



# LIGA NEWS

Electronic Newsletter of the Liga Medicorum Homoeopathica Internationalis • No. 17 • Apr 2016

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## LMHI President's editorial, by, Renzo Galassi

### Anacardium Orientalis: angel and devil.....

Reading our Materia Medica we are trained to go through the symptoms of the provers, and when the Materia Medica is reliable, we have also the pleasure to find the verification of some symptoms in the clinical experiences of some good authors. I am always more convinced that the best Homeopathic literature is written in the books of the old Masters of the first part of our history.

Sometimes, reading my favorite Materia Medica, I stop and start thinking of a possible relationship between the images presented by the symptoms and my everyday life. So, a few days ago, I was going through the symptoms of the proving of Anacardium Orientalis made by Hahnemann and his first students, published in the second volume of the Archives of E. Stapf (1788-1860) in 1823 and enlarged in the second edition of the Chronic diseases of Hahnemann (1755-1843) in 1835. We can see clearly in the proving the aspect of the "two wills" that the provers felt. Going to the Guiding Symptoms of Constantine Hering (1800-1880) we find more symptoms relating of this sensation, also appearing in the textbook of Materia Medica of Adolph Von Lippe (1812-1888), but in Hering we find a symptom in third degree coming from a clinical verification, and expressed like this: "In one ear a devil, in the other an angel, prompts him to do murder or acts of benevolence". It was put in the repertory written by Hering's son-in-law, Calvin B. Knerr (1847-1940) and later added to the Repertory of James Tyler Kent (1849-1916).

This symptom, that is so well remembered by every student, came to my mind a few days ago, when I was spending some days on a trip in India, visiting some Homeopathic communities in different cities there, attending conferences and visiting teaching centers and Hospitals....., Homeopathic Hospitals!

Leaving from Italy I could see the dozens of articles against our Medicine, saying always the same foolish things: that our patients are a group of stupid people who are thinking to heal themselves with Homeopathy and that they live a sort of delusion, because healing from homeopathy is not possible, since a few scientists state that our remedies are made of NOTHING. So, our Medicine is only placebo and if they eliminate important diseases or sufferings, it's only a Delusion.....it's not true, nor possible! During the take-off of my airplane I started listening in my left ear to a Devil's voice repeating these sentences and tormenting me for hours.....! Fortunately, I could sleep a little during the last part of the flight and after arriving in Delhi at 5:30 am, I started my Indian journey, visiting the first day two Homeopathic Hospitals, with patients in different wards with severe diseases, treated exclusively with homeopathy, completely paid by the Indian Government!

Suddenly I realized that my right ear now was sounding with a new voice, an Angel's voice this time, saying marvelous things about Homeopathy: "Homeopathy is working here, as well as in your clinic. Here are Colleges and Universities of Homeopathy and the Government is supporting your Medicine, supporting the Research and the different Homeopathic Hospitals, where patients' treatments are paid by the Minister.....". In Jaipur I could give a lecture in the local Homeopathic University to about 500 students aged between 18 and 22 years. ....the right-eared Angel was continuing to talk.....

In Nagpur, during the National Congress of IHP, one of the largest Homeopathic Association of India, I was in the Presidium sitting close to the Health AYUSH Minister of India and it was difficult to understand what he was saying to me because **the Angel in my right ear was still speaking loudly and positively.**

The flight back home was horrible, because the left-eared Devil returned and a fight started between my right and left ear, the Angel saying the exact opposite things of the Devil in my left ear. Fortunately a few kilometers before the landing in Fiumicino Airport of Rome, the right ear was completely free of the voice of the Angel and so this double noise ended. Now I am relaxed in my clinic, working with my patients, trying to do my best for their health and trying to not pay too much attention to this voice in my left ear repeating the unstudied opinions of ordinary medicine: " **this isn't really working, you are cheating your patients, the skeptics and some scientists say that in your remedies there is nothing, you are curing them with pure water.....**".

Let's see, if the voice will not stop in a few days, I will be obliged to take one deep dose of Anacardium. For the moment I go on closing my eyes every now and then, taking a deep breath and trying to remember the Indian trip and the wonderful phrases I heard in my right ear, the ear that allowed the Angelic voice to enter.....

In these times, many loud waves of emotional opinion are washing around, and our ears are all slapped by them. To all – the right ear brings the right news...a great hug to all the Homeopathic Family, your devoted, renzo galassi



Renzo with the children in Sar Seva Sangh, Hyderabad

*Renzo Galassi*

# Editor's Note

## A Homeopathic Approach to Hyperactive, Attention Deficit Disorder and/or Autistic Children/ Adults (Part One)

By

Richard Hiltner



*Dr. Richard Hiltner*

Dear colleagues,

I had the pleasure to hear Robert F. Kennedy, Jr. (the son of late the Senator) in Santa Barbara, California last week on a subject dealing with Autism and its association with toxicity: especially Mercury.

There is much detail I can give you on this excellent presentation if space permitted. There is no doubt that immunizations could cause death and all kinds of illnesses in between. It is certainly possible that autism could be one of the factors associated with that. Research and various data are not totally clear.

However, I would like to present some of the approaches to this very important illness as well as Hyperactive, Attention Deficit Disorder in Children and Adults and how homeopathy can be very beneficial.

Attention Deficit/ Hyperactivity Disorder [ADHD] in children and adults is being diagnosed in almost epidemic proportions. The Federal Drug Safety and Risk Management Advisory Committee voted in February, 2006 to add a warning label to ADHD drugs noting that cases of sudden death and non-fatal cardiovascular events have been reported in children and adults on these drugs.

- There can be a tremendous variation of symptoms, personalities and characteristics.

- They can include a violent, aggressive child.

- Or a mild mannered, shy, well-behaved child who cannot focus.

Or anyone between these spectrums.

Judyth Reichenberg-Ullman, ND and Robert Ullman, ND state in their book *Ritalin Free Kids* that the use of homeopathic medicine in the treatment of over 2,000 children with ADHD was successful in 70% of the time when treated at least for one year.



•Most psychiatrists, psychologists, et al., attribute ADHD, depression, obsessive-compulsive disorder and most other mental and emotional problems to an imbalance in neurotransmitters within the brain, often serotonin or dopamine.

•Treatment plans can include behavior modification, cognitive therapy, family therapy and training in social skills.

Autism

Criteria includes:

- Complete indifference and non –responsiveness to human contact and relations.
- Lack of emotional expression and voluntary eye contact.
- Mechanical action, behavior and speech.
- Language problems
- Stereotype, repetitive and ritualistic patterns of behavior and body movements.
- Restlessness, grimaces, spinning and swinging.
- Aggression, self-injury, aversion to change.
- Onset before the age of three.
- Coincidence of epilepsy and mental retardation.
- The disease must be differentiated from mental retardation, congenital deafness, schizophrenia with childhood onset and psychosocial deprivation.

-At least a part of the coexisting mental retardation is autism [the part that is not of genetic origin] can be attributed to the indifference to the surrounding world, due to the lack of emotions and consequent lack of interest.

The California Health and Human Services Agency showed that the number of autistic enrollees in the state's developmental services program rose by 273% from 1987 to 1998, said Coleen A. Boyle, Ph.D [Chief of the Developmental Diseases] Branch of the Centers for Disease Control and Prevention at the Senate Hearings in 2000.

In the Children's Health section of the *Family Practice News* [May 15,2000] it is quoted that Dr. Andrew Wakefield of the Royal Free and University College Medical School in London testified that there was an association between MMR immunization and autism. He has now studied more than 150 children who developed normally during the first 1 or 2 years, then experienced developmental regression to autism accompanied by significant gastrointestinal symptoms. This occurred following MMR vaccination in the majority of cases. However, Dr. Boyle states that: "Currently available scientific evidence does not support a link between vaccination and autism or any other behavior disorder."

*Time's Magazine* May 15, 2006

Comments on Autism

- Autism is many diseases with many distinct causes– from profound disability to milder forms of Asperger's syndrome, in which intellectual ability is generally high but social awareness is low.

- Center of Disease Control and Prevention [CDC] states that 1 in 166 American children fall into the autistic spectrum. This is 3 times the number with Juvenile Diabetes

- That is double the rate of 10 years ago and 10 times the estimated incidence a generation ago.

-300,000 school-age American children and many adults are attempting to get through daily life with autism.

(TO BE CONTINUED)

## CALL FOR ELECTIONS Buenos Aires 2016

Dear colleagues,

At the occasion of the 71st LMHI Congress that will be held August 24-27, 2016 in Buenos Aires, Argentina, the LMHI International Council Meeting will take place. 2016 is an important year for the future management of the world's largest homeopathic medical doctors association. Namely, 2016 is the election year for all the LMHI Executive Committee posts (including Secretaries), since the last elections took place 3 years ago, *i.e.* in 2013 in Quito, Ecuador at the occasion of the 68th LMHI Congress. According to the § 12 (Executive Committee) of the LMHI Constitution and the § 4 of the LMHI Procedures, the LMHI Executive Committee posts elections take place every 3 years.

Hence, it is my special honour and duty to call experienced and skilled LMHI full members and individuals who would like to stand as candidates for any open LMHI Executive Committee and Secretary position to send their application letters and CVs, no later than May 15<sup>th</sup> 2016 to both the e-mail addresses simultaneously: [jelka.milic@hi.t-com.hr](mailto:jelka.milic@hi.t-com.hr) and [lmhi.assistant@gmail.com](mailto:lmhi.assistant@gmail.com). The application letter should express the motivation and reasons for the candidacy in a short and clear way. The candidates should be aware that all the posts are on voluntarily basis demanding the high level of commitment and altruism for the fulfilment of the daily tasks and management of the organisation. We are well aware of many highly skilled and dedicated colleagues all over the globe who would like to serve for the betterment and excellence of the LMHI -- the world's oldest and largest homeopathic medical organisation with a rich and fabulous 100 years (more or less) history. The LMHI Executive Board welcomes any candidacy from any LMHI institutional or individual full member from any world country.

We look forward to your applications and to involvement of new members within the LMHI Executive Board and Secretaries.

Warmest regards,



Dr. Jelka Milic  
Liga Medicorum Homeopathica Internationalis  
Prime General Secretary

## Acute & chronic diseases – instructions in Hahnemann's Organon 6 th edition <sup>1</sup>

By Bernard Zauner



### Introduction:

We often hear – e. g. during the homeopathic education - that the chronic diseases are the domain of homeopathy. Many of us feel safe in this topic. But we know cases, esp. from Indian colleagues in their treatment of severe acute diseases with breathtaking results in such serious cases.

There are some important aspects: In Middle Europe, where I have my office, we have a very good medical care system of acute and severe diseases by conventional medicine. And at the other side, the patients know us as specialists for chronic, long continuous health problems, esp. in situations, when conventional medicine fails. When treating acute diseases we sometimes doubt, the choice of the right remedy. And another fact is, that the treatment of acute problems is not so important in the education of young homeopathic students.

In my opinion, we need different ways to find the right remedy. Repertories with many remedies and huge rubrics are not often the best solution.

What is right: many of our patients suffer per definition from chronic diseases.

### Definition acute disease:

Here is a look in Hahnemann's Organon, 6. edition<sup>1</sup> useful:

#### § 72

*[...] The disease to which man is liable are either rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time - these are termed acute diseases; [...]*

#### § 73

*As regards acute diseases, they are either of such a kind as attack human beings individually, [...] Or they are of such a kind as attack several persons at the same time, here and there (sporadically), [...] Allied to these are those diseases in which many persons are attacked with very similar sufferings from the same cause (epidemicity); [...]*

In this two §§ Hahnemann defines the acute diseases and he makes a more detailed subdivision in diseases concerning only a single person, and diseases which affect a small group of people at the same time and sporadic and the epidemics. An acute disease is a sudden appearing sickness; the symptoms fade away or lead to the suffering person's death.

### Theory:

For all of us, the theory is well known but I think, that it is always important to remember these basics. Only the symptoms, which appear in the acute disease can be used. A blazing chronic disease is not an acute disease and it is not possible to treat it like an acute disease. But an acute disease can approach during the treatment of a chronic disease. In this case we have to differentiate strictly, which symptoms are from the acute and which symptoms are from the chronic disease.

E.g.: A lady consults me, because she has complaints with her menstruation and during the chronic treatment, she has an acute inflammation of the tonsils for the first time in her life. Now, we can only use the symptoms, which appear during this new illness for the right acute remedy.

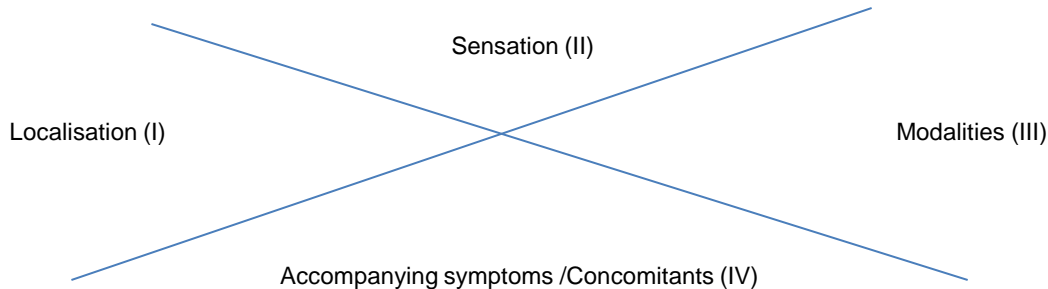
Neither symptoms from the past, nor symptoms from a chronic disease are allowed to be taken for the choice of the homeopathic remedy. But there sometimes is the problem. A frequent reason for consulting a doctor in this season (in my region) is a banal infection of a child. Most of the children are coughing and the symptoms are very common. You are perplexed, because you don't find good symptoms for the acute problem. In this situation you may be inclined to take symptoms from the past or symptoms from the chronic anamnesis.

In such situations, you need the „complete symptom“: To find this „complete symptom“, the questionnaires from Heiner Frei are helpful. The Bönninghausen-method is the best way for me, to find the right remedy in acute cases. And these questionnaires obtain to this method. You can find them, in English too on the website of Heiner Frei: [www.heinerfrei.ch](http://www.heinerfrei.ch).

For a correct proceeding, we look to the § 82 and the scheme of C. Hering:

### § 82

*[...]in acute disease, the chief symptoms strike us and become evident to the senses more quickly, and hence much less time is requisite for tracing the picture of the disease and much fewer questions are required to be asked<sup>1</sup>, as almost everything is self-evident, [...]*



Exactly this scheme, which you can find in the preface of Hering's Guiding Symptoms<sup>2</sup> shows us, to which symptoms we must pay special attention. The first three fields, "localisation, feeling and modalities" are relatively easy to ask, because they are present in an acute case and so they can be described very well by the patient. Most important for the homeopathic treatment are the accompanying symptoms, if we have them. Klunker, a famous Swiss homeopath, he died in 2002 (born in 1923), referred to it. If we find a reason for the acute illness this trigger then is of great importance.

This scheme only is of use for us homeopaths for case taking, not in the analysis, repertorisation and choice of the remedy. Very important are – and this is mentioned by several authors – the modalities and the accompanying symptoms, much more than the localisation and the sensation.

The method of Bönninghausen often is very useful in acute diseases, if the patient tells us in detail modalities, the polarity analysis from Heiner Frei helps us.

#### Helpful tools:

In addition to the repertory there exists the „maximum-minimum-rule“ from Sir John Weir (19 October 1879 – 17 April 1971), which means that from the total number of symptoms only the symptoms with the best message should be chosen.

Another aspect is the "focus" of the remedy, which means in which part of the body the remedy has its main effect, e. g. Pulsatilla ear and female organs.

#### Cases:

Now we are ready to round off the theory with cases from the practice. The first case, published by Will Klunker in the ZKH<sup>3</sup> in 1995, is only available in German. This case is a typical acute case, analysed with the Kent-method.

#### Case 1:

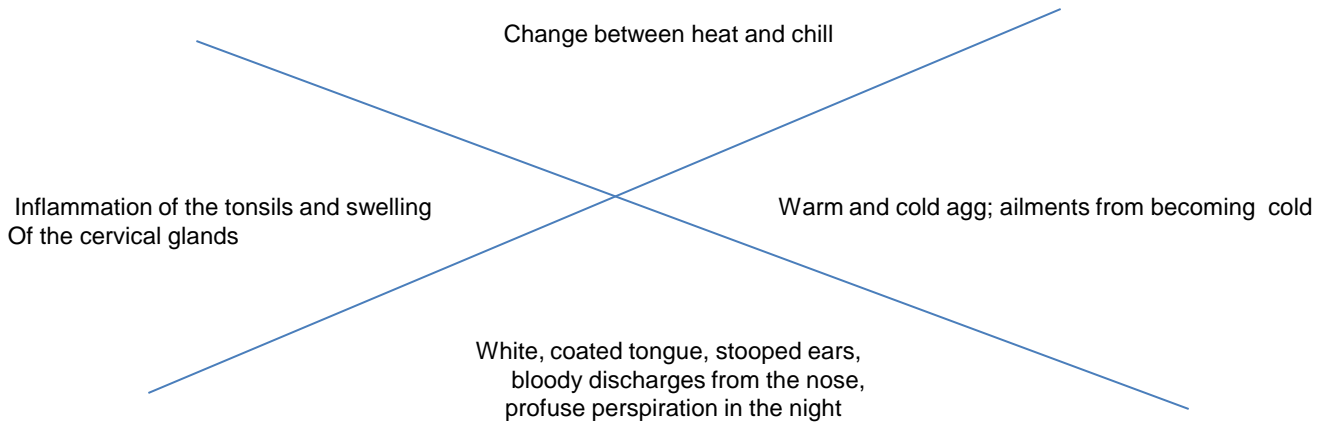
Two days ago, a 32 year old man, who is in under chronic treatment, consulted me because of an acute inflammation of the tonsils and high fever since the day before. The main symptom is painful swelling of the tonsils and the cervical glands. (localisation, I). The second section remains empty because of lack of a distinctive sensation of the affected part. But we can take the change between chilliness and heat. In the third section, we put the modalities: warm and cold agg. equally, the trigger of the illness is the exposure to the wet and cold weather. Now, we need the accompanying symptoms in the section four. These are: white, coated tongue, stooped sensation in the ears, bloody discharges from the nose and intense perspiration during night.

The following repertorisation was made with the Kent Repertory, 6. Edition<sup>4</sup>:

1. Cold wet weather aggr. (K 1350): *merc.*
2. Heat and cold aggr. (K1349): *merc.*
3. Fever alternating with Chills (K1280): *MERC.*
4. Perspiration, night (K1294): *MERC.*
5. Nose, discharge, bloody (K 329): *MERC.*
6. Ear, stopped feeling (K317): *MERC.*
7. Discoloration, tongue, white (K 402): *MERC.*
8. Inflammation, tonsils (K 454): *MERC.*
9. Swelling, cervical glands (K 474): *MERC.*

This repertorisation is made in order of the importance of the symptoms. Dominant are the modalities and the accompanying symptoms, the localisation- tonsils and the swelling of the cervical glands - are less important and we find them at the end of the repertorisation.

The first five symptoms in the repertorisation are the most important symptoms, they are individual common symptoms. Symptom 6 and 7 are individual local symptoms and the last two ones are common local symptoms. The remedy for our patient is Mercurius solubilis in C30. After two days the patient was healthy, one day after the remedy the temperature was lower, the swelling of the tonsils and the cervical glands became less.



### Case 2

A girl, born on 04.11.2012, (I only saw her in my office before with her older brother and sister), comes on 11.02.2014. Now her age is 15 months.

The girl remains sleeping on the arm of the mother. During the clinical examination she does not show any reaction. There is no meningism, the lungs are free and I didn't find any striking symptoms. The day before, it was a Sunday, when the mother was with her daughter at the GP, the situation was the same. The mother told me, that the girl slept nearly the whole day. During sleep, she is lamenting. She drinks and eats too little, the nappy is nearly dry. Some days ago, she had low fever, now she is really hot. During the day the constitution of the child becomes poorer and poorer. She is waking up every four to five hours for a short time and she drinks approx. 20 to 30 ml and then she sleeps again. Sometimes she is coughing, the hands and feet are cold.

The girl presented us typical Opium-symptoms. So, in this case we come to the right remedy with our Materia Medica knowledge. Nevertheless, I made a repertorisation with the following rubrics:

Repertorisation<sup>5</sup>:

SLEEP; SLEEPINESS; heat; during; stupefying sleep (24)  
 MIND; LAMENTING, bemoaning, wailing; sleep, in (12)  
 STOMACH; THIRSTLESSNESS (166)  
 STOMACH; APPETITE; diminished (161)

The used rubrics are usually, only one of them, SLEEP; SLEEPINESS; heat; during; stupefying sleep is peculiar. And in this rubric, Opium is in the third degree and this rubric exactly explains the condition of the girl. The reason for prescribing Opium is the well-known Opium-picture, a so called keynote-prescription.

I gave her Opium C30

When we look in this case to the scheme of Hering, we have in category I to III no symptoms, only the fever. The best symptoms are the accompanying symptoms: no appetite, no thirst, sleepiness during the heat with stupefying sleep and lamenting during this sleep.

The further course:

The mother called me on the following day and told me, that her daughter drinks well, during night she slept still very deep. Today, she has no fever. The cough becomes more and is very dry. I told her, that she shall call me on the next day, if there is a problem. So, she did, because the cough was so painful for the little girl, that she starts weeping during the cough. And the cough was very dry. So the next remedy was Bryonia C30.

### Case 3

On Aug 8, 2011 the female patient, a homeopathic colleague, comes to my office because she has a skin eruption with vesicles on both upper extremities. The diagnosis of the dermatologist is „toxic dermatitis“, a therapy with local steroids is recommended.

A month ago, this problem appeared in a milder version, accompanied by swelling of the axillary lymphatic glands. At that time an oral antibiotic treatment was started. After this, the swelling of the glands became better, but the eruption became even worse. Till this time, the patient never had such a problem.

A cause for her suffering could not certainly be found, but the combination of perspiration, hot summer weather and the contact with dust during harvest on their farm is a possibility.  
Now, both hands and forearms are affected.

It starts with red spots, then they become darker and vesicles develop which confluence surrounded by efflorescences from scratching.

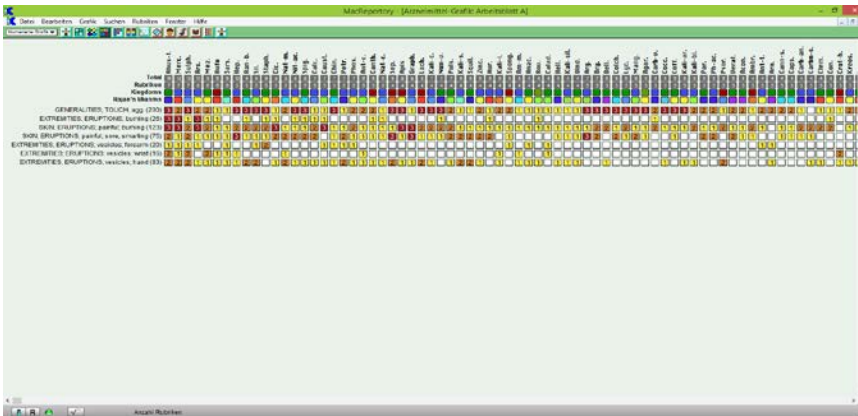
She has a moderate itching, each touch makes a severe pain, it is burning and feels sore. Then vesicles open and the lesion heals.



The prescribed remedy was *Rhus toxicodendron* M.

#### Analysis:

During the consultation, I remembered the intoxication with *Rhus toxicodendron* and the typical skinreactions. I „asked“ Google and my assumption was confirmed. At this time, I discovered a photo in the internet, which showed the same rash as my patient, but in this case caused by contact with the plant.



Now to the repertorisation<sup>6</sup>: The most important symptom is the modality, touch agg. Here we find *Rhus toxicodendron* in the 3rd degree. Then we have the sensations extremities, eruptions, burning; Skin, eruptions painful, burning and skin, eruptions painful, sore, smarting. In this three rubrics we find the remedy in den second and third degree. If we take a look at the less important localisation now, we find in the rubrics used everywhere *Rhus toxicodendron*: eruptions, vesicles forearm, wrist and hand.

If we compare with Hahnemann's *Materia medica pura*<sup>7</sup>, we find under *Rhus toxicodendron* the following, interesting symptoms:

*Erysipelas, swelling. Pustules with burning and itching on the arms and hands. [FONTANA and DUFRESNOY, l. c.]*

*Blisters on the right wrist-joint, which continued to increase, on a pale red surface of four fingers' breadth; they were mostly the size of a pin's head or a lentil, and increased to the size of a pea, and became so numerous that not only was every salient point covered, but all seemed to present the appearance of a big bunch of grapes, the several depressions of which – intervals they could not be called- had a brownish shining look, owing to the dried secretion which the patient pressed out of the blisters in the form of water as clear as crystal (5<sup>th</sup> d.). [Hb. Ts.]*

640. *Four fingers' breadth round about the wrist there was an appearance as if a blister had been applied to a stiff skin, in the form of a bracelet, which had caused vesicles to be heaped upon vesicles. The nearer they were to the hand the more separate they were; some bright and clear on the outer border of the hand, and these had no red areola; when opened they poured out the clearest lymph, and this immediately forms a shining yellow gum on the parts on which it flowed (11<sup>th</sup> d.). [Hb. Ts.]*

*The blisters, which mostly contained a milky, but some of them also a watery fluid, ran together, this condition lasted three days, then the skin desquamated. [Hb. Ts.]*

The further course: After having given the remedy, only a few blisters came, all others healed and pain diminished immediately. 9 days later, one only sees the rest of the lesions, where the vesicles had been. She told me that there is just a certain sensitiveness in the affected parts, however, no more pain.

So, in this case we have three points: the idea with the poisoning, the repertorisation, both gave us hints to the remedy and the important Materia-medica-comparison.

### The treatment of chronic diseases – notes in the Organon

In two works, Hahnemann describes the theoretic explanation for the treatment of chronic diseases. Of course in the Organon and in the CK, volume 1. We restrict to the Organon, the 6. edition.

In the §§ 72 to 82, Hahnemann describes the two sorts of diseases, the acute and chronic diseases, a division in several classes.

First § 72, where he describes the two main groups:

***[...] - or they are diseases of such a character that, with small, often imperceptible beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy condition, in such a way that the automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed chronic diseases. [...]***

In the following §§, Hahnemann divides up the chronic diseases more exactly. In § 74, he writes about the iatrogenic, chronic diseases. They are incurable, as he writes in § 75 for him.

#### § 74

***Among chronic diseases we must still, alas!, reckon those so commonly met with, artificially produced in allopathic treatment by the prolonged use of violent heroic medicines in large and increasing doses, by the abuse of calomel, corrosive sublimate, mercurial ointment, nitrate of silver, iodine and its ointments, opium, valerian, cinchona bark and quinine, foxglove, prussic acid, sulphur and sulphuric acid, perennial purgatives<sup>1</sup>, venesections, shedding streams of blood, leeches, issues, setons, etc., whereby the vital energy is sometimes weakened to an unmerciful extent, sometimes, if it do not succumb, gradually abnormally deranged (by each substance in a peculiar manner) in such a way that, in order to maintain life against these inimical and destructive attacks, it must produce a revolution in the organism, and either deprive some part of its irritability and sensibility, or exalt these to an excessive degree, cause dilatation or contraction, relaxation or induration or even total destruction of certain parts, and develop faulty organic alterations here and there in the interior or the exterior (cripple the body internally or externally), in order to preserve the organism from complete destruction of the life by the ever - renewed, hostile assaults of such destructive forces.[...]***

#### § 75

*These inroads on human health effected by the allopathic non-healing art (more particularly in recent times) are of all chronic diseases the most deplorable, the most incurable; and I regret to add that it is apparently impossible to discover or to hit upon any remedies for their cure when they have reached any considerable height.*

In the further §§, he divides into the true natural chronic diseases (eigentliche CK) and into the inappropriate (uneigentliche CK).

The inappropriate diseases, they are described in § 77, are these, to which the suffering person exposes himself, e. g. the consumption of too many harmful drinks, no movement in open air, etc. These illnesses solve themselves, if the affected person changes the way of life.

Here two examples:

In these cases, not finding out the remedy is important. I 'll show you that there is a possible barrier to healing (Heilungshindernis).

Patient1: She is a lady, born in 1958; she comes to my office in 2007. She is the owner of a pub and restaurant, mother of four children, two of them are twins in the age of two. The two other girls visit primary school. Every day she only sleeps from 1 to 5 a. m. She feels weak, tired and stressed and she asked me, if homeopathy could help.

In this case, we clearly recognize, that a remedy couldn't really work. Lifestyle modification would be an idea, but this isn't that easy in her situation.

Patient 2: She is a lady, too; born in 1968. She is very obese and asks me, if I can treat her hypertension. Some years ago, she had the same problem with her blood pressure. She reduced her weight about 25 kg and the blood pressure became normal. Now, she is in the same situation. Her parents and her sister are obese too and her mother has been suffering from hypertension for years.

Before this time, it was possible for me, to help her in two situations. First in 2006; she had an abscess on the labium of the vulva. This problem was finished in five days after a single-dose of Silicea C200. The second problem, it was an acute cholecystitis, was in 2010. The diagnosis was secured by laboratory and by sonography. I gave here Phosphor C200 and the problem disappeared under allopathic control.

For years it has been impossible for her to lose weight to normal parameters and blood pressure never changed.

In § 78, Hahnemann describes the true natural chronic diseases:

#### § 78

*The true natural chronic diseases are those that arise from a chronic miasm, which when left to themselves, and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings. These, excepting those produced by medical malpractice (§ 74), are the most numerous and greatest scourges of the human race; for the most robust constitution, the best regulated mode of living and the most vigorous energy of the vital force are insufficient for their eradication.*

Hahnemann himself recognized, that his strategy for treating the real chronic diseases is not sufficient. So, he developed his theory of the chronic diseases and wrote down his studies in the first part of the „Chronic diseases“. Not only in this book, we find information for the treatment of the real chronic diseases, also in the Organon, he gives us practical instructions for their treatment.

Hahnemann explains: These health problems are marked by a long continued development of the illness, they sometimes start suddenly or the beginning is lingering. Examples are asthma or skin diseases like a psoriasis. There are troubles which seem to be acute and the periodic diseases too which look like relapses. Examples are migraine and recurrent inflammations of the tonsils.

Choosing the right remedy, we have to use the chronic symptoms of the patient. So, it is not correct – as Hahnemann did before he discovered the chronic diseases – to take only the symptoms of the acute episodes, which change and lead to numerous visits at the doctor's office.

In § 82, Hahnemann gives us the hint to find the necessary symptoms:

#### § 82

*[...], the duty of a careful apprehension of its ascertainable symptoms and characteristics is as indispensable for the homoeopathic physician as it was before that discovery, as no real cure of this or of other diseases can take place without a strict particular treatment (individualization) of each case of disease - only that in this investigation some difference is to be made when the affection is an acute and rapidly developed disease, and when it is a chronic one; seeing that, in acute disease, the chief symptoms strike us and become evident to the senses more quickly, and hence much less time is requisite for tracing the picture of the disease and much fewer questions are required to be asked<sup>1</sup>, as almost everything is self-evident, **than in a chronic disease which has been gradually progressing for several years, in which the symptoms are much more difficult to be ascertained.***

Up to § 98 Hahnemann explains the exact procedure to do an anamnesis concerning chronic diseases and in § 98, we find the summary:

### § 98

*Now, as certainly as we should listen particularly to the patient's description of his sufferings and sensations, and attach credence especially to his own expressions wherewith he endeavors to make us understand his ailments – [...] - so certainly, on the other hand, in all diseases, but especially in the chronic ones, the investigation of the true, complete picture and its peculiarities demands especial circumspection, tact, knowledge of human nature, caution in conducting the inquiry and patience in an eminent degree.*

After the right case taking, the next step is the weighting of the symptoms. Remember § 153, where the symptoms are subdivided in characteristic and ordinary symptoms. And we have to subdivide in common and local symptoms. At the beginning of my presentation, I mentioned Will Klunker. He developed the so called „four-square-panel“ (Vierfeldertafel).

	Characteristic symptoms	Common symptoms
General symptoms	I	III
Particular/Local symptoms	II	IV

#### Weighting in chronic cases:

Kent subdivided in 4 classes of symptoms:

- I - Characteristic general symptoms
- II - Characteristic particular/local symptoms
- III - Common general symptoms
- IV - Common particular/local symptoms

The similar remedy usually will be determined with the help of the symptoms in class I and II, when we work after Kent.

Within class I, we can make a second subdivision:

- 1 - Flashy mental symptoms, not the mental state (if they exist since the beginning of the chronic disease).

### § 211

*This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homoeopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician.*

### § 212

*The Creator of therapeutic agents has also had particular regard to this main feature of all diseases, the altered state of the disposition and mind, for there is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind in the healthy individual who tests it, and every medicine does so in a different manner.*

### § 213

*We shall, therefore, never be able to cure conformably to nature - that is to say, homoeopathically - if we do not, in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select, for the patient's relief, from among the medicines a disease-force which, in addition to the similarity of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind. 1[...]*

Common modalities and sensations and feelings.

Here § 133 is important to notice:

### § 133

*On experiencing any particular sensation from the medicine, 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 on 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 occurs in the most marked manner, whereby what is peculiar to and characteristic of each symptom will become apparent.*

In Kent's theory and interpretation of the organon, the first two subdivisions are followed by the desires, aversions and aggravations from food and drinks, then the discharges (e.g. perspiration or menses or sleep conditions).

Concerning weighting in class II, the characteristic local symptoms, we find two different opinions. In the textbook of homeopathy (you can only find it in German), it is recommended, that we have to proceed in the head-to-foot- scheme, but I think, that the most characteristic local symptoms are the most important ones.

The exacter a patient's symptom is described, the more characteristic it will be, e.g. a complete local symptom!

Finally I would like to emphasize, that only illness phenomena at one side and proving symptoms at the other side determine the choice of the healing remedy, no theoretical assumptions!

### **Bernhard Zauner, M.D.**

Born in 1972, studied medicine at the university of Vienna from 1990 – 1997, in 1993 started his homeopathic education by taking part in seminars in Germany and Austria; with Dr. Klunker, who was his teacher from 1997 until his death in 2002, made the Materia medica and Repertory-version of Natrum sulfuratum (published in the "Zeitschrift für klassische Homöopathie"); advanced trainings in homeopathy with Spinedi, Springer, Rohrer, Saine, Kokelenberg, Herscu, Heudens Mast, Bandelin and others; in 2001 opened his own consulting office; a board member of the "Ärztegesellschaft für klassische Homöopathie" (ÄKH) editor of the organization-paper „Aude sapere“ of the ÄKH and teacher in the homeopathic education of the ÄKH; member of the scientific committee of the European Congress of Homeopathy 2011 in Riga; publications in several German homeopathic journals.

<sup>1</sup>- This lecture was presented at the 1. Homeopathic Congress in Izmir, Turkey in Nov 2015.

<sup>2</sup>- <http://homeoint.org/books/hahorgan/index.htm>

<sup>3</sup>- Hering, C.: The Guiding Symptoms of our Materia Medica, IBPS, , New Delhi, reprinted Edition 1995, Vol.1, Preface

<sup>4</sup>- Zeitschrift für Klassische Homöopathie, Haug-Verlag, 39 (1995), 1, S. 30ff

<sup>5</sup>- Kent, C. T., Repertory of the Homeopathic Materia Medica, B.Jain Publishers, New Delhi, Reprinted edition 1993

<sup>6</sup>- MacRepertory; Complete 4.5

<sup>7</sup>- MacRepertory; Complete 4.5

<sup>8</sup>-<http://hpathy.com/e-books/materia-medica-pura-samuel-hahnemann/rhus/>

## The Correctness of Our Instruments

By Dr. Klaus-Henning Gypser MD



### INTRODUCTION

One could call this subject ‘the red thread of the speaker’s homoeopathic life’. Without correct tools a cure is mere luck.

But first we go back to Hahnemann listening to some very basic remarks he made:

“But children were born to me [...] and in course of time serious diseases occurred, which, because they afflicted and endangered the lives of my children [...] caused my conscience to reproach me still more loudly, that I had no means on which I could rely for affording them relief.

But whence could I obtain aid, *certain, positive aid* with our doctrine of the powers of medicinal substances founded merely on vague observations, often only on fanciful conjecture [...]?”<sup>1</sup>

Hahnemann’s intention was to have “certain, positive aid”, and to realize that he later arrived at the following definition: “Homoeopathy [...] teaches [...] how we can with sure prescience change diseases into health rapidly, gently and permanently.”<sup>2</sup>

The presuppositions, in the words of Hahnemann, that “the recovery *must* ensue” are mentioned in the third section of the Organon. Its major elements deal in the following order with

- |                          |   |  |
|--------------------------|---|--|
| a- knowledge of diseases | - | this refers to <i>case-taking</i> ,        |
| b- knowledge of remedies | - | this refers to the <i>materia medica</i> , |
| c- adaptation of both    | - | this refers to <i>case-analysis</i> .      |

Concerning a. there are certain rules and with years of practice passing by one learns to be more open, to guide the patient better, to ask less questions and to grasp the essential quicker - but this is not our subject today. In regard to c. there are certain methods being sometimes connected with corresponding repertories. To some of these works we will refer later.

Regarding b., our major topic, we will not talk about the proving of remedies but of our *materia medica* itself.

### THE STUDY OF OUR MATERIA MEDICA

Without proper case-taking, without proper method of case-analysis the choice of the remedy will be a lucky chance. But above all it will fail without a correct *materia medica*, and this is very, very true for all so-called schools or tendencies in homoeopathy. In other words: Concerning our basic tool, the *materia medica homoeopathica* in its totality, we are all sitting in the same boat! According to the well-known saying “many paths lead to Rome”, we have to start from the correct and reliable treasure of our *materia medica*, choosing our methodological path whichever and finally arriving at Rome, that is the same remedy.

One of my teachers, the late Dr. von Keller (1919-2003) of Tuebingen/Germany, said:  
“You will hear only those symptoms in your patients you already know.”

Well, somehow we have to be familiar with the symptoms of our remedies previously. Therefore they have to be studied but

- at first *how*, and
- in the second place from *which* publications?

Regarding the “how”, I asked my teachers of homoeopathy. The late Dr. Künzli (1915-1992) of St. Gall/Switzerland placed about ten different works on *materia medica* upon a table, among them were Clarke’s “Dictionary”<sup>3</sup> and Allen’s “Encyclopaedia”<sup>4</sup>, requesting me to study them and report later. The late Dr. Klunker (1923-2002) of Heiden/Switzerland recommended the article of Hering entitled “About the Study of the Homoeopathic *Materia Medica*”, and Dr. von Keller remarked: “Write your own *materia medica* and beyond that practice will teach you.”

All these contained some valuable hints but I was left without appropriate method. This evolved step by step over the years and here is a brief overview in regard to the most important aspects of the practical study of the materia medica. On the one hand we should become familiar with the most extraordinary symptoms. This is the easy part, and with growing experience one perceives them while reading and taking notes on them. On the other hand one should know the modalities. For a long time I followed the method of underlining the elements of a symptom in different colours:

▪Locations	-	blue
▪Sensations	-	red
▪Modalities	-	green
▪Concomitants	-	yellow

Having finished with that one can easily go over the symptoms again paying attention to the green underlining, and one has grasped the general tendency of as well as extraordinary modalities. The same can be done with the other coloured underlining. Of course the first remedy taken up for study is the most difficult but with practice it becomes easier leading to a solid knowledge. Much more could be said but this has been published finally in the introductory volume of the "Materia Medica Revisa Homoeopathiae".<sup>5</sup>

But still unsolved was the problem *which* works to study? I feared that I would gather information from materia medica texts that was erroneous and mistaken, and that this would stay in my mind to alter the true understanding of our remedies. But how could this idea of faults in our materia medica and also repertories being based upon it crop up? By daily clinical work with Kent's "Repertory"!

## FAULTS IN OUR BASIC TOOLS

After repertorizing and arriving at a certain remedy I used to trace back at least some of the repertorized symptoms to the primary sources of our materia medica. If you have a patient with a cough aggravated when entering a warm room you find in the corresponding rubric of Kent's "Repertory" the entry of Carbo vegetabilis.<sup>6</sup> Tracing it back in Hahnemann's "Chronic Diseases" symptom No. 738 reads: "Cough [...] when she comes from a warm room into a cold one"<sup>7</sup>, which is the opposite entirely. When the same patient suffers from watering of the right eye we find no entry of Carbo vegetabilis on p. 245 under "Lachrymation" of Kent's "Repertory". But symptom No. 182 reads: "Profuse lachrymation [...] in the right eye."<sup>8</sup>

These minor examples are pointing to two classes of errors:

1 - Substitutions - replacing warm with cold, and there are others like right for left or vice versa, and desire or aversion for whatever;

2 - Omissions.

But there are other categories of mistakes, namely

3 - Translations. Vertigo on ascending stairs contains Paris in Kent's "Repertory" (p. 97). But the meaning of the original symptom is vertigo while taking a walk.<sup>9</sup>

4 - A forth class of errors deals with wrong gradings. If one compares rubrics of Kent's "Repertory" being identical in their meanings but placed in various chapters one will see the differences immediately.<sup>10</sup>

5 - Another class refers to mistakes in printing confounding letters: Borax and Bovista, Coccus cacti and Cocculus etc.

From time to time I analyzed complete rubrics of Kent's "Repertory". For example we take up the rubric "MIND, Delusions, calls, someone, waking, on", containing Ant-c., Ars., Rhus-t., Sep. Going back to the primary sources the entries of Ars. and Rhus-t. are completely wrong, and Dulc. as well as Rhod. are omitted. Consequently the corrected rubric consists of Ant-c., Dulc., Rhod., and Sep.

Probably it is now understandable how my doubts arose in regard to our instruments, and what is said of Kent's "Repertory" is more or less true of others. Returning to the subject which materia medica to study two questions arose:

1 - What about mistakes in there?

2 - Using *primary* or *secondary* materiae medicae?

Secondary materiae medicae are short-cuts presenting usually to some extent the view of their authors. Their advantage lies in the presentation of the characteristics. But when looking a little bit deeper their difficulties come to light.

H.C. Allen's "Key-notes"<sup>11</sup> give in italics the "yellow saddle across upper part of the cheeks and nose", as a strong characteristic. In 1991 I made a study of 500 Sepia cases of my clinic, and this symptom has been observed twice only. The same publication speaks for Sepia of "dread of being alone". This is the proving symptom No. 19 of the "Chronic Diseases". But symptom No. 17 and 18 teach us the contrary, and this is seen over and over again in daily practice.

Taking up another secondary materia medica in broad use namely Kent's "Lectures" comparing his outline of Naja with the original proving one will be surprised with the differences. Kent referred almost exclusively to the clinical symptoms as published in Hering's "Guiding Symptoms"<sup>14</sup>, and it seems more than doubtful Kent had ever read the proving carefully.

Analogous to the examples of faults in repertories those in secondary materia medica could be multiplied. Therefore I consequently turned to the study of the provings themselves. The works of Hahnemann<sup>15</sup> have to be mentioned here as well as those of Hartlaub and Trinks<sup>16</sup>, the publications in Stapf's "Archives"<sup>17</sup> and in many other periodicals in German and English language.

At this point you will ask the question, "How did the mistakes come into our standard literature"? Well, there is no short answer to it. Generally one could say: The way to work scientifically, to quote exactly, to translate certain terms always in the same manner, to give adequate references, was not developed in mankind in those early days of homoeopathy. Furthermore typesetting followed handwritten manuscripts. But all that is one side of the coin only. On the other we find the very strong tendency to create new works not from primary sources but from secondary.

An example again is Kent's "Repertory" being based mainly upon Constantine Lippe's<sup>18</sup>. This can be traced back to Jahr's "Manual"<sup>19</sup> translated by Hering in 1838. He used Jahr's second German edition of 1835<sup>20</sup>, which is based upon many works among them the first edition of Hahnemann's "Chronic Diseases"<sup>21</sup>. Künzli always wondered about the lack of many symptoms from "Chronic Diseases" in Kent's "Repertory". Well, here is the explanation: The second edition was not published in 1835!

By the way there are two major repertorial lines in homoeopathic tradition only. One started with Boenninghausen in 1832 culminating in the revised "Pocket Book Edition 2000"<sup>22</sup> and the other with Jahr (1801-1875) in 1834 ending with "Kent's Repertory" and its more recent derivatives. It has to be said that homoeopathy did not succeed for about 180 years to build up a new general repertory from the very primary sources!

Furthermore a systematic error crept into our basic tools, materia medica as well as repertories, and this is the non-division between proving and clinical symptoms. To cut a long story short: In general the patient's symptoms have to be covered by proving symptoms. We find all that in Hahnemann's writings, especially in his foot-note on the first page of Alumina in "Chronic Diseases"<sup>23</sup>. Exceptionally one or the other of the patient's symptoms can correspond to a clinical symptom if this has been repeatedly verified. Then, and only then, it climbs to the rank of a proving symptom. Our forefathers were aware of this fact but it faded out in secondary materiae medicae as well as in our repertories. It was tried by their grading system to differentiate. But at least in Kent's "Repertory" it failed in many instances, and of course this is also true of its modern descendents.

In connection with the problem of the clinical symptoms one should always keep in mind the footnote to section 67 of the Organon. Here Hahnemann outlines that *minor* symptoms can disappear if the stronger and characteristic symptoms correspond to the remedy. If these minor symptoms are recorded in our instruments and are not distinguished from proving symptoms they will be taken later erroneously as symptoms for the selection of a remedy. A possible consequence of this would be a failure in prescribing and a missed cure. Of course this is a fault not visible to the practitioner.

At least at this moment you will make an objection: "We all have seen many cures in daily practice. Therefore our tools must not be too bad." The answer to this is: You are absolutely right! We all have our success, and we all have seen amazing cures. But what about our failures? Do they really depend exclusively upon bad compliance, mistakes of our patients in regard to other medication etc. or bad quality of prescribed remedies? Or might also defective tools lead to wrong prescriptions in some percentage of our cases?

## BOENNINGHAUSENS "THERAPEUTIC POCKET BOOK"

Furthermore you are certainly eager to ask another question: "Facing the mistakes in our basic instruments how are you analyzing your cases?" Well, here it was a great chance to obtain the advice of Dr. Klunker to collect Boenninghausen's articles for publication. While studying them the understanding of Boenninghausen's methodology evolved as well as his favourite tool, the "Therapeutic Pocket Book"<sup>24</sup> came into reach. Its great advantage is the homogenous consistency. One author only, Boenninghausen (1785 - 1864), put the contents together from provings, his own clinical experience and published clinical symptoms. Moreover we met here a clearly defined grading system.

Regarding the basic plan of the "Pocket Book" which was highly recommended by Hahnemann<sup>25</sup> one has to understand the splitting of a symptom and the idea of the genius. Hering's conception of a complete symptom consisting mainly of location, sensation and modality is at the basis for the division of elements of symptoms and placing them into different chapters. From here you can reunite them especially those sensations and modalities possessing the quality of a genius symptom. This term is defined as an element of a symptom, usually a sensation or modality, running through various parts of the pathogenesis of a remedy. If a stitching pain extending from inward to outward is met in many parts as Boenninghausen outlined for *Asa foetida* it can cure this pain also in the teeth, ears and face where it never occurred in the provings. With this general plan Boenninghausen opened the wide field of combinations.

While using this tool it is helpful to understand the classification or ranking of symptoms Boenninghausen made. At first one has to take into consideration the patient's main symptom as it is the reason for the consultation with its modalities, locality and sensation. Secondly those persistent symptoms fall into place which occurred formerly with the onset of the main symptom or later. In the next step the *changed* mental disposition referring to Organon section 210-213 is of importance. Finally the so-called polarities come into question, which were re-discovered while compiling Boenninghausen's "Lesser Writings"<sup>26</sup> published in 1984. These are symptoms having a direct counterpart. If the repertorization arrives at Pulsatilla but your patient is thirsty, worse in the morning and better indoors you have to re-think your selection.

Therefore the question "how do I practice" is answered readily: With Boger's<sup>27</sup> and Kent's repertory among others trying my best to verify the repertorized symptoms in the provings, and to a great extent with Boenninghausen's "Therapeutic Pocket Book" of 1846.

In a study group we revised this edition over a period of four years principally incorporating all entries from later publications of Boenninghausen which were in line with the general scheme of his "Pocket Book". This has been published in German in 2000 including software which is also available in English available at the website Boenninghausen.org.

There is one objection in regard to the "Pocket Book" brought forth quite frequently, and this refers to the comparatively small number of enclosed remedies: 125 in the original and 133 in the revised edition. I have already mentioned which repertories are primarily in use in the speaker's clinic, and with them along with confirmation from the materia medica 175 different remedies have been prescribed successfully in total. According to statistics made in my clinic over three decades only five percent of the curative prescriptions have to do with remedies outside those listed in the "Pocket Book". 52 percent of all curative prescriptions were covered by seven remedies only. They are in descending order:

1. Sulphur
2. Sepia
3. Lycopodium
4. Phosphorus
5. Pulsatilla
6. Natrum muriaticum
7. Calcarea,

and they are all contained in the "Pocket Book". In alteration of a saying of the old diagnosticians in medicine one could say: "Who *often* prescribes the rare remedy, and rarely the *often* used one, rarely prescribes the correct one." It is wise to keep in mind that the old masters of North American homoeopathy preferred the "Pocket Book" to any other repertory in difficult chronic cases.

A short acute case may demonstrate how to use the "Pocket Book". A 43-years-old female G.N. suffered from pains in her left shoulder-blade for two weeks. They occurred after prolonged stooping, at least that was her idea. They were aggravated by sitting bent and by deep inspiration, and ameliorated by lying and standing.

This short case presents a main symptom only and no side symptoms. Here is the ranking of symptoms with the corresponding rubrics of the "Pocket Book":

- |                        |  |
|------------------------|--|
| 1. Shoulder blade      | - Back, scapular region (793)                  |
| 2. Back, left          | - Back, left (792)                             |
| 3. Sitting bent <      | - Modalities, Aggr., sitting, bent over (2383) |
| 4. Inspiration, deep < | - Modalities, Aggr., breathing, deeply (1994)  |
| 5. Lying >             | - Modalities, Amel., lying position (2553)     |
| 6. Standing >          | - Modalities, Amel., standing (2613)           |

Following Boenninghausen the cause was not considered because he ranked the effect or present state much higher than the cause, and especially if the resulting remedy covered the present state much better than the causation passed by.<sup>28</sup>

The big remedies Bryonia and Rhus tox. are much less represented in the polarities than the small Scilla. Therefore the patient got a single dose of Scilla C 200, and by next morning the pain had disappeared never to return.

## THE MATERIA MEDICA REVISA HOMOEOPATHIAE

But the major task in regard to our tools remained still unsolved. Already Hering had said that no practitioner of his days had access to *all* provings. This remark dates back to 1844. But should we not have *all* reliable provings and clinical symptoms at our disposal in every day practice? This question took hold of me again and again. Finally with the advice of Dr. von Keller the project of the revision of our materia medica was started more than 30 years ago. In 2007 it was made public under the title "Materia Medica Revisa Homoeopathiae"<sup>29</sup> or "MMRH", and now about 20 colleagues are working on that project.



Each monograph is devoted to one single remedy only. It consists of all accessible provings found in the library of the "Glees Academy of Homoeopathic Physicians", which covers more than 9.000 volumes of old homoeopathic literature. Moreover clinical symptoms are extracted from the great many published case-histories in there. Consequently primary source material is used exclusively: this means that no alterations, short-cuts, or selections made by any authority in homoeopathy whatsoever are included.

Furthermore all this is brought into proper order following the head-to-toe-scheme in different chapters. Within a chapter the symptoms follow an alphabetic arrangement headed by sensations, and they are numbered in order to be easily located. At the end of each symptom the user meets exact references. They are brought into relation with the more extensive chapter on literature used in the back part of each monograph. E.g. for Hepar more than 500 sources of provings and case-histories have been consulted. To discern pathogenetic from clinical symptoms the latter are given in square brackets.

50 monographs have been published until now covering 68.000 symptoms. The most extensive is on Thuja with almost 5.000 symptoms covering more than 330 pages. In comparison with Hahnemann's provings the symptoms of each remedy doubled or tripled.

Several more volumes are in preparation at this time as well as an extensive repertory. The latter has to face many difficulties because several aspects are completely new. This materia medica can serve as a basis for all tendencies or schools in homoeopathy because it contains unaltered primary source material only. Everyone can build up his own works upon that following his taste.

## EPILOGUE

Looking back the red thread of my homoeopathic life was to make our instruments more reliable. Finally with the "MMRH" a step was taken in that direction. At this moment it is available in German only but it is my innermost desire to share it as well as its future repertory with the international homoeopathic community. For that purpose I would be happy to obtain your co-operation.

My thanks go to Daniel Cook MD of Dallas/Texas for proof-reading of the manuscript.

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<sup>1</sup>Dudgeon, R.E. The Lesser Writings of Samuel Hahnemann. New York 1852, p. 512.

<sup>2</sup>Hahnemann, S. *Materia Medica Pura*. Transl. R.E. Dudgeon. Vol. I. Liverpool, London, New York 1880, p. 409. - There is an error of translation: The German „wie“ was translated by „that“ but it has to be „how“.

<sup>3</sup>Clarke, J. H. A Dictionary of Practical Materia Medica. Vol. I-III. London 1925.

<sup>4</sup>Allen, T. F. The Encyclopedia of Pure Materia Medica. Vol. I-X. Philadelphia 1875-79.

<sup>5</sup>Gypser, K.-H. *Materia Medica Revisa Homoeopathiae - Einführung*. Glees 2007, p. 63-75.

<sup>6</sup>Kent, J.T. *Repertory of The Homoeopathic Materia Medica*. 6<sup>th</sup> Ed. Chicago 1957 (1897-1899), p. 810.

<sup>7</sup>Hahnemann, S. *The Chronic Diseases*. Transl. L. Tafel. Philadelphia 1896, p. 544.

<sup>8</sup>Hahnemann, S. *The Chronic Diseases*. Transl. L. Tafel. Philadelphia 1896, p. 528.

<sup>9</sup>Hartlaub, C. G. C. u. C. F. *Trinks. Reine Arzneimittellehre*. Bd. III. Leipzig 1831, p. 150, No. 9.

<sup>10</sup>MIND, Excitement, alternates with convulsions: Stram. - GENERALITIES, Convulsions alternating with excitement of mind: **Stram.** - Compare: Gypser, K.-H. *Zur Problematik synonymer Rubriken im Repertorium von Kent*. *Zeitschrift fuer Klassische Homoeopathie*, 31(1987)22-24.

<sup>11</sup>Allen, H. C. *Keynotes and Characteristics with Comparisons*. 6<sup>th</sup> Ed. Philadelphia 1931 (1898).

<sup>12</sup>Hahnemann, S. *The Chronic Diseases*. Transl. L. H. Tafel. Vol. I-II. Philadelphia 1896.

<sup>13</sup>Kent, J. T. *Lectures on Homoeopathic Materia Medica*. Philadelphia 1905.

<sup>14</sup>Hering, C. *The Guiding Symptoms of Our Materia Medica*. Vol. I-X. Philadelphia 1879-91.

<sup>15</sup>Hahnemann, S. *The Chronic Diseases*. Transl. L. H. Tafel. Vol. I-II. Philadelphia 1896; Hahnemann, S. *Materia Medica Pura*. Transl. R. E. Dudgeon. Vol. I-II. Liverpool 1880-81.

<sup>16</sup>Hartlaub, C. G. C. u. C. F. *Trinks. Reine Arzneimittellehre*. Bd. I-III. Leipzig 1828-31.

<sup>17</sup>*Archiv für die homöopathische Heilkunst*. 1(1822)-23(1848).

<sup>18</sup>Lippe, C. *Repertory of the More Characteristic Symptoms of the Materia Medica*. New York 1879.

<sup>19</sup>Jahr, G. H. G. *Manual of Homoeopathic Medicine*. Allentown 1838.

<sup>20</sup>Jahr, G. H. G. *Handbuch der Hauptanzeigen für die richtige Wahl der homöopathischen Heilmittel*. 2. Aufl. Düsseldorf 1835.

<sup>21</sup>Hahnemann, S. *Die chronischen Krankheiten*. Teil I-IV. Dresden und Leipzig 1828-30.

<sup>22</sup>Bönninghausen, C. v. *Therapeutisches Taschenbuch*. Revidierte Ausgabe 2000. Stuttgart 2000.

<sup>23</sup>Hahnemann, S. *The Chronic Diseases*. Transl. L. H. Tafel. Vol. I-II. Philadelphia 1896, p. 186-187.

<sup>24</sup>Bönninghausen, C. v. *Therapeutisches Taschenbuch*. Münster 1846.

<sup>25</sup>Böenninghausen's *Therapeutisches Taschenbuch*. Ed. by K.-H. Gypser. Stuttgart 2000, p. XIII.

<sup>26</sup>Bönninghausens *kleine medizinische Schriften*. Edit. by K.-H. Gypser. Heidelberg 1984.

<sup>27</sup>Boger, C. M. *Boenninghausen's Characteristics and Repertory*. Rev. Ed. Bombay 1937 (1905).

<sup>28</sup>Boenninghausen, C.v. *Die Aphorismen des Hippokrates*. Leipzig 1863, p. 303

<sup>29</sup>[www.mmrh.info](http://www.mmrh.info)

## The American School of Homeopathy and the International Hahnemannian Association: The High Point of Homeopathy – Part 3 - Pneumonia and Hahnemannian Homeopathy

By Andre Saine



In a post-debate exchange, the skeptic Dr. Steven Novella from Yale University asked me the following question: “What do you consider to be the best clinical evidence supporting the efficacy of homeopathy for any indication?” I had previously mentioned in the debate with Dr. Novella that likely the most compelling evidence for the effectiveness of homeopathy is found in the extensive records of its use in epidemics.<sup>47</sup>

In 2003, I began a detailed examination of those vast records. The main finding is that the results obtained by homeopathy during epidemics reveal an important *constancy*, which is an *extremely low mortality rate*. That observation holds true regardless of the physician, the time, the place or the type of epidemic disease, including diseases that are known to have a very high mortality rate, such as cholera, smallpox, diphtheria, typhoid fever, yellow fever, and pneumonia.

In my response to Dr. Novella’s post-debate question, I compared the outcomes in mixed populations of ambulatory and hospitalized pneumonia patients for three different therapeutic interventions: homeopathy, pre-antibiotic allopathy (PAA), and contemporary conventional care (CCC). As pneumonia is today divided into two main categories, namely community-acquired pneumonia (CAP) and health-care-acquired pneumonia (HCAP), and the morbidity and mortality are much higher in HCAP than in CAP, I limited the mortality comparison of CCC with PAA and homeopathy to CAP.

In summary, I demonstrated that homeopathy unequivocally offers the safest and best outcomes ever demonstrated by any system of medicine for patients with pneumonia and therefore, from the perspective of evidence-based medicine, would receive the highest possible recommendation of any intervention for these patients (1A/strong recommendation with high-quality evidence)<sup>48</sup>.

The results of this mortality comparison are shown in Table 1.

**Table 1: Comparative Mortality from Pneumonia under Homeopathy, PAA, and CCC**

Treatment	Number of Patients	Number of Recoveries	Number of Deaths	Survival Rate (%)	Mortality Rate (%)
Homeopathy	25,216	24,350	866	96.6	3.4
PAA	148,345	112,272	36,073	75.7	24.3
CCC (limited to CAP)	33,148	28,607	4,541	86.3	13.7

The 3.4% mortality rate for pneumonia patients treated with homeopathy represents the overall average from different levels of expertise and ways of practicing homeopathy, including pathological prescribing and alternation of low-potency remedies, as can be found in the 1850 report of Dr. Jean-Paul Tessier at the St. Marguerite Hospital in Paris<sup>50</sup>. In no way, however, does it represent what that can be achieved with genuine Hahnemannian homeopathy. In fact, if we look at the outcomes for pneumonia patients treated with different levels of expertise and ways of practicing homeopathy, we find that mortality rates can vary from 0 to 16.3% (see Table 2).

**Table 2: Mortality of Pneumonia Patients under Homeopathic Treatment**

Homeopathic Physician or Institution and Years	Cases	Deaths	Mortality rate (%)
Infantry Hospital, St. Petersburg, 1829	71	0	0
Rosenberg Collection, 1843 <sup>51</sup>	390	14	3.6
Dr. Bosch <sup>51</sup>	100	3	3.0
Mercy Hospital, Vienna, 1835-1842, 1849-1854 <sup>51</sup>	954	47	1.1
Mercy Hospital, Vienna, 1843-1848 <sup>51</sup>	88	1	1.1
Nechanitz Hospital, 1846-1848 <sup>51</sup>	19	1	5.3
Mercy Hospital, Kremsier, 1846-1848 <sup>51</sup>	49	8	16.3
Turin Military Hospital, 1851 <sup>51</sup>	89	0	0
Bruges Dispensary, 1861 <sup>51</sup>	19	0	0
Five Points House Industry Hospital, NYC, 1861-1887 <sup>51</sup>	222	7	3.2
Military Hospital, Kansas City, 1861-1863 <sup>51</sup>	194	3	1.6
Roubaix Hospital, 1863-1864 <sup>51</sup>	49	2	4.1
Cavalry Depot Hospital, St. Louis, 1865 <sup>51</sup>	25	1	4.0
St. Rochus and Besthesda Hospitals, Budapest, 1870 <sup>51</sup>	711	63	8.9
Gyongyos Hospital, Hungary	20	0	0
Guns Hospital, Hungary <sup>52</sup>	32	0	0
Leipzig Hospital <sup>52</sup>	34	2	5.9
Military Hospital, Vienna <sup>52</sup>	79	0	0
Munich Hospital <sup>52</sup>	5	0	0
Bond Street Dispensary, 1865-1871, NYC <sup>51</sup>	815	12	2.5
Poughkeepsie Dispensary, 1865-1867 <sup>52</sup>	15	0	0
Dr. Routh's collection, 1852	738	45	6.1
Gumpendorf Hospital <sup>51</sup>	1,415	48	3.4
Leopoldstadt Hospital, Vienna	149	9	6.0
Linz Hospital <sup>54</sup>	99	1	1.0
St. Marguerite Hospital, Paris <sup>54</sup>	41	3	7.3
London Homoeopathic Hospital <sup>54</sup>	63	3	4.8
Professor Henderson, Edinburgh <sup>54</sup>	11	0	0
Dr. Watkins, London, 1898 <sup>54</sup>	14	0	0
Dr. Hood's collection (52 physicians), 1906	6,605	251	3.8
Dr. Bodman, Bristol, 1900-1910	50	0	0
Dr. Del Mas, 1914	30	0	0
Hahnemann Hospital, 1908-1921	190	14	7.4
Survey: Am. Inst. Hom., 1928	11,526	323	2.8
Drs. A. and D. Pulford, Ohio, 1929	260	4	1.4
Royal London Hom. Hospital, 1948-1953	55	1	1.8
<b>Total</b>	<b>25,216</b>	<b>866</b>	<b>3.4 (average)</b>

This range of mortality rates widens even more when professed homeopaths added allopathy to their homeopathic practice. For example, in 1922, Dr. G. Harlan Wells, professor of clinical medicine at the Hahnemann Medical College in Philadelphia, published the outcomes for patients with lobar pneumonia treated at the Hahnemann Hospital between 1908 and 1921, with the analysis broken down by attending physician and the method of treatment that had been used—homeopathy alone, allopathy alone, or a mix of allopathy and homeopathy.

There was an incredibly large difference in mortality rates among the staff doctors, ranging from 0 to 37.5%. Three out of 10 members of the staff had zero mortality, which means that it was not at all exceptional to obtain a perfect record. Out of 190 patients who were treated exclusively with homeopathy, 14 died, a mortality rate of 7.4%. Out of 153 cases that were treated exclusively with allopathy there were 92 deaths, a mortality rate of 60%. And out of 101 cases that were treated with a mix of homeopathy and allopathy 50 died, a mortality rate of 49.5%.

Dr. Wells made sure to elucidate whether confounding factors could have benefited the only homeopathy group: “The assumption that all the cases in this series that were treated homeopathically were mild infections (Type IV) is invalidated by the severity of many of these cases, by the extended period of time covered and the varying conditions present.”<sup>63</sup>

He later clarified the main goal of his study, in which he was conscientious about remaining objective: “The purpose of the following study has been to determine the comparative value of homeopathic and physiological medication in the treatment of lobar pneumonia. This is a day when theories and theorists abound in the realm of medicine. It is usually impossible to determine by the ordinary processes of reasoning which theories are true and which are false. The court of last resort for the practical physician is the bedside of the patient and laying aside all theoretical considerations, what he most desires to know is ‘What is the effect of the treatment upon those to whom it is administered?’

“In the present study of 444 cases of lobar pneumonia, the writer has endeavored to approach the subject with an unbiased mind. No attempt has been made to prove or to disprove the value of either homeopathic or non-homeopathic treatment. The duty of the physician is not to practice homeopathy or allopathy but, as Hahnemann so admirably stated, *to heal the sick*. ...

“It is well known that the mortality rate in pneumonia varies from year to year; that it varies with the different types of pneumococcus; that it varies with the age and condition of the patient, and that it is notably higher in hospital than in private practice. It is always difficult in any comparative study to make due allowance for all of these factors and it has seemed equitable to study, without any attempt at selection, the ordinary run of cases as admitted to the wards of the Hahnemann Hospital over a period of thirteen years in the service of ten different clinicians. ...

“It was found in a study of the treatment employed in lobar pneumonia that some patients received no medication except the homeopathic remedy, others received the homeopathic remedy and a few doses of some physiological drug, such as codeine or strychnine, while still another group received physiological [allopathic] drugs throughout the major portion of their illness. ...”

Following his detailed data analysis, Dr. Wells concluded, “Intelligent hygienic care combined with the indicated homeopathic remedy is the most effective treatment for lobar pneumonia now known.”<sup>64</sup>

In the discussion that followed Dr. Wells’ presentation before the meeting of the American Institute of Homeopathy, Dr. W. H. Hanchette from Sioux City said, “The question of the treatment of pneumonia, which, as a school of medicine, we have been remarkably successful in treating. Pneumonia has been called one of the most dreaded diseases, and certainly any physician of extended practice knows that it is one of the fatal diseases. The statistics, as compiled on the treatment of pneumonia, have always seemed to me exaggerated in the wrong direction. I can hardly believe that a good homeopathic physician loses anything like the percent of cases that we see so often reported. In a long and extensive practice in general medicine, I have felt that pneumonia was a disease in which our remedies acted most magically. ... I am sure that if we know how to select the remedy in pneumonia there is no reason why such fatalities, as has sometimes been reported, should occur. I realize that in the large cities, where patients are brought in from the slums near unto death at the time they enter the hospital, the treatment can not be compared with the work of the physician in general practice.”<sup>65</sup>

What Dr. Hanchette said echoes what veteran Hahnemannian homeopaths have always known from clinical experience, namely, that the recovery from pneumonia should unquestionably be close to 100% under accurate homeopathic prescribing and proper hygienic care.

In this regard, we will now look at four mortality reports of pneumonia patients from Hahnemannian homeopaths of the American school of homeopathy. In 1885, the venerable Dr. P. P. Wells of Brooklyn, one of the great leaders of this school, commented that a death rate of even 2% or 3% in pneumonia patients was still too high under “right” homeopathy and gives the example of Dr. Reiss, who in his practice between 1843 to 1848 in the hospital of Linz, Austria, had a 1% mortality rate. He continues, “We believe this because we have the proof of this in our own experience. In a practice of this system which reaches forty-three and two-thirds years, which most of the time has been very large, and of a general character as to the diseases treated, of which, no doubt, pneumonia has made an average part, I have *not lost one case*.”<sup>66</sup>

Pneumonia was quite common in the days of Dr. Wells because many acute diseases, common to his time and place, such as influenza, diphtheria, measles, rubella, whooping cough, scarlet fever, typhus, and typhoid fever, often ended up in pneumonia. In fact during the late 1800s, in the United States pneumonia was the leading cause of death due to infectious disease and, depending on the decade, was the first to third overall leading cause of death.<sup>67</sup> If we assume that he saw at the very minimum one patient a month with pneumonia during his career, he would have had no deaths in well over 500 cases.<sup>68</sup>

Dr. Wells's success is corroborated by the present author's experience, for in over 33 years of practice I have treated over 180 pneumonia cases, many of which were apparently at death's door, having failed to recover under allopathy, and there has not been a single death under homeopathic treatment.<sup>69</sup>

It is in fact hard to imagine a person dying from pneumonia under genuine homeopathic treatment, even in the worst conditions when all hope has been given up. I have witnessed homeopathic cures in infants and young children in the last stage of viral pneumonia; a 99-year-old woman in a very weakened state who was not responding to conventional treatment, but who lived until 103; a man in his early 70s with advanced lung cancer whose family had been told that nothing more could be done and death was imminent, and who lived six more weeks; and a comatose patient in the last stage of AIDS presenting with pneumocystis carinii pneumonia, cryptococcal meningitis, and liver and kidney failure while being on toxic doses of antifungal drugs, high doses of morphine, and a daily dose of 80 mg of prednisone. His loved ones had been told that death was imminent, but he responded within minutes of receiving his first dose of a homeopathic remedy and experienced an uninterrupted recovery from all these acute conditions under continued homeopathic treatment.

Again, just this week, I was called to treat a 100-year-old woman who had been admitted to an intensive care unit with bilateral aspiration pneumonia, black vomitus, sepsis, delirium, early signs of failing heart and kidney, pronounced anemia, and an oxygen saturation index of 50%. The treating staff had very little hope for her survival. However, as soon as the indicated remedy was given, the saturation index began to rise and her respiratory rate dropped from 28 to 24 per minute. Within 24 hours, her lactate level dropped from 9.8 to 3.2 mmol/L and was normal at 1.0 mmol/L in another 24 hours<sup>70</sup>, by which time she had experienced a "dramatic improvement." She had regained consciousness, was no longer threatened by heart and kidney failure, and was back to her "feisty" personality to the surprise of the entire staff, but not of her family, who had experienced the power of homeopathy for the last 30 years and are now looking forward to celebrating, in less than two weeks, the 101st birthday of their elder who is an Auschwitz survivor. The main treating physician, who is in her 40s, said she had never before seen so sick a patient survive. Incidentally, in all such critical cases, a change for the better should be obvious within one or two hours of beginning homeopathic treatment and recovery should progress steadily as long as treatment is properly continued.

In 1914, Dr. R. Del Mas reported having treated more than 30 cases with pleuro-pneumonia during his first 10 years of practice in Minnesota. His patients were between five and 75 years old, and despite the fact that four of them were in a state of delirium and another one had septicemia following a self-induced abortion, he reported no mortality. He wrote that in the treatment of his pneumonia patients he used only homeopathic remedies without adjunctive care, aside from "plenty of cleanliness, cheerfulness, cold water to drink and fresh air," and that "all felt well enough, or inclined, to leave the bed within twenty-four hours after the administration of the homeopathic remedy and all were up and about, within six days, free from weakness, free from sequelae, free from that dreadful convalescence that is often worse than the disease."<sup>71</sup>

In 1928, Drs. Alfred and Dayton Pulford, both staunch defendants of Hahnemannian homeopathy from Toledo, Ohio, wrote in their monograph on pneumonia, "It has been stated, and we have every reason to believe truly, that fully 80 percent of all pneumonia cases would get well without any medical interference whatever, under proper nursing, so that any system or method of medical healing that cannot lower the death-rate to less than 20 percent would seem rather a menace than a blessing to pneumonia patients. After treating 242 cases of pneumonia, of *all* types and degrees of severity, some coming directly from and others having been confirmed in the diagnosis by allopaths, with but 3 deaths, a rate of but 1.4 [1.2] percent, we can hardly understand a fixed minimum death-rate of 25 percent much less a maximum rate of 95 percent, in a disease as readily amenable to the proper remedy as is pneumonia. The death rate under the homeopathic *simillimum* should at no time exceed 5 percent, a higher rate would rather reflect on our ability."<sup>72</sup>

In the following year, 1929, Alfred Pulford wrote in the publication of their 249th and 250th cases of pneumonia, of which one was a failure the other a success, "Our 249th case of pneumonia proved a failure thus making our fourth death from this disease, all of the four being over 70 years of age. The first two were due to our own medical ignorance, the other two to serious complications.

"Death—About six months ago Mrs. V., aged 75, was taken with an abdominal trouble, the nature of which we could not learn. Her allopathic doctor among other things gave her freely of acidophilus milk, which soon produced a persistent looseness of the bowels which he finally could not control and she lost over 100 pounds in that space of time, her normal weight being 225 pounds. At this juncture she was turned over to us. Under Podophyllum she was progressing splendidly until she went out in the rain and came down with a severe chill resulting in the development of lobar pneumonia affecting the lower lobe of the left lung. Just prior to coming to us she had lost a son that was the idol of her heart and not long before that her husband died suddenly, from all of which she had become profoundly despondent and told her son-in-law that she had no desire to live. Right from the start she dropped into a coma with delirium. She refused to give any symptoms and neither volunteered nor acknowledged anything. Rhus tox given on the cause and what the nurse could gather brought prompt and temporary relief for three days and then came without any apparent cause as prompt a relapse. What the nurse could collect and what we could observe pointed strongly to Arsenicum album, which seemed for three days to have proven more indicated than Rhus tox, but on the morning of the 6th day at 6 A.M. without warning and with a pulse strong and regular, she lay back in bed and peacefully expired in spite of the fact that the lung previously was clearing up beautifully.

“Recovery—Our 250th case was that of a care-taker of Toledo’s most exclusive club, a man off 55 years of age, who was taken with a severe chill, an excruciating backache and a severe splitting headache just such as might precede the breaking out of smallpox. He was taken home and thinking it only a bilious attack the family tried out their own remedies. He got rapidly worse and on the fourth day we were called in and found a fully developed and typical case of lobar pneumonia complicated with pleurisy. The pleura dry and rubbing like two pieces of rubber scraping over each other, the lower half of the right lung and the inner part of the upper half of the same lung congested and almost solid and feeling like a heavy load in and on the chest. The case was masked and it was two days later before we could get clear indications for the indicated remedy, but they came and they came beautifully as follows: aggravation beginning at 2 A.M., reaching its height at 3 A.M. (sun time, the time on which all our remedies were proven) and ameliorating at 6 A.M., irritability, irascibility, quarrelsome, impatient, fearful, oversensitive, sharp stitching, cutting pains in the area affected worse on every attempt at deep inspiration, the respiration rapid and superficial, severe suffocation on every attempt to eat or drink or on every exertion, temperature ranging around 103 or 104, great thirst for cold drinks, could rest only lying on the back, head and shoulders raised, cough in double paroxysms, once to loosen the mucus and the second one to raise it, and always followed by exhaustion and weakness, sputum at first quite bloody, later thick, yellow and stringy, pulse rapid and weak, slight puffiness under eyebrows, bowels constipated, no appetite, nose plugged up with mucus, lips covered with sores, little sleep and what little he did get was full of troublesome dreams. ...

“The above case gave an unquestionable indication for Kali carbonicum. The 30th was all we had with us. He received a single dose on May 2nd at 6 P.M. In just 30 minutes he was decidedly easier, on the morning of May 3rd the dry rubbing of the pleura and the pains had disappeared and the improvement continued steadily for three days when it slowed up. A single dose of the 200 C was then given. On May 8th everything was cleared up. On May 10th we discharged him and he said he expected to return to his work the following Monday. If this is not cutting short a typical well developed case of lobar pneumonia, just what is it?”<sup>73</sup>

The tabulation of these four anecdotal reports from Hahnemannian homeopaths over different eras (see Table 3) shows the same constancy as mentioned earlier, for the results obtained by homeopathy in all types of epidemic diseases, but this time the mortality rate is not just extremely low but it is almost nil, as there were only four deaths in about 960 patients with pneumonia of all types of severity.

**Table 3: Mortality from Pneumonia under Hahnemannian Homeopathy**

Hahnemannian physician and the years of reporting	Number of Patients	Number of Deaths	Mortality Rate (%)
P.P. Wells, 1841-1885	500	0	0
Del Mas, 1904-1914	30	0	0
A. and D. Pulford, Ohio, 1899-1929	250	4	1.6
Saine, 1982-2016	180	0	0
<b>Total:</b>	<b>960</b>	<b>4</b>	<b>0.4</b>

The overall outcomes from these Hahnemannian homeopaths are now compared to the ones of the original three therapeutic intervention groups, namely homeopathy, PAA and CCC (see Table 4).

**Table 4: Comparative Mortality from Pneumonia under Homeopathy, Hahnemannian Homeopathy, PAA and CCC:**

Treatment	Number of Patients	Number of Recoveries	Survival Rate (%)	Number of Deaths	Mortality Rate (%)
Homeopathy	25,216	24,350	96.6	866	3.4
Hahnemannian Homeopathy	960	956	99.6	4	0.4
PAA	148,345	112,272	75.7	36,073	24.3
CCC	33,148	28,607	86.3	4,541	13.7



The treatment effect of genuine Hahnemannian homeopathy is enormous, for the odds of *surviving* CAP are 28 to 1 when we average the outcomes from all the ways of practicing homeopathy; were 3 to 1 with PAA, and are today 6 to 1 with CCC. But with genuine Hahnemannian homeopathy they are 239 to 1.

This means that out of every 100 cases with pneumonia, genuine Hahnemannian homeopathy saved 24 more lives than PAA, would *today* save 13 more lives than CCC, and saves three more lives than the overall average from all the ways of practicing homeopathy. However, this last number should be closer to 7 lives being saved out of 100 if we subtracted the outcomes of Hahnemannian homeopathy from the original therapeutic intervention group “homeopathy,” in which it was included.

Not only has genuine homeopathy demonstrated its superiority in the treatment of patients with pneumonia in comparison to all the other ways of practicing homeopathy in particular and CCC in general, but this superiority is also observed in other acute diseases, as well as chronic diseases.

Since the art of medicine should reflect the science on which it is based, and since society values the saving of lives above any other medical achievement, shouldn't the medical system use the best treatments known to science? Should we not expect medical students to be trained in genuine homeopathy? Should we not discourage training in homeopathy that deviates from the teaching of Hahnemann and the great Hahnemannians? Should persons with diseases that are most amenable to homeopathy not request that their physicians treat them with genuine homeopathy?

Let's now take a moment to imagine the difference that genuine homeopathy would make if it were offered to every patient with pneumonia. Almost immediately there would be a huge decline in the number of people dying from pneumonia. For example, if genuine homeopathy had been universally used in the U.S. in 1920, when the population was 106 million and the mortality from the combined effects of influenza and pneumonia (CIP) was estimated to be 207 per 100,000, it would have saved 206,590 lives in that one year.<sup>74</sup> Pneumonia is still a major cause of morbidity and mortality even in developed countries. In the United States for example, it is the leading cause of death due to infectious diseases, and the *age-adjusted* annual mortality for CIP has been steadily rising over the last few decades. That is despite the fact that contemporary conventional medicine enjoys the advantages of advances in nursing care, such as hydration and oxygenation of the critically ill patient. In 1979, the *age-adjusted* annual mortality for CIP was 11.2 per 100,000 per year, in 1998, it was 13.2, in 2011, it was 15.7, and pneumonia consistently accounts for the overwhelming majority of deaths between pneumonia and influenza without pneumonia<sup>75,76</sup>

On the other hand, CCC has had to contend with the increase in the last few decades of antibiotic-resistant bacteria. In the last available “Leading Causes of Death” report by the U.S. Centers for Disease Control and Prevention, 56,979 persons are reported to have died from CIP in 2013<sup>77</sup>.

This huge reduction in mortality would have considerable collateral benefits for any society that was wise enough to make genuine homeopathic care universal for its people. The 2003 Pneumonia Fact Sheet from the American Lung Association reported, “In 1996 (the latest data available), there were an estimated 4.8 million cases of pneumonia resulting in 54.6 million restricted-activity days and 31.5 million bed days<sup>78</sup>.” Every year 1.2 million Americans are hospitalized due to pneumonia. In 2005, CIP represented a cost to the U.S. economy of \$40.2 billion<sup>79</sup>. In 2002 CAP cost the European economy \$30 billion.<sup>80</sup>

On the worldwide scene, an estimated 1.2 million children under the age of five die from pneumonia every year—more than from AIDS, malaria, and tuberculosis combined<sup>81</sup>. Although mortality from pneumonia in children is low in developed countries, the World Health Organization estimates that in developing countries one in three children dies from an acute respiratory tract infection.<sup>82</sup>

While CAP remains a major cause of death with a mortality rate of 13.7% in developed countries, HCAP carries a much higher mortality—between 50% and 70%. In Fine et al.'s meta-analysis, mortality was lowest in studies of a mixed population of ambulatory and hospitalized patients (5.1%); intermediate in only hospitalized (13.6%), elderly (17.6%), and bacteremic (19.6%) patients; and highest in nursing homes (30.8%) and in intensive care units (ICU) (36.5%)<sup>83</sup>. When pneumonia develops in patients already hospitalized for other conditions, the mortality rates is even higher, ranging from 50% and 70%.<sup>84,85</sup> Mortality goes up to 35% in cases of pneumonia associated with *E. coli* and *Klebsiella* species and to 61% in cases associated with *Pseudomonas aeruginosa*; it ranges between 5% and 9% with viruses other than influenza B and adenovirus<sup>86</sup>. There is also no generally effective treatment in conventional medicine for most types of viral pneumonia, such as severe acute respiratory syndrome (SARS), where mortality averages 14.5%<sup>87</sup>. In 11,229 patients, or one-third of those surveyed in Fine et al.'s meta-analysis, mortality rose to 12.8% when the associated microbes were unknown<sup>88</sup>. From personal experience, I would predict that the drop in mortality under genuine homeopathy would be most dramatic in nursing-home and ICU patients, regardless of the infective microorganisms involved, even those that are associated with a high mortality rate. That is because recovery time in cases infected with antibiotic-resistant bacteria or in immunosuppressed cases is as fast as in other pneumonia cases.

Mortality from pneumonia can spike at any time in an emerging epidemic. For instance in 2005, there were more than 60,000 deaths from pneumonia alone in persons aged 15 years and over in the United States. In any case, morbidity and mortality from infectious diseases have been rising steadily in recent decades. For instance, from 1998 to 2005 the hospitalization rate in the U.S. for all infectious diseases increased from 1,525 per 100,000 to 1,667. Of patients hospitalized with pneumonia, 10% to 20% required admission to an ICU. Mortality was highest for CAP patients who were hospitalized; the 30-day mortality rate was as high as 23%. Despite the availability of and widespread adherence to recommended allopathic treatment guidelines, CAP continues to present a significant burden in adults. Furthermore, given the aging population in North America and the ubiquitous increase in microbial resistance to drugs, allopathic clinicians can expect to encounter increasing difficulty in treating a growing number of adult patients with CAP.<sup>89</sup>



Knowledge is power, but despite robust epidemiological and observational evidence establishing cause and effect between genuine homeopathic treatment and the recovery of health and saving of lives—evidence which has been publicly available since at least the 1850s—very few people know anything about it. Why is the truth about genuine homeopathy and the countless benefits it could bring to society not better known?

In 2012, I was attending a conference in Reston, Virginia, where a much sought-after teacher of homeopathy came to me and suggested that we should unite our efforts. I responded, “How can water be mixed with oil?” He seemed puzzled by my answer, so I continued, “If you or your students can confidently treat, at their bedside 10 consecutive intensive-care-unit patients, and, when you return to follow up, be confident that every one of these patients will have begun to improve, we can no doubt unite our efforts to make homeopathy better.” He answered, “I have never treated a patient in an ICU.” I retorted, “All right then, could you confidently treat 10 consecutive patients with pneumonia of every degree of severity and in any condition and be confident when you followed them up that all of them would be better?” He answered, “I never treat patients with pneumonia.”

If the truth of homeopathy is not known by its professed teachers, how can we expect that it to be known by the general public? This is certainly a crucial internal problem which the homeopathic profession needs to solve quickly and permanently through better education in the art of homeopathy. There are many obstacles to the dissemination of the truth, among which ignorance and bigotry are at the forefront. In the preface to the first edition of the *Organon*, Hahnemann warned his fellow physicians of such obstacles: “I must warn the reader that indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine. The physician who enters on his work in this spirit becomes directly assimilated to the Divine Creator of the world, whose human creatures he helps to preserve, and whose approval renders him thrice blessed.”<sup>90</sup>

The practice of Hahnemannian homeopathy, simple in principles but requiring assiduous rigor for its successful application, is based on the totality of the symptoms, the matching of the genius of the remedy with the genius of the patient’s disease, the use of reliable materia medica, and the single remedy in a large range of potencies. On this last point, I reported in my response to Dr. Novella’s question that a 10-year study on the treatment of pneumonia patients in a hospital showed that the higher the potencies used, the better the results on all six criteria that were measured, namely, (1) the seat of infiltration, (2) the duration of infiltration (reckoned from when it was first observed to when it began to be resolved), (3) the time at which resolution of the infiltration began, (4) the time at which resolution was complete, (5) the time at which all physical signs disappeared, and (6) the duration of convalescence.<sup>91</sup>

It goes without saying that the best in the art of medicine should be at the service of everyone, and since genuine Hahnemannian homeopathy offers the intervention of choice, it should be made universally available, not only to any population threatened with infectious and epidemic diseases, but also to the rest of the population for prophylactic and therapeutic purposes. Unfortunately, four million people worldwide will continue to die from pneumonia every year as long as the politics of medicine is guided by ignorance, bigotry, and special interests.

From a scientific and moral point of view, homeopathic institutions and training programs in homeopathy should emphasize the teaching and practice of genuine homeopathy and at the same time discourage all other ways of practicing homeopathy, except for research purposes. There is no doubt that every effort we invest in this direction will have permanent value in our quest to make the world a better place.

(To be continued)

#### Abbreviations

CAP: community-acquired pneumonia

CCC: contemporary conventional care

CIP: the combined effects of influenza and pneumonia

HCAP: health-care-acquired pneumonia

PAA: pre-antibiotic allopathy



47 - This debate with Dr. Novella can be watched at <http://mediasite.uchc.edu/mediasite41/Play/f45177db9279460797fe70714a3f5611d>. An integral transcription can be read at <http://www.legatum.sk/en/misc:talk-saine-novella>

48 - The full answer to Dr. Novella's question, "What do you consider to be the best clinical evidence supporting the efficacy of homeopathy for any indication?," can be read at: [http://www.homeopathy.ca/debates\\_2013-03-22.shtml](http://www.homeopathy.ca/debates_2013-03-22.shtml)

Incidentally, Dr. Novella did not respond to my answer to his question on the pretext that it was too long. That is understandable since my answer to his question was over 400 pages long. I then wrote a summary that would take less than 30 minutes to read. This was sent to him nine months ago, in May 2015, and since then he has been completely silent.

49 - The numbers for CCC were based on the last available meta-analysis on the outcome of CAP, published in 1999 (M. J. Fine, et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. *JAMA* 1996; 275: 134-141).

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51 - André Saine. "The Weight of Evidence: The Extraordinary Success of Homeopathy in Times of Epidemics." Unpublished manuscript. see [http://www.homeopathy.ca/publications\\_det02.shtml](http://www.homeopathy.ca/publications_det02.shtml)

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55 - C. T. Hood. Treatment of croupous pneumonia. *Clinique* 1906; 27: 649-656.

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64 - Ibid.

65 - W. H. Hanchette. Discussion. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. *Journal of the American Institute of Homeopathy* 1922-1923; 15: 547.

66 - P. P. Wells. Addresses, etc. *Homoeopathic Physician* 1885; 5: 414.

67 - Pneumonia—History. <http://www.news-medical.net/health/Pneumonia-History.aspx>

68 - A minimum of one patient with pneumonia per month might be a too conservative estimate, as it was reported that in 1872 and 1873 the 90 homeopathic physicians in Brooklyn treated on average 6 patients with pneumonia per physician per year (W. S. Searle. Comparative mortality statistics of Brooklyn, N.Y., for 1872 and 1873. *Transactions of the Homoeopathic Medical Society of the State of New York* 1874; n.s. 11: 495-497).

69 - Aside from being treated with genuine homeopathy, febrile patients with pneumonia were as a rule fasted under my care and in some cases hydrotherapy was used, particularly to increase the speed of recovery.

70 - A serum lactate level is considered "high" when it is in excess of 4 mmol/L, which has been found to be associated with poor outcomes in seriously ill patients (G. Broder, M.H. Weil. Excess lactate: an index of reversibility of shock in human patients. *Science* 1964; 143 (3613): 1457-1459, and Lars W. Andersen et al. Etiology and therapeutic approach to elevated lactate levels. *Mayo Clinic Proceedings* 2013; 88 (10): 1127-1140).

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[http://www.who.int/csr/sarsarchive/2003\\_05\\_07a/en/](http://www.who.int/csr/sarsarchive/2003_05_07a/en/)

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Dear all:

I'm writing you with sad news.

As you surely know here in Barcelona we are teaching a PG- Master in Homoeopathy in the University since 21 years. During all of these years we had the recognition even of the University as an excellent, serious continuing education course, as we also adhere to the standards of the ECH/LMHI

Surprisingly last week the Dean of the University decided to anulate this master without informing us. We heard about this decision only through the newspaper, all of them with the title homoeopathy a pseudoscience.

When we went to talk to them, after insisting they told that the decision was made because:

- 1.) some students of the University signed a letter asking to anulate this course
- 2) the Ministry of Health (Madrid) has withdrawn the accreditation of the master of homoeopathy throughout Spain and they follow this guideline
- 3) there is a social discussion about effectiveness of homoeopathy
- 4) homoeopathy has no scientific foundation
- 5) the College of Medicine is not contrary to the withdrawal of the accreditation

all of these arguments are NO arguments.

We ask you to help us signing in the following page of [change.org](https://www.change.org) in order show our complete rejection to this decisión.

[https://www.change.org/p/excmo-i-mfco-dr-d%C3%ADdac-ram%C3%ADrez-i-sarri%C3%B3-rector-de-la-ub-por-la-continuidad-del-m%C3%A1ster-de-homeopat%C3%ADa-de-la-ub?recruiter=501332804&utm\\_source=share\\_for\\_starters&utm\\_medium=copyLink](https://www.change.org/p/excmo-i-mfco-dr-d%C3%ADdac-ram%C3%ADrez-i-sarri%C3%B3-rector-de-la-ub-por-la-continuidad-del-m%C3%A1ster-de-homeopat%C3%ADa-de-la-ub?recruiter=501332804&utm_source=share_for_starters&utm_medium=copyLink)

This is all I can tell/ask you for the moment, but I will keep you informed.

I would be grateful for your collaboration and every proposal to help us to find a solution.

Warm regards,

Dr. med. Ute Fischbach Sabel

NVP Spain

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## India: A big country with a big heart for homeopathy

by Dr. Altunay Agaoglu

Before we decided to visit India, we already knew that there were many homeopathic doctors and homeopathy was quite improved in India. However, Dr. Renzo Galassi decided to go to India in order to understand why India represent itself with so few in LMHI despite the large numbers of homeopath doctors and to get to know the associations more closely. I also wondered about the homeopathic situation in India so I decided to assist him throughout this journey which was fantastic beyond our thoughts. We had no clue that we could see such wonderful things in such a short time. Our India visit was planned thoroughly beforehand including the visits to hospitals, research centres, associations by our research secretary Dr. Raj Kumar Manchanda, Dr. Sandeep Kaila Kumar from LMHI Indian Chapter, Dr. Anriban Sukul and Dr. Srinivasa Rao .



As we arrived Delhi on the 5th of February, we were met by Dr. Sandeep in such a great way. The first surprise of the morning was to meet Dr. Nandini Sharma and Dr. Raj K. Manchanda at the Master Hahnemann statue in Central Park, Defence Colony. We started our Indian sojourn by paying floral tributes on statue of Master Hahnemann in Defence Colony.

After this nice surprise, we visited Dr. D. P Rastogi Central Research Institute of Homeopathy which is one of the 29 research institute that is connected to CCRH, in Noida with Dr. Sandeep. Dr. Mehra and Dr. Arya welcomed us so nicely and guided us inside the center. We could not be more fascinated when we saw the all OPD where more than 400 patients were taken care of free of charge daily. There were many research labs as well as a homeopathic pharmacy. We left LMHI Newsletters and Liga Letter to their library for the archives. This facility was the first visit among many and a gate to understanding how homeopathy bloomed and improved in India.



## **President and Treasurer, LMHI visits Dr. D. P. Rastogi CRI (H), Noida**

Dr. Renzo Galassi, LMHI President, Dr. Altunay Agaoglu, LMHI Treasurer and Dr. Sandeep Kaila, Secretary, LMHI-India visited Dr. D.P. Rastogi Central Research Institute of Homoeopathy [DDPR, CRI (H)], Noida on 5<sup>th</sup> February 2016.



From L to R: Dr. . Sandeep Kaila, Dr. Altunay Agaoglu and Dr. Renzo Galassi

As LMHI in collaboration with Central Council for Research in Homoeopathy (CCRH) is organizing World Homoeopathy Day - Integrating Homoeopathy in Healthcare on 9-10 April, 2016, the President and Treasurer LMHI visited India, DDPR CRI (H), Noida being one of the premier research institutes under CCRH where State of Art Laboratories are being established. The guests were welcomed by Dr. B.S Arya, Assistant Director (H)/ Officer In-charge and Dr. Pritha Mehra, Research Officer (H)/ Coordinator of Drug Proving Research Programme, DDPRCRI (H), Noida. Subsequent to a formal introduction, the officer In-charge escorted Dr. Renzo and Dr. Altunay for a trip across the institute. Dr. Mehra briefed about the establishment and Inauguration of the institute by Sh. Shripad Naik, Hon'ble Minister of State (Independent charge), Ministry of AYUSH, Govt. of India on 7<sup>th</sup> October 2015.



The guests were taken across the hospital starting from the registration counter and were versed with the registration system and use of Integrated Hospital Management System (IHMS) for the same.



In the Outdoor Patient Department, Dr. Y. Rai, Scientis-4 explained about recording the case of patients, requisition for investigations and prescription using IHMS.



The guests were amused to find the services like pathological, biochemistry, cytopathology, X-ray & USG facilities being provided free of cost to the patients. During the visit to the pharmacy, the President of LMHI enquired about the in-house production of homoeopathic medicines and medicines of which all pharmaceutical companies are being used here. He also informed that in his own practice, 90% of his prescriptions are in LM potency.



He also checked the case record format being used in Indoor Patient Department (IPD) and asked about the types of cases being admitted in IPD. In the Cytopathology laboratory, Dr. S. Bambani, Cytopathology Consultant told them about the work being carried out in the laboratory and also informed that he is finding the changing trends in age of acquiring various cancers, in the patients reporting at the institute.



They were also briefed about the ongoing research projects being handled by the Scientists and the ones which have been concluded. The guests were surprised to see the collection of book, journals etc in the library. Dr. Arya told about the books being donated by Late Dr. D.P. Rastogi, former Director and Padmashree Dr. V. K. Gupta, Chairman, Scientific Advisory Committee, CCRH. Dr. Pritha briefed them about the books, monographs and Indian Journal of Research in Homoeopathy being published by the Council.



They also visited the Drug Standardization section and Mr. Pankaj, RO (Pharmacology) briefed them about the ongoing research work and also the proposed projects to be taken up in future. Dr. Arya briefed them about the development of infrastructure with regard to the state of Art laboratories- Microbiology, Molecular biology, Zebra fish and Animal house for carrying out the fundamental research in homoeopathy.



The guests appreciated the research work being done at the institute and wrote their views in the visitor book before leaving for their next destination.



Very positively surprised by the huge and high quality work done here. Congratulations. Renzo Galassi



I am astonished by the facility and the quality of the work and research ongoing in the center. Congratulations! Altunay Agaoglu

We went to Bakson Homeopathic Medical College and Hospital which is founded by Dr. Bakshi who is the LMHI India NVP after visiting CRI, where daily 400-500 patients are seen without any fee and has an outpatient section. We are met at the Bakson College with high generosity. Bakson College is a modern and progressive private college and hospital, with very high standards. Established in the year of 2002, situated in a lush green area of Greater Nodia, the college offers degree courses (BHMS) of 5 ½ years duration of undergraduate level and post graduate courses of MD (Hom) of 3 years' duration. This well-equipped college & hospital which has OPD and IPD besides the library, classes, dormitories, mess hall as to give homeopathic education fully to the students was founded by Dr. Bakshi's great efforts and future sided vision.



2° day

We moved to Jaipur early in the morning with Dr. Nandini and Dr. Sandeep after the busy tour of yesterday. We were welcomed by Dr. Tarkeshwar Jain, the dean of the Homeopathy University, Dr. Pal, Dr. Nayak and the university administration. The Homeopathy University is the first school in India which was accredited by the LMHI. Dr. Renzo gave the LMHI accreditation certificate to the Dean Dr. Jain and also the university became an institutional LMHI member after completing all the procedures as to become an institutional member. The University proposes different kinds of medical and Para-medical courses like B.H.M.S., M.D.(Hom.) and Ph.D. in Homeopathy, M.Sc. in Biotechnology, etc. The College boasts of adequately equipped 64 bedded hospital and peripheral dispensaries which treat 300 patients per day thus providing an excellent learning experience for students. After visiting the different units in the University, Renzo gave there a lecture on Miasms to more than 300 students who were eager listening to him. The lecture was not only beneficial and great for the students, also Nandini and I had great pleasure to listen to his experiences and benefit from his deep knowledge.



After a tiring and excited long day in Jaipur we went to our next stop: Kolkata. A member of the CCRI and our friend Dr. Anirban Sukul who is a very successful researcher and our member, greeted us at the airport. We could meet our dear friend, Dr. Mohammed Ashrafur, the NVP of Bangladesh, for the dinner. Dr. Ashrafur accompanied us everywhere during our visits in Kolkata and he was a great help while talking with the associations. The Kolkata visit to the CCRI unit and institutes and meeting with the associations of West Bengal was a great success and pleasure. It was wonderful to listen to the research and works of the CCRH centers on epidemics, which are huge and essential improvements in the world of homeopathy. We also attended the inauguration of the 29<sup>th</sup> annual conference and Scientific seminar, where we were able to meet Dr. Ramjee Singh, who only came to meet us. Thanks to Dr. Anirban, we shouldn't forget our wonderful visit to the Mother Teresa House...

**Report on the visit to Kolkata, India of Dr Renzo Galassi and Dr Altunay Agaoglu, LMHI**  
**By Anirban Sukul MSc,PhD,BHMS**  
**Director, Sukul Institute of Homeopathic Research, Kolkata, India**  
[www.sukulhomeopathy.com](http://www.sukulhomeopathy.com)

Just few days back, LMHI President Dr. Renzo Galassi and LMHI Treasurer Dr. Altunay Agaoglu visited Kolkata, one of the metro cities in India, to monitor the purpose of LMHI "...The purposes of the association are the development and securing of homeopathy worldwide and the creation of a link among licensed homeopaths with medical diplomas and societies and persons who are interested in homeopathy." They were well received by Dr. Anirban Sukul, Director of Sukul Institute of Homeopathic Research and he has escorted them throughout their stay in Kolkata. In the modern world, the growth of homeopathy is self evident, and looking at the purpose of LMHI it can be said that the presence of a group of dignified homeopaths as an associate of LMHI, in the state of west Bengal, is of great importance. Since, in this way, it is not only supporting and encouraging the contemporary homeopaths but it will also continue to serve this purpose in future. Likewise, Sukul Institute of Homeopathic Research organized a meeting on February 07, 2106, which was mainly comprised of the Heads of the local homeopathy associations. Besides, the Managing Directors of local homeopathic medicine manufacturers were also present. Many of the participants have shown keen interest to become associated as Institutional Members of the LMHI. One of them is Dr. D.S. Bhar, who is the Managing Director of HAPCO, one of the most reputed Homeopathy medicine manufacturers. Being motivated by the LMHI activities, Dr. Bhar enquired about the possible institutional membership of his company to Dr. Renzo Galassi and as reported by him, the answers he has received are quite satisfying. Another attendee, named Dr. Arin Mondal has confirmed that though he is already associated with two institutions, but it would be a great privilege for him to get the membership from LMHI and he is looking forward for the same in near future. This meeting was also adorned by LMHI National Vice President for Bangladesh, Dr. Mohammed Ashrafur Rahman. His presence was indeed of immense value for the LMHI Meeting in Kolkata.

Besides all these, it's been also cited during the meeting, that an effort is being exerted by Dr. Sukul along with his colleague, Dr. Debarshi Das, who is currently working as an Assistance Professor at a well esteemed college in West Bengal, to encourage different colleges and institutions to be aware and actively become a part of LMHI. Dr. Anirban Sukul is also trying to help other small associations and coordinating with the interested members of the meeting to get associated with LMHI.

It appears that before the visit of the respected LMHI personnel, the homeopathy doctors in West Bengal were not much aware of its activities. But after this meeting, which was honored and graced by the presence of Dr. Renzo Galassi (President, LMHI) and Dr. Altunay Agaoglu (Treasurer, LMHI) has made a well impact on these doctors. At this moment, the homeopaths of West Bengal have sufficient awareness and enough knowledge about the purposes and activities of LMHI, which was a bit alien to them for quite long. Based on the current statistics, it can be mentioned that Kolkata and its adjoining city, Howrah, have the most concentrated number of Homeopathy doctors available compared to other places in the World. Thus, the gradual impact that has been created due to the active presence of President, Dr. Renzo Galassi is truly marvelous as it has helped to bring some radical changes not only in the thoughts and perceptions of the homeopaths but also among the general mass to a certain extent. With the encouragement and support of both the respected personnel of LMHI along with the coordination and endeavor of Dr. Sukul, a charitable homeopathy clinic shall be initiated (perhaps) in the Missionaries of Charity in Kolkata.

Dr. Renzo Galassi and Dr. Altunay Agaoglu went to the Central Council for Research in Homeopathy (CCRH) Government of India, Kolkata unit, along with Dr. Sukul and Dr D. Sarkar, the latter is the in-charge of the Kolkata unit of CCRH, where they had a very successful meeting on the possibilities of drug proving and rapid development on homeopathy through CCRH in India under the successful guidance of Dr. R. K. Manchanda, the Director General, CCRH. After that, they visited to National Institute of Homeopathy (NIH) to meet Prof S. K. Nanda, (Director, National Institute of Homeopathy). Over there, they also got to witness a large OPD of 3000 – 4000 patients, per day. Apart from all these, the respected personnel of LMHI also met Dr. Rathin Chakravarty, Honorable Mayor of Howrah (West Bengal) also Honorary Physician of the Honorable Governor of West Bengal, during a dinner invitation organized at Bengal Club.

We, the team of Sukul Institute are truly humbled and obliged to get the opportunity to spend some valuable time with Dr. Renzo Galassi and Dr. Altunay Agaoglu and the Director, Dr. Anirban Sukul of SIHR, is truly honored and overwhelmed by the courteous and amenable responses of both the respected personnel of LMHI.





On the 4<sup>th</sup> day we continued our trip to Hyderabad, where our dear friend Dr. Srinivasa Rao greeted us and accompanied us everywhere in Hyderabad. Dr. Rao arranged a visit to the orphanage of Sri Satya Sai Vidya Mandir where he and a friend of his are giving volunteer homeopathic treatment to the children. We were lucky and could attend to the wonderful morning prayer of the children. It was a pleasure for our souls to be together with those children. Renzo offered help of LMHI within the solidarity projects, which I hope will be started soon. After the visit of the school our official meetings with the associations started. Our Hyderabad visit was very satisfying by all means. The fruitful meeting with the associations, the meeting called Urban and Health and Homeopathy, and also the tasty Indian cuisine were all unique. Dr. Rao welcomed us with generosity and with great care, I hereby thank him again for all.

### Brief Report on the visit of Dr. Renzo Galassi, President, Liga Medicorum Homoeopathica Internationalis to Hyderabad

Dr. Renzo Galassi, President of the LMHI and Dr. Altunay Agouglu Treasurer, LMHI arrived at Hyderabad, in South India on 8<sup>th</sup> February. They were received by Dr. Srinivasa Rao Nyapati, representative to LMHI from IIHP. After a good night's rest, they visited the Sai Seva Sangh, an NGO to help the aged, orphans, disabled and underprivileged sections of the society. They have spent a good time with the orphan children in the school and the destitute old people in the attached Old Age Home listening to them patiently. It was a memorable day for school children when Dr. Renzo Galassi the President of LIGA and Dr. Altunay Agouglu visited also the outreach clinic located at Satya Sai School at Moosapet, Hyderabad. He came to know about this particular clinic in the LIGA conference in Brazil. A Paper was presented on the work done in this clinic from last four years in the LMHI 2015 conference, at Brazil. The President developed keen interest to have a look in person and he made it a point to visit this place during his tour to India.

The team was there in the school and clinic premises for about one and half hour. During their visit, Dr. Renzo and Dr. Altunay first joined the children in their morning assembly in which children offer their prayers before they start their day in the school and Dr. Renzo felt particularly very happy about the harmony and peace he could perceive while listening to the prayers sung by school children. They went about visiting the classrooms and Dr. Renzo also sat with the children and shared a little time teaching to them about some basic health and hygiene and also very encouraging talk on morals and good habits and right attitude to life. He also visited the clinic and he was very impressed by the work done by the medical staff which prompted him to spontaneously offer to support one child for its education and also contribute to the development of the Charitable Homoeopathic Dispensary on behalf of the LMHI. He was keen that this facility also provide an opportunity for foreign students to stay and learn homoeopathy at this clinic. After the school visit they have attended a meeting on "INTERNATIONAL SOLIDARITY THROUGH HOMOEOPATHY" organized by Dr. Srinivasa Rao Nyapati, sponsored by Ramakrishna Homeo Stores [P] Limited and DELPHIS Complementary Therapies. The objective was to facilitate a meeting of the LMHI with the registered Homoeopathic organizations in the South India from the states of Telangana, Andhra Pradesh and Karnataka. Around 30 doctors from various organisations attended the meeting and the following member representatives of their respective organizations assembled at this gathering.

Dr. Goli Narayana Reddy, president of the IIHP, Telangana State Branch.  
 Dr. Srinivasulu Gadugu, National Advisor, IIHP, Andhra Pradesh.  
 Dr. Arvind Kothe, Director, Jeeyar Integrated Medical Sciences.  
 Dr. B.D. Patel, President, [KHQMA] Karnataka Homoeopathic Qualified Medical Doctors Association, Dr. Srinivasulu, executive member- KHQMA.  
 Dr. K. Siva Shankar, President of Honour, Homoeopathic Medical Association of Telangana.  
 Dr. Srikanth Morlawar, Chairman, 'Homeocare International' Corporate Group of Clinics.  
 Dr. B.S. Mohan, President Institute of Practising Homoeopaths- Andhra Pradesh  
 Dr. Krishna Rao, Executive Member – JIJNYASA- Vishakhapatnam, Andhra Pradesh.  
 Dr. Srinivasa Gupta, CEO and Managing Director – STAR Homoeopathy [Chain of Clinics].  
 Dr. Shrikanth Kulkarni, Hyderabad Homoeopathy Forum.  
 Dr. Sampath Rao, CCH Member and President Homoeopathic Medical Association of Telangana, and Member HKES, Gulbarga Karnataka.  
 Dr. Venugopal Gouri, Secretary Homoeopathic Medical Association of Telangana.  
 Dr. Gayathri Devi, Member 'Predictive Homoeopathy' and World Bio-Genesis.

Dr. Srinivasa Rao Nyapati presided over the function and welcomed the guests and Chief Guest of the occasion Dr. Renzo Galassi, president LMHI and Guest of Honour Dr. Altunay Agouglu. In his opening remarks, Dr. Renzo Galassi expressed his immense gratitude for the warm hospitality and friendship extended to him by the fraternity of Homoeopathy in India and especially the city of Hyderabad. He stated in his humbleness that he stands in awe and respect for the Homoeopathy in India and he is merely a servant in service of Homoeopathy. He introduced the LMHI to the gathering, it had started off in the year 1925 in a meeting at Barcelona as the 'International Council of Homeopaths' and informed about its membership which grew from 14 member countries to 78 countries all around the world now. Amongst many other activities that LMHI does to promote and encourage Homoeopathy, he emphasized on his unique project, i.e. the Solidarity Project, an opportunity for doctors from different countries to participate in developmental activities of Homoeopathy in various countries together.

Dr. Altunay Agaoglu introduced the institutional membership process to the gathering as there were 13 different organisations gathered at the meeting. Every organisation showed a keen interest to become institutional member and requested Dr. Altunay to initiate the enrolment process as soon as they go back.

In the afternoon a round table discussion was organized on "URBAN HEALTH AND HOMOEOPATHY" by Mrs. Karuna Gopal, President - Foundation for Futuristic Cities and Dr. Srinivasa Rao Nyapati, Member, CCH & CCRH.

President of the Foundation for Futuristic Cities, Karuna Gopal said Indian cities were facing the double burden of communicable and non-communicable diseases (NCDs) unlike in rapidly urbanising countries, which were witnessing a transition from infectious diseases to NCDs. The Indian cities were facing enormous pressure on health front and unless the growing incidence of NCDs was tackled, the country would not be in a position to reap the benefits of demographic dividend.

Cities provide great opportunities for individuals and families to prosper and can provide a healthy living environment through enhanced access to services, culture and recreation. However, city dwellers continue to face health hazards and new health challenges that have emerged. Many cities are currently burdened and will be confronted by a triple threat - Infectious diseases exacerbated by poor living conditions; Non-communicable diseases - such as heart disease, cancers and diabetes, unhealthy diets, physical inactivity; and disasters, both natural and man-made, have a strong relationship with disease outbreaks.

The success of Homoeopathy in containing epidemics both in prevention and treatment has been demonstrated on several occasions worldwide and in several states in our country to contain Chikungunya, Dengue, Japanese Encephalitis, and even Swine Flu in the recent past. With a particular emphasis on the aspect of Emergency Medicine, Homoeopathy has a lot to offer provided it can develop an effective synergy with various organizations and agencies. It can offer different strategies to evolve a cohesive synergistic protocol with all other agencies and bodies at both national and international level. In this context, Foundation for Futuristic Cities and Ramakrishna Homeo Stores Pvt Ltd have jointly organized an interactive Roundtable on 'Urban Health and Homeopathy'. The discussions focussed on the role of Homeopathy in the state of Urban Health in Cities of India.

During the discussions, **Ms Karuna Gopal, President, Futuristic Cities** said that, "We in the recent past, have been noticing an alarming trend. This trend is related to Urban Health, while around the world especially in rapidly urbanizing countries there is a Transition from infectious diseases to Non - Communicable Diseases (NCDs - Cardio Vascular Disease, Diabetes Mellitus and Cancer), in India, unfortunately our infectious disease profile has not diminished nor has it reduced substantially while NCDs are growing at an exponential rate. In India our cities have **Double Burden** (Infectious disease AND NCDs coexist) with 60 million diabetics. In Indian cities, especially Hyderabad we notice that Infectious diseases are rampant in slums and citizens in general are succumbing to Non-Communicable diseases - because flawed urban design - lack of pedestrian walk ways, cycling tracks and parks, swimming pools and adventure sites accidents and disasters like in Chennai are also attributable to bad design. She added "**How many of us can go swimming in municipal pools and our children can exercise in parks?** where are these pools and parks for the middle class? Some efforts are being made but a lot has to be done to create infrastructure that allows 'walk to work' 'play to exercise' and 'swim for health'. Ms. Karuna Gopal also said the annual treatment cost of 60 million diabetics in the country was pegged at Rs.1.5 lakh crore and suggested exploring cost-effective and reliable alternative systems like homeopathy.

Ms Gopal also opined that "This Disease burden will Block the advantage that Demographic Transition is promising to the nation because diabetes and cardio vascular disease and cancer are attacking young adults between 30-50 age group. " She also added that India's economic growth will be hugely compromised as annual expenditure to tackle just diabetes is pegged at 1.5 lac Crores. It is just treatment cost then what about opportunity cost when disability prevents people from working productively? Economic costs to the nation are very high! Ms Gopal concluded saying that "allopathy alone CANNOT ADDRESS THIS DISEASE BURDEN and considering proven track record of homeopathy around the world, we have to explore what it has to offer".

**Dr. Srinivasa Rao Nyapati MD (Hom), Managing Director Ramakrishna Homeo Stores Pvt Ltd** said that "Govt. of India accorded Homeopathy the highest value when the department of AYUSH was made a Ministry with a mandate and budget. Increasing popularity of Homeopathy around the world as a dependable system of healing - The Govt of Switzerland has released a comprehensive report on the efficacy of homeopathy in treating diseases of modern times". The urban life, its living conditions, habits and life styles throw up their unique challenges and issues which compound various health problems besides creating a new kinds of diseases.

**Dr. Renzo Galassi President, Liga Medicorum Homoeopathica Internationalis (LMHI), ITALY** said that "we have several success stories from around the world and India as a fast growing economy should gain from this discipline. "He added that Indian PM is also a proponent of alternative systems and our International association LMHI, with experts from 78 countries, who can always offer support to Indian health care delivery". Dr. Renzo also called for a balance between the progress of a city and environment. He explained to the participants as to how he treated people suffering from gastric ulcers and chronic diseases in Mexico, one of the largest cities in the world. He took a dig at the modern tendency to look for "immediate reduction of suffering" and emphasised the importance of adopting a holistic approach. He said India has a large young population and it was important to ensure the well-being of this population.

**Dr. Altunay Agaoglu, Treasurer, LMHI,** said that "Geriatric care protocols designed by them are highly appreciated in other countries and wanted to share those with the developing countries". Since developing nations would have more number of elderly people than developed nations by 2050, she opined that cities should integrate the medical care of elderly people and homeopathy.

#### **Holistic approach in Medicare favoured.**

The need for looking at alternative systems of medicine like homeopathy to address health problems in urban areas, including treatment of chronic diseases and geriatric issues was highlighted at the round-table by most of the experts who have attended the conference.

Participants included experts from different disciplines in urban sphere. Experts stressed the need to explore alternative medicine systems to address urban health problems.

Eminent people from different walks of life have attended the meeting. Notable among them are Dr.Vijay Kumar,Industrialist,Dr.GKB Chowdary,Chairman Vasant chemicals,Prof.Mutyala Ramaiah,USA, Renowned film actress Mrs.Amala Akkineni, Former Secretary [Govt of AP] Dr.I.Venkateswarlu,IAS, CII President Ms Vanita Datla, Ms. Rekha Lahoti, Ms. Sita Anand, Ms. Raj Kumari Takkar, Ms. Swarnamala, Ms. Anshu Bhargava, Dr Saxena, Dr. B. S. Mohan, Dr. Srinivasulu Gadugu, Dr. Krishna Rao, Mrs Sudha Nyapati etc were part of the round table discussion.



After Hyderabad we flew to Kerala, to the very South part of India. With the tropical forest and the location on the seaside, Kerala is a wonderful place for vacation. But we had no time to rest. After a long car ride, our secretary of research, Dr. Manchanda was waiting for us in Central Research Institute for Homoeopathy, Kottayam. After attending the Interactive Workshop on Management of Epidemic diseases, we had a successful meeting with the homeopathic associations of Kerala. One of the surprising things for me was the psychiatric hospital of CRI with IPD and OPD units. The patients were treated with homeopathy along with occupational therapies, psychotherapies. We were impressed to see the only psychiatric clinic in the world, as far as I know, where the patients are treated with single dose remedies. Besides this, the hospital and institute was very well preserved. I want to congratulate Dr. Raj Manchanda and his team again for the fabulous work they are doing in India to serve the humanity and homeopathy. Not to mention what they did for me and Renzo to make our trip more comfortable and successful.

### Central Research Institute for Homoeopathy ,Kottayam, Kerala.

**(A report on the visit of the President LMHI Dr.Renzo Gallassi, and Treasurer LMHI Dr.Altunay Agaoglu, at CRIH, Kottayam on 10.02.2016)**

Central Research Institute for Homoeopathy ,Kottayam is an Institute having 100 bedded capacity under Central Council for Research in Homoeopathy, Ministry of AYUSH, New Delhi, which was established in the year 1974, with the objective to conduct treatment and research in Psychiatry with Homoeopathic medicines.

The President Dr. Renzo Gallassi, LMHI and Dr.Altunay Agaglau, Treasurer LMHI has visited the Institute on 10.2.2016 and attended the valedictory session of the one day Interactive Workshop on Management of Epidemic diseases, organized by CCRH, Govt. of India, held at Central Research Institute for Homoeopathy, Kottayam, in the State of Kerala. The workshop was arranged for the team of doctors involved in epidemic prevention activities, under department of Homoeopathy and five Homoeopathic Medical Colleges in the state of Kerala. The Govt. of Kerala has formed a separate body for management of epidemic diseases by giving treatment and prevention with appropriate homoeopathic medicines during the period of epidemic outbreaks. The workshop was aimed at developing uniform management strategies during epidemic outbreak. More than 150 participants attended the meeting. He has visited the various departments of the Institute including 100 bedded hospital with 17 paid rooms and expressed his happiness in the activities of the Institute. He has gone through IPD and witnessed many psychiatric patients are improved with homoeopathic medicines. He has revealed that though many hospitals all over the world he has visited, this is the only Hospital where psychiatric patients are treated with Homoeopathic medicines and he will again visit the Institute. While leaving the Institute he has felicitated that we may go along with the developmental activities of the Institute for the better future of Homoeopathy.

During the meeting Dr Renzo Gallassi, explained about the structure and network of LMHI. He has highlighted the need of such International Organization, since Homoeopathy has been established in different countries at different levels.

Dr.Renzo Galassi, Dr.Altunay with Dr. Raj Kumar Manchanda addressed a gathering of the representatives of associations in the State of Kerala and discussed about the forthcoming International Convention on World Homoeopathy Day jointly organized by LMHI and CCRH supported by Ministry of AYUSH, Govt. of India scheduled to be held on 9 - 10 th April 2016 at New Delhi.



Dr. Renzo Gallassi, President LMHI addressing the valedictory session of of Interactive Workshop on Prevention and Management of Epidemic Diseases



Dr. Renzo Gallassi, President LMHI addressing the valedictory session of of Interactive Workshop on Prevention and Management of Epidemic Diseases



Dr. Altunay Agaglau, Dr. Renzo Gallasi and Dr. Raj. Kr. Manchanda in the meeting



LMHI President with Director General CCRH, Assistant Director CRIH and CCH Members



Interactive session with representatives of Homoeopathic Associations in Kerala



We reached Nagpur on the 12th of February after Kerala. We were going to attend the 24th National Homoeopathic congress of IIHP, Homeo-Vision Nagpur 2016 on the 13th and 14th of February. The congress which was quite full went very successful. The main improvement was the minister of Ayush who attended the opening of the congress. And also MoH – Momerandum of Understanding is signed by HMAI and LMHI in order to support each other.

### **NAGPUR -24<sup>th</sup> National Homoeopathic Congress of the IIHP.**

Dr.Renzo Galassi and Dr Altunay Agaoglu graced the 24<sup>th</sup> National Homoeopathic Congress of the IIHP held on 13<sup>th</sup> and 14<sup>th</sup> Feb.at Nagpur. This was inaugurated by the Union Health Minister for AYUSH, Sri Shripad Yasso Naik, and accompanying him on the dias were the President of LMHI, Dr Renzo as Guest of Honour, Dr RK Manchanda, DG CCRH,Dr Ramakanth Dagade, President IIHP, Dr KS Siva Murthy,Secretary General, IIHP and several other dignitaies.

Ina separate meeting of the general assembly of the IIHP ,Dr Renzo was appraised of the decision taken by the IIHP to associate themselves as the institutional members of LMHI, he expressed his immense happiness and he welcomed this august organisation in to the LMHI. The executive body confirmed that as a gesture of its goodwill, the IIHP will immediately start the enrolment process by signing up an initial batch of a hundred members to ensure a membership procedure is put into place.

Both representatives of the LMHI participated very enthusiastically in the Congress for all the three days and they had delivered their excellent lectures in the congress which were highly appreciated by the Indian delegates.

In a yet another landmark event, the IIHP and LMHI signed up an MOU in the general assembly which was signed by Dr.Renzo Galassi LMHI President and Dr Altunay Agaoglu, Treasurer LMHI on behalf of the LMHI and Dr.Ramakant Dagade, President IIHP and Dr K Siva Murthy ,Secretary General IIHP, Dr V.K.Gupta, President of Honour, IIHP and Dr M.A.Rao,Organising Chairman, 24<sup>th</sup> National Congress of IIHP on behalf of the IIHP. The MoU was facilitated by the Dr.Srinivasa Rao Nyapati, Member representative to LMHI from IIHP. The Memorandum of Understanding conveyed the willingness to co-operate and work together in development and promotion of Homoeopathy on a large scale in areas of academic, research, political and admistrative policy on Homoeopathy and its utilization on the emerging new infections, Epidemics and Disaster management, Tele-medicine and also exchange of academic resources and interactions with LMHI Member countries.

*As Reported by Dr Srinivasa Nyapati,Dr Srinivasulu Gadugu,Dr Shailendra,Mr Somkrishna.*





The trip was over and we went back to Delhi on the night of the 14th for the flight back home. We had a Wrap up meeting with Dr. Sandeep, Dr. Nandini and Dr. Rao. At the end the whole India trip was a great opportunity to see the wonderful integration of homeopathy into the health system of India. The colleges, Universities, hospitals, research centres, institutes are very well established and doing marvellous things for the patients and homeopathy. India deserves to be the leader in Homeopathy in the World. I am sure they will be an example to other countries. It was also a great pleasure to meet the representatives of the big and small homeopathic associations and create an awareness of the LMHI. I am sure in the future India will be represented in LMHI much more. India is a very big country, with wonderful people, hospitality, colours and culture. But most important is that they are living integrated with homeopathy.

PRESS NEWS FROM INDIA

సాక్షి ప్రచారణలో బుధవారం 10 ఫిబ్రవరి 2016 స్థానికం 3 జీవనశైలితోనే ఆరోగ్య సమస్యలు

ఆంధ్రజ్యోతి ఆంధ్రప్రదేశ్ నియంత్రణ పట్టణవాసులకు హోమియోతో సత్ఫలితాలు

Saakshi coverage

Andhra Jyothi news paper coverage

CITIES » HYDERABAD

Published: February 10, 2016 00:00 IST | Updated: February 10, 2016 07:06 IST HYDERABAD, February 10, 2016

Holistic approach in medicare favoured Special Correspondent

The need for looking at alternative systems of medicine like homeopathy to address health problems in urban areas, including treatment of chronic diseases and geriatric issues was highlighted at a round-table on "Urban Health and Homeopathy" here on Tuesday.

President of the Geneva-based Liga Medicorum Homeopathica Internationalis (LMHI), Dr. Renzo Galassi, called for a balance between the progress of a city and environment. He said LMHI has members in 78 countries and mentioned how he treated people suffering from gastric ulcers and chronic diseases in Mexico, one of largest cities in the world. He took a dig at the modern tendency to look for "immediate reduction of suffering" and emphasised the importance of adopting a holistic approach.

He said India has a large young population and it was important to ensure the well-being of this population.

President of the Foundation for Futuristic Cities, Karuna Gopal said Indian cities were facing the double burden of communicable and non-communicable diseases (NCDs) unlike in rapidly urbanising countries, which were witnessing a transition from infectious diseases to NCDs. The Indian cities were facing enormous pressure on health front and unless the growing incidence of NCDs was tackled, the country would not be in a position to reap the benefits of demographic dividend.

Enormous cost

She said the annual treatment cost of 60 million diabetics in the country was pegged at Rs.1.5 lakh crore and suggested exploring cost-effective alternative systems like homeopathy.

Dr. Altunay Agaoglu, Treasurer, LMHI, said the developing countries would have more number of elderly people than developed nations by 2050. She said cities should integrate the medical care of elderly people and homeopathy could be of great help in this regard.

Experts stress the need to explore alternative medicine systems to address urban health problems

Printable version | Feb 29, 2016 10:29:55 AM | http://www.thehindu.com/news/cities/Hyderabad/holistic-approach-in-medicare-favoured/article8216566.ece

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Dear Renzo,

As you know that a successful event was presided by Dr. Rezaur Rahman Homoeopathic Foundation ( DRRHF ) was titled as : LMHI Certificates Giveaway & Discussion Seminar, held in 16th January at the National Press Club, VIP Lounge, Dhaka. The chief guest of the program was:

K.M. Mozammel Haque  
Secretary, People's Republic of Bangladesh.  
The Special guests were:  
Dr. Dilip Kumar Roy  
Chairman, Bangladesh Homoeopathy Board.  
Fazlul Bari  
Eminent Journalist & writer.  
Dr. Md. Kamaruzzaman Bhuiyan  
General Secretary, Homoeopathic Teachers Samit.  
Dr. Mohammed Jahangir Alam  
Registrar, Bangladesh Homoeopathy Board.  
Dr. Akter Jahan Mili  
Principal, Govt Homoeopathic Medical College.

All the Homoeopathic board members were present in the occasion. Alongside the leading Homoeopathic doctors of our country were also present. You will be glad to hear that more than 200 homeopathic physicians attended the occasion and I've also received some applications from people who wants to be the new members of LMHI Bangladesh family. I will discuss about this matter while we meet in Kolkata. I hope from the bottom of my heart that, this news will be published in the next Liga News. Here I am sending you some pictures. I will provide you some more photos through other mails because it's not possible to send all photos at once.

Your Friend,  
Dr. Mohammed Ashrafur Rahman.



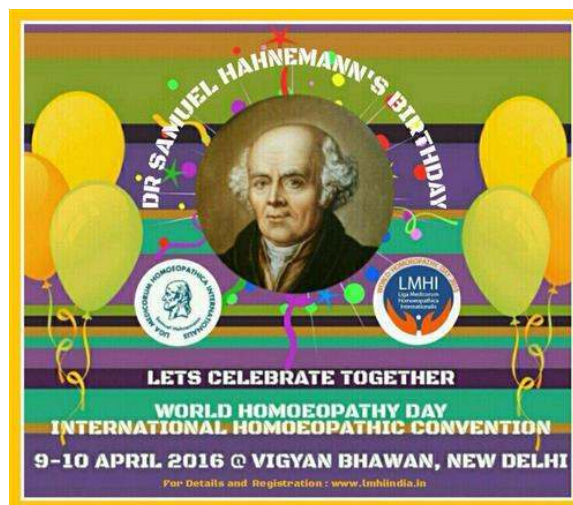
## LMHI World Homoeopathic Day 2016 in India

Dear Friends

In pursuance to the decision of the International Council meeting of Liga Medicorum Homoeopathica Internationalis (LMHI) held in Rio de Janeiro, Brazil during 25 - 29 August 2015; the World Homeopathy Day is being celebrated in India on 9-10 April, 2016. The programme is being jointly organized by LMHI and Central Council for Research in Homeopathy an autonomous body under the Ministry of AYUSH, Govt. of India.

The objectives of this convention is to deliberate on the existing scenario of Homeopathy in India and other countries, develop strategies for formulating national policies; strengthening the existing base of safety, quality and effectiveness, high quality medical education, Interdisciplinary and international research co-operations, evidence based clinical practice and to promote appropriate integration of Homoeopathy into health care delivery system in different countries to achieve universal health coverage (UHC) as desired in WHO Traditional Medicine Strategy 2014-23. Various international and national experts along with acclaimed supporters of Homoeopathy will be sharing their views on these subjects.

Dr. Raj K. Manchanda  
LMHI Secretary of Research  
Director General,  
Central Council for Research in Homoeopathy, India



**Jointly Organized by**  
Liga Medicorum Homoeopathica Internationalis®  
&  
Central Council for Research in Homoeopathy  
**Supported by**  
Ministry of AYUSH, Govt. of India  
Central Council of Homoeopathy, New Delhi Pharmacopoeia Commission of Indian Medicine & Homoeopathy  
Homoeopathic Pharmacopoeia Laboratory, Ghaziabad National Institute of Homoeopathy, Kolkata and,  
All major professional organizations in India

## OBITUARY IN THE LOVING MEMORY OF

***Dra. Ana María Carballo Quiroz***

1949-2016

Mexican Homeopathic doctor with Masters and PhD in Homeopathy from Homeopatía de México AC.

For over 40 years she held the chair for Homeopathic Comprehensive Clinic.

"In order to regain our full humanity we must reconquer our experience of connectivity with the entire web of life. This connection - from the Latin *religio* - is the main essence of the deep ecological thinking . As Homeopathic doctors, we must always take into account the miasmatic aspect because only with this consideration we can achieve a healthier humanity able to integrate with the Whole".





## 71° LMHI Congress

24 · 27 August 2016, Buenos Aires · Argentina  
Homeopathy, Medicine of Microcosm

### **“The challenge of the 21<sup>st</sup> century homeopath facing a severe disease”**

*Clinical, classical and contemporary perspectives in the commonly called:*

- Psychiatric diseases
- Neoplastic diseases
- Auto-immune diseases

#### **MATERIA MEDICA**

- |               |                     |                     |
|---------------|---------------------|---------------------|
| • aids nosode | • tuberculinum      | • hura brasiliensis |
| • medorrhinum | • agathis australis | • latex vulcani     |
| • syphilinum  | • hamamelis         | • sarsaparrilla     |

#### **DOCTRINE**

Assessment of the symptoms and of Hering's Law in case taking before new trends in the treatment of chronic diseases.

#### **REPERTORY**

The new Repertories before the complexity of the Materia Medica.

#### **CLINIC**

Clinical cases of severe diseases.

#### **FREE TOPICS**

**Call for abstracts deadline: 30<sup>th</sup> April, 2016**

#### **Congress Venue:**

Sheraton Libertador Hotel  
Av. Córdoba 690  
(1054) Buenos Aires, Argentina

ORGANIZED BY:



Escuela Médica Homeopática Argentina  
**Tomás Pablo Paschero**

**lmhi2016@gmail.com · www.lmhi2016.com.ar**

# Quiz Corner...

## for our younger colleagues...



Pietro Gulia

**Pietro Gulia**

Medico-Chirurgo Omeopata  
[pietrogulia@alice.it](mailto:pietrogulia@alice.it)

1) Why has a medicine to be proved and reproved? (see **aphorism 134 - Organon 6<sup>th</sup>**)?

2) In **aphorism 213 - Organon 6<sup>th</sup>** edition - Hahnemann writes we shall never be able to cure homeopathically if we do not, in every case of disease:

- observe age and sex of the single patient;
- observe symptoms related to his/her pathology;
- observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition.

3) According to **Aphorism 153**, which symptoms are chiefly and most solely to be kept in view?

4) Hahnemann gives us general direction for individualizing examination of a case of disease in aphorisms:

- from 84 to 100;
- from 84 to 145;
- from 84 to 90;
- from 84 to 105.

5) **Lippe** states: "*Throbbing, pressive headache, relieved by external pressure or by tying up tightly – Sick headache, from suppression of the menses, or from some menstrual or gastric disorder – Hard, racking cough that makes the stomach sore, and water escapes the bladder, during every cough – Bad taste in the mouth, every morning on awaking; she has to wash it out soon; it is so bad she cannot bear it – Nothing tastes good to her – Diarrhoea only or usually at night; watery, greenish-yellow, very changeable; as soon as one eats; from fruits or drinks, or ice-cream – Involuntary emissions of urine when sitting, coughing or walking - Chilly, yet averse o heat*". The remedy is ...

6) **Lippe** states: "*Moist tongue with great thirst – Acrid nasal secretion, having odor of old cheese – Epistaxis: when coughing; at night during sleep; hangs in dark clotted string from the nose, like an icicle – Intolerable biting itching over the body, as from insect-bites; worse in the evening and from warmth of bed; becomes pleasant on scratching – Gonorrhoea with phimosis or chancroids; green discharge, worse at night, urging to urinate; intolerable burning in the forepart of the urethra when passing last few drops; prepuce hot, swollen, oedematus and sensitive to touch; of a torpid character, with threatening or suppurating bubo*" - What is the remedy?

7) **Clinical Case** – Child, 4 yrs old. On waking up she begins to cough, constantly until midnight; dry cough, < running; occasionally, she hawks white, thick and viscid catarrh, but only in the morning. Slight temperature. Her mother reports the child does not cough when she opens the window or if the child goes out in the open air, i.e. in the balcony, and coughs immediately when she goes back into the room. The remedy is ...

8) **Nash** quotes: "*With this remedy the aggravations generally come on in after part of the night or in the morning when the child awakens. The paroxysms are not confined to this time, but the worst one comes then. The paroxysms ends in vomiting of clear ropy mucus in large quantities, hanging in long strings from the mouth. For such a cough XX is excellent*".

Use the repertory and discover the remedy.

9) **Clinical Case** – Boy, 14 yrs old. High fever since three days (T 39°- 40° C). Violent pain in the throat. His mother has been giving him Belladonna 30 CH, every 2-3 hours, without improvement. A pale boy, lying in bed, suffering look; he cannot swallow, the pain is so strong; warm or cold drinks and food give no relief. He get worse during the night: the fever rises, he sweats copiously but the fever does not go down; he does not know if he feels cold or warm; he wraps up a little while and he soon after throws off the bedclothes; restless all night long. His throat is very red; very swollen tonsils; few white spots on the tonsils; yellow thick coating on the tongue; bad breath, foul-smelling. Lymph nodes of the neck are swollen, soft and painful. The remedy is ...

10) **Hahnemann** states: "**381** Taste of rotten eggs in the mouth when he moves the tongue, and the involuntary swallowing – **611** He passes much more urine than the liquid he has drunk – **703** Frequent sneezing without fluent coryza – **1235** Anxiety that could drive him far away, as if he had committed a crime or some misfortune were about to happen to him – **1241** He wished to die, was indifferent to every thing, even to what he took most delight in - **1250** All day long sulky; he was extremely laconic and grave – **1254** Quarreling with everyone, opinionative, quarrelsome – **1259** An almost irresistible desire to travel away to a distance – **1266** Almost involuntary weeping with relief. Use the repertory and discover the remedy

## Solutions quiz Corner – LMHI News n. 16

- 1) C) They can be classified in different kinds: *“of such a kind as attack human beings individually ... of such a kind as attack several persons at the same time ... those diseases in which many persons are attacked with very similar sufferings from the same cause (epidemically) ...”*
- 2) Epidemic diseases
- 3) *Acute diseases that attack human beings individually, the exciting cause being injurious influences to which they were particularly exposed.*
- 4) c) strike us and become evident to the senses more quickly.
- 5) Aphorism 102: *“... but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge whereof, which is essential for enabling us to choose the most suitable homoeopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) cannot be learned from one single patient, but is only to be perfectly deduced (abstracted) and ascertained from the sufferings of several patients of different constitutions”.*
- 6) NOSE – **Sneezing**, violent; paroxysmal - air, in open, agg.  
 EYE – **Lachrymation**, accompanied by sneezing – air, in open, agg.  
 NOSE – **Coryza**, discharge, with – **Discharge**, copious – watery  
 CHILL – Beginning, Feet – FACE. Heat  
 THROAT – **Swallowing**, difficult, food, cold food from. – **Dryness**; fauces  
 MOUTH – **Pain**, Tongue, burnt, as if.  
 MIND – **Delusions**, sick; disease, incurable; pregnant, she is, distension of abdomen from flatus, with.
- Sabadilla**
- 7) Clinical Case - URETHRA – **Pain**, burning - urination, after, agg, burning; urination, beginning of, agg, burning ; urination, during, agg, burning  
**Pain**, Meatus, burning; urination after agg, burning; during agg, burning.  
 BLADDER – **Urination**, frequent – **Urging** to urinate.  
 URINE – Odor, acrid, pungent  
 URETHRA – **Inflammation** – Meatus.  
**Cannabis sativa 30 CH**, plus, a teaspoon every 2-3 hours until improvement: recovery in few hours. A few days after, urinalysis and ultrasound scan of his prostate and bladder were negative for diseases.
- 8) URETHRA – **Pain**, Meatus, burning; urination before, burning; during, burning; after, burning.  
 BLADDER – **Urination**, frequent - **Urging**, frequent, ineffectual.  
 THROAT - **Pain**, cough, on - BLADDER – **Pain**, Stitching pain, Neck of bladder, coughing when – Pain, coughing when.  
 EXTREMITIES – Pain, Knees, cough during – Legs, cough during  
 EAR, Pain, cough, during  
 CHILL – Beginning, Back, Dorsal region, between the scapulae  
 EXTREMITIES – Cracking in joints  
 MIND – Irritability, chill during.
- Capsicum**
- 9) Clinical Case – THROAT – Pain, burning; stitching; swallowing agg - Swallowing, difficult – Constriction – Narrow sensation - Dryness – Swelling sensation – Pain, drinks, warm, amel- Pain, left, extending to right.  
**Sabadilla**, 30 CH, plus. Quick recovery.
- 10) HEAD 10 . **Pain**, motion of head; Bursting; bursting, walking while; 11. Temple, pulsating; 21. Shooting, rest at; walking while, amel  
 FACE 62. Chapped Lips – Cracked Lips  
 MOUTH 83. Taste, insipid; watery – STOMACH Heartburn  
 ABDOMEN 108. Distension, sensation of ; breathing hindering – Pain, bursting