory tract, sometimes following exposure to cold and wet, which may be viral, a mixed infection, or an allergic reaction. It is marked by acute coryza, slight rise in temperature, chilly sensations and general indisposition.

coryza (W) – an acute inflammatory contagious disease involving the upper respiratory tract; esp. COMMON COLD.

coryza (D) – cold in the head; an acute catarrhal condition of the nasal mucous membrane, attended with a ropy discharge from the nostrils,

flu (W) – 1. influenza; 2. any of several virus diseases marked esp. by respiratory symptoms.

influenza (W) – an acute highly contagious virus disease characterized by sudden onset, fever, prostration, severe aches and pains, and progressive inflammation of the respiratory mucous membrane; broadly: a human respiratory infection of undetermined cause.

influenza (D) – an acute infectious, epidemic disease marked by depression, distressing fever, acute catarrhal inflammation of the nose, larynx and bronchi, neuralgic and muscular pains, gastrointestinal disorder and nervous disturbances, such as headache, insomnia, convulsions and delirium.

The Big Five

Ferrum Phos

1. Early stages of cold and inflammation (without much identifying specifics)
2. passive congestion; face red, flushed
3. apathetic, depressed, weak, tired; concentration difficult
4. thirsty; dryness of mucous membranes
5. worse motion
6. worse cool (pains may be better with cool applications)
7. fever
8. worse at night
9. edema

Nux vomica

1. chilly; shivering from drinking; worse cool, worse open air
2. irritable, sensitive to noises, etc.; impatient, averse to company; heaviness, tension; confusion, difficulty concentrating; worse motion
3. symptoms may come on after dry, cold weather; feels alternately hot & chilly
4. nose stuffed, dry (esp. night & in open air & cool), or runny (day, warm room)
5. sneezing
6. symptoms from over-eating, wrong food, drugs, alcohol, over-study, debauch, sedentary life, loss of sleep, anger
7. indigestion, heaviness in stomach; constipation but diarrhea after debauch
8. sleepless after 3 am; sleepy after meals; worse am awaking; better after nap
9. sore throat is rough as if scraped, raw

Gelsemium

1. develop slowly; worse warm, moist weather or change in weather
2. tired, weak, heavy, trembling, paralysis, ptosis, aching
3. dull, listless, apathetic
4. chilly; cold extremities, hot head; feels better by heater
5. thirstless
6. shivers; chills up and down spine
7. headache with muscular soreness of neck & shoulders; bruised, sore feeling in occiput, spreading to temples and throughout
8. better after profuse urination; worse in dampness or from excitement
9. diarrhea from anxiety
10. sore throat is itching, tickling or lump with difficulty swallowing, esp. warm fluids and foods; shooting pains to ear

Bryonia

1. slow onset, developing several days
2. worse with any movement; stitching pains
3. thirsty for large volumes of cold fluids; lips & mouth dry; tongue coated white
4. may begin with sneezing, runny nose, lacrymation, aching eyes, nose, head, then move down to posterior nares, throat, larynx with hoarseness, then bronchitis
5. irritable – wants to be left alone
6. dry cough, worse after eating and drinking, or entering warm room, deep breath
7. chilly; worse in cold dry weather
8. generalized aches, may be better with firm pressure; weakness
9. vertigo, faintness, nausea on rising
10. symptoms may be worse on right than left
11. constipation or profuse diarrhea, worse morning, after sour fruit or after cold water when overheated
12. generally person of dark complexion, robust constitution, lean

Pulsatilla

1. persistent cold, chronic or recurrent
2. mild, timid personality, sad, yielding, tearful
3. chilly, but generally better cool
4. better in open air; better with motion
5. mouth dry, but thirstless; lips chapped, peeling
6. loss of sense of taste and smell; nose: thick, yellow discharge
7. nose stuffed night and indoors, clearer AM, day and open air (reverse of Nux)
8. averse to fats, cause indigestion
9. diarrhea, esp. night and from anxiety; stools very variable

A very small repertory of strong differentiating points among these five:

desires or ameliorated by OPEN AIR: Bry gels PULS
averse or aggravated by OPEN AIR: Bry ferr-p NUX-V

MOTION aggravates: BRY Gels NUX-V
MOTION ameliorates: ferr-p Gels PULS

THIRSTY: BRY Ferr-p Nux-v
THIRST LESS: gels PULS

MOUTH DRY: BRY ferr-p Gels NUX-V Puls

warm bed ameliorates: BRY NUX-V
warm bed aggravates: Bry PULS

aggravated on becoming COLD: Bry ferr-p NUX-V
ameliorated becoming COLD: Bry PULS

(Note: Case 12/76-35yf, p. 47-48, Section 12 received Phosphorus 1m.)

Homeopathic Remedies – Which Ones to Get First

First 15	Next 15	Next 20
Aconitum nap. 30x		
Arnica mont. 30x	Apis mel. 30x	
Belladonna 30x	Arsenicum alb. 30x	Arsenicum alb 200
Bryonia alb. 30x		Bryonia alb. 200
Calcarea carb. 30x		Calcarea carb. 200
Calendula – tincture		
	Cantharis 30x	
Chamomilla 30x		Carbo veg. 30x
	Ferrum phos. 30x	
	Gelsemium semp. 30x	
	Hepar sulph. 30x	
Hypericum pert. 30x		Ignatia amara 200
Ignatia amara 30x	Lachesis 30x	Lachesis 200
Ledum pal. 30x		
Lycopodium clav. 30x		Lycopodium clav. 200
	Medorrhinum 1m	
	Mercurius viv. 30x	Mercurius viv. 200
	Natrum mur. 30x	Natrum mur. 200
		Natrum sulph. 30x
Nux vom. 30x		Nux vom. 200
	Petroleum 30x	
	Phosphorus 30x	Phosphorus 200
Pulsatilla nig. 30x		Pulsatilla nig. 200
Rhus tox. 30x		Rhus tox. 200
		Ruta grav. 30x
	Sepia 30x	Sepia 200
	Silica 30x	
		Staphysagria 30x
Sulphur 30x		Sulphur 200
		Symphytum off. 30x
	Thuja occid. 200	
		Tuberculinum 1m

These 50 include the most important acute remedies and the most important polycrsts and nosodes.

Section 14 – Arsenicum album

1. Study Arsenicum album, a remedy whose symptoms spring from a deep stated insecurity, feeling vulnerable and defenseless in a seemingly hostile universe (Vithoulkas). The patient must be a tidy person, or demand neatness, tidiness (Paschero)
2. Study the Case 8/30/78-HS-24ym. My work-up appears on p. 55

Case: 8/30/78-HS-24ym

8/30/78-HS-24ym, 6'2", 180# (ideal 160#). Quiet, gentle, alert but contemplative, slow to answer. On check sheet he indicated problem areas: shy, sensitive, tense, absentminded, tired, low energy (?due to hash), bloated abdomen, neck pains.

main complaint – boils esp. on ass, off & on since '70; cannot sit comfortably; they are related to stress e.g. school, job interview, etc.

also worried about "effects of CO leak in truck" - is this the cause of his tiredness etc.?

craves pickles, heavy food; has trouble keeping weight down.

on a "mucous-less diet" for 1-2y

re his relationship with woman – "I procrastinate, she complains"; she cleans up after me; I have a hard time organizing my energies; trouble with schedules. "I want to convert my life from a dreamer to a doer." – "I space out on great plans, don't get anything done."

hard to get going in AM – is late, in a rush

gets up to shit, and it is loose, 7:30am

sometimes hungry when he gets up, or may not eat until 1-3pm if hurried.

late morning is a good time; not especially down or hungry

craves – peanut butter, beans, beer, "heavier foods"

dislikes – meat, celery, endives

gets tired in afternoon- may nap from 10 min to 2 hours about 3pm – not better after a nap – "the longer I nap, the worse I feel.", feels groggy, dull headache at crown

energy better after about 6pm, often stays high until "I realize I'm really tired" – goes to sleep quickly about 10pm; sleeps on side, R more than L, moves around; gets up at least once to piss, and often has trouble starting the stream – only at night, may run water, stand and wait; if presses on bladder will get it started.

desires open air; bothered if real hot; cold is ok

used to be obese – lost 70# in 2y; has gained back 15# over past few months.

starting jogging this week again – an effort, but feels good, warm, high, aware of body afterwards

sexual energy is high

sweats a lot – axillae, then feet, head

thirsty – all my life

not irritable – very patient; fears – loss of esteem, getting confused, not physical thing

rarely cries – when girl left and dog died many months ago

ears have wax – don't hear wall – mostly understanding voices is when he notices it

has a lot of gas, flatulent and foul smelling burps, not bloated

had an ulcer and indigestion a lot when younger – heartburn & burps that smelled like rotten eggs; pain better with milk
ache inside knees – for years
had prior homeopathy – Silicea, over a year ago – for boils – doesn't think it worked

Rx given 8/30

9/26 (4wk) did not show for appointment – talked with girlfriend on phone – had eruptions of boils since remedy and sleeping 12h/night, “spaced out” – sits and looks out the window – has hard time keeping track of time; may start building a house – is under stress with planning.

10/10 (2wk more)

bad multiple boils in crops; is a lot better – can sit comfortably in interview – first time free from boils in years – although under considerable stress since has decided to take on building a house – first time as head of construction crew, foreman

getting to things on time a little better

?tiredness, low energy – “I'm lazy a lot – don't feel so tired”; working in Sonoma with a blacksmith, and driving back and forth a long drive

about his relationships – he's less interested in her, she's more interested in him; she wants to come to Atascadero for 3 months on this house building project – he doesn't want her to come.

had a “bad cold – almost flu” last week – started with stopped head, spaced out, sneezing, went on to coughing – now mostly over

forgot to mention – wart on head of penis. 2y: raised, dry, no itch, etc; no Gc or syph.

Feels generally much better, ok – no need of further treatment.

Studying the Case

boils, esp on ass; tiredness; craves pickles & heavy food; has trouble keeping weight down; “I procrastinate, she complains – she cleans up after me – I have a hard time organizing my energies – trouble with schedules – convert my life from dreamer to doer – space out on great plans & don't get anything done,” etc.

Hierarchy:

1. mentals in quotes
2. tiredness
3. craves pickles & heavy food
4. trouble keeping weight down
5. boils, esp. on ass
6. etc.

All rubrics for Mentals (from Kent's Repertory, “Mind”, p. 1-95)

absorbed, buried in thought (50 remedies)

abstraction of mind (30)

delusions, imaginations, hallucinations, illusions (95)

dream, as if in a (45)

fancies, absorbed in (4)
fancies, exaltation of (80)
ideas, abundant, clearness of mind (90)
indifference, apathy (120)
introspection (25)
irresolution (105)
plans making many (11)
time, fritters away his (2)
undertakes, lacks will power to undertake anything (2)
- then similarly for other symptoms.

Selected rubrics: which aces best fit his symptoms; which are most peculiar, distinctive, idiosyncratic, individualizing; some weight to smaller rubrics, if truly accurate, and with caution.

1. plans, making many
2. time, fritters array his
3. absorbed, busied in thought

Repertorization:

1. Plans, making many – anac ang arg-n Chin Chin-s Coff nux-v olnd op sep Sulph
2. ties, fritters sway his – cocc nux-v
3. absorbed, buried in thought – acon aloe am-m ant-c Arn bell bov calc cann-i canth Caps Carl caust cham chin cic clem Cocc con eupr cycl elaps grat ham HELL ign ip lil-t mang merc MEZ mosch mur-ac nat-c Nat-m nat-p nit-ac NUX-M ol-an Onos Op phel phos Puls rheum sabad sars spig stann stram SULPH
4. fancies, absorbed in – arn cupr sil stram

Remedies to be studied

The remedies that occur more than once In this short list are:

sulph (2,3), chin (2,1), op (1,2), nux-v (1,1), cupr (1,1) & strum (1,1)

the rowdies that occur with a 3 rating are:

hell, mez, nux-m & sulph

As we go through this process with the other symptoms, we find which remedies we should read about in materia medicas to find which fits the ease at hand.

(Further note on remedy given appears on p. 59.)

Section 15 – Aconitum napellus

1. Study Aconitum napellus, a remedy of acute conditions characterized by suddenness, restlessness, and fearfulness. Also review the remedy Sulphur, which is often the long term or chronic remedy when Aconitum is the acute. They share many common features.
2. Study Case 10/4/78-KL-38yf. My suggested work-up is on p. 58.

Case: 10/4/78-KL-38yf

10/4/78-KL-38yf, 5'10", 150# (considers sl. overwt) bright, active, high school physical ed teacher and building contractor; lesbian. Father – not warm, treated her like “favorite son”; mother – warm, cuddling; 2 brothers – one a “money hungry clergyman.” Physical health has been excellent all her life.

lonely, scared of being abandoned, feels inadequate – afraid business partner will leave her and she'll be stuck with no income, no job – knows it is silly

burning epigastric pain

to sleep when to bed between 10-11pm, then up with restless thoughts of job mn-2am

worse cold

desires wine

roommate wants to be emotional, argue – I don't want a lot of negative emotions

fastidious re house being neat

drinks occas coffee – 2 cups today – will d/c, usually has tea

recently had a cold

needs to prove self, won't let herself relax

pressure in back of the head, occiput – better leaning forward

thirsty with the flu, and when working and when trying to sleep – for “infrequent large vols” but “always have something to drink” near at hand

sleeps with window open unless mosquitoes; sleeps warm, bundled up, sweats – awakes drenching with sweat

desires – pasta, potatoes, ice cream, sweets, potato chips

averse – cuts all fat off meat; lima beans; liver.

Remedy given 10/4

Follow-up of Case 10/4/78-KL-38yf

10/18 – **flu got worse** & poison oak rash got worse after Rx

very down past 2 weeks; tearful

day feels full but unplanned – lack of structure bothers me

not “in love” with lover – wish I could live alone; friend said “you have cheap taste” – **felt down and unsure of self – hurts; can't roll off criticism**

feels stuck, bogged down in life

I have high expectations for myself and feel like a failure

better if with friends

better with activity, exercise

not esp. thirsty, not chilly so such; generally feels worse in hot or in cold

underneath I have a fear of abandonment

face is puffy in AM

occas. wakes mn-2am, less frequent – thinking re construction jobs

periods are regular, usually heavy but varies; no pain

10/25 (21 days) symptoms got worse since ready; fever to 101° at bed time, diarrhea in evening
– normal bowel in AM

pain under umbilicus, not severe, 3 wk, cramp

2 nights ago very bad exhausted, nauseated, cramp, temp to 101.2°

today felt much better, more energy, very well – dramatically better emotionally
feels more accepting

11/8 (35 days) doing very well – not feeling insecure for first time in years
alone a lot but not lonely; not feeling rejected

flu, diarrhea, stomach pains gone

nasal congestion from allergy to inhaled redwood dust – uses mask

12/7 (64 days) continues to do very well – energetic, secure; no physical symptoms.

Studying the Case

Assessment of vital forces:

Freedom – active, effective in jobs; close relationships with emotional limitations **F = 7-8**

Qld – middle-aged with moderately severe mental/emotional symptoms **O = 6 – 7**

Relatives – fa & bro seem to have some emotional symptoms **R = 6**

Center of gravity – mentals somewhat, mainly emotional symptoms **C = 4**

Emergencies (stresses) – recent flu prolonged; job stresses handled ok **E = 7 – 8**

Sensitivities (hypersensitivities) – poison oak, redwood dust; insults, slights **S = 7**

Overall = 37 – 40 ÷ 6 = 6+

Mental/emotional rubrics that might be used:

anxiety after MN (p. 5; 15 remedies)

anxiety when alone (p. 5; 8)

desire for company (p. 12; 60 with 8-3's & 18-2's)

want of self confidence (p. 13; 50 with 1-3 & 9-2's)

conscientious about trifles (p.16; 35 with 2-3's & 9-2's)

cowardice (p.17; 60 with 2-3's & 8-2's)

fastidious (p.42; 8, including the additions)

fear of being censured (p.43; 1)

fear of being alone (p.43; 40 with 7-3's & 12-2's)

feeling forsaken (p.49; 35 with 2-3's & 5-2's)

reproaches himself (p.71; 20)

mind restlessness after midnight (p.73; 9)

Modalities or general, constitutional symptoms:

thirsty for large quantities (p.529; 25 with 6-3's & 9-2's)

perspiration profuse on waking (p.1300; 7)

desires open air (p.1343; 75 with 11-3's & 38-2's)

cold in gen. agg. (p.1348; 130 with 34-3's)

Local symptoms (although appetite inclinations have constitutional implications)

stomach- av. to fats & rich foods (p.480; 40 with 4-3'2 & 11-2's)

stomach- des. wine (p.484; 35 with 2-3's & 13-2's)

head pain, pressing, occipital (p.196; 150 with 7-3's & 48-2's)

stomach pain, burning (p.515; 200)

Desire for company: Apis ARG-N ARS BISM Calc Camph Clem Con Elaps Gels HYOS
Ign Kali-ar KALI-C Kali-p LAC-C Lil-t LYC Mez Nux-v Pall PHOS Puls Sep Stram
Strych

Want of self confidence: ANAC Aur Bar-c Bry Chin Kali-c Lac-c Lyc Puls Sil

Fastidious: ANAC Ars carc Graph Nat-m Nat-s Nux-v thuj

Reproaches himself: Acon Ars Aur calc-p cob cycl Dig hell hura Hyos Ign lyc merc nat-
a. Nat-m Op ph-ac Puls Sarr Thuj

Mind restlessness after MN: ARS Dios lyc merc-i-r Nit-ac rhus-v sil sulph zinc

Thirsty for large quantities: Acon ARS bad BRY camph carb-s Chin Cocc coc-c cop Eup-
per Ferr-p ham Lac-d Lycps Merc-c NAT-M PHOS pic-ac sol-m Stram SULPH
VERAT

Perspiration profuse on awaking: am-m canth chin Ferr SAMB Sep SULPH

The remedies which occur more than twice in this list are:

ars 13/5, lyc 7/4, nat-m 7/3, sulph 7/3, puls 6/3, chin 5/3

Next we check these six remedies against the other rubrics, and read about them in *materia medica* to see if we can “find” the patient. If not, reconsider the case from the beginning, even perhaps taking the whole ease again.

(Note: Case 8/30/78-HS-24ym (Section 14, p. 54) received Sulphur 200).

Remedy Order Study List

Sulphur
Calcarea carbonica
Lycopodium clavatum
Pulsatilla nigricans
Nux vomica
Natrum muriaticum
Bryonia alba
Rhus toxicodendron
Mercurius
Phosphorus
Lachesis
Arsenicum album
Aconitum napellus & review Sulphur
Belladonna & review Calc carb
Chamomilla & review Lycopodium
Silica & review Pulsatilla
Sepia & review Nux vomica
Ignatia & review Natrum mur
Thuja & review Mercurius vivus
Hepar sulph & review Lachesis
Apis melifica & review Arsenicum album
Iodium & review Phosphorus
Coffea cruda & review Sulphur & Aconitum
Ipecacuanha & review Calcarea carb & Belladonna
Aurum met & review Lycopodium & Chamomilla
Plumbum met & review Pulsatilla & Silica
Cuprum met & review Nux Vomica & Sepia
Digitalis & review Phosphorus
Graphites & Psorinum & review Sulphur
Conium mac & Ferrum met & review Calcarea Carb
Antimonium crudum & Antimonium tart & review Mercurius
Colocynth & Staphysagria & review Nux Vomica
Tuberculinum & Medorrhinum & review Thuja
Lyssinum (Hydrophobinum) & Opium & review Remedies of Acute Conditions
Allium cepa & review Remedies of Cold & Flu

Case: 8/15/78-RW-16yf

8/15/78-RW-16y girl, thin, narrow hips, sl. pale with red, course rash over bridge of nose and upper cheeks. Speaks quietly, but firmly, assertively with good affect, pleasant though contained, somewhat tight interpersonal style. Comes into interview with mother, who does most of the talking.

over past 2 y, increasing episodes in which inner thighs get hot, red, feet freezing, crying spells, depressed, nervous and excitable – esp. related to going off multiple food-sensitivity diet, or to emotional stress, e.g. at school.

legs get restless, can't sit still

generally started in early afternoon, perhaps between 1 and 3pm

face would break out, not acne, across cheeks, red pimples without coming to a head

recently added symptom – if tired, walks by something or scans eyes sees a “ghost” or second image follow the first.

all symptoms are amel. movement, amel exercise – walking the mile home from school, then she feels better for an hour or two, or playing ping pong, or heavy exercise

standing without moving around causes agg. of psychological and physical symptoms, e.g. washing dishes

occasionally constipated, or diarrhea, not much

used to have gas pains in lower abdomen, L more than R side, would wake her in AM and need to go for a BM which would be hard

no preferences as to temperature or wetness of weather, but feels amel. after a warm bath. (not hot or cold)

constantly hungry – must eat every two hours or feels dizzy, “ill”, weak, tired; this symptom is less since on carefully restricted diet and not under school stress for the past two months (summer vacation). She and mother are very concerned that when school starts again she will decompensate, as she was last year; missed about half of her school time due to these problems and also due to -

hyperventilation – gets tense, “not enough air”, breaths hard, gets dizzy and headache.

not thirsty

sleeps with window closed, but perhaps prefers open air

goes to sleep about 10-11pm on school nights; sleeps on back, not side or stomach, legs spread apart, arms crossed or at sides; sleeps thru ‘til 7am

mornings good; low about from 1 or 2 or 3pm, better if eats; generally feeling OK thru late afternoon and evening until bed.

has girl friends, no boy friends – they talk about boys, but aren't into dating

activities – talks on phone, read, visits with friends, TV

rash on dorsum of upper arms, irregular, red, papular like face, comes and goes with face rash

hives, evenings, when legs really hot, red – inner thighs

periods are irregular, often skips; no menses for two months now; has minimal flow, some cramps and leg aches, low back ache with flow

no bearing down sensations

tight clothes are not annoying

“swollen” in afternoons, will take on fluid, lower abdomen pouches out

headaches are sharp, in the temples, sometimes vision blurs, and if severe sees zig-zag flashes

symptoms do not seem to be predominantly L or R sided

food aversions (cause reaction, **aggravation**) – onions, garlic, asparagus; soy, peanuts; milk, eggs; artificial flavorings, colorings, preservatives; wheat, corn, oats, rice; beef and some other meats; raisins, grapes, apples, pears, tomatoes, oranges, lemons, pineapple, melons; pumpkin, eggplant.

can eat – chicken, fish, papaya, peaches, apricots, carrots, potatoes, zucchini, cucumbers. Takes several nutrient supplements.

Prescription given -30x(1)

9/20/78 (36 days) follow-up: things much better; had some symptoms flare up during the first week after the remedy, and last week when ate raisins one time, and another asparagus.

Depression much better, and when gets moody it passes quickly.

Did not tell me before, has had cervical adenopathy intermittently, tender; that flared up.

Face rash more improved than arms. More energy, not hungry through day.

No menses still. Attending school, missed only one day. Rx: wait.

Studying the Case

Assessment of the Vital Force

Freedom – diet is severely restricted, missed half of school last year due to illness, drowsy, moody, hyperventilation episodes **F = 3**

Old – onset during adolescence; is young to be so restricted **O = 4**

Relatives – no information given **R = ?**

Center of Gravity – heavy in both physical and emotional levels **C = 6**

Emergencies – hyperventilates, tearful **E = 4**

Sensitivities – severe and many, to foods **S = 1**

Overall = 3 – 4

Mental & motional symptoms:

weeping, involuntary (p. 93; 23)

depressed – sadness (p. 75; too big without specifics)

nervous – anxious (p. 4; too big without specifics)

excitable (p. 40; too big without specifics)

Physical, general symptoms:

better with motion (p.1374; is too big without specifics, and also this may not be quite what was meant – e.g. moving the part)

better with exercise (p. 1358; a workable size rubric, and also clear and strong for her)

worse standing (p. 1403; again too big. Perhaps we could use the 8-3's)

better with warm bath – where can we find this in repertory?

hungry frequently, becomes dizzy, weak, tired – increased appetite (p. 477; too big)

- appetite increased with weakness (p. 478; a good rubric for her)

low about 1 or 2 or 3pm for unknown period – we could use the combined times (p. 1342; would give us about 20 remedies)

better with eating (p. 1357; too big, but could use the 5-3's, or with 18-2's)
swelling worse in afternoons, worse lower abdomen – abdomen, distension, afternoon (p. 544; 15 remedies)
- hypochondrium (p. 545; 11)
aggravation from multiple foods – we can repertorize (of her allergies) onions, milk, eggs, meat, pears, bread, farinaceous foods, fruit (p. 1362; 64 – we could combine these, and use all the 3's, since her symptomatology is severe, or with 2's, although that gets to be an unworkable large number of remedies)
hyperventilates, gets dizzy headache, tense- respiration difficult (p. 766; too big) or accelerated (p. 762; too big), or respiration accelerated during headache (p. 762; 1 remedy, too small to hang our hat on, but important to keep track of)

Sex/Sleep:

sleeps on back (p. 1246)
periods irregular, intermittent, late (p. 726; 7)

Local symptoms:

headache is sharp, temples (p.168-171), vision blurs (p. 271), sees zig-zag flashes (a peculiar symptom, p. 285 or 278)
ghost or second image with movement of visual field – where in repertory?
inner thighs get hot, red, feet freezing – or hives (p. 1012)
face, rash – across bridge of nose & cheeks – course, red
rash dorsum of arms, irregular, red, papular

Remembering to use symptoms that are peculiar, recent, intense, clear, enduring and deep, let's choose the following rubrics:

(1) weeping, involuntary, (2) better with exercise, (3) worse standing – the 3's, (4) appetite increased with weakness, (5) abdomen, distension, afternoon, (6) food aggravations combined – using 3's, (7) headaches with zig-zags

Case: 10/30/78-HL-52ym

10/30/78-HL-52ym, 5' 11½", 150#, pleasant, effeminate manner; hair dresser.

aches constantly, muscles, all over

energy varies – down sometimes if disinterested in activity

joints stiff (has been Rolfed over 100 times)

skin getting scaly, esp. around nose, skin drying out, itches

dandruff in beard & head hair unless shampoos daily

knees ache – e.g. if kneels to paint baseboard in house

has slight headache all the time

head feels unclear “physically”; thinking is clear

noise in ears – like wind blowing or hiss of steam

all symptoms over 8-10y

general medical exam has been ok; recent ? of slight high blood pressure

diet – doesn't eat excessively – if overeats feels uncomfortable

min red meat, lots of fruit, vegs; some fish & poultry, much dairy, min milk, lots of cheese & butter; desires sugar but avoids it

has 2 c coffee/day; will d/c – sometimes skips

on no medication

gets up betw 6-8am; first 2 steps his feet hurt on the bottoms

stiff on awakening; better after moving around

worries he won't finish things on time

gets angry if not getting his own way

impatient – e.g. getting people to make up their minds

better warm but intolerant of heat; worse damp

Rx given – 1m(1)

11/29- noticed no effects from remedy; stayed off coffee 2 weeks then 1 cup/day

no medication; no dental work;

used Cortisone ointment daily on Herpes around anus since 4 d before last appt. also used lotion on face which had camphor in it

will d/c Cortisone and ointment and try again

Rx same -1m(1)

1/3/79- better – “different in my head”; things bother me less, not upset so easily; the same stresses but less response, less impatient, more determination and direction; in general feeling much better.

still has itch around ass – not using Rx – doesn't get raw as it used to

athletes foot bothersome

joint aches are a little better, at times great but returns

scalyness on forehead & dandruff in beard better in last few days

no Rolfing in past two months

had cocaine x 1 at Christmas; did not have excessive reaction

had hot tub a couple of times; usually has tepid shower – not hot or cold.

Studying the Case

Assessment of vital force:

Freedom – physical activity somewhat limited, but not markedly; worried, impatient.

F = 8

Old (age now & onset) – 40-52y, not severe **0 = 8**

Relatives (family history) – no information given **R = ?**

Center of gravity (mental, emotional or physical) – E, mainly P. **C = 7**

Emergencies (response to stresses) – tolerates Rolwing; gets worried, angry; uncomfortable heat, overeating **E = 8**

Sensitivities (& hypersensitivities – allergies, med side effects, proves remedies, intolerant pollutants, etc) – no info given **S = ?**

Overall = 8

Mental/emotional:

impatient (p. 53; 5-3's, 26-2's, 50-1's)

angry not getting his own way – angry from contradiction (p. 2; 4-3's, 7-2's, 19-1's)

worries about finishing on time – hurried (p. 52; 7-3's, 21-2's, 50-1's)

General:

better warm, intolerant of heat, worse damp

warm bed amel (p1413; 10-3's, 16-2's, 22-1's)

warm stove amel (p1413; 7-3's, 3-2's, 26-1's)

cold, wet weather agg (p1350; 15-3's, 40-2's, 35-1's)

stiff on awakening, better after moving about; aches constantly, muscles, all over

pain, sore, bruised, amel by motion (p.1385; 4)

pain, sore, bruised, on waking (p.1385; 5)

stiffness of extremities, morning in bed (p.1191; 6)

stiffness of extremities, amel while/after walking (p.1191; 4)

stiffness of extremities, joints (p.1191: 8-3's, 24-2's, 16-1's)

morning (p.1192; 5)

on rising (p.1192; 5)

desires sugar (p.486; 6)

sweets (p.486; 5-3's, 24-2's, 13-1's)

cheese (p.484; 8)

butter (p.484; 9)

Rubrics I decided to use:

impatient (2's & 3's) – Acon Apis Ars Ars-h Ars-i Bry Calc CHAM Coloc Dulc Hep Hyos IGN Iod Ip Kali-bi Kali-c Lach Med Nat-m NUX-V Plant Plat Psor Puls Rhus-t SEP Sil Sul-ac SULPH

angry from contradiction – aloe am-c anac ars AUR Bry cact calc-p cocc Ferr Ferr-ar grat helon hura IGN LYC merc nat-a nat-c Nice Nux-v olnd op petr SEP Sil stram tarent Thuj til

hurry (2's & 3's) – Acon Arg.-n Ars Ars-i Bar-c Bell Bry Camph Carb-s Coff Crot-c Hep Ign Iod Kali-c Loch LIL-T MED MERC NAT-M Nux-v Ph-ac Puls Stram SULPH SUL-AC TARENT Thuj

warm bed amel (2's & 3's) – Am-c ARS Aur BRY Calc-p Caust Coloc Dulc Graph HEP Kali-bi
KALI-C Kali-i LYC Mag-p NUX-M NUX-V Phos RHUS-T Rumx Sabad Sep SIL Stann
Tarent TUB

cold, wet weather agg (3's) – AM-C ARS BAD CALC CALC-P COLCH DULC MED NAT-S
NUX-M PYROG RHOD RHUS-T SIL TUB

stiffness of extremities, amel walking – acon calc carb-v Lyc RHUS-T ter

The remedies that rate highest in this list are:

by intensity – ars-11, rhus-t-11, nux-v-10, sil-10, bry-9, lyc-8, sep-8

by frequency – ars-5, bry-4, nux-v-4, rhus-t-4, sil-49 acon-3, am-c-3, calc-3, calc-p-3, dulc-3,
hep-3, ign-3, kali-c-3t lyc-3, tarent-3

So we look up in materia medica arsenicum, rhus tox, nux vomica, & silica (let's eliminate bryonia since we know it is usually strongly worse with motion). If none of these seems to fit the case, we will come back and check out some other remedies in this list and perhaps look for better rubrics, etc.

Case: 8/14/78-AG-43yf

8/14/78-AG- 43Y f, 5'7", 138# (ideal-w125#). Hair bright red, short, boyish cut; angular facial features, jewelry, stylish suit; a break, but friendly manner, with quick, kidding responses, but seems vulnerable, stressed by life at times. She was raised in a harsh environment with schizophrenic mother and austere, compulsive doctor father; 2 brothers are both very neurotic, anxious, limited, over-intellectual. She was a nun for several years, now teaches psychotic children on staff at a university medical center. Under treatment for suicidal depression for several years; recently taking an MAO-inhibitor anti-depressant for 2 y with good relief of depression; also Dalmane for insomnia.

very upset past week re lost lover – homosexual, said she wanted to see less of patient.

Depressed, angry, suicidal thoughts; ruminates on loss, how she did or didn't handle things; manipulative schemes for getting even. This is severe return of the kinds of feelings she used to have years ago. Angry at self for handling things so badly.

loves salt

thirsty, mouth dry

periods short

L achilles tendonitis from running

R foot bone slips out of place

likes bread

eats once a day – better when not full

not better open air

tight clothes are ok

response to consolation is variable – may annoy her

does not cry – although feels like it

drinks ½ cup coffee in AM

planned to start Norlutate for minimal periods – will wait

low energy c 1pm; helps if can nap 20-30min about 3 or 4pm or before

has pimples, acne on buttocks and face

bowels – ok; move in AM after coffee

forgetful

Rx given-30x(1)

8/17 – cried and laughed a lot, “release crying”; slept a lot; feeling much better; “cold and hot” sweat in sleep – more than before; acutely, startlingly aware of sounds and smells; talked out relationship blocks with lover, after was able to cry and feel released and stronger. Head tender when touched for haircut; ringing in head. Headache in L temple last night, 4am, gone by afternoon.

Decreasing Nardil (had been reluctant, frightened to do this for 2 y; got worse each time).

8/25 – acne on buttocks and thighs, vesicular rash in front of ears; feeling good, cheerful; laughing and crying jags (very unusual for her).

9/1 – feels good; worried re increased heart rate through week to 90-100 resting – she had this in 1963.

Ominous forebodings more this week since decreasing Nardil; as always plagued by fearful anticipation before report at work – does ok with notes, but memory fails her – forgets names, what's wrong with the car; absent minded – put clothes in waste basket.
constantly expecting something bad to happen (not a new symptom).
cries easily, as a release or when happy; feels good in a new way.
tendonitis is ok now.

9/25 – doing well, better than in years; has stopped Nardil about 1 ½ wks ago.

Moods more even; less highs and less lows.

Notes lessening of an old symptom: a stammer on certain second syllables.

Eating a lot, has gained a few pounds.

Had a pain in her thumb which was chronic since old injury get worse for few days then cleared, now entirely ok.

Studying the Case

Assessment of vital force:

Freedom – teaches in demanding position, active social life, but needs meds and has emotional limitations. **F = 7**

Old – middle aged; significant emotional problems for several years. **O = 6**

Relatives – mother schizophrenic, father active professional but with emotional limitations, brothers both with significant emotional problems. **R = 3**

Center of Gravity – some mental and severe emotional problems. **C = 3**

Emergencies – severe upsets re lover, pinching, etc. **E = 4**

Sensitivities – no allergies, hypersensitivities, food aggravations; emotionally “everything” seems big, stressful. **S = 5**

Overall = 4.5

Possible rubrics

absent minded (p.1; 100, 13-3's)

anger (p.2; 150, 18-3's)

ailments after anger (p.2; 65, 10-3's)

violent anger (p.3; 35, 9-3's)

forgetful (p.48; 170, 11-3's)

ailments from grief (p.51; 35, 8-3'.)

violent grief (p. 51; 3)

desire to kill (p.60; 25, 1-3)

inconsolable (p.54; 17)

ailments from disappointed love (p.63; 18)

ailments from disappointed love with silent grief (p.63; 4)

lovesick with one of her own sex (p. 63; 6)

reproaches himself (p.71; 20)
sadness; mental depression (p. 75; 250, 48-3's)
sadness, cannot weep (p.78; 2)
suicidal thoughts (p.85; 15)
haunted by thoughts of unpleasant subjects (p.87; 6)
everything seems unreal (p.91; 8)

lassitude (p.1370; 150, 25-3's)
lassitude in afternoon (p.1370; 4)

vision blurred (p.271; 40, 3-3's)
vision foggy (p.279; 140, 12-3's)
mouth dry with thirst (p. 403; 40, 2-3's)
desires salt (p. 486; 35, 6-3's)
stomach emptiness, averse to food (p. 488; 17)
menses short duration (p. 728; 50, 4-3's)

anger – ACON ANAC ARS AUR BRY CHAM HEP IGN KALI-C KALI-S LYC NAT-M NIT-
AC NUX-V PETR SEP STAPH SULPH
forgetful – AMBR BAR-C CARB-S COCC COLCH LYC MERC PETR PH-AC PHOS PLAT
ailments from disappointed love with silent grief – IGN NAT-M PH-AC phos
love-sick with one of her own sex – calc-p Lach nat-m phos plat Sulph
reproaches himself – Acon Ars Aur calc-p cob cycl Dig hell hura Hyos Ign lyc merc nat-a Nat-m
Op ph-ac Puls Sarr Thuj
haunted by thoughts of unpleasant subjects – Ambr caust graph kali-c NAT-M rhus-t

The remedies that occur more than twice in this short list of rubrics are:

ignatia (8/3), lycopodium (7/3), natrum-mur (12/5), phosphoric acid (7/3), phosphorus (5/3).

Next we check these against the other rubrics that seem applicable, and read about them in materia medicas to see if they apply to this woman.

Case: 6/27/78-MN-29yf

6/27/78-MN-29yf – thin blond, looks stressed; tearful, moody, passive, rarely smiles. Was an “Army brat” with depression and behavioral problems in youth. Graduated high school, left home, got pregnant, infant adopted out. Married at 21y; has one son with ex-husband in Washington – she was drinking heavily, using cocaine – husband left (2 y ago).

depressed – “I can’t have children, and have a son 10y old – so I’m not marriage material” - lonely, fears being alone, feels worthless, confused, forgetful

tired all the time – sleep “all day” – works in a bar 5:30pm to 1:30am – when gets home hard to get to sleep – to sleep 4:30 to 11am – disturbed by anxiety, dreams of being chased, to be beaten up; dreams of “making a commitment”. Another dream a couple of times – a man got into bed with her. Sleeps & sleepy thru afternoon.

clumsy – bump into people & things, get bruised a lot “like I don’t see things for a couple of seconds” – awkward, afraid going downstairs that she will fall

bowels were “spastic” – constipation

smokes heavily; drinks substantially; cocaine occas.

rash on hands – Herpes circinatus – left more than right

occas. sharp, deep pain above pubis – since surgery, hysterectomy 1 y ago

thirsty – very

sweats little – from stress or vigorous exercise – most on back and chest

vigorous exercise amel. – feels better afterward, really “clean”

from dust, gets fever, stuffed nose & chest, “colds” – from sawdust or house dust

sleeps on left side, extremities flexed, hugs pillow, or on back – not on R side

gets bearing down feeling before BM; no prolapse

? lost feeling of love – “I wonder why I don’t care about my son, mother, dad – I’m selfish”

after taking Percodan for toothache felt depressed, generally worse

symptoms mostly worse on right than left (toothache, muscle spasm, etc.)

Rx given -1m (1)

7/12 – day after remedy got increased sweating, also diarrhea q2-3 h

sweats mostly at night – like after the surgery; some twinges of pain around wound

herpes worse; pimples on face, ears – cleared after ca. 2 wk

less depressed and less apathetic; sleeping less

candy doesn’t taste good – tastes almost bitter

alcohol seems to have increased effect – puts her “on my butt”

less sick from dust

very thirsty – has bitter taste in mouth, like burnt popcorn – everything tastes awful except water

feels bloated with gas – less if don’t eat breads, potatoes, candy

craves popcorn – has never liked corn

able to get angry – feels more up; confronted employer re his insults

much less forgetful; somewhat less clumsy

no nightmares

(looks more alert in interview – sits up, smiles, voice animated)

7/29 – doing well; still much sweating; stool now 1/d

got erysipelas left face & ear – boil lanced; Rxd Penicillin & sinus drainage

10/2 – doing well; cheerful and alert; quit job, moved to LA – living with friend and has new job she likes better.

was taking Rx Thyroid 3 grains/d – got hot, sweats, increased heart rate – decreased Thyroid and symptoms cleared – feeling very well

Studying the Case

Assessment of Vital Force

Freedom – confused, forgetful, tired, clumsy. **F = 3**

Old – 29y, onset in youth; mental & emotional symptoms. **O = 3**

Relatives – no info. **R = ?**

Center of Gravity – mental and emotional. **C = 3**

Emergencies – separated 2 y ago, etc. **E = 5**

Sensitivities – dust, Percodan. **S = 4**

Overall = 3.5

Mental/Emotional

depressed – sadness (p. 75; too big)

lonely – des. company (p.12; 8-3's, 18-2's)

fears being alone (p.43; 7-3's, 12-2's)

feels worthless – lacks self confidence (p.13; 1-3, 9-2's)

confused (p. 13; 18-3's)

forgetful (p.48; 10-3's, 37-2's)

cannot feel loving

General

thirsty (p. 527; too big)

exercise amel. (p. 1358; 9)

narcotics agg. (p. 1375; 5-3's, 9-2's)

Sleep

sleepless until 4:30am – from anxiety (p. 1253; 20)

dreams of being beaten, chased, man in bed – pursued (p.1242; 12)

Locals

agg dust – fever, “cold”

stumbles when walking (p. 953; 23)

bearing down feeling with BM

herpes circinatus (on hands) (p. 1312; 23)

Rubrics closely applicable to this lady and of workable size:

fears being alone (2's & 3's) – Apis ARG-N ARS Camph Clem Con CROT-C Elaps Gels HYOS
KALI-C Kali-p Lac-c LYC Lyss PHOS Puls Sep Stram

confused (3's) – BELL BRY CALC CANN-I CARB-V COCC GLON LACH MERC NAT-M
NUX-V ONOS OP PETR RHUS-T SEP SIL STRYCH

forgetful (3's) – AMBR BAR-C CARB-S COCC COLCH LYC MERC PETR PHOS-AC PLAT
PHOS

exertion amel. – canth Ign nat-m plb RHUS-T SEP sil strann tril

narcotics agg. (2's & 3's) – BELL CHAM COFF Dig Ferr Graph Hyos Ip LACH NUX-V Op
Puls Sep Valer

stumbles when walking – AGAR Calc caps CAUST Colch Con gels Hyos Ign iod IP Lach lil-t
mag-c Mag-p Nat-m nux-v op Ph-ac Phos sabad sil verat

herpes circinatus – anac anag Bar-c Calc clem dulc Eup-per Graph hell hep iod Lith mag-c Nat-c
NAT-M phos PHYT SEP spong sulph TELL thuj TUB

Highest from this list are: sep 11/4, nat-m 9/4, phos 9/4, hyos 7/3, nux-v 7/3

Next we read these remedies in materia medicas to try to find this lady. We might also check these remedies back against the rubrics we didn't use, that were too big, etc. If none of these remedies seems to fit her well, we would go back and review which rubrics we used, look for others and perhaps take the case again.

Case: 11/7/78 -MJ -26ym

11/7/78-MJ-26ym – ballet dancer & choreographer; thin, seems tense, has pale complexion with blotchy red over face and upper chest; speaks well, hesitant at first but becoming talkative re symptoms and his life as interview progresses, although still seems tense
difficulty urinating; retention over past 10 d – has required catheterization x 2. Urologist told him he has inflammation of bladder; prescribed Urecholine to relieve bladder sphincter spasm, which patient takes 1 to 3x/d
trouble with GU track for years, since late 60's; prostatitis, bladder infections, difficulty urinating, would need to press on bladder and wait many minutes to initiate stream; then dribbling at end and leaking into pants
had felt well during summer, and in August on vacation, “delightful,” “relaxed” then in September began heavy dance schedule, 16+ h/d; felt good about this, vigorous
also in Sept had 4 – 5 days of diarrhea, fever; Rx'd Gantrisin; thereafter needed to press on bladder again to get urine started
recently joined Rosicrucians with wife – feels good about studies; intermittently anxious re relationship with wife, confused re values, fidelity
“independent type person”- feels OK with friends and at work, but resists structure, needs independence. Finds it “difficult to work under anybody” or accept any hierarchy – socializes very little
compulsion to rid self of income, property & encumbrances – monetary things “don't have any meaning” – be alone, self-sufficient, unencumbered
“health is a state of mind”
sweats a lot when working, and then thirsty – juices, water, beer; after an injury felt anxious and drank alcohol to excess; eats a little breakfast, then not 'til 5pm
eats no red meat; eats vegs & dairy; desires cheese, crackers, breads
puts no salt on anything as health practice – but notes still craves salt, if eats a salted cracker etc. can't stop
spicy foods cause rash on forehead
gets up between 5am and 7:30, sometimes earlier – very good time, creative
9:30 to dance class – boring; about 4:30 or 5 physically tired; rest 30min
if under stress will drink excessive wine and rest for an hour
less effective in evening – to bed about 11:30 or MN; up x1 to urinate
feels much better in open air & better cool – keeps house “cold”, windows wide open
loves music; hates city noises; offended by smoke, noise – “I hate the City”
threw his watch away a few years earlier rather than be run by it

Rx given-10m (1)

1/5/79-(59 days) – has been feeling excellent, energy high; through Xmas had very busy schedule and handled it better than ever.

Urinated within 15 minutes after getting Remedy, and able to urinate since then without any further Urecholine. (Felt euphoric several hours after remedy.)

2/18-(103 days) – generally feeling very well, spirits good, feels more at ease in relationships and business, and not so restless, competitive – better able to enjoy a day at the shore, leisure.

Had an episode of urinary retention that started Xmas eve over 2-3 days; none since
In mid-January at time of first production meeting for his new work, noted a fleck of skin off penis, without trauma; over several days this became inflamed and spread; there were a series of four crops of patches of small blisters. He had had this also once before – in the fall at start of the present period of difficulties; he used hydrogen peroxide and neo-cortine ointment with little or no effect, although the eruption seemed to resolve spontaneously by late Jan.
For one day (Feb 3) has urinary frequency with urgency, small volumes, and with a pounding sensation in penis – similar to prior episode in fall.
3-4 days ago onset sore throat; initially itch, later difficulty swallowing; worse early am, better warm fluids, or generally thru the day. He has had much difficulty with sore throats in the past – but not for three years. Appetite and spirits have been good.

Studying the case

Assessment of Vital Force:

Freedom – active, alert, independent; anxious, retention **F = 8**
Old – 26y, symptoms over 10 y mainly physical, some emotional **O = 7**
Relatives – **R = ?**
Center of Gravity – mainly physical, some emotional **C = 7**
Emergencies – heavy schedule OK; acute illness with residual **E = 8**
Sensitivities – spicy foods, smoke, noise **S = 6**

Overall = 7

Rubrics we might use (let's try with just the 3's this time)

Mentals:

averse to company – (p.12; 9-3's) – ANAC BAR-C CARB-AN CHAM CIC GELS IGN NAT-M NUX-V
sensitive to noise – (p.79; 16-3's) – ACON ASAR BELL BOR CHIN CHIN-A COFF CON KALI-C NIT-AC NUX-V OP SEP SIL THER ZINC

Generals:

desires open air – (p.1343; 11-3's) – AUR AUR-M CALC-I CARB-V CROC IOD KALI-I KALI-S LYC PULS SULPH
becoming cold amel – (p.1349) – or warm agg – (p.1412) – use combined 3's – ALUM APIS ARS-I IOD LED LYC PULS SEC
thirsty – (p.527; 26-3's) – ACET-AC ACON ARG-N ARS BRY CALC CALC-S CAPS CAUST CHAM CHIN DIG EUP-PER HELL IOD MERC NAT-M OP PHOS RHUS-T SEC SIL STRAM SULPH TARENT VERAT
desires cheese, salt, bread – (p. 484 & 486 – use combined 3's) – ARG-N CARB-V LAC-C NAT-M PHOS VERAT

Locals:

urination retarded, press, must, a long time before he can begin – (p.661; 6-3's) – ALUM CAUST HEP MAG-M MUR-AC OP

Remedies most frequent in this list of rubrics are: 3 times – iod, nat-m, op; 2 times – acon, ars, alum, arg-n, caust, cham, chin, carb-v, nux-v, sil puls, phos, sec, sulph, verat

We could start by looking up iod, nat-m & op in materia medica and if none of those seem to match this patient, look for some of the other remedies. We might also look back and see if iod, nat-m and op are in some of the rubrics we used as 2's or 1's.

If none of these remedies seems to pan out, we would look for other rubrics, or retake the case.

Case: 10/24/78-SS-24yf

10/24/78-SS-24yf, 5' 2 1/2", ?160# (ideal 115)

Pleasant, alert; speaks quickly; sometimes ponders, tries to recall before answering. Graduated last June with BA in Art Therapy; recently under stress because needs a job; worked recently as counselor in a summer camp, sews clothes for sale; starts job this week as clerk in art store.

Overweight by 45#; a problem at least since adolescence; recalls parents' pressure on it.

Tired a lot – e.g. yesterday in early PM; time of day variable, depends on activity; awakes 5:30-7am with first light, lies in bed, thinking and (recently) begins to worry. AM's generally good until about 10 or 11am energy drops; then picks up again until 1 or 2pm; then variable but may be tired until 7 or 8pm when it gets dark. **Lacks energy**

Tense – e.g. when first up in AM starts worrying.

Angry – “could kill”, overwhelmed with anger, “**no patience**”, “**no tolerance**”

Irritable – e.g. from advice or consolation if it seems patronizing, etc.

Desires: cheese, bread, fruit, sweets in any form, bread, tuna, fats & greasy foods, onions, tomato, chicken liver, chocolate. ?Alcohol – rarely. ?Caffeine – no except rarely tea to stay up to work. Salty or spicy foods cause itching all over.

Averse: smelly cheeses, nutritional yeast; from Kosher childhood: ham, shrimp, crab, etc.

Constipated – stools hard & dry, rarely with blood; then eats fruits, prunes for relief.

?thirsty – no, unless it's hot

?sweat – not excessively

hair falls out with brushing, washing, pulling – more than it used to

nails don't grow – bite them; and cuticles seem to peel, split.

sunshine makes her sleepy, tired

my posture is a problem – don't have the energy to sit up straight

?cry – yes -sad movies, books; or when feeling horrible, shitty, had a bad day; or cry thinking of father's illness

eyes used to tear when she yawned or when first awake

?**irritable** – if someone uses my things (less this recently), tells me I'm wrong, is being judgmental, asks me to do things I don't want to do, but it's hard for me to say 'no'

?sex – not worth the hassle – right now”; used to be real into sex; not for 1y since broke up with last boyfriend.

?temp – **better cool, worse heat**, esp. if humid; **worse in sun**, feel hot & shitty

love beach, water & terrified of it since almost drowned at 10y; wouldn't go if sunny; ok if cold sun, bright lights, esp. fluorescent light bug my eyes

loud noises annoying, e.g. fluorescent light buzz also annoying

I'm way too slow, try to hurry

Never had gonorrhea, syphilis, TB, etc; had herpes genitalis & cold sores around mouth;

I'm a DES girl- is mother took DiEthylStilbesterol in pregnancy; girl babies of those pregnancies have increased cancer risk

No asthma, hay fever, allergies; no asthma in family

Family history of diabetes, heart disease, stroke; mother has bursitis and is “mentally out of whack”, i.e. gets very anxious, unreasonable, out of control, etc.; high blood pressure and polio as a child

?fears – drowning, tidal waves, not enough money, being lonely, **people not liking me**, being out of control

often feels alone, lonely whether people are present or not, unless touched physically
fears mother's craziness, father's getting sicker & dying, family not being there for her
fears losing control of impulses – when angry “could kill my cat”, want to hit her
fears doctors, dentists as authorities, and people who might cause physical pain
?pains – when first stand, pain in L hip, feels out of connection, not severe
eye aches like headaches, if very bothersome, lingers, takes Tylenol
“I hate pain – can't tolerate it”, even if not severe, but persists, drives me crazy
menstrual ramps occasionally very severe, takes aspirin or Tylenol.

Rx given-200(1) (10/29/78)

Studying the Case

Assessment of the Vital Force:

Freedom – this lady is working, finished school, active; limited by tiredness, irritability,
etc. **F = 7-8**

Old – the problems seem to date back at least into her adolescence, and she is now 24y.
O = 4

Relatives – mental and chronic diseases in parents. **R = 3**

Center of gravity – mainly on the emotional, somewhat on the mental level. **C = 4**

Emergencies – symptomatic response to father's illness, non-severe pain, rejection, etc.
E = 2-3

Sensitivities – no indication of allergies or hypersensitivities, although aversion to
sunlight, buzzing lights, smelly cheeses might be indicative. **S = 6**

Overall = 4.5

Next we try to set the symptoms in a hierarchy considering several things:

Mentals (data-processing difficulties) rate over Emotionals, which rate over Physicals (and with
Physicals, generals rate over locals – that is, symptoms which relate to the individual as a
whole rate higher than symptoms relating to a single anatomical locality).

Unusual or highly individual or idiosyncratic or peculiar symptoms rate strongly over common
ones – for example, likes the beach when it's cloudy would be a more important symptom than
liking it when it's sunny; or irritation from buzzing lights or scratching pencils would be more
important than irritation from loud noises.

Underlining or severity of symptom is important – this is based on three characteristics: clarity
with which symptom is reported, intensity or emphasis the patient puts on it, and spontaneity –
whether offered when asked or without prompting.

I made the following rough list: irritable, angry – from criticism, wants to kill, angry from
consolation, tense, tired, lacks energy, impatient, hates pain if it persists, better cool, worse
warm, touch ameliorates, worse lights, worse noise, likes beach, dislikes sun, obese, indifferent
to sex, hair falls out, constipated, desires sweets, bread, fats.

Next we look in the repertory for rubrics that seem to match her symptoms. I used the following:
anger from contradiction (p.2), impatient (p.53) warm agg. (p.1412), anxiety, daytime (p.4),

touch amel. (p.1407), lassitude (p.1370), sensitive to noises (p.79), obesity (p.1376), desires sweets (p.486). One might also use: female desire diminished (p. 716), seashore air amel. (p.1344), constipated (p.606), hair falling (p.120), etc.

It is important not to use too many (or one turns up only the polycrests, the much-proved remedies), and to use ones rating highest by the criteria above.

This led me to consider the following remedies: aur, bry, ign, lyc, merc, nat-c, op & thuj. Before going from the repertory to materia medica, I reduced the possibilities further – to Lyc, Merc, Nat-c & Op.

The next step is to read descriptions of these remedies in materia medica until one “finds the patient” – or one becomes convinced one has gone up a blind alley – and goes back to the repertory to find more possibilities.

Case: 12/14/78-MG-30yf

12/14/78-MG-30yf, 5'5", 118# (pref 116#)

Energetic, laughs, talks quickly, open, assertive manner. Teaches PE in Jr. HS.

fever occasionally; generally doesn't feel well a lot of the time

hungry all the time – fills up quickly

stopped eating meat 3 y ago – eats chicken, fish – 80g protein/d

skin aging quickly

nauseas

not much gas – sometimes stomach bloated after eggs, milk, onions – also sneezing and drop in energy after these foods

gets up at 6am to alarm – feels awful mentally and physically; after 1 h better; also better after eats; if misses a meal feels very weak; diagnosed hypoglycemia

much better if with people; but feels better alone at end of day – less scattered

feels more fatigued in afternoon, after 5 periods of PE – perhaps about 1 pm

has much on her mind – teaching, much I don't believe in – rigid rules for kids – should be free flowing

1 ½ y ago felt she started in new direction – “let God handle my future”

?cries – yes “love it”, e.g. re broken romance, or for family or kids if things not going well for them, or TV romance

she broke up with a man 2 y ago and “still getting over it”, “waiting for right man”

sexual energy is high – enjoy it – not having sex often

periods are regular; 2 y ago had cyst on R ovary which went away without treatment; used to have cramps with periods

better warm; worse cold; better open air; sleeps with window closed – too cold

thirsty – for lukewarm

fears – dark, men, losing job

? timid – used to be, difficulty making decisions, would think things thru too much; not so much now – if gets a strong feeling it's right, will do it

? anxious in anticipation – yes

does not drink coffee; takes no meds

Rx given – 1m (1)

1/18/79 – could tell the remedy was working from the first minute has had high energy; mental state much better

noticed that her pervasive, obsessive worries (which she hadn't particularly thought to mention) have vanished right after taking remedy

she has continued to improve through the month

Studying the Case

Symptoms, converted to repertory rubrics, listed hierarchically:

fears dark (p.43; 22)
fears men (p.46; 16)
fears losing job, worries re work, rigid rules – re business (p.5; 2), future (p.7; 75)
anxious anticipating (p.5; 3)
weeps – broken romance, family, etc. (p.92; too big)
better warm – warm bed amel (p.1413; 48), warm stove amel (p.1413; 35)
better open air (p.1343; too big)
desires company (p.12; 55)
averse to company (p.12; 90)
worse am arising – ?
sex desire high (p.716; too big)
thirsty for warm – thirsty (p.527; too big)
better after eating (p.1357; too big), worse fasting (p.1361; too big)
hungry constantly (p.477; too big)
quickly full – easy satiety (p.476; too big)
nausea (p.504; too big)
fever (p.1278; too big)
skin aging – ?
agg. (bloating – stomach distended after eating (p.487; too big), sneezing (p.350), decreased energy) from eggs (p.1362; 4), milk (p.1363; 60), onions (p.1363; 4)
cyst right ovary (p.745; 5)

Rubrics I decided to use:

fears dark – Acon am-m bapt brom Calc calc-p calc-s Camph CANN-I Carb-an Carb-v Caust
Cupr Lyc Med Phos Puls rhus-t sanic STRAM Stront valer
fear of men – aloe Aur bar-c bar-m con ign lach LYC NAT-C nat-m phos Plat Puls sep stenn
sulph
anxiety anticipating an engagement – ARG-N gels med
gen, food, eggs agg – chin-a colch Ferr ferr-m
gen, food, onions agg – LYC nux-v Puls thuj
tumor right ovary – Apis fl-ac Iod LYC Podo

The only two remedies that occur more than twice in this list are:

Lycopodium – 11/4 Pulsatilla – 6/3

We next go to materia medicas to get a fuller picture of these two remedies, and see if either of them seems to fit this lady well, and deeply. If not, we would go back to look for remedies mentioned less in our list, smaller remedies, and other more fitting, more precise rubrics.

It is also interesting to see if the rubrics that were not used because they were too large (that is, not specific enough to the patient) would help choose between Lycopodium and Pulsatilla.

Case: 12/14/78-MG-30yf

Looking up these two remedies in the 19 rubrics mentioned above with too many remedies to be useful, we find:

Lycopodium – 37/16 Pulsatilla – 36/16

Obviously this is not helpful (although sometimes it might be). The problem is to be highly specific and individualizing in defining the symptoms, rather than general and all-inclusive.

Case: 11/1/78-SE-67yf

11/1/78-SE-67yf, 5'4", 175# (prefers 145-150#). Heavy set, blond woman; pleasant but self-assured; unsophisticated but communicates clearly.

Episodic fevers followed by chills, shakes, temp to 104°, then profuse sweats every 10-14 days. Or may not occur for several weeks; started about 1 ½ y ago

4/76 after years of gall bladder problems had GB surgery; surgeon found multiple bile ducts with a venous plexus

5/77 – episode of ? “food poisoning”; after artificial scrambled eggs got **sick, nervous, restless abdominal pain, fever, chills, sweats**

11/77 – jaundiced, had “surgery on the liver – cleaned it out under pressure” then did more or less ok until April 78, husband sick, surgery found lung cancer; he died June ‘78

had 2 attacks while husb ill, then frequently since

most recent attack last night, few minutes after midnight felt **chill**, then after 15 min, then after

15 min **fever**, then soaking **sweats**; took Polymox, antibiotic which she believes lessens attack

sleep interrupted by **soaking sweats**, needs new pajamas, towels in bed

time of attacks is usually mid to late afternoon or evening; midnight unusual

first chill was a hot summer day, flopped for a nap, awoke & walked around room, felt severe

chill & shaking, put on blankets without relief; after 1h got **fever** and then **sweat**

in summer when working in yard or shoveling loads of trash into truck didn't have attacks

better with exercise and out of doors; better after short 15min nap – all life

very active and athletic all her life; used to get up early, work hard all day

still has **liver, gall bladder symptoms**; also **epigastric distress with deep breath**

tearful re husband's death; **cries from music**; **episodes of causeless and involuntary weeping** all

her life – e.g. a few weeks ago, alone, walked the floor crying, didn't know from what; **restless**

when weeping; **rolls and tumbles when sick**

music makes her weep, “tears me up”, some songs

wakes 7-8am; **“hate to face the day – lie in bed”** (never used to be hard to get up)

energy changeable, depends on activity and mood; day on or day off

drinks 1 c coffee/d; was off it; will d/c

desires vegetables, **bread, spicy, fats, rich foods**; occasionally craves **sweets**

eats min red meat, chicken; used to like salt – doesn't use it, on salt free diet

fats & fried foods feel uncomfortable, like a lump, makes her burp

not thirsty

not fearful, although gets **“skittish” in evenings**, from a noise outside, and sometimes **afraid and**

insecure since husband died – e.g. wont go driving, if got into trouble couldn't call him

a perfectionist – it annoys me if people are **inconsiderate**, e.g. not on time

not worried re germs, dirt; not fastidious re housekeeping, etc.

sometimes irritable; **annoyed by dim flickering or glaring lights**

will argue her point if she thinks the other person wrong; describes herself as hard driving and

competitive (or agrees to these when asked)

reads a lot – health news, Prevention Magz – not novels, get too involved and overdo it, wear out

eyes, etc.

religious – very personal relationship with God, attends church & on Board of Church

expects to live into 90's – her family lives long – and not going to “take life lying down”

takes vitamins; occasional Excedrin

prefers warm but dislikes hot, especially indoors – hate air conditioning
likes sun and fresh air; dislikes fog, rain

bowels – occasionally constipated when ill, then diarrhea when relieved; since surgery stools are light colored

hysterectomy in '58 or '59 for hemorrhages & tumor; still has occas. hot flushes, perhaps once a month, if nervous, tense

headaches lately – temples, last several days, not better sleeping; dull ache

has haital hernia – burping; quite a lot of gas in belly and flatulent some days

interested in psychic phenomena – not recently, but if I wanted to get a message to my husband, I could

11/6 – had a bad chill again last night; tired

11/6 – remedy given

1/4/79 (59 days) “everything has improved”; general well being much improved

feels “back in excellent condition”; stronger, balance better (e.g. not worried or unstable putting on shoes)

3 wk ago had a bad cold – took cough syrup & it “threw me again” but “amazed at how well I’ve felt” – son says I look better than for years

once or twice felt a chill or fever coming an but it didn’t

weepiness better – hasn’t happened over past two months

4 d ago got pain in RUQ – better with heat & vibration, some sweating after attack – not bad – no other episodes of chills or fever

Case: 9/18/78-MC-41yf

9/18/78-MC-41yf, married, 5'2", 128# (ideal wt.115#).

"I have a stability problem." Has had years of psychotherapy, many tranquilizers, etc., esp. during adolescence ("mother wanted to try everything, and gave me some for nervousness").

Patient is blond, fair complexion, a full frame, firm; slightly plethoric, She talks quickly, quite openly, brings a list of symptoms, treatments, etc. so she won't forget to mention anything. Tends to convert things into psychodynamic insights – irritable at husband "probably because underneath I'm afraid of him, of everyone, since my relationship with my mother." Over the past year an improved diet has felt better (no sugar, caffeine, less meat, more whole grains, etc.) She has one child, a son 9y. She has just completed ly at College of Marin, got her "retail certificate", work selling shoes but plans more adventurous business.

insomnia, mind races: to bed about 10pm say sleep or may be restless; often to sleep then awake about 3 or 4am for 1-1 ½ h, then back to restless sleep. (Sleeps on stomach or L side, rarely R, never an back; window open, In loose nightgown with moderate blankets; feels much better, less tense next day if food sleep.)

"hyped", excitable, pressured, hurried – if gets pressured, gets going faster and faster, then confused and needs to settle herself down to untangle, set priorities.

anxious, hurried when there is much to be done; gets hurried when eating; wants husband to hurry (not everyone)

music will speed her up or settle her down depending on kind, tempo. e.g. there is a rock band that practices in her neighborhood; she gets revved up, tense, hurried, will go ask them to be quiet.

irritable, when "afraid" of husb or others, interrupted by him, noises

angry, depressed at lack of communication with husband; both keep feelings inside

she is working and going to school and she helps in the house a bit, but won't assume responsibility for it; if to make dinner, may be hours late, etc.

tension, muscle stress, jaws tight, sore, arms and legs painful with tension, joints sore, anger, rage inside

difficulty concentrating, esp. when pressured or tense, anxious

comes from a "psychotic family" – mother had a mental breakdown; many disturbed members in prior generations.

fearful, since childhood, of everyone; no self-confidence – e.g. selling shoes, knows he can do a good job, but gets anxious, tense

often has good periods, feels calm, sure; ups and downs may be every few days or over a period of 1-3 months; possibly better with diet,

drank much alcohol, with husband; they gave it up, now feels isolated, few friends

sexual interest varies with anxiety and relat. with husb.; menses also irregular when tense; better since on better diet

gets high blood pressure when tense

sinus "infections", nose feels dry, burning, chaffed, empty – from stress; if severe will get stuffed, run thick yellow mucous; worse (stuffiness) wet (hot or cold)

temperature tolerance – varies – sometimes I don't wear a coat when others are chilly, or may bundle up when others are warm; out of doors I don't want a lot of clothing, but inside will cover up

weather – all ok, likes a storm, will curl up with a book, feel relaxed
loves the beach, ocean – doesn't go often because husband "burns"
feels guilty for distress of sibs, even though knows she couldn't do anything
consolation – is comforting, or may be annoying, depending on person, situation
desires meat, mayonnaise, breads, fats, butter, rich foods, sweets, salty foods
aversions – none marked; won't eat much fruits or vegetables
thirsty, prefers hot; tea, juice, decaf
likes red, green, yellow, blue & brown; no aversions
diarrhea with tension, and flatulent with diarrhea

Rx given – 200(1)

Case: 10/2/78-SS-55ym

10/2/78-SS-55ym. Heavy set, slightly overweight; bright, creative, an independent thinker – developed a form of psychotherapeutic treatment; speaks several languages fluently (is Belgian).

was a prisoner of war of Japanese for 3 ½ y during WWII. After release in 1945 he developed multiple symptoms, which gradually got better and then returned about 3 y ago when he was jailed briefly in Belgium. Since then he has not been able to shake the symptoms, although they get better and worse to some extent – presently not particularly severe.

thinks he is dying, will die suddenly, gets weak, palpitations, has intrusive memories of the concentration camp

suddenly, at any time in his daily activities, he will have a wave of fear and feel he is about to die

when with others, suddenly believes they are about to die – although he knows this is not so – this happens at least daily

treated with homeopathy in France – multiple remedies several times a day

feels better when environment is quiet – unless TV or a story reminds him of prison

has increased blood pressure – very sensitive, can feel it throughout his body tension

headaches – pressure, generalized – moderate, not severe

pains in chest with muscle tension, or arm pit – scare him

the sudden strong thought “I’m going to die” occurs every day, usually several times a day

when first to bed at night – muscles jerk across abdomen; get to sleep easily, 11:30

may get up to urinate once, about 5am; sleeps with window closed; if hot will stick feet out from under the covers

gets up about 8:30 – feels good

has been jogging recently, not hard, 1 mile a day

not thirsty

prefers warm

mentally “always on the move” – physically less

likes indoors and outdoors

no other physical or mental symptoms on extensive questioning

Rx – 1m(1)

11/14 (43 days)

much better; fearfulness does not come up at all when with others, and when alone is “down to 20% of what it was” – reduced in frequency and very much in intensity

is cheerful, alert, clear mentally

11/29 (58 days)

notes some return of fearfulness episodes, not frequent or severe

Rx – 10m(1)