



LIGA NEWS

Electronic Newsletter of the Liga Medicorum Homoeopathica Internationalis • No. 16 • Dec 2015

Topics

- President's editorial
- Editor's note
- California jury clears....by Richard Hiltner
- 1st Homeopathic Congress..by Altunay Agaoglu
- Hans-Walz-Preis....Press Release by Martin Dinges
- A great gift to the....by Renzo Galassi
- History of Homeopathic Pharmaceutics by Heike Gypser
- **The American School of Homeopathy ...**, by Andre Saine
- Report on Homeopathic Medicine.....by Todd Hoover
- 71st Congress LMHI Buenos Aires....by Gustavo Cataldi
- QuizCorner by Pietro Gulia

LMHI President's editorial, by Renzo Galassi

From Paris to Buenos Aires, passing through Rio

Dear colleagues, dear friends, the fall arrived and with it we came back to our activities. We have one memory more, the world Congress of Rio. A good event, well organized by our Brazilian representatives in the superb scenario of Copacabana.

For me, as the President of our association, my sight is on a period of 3 years. I was elected in Quito, Ecuador, but my term sees three world congresses: Paris, Rio and Buenos Aires. Each place represents a part of the LMHI history. In Paris we had an example of the great skill of our French colleagues, in primis Philippe Servais, to organize a huge event in a superb location. The Palais du Congrès was a symbol of the will of researchers to find their "house" to exchange their experiences, with the best technology in the endless attempt to improve our unique Medicine. Philippe Servais, Yves Maillé and Francois Gassin demonstrated the great experience of the French Homeopathic community in creating such a favorable environment for congresses, maybe they have inherited it since the 1st LMHI world Congress which was held precisely in Paris in 1926. I will never forget the days spent in the Port Maillot area, the time spent inside the congress Hall and outside, in the bars, restaurants of the streets around the Palais, where the discussion about our Medicine went on everyday till late.....thank you France! In Rio the environment was completely different, the sentimental friendship, typical of Latin people and symbolized by the tears running down the cheeks of our beloved Gloria André Feigelstein during the closing ceremony, explains exactly what we felt in Copacabana.

A huge number of contacts, many exchanges of brotherly talks, affection, but also genial discussions about therapeutic strategies. This is the characteristic of our Brazilian friend, geniality and sentimentalism. Brazil has a very positive, official acceptance by the government of our Medicine, so we could experience the possibility of talking about something, Homeopathy, that has its house in the Big House, the University, without reverential fear towards Allopathy. Thank you Gloria, thank you Francisco Villela, Amarilys de Toledo Cesar, Francisco José de Freitas, Ariovaldo Ribeiro.

I am going to leave my presidency in Buenos Aires next August. Argentina is very far from Italy, my country, but not so far. More or less every family in Italy has some relatives who emigrated to Argentina at the beginning of 1900 and arriving in Buenos Aires means arriving in a familiar place. Knowing the Argentinian people I can say that the term that best describes the possible environment of our next congress will be, Passion. This is a feature of the people living there, of their way to face life, studies, sports, Homeopathy and why not, dance. The passion we see in the Tango dance, summarizes the characteristics of our friends of the New World. I have personally attended the lectures of the founder of the Argentinian Homeopathic school, Don Tomàs Pablo Paschero and I remember very well his passion when talking about Homeopathy.

The same we have seen in Maradona playing football and now the same we see in Pope Francis taking care of the Christian religion and the poor. They are also two sons of this wonderful country.

We are looking toward this unique event, the 71st LMHI world Congress titled "Homeopathy Medicine of Microcosmos". Let's see which surprises our secretary for education and president of the Congress, Gustavo Cataldi, will be able to organize to positively shock us.

Have a nice Christmastime dear friends, God bless us, our families and our wonderful Medicine,

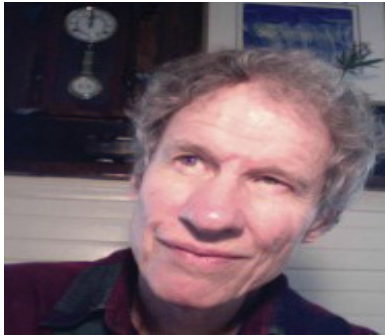
Yours Sincerely,

Dr. Renzo Galassi
LMHI President



Renzo Galassi & Evin Turkey at the LMHI office in Izmir

Editor's Note



Dr. Richard Hiltner

What Constitutes a Cure?

By
Richard Hiltner

Dear colleagues,

As Dr. Samuel Hahnemann exclaims, the term “cure” or health occurs when:

“...the spirit-like vital force [*dynamis*] animating the material human organism reigns in supreme sovereignty. It maintains the sensations and the activities of all the parts of the living organism in a harmony that obliges wonderment. The reasoning spirit who inhabits the organism can thus freely use this healthy living instrument to reach the lofty goal of human existence.”¹

Hahnemann makes it very clear that the “real” person is not the physical body alone. The body is the vehicle for the “reasoning spirit” [force, *chi*, *qi*, vital force, consciousness] that it uses to obtain knowledge and experience on this plane of energy/substance, so that it can evolve and experience all of life. In other words, so it can bring out all of its potential [“the lofty goal of human existence”].

Of course, Hahnemann emphasized the need to eliminate any material, emotional, intellectual or ethical cause for the illness. Even though there cannot be a direct contact with this “reasoning spirit,” it can be aided through the “Laws of Similars.” This Law need not be elaborated for those reading, who one takes for granted, know the basic concepts of this approach.

He also defined miasms and chronic disease that primarily are associated with heredity.

In Paragraph 286 Hahnemann states that: “The dynamic forces of mineral magnetism, electricity, and galvanism act no less homeopathically and powerfully on our vital principle than medicines actually called homeopathic...”²



In Paragraph 288 he mentions that *animal magnetism* can be a great healing force:

“This healing force acts in different ways: on the one hand it replaces vital force in various places where it is deficient; and on the other hand it drains off, reduces, and more equally distributes it where it has become so strongly concentrated in certain parts that it has caused and sustained vague nervous conditions...”³

So one sees that the master himself is aware of other approaches to cure, then strictly using homeopathic medicines.

With all the above stated, now let me try to give my opinion more specifically to the term of “Cure.” If one wishes a TOTAL CURE, all “levels” [Physical, Emotional, Mental and Spiritual] of the person must function without any hindrance of energy/consciousness/life/substance. The “spirit-like vital force...reigns in supreme sovereignty.”

Is this really possible today for all of us folks with all the miasmatic, environmental, ignorance, injustice and unethical happenings about us, to see a cure as above described? Very unlikely. A few, perhaps.

It will take many generations for this to occur even with the best homeopathic and other legitimate non-suppressing medical approaches.

On the other hand, if one is speaking of a PARTIAL CURE, then the future is more bright. There is no doubt that partial cures or cures on various levels can occur. And even if someday all of us obtain perfect health [perfect cure on all levels, and taking for granted that all environmental factors are also perfect], there is still “free will.” Which means that if on any level [ethical, mental, emotional and physical] one should decide to go to extremes [lose one’s balance, so to speak], then illness will surely return with its appropriate consequences. Also, one must enter into the equation the destiny of future humanity. How will it appear millions of years from now [taking for granted that humanity makes it, which I think it will]? Is it not likely that our physical appearance will be different? Even if this is so, the above comment on health and cure on all levels will still be appropriate.

Well, that’s about all I have to say. Hope it helps.

¹ *Organon of Medicine*. [Sixth Edition]. Samuel Hahnemann. [Jost Künzli, MD, Alain Naudé, and Pete Pendleton]. J. P. Tarcher, Inc. Los Angeles. 1982. Paragraph 9, Page 14-15.

² *Op. Cit.*, Paragraph 286, Page 209.

³ *Organon of Medicine*, Paragraph 288, Page 210.

California Jury Clears Hyland's Homeopathic Pharmacy In \$255 Million False Ad Trial

by Richard Hiltner

On September 18, 2015 a California, USA federal jury cleared Hyland's Homeopathic Pharmacy Inc. in a \$255 million nationwide class action that alleged the company misled tens of thousands of purchasers into believing their homeopathic products were effective for various ailments.

This news is especially important and inspiring after so many attacks against homeopathy and its pharmacies in the USA as well as internationally.

As you may well remember in 2012 Boiron Homeopathic Pharmacy, Inc. reached a class action lawsuit settlement that provided up to \$5 million in refunds to consumers who purchased any of 23 different Boiron homeopathic products.

The German homeopathic pharmacy HEEL was threatened in 2014 with another class-action lawsuit. It decided to avoid any future supply of its products to the United States to avoid this action.

As is well known also the Food and Drug Administration in the USA has been hearing in 2015 from various sources about Over-The-Counter drugs as well as prescription homeopathic medication. What this will lead to is not clear at this point.

No doubt homeopathy is being attacked in many countries internationally. But at least we have some very positive news with the rejection of the attack on Hylands homeopathic pharmacy. We must be very alert and aware, as has been really the case throughout homeopathy's history. It is necessary to go day by day and do the best we can and work together as well as possible.

1st Homeopathy Congress in Izmir by Turkish Klasik Homeopathy Association

Turkish Klasik Homeopathy Association organized the first Homeopathy Congress in collaboration with the Ege University between the dates 27-29 November 2015 in Izmir, Turkey. LMHI President Dr. Renzo Galassi and LMHI Vice President Dr. Alok Pareek were invited by the association as lecturers. Dr. Renzo Galassi gave two speeches, one of them named as "miasmatic approach in recurrent infections". Dr. Alok Pareek gave a speech on "Homeopathy and cancer" and he also performed a postcongress workshop themed "gynecology and joint diseases" with the contribution and support of Pharmacy Faculty of Ege University for 3 days. Congress which also supported by the minister of health and Turkish Medical Association went quite well and successful.

Dr. Altunay Agaoglu
NVP of Turkey, LMHI Treasurer



Dr. Renzo Galassi by the Turkish flag



Press Release

Awarding of the Hans Walz Research Prize for Research into the History of Homoeopathy

Press Contact
 Prof Dr Martin Dinges
martin.dinges@igm-bosch.de

7th December 2015

Stuttgart, 7th December 2015 - The Institute for the History of Medicine of the Robert Bosch Foundation awarded the Hans Walz Research Prize on 27th November 2015. The Hans Walz Research Prize for research into the history of homoeopathy is open to scholars from around the world. Its aim is to promote research into the history of homoeopathy outside the Institute for the History of Medicine and to honour work of outstanding quality in this field.

This year, the prize, worth 1,500 Euros, was awarded to Jethro Hernandez Berrones. He is Assistant Professor at Southwestern University in Georgetown, Texas. In 2003, he first became a Bachelor of Sciences in biology at the Universidad Nacional Autónoma de México (UNAM) in Mexico City. A Masters degree in the Philosophy of Science followed at the same university. At the University of California, San Francisco, he completed his studies in the History of Health Sciences with the submitted dissertation (Ph.D.). The prized work, with the title "Medicine in Revolution: Homeopathy and the Regulation of the Medical Profession in Mexico, 1853-1942", was mentored there by Prof Dr Dorothy Porter. The dissertation of Dr Stefanie Jahn from Hamburg was also singled out for praise. Her work is a detailed analysis of "Spanish Flu" and homoeopathy, the treatment of the pandemic through an international comparison. The book has been published in the Institute series "Quellen und Studien zur Homöopathieggeschichte", Volume 21, KVC-Verlag 2015. Both the prize winner and Dr Jahn were present at the award ceremony.

The prize is financed from funds in the Hans Walz Foundation, run as a dependent foundation under the umbrella of the Robert Bosch Foundation since 1985. Hans Walz (1883-1974) was a close colleague of Robert Bosch Senior and was Chairman of the Board of Robert Bosch GmbH for many years and was also a member of the supervisory board of Stuttgarter Homöopathisches Krankenhaus GmbH. During his lifetime, he dedicated a lot of his business and personal life to homoeopathy. www.igm-bosch.de

The Institute for the History of Medicine of the Robert Bosch Foundation (IGM), founded in 1980 and located in Stuttgart, is the only non-university research institute in Germany for the history of medicine in Germany. Research centres on the social history of medicine and the history of homoeopathy. The IGM is home to a research library with more than 40,000 volumes and a homoeopathic archive, which, amongst other things, contains the literary estate of Samuel Hahnemann and manuscripts from international and national homoeopathic organisations.



From left to right: The laudator, Dr U. Fischer, Managing Director of the Robert Bosch Foundation, Prof Dr Rogall, the prize winner Prof Dr Hernandez Berrones, Dr Stefanie Jahn, as well as the members of the jury: Prof Dr R. Jütte, Dr B. Klapper, Prof Dr M. Dinges

A great gift to the Homeopathic Community by a great Hahnemannian doctor, Dr. K.S.Srinivasan – the QHD.

by Renzo Galassi- LMHI President

Dear friends,

I have the honor to write some lines to inform you of a great gift we received from one old Indian colleague. Thanks to some coincidences, I had the possibility to enter in contact with Dr. KS Srinivasan of Chennai, India.

The first time was in Koethen during the congress ICE 9, perfectly organized by Dr. Carl Rudolf Klinkeberg, Dr. Srinivasan was one of the invited speakers, I could exchange with him some words, (that time I was the LMHI General secretary) the visit cards and nothing more.

Two or three years later, Ulrich Fischer told me something about a very good publication written by Dr. Srinivasan, but it was spread only among a few colleagues around the world.

Lately, after my visit to Dr. Gypser, in Glees-Germany, he gave me the mailing address of Dr. Srinivasan and the contact with him started. He is a very classical Homeopathic doctor and has been writing a compilation of articles from all the homeopathic magazines of the world for more than 30 years. HE added occasionally his personal comments coming from his huge experience.

When he sent to me as a sample, 2-3 issues of the Quarterly Homeopathic Digest, I felt the desire to ask him to upload this treasure on our website for the use of our Fraternity, as you can read below:

"Thank you very much dear Dr. Srinivasan....., I am thinking about the idea of putting your publication on the LMHI website for the knowledge of our members. Your work is precious and it could be wonderful to spread this pure gold to our colleagues around the world. Let me know, kind regards, renzo galassi"

He answered very quickly as written below:

*"Dear Dr.Galassi,
Of course you can do so. My purpose is that these should reach more members of the fraternity. I do not think that you have all the copies of the QHD, thirty-one years - not less than 5000 pages. My earlier numbers contained a lot more sources; in the recent years the number of journals have become too small; several journals have closed down. If you like, I will mail all the earlier numbers. = KSS"*

I can now inform you that this work is done and by visiting the LMHI website you will find all the copies of the QHD – Quarterly Homeopathic Digest.

I asked for a short introduction to his work and beneath you find the words of Dr. Srinivasan and a recent photo of him. On behalf of the LMHI community, I want to thank so much Dr. Srinivasan for his tireless work and his generosity to share with us all these wonderful information.

Renzo Galassi
LMHI President

Dear Dr. Galassi,

I am sorry that I could not write to you earlier due to pressure of work in my clinic. As you may be knowing ours is a populous country and the number of doctors is less; more so with regard to Homeopathy.

Here are a few words to introduce to Homeopathic Fraternity my QHD-Quarterly Homeopathic Digest.

English knowledge, good knowledge is essential to study the good homeopathic literature - Wells, Dunham, Lippe, Boger, et al., who all belonged to the golden Era of Homeopathy. You also know that when Dr. Kunzli von Fimmelsberg went to Pierre Schmidt to study, he was asked to improve his English first and then come again.

Personally I can say that the number of homeopaths is big now, the sale of medicines (mostly combinations) is booming, but Homeopathy of Hahnemann is not.

Now to come to myself: I am Government registered homeopathic Practitioner, who entered before colleges came on - there were a few doctors that time, but in the far Calcutta and Delhi - and I was licensed to Practice Homeopathy. Fortunately there were a small number of seniors who had studied with stalwarts doctors like Roberts, Elizabeth-Wright Hubbard, etc. We had the benefit of these Seniors and we had few books only then; not even six. Among them were: *Allen's Key Notes*, *Nash's Leaders*, *Kent Lectures*, *Farrington's Clinical Materia Medica*. We therefore read these books again and again and again until they were well impressed in our minds, and in those pre-antibiotic days, we had wonderful results. Whereas, Allopathy failed in Carbuncles, Fevers, etc. Our great and rapid successes infused great confidence in Homeopathy.

There were few good journals and we devoured them.

Later on, the new Graduates lacked confidence and were unwilling to work hard, read, etc. The Allopathic doctors were ordering MRIs, Scans, Blood tests, ECGs, EEGs, etc. and the homeopaths did not know a lot of these innovations and felt inferior.

So many of them enlisted in the Hospitals and worked as Frontline doctors! I therefore felt that if the present-day homeopathic doctors could be introduced to the great work done by stalwart colleagues, they might be better. I also wanted that they should organize study circles, etc. This was the purpose of the QHD.

Drs. Will Klunker, Jacques Baur, George Vithoukas, K.H. Gypser, D.P. Rastogi, Diwan Harish Chand were the main teachers and are very enthusiastic readers of the QHD.

Julian Winston was very appreciative of the work and until his passing away I had communication. The *Journal Homeopathy Today* was also being received, but then stopped after Julian's death. Therefore I began the QHD in 1984.

From the beginning I had regular contacts with Dr. Will Klunker, Dr. Jacques Baur (both having gone to rest), with whom I had long time correspondence on all homeopathic matters, exchange of books, etc.

I had learnt German in the meantime, so that I could read the books in the original language. I came into contact with Dr. Gypser more than 30 years ago. The QHD was distributed only to a limited number of colleagues. Certainly many colleagues were helped very much with the material in the QHD.

Several Journals were available during the years 1980 to 1995. Then they began to fold up; mainly because of, in my personal opinion, the new teachings of the 'illuminists' or 'innovators' of our Medicine.

George Vithoukas was a very interested reader of the QHD. When I once thought of closing the journal, he told me personally to not do so. "As long as it is helpful even for one person, you continue", he told me. And I have been doing so.

There is no copyright or anything for the QHD. it should reach the maximum number of practitioners.

Shortly I will send you the remaining copies of the QHD. The LIGA or any one can make many monographs with the QHD including: contents, regarding different topics, old doctors histories, diseases treatment, remedies, history or even the so-called researches so far made, etc.

I have written rather in great length; whatever came to my mind. Please pick up only what is necessary for your 'news'.

Kind regards,
KS Srinivasan





HISTORY OF HOMEOPATHIC PHARMACEUTICS

by Heike Gypser

Long before Christian Friedrich Samuel Hahnemann (1755–1843) discovered the new healing system, he was already a very well known scientist, a chemist and to say a pharmacist.

He had a great knowledge of chemistry and pharmaceutics obtained by the translation of important scientific publications of his days and by his own scientific works published between 1788 and 1798. Here are some examples: “On Poisoning by Arsenic: Its Treatment and Forensic Investigation” (1786) - upon its base John Marsh (1794–1846) developed the so-called Marsh-test to prove arsenic; “Exact Mode of Preparing the Soluble Mercury” (1789); “Relating to the Difficulties in the Preparation of Mineral Alkaline Salt by Means of Potash and Kitchen Salt” (1787); “Something about the Pulverisation of Ignatia Beans” (1797); “Complete Directions for the Preparation of Mercurius Soubilis” (1790); “Encyclopedia for Pharmacists” or “Apothecary’s Lexicon” in two volumes (1793, 1798).

It is also well known that Hahnemann stopped working as a medical doctor for some time because he was unhappy with medical practices and he had to gain his income by translating works of the most important scientific works of those days, such as: “The Signs of the Purity and Adulteration of Drugs”, by van den Sande, a Belgian pharmacist (1787); “Laboratory Chemist on the Preparation of Chemicals for Manufacture as for Art” by Demachy in two volumes 1785; “Materia Medica” in three volumes by Donald Munro (1791) and “Lectures on Materia Medica” by William Cullen (1710–1790). The translation of this work was decisive for the discovery of the law of simile.

From all those works we can presume how well prepared Hahnemann was, when starting preparing his own remedies. By the way his younger brother Samuel (1757–?) was a pharmacist and also his father in law. Probably Hahnemann had a better knowledge of pharmaceutics than most pharmacists of those days. Johann Bartholomäus Trommsdorf (1770–1837), the so-called father of scientific pharmaceutics, said about Hahnemann’s “Apothekerlexikon” (Encyclopedia): “It is absolutely clear, complete, contains outermost news and important things, it is an excellent work, every pharmacist should have it. Hahnemann deserves well of pharmaceutics.”²

PICTURE 1: Encyclopedia for Pharmacists



After the discovery of the new healing system a new class of remedies was needed. Because only one single remedy is given, as it is the principle of homeopathy, everything depends upon it. We can be quite sure, Hahnemann knew what he was talking about when he wrote in aphorism 264 of Organon VI: “The true medical-art practitioner must have the most genuine, full strength medicines on hand in order to be able to rely on their curative power; he himself must know them according to their genuineness.”

And in aphorism 265 Hahnemann continues: “It is a matter of conscience for the medical-art practitioner to be certain that each patient takes the right medicine every time. Therefore, the practitioner should give the patient the correctly selected medicine from his own hands, and he should also prepare the medicine himself.” Hahnemann did not trust pharmacists at all therefore he strictly required the self-preparation of the remedies. Unfortunately this point became a major argument of discussion in the homeopathic world and it seemed to be a fundamental question and point of arguing. Long discussions followed and for some physicians - true Hahnemann followers - it was clear that remedies have to be prepared exclusively by the physician. Others advocated for pharmacists but even then most were convinced that only a true homeopathic pharmacist is able and reliable to prepare these special remedies. In Germany arose the so-called “conflict of dispensing” which ended up with Hahnemann’s move to Köthen in 1821, where he was free to prepare and dispense his remedies. One reaction to the “conflict of dispensing” was the opening of the first homeopathic pharmacy in Leipsic in 1836 (“Homöopathische Dispensieranstalt”).³ Discussions on this argument did not stop for many years, turning on the subject of competence.

Looking back to Hahnemann's beginnings in practicing homeopathy it can be shown that he did not start right away prescribing potentized remedies. First he gave tinctures and powders, which were common preparations at those days, but always as a single substance, which was already novel in therapy. Exact instructions for the preparation are given for powders in aphorism 294 of *Organon III* and aphorism 268 of *Organon VI* and for tinctures in aphorism 267 of *Organon VI*. Hahnemann observed in daily practice often too strong remedy action –⁴ even after a very small dose. He tried to solve this problem in minimizing the dose. The remedy now was very powerful and at the same time the mildest in action. Over the years he tried different ways and methods for minimizing the dose, the first was the dilution: varying the number of drops of alcohol or water (from 200 to 2,000), changing the number of strokes (2 to 10, 50 and more) and the duration of the shaking (some minutes to three minutes). All this occurred in the years from 1797 until Hahnemann developed the process of dilution and trituration, but he never gave up his experiments on pharmaceuticals. The first step was a development with the dilution of the simile, made public in 1819 –⁵ here we can speak about the homeopathic remedy and Hahnemann himself speaks about dynamisation and attenuation – as described in aphorism 270 of *Organon VI*. This for him was a simple, practicable and easy way for diminishing the dose. Two years later he developed the trituration and described it at first in 1821, ⁶ later he added the trituration of the fresh plant – as a quick and cheap method – in the last edition of the *Organon* in aphorism 271.

One next step was done 12 years later in 1833 with the solution of the trituration, described in the introduction to *Arsenicum in Materia Medica Pura* ⁷. And finally he arrived at the exactly described dilution and trituration (aphorism 270 of *Organon V*), which is taken for granted. The last big innovation were the so-called Q-potencies or LM-potencies, prepared by trituration and dilution in another ratio than 1:100.

From this it could be assumed only the two simple operations such as dilution and trituration might be needed for an accurate preparation of homeopathic remedies. But in old American and German homeopathic journals many articles and discussions can be found on the subject of remedy preparation. The exchange of different ideas started already during the lifetime of Hahnemann. Starting in chronological order Semen Nikolaevich Korsakov (1789–1853) was the first to operate the preparation in a very different way from Hahnemann. He had developed the one-glass-method, which means only one potentizing glass is used for the whole process of dilution and not as Hahnemann outlined a new glass for every potentizing step. This method was made public in Germany in 1832. Even Hahnemann was informed about the way of preparation and he regarded Korsakov's method as very advisable making the operation incredibly easy and simple so that nothing could be objected. Consequently for a C 30 one glass, water and 100 drops of alcohol were needed and it is ready in ten minutes ⁸. This method gave the opportunity to prepare very high potencies quickly, and Korsakov himself prepared for example Sulphur 1,500. ⁹ Only with the one-glass-method the manufacture of high potencies by apparatus was at all possible. Constantine Hering (1800–1880) for example had to modify the remedy preparation because of the humid climate in Surinam, where he practiced before moving to Philadelphia. Animal substances got bad after being put on milk sugar and potentized in one glass with water. Hering refused alcohol because he supposed it would influence or change the material. His solution was to put some juice or the squeezed animal, to add 100 drops of water, perform 5 to 10 succussions, empty the glass and to repeat the procedure up to 30 times. Finally one drop was succussed with 100 drops of alcohol, the glass emptied and milk sugar was added.

Furthermore he had made experiments with potencies prepared without any succussion: the potentizing glass was emptied by a slow turning. He also tried a "hyperpotentization", with 10, 100, 1,000 succussions per potentizing step and he suggested this could be done by help of a machine or a mill ¹⁰. In 1834 Hering wrote about experiments with potencies in ratio 1:10, 1:100, 1:1,000, 1:10,000 after having discovered that remedy action is bigger if a substance is potentized with a small amount of vehicle and the action is smaller if potentized with a large amount of vehicle. Furthermore he suggested giving one stroke in dilutions 1:10, 2 strokes in 1:100 and 3 strokes in 1:1,000. Hering gave many ideas on the preparation of remedy and some were taken up later. ¹¹

In 1835, still during the life-time of Hahnemann, the German Bruno Albert Vehsemeyer (1807–1871) was convinced Hahnemann's step from one potency to the next was too big. So he prepared potencies in the ratio of 10:90 parts (and not drops or grain, as Hahnemann used!) using alcohol as vehicle for substances soluble in alcohol and sugar of milk for those not soluble. Substances not soluble in 90 parts of alcohol could be dissolved in 190 parts and for the second step 20 parts of it and 80 parts alcohol are succussed. He also varied the time for trituration: one hour was recommended by Hahnemann but Vehsemeyer suggested more than an hour for metals. This was the starting point for decimal potencies, which are mainly in use in Germany. ¹² Francis Edmund Boericke (1826–1901), the founder of the still existing pharmaceutical company "Boericke & Tafel" preferred also to prepare a decimal trituration with 100 grains of crude substance and 900 grains sugar of milk. ¹³The potency scale was augmented by Clemens von Bönninghausen (1785–1864) and Gustav Wilhelm Groß (1794–1847). Both used potencies much higher than Hahnemann did and Hahnemann was aware of the works of Bönninghausen, who used regularly C 60, 120 and 200. Groß applied already in 1845, two years after Hahnemann's death, Lycopodium 300, Calcarea 400, Arsenicum 900 and Sulphur 900. ¹⁴

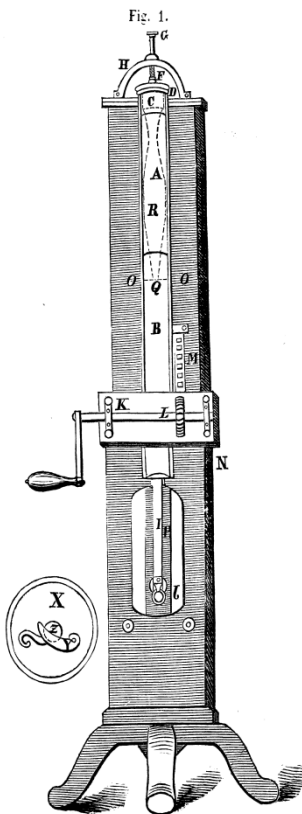
One who prepared also such high potencies was Caspar Julius Jenichen (1787–1849). He had prepared Chamomilla 4,000 and Arsenicum 8,000. A peculiarity was the great force Jenichen put into succussion. For example he had given 14,400 strokes to Sepia 1,600. But this was not the only modification. Up to the C 30 he potentized following Hahnemann's instructions, then he continued succussing two drops of a C 30 with 200 drops alcohol by the one-glass-method up to the C 200. For the next potencies two drops were succussed thirty times with 12,000 drops of water. Here we have a new dilution ratio of 2:12,000. Other potencies were prepared using a dried out potentizing glass of a C 29. Jenichen found these specially prepared remedies particularly effective.¹⁵ Hering adopted these remedies approving their way of preparation, using them successfully in Philadelphia.¹⁶

So far we have seen variations in the ratio of dilution, the use of water and not only alcohol for dilution, different numbers of strokes and higher potencies than Hahnemann had used.

A different development also took place in working techniques. The first technical step was done with an apparatus for trituration. Hahnemann did not say anything about the size of mortar and pestle, nothing about the speed and force of grinding. Heinrich Messerschmidt assumed if one turns the pestle twice or three times in a certain time the trituration will be triturated two or three times more. To guarantee a more precise and uniform trituration Me sserschmidt (1834) constructed a mortar made of beech wood.¹⁷

Benoît Mure (1809–1858) who has played a very prominent role in the Brazilian history of homeopathy and is to say the father of Brazilian homeopathy also constructed different devices: one to extract air from the potentizing glass, assuming succussion is more powerful without air. He also invented a "catapulte" for the succussion itself and a machine for trituration, which was presented by Mure to Hahnemann in Paris.¹⁸

PICTURE 2: "Air extraction" by Mure



The question, if a remedy prepared by an apparatus and not by hand is still active was perhaps solved by Carroll Dunham (1828–1877). He wanted to know if

1. "Centesimal high potencies still act upon sick people";
2. "Great force, applied to the succussion, add to the efficiency of potencies" and
3. "Is any force (?) added to remedies by the personality of the succussor; or would potencies [...] prepared by machinery act as well as if made by hand".

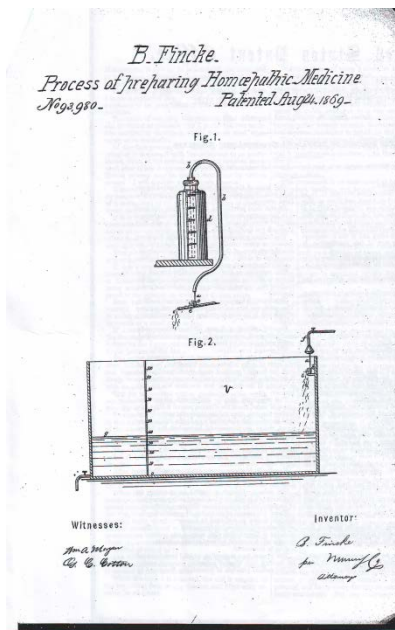
Therefore he conducted an experiment using an oil mill to perform very heavy strokes, in this case 125 strokes per potentizing step. Dunham showed that remedies prepared by machinery are effective and on the other hand heavy force of succussion does not increase efficiency.¹⁹

All these developments and progresses made possible the manufacture of the high potencies, which were used mainly in the United States of America where homeopathy experienced a peak at the end of the nineteenth century.

The first apparatus for the preparation of high potencies was constructed by Bernhard Fincke (1821–1906), who had dedicated a great part of his life to the manufacture of high potencies.

For this apparatus he got a US patent in 1869, which could have allowed many doctors to prepare their own remedies using his machine, but none as far as known took advantage. Fincke had found that there is no succussion needed for obtaining active remedies. A violent perturbation can substitute for succussion. The perturbation occurs when water flows by a certain power into the potentizing glass. The principle is very easy: water under pressure flows into a special shaped potentizing glass which contains a certain amount of a remedy prepared by hand. There is a continuous flow in and out of water and when theoretical the glass is filled up once, one potentizing step is reached. In this way Fincke prepared remedies up to one million and named them "fluxion potencies".

PICTURE 3: Fincke Patent 1869



The preparation of the high potencies is always done by the one-glass-method, water is the vehicle, starting-drug is a handmade remedy, the measurement varied and was in drops, minim or drachm, most of them were made with no succussion and by a continuous or interrupted water-flow. The last potentizing step was always done with alcohol and by hand. So it was possible to obtain potencies such as 1,000, 50,000, 100,000, 500,000 and Samuel Swan (1815–1893) went up to 100 million (CMM) and 500 million (DMM). Boericke constructed an apparatus that performed dilution and succussion.

Most machines did not perform a dilution plus succussion, but Boericke wanted a method of preparation as close as possible to the manual procedure.

Thomas Skinner (1825–1906) developed three different machines taking advantage of Fincke's fluxion principle. The big difference between his method and that of Fincke is the interrupted water flow, which means once the potentizing glass is filled up it will be emptied and filled up again. Potencies prepared like this are called "interrupted-fluxion potencies". The great company Boericke & Tafel of Philadelphia made potencies following the principle of Skinner for many years. One machine was built in the 1920/1930 and was in use until 1991 when the American pharmacopoeia laid down that a succussion has to be performed. Therefore the remedies prepared with this machine were no longer permitted.

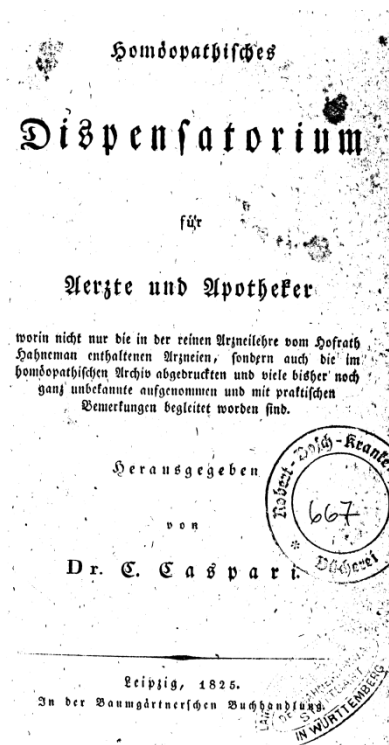
In the United States of America several more machines were in use. Fincke spoke about 24 different one. For example Stephen Powell Burdick (1829–1891) had developed one following the principle of interrupted-fluxion potencies. The potentizing ratio was 6:600 (in drops). With the apparatus of Ellis Monroe Santee (1862–1931) it was even possible to prepare centesimal and decimal potencies. James Tyler Kent (1849–1926), who was aware of the problems of well prepared remedies ran the first electrically powered machine. This machine conducted a succussion and a dilution as Boericke's did many years before.²⁰ Looking at the function of the different machines three types of high potencies can be distinguished:

- Continuous-fluxion potencies: here is a continuous flow of water.
- Interrupted-fluxion potencies: the water flow is interrupted.
- Diluted and succussed potencies: succussion is performed while the water is flowing into the potentizing glass. Dilution and succussions take place simultaneously.

With more time passing by more varieties in the preparation of remedies came up, and the number of new proven drugs increased. An attempt to organize the various directions and drugs, and search for a definitive standardization was done by publishing various pharmacopoeias. This tendency arose during the lifetime of Hahnemann, where a number of people tried to obtain directions to secure a consequent and correct preparation of pharmaceutical products. Therefore a logic consequence was a homeopathic pharmacopoeia. The same tendency occurred at the same time in allopathic pharmacopoeias.

The first homeopathic pharmacopoeia was published in Germany in 1825 under the name of "Dispensatorium für Aerzte und Apotheker" (Homeopathic Dispensatory for Medical Doctors and Pharmacists). Carl Gottlob Caspari (1798–1828) which tried to put together all rules on preparation of remedies as given by Hahnemann and he had described 112 proved remedies. Caspari also mentioned various indications, not extensively.²¹ A consequence was the arguing upon the rule of the pharmacist and physician in manufacturing homeopathic remedies. One point of view was that pharmacists would do more harm to homeopathy than to benefit. A total of eight editions of Caspari's work followed, up to 1864.

PICTURE 4: “Dispensatorium für Aerzte und Apotheker” by Caspari



During those 40 years 13 more pharmacopoeias were published in Germany. In 1872 Carl Emil Willmar Schwabe (1839–1917), a pharmacist, published his first pharmacopoeia under the title “Pharmacopoea homeopathica polyglottica”. It was in three languages: German, French and English. Latter translation was done by the grandson of Hahnemann, Leopold Süß-Hahnemann. The next edition also had a Spanish and Italian translation and the fourth a Portuguese and Russian. Further editions followed over the years and Schwabe tried everything to get his pharmacopoeia officially recognized. In the meantime more pharmacopoeias had been published by other authors. Schwabe wrote about his work: “It is a kind of a legal code, and almost all homeopathic pharmacists in the world follow that.”²²

In 1901 his book became almost official and as late as 1934 it was approved by the German government. Still today this edition serves the BfArM (Federal Institute for Drugs and Medical Devices) as a reference work. In Germany 25 different pharmacopoeias have been published up to the year 2000.²³

In this number several editions of one work, often written by various authors, are included. In 1834 the British Frederick Foster Quin (1799–1878) published in Latin the “Pharmacopoeia Homeopathica”. One year later the French “Pharmacopée Homeopathique” followed by Noiret and Mouzin. Five years later, in 1840 Georg Heinrich Gottlieb Jahr (1801–1875) published a French Pharmacopoeia. Several editions in English and Spanish followed. The English one served as first American pharmacopoeia. A further French pharmacopoeia, called “Pharmacopée Homeopathique Française” appeared in 1898.

In 1870 the first British Pharmacopoeia was published and six years later the first American. In the United States of America two pharmacopoeias were in parallel use: the “American Homeopathic Pharmacopoeia” by Boericke & Tafel from 1882 until 1928 in ten editions and the “Pharmacopoeia of the American Institute of Homeopathy” from 1897 and with a second edition in 1902.²⁴

Most authors of pharmacopoeias stated that they were following Hahnemann’s rules exactly. But if one studies and compares the general instructions like trituration and dilution as well as preparation of tinctures one can see differences with Hahnemann.

A very interesting observation is the fact that the decline of homeopathy took place exactly when pharmacopoeias got an official character and directions for preparation became more and more standardized differing from original instructions. So one could assume the decay of homeopathy was at least partly due to (unreliable) pharmacopoeias, because badly manufactured remedies could not go in hand with great therapeutic success. Over the years and by developing a strict education for physicians and pharmacists (worldwide) it became clear that the remedy-preparation had to be in the hands of pharmacists. Their preparation was no longer attractive to physicians, therefore the differentiation of operation became defined. Consequently homeopathic pharmacies became established and some developed to worldwide operating companies still existing today. Two of the most prominent in history were the US American company “Boericke & Tafel” and the German “Schwabe” company.

Looking back on history one can observe the different developments in the field of homeopathic pharmaceuticals:

1. Preparations: powders, tinctures, triturations, globules, solution of trituration and/or globules.
2. Mother-substances: here the great question must be asked: which one is the correct mother-substance? And how should it be prepared?
3. Working techniques: by hand (trituration, succussion), apparatus for trituration, succussions, one-glass-method, high potency machines.
4. Potency: ratio of dilution, potentizing scale.
5. Nomenclature



Since a homeopathic remedy consists of two parts only, namely a medical body and a non-medical one, which consists of sugar of milk, alcohol or water; and considering there are only two main techniques of elaboration: trituration and dilution – the preparation of a homeopathic remedy should have been very simple.

But history demonstrated: it was different. A lot of variations took place in homeopathic pharmaceuticals and the old homeopathic literature is a treasure for studying them and learning for modern and reliable working processes. Here one of the main points of interest must be the major proving and the way of preparing of the mother-substance, which can be found only in the original literature.

For homeopathy the basis is the proving upon a healthy person. Only the same mother-substance as used in the major proving is the simile and can cure the sick for sure. Homeopathic doctors have to rely on this principle, which is what establishes homeopathy. Therefore homeopathic pharmaceuticals should be free of any theoretical or philosophical speculations. They have to follow the rules of the original sources and find the most reliable way for remedy preparation. All the principles can be found in the old literature worldwide, which is a necessary source for the correct preparation of remedies.

In former times for most physicians, mainly for Hahnemann, the care for accurate remedies was a primary necessity, but today – of course also due to the clear separation of the working fields of pharmacist and physician – for most physicians it is no longer a point of discussion. They generally believe in quality without thinking about it.

Physicians have to rely upon the pharmacist and the pharmacists have the duty to serve the physician and the sick. The only aim of a pharmacist should be the production of correct and reliable remedies to help the sick in the spirit of Hahnemann and we – the pharmacists – should not try to become a practitioner of the homeopathic medical art, but practitioners of the homeopathic pharmaceutical art. For that purpose we need the history of homeopathic pharmaceuticals.

A special thanks goes to Daniel Cook for proof-reading.

Dr. Heike Gypser
Schäferei 22
56653 Glees
Germany

genius.loci@web.de

- 1 Jütte, Robert: Samuel Hahnemann. Der Begründer der Homöopathie. München 2055; p. 24.
- 2 Philipp, Guntram: Herrenhuter Apotheker. Pioniere homöopathischer Arzneierstellung. In: Medizin, Gesellschaft und Geschichte. Stuttgart 2004; p. 90.
- 3 Michalak, Michael: Das homöopathische Arzneimittel. Von den Anfängen zur industriellen Fertigung. Stuttgart 1991; p. 73, 90–95, 101–102.
- 4 Fincke, Bernhard: Potentiation Makes the Medicine Homeopathic. In: Homoeopathic Physician 2(1882), p. 418.
- 5 Hahnemann, Samuel: Reine Arzneimittellehre. Dresden 1819; vol.5, p. 260
- 6 Hahnemann, Samuel: Reine Arzneimittellehre. Dresden 1821; vol. 6, p. XV.
- 7 Hahnemann, Samuel: Materia Medica Pura. Liverpool 1880; vol. 1, p. 118–119.
- 8 Korsakoff, S[emen Nikolajewitsch]: Erfahrung über die Fortpflanzung der Arzneikraft der homöopathischen Arzneimittel, nebst einigen Ideen über die Weise dieser Fortpflanzung. In: Archiv für die homöopathische Heilkunst 11 (1832), Heft 2, p. 87–99.
- 9 Korsakoff, S[emen Nikolajewitsch]: Erfahrung über die Fortpflanzung der Arzneikraft der homöopathischen Arzneimittel, nebst einigen Ideen über die Weise dieser Fortpflanzung. In: Archiv für die homöopathische Heilkunst 12 (1832), Heft 1, p. 74–83.
- 10 Hering, Constantine: Einige Bemerkungen über das Psorin. In: Archiv für die homöopathische Heilkunst 13(1833), Heft 3, p. 32–66.
- 11 Herings Medizinische Schriften: Gypser, Klaus-Henning (Ed.). Göttingen 1988; vol. 1, p. 415–416 and vol. 2, p. 464–465, 562.
- 12 Vehsemeyer: Zur Pharmacotechnik. Hygea 4(1836), p. 547–550.
- 13 Boericke, Francis Edmund: Three Lectures on Homeopathic Pharmaceuticals. New York, Philadelphia 1878; p. 29.
- 14 Gypser, Heike: Apparative Hochpotenzherstellung in der Homöopathie in den Vereinigten Staaten von Amerika im Zeitraum von 1860–1920. Stuttgart 2011; p. 51, 52.^R
- 15 Rentsch, S. Jenichen und die Hochpotenzen. In: Allgemeine homöopathische Zeitung 42(1851), p. 145–151, 161–167.
- 16 Hering, Constantine: Hochpotenzen. In: Allgemeine homöopathische Zeitung 41(1851), p. 209–213.
- 17 Messerschmidt, Heinrich: Angabe eines sehr einfachen, mit geringen Kosten herzustellenden Apparats zur genauen und gleichförmigen Verreibung der homöopathischen Arzneistoffe ohne Verunreinigung derselben. In: Archiv für die homöopathische Heilkunst 14(1834), Heft 1, p. 89–118.
- 18 Anon.: Die Vorrichtungen des Dr. Mure zum Verdünnen der Arzneien. In: Allgemeine homöopathische Zeitung 39(1850), p. 85–92.
- 19 Lippe, Adolph: The Preparation of High Potencies. In: The Hahnemannian Monthly 3(1868), p. 497–503.
- 20 Gypser, Heike: Apparative Hochpotenzherstellung in der Homöopathie in den Vereinigten Staaten von Amerika im Zeitraum von 1860–1920. Stuttgart 2011; p. 70, 74, 95, 100, 111, 122, 135, 181, 186–188, 190.
- 21 Caspari, C[arl]: Homöopathisches Dispensatorium für Ärzte und Apotheker. Leipzig 1825.
- 22 Schwabe, Willmar: Deutsches homöopathisches Arzneibuch. Leipzig, 3. ed. 1906. p. V.
- 23 In this number several editions of one work, often written by various authors, are included.
- 24 Winston, Julian: The Heritage of Homeopathic Literature. Tawa 2001; p. 130–133.

The American School of Homeopathy and the International Hahnemannian Association: The High Point of Homeopathy – Part 2

By Andre Saine

Lippe and Hering were not exceptions in the homeopathic profession for obtaining extraordinary results as the ones reported earlier.

In 1879, Dr. Henry Newell Guernsey, the other member of the famous Philadelphian triumvirate with Hering and Lippe, was a very skilled homeopath, as can be acknowledged when he reported that after thirty years of practicing genuine homeopathy the mortality in patients with typhoid fever should be “almost to zero.”ⁱ

However, Guernsey’s specialty was obstetrics and that is where he particularly shined as a homeopath above all his colleagues. In his textbook on obstetrics and gynecology, he wrote the following passage on puerperal fever: “In different countries, and at different times, childbed fever has assumed an epidemic form; raging with great virulence and fatality, and attacking almost every puerperal woman; but neither including any very extended range of territory, nor lasting more than a few months on any one occasion. Dr. Watson states, that puerperal peritonitis ‘is observed to reign as an epidemic, especially in Lying-in Hospitals, and that it occurs at irregular intervals, sometimes leaving them quite exempt from its ravages for years together.’^{ii, iii}

Guernsey remarked that the mortality from puerperal fever tends to also be elevated in private practice, “The mortality of childbed fever in private practice among the allopaths has always been very great; and in the lying-in institutions and hospitals this disease has sometimes proved so dreadfully fatal as to render these public charities a curse rather than a blessing to the communities in which they were situated. Of the one hundred and sixty cases of severe inflammation of the uterus and its appendages which occurred to Dr. Lee in London from March 1827 to the end of April 1835, and of which he gives a tabular view, eighty-eight, or a little more than fifty per cent recovered.”^{iv}



In another author mention is made of thirty-one cases being lost out of thirty-two, or 96 7/8 per cent; while of twenty women in childbed in Hôtel-Dieu Hospital in Paris in February 1746, affected with puerperal fever, scarcely one recovered.”^v

In 1878, in a paper presented before the New York County Homoeopathic Medical Society, he said, “In looking over the September number 1878 of the *Obstetrical Journal of Great Britain and Ireland, including Midwifery, etc.* my eye was arrested by the above title of a paper by Alfred H. McClintock, M.D., F.R.C.S.L, LL.D. This gentleman, by universal concession of the allopathic school of medicine, stands pre-eminent in accuracy of statistics, so that what he publishes may be regarded as authentic. “His statistics for ‘Death-rates in Childbed’ are made ‘from a large collection of cases treated in private practice by several men of character and eminence,’ and have been in compilation for a long period of years. By the term ‘in childbed’ he means those women only that have perished either in the act of parturition or within the succeeding four weeks.

“In the above data he estimates the death-rate in childbed at *one per cent*, ‘and this, mind you,’ he says, ‘among patients in comfortable circumstances treated at their own homes by competent and highly skilled accoucheurs,’ where of course these competent and highly-skilled accoucheurs would naturally avail themselves of every known means of saving life under such urgent and peculiar circumstances.”^{vi}

In the lower walks of life, where less skill is brought into requisition, and the means for employing all that is known, are wanting, the death-rate must be much higher. Dr. McClintock further states that he has lately received from Professor Lusk of New York an interesting and elaborate paper, which ‘contains one very striking fact which tends to support the estimate I have put forward as the true death-rate of women in childbed.’ This ‘striking fact’ is as follows: ‘A careful analysis made by Dr. Lusk of the vital statistics of New York for the nine years ending 1876, shows that the total number of deaths to the total number of confinements would be, at least, in the proportion of 1 to 85.’ In the Philadelphia Almshouse, Blockley, during the years 1872-1876, inclusive, the mortality from all causes was, in 1109 cases, 38 deaths, giving a percentage of 3.42. “If, then, in Great Britain, where medical learning and skill have attained so great a height, one (1) in a hundred (100) recent mothers must go to an untimely grave; and if in New York, the metropolis of America, where medical education and ability are supposed to abound, 1 in 85 recent mothers must succumb to the fell destroyer—then, to place the death-rate throughout the United States of America at one per centum, would really be a very low estimate for allopathic physicians. It is their own statistics, and death-rates which they themselves give, that we are now reporting. But in so important a matter as this nothing should be kept back. They should tell us of the injured constitutions by bad treatment—the deleterious effects of their frightful medication—of the suppression of diseased conditions they cause, which linger in the system and gnaw at the vital force like a canker-worm, till the grave covers their deplorable work and the case is forgotten. Of the ninety-nine or eighty-four that survive, how many escape these scathing influences altogether? Add all these injuries to their already frightful death-rates, and some idea of the magnitude of their mortality can be entertained. vi

In contrast, Guernsey reported his own record during a long career despite having gone through a most dreadful epidemic, "But let us turn to the contemplation of a more pleasing picture. ... About the year 1850 it fell to my lot to work through an epidemic of childbed fever which raged with great severity in the extensive 23d ward (Frankford) of Philadelphia. My obstetric practice was very large, certainly as large as that of any of the twelve physicians in the ward. I was the only homeopathic physician practicing in the ward at that time. We worked side-by-side in the same streets and in the same blocks. The allopathic physicians lost a large number of their patients, whilst I did not lose even *one*, during the entire epidemic; and I have so far, in a practice extending over thirty-five years, during which time I have attended fully 4000 childbed cases, lost but one case of puerperal fever within the four weeks immediately succeeding confinement." vii

Such exceptional results were not unique to Guernsey as a homeopathic obstetrician but were quite consistent with the ones of his colleagues who also practiced genuine homeopathy. In the paper presented in New York city, he reported comparative statistics regarding the practice of Hahnemannian and allopathic obstetricians, "So soon as I determined to write this paper, I addressed a large number of postal cards to homeopathic physicians of *character and eminence*, living in different parts of the country, for the sake of their experiences, which should serve as the basis for statistics that could be relied upon to establish death-rates in childbed under homeopathic treatment, pure and simple.

"Eighty answers to this inquiry came promptly to hand, the sum total of which warrants the estimate, in accordance with the data of the card, at *less than one fifth of one per centum*, which is less than two deaths in a thousand cases of confinement. These statements came principally from our distinguished and veteran brethren who I know practice homeopathy, pure and simple; who I know rely upon the properly selected medicine in all cases of therapeutical necessities; who I know keep aloof from the allopathic mode of practice as far as possible, being well aware that the latter leads to misery and death, whilst the strictly homeopathic mode leads to happiness and safety.

"Take, for instance, puerperal or childbed fever, septicemia, or whatever it may be called; also phlebitis and phlegmasia alba dolens; the rate of mortality under allopathic treatment in these cases is fully 30 per cent, (Churchill's *Midwifery*, 1860: 542) or 300 out of 1000. It is only about 2 per cent, or 20 in 1000, under the homeopathic treatment, pure and simple. In puerperal convulsions [*real eclampsia*"], allopathic rates are 25 per cent, or 250 per 1000. On the other hand, under *strictly* homeopathic treatment, with a *firm* reliance upon the well-selected homeopathic simillimum the mortality is only 1.5 per cent, which is 15 per 1000.

"And especially note the fact that in homeopathic recoveries there are *no sequelae* to contend with, while the sequelae attendant upon allopathic recoveries are most alarming to contemplate. Look again at the figures in puerperal fevers, etc.—900 out of 1000 for allopathy, to 20 out of 1000 for homeopathy. Again, in puerperal convulsions—230 out of 1000 for allopathy, to 15 out of 1000 for homeopathy. This being the case, why is it that some homeopathic physicians shirk their duty and resort to allopathic measures in such cases?

"It is worthy of note, just here, that women having had strict homeopathic treatment before and during pregnancy have by far fewer irregularities during parturition and the lying-in period; and what abnormalities do then occur are much more easily controlled. And still further be it remarked, as a positive fact, that the further we depart from strict homeopathy, pure and simple—the more a physician drifts into and adopts allopathic measures in the treatment of his patients, in these or any other forms of illness—the *higher becomes his death-rate*. 'Comparisons are odious,' and here they are particularly so to the allopathic fraternity's mode of practice. ...

"A fearful catastrophe to encounter under the allopathic mode of treatment, and from which, according to Churchill's statistics (*Midwifery*, 1860: 45), one out of every six dies, is *postpartum hemorrhage*. With all their appliances—the cold douche, ice-plugs, colpeurynters, hot water injections, transfusions, and every other conceivable plan, except the right one, to arrest hemorrhage and to save life—they lose *one sixth* of all their cases of this kind. Then why should we, even in a solitary instance, imitate their bad example in the treatment of these cases, thereby meeting out to ourselves such a mortality, which indeed is a cutting reproach to the divine art of healing. For we have it on indisputable evidence, that in all postpartum hemorrhages which are treated by even moderately skilful homeopathic physicians, when they select and apply their medicines according to the strictest principles of our school, the average death-rate is 1/20 of 1 percent. This is a loss of 1 in 2000, against 166 2/3 in 1000 for those who practice allopathy according to their own statistics." "The statistics, as given above, which rebound so largely to the credit of homeopathy, will stand the test of close scrutiny, and soon enough will all the jeers, jokes, sarcasms, slanders and condemnations of the real homeopathic practice in these cases—soon enough will all the abuses of so sacred a matter—come home with fearful vengeance upon the heads of those who perpetrate such wrongs. It is a *fact* that the more strict the homeopathic treatment in *these very cases the smaller will be the mortality*. I find my own experience to accord well with that of nearly all my correspondents; that they never use any other means for controlling postpartum hemorrhage than the homeopathic medicine, having no confidence in any other, and they rarely lose a case from this much dreaded occurrence. In a practice of thirty-five years, during which time I have treated fully 4000 cases of childbed sickness, I have, *truthfully and honestly*, never lost a case by uterine hemorrhage, and I have *never* used an adjuvant of any sort or kind. I have been repeatedly called in consultation with other physicians in these cases, and have always seen a happy issue.



Also, I have succeeded allopathic physicians when, by their manner, if not by their words, they have shown the interested parties that they had no hope of saving life—and *these* cases I have *invariably* saved. I have found women almost insensible, pulseless, and bathed in a cold, clammy perspiration; ‘she is flooding to death,’ the attendants would say. Calling at once for a tumbler of water and a teaspoon, I drop a few little pellets of China between the lips of the dying patient, and a few more into the tumbler of water, and I give her a teaspoonful of the solution every half minute or minute, and so continue to do till I can distinguish a return of the pulse; then I give it at longer intervals, and a perfect recovery is the final result. China is worth infinitely more than tens of thousands of transfusions or any quantity of brandy and water, *of any other possibly* means of saving life, in these exceedingly dangerous cases.

“Oh! ‘tell it not in Gath, nor let the sound thereof reach Askalon,’^{viii} how some self-styled homeopathic physicians decry the teaching of Samuel Hahnemann on this subject, as exemplified in my work on *Obstetrics*. This teaching is *true*, and it is being successfully tested by the best homeopathic physicians in the world, more and more every day. Those who tamper in the least with homeopathic treatment, *pure* and *simple*, are sure to fail of reaching the satisfactory results above reported; while all physicians who are true to the law of similars will meet with a success more or less brilliant according to their efforts.

This sentence is from 2 Samuel 1:20 in the bible, which relates to David who is lamenting the death of Saul, the first king of Israel, and also of Jonathan, and does not wish the news to be a cause of rejoicing to his enemies. In the context used by Guernsey, it means that some prefer not to be known that the self-style homeopaths are practicing contrary to the teaching of Hahnemann, as the allopaths would likely rejoice when hearing about it. “In the preparation of this paper I have had occasion to refer to myself, not for self-elevation in comparison with others, but that I might the better illustrate the value of homeopathic treatment; for I believe all can do as well as I, and even better, if they apply the law of cure more perfectly than it has been in my power.” ix

The mortality associated with puerperal hemorrhage was also affecting the survival of the infant to be born or recently born. In his textbook on obstetrics, Guernsey wrote, “The mortality of mothers and children is in frightful proportion [in puerperal hemorrhage], however, to the number of cases, for, according to the same author [Churchill], out of 782 cases, 126 mothers died, or about 1 in 6; while of 944 cases, 288 children perished, or about 1 in 3. These results occurred in cases treated by practitioners who knew nothing of the efficacy of medicines applied homeopathically for controlling hemorrhage. The extent of the modifying effect homeopathic treatment has upon the mortality of mothers and children in these cases is truly wonderful and diminishes fatal cases almost to none at all.” x

Guernsey concluded his presentation with comparative statistics from all causes of obstetrical complications, “The average mortality from all causes within the puerperal month from allopathic treatment is 1 per cent, or 10 per 1000. *From the effects of drugging and inefficiency in aiding the recuperative powers of nature*, at least 10 per cent more premature deaths, sooner or later, making 20 per 1000. And what shall be said of the influence of all the heroic drugging upon the offspring? “On the other hand, the further we keep from allopathic treatment, and the more perfectly we practice homeopathic treatment, *pure* and *simple*, the better for the offspring and the better for the mothers. Our statistics prove beyond question that our mortality does not reach 1 of one per cent, less than two in a thousand (2 per 1000), and no sequelae or bad effects from drugging. When such striking differences of mortality are so clearly manifested between the two schools, and at the same time are so easy of demonstration, what hope or incentive have we in borrowing tools from the allopathic school? The conclusion is *inevitable*; and our *duty*, as physicians, to our wives, our children, to our children’s children, and to the community at large, absolutely *demand*s of us that we obey, to the very letter and spirit, that grand and benignant law of cure which is embodied in the well known formula, *Similia similibus curantur*.

Despite such astounding statistics obtained by genuine homeopathy in obstetrics, the complaisance of his homeopathic and allopathic colleagues or the community at large doesn’t seem have been greatly affected. In this contest, Guernsey quoted in his textbook of obstetrics the following passage from Abbé Spallanzani xi: “It is the custom of certain dabblers in philosophy to deny facts, however particularly described, and though related by persons of the highest authority, merely because their own endeavors (in the same direction) fail of success. But they do not reflect that this is acting in direct opposition to the principles of sound logic, by which we are taught that a thousand negative facts cannot destroy a single positive fact.” xii

Guernsey ended his New York presentation by providing the testimony of five of his close colleagues who had authenticated the statistics he had collected from his eighty colleagues obstetricians, “We, the undersigned, having examined and compared the eighty statistical reports, from as many homeopathic physicians, on the mortality of women in childbed, recording upward of 45,000 births, feel warranted in placing the estimates as given above in Dr. Guernsey’s paper on death-rates in childbed under homeopathic treatment, *pure* and *simple*, as correct. Ad. Lippe, M.D., Thos. Moore, M.D., J. K. Lee, M.D., Malcolm Macfarlan, M.D., J. C. Guernsey, M.D.”

It is interesting to note that this low puerperal maternal mortality rate of 0.1 percent obtained by homeopathy “*pure* and *simple*” was not equaled by conventional medicine despite all the advances in nursing care until the 1950s xiii. In 1931-1933, the puerperal maternal mortality was still seven times higher at 0.68% in United States, while in Philadelphia it was 0.66% xiv, and between 1920 and 1932 it was in New York City 0.53%. xv



Also the current percentage of deaths in American mothers with postpartum hemorrhage of 0.067 percent is not as favorable to the 0.05 percent obtained by genuine homeopathy close to 150 years ago. xvi, xvii

Maternal deaths were kept to a minimal under genuine homeopathy, which in turn kept infant mortality low. Guernsey discussed the extremely high infant mortality when mothers would die at birth and infants were subsequently admitted in foundling hospitals before being sent to the country with a wet nurse under whose care they remained for up to one year. He reported in his textbook of obstetrics that the mortality in these infants was enormous. He reported statistics from three French hospitals (in Lyons, Paris and Rheims), which he said were similar to the ones obtained in America: "The mortality under one year of the children admitted into these institutions at Lyons, 33.7 per cent; at Paris, 50.3 per cent; at Rheims, 63.9 per cent. At the Foundling Hospital on Blackwell's Island, New York, the pastor in charge states, 'That of the five hundred motherless infants that he had baptized within the two years preceding January 1867, only about twenty-five were living, most of the balance having been returned dead within about twenty days after their admission. Their food was cow's milk only.' On the first of November the same reverend gentleman informed me that he had baptized one hundred and sixty since the first of March, of whom only six remained living, the most of them having died within twenty days after arriving at the hospital." viii

Once infants had survived birth in the nineteenth century they had to face many upcoming challenges from epidemic diseases, which were then endemic and made infant mortality very high. In the 1870s in Philadelphia, they were commonly taken away by cholera infantum, croup, whooping cough, diphtheria, pneumonia, infantile bronchitis, peritonitis and smallpox. J. C. Morgan examined the records obtained from the health board of Philadelphia for comparative mortality between the two schools of medicine for 1872 in this city where there was one homeopathic physician (Hahnemannians and non-Hahnemannians) for every four registered allopathic physicians. If we look at mortality limited to only infants we find that their mortality from cholera infantum was 34% greater under the care of allopaths. From infantile bronchitis, the mortality was more than two times greater under allopathic care. If we look at the comparative mortality from other conditions that commonly took infants away but is not limited to them, as close to 80% of their victims were children younger than 10 years old, the mortality from croup was twice as great under allopathic care; from diphtheria, it was 47% less under homeopathic treatment; from whooping cough, it was 131% greater under allopathic care; from pneumonia, it was 149% greater under allopathic care; from peritonitis, it was 300% greater under allopathic care; and finally, from smallpox, it was 50% less under homeopathy.

Morgan wrote, "Marvelous it may be, but the proof is undeniable! ... There is something positively astounding in this exhibit; but there can be no doubt of its perfect accuracy and fidelity to truth [as these records were taken from the board of health]. Let every man who loves life, every one who cares for the welfare of the dear ones at home, every hospital manager whose duty it is to consider the poor, ponder well these facts, form his conclusions fairly, then act them out boldly." xix

Of course these numbers do not reflect upon the results of genuine homeopathy, as P. P. Wells reported no deaths in close to 500 cases of pneumonia, or as seen earlier, Lippe, Hering and Reichhelm reported no deaths in close to 300 cases of malignant diphtheria, or as Lippe reported a number of times death from acute diseases would be an extremely rare occasion under genuine homeopathy.

Despite advances in medicine and nursing care, infant mortality in the United States remained high more than half of a century later as in 1931-1933 it was 7.2% in Philadelphia and 6.5% in the United States, and between 1920 and 1932 it was 6.5% in New York City. xxi Now, if we look beyond the differences in the comparative mortality between the homeopaths (Hahnemannians and non-Hahnemannians) and allopaths in the practice of obstetrics and neonatal care, but expand our analysis to mortality comparisons from all causes of mortality between the two schools xxii of medicine during the same period of time in the United States, we again find a great statistical difference. Dr. David A. Strickler, professor of History of Medicine at the Denver of Homoeopathic Medical College and Hospital, collected for the American Institute of Homeopathy comparative vital statistics for the years 1891 to 1895 from public health offices of large U.S. cities. In 1895, the population represented in the last collection of statistics was 4,607,066, or about 1/15 of the population of the United States at that time. xxiii Dr. Strickler summarized the results of his exhaustive labors for the year 1895 as follows: "The results in 151,259 deaths reported show that for the same number of cases treated, the old school lost from measles, 499 to our 100; from scarlet fever, 180 to our 100; from typhoid fever, 149 to our 100; from obstetrical cases, 246 to our 100; from acute stomach and bowel diseases, 195 to our 100; from acute respiratory diseases, 192 to our 100; and from all causes, 181 to our 100. That from the amount reported, the saving in life in the United States of America from homeopathic treatment would be about 500,000 per annum." xxiv Again these numbers have nothing to do with Hahnemannian homeopathy, which, as we mentioned above, showed a mortality rate in acute diseases close to zero. Now, just imagine if the rest of the homeopathic physicians, or as Guernsey called them "self-styled homeopaths," which represented more than 90% of the professed American homeopaths, and had had practiced strict Hahnemannian homeopathy the impact it would have had on the U.S. population and the welfare of humanity for all time to come. And if genuine homeopathy had been universally practiced in the U.S. in 1895, the number of lives saved every year would have been closer to 800,000 instead of the 500,000 previously reported. The world of medicine would have likely entered of most significant revolution.



Strickler reflected on the signification of the results he reported, "These are facts, which influence us in maintaining a separate existence. Until the medical world understands the law of similars and gives it a fair show by unbiased trials, the homeopaths, if true to themselves, and to their trust, *must* maintain a separate existence. Until then, as a sect in medicine, we have a right to exist and to ask you to study a special therapeutics." xxv In a 1901 paper entitled *The Demand of the Hour*, Dr. S. S. Smythe, professor of Gynecology at the Denver Homeopathic Medical College and Hospital, made important inferences about the statistics presented by Dr. Strickler: "In discussing the comparative statistics of this country before the American Institute of Homeopathy, Professor David A. Strickler made the following sweeping, but entirely trustworthy declaration: 'It matters not in what city, what disease, nor what method of comparison is instituted, the records show universally in favor of homeopathy.' With records like this, and many others equally convincing, it becomes our duty to unite as one man in placing homeopathy where it rightfully belongs in public estimation.

"Here let me say, *en passant*, that in the census year 1890, the government reports gave the total number of deaths in the United States as 872,944. No mortality report from the 1900 census has been published, but will probably show considerably more than a million deaths for last year. If now an epidemic should invade our country and increase the number of deaths 500,000 above the ordinary mortality, the people would be panic stricken, and the government would be called upon to use every possible means to arrest the scourge regardless of expense; yet little attention is paid to the fact, as shown in all of our comparative vital statistics, that allopathic treatment annually adds to our mortality lists many thousands which might be saved under homeopathic treatment. During our four years' civil war, when nearly four millions of men were engaged in killing each other, the number killed in battle was (in round numbers) 67,000; died from wounds, 47,000. Total, 114,000. The number who died from sickness was 200,000, all under allopathic treatment.

"I leave it to you to draw your conclusions from these figures but I am sure there are some kinds of medical practice more fatal than war and epidemics; more dangerous to human life than the battle field. ... Since the publication of Dr. Strickler's statistics (*Comparative Vital Statistics (1891-1895)*), the allopaths have become suspiciously silent, and it is impossible to secure reports from any of their hospitals. ... Under the circumstances, their silence is not very mysterious, and reports, like comparisons, might be odious. ... "In view of all these things, it becomes our highest duty to unite all our forces for the purpose of placing homeopathy where it justly and rightfully belongs before the law and in the understanding of the people. It is a duty we owe to the truth, to the world and to humanity. Through our many organizations, it ought to be possible, under well-directed effort, to convince all intelligent people that the law of homeopathy is of universal application in the treatment of disease, and that its universal adoption would result in immense saving of human life.

"Homeopathy has been held in abeyance by sheer force of numbers and the unscrupulous opposition of the old school. The time has come when we must force upon public attention the advantages to be derived from homeopathic treatment, not only among the people but in all branches of public service, the army, the navy, and in all public institutions.

"This may seem a huge undertaking even now, but when we review the accomplishments of the past, the task will not appear impossible to those of us who believe that truth will eventually overcome all obstacles to its progress. "The old records, showing the triumphs of homeopathy, should be brought forward and placed again and again before the public. New records should be gathered in our hospitals and from all available sources. Comparisons should be instituted, and every endeavor should be made to bring about competitive tests between the schools. We seek no advantages and ask for no favors in any such tests, but something of this kind is demanded at this very time to convince the public that homeopathy continues to be superior as a healing method over all others. ...

"From its inception homeopathy has been obliged to withstand the most violent opposition of the old school. It has been assailed in a way that would crush anything but truth itself. No ordinary medical theory could have withstood the assaults which have been hurled against it. Its enemies have been unscrupulous and unsparing in their denunciations, but such is the vitality of the truth in homeopathy that no power on earth ever has or ever will destroy or crush it. A century of the bitterest antagonism has but served to show that the discovery of Samuel Hahnemann possesses that inherent force which we call 'truth,' and which is impregnable and indestructible."

In 1902, Dr. J. A. Kirkpatrick, professor of Pathology at the Hering Medical College in Chicago, asked pertinent questions regarding Dr. Strickler's statistics in a paper entitled *Do Your Own Thinking; But First Inform Yourself*: "Few stop to think of the consequences when they choose a doctor or recommend one to their neighbors. People of wide experience and observation who have witnessed death many times are slow to use their influence and assume so great a responsibility. ... "But is there not danger of becoming blindly trustful when this confidence shall become the basis of credulity, which will help to perpetuate error that involves a consequent loss of life? Does not history teach that there was a time when the learned and much beloved physician, as we now know, used measures that actually hindered recovery and caused the unnecessary loss of life? ... "It is not enough to have faith—there must be intelligence. What a person may think does not settle a question. It does not change facts. Life is fixed by laws; break them and you suffer. It makes no difference whether you do so through ignorance or prejudice. ... "If a fruit grower set out 100 apple trees and 28 died, and a neighbor only lost 6 trees out of 100, think you that he would not try to find out the cause of his greater loss?"



“Are you not of much more value than many trees? Every one is deeply interested in human life. Why not investigate?”

“There never was a time when more accurate records were kept. They are not perfect, but there are enough to make some reliable comparisons. They are to be found in hospitals, asylums and other charitable and public institutions....

“Dr. Strickler, who gathered and compiled these statistics, says, ‘That on any basis of calculation the allopaths sign twice as many death certificates as the homeopaths. It lies with the allopaths to explain why this is so.’ ... “It seems almost incredible that such a difference in mortality should continue to exist in an enlightened land and age. History is simply repeating itself, for there have been many similar examples in the past that could be enumerated. Our generation is no exception; we are still fettered by ignorance and prejudice.

“Truth is mighty and will prevail, but must have an advocate. Armed with truth ‘one can chase a thousand and two put ten thousand to flight.’ ... “‘Knowledge is power.’ It is the foundation of wisdom, understanding, righteousness and true happiness....

“The only hope for deliverance from medical imposition lies along the line of an increased general intelligence.

“Homeopathy deserves careful investigation. It has no secrets. Its books are open. It is founded upon law. Its principles are in harmony with the latest researches in physiology and pathology. Every one should know its plan, its principles and its success.

“When a person knows the comparative value of the various forms of treatment then he will be qualified to choose a doctor for himself and recommend one to others.

“To fail to qualify ourselves is to base judgment upon mere opinion or hearsay and trifle with human life.” xviii It is astounding but so unfortunate for the welfare of humanity that with such superior results the allopathic school of medicine was permitted to completely reign over medical affairs and this with the full support of philanthropists, institutions and governments until today. The homeopathic community will need to invest considerable and unrelenting efforts to make the world communities realize the truth of homeopathy and the incredible benefits they could receive from its universal adoption. (To be continued)

i-Henry Newell Guernsey. Clinical cases illustrating the principles of homeopathy. *Medical Counselor* 1879; 1: 66.

ii-Henry Newell Guernsey. *The Application of the Principles and Practice of Homoeopathy to Obstetrics and to Disorders Peculiar to Women and Young Children*. Philadelphia: Boericke, 1894: 591, 591.

iii-Thomas Watson. *Lectures on the Principles and Practice of Physic: Delivered at King's College, London*. Fifth edition. London: Longmans, Green and Co. 1871: 425.

iv-Robert Lee. *Lectures on the Theory and Practice of Midwifery*. Philadelphia: Barrington & Haswell. 1844: 442-471. Robert Lee was a renowned obstetrician who practiced at the British Lying-in Hospital and lectured on midwifery at St George's Hospital in London.

v-Henry Newell Guernsey. *The Application of the Principles and Practice of Homoeopathy to Obstetrics and to Disorders Peculiar to Women and Young Children*. Third edition. Philadelphia: Boericke, 1894: 432-433.

vi-Henry Newell Guernsey. A treatise. *Homoeopathic Journal of Obstetrics and Diseases of Women and Children* 1879; 1: 81-86.

vii-Ibid.

viii-This sentence is from 2 Samuel 1:20 in the bible, which relates to David who is lamenting the death of Saul, the first king of Israel, and also of Jonathan, and does not wish the news to be a cause of rejoicing to his enemies. In the context used by Guernsey, it means that some prefer not to be known that the self-style homeopaths are practicing contrary to the teaching of Hahnemann, as the allopaths would likely rejoice when hearing about it.

ix-Henry Newell Guernsey. A treatise. *Homoeopathic Journal of Obstetrics and Diseases of Women and Children* 1879; 1: 81-86.

x-Henry Newell Guernsey. *The Application of the Principles and Practice of Homoeopathy to Obstetrics and to Disorders Peculiar to Women and Young Children*. Third edition. Philadelphia: Boericke, 1894: 393-394.

xi-Abbé Spallanzani. *Dissertations Relative to the Natural History of Animals and Vegetables*. London: Murray, 1794: 14.

xii-Henry Newell Guernsey. *The Application of the Principles and Practice of Homoeopathy to Obstetrics and to Disorders Peculiar to Women and Young Children*. Third edition. Philadelphia: Boericke, 1894: 435.

xiii-William M. Callahan, Cynthia J. Berg. Maternal mortality surveillance in the United States: moving into the twenty-first century. *Journal of the American Medical Women's Association* 2002; 57: 131-134.

xiv-Philip F. Williams. *Maternal Mortality in Philadelphia 1931-1933. Report of the Committee on Maternal Welfare*. Philadelphia County Medical Society, 1934: 9.

xv-*Maternal Mortality in New York City and Philadelphia, 1931, 1933*. Edited by David J. Rothman and Sheila M. Rothman. New York: Garland Publishing Inc., 1934: 7.

xvi-Michael P. Wainscott. Pregnancy, postpartum hemorrhage. www.emedicine.com, 2003.

xvii-Jeani Chang et al. Pregnancy-related mortality surveillance—United States, 1991-1999. *Morbidity and Mortality Weekly Report* 2003; 52: 1-8.

xviii-Henry Newell Guernsey. *The Application of the Principles and Practice of Homoeopathy to Obstetrics and to Disorders Peculiar to Women and Young Children*. Third edition. Philadelphia: Boericke, 1894: 751-752.

xix- John C. Morgan. *Valedictory Address, Delivered at the Annual Commencement of the Hahnemann Medical College of Philadelphia, May 10th, 1874*. Philadelphia: William P. Kildare, 1874.

xx-Philip F. Williams. *Maternal Mortality in Philadelphia 1931-1933. Report of the Committee on Maternal Welfare*. Philadelphia County Medical Society, 1934: 9.

xxi-Maternal Mortality in New York City and Philadelphia, 1931, 1933. Edited by David J. Rothman and Sheila M. Rothman. New York: Garland Publishing Inc., 1934: 7.

xxii-It must be clearly understood that this comparison is between the entire homeopathic and allopathic professions. As the Hahnemannians represented the core of the profession but with less than 10% of professed homeopaths, their vastly superior statistics can't be appreciated when looking at the statistics of the entire homeopathic profession.

xxiii-The 1890 U.S. census reported a population of 62,979,766 (Porter R, Wright CD. *Report on the Population of the United States at the Eleventh Census: 1890*. Washington, D.C.: Government Printing Office, 1895: xi). In 1895, the population was approximately 68.9 million (<https://mste.illinois.edu/malc2/ExpFit/data.html>). In 1900 it was 76 million (<http://www.demographia.com/db-uspop1900.htm>).

xxiv-David A. Strickler. Homoeopathy in medicine. *Denver Journal of Homoeopathy* 1896; 3: 11-20.

xxv-Ibid.

xxvi-Dr. Smythe was correct in his approximation, for in 1900 the total number of reported deaths was 1,039,094 (Walter F. Willcox. *Death-rate of the United States in 1900. Publications of the American Statistical Association* 1906; 10 (No. 75): 137-155).

xxvii-S. S. Smythe. The demand of the hour. *Critique* 1901; 8: 81-80.

xxviii- J. A. Kirkpatrick. Do your own thinking; but first inform yourself. *Medical Advance* 1902; 40: 131-138.

Report on “Homeopathic Medicine & Advertising” workshop at the Federal Trade Commission (September 21, 2015)

This meeting was held to specifically address how OTC homeopathic medicinal products are marketed and was not convened to discuss the larger topic of homeopathic medicine which is beyond the scope of the FTC. The Federal Trade Commissioner (FTC), Maureen K. Ohlhausen, began the meeting noting that there was an interest in the homeopathic marketplace due to growth of the industry over the past 20 years. She stated specifically that this interest in homeopathy by the FTC arose independently of the recent FDA public meeting on the subject. The FTC research reveals that consumers often mistakenly believe that the FDA has approved homeopathic medicines for efficacy. Also the consumers mistakenly believe that homeopathic manufacturers have tested the products for efficacy. This confusion may be increased by placement on the shelf next to products that have been evaluated by the FDA for efficacy. The average consumer therefore has insufficient information about homeopathic medicines to make an informed decision. This issue is further complicated by the lack of FDA attention to the review of these OTC products.



By Todd A. Hoover, MD, DHT

The FTC has clear authority to regulate product advertising and labeling for products used for medical purposes. Their main role is in the prevention of false advertising. Companies must have reasonable evidence for product claims before those products are marketed. The FTC has generally required that advertisers possess adequate scientific evidence for products to be marketed based upon the claims made. For some products, the expectation is that one or more well-controlled scientific studies be conducted. All homeopathic products must meet the Food, Drug, and Cosmetic Act. Up to this point homeopathic drugs have not been regulated like other drugs according to the Act.

The FDA currently permits the sale and labeling of homeopathic drugs without any demonstration of efficacy. This creates a conflict for the FTC, where homeopathic drugs must be marketed with an indication on the label, while those indications often lack the scientific evidence or oversight to guarantee the indication has some reasonable basis in evidence, thereby exposing consumers to unproven therapies without any clear guidance to remedy the issue. The FTC believes the potential conflict could be resolved in one of three ways:

- 1) Withdraw the CPG completely
- 2) Remove the requirement for an indication on OTC homeopathic products
- 3) FDA could require that any indication on the label be supported by appropriate scientific evidence.

The meeting was conducted as a panel discussion. The first panel consisted of industry experts including homeopathic manufacturing, the pharmacist organization, retailing experts, and a nutritional supplement expert. Mark Land presented for the AAHP. He focused his remarks on the size of the current homeopathic OTC market, the guidance of the AAHP to include “US FDA not evaluated” on labeling of products, the safety of homeopathic medicines as demonstrated by US Poison Control Center Data, and the nature of the homeopathic market which has relied primarily on word of mouth marketing rather than mass-marketing common to other OTC drugs.

Dr. Jay Borneman from Standard Homeopathic Company gave a historical perspective of homeopathic medicine from the impact of the Flexner Report into the present. He also gave a brief history of homeopathic pharmacy growth from the late 1800s to the present. He gave the nature of this organic growth process of merchandising in the past 50 years. Additionally, he gave some background on the importance of the HPUS as it relates to other pharmacopeias used in conventional therapies. He addressed two concerns of the FTC – consumer confusion and inappropriate advertising. He gave two suggestions:

- 1) Require homeopathic medicine to be clearly identified on the label
- 2) Require that Not FDA approved be clearly noted on the label
- 3) Require that medicines be approved by the HPCUS and denoted on the label. This ensures that they are produced in a safe and homeopathic manner.

Candace Corlett presented on consumer surveys and understanding of the marketplace from the shopper’s standpoint. Clearly, consumers are increasingly interested in self-treatment and use of OTC medicines. From monitoring the consumer vantage point, they have seen that people are including a wider variety of treatment specialists (traditional and complementary) and use a wider array of conventional and non-conventional products. Most people who buy homeopathic medicines “do their homework.” By and large, these people learn about homeopathic medicine through word of mouth. Many have done online research, and only 12% have learned about it through traditional advertising. Customer satisfaction is 60-73%. Half the people surveyed have chosen homeopathy for one condition, have gone on to use similar homeopathic products for other problems. All of these consumers are more likely to use healthcare websites, exercise more, use more organic products, be younger, be better educated, be mothers, and be more tech savvy.



Yale Martin presented his expertise on OTC retailing. He focused on consumer-retailer interaction. His opinion is that more people are learning about homeopathy and other OTC products from word of mouth and online information. He believes that shelf space for retailers is based upon “survival of the fittest”. Non-sellers will soon be removed from the shelf. In many ways, the consumer determines what items will remain on the shelf. This market dynamic implies that those products that do not work will not last long on the shelf of American retailers. The presence of homeopathic products with little advertising efforts, in the face of huge advertising of conventional products suggests that homeopathic products are valued by consumers. Growth of homeopathic sales gives further evidence that homeopathic products have been effective for their users.

Duffy McKay presented some information to differentiate dietary supplements from homeopathic medicines. Dr. McKay (naturopath) suggested that although homeopathic medicines are very similar to dietary supplements in terms of those who use these two categories of OTC products, they fall under two different legislative frameworks. He feels that some companies have begun to market non-homeopathic dietary supplements and combination supplements + homeopathic drugs in order to place claims on the label to increase sales. Throughout the discussion he complained that there are companies marketing supplements as homeopathic medicines. Dr. Borneman clarified the issue by pointing out that such products are not permitted under the current CPG language, nor are they monographed by the HPCUS, and such outliers should be subject to disciplinary action by the FDA and FTC.

During the question and answer session, Mark Land addressed some finer points. OTC homeopathic products have always been part of the use of homeopathic medicines. In the 1980’s the FDA was faced with a number of foreign companies entering the U.S. marketplace. The CPG was developed partially in response to this changing market. As rules became clarified by the FDA, there was a subsequent growth of the industry somewhat due to the resulting clarity for these businesses. Jay Borneman discussed the fact that the CPG has been a relatively durable document despite a changing marketplace. The development of new marketing channels began to shift because the consumer who used to look for homeopathic products began to demand these products from other types of retailers. The retailers responded by providing the products, not so much due to some desire to market these medicines, but more in response to consumer demand. This process took place in the mid 1990’s when some regional pharmacy chains began marketing homeopathic OTC products (especially in the Northeastern and Western U.S.) up to the present day and spread across the country somewhat due to the consolidation of large pharmacy chains.

A short film clip discussing retailer placement of homeopathic products (by Boericke and Taffel from about 15 years ago) was presented. Ensuing discussion focused on how retailers tend to place items according to how they believe sales will occur (based upon consumer demand or request). At present, homeopathic items may be placed next to other products for a particular indication, or according to type of therapy, or according to manufacturer, or even a combination of these approaches. 52% will buy homeopathic products at a pharmacy, 48% will buy in a general store like Walmart, 30% will purchase at the grocery store, and 17% will purchase at a health food store. The precise numbers that buy predominately online was not known by the presenter.

When consumers were asked if they clearly understood what homeopathic means, responses for clearly understanding terms like homeopathic, natural, and organic ran about 50%. The assessment is that consumers tend to use these products according to a sense of “branding”. Even though they might not correctly understand how the product is manufactured, they will choose these products based upon past experience of success or satisfaction. Mark Land reinforced that there are quite a few indicators on the labeling of homeopathic drugs to clarify for the consumer that this is not a dietary supplement or conventional drug.

There are over 7000 homeopathic products registered with the FDA for marketing. When you survey the pharmacy and other outlet markets, less than 100 products are generally available. Some specialty marketing venues including homeopathic pharmacies and specialty health related stores will provide access to several hundred products. Even online, a similar narrow spectrum of products can be found. Again, according to the rules of the marketplace, only successful products will survive. Dr. Borneman suggested that the vast majority of these products contain ingredients within the HPUS. The message here is that there are outliers that should be identified and addressed.

A question was asked about the placebo effect impact on the market satisfaction rates for homeopathic drugs. While expectation bias is certainly a role in both conventional and homeopathic therapies, there are no clear reasons to think it would be greater in the homeopathic medicines. That being said, consumer satisfaction rates for homeopathic and conventional OTC products is approximately equal with homeopathic consumers satisfaction rated between 60-80%. The AAHP currently spends considerable effort to train manufacturers and marketers in how to appropriately label homeopathic OTC products. Three to four times as many people attend webinars on labeling as those who are currently members of the AAHP which indicates that they have made successful industry outreach in this domain.



The second panel included a group of scientific and technical experts. Rik Lostritto from FDA, presented information on quality of medicines which is based upon standards and controls, method of manufacturing, sterility testing, and stability data. Homeopathic products share similar quality ideals as conventional medicine. There are some notable gaps present in the HPUS that include:

- 1) Controls of Mother tincture and triturates lacks testing of the active principles for consistency, shelf life, and storage conditions.
- 2) Dilution may be compounded by surface active substances (could be addressed by testing of intermediate compounds). There should be testing of the final attenuation to guarantee no contamination has occurred (i.e. testing to ensure no other compounds are there).
- 3) There is no industry standard for high attenuation manufacture methods. Testing of intermediate dilutions would help validate higher attenuations.
- 4) Some homeopathic compounds in low attenuation could fall within an allopathically active range of ingredients.

John Williamson from NIH (complementary medicine) oversees grant approval for integrative and complementary medicines. The current focus of the NCCIH includes either lifestyle alteration such as yoga or meditation, or the use of natural compounds for improvement of health. He reported on the Australian government report of 2015. Additionally, he stated that there is little evidence to support the use of homeopathic medicine for any condition. Based upon this information and the difficulty in assessing high attenuation homeopathic medicines for quality and composition, it is currently not a priority for NCCIH to fund homeopathic research.

David Riley from HPCUS presented a background on the HPUS monograph review process. He suggested using the CORH research database to evaluate prior homeopathic medical research. He suggested that high quality evidence do not necessarily provide the only form of guidance for clinical use, but some lower (GRADE) quality research can also be highly useful.

Paul Herscu from HANP and AANP provided information on Naturopathic physicians. Dr. Herscu presented information on how homeopathic research methodology might be very beneficial to the conventional medicine industry. Homeopathic medical research is founded on the same scientific framework as conventional medical research but adds certain unique tools that could be of benefit to raising our understanding in both fields.

Adriene Fugh-Bergman from Georgetown University (pharmacology) stated that medicine usefulness in humans must be tested by RCTs in order to distinguish placebo effects from real effects of the medicine. She spoke at length on the benefit of placebo effects. She feels that only RCTs can establish whether a therapy has an effect above and beyond the placebo effect. Only therapies that have demonstrated clear non-placebo medicinal effects should be allowed to be marketed. She concludes that homeopathic medicines have no demonstrable scientific evidence and therefore do not meet the requirement for marketing.

Wayne Jonas reported on his experience with meta-analysis and the development of the Cochrane group. He led a systematic evaluation of placebo effect and found that it was impossible to evaluate the difference between homeopathic medicine and placebo using a variety of different disorders. Since that time there have been multiple meta-analyses that have generated exactly these results. Applying good science is difficult in this area. However, you must use good scientific methods to evaluate homeopathic medicine. But there are many tools to approach this issue. There are many good bias reduction methods that should be used. He recommended several principles the FTC should follow:

- 1) Match the evidence with the use of the evidence – many stakeholders involved, most importantly the public which should be included in the decision-making.
- 2) Safety should be addressed first.
- 3) Effectiveness in the real world should be understood including healthcare effectiveness, and observational studies. Patient centered research should be included, or even more precisely, public centered research.

Freddie Ann Hoffman from “Heterogeneity” (consulting for natural products) and was previously with FDA. In 1906, homeopathic medicine was called “quackery”. FDA has never required data on this class of drugs. They deferred the evaluation of these drugs that has been required. The CPG distinguished homeopathic products as a unique class of drugs. It allows these drugs dispensation from new drug approval, expiration dating, alcohol content requirements, and OTC review. Acupuncture, herbal medicine, and homeopathic medicine all predate the modern form of conventional medicine. Acupuncture needles and fish oil have gone through the new drug approval process, but no homeopathic medicines have accomplished this. She suggests that FTC should do their due diligence to evaluate homeopathic medicine claims for safety and scientific evidence.



Combination products were discussed. The question of whether provings produced on individual ingredients are of any application to combination medicines was raised. Dr. Riley suggested further research in that area would be helpful. A long discussion on provings was held. Provings were defended as well-designed, scientific research of a qualitative nature. Despite a number of attacks that provings have no merit in determining effectiveness, the usefulness and reproducibility of this method was defended.

An extended commentary on highly dilute compounds and the law of similars was held. Dr. Fugh-Berman asserted that no medicines have an opposite effect at very low doses, but then went on to say that perhaps some medicines like estrogen and chemotherapy may have opposite effects. Dr. Jonas stated that many substances including drugs have been evaluated for hormesis effects by Dr. Calabrese, and this may have some meaning for the law of similars.

The question of whether provings alone are adequate for approval of homeopathic drugs for specific OTC indications. Dr. Herscu added that many homeopathic medicines have a wealth of clinical data in addition to provings data to support these indications. In addition, he stated that RCTs are a fairly blunt tool that may suggest general efficacy of medicines that are later found to be only useful to a small segment of the population.

The third and final panel consisted of various legal experts. Michelle Rusk from the FTC began the discussion about the legal framework for the FTC. FTC shares jurisdiction with FDA for OTC healthcare products including homeopathic medicines. FDA has primary responsibility for claims and labeling. FTC looks at claims made and advertising. FTC is a law enforcement agency not a regulatory agency, and therefore does no premarket approval. The FTC law makes no distinction between product categories. The same substantiation standard is used for all types of OTC products.

For every claim the FTC asks:

- 1) What message does advertising suggest to consumers?
- 2) What backs up the claim?

The marketer must have a reasonable basis for the claim that they make for their product. The reasonable basis standard = competent and reliable scientific evidence. This means rigorous science. There is some flexibility in the size and number of studies.

- 1) The main evidence is RCT in human studies.
- 2) The studies should have good internal validity
- 3) The evidence needs to match the product and the claim meaning that the product has the ingredients evaluated in the research and that the claim fits the nature of the evidence.

Elaine Lippman from the FDA stated that the FTC and FDA share the goals of serving the public. Products that meet the definition of drug are regulated by the FDA. FDA is now evaluating its current enforcement policies to look at the current position of allowing homeopathic drug products on the market without FDA approval. CPGs explain FDA policy on regulation interpretation and serve as a guide to FDA field employees. Homeopathic OTC products have shown increased growth since instituting the CPG.

Al Lorman, a legal expert in homeopathic medicine, discussed labeling for homeopathic drugs. He stated that even if FDA revoked the CPG per the request of the FTC, homeopathic medicines would still need to be regulated by the FDA. Additionally, since there are many conventional OTC medicines that have not completed an OTC review, even if homeopathic medicines follow this approach there may still be many ears passing before such a review could be undertaken. 24% of consumers are found to be confused about the nature of homeopathic products looking at the labels. 76% of consumers understood that FDA reviewed allopathic products, while only 24% thought that FDA reviewed homeopathic products.

A consumer survey was conducted

- 1) Not evaluated by the FDA
- 2) Use according to homeopathic indications, not evaluated by the FDA
- 3) Use according to homeopathic indications (see website [www. Homeopathyxxx.com](http://www.Homeopathyxxx.com) for more information), not evaluated by the FDA

The survey showed that upon being provided by any of these 3 labeling additions to a homeopathic product, the number of consumers that were confused about the FDA review of homeopathic products was reduced to less than 8%



Paul Rubin, from Ropes and Gray, LLP, spoke about the recognition of homeopathic drugs as drugs in the FD&C Act. The FDA has long understood the difference between homeopathic drugs and conventional medicines. This has been borne out in the language within the CPG specifically excluding homeopathic medicines from premarket FDA new drug approval. Mr. Rubin proposed an alternate approach to the problem as voiced by the FTC. He supported the use of disclaimers as a method that would avoid some of the legal and regulatory challenges inherent in a major change to the CPG. He cited numerous examples of current case law to suggest that disclaimers would be more likely than other options to be successful in helping consumers while remaining less likely to be challenged as a change to the current FDA regulatory framework.

Christina Guerola Sarchia from Orrick, Herrington & Sutcliffe, LLP presented on class action suits. In the past 5 years, there has been a huge spike in class action suits against homeopathic companies. In this time period, 75 suits have been filed. The financial impact on companies has been significant with litigation defense budgets in excess of seven figures. Three cases that have reached jury or bench trial have resulted in failure of the plaintiff to demonstrate ineffectiveness of homeopathic medicines or false advertising. The end result of this litigation has caused at least one company to stop conducting business in the U.S. and there have been major impact on companies marketing of products and new companies who consider entering the marketplace. Often a large amount of any settlement that is generated is directed toward the legal fees, with very little reaching the consumers.

David Spangler of the Consumer Healthcare Products Association spoke about the desire of consumers to have access to a wide spectrum of treatment options. Homeopathic medicine is one part of that spectrum. The National Health Information Survey suggested that $\frac{1}{4}$ of Americans use non-conventional therapies. Regulations currently require manufacturers to ensure that evidence supports the advertising used by any manufacturer of healthcare products. Under the AAHP advertising guidelines, sufficient guidance is provided to give manufacturers clear information on how to properly advertise their products to comply with regulations.

Antonio Vozzolo of Faruqi and Faruqi, LLP presented concerns about the marketing problems with homeopathic medicines in the U.S. He suggested that homeopathic products are often marketed with false claims of fast and effective action. He defended the value of class action suits to provoke appropriate actions by industry and also to provide monetary refunds to consumers.

Kat Dunnigan from the National Advertising Division talked about the need to have competent scientific evidence to support any claims made on the label of homeopathic medical products. She repeated the need for RCTs of high quality with a meaningful treatment effect as the best basis to generate a health performance claim. She stated clearly that the nature of the claim will determine the level of evidence required to support such a claim. Strong claims of effectiveness need to be supported by equally strong scientific evidence.

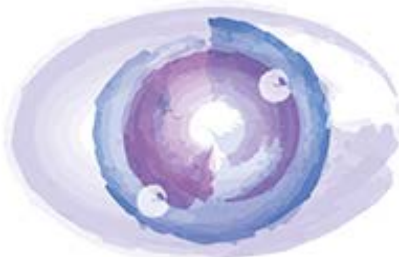
A question was asked about how the FDA deals with "non-approved" OTC medicines that are not homeopathic medicines. Drugs that require FDA approval but are marketed without it are regulated by a specific guidance for such drugs. Such drugs are similar to homeopathic medicines in that they are able to be marketed in the unapproved status, but are still subject to FDA regulation.

Several panelists stated that a label disclaimer is an appropriate approach to the issue of consumer information. Michelle Rusk expressed that a simple disclaimer that the FDA has not evaluated a product on the medication label does help the consumer in one sense, but does not address the issue that the consumer believes that there is some science to back the claim. Paul Rubin added that disclaimers need to signal the uniqueness of homeopathic medicines to consumers rather than an in depth discussion on the evidence or lack thereof for these products. Similar issues can be seen in medical device products which may similarly lack any review or approval by the FDA.

Al Lorman responded to the question of whether all homeopathic medicines should be required to undergo 2 RCTs for marketing as an OTC product, stating that this level of evidence was not required in the allopathic OTC review. He went on to describe the cost of performing 2 RCTs at the current level of research as being cost prohibitive for the industry involved. Michelle Rusk of the FTC argued that not all studies have to be as expensive as those conducted on prescription drugs in the U.S. Currently OTC drugs, whether allopathic or homeopathic, can be approved through the monograph or NDA process. The CPG of the FDA is not intended to bind the FTC.

FDA comment period is extended to November 9, 2015 and comments may be submitted to CDERhomeopathicproduct@fda.hhs.gov. FTC comment period is open until November 20, 2015 and can be accessed at <https://ftcpublish.commentworks.com/ftc/homeopathyworkshop/>.

**** The LIGA NEWS very much thanks the American Journal of Homeopathic Medicine for allowing us to reprint this article.**



71° LMHI Congress

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



In the history of knowledge there is a rich tradition regarding the representation of man as a reflection of the Universe. Therefore, man is substantially a “small world” in its psycho-physical constitution and carries within himself the information of the three kingdoms. The disease is expressed in the human microcosm, which gives voice to the substance. Homeopathy is the therapy that uses substances from each kingdom and is capable of achieving the balance of the human microcosm.

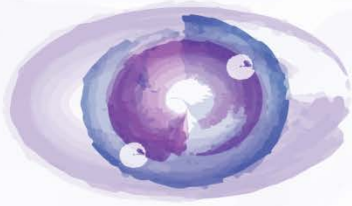
During the 71° LMHI Congress we will continue with the adventure of discovering the message from the different substances of the nature in the voice of the provers or in the diseases patients bring to our consults.

We will address severe diseases cases and the importance of Hering’s Law for the evolution of those cases. We will have an impressive group of lecturers, from Argentina and from all over the world, and some important colleagues will dictate workshops.

In a wonderful city full of incredible places to discover, we will be waiting you from August 24th to share with camaraderie our knowledge and magnify our divine Homeopathy discovered by Samuel Hahnemann.



Best regards
 Dr. Gustavo Cataldi
 71° LMHI Congress President



71° LMHI Congress

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

“The challenge of the 21st 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
- medorrhinum
- syphilinum
- tuberculinum
- agathis australis
- hamamelis
- hura brasiliensis
- latex vulcani
- 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: 30th 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...



1) According to Hahnemann in **aphorism 73 - Organon 6th** edition - what is true about acute diseases?

- a-They get specific names (e.g.: thyphus fever, pneumonia etc) and have to be treated in conformity with their names.
- b-They suddenly appear and suddenly disappear.
- c- They can be classified in different kinds.
- d- They suddenly appear but can disappear gradually, slowly or suddenly.

2) In **aphorism 73 - Organon 6th** edition - Hahnemann writes: *"... Thence arise fevers, in each instance of a peculiar nature, and, because the cases of disease have an identical origin, they set up in all those they affect an identical morbid process, which when left to itself terminates in a moderate period of time in death or recovery"*. What kind of diseases is Hahnemann referring to?

3) *"Excesses in food, or an insufficient supply of it, severe physical impression, chills, over heatings, dissipation, strains, etc., or physical irritations, mental emotions, and the like ..."* (aph. 73). What kind of acute diseases can they bring on?

4) **Aphorism 82** – Hahnemann states *that some difference is to be made when the affection is an acute disease and when it is a chronic one; seeing that, in acute disease, the chief symptoms:* a) suddenly appears and are violent, strong; b) appear with fever in every single case; c) strike us and become evident to the senses more quickly; d) are difficult to be ascertained and many questions are required to be asked.

5) What does Hahnemann remind us in order to choose the most suitable homoeopathic remedy to treat an epidemic disease? In Aphorisms 100 – 101 - 102 you could find the answer.



Pietro Gulia

Pietro Gulia
Medico-Chirurgo Omeopata
pietrogulia@alice.it

6) **Lippe** states: *"Influenza with violent, spasmodic sneezing and lachrymation on going into open air. – COPIOUS, WATERY CORYZA. – Chilliness from feet to head. –Face hot"*. What is the remedy?

A few useful clues: a) this remedy can swallow warm food more easily; b) feels the tongue as burnt; c) feels dryness of the fauces and throat; d) this remedy has many delusions: he is sick; she has some horrible and fatal throat disease; she is pregnant; she is pregnant when only distended with flatus. Use the repertory and discover it.

7) **Clinical Case** – Man, 50 yrs old. In the evening he felt a light burning pain while urinating. The day after he got worse: he had very often to urinate and to hasten to urinate. The burning pain increased. He didn't know why the problem arose: he had not caught a chill, didn't eat spicy food neither drink wine (as usual), no sexual intercourses. He felt burning pain inside the penis (*urethritis*) and, above all, at the external meatus, which was very red. He felt the burning pain at the beginning of urination, while urinating and the pain was very violent for a little while after urination. Urine: clear and copious (every two-three hours he drank one or two glass of water to wash his urinary tract), pungent odor.

Use the repertory and discover the remedy.

8) **Lippe** quotes: *"Burning at the orifice of the urethra, before, during and after micturition ... INTENSE BURNING ALONG THE URETHRAL CANAL ... FREQUENT BUT UNSUCCESSFUL DESIRE TO URINATE ... Very painful sensation in the throat when coughing, with stitches in the neck of the bladder"*.

A few useful clues: *"Pain in distant parts, (as bladder, knees, legs or ears) on coughing – Chills begins between the shoulder-blades - Crackling of the joints - As the coldness of the body increases, so also does the ill-humor ..."*. Use the repertory and discover the remedy.

9) **Clinical Case** – Woman, 38 yrs, primary-school teacher. While she is teaching in the morning, she feels burning and stitching pain in the throat; in the afternoon she gets worse. She cannot swallow: the pain is too strong. When she tries to swallow, feels a tightness in her throat, which is dry and swollen. She needs warm drinks which relieve the pain for a little while. The pain began left and then extended to right. The remedy is ...

10) Hahnemann states: “10. When moving the head and when walking, headache, as if the skull would burst – 11. Throbbing, beating headache, in one of the temple – 21. A headache more shooting than tearing, which is worse when at rest, but mitigated by movement – 62. Chaps on the lips; fissured lips – 83. Watery insipid taste in the mouth, then heartburn - 108. Sensation as if the abdomen was distended almost to bursting, whereby the breathing is impeded to suffocation. – 292. Sleep full of dreams - 334. He makes reproaches, and is indignant at the faults of other; he takes trifles ill and finds faults with them – 338. Disposition to start - 341. He is of contented disposition, is jocular and sings, and yet on the slightest cause he is disposed to get angry. Use the repertory and discover the remedy

Solutions quiz Corner – LMHI News n. 15

1) Investigating the most significant points in the patient’s whole history.

2) Aphorism 19

3) b) Violent and spasmodic cough, aggravated by the least diminution of temperature and strongly ameliorated in a warm room.

4) GENERALS – Night – Rest agg – Sitting agg – Walking amel – Food & Drinks: sour drinks, desire
MIND – Fear, happen, something will – Anguish, bed, after going to bed amel – Anxiety, bed, in bed
Magnesia carbonica

5) d) other answer = Aphorism 135: “The whole of the elements of disease a medicine is capable of producing can only be brought to anything like completeness **by numerous observations** on suitable persons of both sexes and of various constitutions. We can only be assured that a medicine has been thoroughly proved in regard to the morbid states it can produce - that is to say, in regard to its pure powers of altering the health of man - when **subsequent experimenters** can notice little of a novel character from its action, and almost always only the same symptoms as had been already observed by others”.

6) MIND – **Starting**, easily; touched when. **Touched**, aversion to be; **Fear**, labor of
CHEST – Pain, stitching - Mammae, flow of milk, on
GENERALS – **Weakness**, faint-like; **Weakness**, walking; **Walking** agg.
Kali carbonicum

7) GENERALS – Rest agg - Warm bed agg – Walking amel
MIND – Restlessness night – Restlessness, pain from – Anxiety, bed, in bed
EXTREMITIES – Shoulders, complaints of – Pain, rheumatic – Pain, Shoulder – Pain, Shoulder, rheumatic
Magnesia carbonica

8) GENERALS – Motion, aversion to – Lie down, desire
SLEEP – Sleeplessness, sleepiness with
NOSE – Motion, wings of, fan-like
RECTUM – Constipation
STOOL – Hard – Sheep dung, like
GENERALS – Food & drinks: Warm drinks, desire – warm drinks, desire, hot – warm food, desire – warm food, desire, hot.
STOMACH – Drinks, warm, amel - Vomiting, drinking, hot water, amel
EXTREMITIES – Coldness, Foot, one cold, other hot, the
Chelidonium

9) Aphorism 78 – “ ... 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.

10) 2: MIND – Anxiety, eating while, warm food; GENERALS – Heat sensation of, eating after, warm food; HEAD – Heat, eating after, warm food
65: HEAD – Pain, shooting – shooting, morning, rising after – Pain, pressing, Forehead, Eyes, over
88: HEAD – Congestion, smoking agg
227: TEETH – Elongation, sensation of – Sensitive, tender
802: SLEEP – Unrefreshing – GENERALS – Sleep, after sleep, morning, waking on, agg – Weakness, morning, waking on
830: SLEEP – Sleeplessness, night, midnight after, 2or 3h, after – Sleeplessness, night, midnight after, 3h, after
837: GENERALS – Heat sensation of – (Heat sensation of, night) – Uncovering, agg – Uncovering, aversion to – Warm bed, agg.
Magnesia carbonica