LMHI NEWS

Electronic Newsletter of the Liga Medicorum Homoeopathica Internationalis • No. 21 • Dec 2017

1 Topics

Renzo Galassi & Evin Turkay

2 Introduction to the issue by Dr. Renzo Galassi

Dear Colleagues, in this issue, we will present you some interesting articles, especially for our youngest colleagues.

We have 2 long articles that I decided to divide in different parts to be published in successive issues of the LMHI news. The first one is an article on repertories by Dr. Daniel Cook, Dallas, Texas, our NVP for USA and member of the editorial board of the LMHI news.

The second one is another precious gift of Dr. Srinivasan, from Chennai, India. As you know, he gave us the possibility to upload to our website the full collection of the QHD that he wrote over the last 30 years, for a free consultation. Now he gave the permission to publish his writings on Therapeutic of Trauma. It is very well written and organized booklet, I am sure it will be useful especially for the young colleagues who start with their homeopathic practice. We will publish it in different issues, because it is too long.

I want to thank once more Dr. Srinivasan on behalf of the LMHI for his generosity and endless efforts for the advance of the Hahnemannian Homeopathic Science.

You will find also an old article of our timeless literature, commented by me for the youngest students.
We close the issue with the Quiz corner, written by the vice-director of the Homeopathic school of Rome, IRMSO, Dr. Pietro Gulia.

As usual we will read the editorial of our current President, Dr. Alok Pareek (Agra, India) and our current Secretary for Newsletter Dr. Richard Hiltner (USA)
Enjoy reading, and my best wishes for a Merry Christmas and Happy New Year, **renzo galassi** – LMHI Past President and member of the editorial Board.

LMHI President's editorial,

by, Alok Pareek

Being a Homeopathic physician transforms our thought process as a whole. One is more open to possibilities, more submissive towards nature and a firm believer of the natural laws. It changes the way we see the world and understand people - The world is not merely natural beauty but nature's infinite raw material for remedies and people are not merely individuals but living remedies from our materia medica. These unique features help us not become monotonous and mechanical medical people and help open an unending avenue of development and enrichment of our science.

This is what makes, every homeopathic journal, congress, newsletter so unique. There is always a possibility of learning something new. However, it is also true that in this rapid feed of information, it is easy to miss out the important ones and often when we read the old, but lesser known literature, there is always a good chance of learning certain nuances which help us improve as a physician.

In this issue, the editorial team has put forth a rich combination of such articles ranging from a historical survey of repertories to a very clinical handbook of trauma.

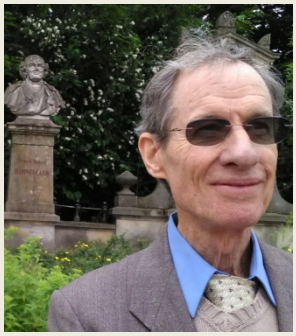
Over the past few months, since the Leipzig congress, the board members have been working on multiple fronts and trying to produce a well-documented rebuttal to the various skeptic onslaughts in different countries. In this context, it is essential that I remind you to visit the LMHI website regularly to access and disseminate this information. It is through you, dear members that the work of the LMHI can reach its ultimate beneficiary.

I take this opportunity, in this year ending issue to convey my best wishes for a Merry Christmas and for the upcoming new year 2018. May the new year bring peace, prosperity, health and happiness into the lives of each one of you and your loved ones. I look forward optimistically to 2018 as a year that will bring about positive changes for our fraternity and our efforts towards greater formal recognition and support across the globe will fructify.

Best Wishes,

Dr Alok Pareek
President - LMHI

Editor s Note



Dr. Richard Hiltner

By Richard Hiltner, MD

Dear fellow students of homeopathy,

There have been changes made in the contents of the LIGA LETTER and the LIGA NEWS. The Executive Committee decided this.

In the past, the LIGA LETTER concentrated on only the LIGA Congress when Sandra Chase was editor, primarily, because of financial concerns and printing.
The LIGA NEWS concerned itself with general international homeopathic information, political, clinical and research articles.

There are much less problems with space and expense now with the electronic version.

Therefore, the LIGA LETTER will encompass not only the Congresses, but also international aspects of homeopathy as well as political information.
The LIGA NEWS will involve articles primarily on research, history, Quiz corner, and clinical cases, etc.

I am happy to announce that Renzo Galassi (Past President of the LMHI) has accepted the primary responsibility for the publication of the LIGA NEWS. His expertise and knowledge of the history, clinical, and research areas in homeopathy will be a valuable addition.

I wish to also thank again the WORKING GROUP (WG), which he established for the LMHI NEWS. As of this time, the following have very generously given their time and effort to this WG: Altunay Agaoglu, Dan Cook, Bernhard Zauner, Bernardo Merizalde and Pietro Gulia.
I would also like to thank the authors of the new articles in the LIGA NEWS for their excellent contributions.

I hope these new changes will improve the quality of the LMHI publications.

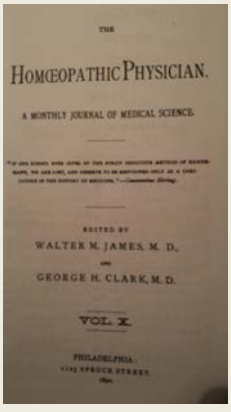
Reading and learning from our old Masters……, by Renzo Galassi, LMHI Past President.

Dear colleagues, this time, I want to share with you the pleasure to read an article written by an important doctor of the Philadelphia group of Masters who left an indelible footprint in the history of our Medicine: Dr. Walter Montgomery James.

According to the investigation of Dr. Thomas Lindsey Bradford (1847-1918) (see the photo)

we know that Dr. James was born in Philadelphia on March 22, 1849. His grand-grand-grandfather was one of the first Major of the city. He entered the Pennsylvania Homeopathic Medical College, which later merged into the Hahnemann Medical College, and was graduated in 1869. For fifteen years he was a student and assistant in the office of the late Dr. Adolph Lippe.
Dr. James had earnestly and conscientiously followed in the footsteps of his master and friend Dr. Lippe, whose earnest wish was that Dr. James should succeed him in his practice.

In 1880 Dr. Lippe founded "The Homeopathic Physician" journal


THE
HOMŒOPATHIC PHYSICIAN.
A MONTHLY JOURNAL OF MEDICAL SCIENCE.
EDITED BY
WALTER M. JAMES, M. D.,
AND
GEORGE H. CLARK, M. D.
VOL. X.
PHILADELPHIA:

and Dr. James was the editor of the magazine for seven years. He died of stomach troubles and complications on February 25, 1915.

Let's read now a short article I have chosen for you from the first volume of the Homeopathic Physician.
As usual I will allow myself to write some comments for the youngest colleagues, in ***italics***, among the lines of the article……

QUINSY. By WALTER M. JAMES, M.D., Philadelphia. **(The Homeopathic Physician 1st volume, March 1881.**

Among the diseases most frequently mal-treated by the rational therapeutics of the old school of medicine is quinsy.

I inform the colleagues not so familiar with English language that Quinsy is the inflammation of the tonsils and surrounding tissues with the formation of abscesses.

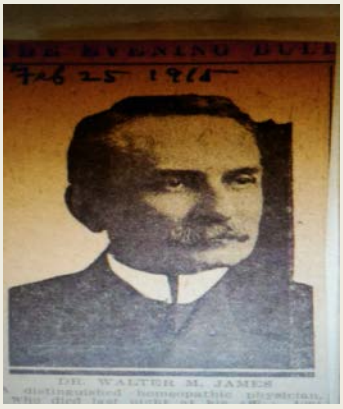
Stormed at with mercury, leeches, blisters and poultices, the inflammation steadily advances, until suppuration occurs in a period of from eight to ten days. *As we know from Hahnemann 6th edition of the Organon, par. 73 an acute ailment as tonsillitis has to be considered as follows:"……. in reality, however, they are generally only a transient explosion of latent psora, which spontaneously returns to its dormant state if the acute diseases were not of too violent a character and were soon quelled."*

Treated homeopathically there are few ailments which so clearly demonstrate the truth of Hahnemannian principles when these latter are exclusively applied.

Depending, as it does, upon a scrofulous taint of the constitution any prescription made for the local trouble must cover the whole scrofulous condition by a careful attention to the totality of the symptoms, if we would be successful.

*So often we find in our old books the term **Scrofula**, or scrofulus constitution, diathesis etc.. For some authors **scrofula** is the particular form that tuberculosis takes when it affects young people with lymphatic constitution, of good prognosis; hits spec. children and adolescents affected by lymphatic dysfunction, giving rise to purulent fistulas and to the release of caseous material, then resolving into retractive scars. It is characterized by predisposition to skin infections (impetigo) and mucous membranes (rhinitis, otitis, etc.), with a secretory characteristic and chronic tendency, and predisposition to tuberculosis with lymphatic and glandular localization, as well as bone and joint. Nowadays it is not easy to see a full developed picture of scrofula in wealthy countries, but it is important to know what it is in order to better understand the writings of our old predecessors.*

A remedy accurately selected according to Hahnemann's directions, and therefore according to the inflexible logic of the law will cure the trouble
before abscess has commenced to form. This is a most brilliant result, and one very gratifying to the patient and his friends.



Yet we cannot always attain this success. Notwithstanding our best efforts we fail to discover the simillimum and the inflammation proceeds to suppuration.

This can happen oftener nowadays when we prescribe for acute cases fast and on a routine base. Sometimes we answer several telephone calls and the remedies chosen are based on the name of the disease. In these cases we give often Bell, Merc, Phyt., without going deeper on the patients symptoms and without considering the complete symptoms as the Old Masters adviced: localization, sensation, modalities and concomitants. The risk is to palliate partially the symptom or in the most unfortunate cases to cause a Suppression of the symptom with a logical and sure aggravation of the chronic miasmatic condition of the patient.

Even in such case our remedies may not have failed to make a valuable impression upon the system. This will be apparent in the greater comparative freedom from trivial complaints after such attack ; or if the
quinsy be of periodical recurrence each successive attack will be less severe. This, however, is a very difficult lesson to impress upon the patient. If we do not prevent suppuration the patient considers our treatment a "failure."

So often nowadays we are requested to do our best, the competition with Allopathy is stronger than the older times and sometimes we have to give the best results in a few hours, otherwise the patients start taking allopathic medicines!

The writer has had many cases of quinsy and most of them, from the above point of view may be considered "failures." *Our old colleagues were requested by the patients to cure the acute troubles, leaving the treatment as soon as they obtained a positive result and without the possibility to prescribe later on, a correct treatment for their chronic or miasmatic tendency to get ill. We are lucky nowadays with our patients, who want us to accompany them with a chronic treatment, sometimes, for several years. In this way we can prevent the recurrence of their troubles……!*

Yet the two or three following cases being so strikingly different are considered worth relating.

1st case. In the summer of 1878 a gentleman, having been overheated, sat down in a draft of air to become cool. Perspiration was suddenly checked and an attack of quinsy followed. The only reliable indication that appeared for the remedy was profuse perspiration out of all proportion to the heat of the weather.

This perspiration was quite oily. Upon these considerations I gave merc. v. CM (Fincke.) In twelve hours he was relieved, and in twenty-four hours entirely cured without suppuration.

The two related symptoms are very characteristic of Merc., both, profuse perspiration and oily perspiration, are in the highest grade in Kent's repertory. Interesting the prescription of the 100.000 potency of Fincke, a high potency, completely on the opposite side of the following case.
To better know the procedure of preparation of the Fincke 's Potencies you can read the article on page 11 of the n. 16 of the LMHI Newsletter titled "HISTORY OF HOMEOPATHIC PHARMACEUTICS by Heike Gypser, our Secretary for Pharmacy.

2nd case. In Jan. 1879 Mrs. H. S., who was a frequent sufferer from quinsy, the attack lasting generally eight to ten days, was seized with inflammation of the right tonsil. I failed to select the right remedy and the tonsil suppurated. One month later the same lady was affected in a similar way in the left tonsil. Again I failed and abscess began to form. A little further questioning brought out the following symptoms:
- flushes of heat,
- frequent waking from sleep at night,
- weak, faint feeling at the stomach.
These will be recognized at once as the characteristics of Sulphur.

I gave sulphur 200 and in twenty-four hours she was cured without the abscess maturing.

3rd case. In March 1879 Mrs. B., a sister of the preceding, had quinsy of the left side. On doubtful indications I gave at first Lachesis ; but without avail. I then found heat, restlessness, and thirst at night. This would indicate Aconite. But there was not that peculiar mental symptom of Acon., "irresistible restlessness, fear, and agonized tossing about." Hence Aconite failed and the suppurative process progressed. To my surprise I found that the heat was a series of flushes. That she slept in short "cat-naps," and that she had weak, faint feelings. Here were Sulphur symptoms. They had been present all the time but had not observed them. I immediately changed to sulphur 200 which cured in twenty-four hours ; the suppurative process ceasing immediately without discharge.

We can learn from this short case, as I was writing before, that in each case we need a complete list of symptoms to complete the imagine of the totality of the patient's illness, also in the acute cases, otherwise no reaction!

4th case. On Sat. Dec. 27, 1879, Miss T. S., subject to quinsy, was seized with an attack. There being no reliable indication except that it commenced on the right side with some tendency to the left, I gave Lyc. 200 but it had no effect. The next day but one the tongue was red and the papillae elevated. The tonsils were much swollen and very red. She had a constant desire to swallow which was very painful. I gave merc. iodat. rub. 10 M and in a few hours the abscess burst. This I believe to be due to the action of the remedy as formerly this patient would suffer from the abscess for a week before it would discharge. *This prescription doesn't look so clear this time, even if it was successful. I mean, the first attempt with Lyc. was justified by the localization, right tonsil, with some tendency to the left. Later on the prescription of Merc. iod. ruber or bin-iodide of Mercury, is not justified by the localization, because, as we know from our reliable old Materia Medicas, it affects mainly the left side, the left tonsil. The redness of the throat, the tonsils swollen and the pain on swallowing is the same of the other combination of Jodum and mercury, that is the Protoiodide of mercury or merc. iodatus flavus, that also has the same indication in throat, both have much mucus from the posterior nares, with desire to hawk up mucus, but the flavus has special affinity for the right tonsil, as the described patient. In this aspect the merc iod flavus is very similar to Lycopodium with the difference that it has the aggr., by the warm drinks, while Lycop has amelioration by the warm drinks.*

Anyway we have only few symptoms and maybe the localization changed to the left tonsil in the 24 hours. Dr. James doesn't write this……., and as we can read below, the localization in a follow-up changed to the left side……

On Jan. 20, 1881, this same young lady sent for me to remove a particle of sand or dust from the eye. Examination failed to discover any foreign matter. The eye, however, was much inflamed and swollen. I told her she had taken cold but she insisted upon the presence of sand. The next day my diagnosis was confirmed. She sent for me again and I found a well-developed quinsy.
The indications were :
- Inflammation commencing in the left tonsil.
- Involuntary loosening of the collar around the neck.
- Severe headache commencing in the evening and lasting all night. It was made worse whenever she fell asleep.
- The pain commenced at the neck and extended all over the head.
-Stiffness of the neck.

These symptoms, though rather vague, pointed more strongly to Lachesis than to any other remedy. I accordingly gave Lachesis 2 M (Jenichen.) The next day when I called the symptoms had nearly disappeared. The inflammation of the tonsil was hardly noticeable and the headache much improved.
It is almost unnecessary to say that there was no subsequent suppuration of the tonsil.

So, thank you Dr. James for your lecture on clinic.
We will meet another Master of the past in the next Issue. Kind regards, renzo galassi

Which is the Right Repertory? It Depends[1]

by Daniel Cook, M.D., DHt

Abstract: Every repertory author made a number of editorial decisions about how much of the *Materia Medica* to include, and how to organize and arrange symptoms. Various arrangements of symptoms and headings have been produced, which show the part of the symptom that the author wanted to present first, which part second, and which part last. A particular repertory emphasizes certain parts of a symptom and certain relationships, while another repertory with different priorities will have a different organization and form. No single repertory is ideal for all cases and all symptoms. Each has strengths and weaknesses. We should know the advantages of different repertories so that we can use each repertory to its strengths. There are many homoeopathic repertories in use today. As creatures of modernity, we tend to think that the newest is the best, and that as repertories changed over time, they steadily improved. After studying 45 different repertories I do not believe there has been a progression in quality over time. There has been change in order and emphasis. Authors differed about *which aspects and combinations of symptoms* to stress, and about how much of the Materia Medica to include. The reason there are so many different formats and schemes is that there is no single order that can efficiently present the needs, the characteristics, of all cases. Authors adopted different ways of summarizing, grouping, separating, and stratifying the material in the Materia Medica. Each author made choices and priorities, and saw certain areas of the repertory improve, and others weaken. In each repertory, there is a carefully decided order of what to present first and what last; what to connect and place together, and what to place apart; what is primary, what is secondary, and what is least essential.

Each arrangement has strengths and weaknesses. Knowing them, you reach for the right repertory for each case, depending on the nature of its characteristics. Otherwise you continually use one repertory, which means you perceive and structure your cases always in terms of the repertory's arrangement: you aren't using the repertory, it is using you. We do not need to pity the older homoeopaths like Boger, Lippe, and Bönninghausen for having poor repertories. Their repertories served them very well. What it does mean is that we need to know each repertory's limitations, and work to its strengths. If a patient walks into your office with his eye swollen shut, will you automatically open your repertory to the Chapter "Eye"? Because one type of repertory makes the location (organ) the primary approach to the symptom. Another repertory, however, makes the sensation, or the modalities of aggravation and amelioration, the primary orientation to the case, and only secondarily considers the role of the eye. In this latter type of repertory, you don't begin analyzing the case by thinking of the eye but by looking for remedies producing burning sensations, or remedies whose symptoms are characteristically worse from lying, or remedies that generally produce swellings. Each of these is a different context and perspective, and produces a different order. This order, the point of view adopted by the author, is clearly shown in the repertory's organization. One aspect of a symptom is given priority and top heading, and closely related to certain others, while some combinations or aspects are de-emphasized, making them difficult to gather and view together. To date no repertory is equally good for all cases and all symptoms.

In this article I will explain the logic, point of view, strengths and limitations of nine types of repertories:

1. Hartlaub, C., *Systematic Presentation of the Pure Effects of Medicines*, 6 vols, 1826-29.
- Weber, G., *Systematic Presentation of the Anti-Psoric Medicines,* 1831.
- Rückert, E.F., *Systematic Presentation of all Homoeopathic Medicines*,
3 vols, 1831-33.

2. Bönninghausen, C. v., *Systematic-Alphabetic Repertory of the Antipsoric Medicines*, 1832.
- *Systematic-Alphabetic Repertory of the Non-Antipsoric Medicines*, 1835.

3. Jahr, G.H.G., *Manual of the Chief Indications for the Use of Homoeopathic Remedies, with a Systematic and Alphabetic Repertory*, 1834.[2]

- Lippe, C., *Repertory to the More Characteristic Symptoms of our Materia Medica,* 1880
- Lee, E.J. *Repertory of the Characteristic Symptoms of the Materia Medica,* vol 1-2 Mind and Head, 1889.
- Kent, J.T., *Repertory of the Homoeopathic Materia Medica*, 1897.

4. Bönninghausen, C. v, *Therapeutic Pocketbook*, 1846.

5. Allen, T. F., *A General Symptom Register of Homoeopathic Materia Medica*, 1880.

6. Knerr, C., *Repertory of Hering's Guiding Symptoms of our Materia Medica*, 1896.

7. Boger, C, *Bönninghausen's Characteristics and Repertory*, 1905.

8. Hering, C. *Analytical Repertory of the Symptoms of the Mind*, 1875.

9. Plate, U., *Digital Symptom-Lexicon,* 2009.

If we don't know what really distinguishes one type of repertory from another, and what their different strengths are, when we don't get the results we want we are likely to blame the repertory, or its author, and continually change and add repertories until we realize that the fault lies in our misuse and lack of understanding.

Each repertory presents a way of approaching and resolving symptoms. As soon as any author takes a mass of symptoms and prioritizes and shapes it, he is deciding how he wants the reader to think about this material. He selects leading ideas and levels of importance. Why does an author spend years of his life composing a repertory? He may have in mind an arrangement that he thinks better conveys important aspects or combinations of symptoms, and presents them more sensibly or strongly. The repertory's final form is turned to his purpose. And certainly by 1835 the Materia Medica had grown so much that authors had to edit symptoms to keep the text under a prescribed number of pages: they condensed, combined, shortened, and cut parts of symptoms, which means *they selected what was important*. This involved judgements and compromises. Every repertory from 1835 onward carries these editorial decisions. From that time until now, *every repertory is a subjective summary of symptoms, arranged to serve the author's sense of priorities and purposes.*

There is perhaps no profession in the world where a single tool is relied on and used as heavily as homoeopathy uses the repertory. The repertory becomes an extension of us, and its limitations become our own if we are not aware of them. No repertory has the elasticity to apply the way we think; they all impose an order and an approach. This approach can become habitual and mechanical if you are not careful. Then you are not using the repertory, it is using you. Objectivity is ended; your view is channeled. We need to be aware of limitations in the tools we use, rather than thinking of them as neutral Fact Finders.

By understanding our interaction with the repertory - what we casually take for granted in it and what we critically understand, control, and choose – we become more objective observers about the role we play in analyzing our cases. We cease acting from, and acting out, assumptions. This will improve our practice more than any repertory.

Two main considerations influenced the authors' choice of arrangement and form. There is first of all the question of how complete to make the repertory. This question raises several points:

- to write out the language of each symptom exactly, or shorten it to its main points.
- to keep separate all non-identical symptoms, or unite and combine symptoms close in expression, but not exact.
- to keep the symptom's content intact and recognizable, or fragment it in order to elevate and emphasize individual components of the symptom.
- to recognize only symptoms that have been proved, or include also symptoms that have been cured in practice.
- to eliminate some symptoms to make the book less crammed, with more room and clarity, or make it as full and complete a reference as possible.
- to include only those symptoms and rubrics considered important for the choice of the simillimum, or broadly represent the Materia Medica.

The second consideration each author faced was what to emphasize in this index, what to make his organizational keystones. A repertory can bring together two components well, but the other two usually fall beneath these or are found amongst them, scattered throughout chapters and rubrics in an unorganized way. Flipping through the pages of the repertory to hunt and gather them is no easier than flipping through the Materia Medica gathering the 'eye' symptoms of the different remedies, if one didn't own a repertory. For the fundamental purpose of a repertory is to bring together similar symptoms and effects for direct comparison. Every repertory has a plan and order. So what were the author's priorities? There is first of all the question of the most effective way to present a homoeopathic symptom in an index like the repertory. We know the allopathic way of composing and presenting a symptom; is that the clearest way to convey a homoeopathic symptom? Which order provides the most natural, sensible way of representing symptoms, holding the greatest quantity of material in the most easily viewed and easily navigated structure? Can there be an arrangement where the most worthwhile and characteristic elements come first in order, and where symptoms or remedies of lesser significance are suppressed, or eliminated? If you were a repertory author, which option would you pick – because they are mutually exclusive.

Here is the top of Volume 1, page 1 of the first complete repertory published, Hartlaub's 1826 Repertory.

Mind and Emotions
Dejected; Bitter, Melancholy Mood

Dejected, bryon, china

Dejected, despairing, bellad.
Dejected, wordless, sad, platin.

Dejected, sad, hyosc.

Dejected in spirit, magnet pol arct.

Unhappy, dejected, as if he were alone or had experienced something sad, lasting 3 hours, magnet pol austr.

Dejected and without thoughts, arnic.

This is just the start of this rubric, which continues for two full pages. Hartlaub's first chapter lists 130 mental rubrics and covers 168 pages, and the whole repertory is 1500 pages long – a very significant resource. This and the works of Weber and Ruckert were actually neutral and objective, for they left each proving symptom completely unaltered, written out verbatim. If even one word differed in a symptom reported by two provers, they were considered separate symptoms, and not combined. The arrangement in these repertories is based on anatomy: symptoms are first divided into the parts where they occur. These are the chapters. Within each chapter symptoms are then grouped by their pain or disturbance. Each of these categories is a rubric. Sub-rubrics were scarce. The number of rubrics was few enough that all rubrics were listed in the table of contents. For instance Rückert's whole *Repertory* holds 620 rubrics. In contrast, the Künzli *Repertory* holds 620 rubrics and sub-rubrics in its first sixteen pages, and over 70,000 altogether.

E.F. Rückert in his 1831 repertory has 36 rubrics in the chapter, "Ailments Affecting the Whole Body or Many of its Parts," which we would consider today "Generalities." This is from Rubric 30, "Feeling of Lameness, Paralysis, Being Beaten":

Nux-vom: Pain in all joints, as if beaten, on movement.

Early in bed, the longer he lies the more pain in all limbs, especially in the joints, as if beaten and broken, which goes away after standing up.

These repertories could carry the whole *Materia Medica* word-for-word and still be practical in size because of the small number of proved remedies at that time – 86 in 1827, compared to 300 in 1880, and 600 in 1897. Rückert's 1831 Repertory is 1300 pages long, close to the length of Kent's 1897 Repertory. The American editor Gerald Hull visited Hahnemann in 1842 and saw him regularly consulting Rückert's repertory.[3] One could do very good work with these repertories.

How could they work so well when so few symptoms were known compared to today? In those early years physicians weren't trying to get a close match for the totality of the patient's symptoms. *That is not what they wanted to know.* They wanted to compare remedy characteristics, and see which of these matched the characteristics of the case. These repertories enabled *comparing so that characteristics stood out*. Characteristics are differentiating, defining qualities that make the illness or remedy distinctive. Hartlaub explains this purpose in the Foreword to his 1826 repertory:

"I have brought the entire medicinal effects of all the remedies into an order where similar symptoms affecting one part of the human body are placed together in special rubrics. This gives the physician the advantage, with less trouble than would otherwise be required, to find and compare with each other the similar effects of various remedies, also to see and appreciate essential differences in the totality of each remedy's expression of effects, and lastly to learn the value of some symptoms which would otherwise remain unnoticed and obscure. In short, he will in this way more easily discover and highlight the characteristic qualities of individual symptoms and of each remedy in its totality."[4] The specific strength of these repertories was to show which remedies possessed the characteristics of his case. It is easy in them to distinguish individual and differentiating from common – common is the repetitive element in the list of symptoms. Characteristics do not have to be whole symptoms, but may be any of the four elements of a symptom – the part or location, the dysfunction or pain, the conditions intensifying or alleviating it, the co-existing symptoms.

These repertories not only spared the physician from reading every page of the entire Materia Medica to try to bring together in a group before his mind the remedies producing, for example, swollen eyes, but enabled him to compare the features of a Sepia swollen eye with that of Kali-carb or Arsenicum.

But they were weak in modalities. The sensation or modality is sometimes more characteristic than the location, and you want to see all the remedies characteristically producing that sensation or modality grouped together, and not be channeled to an organ or part. In these repertories, anatomical part comes first, complaint or sensation second, and modalities third in priority, scattered throughout the repertory's different rubrics and chapters. Modalities are as dispersed and uncollected, as they are in the actual Materia Medica. Lots of page-turning to gather and find them. To address this problem, these early authors added separate chapters devoted to Modalities. In these sections, symptoms listed elsewhere were simply repeated word for word, which added to the book's length. Hartlaub in his six-volume repertory includes six sizeable chapters on "Outer Conditions and Relationships under which the Symptoms Appear, Worsen, Lessen, Disappear," varying in length from 20 to 90 pages. In the rubric, "Worse Morning," is duplicated from earlier rubrics the symptoms having a morning aggravation, in no particular order. Rückert's solution was to publish a separate volume on Modalities in 1833, called the *Effects of Homoeopathic Medicines under Certain Conditions*. Its 167 pages contain 37 different rubrics, where remedies are then listed alphabetically followed by all their symptoms having that modality.

As the Materia Medica enlarged, this duplication of symptoms in two sections was no longer feasible. 1830 saw Hahnemann's third and greatly enlarged edition of the *Materia Medica Pura,* and 1835 the second edition of *Chronic Diseases,* which contained for example more than twice the previous number of symptoms for Sulphur. Meanwhile other journals were publishing new provings and additions, so that the length of symptoms listed in one rubric was huge, and the task of holding in one's mind the verbatim symptoms of even one rubric was now virtually impossible.

The first abbreviation of symptoms to main ideas was done by Bönninghausen in 1832 and Jahr in 1834. Closely related symptoms were consolidated, and their frequency of occurrence was indicated by font types rather than by repetition. Equally important, a device was found to save the step of writing all the symptoms a second time in a separate chapter on Modalities. Jahr in his 1834 *Repertory* (German edition) eliminated the separate chapters of modalities, joining them as sub-categories to their sensations. Bönninghausen in his 1832 *Systematic Alphabetic Repertory of the Anti-Psorics* removed the modalities from their sensations and placed them in their own categories, which achieved the goal of no duplication by completely separating these aspects. This is the first great division in repertory types.

Let us see how Jahr's scheme saved space and presented a way to think about symptoms. Here is part of page 573 of Hering's translation of Jahr's first Repertory, the *Manual of Homoeopathic Medicine* with Repertory, published between 1836 and 1838 at the Allentown Academy:

30. Interior Chest and Heart
Contraction (constriction), *Alum*. Arn. *Ars.* Asar. Bism. Caps. *Cocc*. *Cupr*.
Dig. *Ferr. Hell*. Ign. Kram. *Laur*. Magn-c. Magn-m. Mosch. Nitr-ac.
Nux-v. Op. Phos. Pot-nitr. Puls. *Rhod*. Sabad. Sen. Spig. Staph. Tab. Tox.
Verat.
- one-sided, *Cocc*.
- when ascending, Nux-v.
- when bending forward, Dig.
- from cold air, Bry.
- in cold air or temp, worse, Sabad.
- after drinking, Cupr.
- from exercise, Ars. Ferr. Nux-v.
- when stooping, Alum.
- from touch, eating and drinking worsened, Arn.
- when walking, Ferr. Nux-v.
- at the heart, Ang. Calc-c. Pot-c

We see how it accomplished its first aim, to conserve space. The language of the provings is abbreviated not merely into main ideas, but often to single words. This format can hold a lot of material in a small space. The Jahr/Hering repertory required 175 pages to describe 200 remedies, whereas Hartlaub required 1500 pages for 86 remedies. It has the nice look and practicality of an outline form. It is easily scanned. But many symptoms were no longer represented with all their effects and qualities, but now summarized into one term, with one or two qualifiers attached as sub-rubrics. It is no longer an exact representation of the information in the Materia Medica.

This repertory also attempts to keep each symptom intact by linking together its main elements in closely attached subrubrics, so that a whole symptom – or at least its content that the author wanted to keep in the repertory – can be reconstituted by reading down the column. This unites the pain or discomfort of the part with its aggravations, qualifiers, and concomitants. We are all familiar with this from using the Kent *Repertory*. It is an efficient way to show a whole symptom intact. But notice: the 'curtain rod' from which the symptom hangs downward in a series of subrubrics is the anatomical perspective − first the part, then the discomfort of the part, and then the conditions modifying the discomfort in last position. *The modality and concomitant belong to the disturbance*; they are contained beneath it. This whole arrangement guides the reader to think from greater to lesser, from more general to more particular and defined. One feature belongs to and is a lesser part of another, rather than being equal and parallel.

This categorization is not, as some claim, an attempt to introduce Swedenborg's ideas into homeopathic repertories. Working from general to particular is the work of Linnaeus, who categorized the botanical world in the 18th Century, and it is the work of Jahr and Constantine Lippe. It is a natural and sensible way to describe compositions: first the general scene, then smaller details. It is how American homoeopaths were thinking long before Kent came out with his great Repertory. [5] The weakness of the Jahr/Kent repertory is that when anatomy is the primary classification of a symptom, we tend to think of location as a defining part of that symptom's characteristics. Locking ourselves into a locality can detract us from our mission as homoeopaths, which is *not* to find the match closest to *the problem of a part,* but to *whatever are its characteristic.*

The location may not be characteristic. But in Jahr and Kent we have to make an effort to consider other areas where pertinent characteristics might be found for that symptom, and work to collect them. It was already well known in 1826 that modalities were important qualities in themselves, and were not simply dependent features of various complaints. But in the Jahr repertory modalities and concomitants are considered lesser details of the ailment. For the most part they are scattered and virtually uncollectible. Occasionally, such as at the end of Jahr's Chapter 30, there is a short list (3/4 page) of modalities referring generally to the internal chest and heart, with rubrics for time of day, position, and activities. And sometimes concomitants are listed as a separate section attached to the chapter they refer to, most notably in the chapter on menstruation, where you can find the rubrics 'diarrhea before menses' and 'heavy legs before menses'. But mostly the concomitants are listed beneath the sensation or dysfunction they modify, mixed in with the other modifiers. Here for instance, are the rubrics (with remedies omitted) for "Waterbrash" on page 529 of the 1838 Jahr/Hering repertory:

Waterbrash

- in the a.m.
- in the evening
- at night
- after ascending
- chronic
- after meals
- every other day
- with anxiety, heat, fever
- with belly-ache
- with colic
- with nausea
- with shuddering

So if we wanted to know all the remedies having nausea as a concomitant, we must flip through Jahr's whole repertory, scanning subrubrics. This defeats the fundamental purpose of a repertory, which is to gather similar types of symptoms together to directly compare the remedies that produce them. The same problem holds in this repertory if the characteristic we wanted to study was jabbing pain worse lying down.

This repertory tries to hold the whole symptom together. When is this important? We will come back to this after showing Bönninghausen's solution.

Bönninghausen emphasized the modalities; his aim was to show their importance. The great usefulness to this day of his *Therapeutic Pocketbook* proves how worthwhile his ideas were. To Bönninghausen, the location or part where the problem occurred was *less* important than its discomfort or sensation, and the discomfort was *less* important than its conditions of aggravation and amelioration.[6]

When we look in the Jahr repertory under the rubric nausea, we think, 'This symptom must be very significant and useful, it has 2 ½ pages of qualifications and sub-rubrics.' Bönninghausen however seems to have thought, 'This is backwards. Nausea is the most *common* feature of the symptom and yet is listed first, while the more defining and characterizing aspects come last. They should come first in consideration.' And that is what he did.

When we see how it looks in Bönninghausen's earliest repertory, the *Systematic-Alphabetic Repertory of the Anti-Psorics* (1832), we see his point. Elevated to the same rank as sensations, *and placed apart in a separate section*, the modalities seem to carry much more of the symptom's character. The modality and concomitant sections are richer, more detailed, and often much longer than the sections on sensations, which look plain and common and uninteresting, certainly not decisive for selecting a remedy, when detached from their qualifications.

In this repertory, the chapter headings are the anatomical parts, and within each chapter symptoms are divided into three equal and parallel headings: "a. Sensation or Quality," "b. Aggravations and Ameliorations," and "c. Concomitants." Modalities are lifted out of their position as subrubrics and placed independently, as are concomitants. Rarely does a modality appear beneath a sensation, or vice-versa. In this scheme whole symptoms are not listed. Only in the Chapter 'Sleep', which is not an organ but a function, did Bönninghausen find it made sense to list modalities and concomitants as sub-rubrics attached to symptoms and states. This chapter reads like Jahr's repertory.

What is important here is that *the modalities are not attached to any one symptom, but apply to all the sensations and complaints listed in that chapter*. So for instance in the chapter on upper extremities, the modalities of aggravation and amelioration are meant to apply to any condition anywhere in the upper extremities. This seems reasonable: a biceps has a lot in common with a triceps, or a muscle in the forearm. Where it become less reasonable is the chapter on neck and chest, where the modalities for the neck, axilla, heart, breast, and ribs are all grouped together and meant to apply to each other. This would trouble Hering,[7] Lippe, and Kent, who believed that a modality was general when it was shown to occur in many parts, but if it belonged only to one part, it should stay attached to the part.

Bönninghausen extended this thinking further by attaching to the chapter 'Generalities' at the end of the book a section listing every modality as its own rubric, and placing in it *every remedy* that produced that modality anywhere in the body, even once. He called this section a summary, but it was more than that. It was a step. It is the germ of his *Therapeutic Pocketbook*, which relies greatly on the applicability and transference of modalities and sensations to parts where they have not yet appeared in provings.

Many proving symptoms are incomplete. If the prover didn't feel a precise sensation, or a precise modality or concomitant, this suggested to Bönninghausen that a remedy's action in this location was not yet fully revealed. But even so, many characteristics of that remedy were already clear. Bönninghausen studied the provings to find the specific sensations or modalities that each remedy produced on the whole organism or many of its parts. The premise of the *Therapeutic Pocketbook* is that if a remedy produces burning pain in many parts of the body, it is a *general characteristic* of the remedy, and can apply to any problem in the body. Similarly, if a remedy possesses a certain modality for many of its complaints, *that* is a general characteristic and can apply to any problem in the body. This outweighed what was known from the provings for a particular part or organ. [8] When a patient comes in with a swollen eye, with burning pain worse on lying down, what we may really want to know is: which remedies have burning pain as a characteristic sensation, and which have the modality 'worse from lying' as characteristic; *not* primarily which provers felt a burning pain in their eye.

As the physician, are you more interested in a remedy that produces burning pain in the eye, but never that kind of pain anywhere else, or a remedy that has not yet produced burning pain in the eye, but has produced it in many other places?

The power of the *Therapeutic Pocketbook* rests on Bönninghausen's genius in identifying the characteristic properties and tendencies of the 125 remedies he includes. He measures each remedy's tendency to be broadly applicable for a sensation or modality, and grades it from one to four, with grade four meaning it is definitely a general characteristic and widely applicable, and grade one meaning a much smaller tendency.

The *Therapeutic Pocketbook* is basically three chapters: Parts, Sensations, and Modalities. He lists in each rubric the remedies he judges to be significant for that quality, graded from 1 to 4. There are no sub-rubrics, no further qualifications. The components of a symptom are completely separated. Most rubrics are fairly large and general (except for the sections on discharges and eruptions) and you are not informed in the repertory where the remedies in the rubric "Burning Pain" actually produced that feeling, nor are you given any other component of the original proving symptoms. If your patient has a burning pain, there is one rubric in the whole book for the sensation burning pain, and in it are all the remedies having that kind of pain as characteristic, as determined by Bönninghausen. You would not think you could get very far in narrowing down your selection using such sizeable and general rubrics, but you can. If you have seven well defined elements in your case – for example, two locations, two sensations, and three modalities – even if each of the seven rubrics only reduces the number of remedies in the large initial pool by one-third, one is left afterwards with eight remedies, a very manageable number to compare in the Materia Medica. Of course if you start with the 500 remedies of Kent's time, this process leaves you a correspondingly larger number of remedies to compare, thirty, which leaves you still far from your goal. Because many characteristics were known, and because characteristics are what we need to match, a book like Bönninghausen's that utilizes and magnifies the most general characteristics of remedies is a powerful instrument for narrowing our selection to a reasonable number. A key point is that the *Therapeutic Pocketbook* is based on complaints that occur in *many* parts of the organism, and circumstances that affect *many* parts of the organism.

It de-emphasizes the functions and problems of the vital organs, which are single and specialized. When a function is specific to one organ, the problems appearing in that part and the circumstances affecting it are often *unique to that organ*. Consider the symptom 'Nausea worse thinking of food,' or 'Nausea worse putting hands in warm water,' or 'Swallowing more difficult for liquids than solids,' or 'Fear of others approaching him,' or 'Difficult Respiration, worse touching the larynx'. Each sensation can only appear in one organ, and the modalities also are highly specific. The general rubrics of the *Pocketbook* do not apply to them. They find no place in rubrics designating problems that many parts can share. They are vital, but not general. *Symptoms of the vital functions are poorly represented in the Pocketbook.* Omitting them keeps his scheme simple and streamlined, since Bönninghausen avoids creating many small rubrics that would represent their unique sensations and modalities. There are five rubrics altogether for coughing; six for all the disturbances of the upper digestive tract. In Bönninghausen's system, a pressing pain occurring in several different muscles such as the temporalis muscle, and the triceps, and the psoas, and the gastrocnemius would be a general characteristic, while the problems in single organ such as the heart, or larynx, or lung, would not. A problem affecting the patient's heartbeat, or ability to swallow, or breathe, is less important in Bönninghausen's view, or at least less strategic.

Because it applies the feelings of one part to analogous parts, its great strength is in painful conditions of systems having similar kinds of parts that can hurt in the same way. Think of the long stretches of the body's locomotor system that consist of similarly acting and functioning parts – the back, the limbs. To utilize the modality of a pain in the calf for a pain in the thigh is not far-fetched; they are both parts of the lower extremity. In a case of acute sciatica with drawing pain in the thigh better from walking, my colleague Anton Rohrer found that the curative remedy, China, appeared high in the pool of candidates when he used the Bönninghausen *Pocketbook* combined with Uwe Plate's *Symptom-Lexicon* (more on that later), but only 70th position when using Kent's Repertory.[9]

This is because in the Materia Medica provings (which Kent represents fairly well) that pain appears in the calf and knee, not the thigh. When the Bönninghausen *Pocketbook* is consulted, sensations and modalities of one part are extended by analogy to all other parts; Kent's is a more literal representation of the Materia Medica.

In the construction of the book, there is no thought of a thorough or fair representation of the Materia Medica. Bönninghausen in his selecting and editing does a lot of the work for us. What we want to look up is located in the group he wants it to belong to. This structure imposes a strict method: there is really only one way to work his repertory, and that is by applying the general characteristics of modality and sensation, as determined by Bönninghausen. It's the unique brainchild of one of homoeopathy's greatest geniuses, and I believe everyone should know how to use it. It is as if throughout his career Bönninghausen kept a scorecard of which effects of the remedies and which rubrics tended to contribute to the curative prescription and which did not, then pared down all the rubrics in the repertory to the ones he found most useful, and removed the ones he could do without.

Bönninghausen did not call his *Pocketbook* a repertory, since it is not an index, but more like a device, a method to get you close to the simillimum in a streamlined way. Later authors composed compact repertories to the same purpose. Dispensing with representation and completeness, they wanted to guide the user close to the simile in the fewest steps. Boger in his *Synoptic Key* and his *General Analysis*, Boericke's repertory and Phatak's repertory, to give a few examples, wrote highly selective repertories limited mainly to symptoms they considered to be characteristic; or in which the rubrics contain only remedies deemed important for that symptom. Typically the author does not state his or her definition of characteristic; so these repertories are not only selective, but subjective. *They* select for you what to use, based on their way of analyzing and prioritizing. Is their thinking so perfectly embedded and transferred to these works that the reader literally walks in their footsteps when using them? Doubtful, but they can do good work.

We will contrast the Bönninghausen *Pocketbook* with the Jahr-Lippe-Lee-Kent repertory, and show when the latter's presentation of whole symptoms makes it preferable. But to see the true balancing act the Kent Repertory achieved, we first need to look at the other repertories in use in his time.

(continued in next issue)

References:

[1]Adapted from the lecture "Organizing the Repertories : Purpose, Emphasis, and Form" presented at LMHI Congress in Los Angeles 2010, and published in American Journal of Homeopathic Medicine 2010, vol 103 Number 4, 194-208.

[2]Four repertories are listed as Item #3 because they are essentially one work. Lippe's repertory was an update of Jahr's, using the same chapters and rubrics and mainly adding more material. When it came time for an updated, second edition of Lippe's repertory, Lippe had died and Edmund Lee was assigned to edit and complete it. He took all the manuscripts and additions that Lippe was preparing, and finally renamed the repertory with himself as author. He published only the first two chapters when his own health failed, and gave all his material to J.T. Kent to complete. This lineage can be clearly seen at the William Kirtsos library in New York, where you find both the Lippe repertory owned by Lee, and the Lee repertory that belonged to Lee and which he gave to Kent, with handwritten additions and notes of both men.

[3]*Homoeopathic Examiner*, I (1840), 304. "Dr Rückert enjoys the entire confidence of Hahnemann, and of the school generally. Indeed, Hahnemann relies much on Rückert's *Systematic Presentation* in the consideration of all complicated cases subjected to his treatment."

[4]Hartlaub, *Systematische Darstellung der Arzeimittellehre* 1, 1826, Foreword, p. v-vi.

[5]For instance, in November 1886 George Clark contributed to the *Homoeopathic Physician* a repertory on Styes, arranged from general to particular – 11 years before Kent's Repertory.

[6]Bönninghausen, C.v, "But it wasn't possible to know when Hahnemann was just beginning his method of provings that nearly every remedy affects most of the body's organs and parts, often in very similar ways, and that the individual differences in their effects is manifested only in the connections between their effects, and especially in the modifications in symptom intensity produced by various times, positions, and circumstances." *Kleine Medizinische Schriften*,"Altes und Neues,"Gypser (Hrsg), 1984, p.802.

[7]Hering, C.: "It was a great mistake, of Bönninghausen, to separate the conditions as if every one of them could have a general applicability… The modalities are not convertible from one part or function to another in every case, though in many they may correspond." *Analytical Therapeutics*, 1875, p. 16-17.

[8]He concluded from his experience with higher potencies that the modalities of a remedy are its most fixed characteristics. "This gradual multiplication of symptoms through potentizing has become so indubitable with us through longer observation that we regard it as a new, hitherto unknown law of Nature… It manifests itself most frequently in symptoms which have not been noticed in the provings, but with reference to their location and sensation have some analogy with what is already known. On this is mainly founded the arrangement of our Therapeutic Manual… Only with regard to aggravations and ameliorations of symptoms according to time, position, and circumstances do the higher and lower potencies ever remain the same, and this constant uniformity ought to urge homoeopaths to ascertain the character of these elements with particular diligence and carefully consider them when selecting a remedy." Bönninghausen, 1860, in *Lesser Writings*, p. 140-141, ed Bradford.

[9]Anton Rohrer, "The Law of Similars in Accord with Proving Symptoms", *Homöopathie in Österreich* Number 3/ 2009.

INTRODUCTION
HOMOEOPATHIC THERAPEUTICS OF TRAUMA

by K.S. Srinivasan

Over the years I collected information from various sources on the homœopathic therapeutics of Trauma. They have been of great help in my practice. I also observed that a Trauma untreated homœopathically could lead to severe consequences. It could lead to the loss of a limb.

Karl Julius AEGIDI (1794-1874) was one of the first 'medical doctor' to be converted to Homœopathy after HAHNEMANN treated him for a shoulder injury suffered by him in 1820 which did not heal in spite of all the allopathic treatment then available. The condition was worsening more and more when AEGIDI applied to HAHNEMANN in 1823. HAHNEMANN cured him and AEGIDI became a total convert to, and strong propagator of, Homœopathy.

It is also well-known that C.HERING was cured of a cut injury which he suffered when he was dissecting a body, which did not heal and a surgical amputation of the finger was proposed. *Ars.alb.* 30 one dose cured. 'No more doubt ever' he said. Throughout his life he worked for Homœopathy. How many of us are half as grateful and true. Search the hearts.

In our own practice a small foot injury suffered by an aged diabetic patient became worse, the ulcer became gangrenous, and an amputation was programmed. This was treated homœopathically and she was saved from becoming a life long cripple.

In fact homœopathic therapeutics of Trauma demands deep and broad study and applied with full confidence.

This booklet is not thorough or exhaustive. It gives good glimpses, sufficient enough to set out on a wonderful exploration of our vast Materia Medica.

This was first 'published' few years back. Since then have been verifying, correcting and 'revising' with some additions, etc. and now am putting out as 'third' edition.

May the spirit of Master HAHNEMANN abide in each of us and help us onward.

Dec. 2015

K.S. SRINIVASAN
CENTRE FOR EXCELLENCE IN HOMŒOPATHY

HOMŒOPATHIC THERAPEUTICS OF TRAUMA

by K.S. Srinivasan

Is this so important?

Doesn't even a tyro in Homœopathy know the ABCs of this - *Arnica, Bellis perennis, Calendula* and so on?

Is there **need** to treat every Trauma – a Concussion, a Shock, a Cut, a Fall, etc.?

Wounds and Injuries generally heal by themselves; where then is a medical help called for?

Will a Shock or Concussion have long-term effect?

Could many chronic pains and infirmities be the result of untreated, ill-treated traumas?

Listen to our master Samuel HAHNEMANN (1755-1843): "…. the specific curative power of this plant or to find out the real remedy for the often dangerous general derangement of their health which is caused by a severe Fall, by Blows, Knocks, Contusions, Sprains, or by overstretching or laceration of the solid parts of the body".[1]
It is evident that uncured (homœopathically) traumas may cause "dangerous general derangement of health". Many of the chronic pains could be due to an earlier trauma which the patient may not remember. Repertory gives *Hypericum* and *Bellis p.* as remedy for "Cancer, mammae" in Chest after injuries.[2] Also "cancerous affections in mammae after contusions, in chest" [3] *Con., Arn., Bell-p., Calen*., "with gangrene: *Carb-an."* "Phthisis after injury to chest: *Mill., Ruta*,"[4]

Now we realise the seriousness of an injury. We should therefore inquire carefully for any trauma, in every case. If anyone has any doubt of the speedy, gentle, and sure curative action of the homœopathic medicine, he/she should witness the action of homœopathic medicine, or still better him/herself suffer a severe injury and **personally experience** the action of the homœopathic remedy. It would also convince once and for all such canards that the relief a patient reports is due to 'placebo' or 'suggestion' effect. The only test of value to the 'sick' is the test at the 'bed-side' and not 'double blind' or researches in the laboratories under artificially created environment on hapless animals. Cure of an ailment must be **felt by the patient.** What does it avail if we prove in the laboratory in controlled conditions if there is no relief of a person's ailment?

The pioneer, worldwide 'torch-bearer' of Homœopathy, Constantine HERING (1800-1880), suffered in 1821 an injury in the right hand index finger while dissecting an exhumed body. As a result he suffered badly – there was a severe inflammation, high fever and it became so bad that an amputation was planned. HERING's friend, E.KUMMER advised him to take *Arsenicum album* 30. "With scepticism I took the drops in the evening, and next day was much better, a week later restored. And no more doubt ever". [5] 'Know thyself' which HAHNEMANN insisted upon while writing about the physician employing a proving upon himself, so that "he knows with the greatest certainty that which he has perceived in himself", is quite relevant to the person **experiencing** similarly a cure upon himself and therefore "no more doubt ever".[6]

Some colleagues who experience failures, difficulties in regard to some cases, doubt the relevance of Homœopathy, although they have experienced remarkable results in some of their cases. It will be clear that the failure is due to prescription of the wrong remedy and not failure of Homœopathy.

A 'trauma' is, in the first instance, an emergency and one must therefore have at one's fingertips the emergency remedies. Violent sufferings and haemorrhages have to be helped "instantaneously", "blood must be stopped."[7]

To the best of my knowledge, in the last few decades no homœopathic hospital (attached to Homœopathic Medical Colleges) seems to have handled cases of severe Injuries, 'Emergencies'. How then will a student gain first-hand experience? However, those of us who have, in the course of long practice of Homœopathy, practical experience, can aver to the very rapid healing effect of the potentised homœopathic remedy and there is no need for allopathic anti-tetanus or anti-septic measures. The appropriate homœopathic remedy is haemostatic, aseptic, antiseptic and curative – all in one. This we aver from personal experience over several years. In fact there is a very strong case for a Homœopathic First Aid and Ambulance Service for road accident cases. It is needless to say that surgical interventions where necessary have to be undertaken, as recommended by HAHNEMANN.[8]

The only situations where "antipathic and palliative treatment are admissible" are "in most urgent cases, in sudden accidents … of asphyxiation, apparent death by lightning, suffocation, freezing, drowning, etc. at least for the time being, to rouse the irritability and sensibility (the physical life) again by means of a palliative …".[9]

There is another Foot Note to this Foot Note which is more relevant. "And yet, the new hybrid sect invoke this footnote (in vain) to encounter everywhere exceptions to the rule in diseases and to smuggle in their allopathic …. rubbish. They do this simply to spare themselves the effort of reaching out the apt homœopathic remedy in such case of disease, thus conveniently appearing to be homœopathic physicians without being such. But their deeds are in accordance with the system they pursue; they are pernicious."[10]

I would urge that we all read of the experience of Dr.Petrie HOYLE in the World War I. (See Annexure). He was a Surgeon and used Homœopathy extensively. [11] If homœopathic treatment could render much help in War Front where 'facilities' are practically nil, how much more we, living with all facilities, could obtain. Nearly a century has gone by since the experience of Dr.Petrie HOYLE and we have more remedies, lot of clinical experience and data. Why then is our role in trauma treatment so low? We should remember that every surgical case is, **nolens volens**, a medical case at the same time.

Now some important points on the Therapeutics of Trauma:

If the symptoms of the injury do not compare well with the **characteristic** symptoms of the remedy considered specific for the type of injury (e.g., *Ledum* for punctured wound) the '**characteristic**' symptoms[12] **presented** must be taken into consideration. This is a rule.
Wherever auxiliary measures are called for, they must be undertaken.[13] In case of mechanical injuries, clinical consideration is more relevant.
Remedies with specific organ affinities must be kept in view, like for example *Bryonia* for serous membranes, *Ruta* for bone.

Also, before prescribing we must keep in mind the pathological state, i.e. whether the bleeding is venous or arterial, how the circulatory system is, whether one is dealing with a sprain or a fracture; **a careful examination is therefore a must.**

The exact kind of pain, the sensation, location, must be identified; the modalities (movement, heat/cold, pressure, rubbing, touch etc.), the colour of the affected part, swelling etc. must be noted. BOENNINGHAUSEN's advice to give high value to symptom not directly connected "with the leading disease" which includes the mental symptoms, to differentiate between similar remedies, must be remembered. [14] There is no routinism in Homœopathy. Check whether the injured part is swollen, tender, cold, warm to touch, blue, black, etc. Is the bleeding red, dark; is the injured part better for movement, from draft; etc.?

Regarding the potency and repetition, it depends upon factors like the intensity of suffering, the sensitivity of the patient, whether the injury is superficial or deep, etc. If repetition is necessary, a 30, 200 may be dissolved in a glass of water and from this a spoonful may be taken and every time the solution has to be stirred before taking. HAHNEMANN's warning not to repeat the same potency may be borne in mind.[15]

Pierre SCHMIDT (1894-1987) the doyen of homœopaths of the 20th century, favoured repetition of high potencies. [16] Since Q potencies (also known as LM/50 millesimal) will bear repetition without adverse reaction, it may be more suitable.

Most important, while the help that the homœopath renders must be without delay and right, he/she should not, at the same time, panic and rush. One must however, be well-read and know to compare the remedies quickly.

We may broadly classify the Homœopathic Trauma Therapy as:

- Prophylactic (before surgical measures, competitions/matches, etc.)
- Acute (control of: bleeding, pain, emotional shocks, collapse, poisonings, etc.)
- Treatment according to location, nature of injury, symptoms
- Chronic bad effects of a trauma
- To recall to our mind again: every surgical case is also at the same time a medical case.

Almost all Wounds, Falls, Blows, Stab or Knife injuries, Scalds and Burns, Fractures, etc. (and we may include surgeries, mental shocks) are 'acute' in the sense that they occur suddenly, unexpectedly. Correct prescription will hasten healing smoothly and prevent chronicity.

The role of *Aconitum napellus* in the suddenness and the resultant shock of an injury and the intensity of the pain must be borne in mind. CLARKE says "suddenness" is a feature of *Arnica* pain and action.[17]
The traumas can be found in page 1368 of the **Repertory**[18] as 'injuries'. And here, one has to search for injuries to the bones, periosteum, the soft parts, the tendons, nerves, glands; if there is or isn't an extravasation of blood. All this is found under injuries.

Do not forget in page 1399, the post-traumatic shock. You have more than 20 remedies and you will be surprised to find there, very important remedies, which one tends to neglect and which we must judiciously use.
Then in the last page of the **Repertory** are the 'Wounds' – this rubric is very precious and contains **bites**, - snakebites and other animal venoms, and **stings** – for insect stings page 1331.
You have under *Wounds*, *cuts* or *stab* wounds, the anatomical cuts without specific locations are under *dissections*, the penetrating wounds under *penetrating* and wounds from splinters under *splinter*. A *cut* made by a knife should not be confused with a *stab* which is a wound by a dagger.

Do not forget the locations at the outset under head, page 128, with the specific remedies. Injuries to the cranium has particular remedies, and injury to the spine, others.

Cerebral concussions is found under – '*commotion-concussion*' page109.
The troubles of the head following Concussion, page 138, after a fall, page 140, and after mechanical injuries, page 141.
In eyes, p. 244, under 'injuries' you have the famous 'black eye' for which we do not give *Arnica* but *Symphytum.* Of course *Arnica* will do good, but is only similar, whereas *Symphytum* will be a simillimum. If there is a general syndrome of trauma I will give *Symphytum* at first to all cases, and then stop it and if it is necessary, *Arnica* some days later if the patient is not improving sufficiently and if he has other symptoms of *Arnica*.

Post-traumatic loss of vision p. 282. Here we can find indications which will help us a lot. There is also Cataract after Contusion or after surgery p. 236, Chemosis after surgery for Cataract p. 236; ocular pain after surgery p.253; inflammation of the eye after trauma p. 242.
Under ears we find in p. 322 hearing diminished following traumas (Concussion).
In Nose, after a punch on the nose - 'epistaxis from a blow' p. 337.
Bladder, after-effect of Lithotomy p. 646 where *Staphysagria* is the specific remedy and post-traumatic Cystitis in the same page under 'inflammation'.
Kidneys, p. 666, Anuria following trauma of the vertebral coloumn, *suppression of urine from Concussion.*
In abortions, remember that there is in p. 715 'abortions following injuries'.
Tumors of the breast following traumas, *induration after Contusion* p. 835.
Then all traumas to the limbs, in extremities, injuries, p.1019.

Make use of this occasion to similarly search for the traumas to the various locations:
Shoulders, hands, fingers, hips, ankle, sprains, pain in the stumps, dissection wound, wounds from glass pieces, cat scratches.
Under traumatic fever in the **Repertory** p.1292 add the following drugs which Kent has not included: *Aconite, Arnica, Calendula, Coffea, Lyssin, Iodum, Apis*. [19]

Now we undertake the study under following heads:
1) Concussions, Contusions, Bruise, Falls, Blows, Cuts, Lacerations, etc.
2) Dislocations, Sprains, Strains, etc.
3) Fractures.
4) Burns and Scalds.
5)Complaints after surgical operations for injuries.
6) Insect stings, animal bites, accidental foreign particles in the eye, embedded splinters and slivers.

Before we go further, it must be recalled that remedies are considered as 'trauma remedies' only on the basis of clinical experience of applying the remedies 'homœopathic' (symptoms similarity) to the suffering of the injured patient. We should also not overlook the fundamental principle that it is the rare, peculiar, uncommon symptoms that would lead to the curative remedy.

There are always 'over-lapping' of either a 'symptom', 'syndrome' or even pathology – for one may find some information on a 'concussion' in the last part; due 'notation' may be made of these; these could not be avoided for various practical constraints.

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Please note the several cases of treatment of animals/birds treated for severe injuries mentioned in this. The same homœopathic remedies and same dosage used for humans are used in these animals too. **This is unique for Homœopathy alone.**

We take the study of:

I. Concussions, Contusions, Blows, Falls, etc. Shock and Fear are the immediate reactions to an injury. In fact, 'pain' follows the shock and fear. It is said that more deaths from burns, scalds are due to 'shock'. *Aconitum napellus* (in high potency) removes this shock and also prevents the chronic ill effects of the shock, and this helps quicker healing by the subsequent remedy.

The classic picture of the suddenness, extreme pain, fear of death, etc. suits *Aconitum* drug picture very well.

A 40 year-old-woman, mother of two children, poured boiling oil (while cooking) over her left hand involving all the fingers and a part of the palm and came to me within next 15 minutes. She had intense burning, pain, fear, weeping, saying that she could not bear it and would die – was given a dose of *Aconitum napellus* M and within 3 to 4 minutes she stopped saying that she would die but now complained of burning. Now the fingers had all swollen and there were large blisters and *Cantharis* 200 was given. She went on to recover; all the scars (after the skin desquamation), discoloration went away in due course; follow-up more than 4 years. [KSS]

Camphora is also a remedy for shocks: "Bad effects of shock from injury; surface of body cold, face pale, blue, livid; profound prostration."[20]

Injuries happen to everyone. There are persons who had no diseases whatsoever during childhood, adolescence, even upto 40 to 50 years. But even this person had suffered few injuries during childhood, adulthood. While lifestyle (including diet, sleep, etc.) may help live with least disease, injuries, wounds happen to everyone without exception.
Therefore each person needs treatment at sometime or other of one's life for some injury or the other.

Is it necessary that every injury be medically treated? Certainly not. Most of the injuries heal by themselves. **Some don't**. In the modern days people have been so much told of infections, brain-washed and fear driven into them that everyone is afraid of trifles. Small things are blown up, exaggerated. At the same time there is the risk of understating too.

Listen to what HAHNEMANN says in this regard in FN 21 to Introduction to **Organon**.[21] Hence the need that we prepare ourselves well.

The foremost remedy that would come to the mind of every homœopath in the case of a trauma is: *Arnica montana.*

Arnica montana is one of the 27 remedies in HAHNEMANN's earliest published Materia Medica.[22]
Sore pain, bruised pain, are characteristic of *Arnica* as obtained in the 'Proving'. The Pioneers of Homœopathy were careful observers; "The symptoms of all injuries caused by severe contusions and lacerations of the fibers are tolerably uniform in character, and, as the following record shows these symptoms are contained in striking homœopathic similarity in the alterations of the health which *Arnica* develops in the healthy human subject."[23]

In this manner the proving symptoms were applied to clinical conditions by the Pioneers and given to posterity for ever to be **applied in practice straightaway.** What more can we ask for?

Similarly "The Pioneers reasoned that the sudden congestion following the advent of a cinder and sometimes preventing its removal was similar to the action of *Aconitum*

…. The imbedded foreign body … sometimes disappeared before morning when the potentised *Aconitum* had been given by the mouth overnight … every homœopathic physician has utilised this knowledge. Every homœopathic Oculist gives *Aconitum* after cutting operations upon the eyes."[24] We should keep in mind that *Arnica* is as much relevant to the 'suddenness' of pains as *Aconitum* is; both have the characteristic of 'sudden' pains. They are complimentary. [25] Thus both are eminently high grade trauma remedies.

Bringing *Arnica* into the Mainstream.[26]

About 10 years ago, Michael QUINN quietly moved forward with a brilliant plan to bring *Arnica* to the masses. His target: plastic surgeons.

Why? Bruising and swelling after plastic surgery is extensive and highly visible, but plastic surgeons have no conventional medicines to offer patients for reducing these tramatic after-effects. To Michael, this lack of competition from conventional medicine was the perfect opportunity for showcasing the benefits of Homœopathy. If he could convince plastic surgeons to prescribe *Arnica* and if they and their patients saw impressive results, they would spread the word to other types of surgeons, doctors, and patients throughout the world.

So MICHAEL created SinEcch™ to look just like a conventional medication - yet he made sure the words "homœopathic medicine" appeared in 15 locations on the package. The product consists of a set of twelve capsules, containing either 1M or 12c homœopathic *Arnica,* in a programmed dosage regimen taken before and after surgery. MICHAEL formed a subsidiary, Alpine Pharmaceuticals, to represent SinEcch™, and he began attending professional reconstructive surgery conferences to reach out to plastic surgeons (www.alpinepharm.com). His company also helped design and fund two high-quality research studies on liposuction and facelift surgery. The latter appeared in **Archives of Facial Plastic Surgery**, an AMA publication (Vol. 8, Jan./Feb. 2006). Both studies were statistically significant and showed dramatic reductions in bruising/swelling. In the facelift study, those who did not use SinEcch™ had a 50% longer recovery time, 41% more bruising 7 days after surgery, and an average of 9 square inches more bruising.

According to MICHAEL: "Our advertisements in the premier plastic surgery medical journal, **Plastic and Reconstructive Surgery**, resulted in the American Society of Plastic surgeons putting the question of *Arnica* on the agenda for their expert panel, the 'Device and Technology Assessment Committee.' After investigating the subject, the committee proclaimed that "*Arnica*" is completely safe." MICHAEL estimated that more than 1000 plastic surgeons now routinely prescribe SinEcch™ and that it's been safely used to help hundreds of thousands of plastic surgery patients. "If it were up to nurses, we'd have it in about 90% of surgeons' offices," MICHAEL noted.

Now that other homœopathic companies are also marketing *Arnica* to plastic surgeons, Michael guessed that perhaps 10-20% of U.S. plastic surgeons prescribe *Arnica* in some formulation for their patients. As the demand for plastic surgery grows, the percentage of patients receiving *Arnica* will surely increase as well. Michael's daughter Allison is the company's national sales director for SinEcch™. "It has been a difficult time," she remarked recently, "but we have all been strengthened by continuing Hahnemann Labs and working hard to carry on my father's vision and legacy."

[It is unfortunate that Michael J.QUINN (1952-2009) the Pharmacist who has done this unique work, passed away due to a massive stroke on 28 Jan. 2009. Glowing tributes have been paid by several persons who had occasion to know him. We too feel very sad. HAHNEMANN up there would have surely welcomed him with open arms = KSS]. About 12 years ago, a school girl of about 8 years age was brought with the complaint that a few minutes ago while her aunt was mending pencil with a blade, a small sliver of the wood hit the child's eye; she felt that a particle was still bothering her; there was pain, redness of the eyes, also an agitated state. *Aconitum* made the child smile within the next 10 to 15 minutes. [KSS] Mrs. K., 50yrs., fell down from pillion seat while riding in a two wheeler and injured her head on 31.5.2011. She was unconscious and admitted in Hospital where CT Scan revealed LEFT FRONTAL CONTUSION WITH RT. PARIETAL EXTRA DURAL HAEMORRHAGE. She underwent "LEFT FRONTAL CRANIOTOMY AND EVACUATION OF CONTUSION" On 1/6/2011. Only after a month she opened her eyes and after 2 months she spoke.

She was having Lumbar pain, Lack of stamina, unable to recognize persons, right sided hemiplegia and incoherent speech. When physiotherapy was done pain was better.

On 15th of August she was given *Arnica* 30, t.d.s. having stopped all the allopathic drugs.

There was much improvement with the patient after 10 days of medicine. Again *Arnica* 30, t.d.s. was given and in the next follow up patient improved over all. Speech was better, able to raise the leg and arm. Continued the medicine for few days more and **fully recovered**. = KSS.

Mr. K 40, met with a road accident on May 25, 2011. He had head injury, there was bleeding over the forehead and pain in the occiput. Got admitted in Government Hospital immediately and found to have Frontal Subdural Haematoma 9 mm in size. *Arnica montana* 30, 5 doses were given once in 8 hours on 28th May, 2011. Patient was improving. CT Scan was taken again on 1st June, 2011 and there was no Haematoma. On 1st June, 2011 – *Arnica* Q1, 16th June 2011 – *Arnica* Q2 was given. On 24 July, 2011 had diplopia, loss of smell and pain in the occiput. *Bryonia alba* 1M was given. Patient got relieved from diplopia and occipital pain. Loss of smell persists still. Patient is continuing the treatment. A 48 year old woman fell on some steps, struck her head on concrete and was found semi-conscious by co-workers. She was reluctant to get to the Emergency Room and went only after strong persuasion.

On arrival at the ER, she was found to have changing levels of consciousness, replying sensibly to a question one minute and falling asleep inappropriately the next. Physical examination showed bruise over the right temporal area and a bloody ear-drum. There was no lateralizing signs. Over the next two hours her condition worsened as she became unarousable. A CAT scan revealed a large right-sided sub-dural haematoma. There was no evidence of a skull fracture. She was transferred to a neurosurgical hospital for emergency surgery. Within 36 hours post-operatively, she developed seizures of the grand mal type and she was placed on Phenobarbital and Dilatin. On day four she developed dyspnoea and hemoptysis, all the while remaining comatose.

Cardiac evaluation showed no prior history of heart disease. There had been no problem with excessive intravenous fluid therapy. A lung scan showed no pulmonary emboli. She was diagnosed with congestive heart failure with pulmonary edema, etiology unknown, and treated with diuretics and digitalis.

Because of the persistent mental obtundation of the patient, she was re-evaluated for a recurrence of the subdural haematoma. None was found. On the eighth day after surgery she had still not regained consciousness. Arnica 30 three times a day was begun via nasogastric tube. Within 24 hrs. the hemoptysis stopped and within 48 hrs. she woke up and the N-G tube was removed. By day 12 she was out of the Intensive Care Unit.[27] [The two characteristic symptoms of *Arnica* have once again been verified in this case --- (i) the reluctance of the patient to go to the emergency room when she was seriously ill "well, says she is, when actual very ill" and (ii) answering one question properly but following asleep the next "Answers, stupor returns quickly after". If only First aid Ambulance Vans were equipped with the homœopathic remedy *Arnica*! –KSS.]

9-year-old male, fell into a ditch from a speeding motor cycle, sustained multiple injuries including the head and was admitted into a Super Specialities Hospital on 26 August 1997. On admission: stuporous, but arousable but neither answering nor obeying oral commands; whining from pain impulses, bladder control maintained; right-sided facial paralysis present; haemorrhage from right ear; multiple bruises; and lacerations; vomiting +++. CT scan of head: no evidence of fracture, subdural haematoma right parietal region and haemorrhage in thalamus area. Prognosis at this stage was that it would probably be six weeks before recovery of full consciousness. On 27 August, asked for Homoeopathy. *Arnica* M, *Hypericum* M and *Ledum* 200 serially at hourly intervals. After one dose each, patient opened his eyes, moved his limbs, sat up, drank a glass of milk and went back to sleep. One dose of *Arnica* and *Hypericum* was repeated in the night. Next day patient sat up, got into a wheel chair and went to the toilet and cleaned himself. Speech nil, did not recognize persons. Again *Arnica, Hypericum, Ledum* serially, morning, noon and night.

Another CT scan on 29 August revealed rapid resorption of haematoma. He was discharged. On 30th the patient was sitting, obeying oral commands; responded- when called by his name. But still no speech. Now *Natrum sulphuricum, Arnica, Hypericum.*

Report on 7 September: talking, greeting people and started recognising persons from 5 Sept. He was, however, moody. Slight right-sided facial palsy and trismus of jaw. *Natrum sulphuricum* XM. He went on to improve and his normalcy was restored completely.[28]

Traumatic Amnesia

64-year-old man suffered concussion of head and was unconscious for more than 48 hours in a hospital. His memory could not be regained in spite of the hospitalisation for 15 days. He could not recognise anyone nor speak. When he began to speak later, it was slurred and incoherent; he sat on his bed and picked up some imaginary things from bed. *Arnica, Natrum sulphuricum, Baryta carbonica*, did not help. *Rhus toxicodendron* at last cured.[29]

Let me repeat just to refresh our memories, some of the remedies:

The pains of *Arnica* are **sore**, beaten-down like (hence the 'hard bed' sensation);one of the differentiating state is, the patient says "there is nothing the matter with me" when actually seriously ill . [30] This was actually the case of my late colleague, Dr. Rangarajan. He suffered a severe head injury and he took a dose or two of *Arnica* 30 on one day only and even as he did not improve did not bother to take further doses. On the following days when other colleagues in the clinic repeatedly requested him to have a 'scan' done and take treatment he turned down their suggestions on the ground that he was well and had no need to go for 'scanning' and medicines. On the third day after this he became unconscious and scanning was done which revealed a large area of bleeding; he was beyond help and died next morning. THIS IS **ARNICA** exactly – the knock to the head, internal bleeding, the I-am-well feeling when one was the very opposite of it. [KSS]

CLARKE stresses the 'suddenness' of *Arnica* "Suddenness is a feature of *Arnica* pains and action"[31]. While one would choose as a routine remedy *Arnica* in cases of Concussion, Fall, Blow, etc. there are certain fine distinctions which would point to certain other remedies generally not considered.

A 13 year old boy injured his forearm while playing. The whole forearm swelled but no pain as such. Fever with chills set in, 102°. This went on for few days. *Arnica,* then *Pulsatilla* (on the basis of repertorisation) did not help at all. *Apis mellifica* 200 brought about lot of relief in 24 hours. The key was "fever after injury, thirstlessness during fever, fever worse in morning, fever with chill". This case taught many things, viz. avoid routinism like *Arnica* for any and every injury; that *Apis mellifica* is only for stings or oedema; above all that the homœopath should always be 'unprejudiced'.

Ecchymosis from a blow upon eyeball: *Erigeron*.[32]

Bellis perennis: Bruises, beaten-down feeling similar to *Arnica* in many states; can be used if *Arnica* fails or does not complete; also in reference to organ affinity: female glands (breasts, pelvis).

Bellis for venous, *Arnica* for arterial blood. Both *Arnica* and *Bellis perennis* become easily bruised.

Bellis for ailments due to sudden chilling (cooling) when hot, as may not be uncommon in Sport activities, other physical exertions.

Bellis for Concussion and bruises and consequent tumors of the female breasts.

Conium maculatum for chronic conditions (swelling, tumors) after an injury to the breast and other glands. No experienced Practitioner, will deny the important part played by bruises, blows and falls, in the genesis of Tumors and Cancer; and hence our anti-traumatic ought to figure much and more largely in our therapeutics of growths from blows [33]
Also compare *Phosphorus* "The glands are enlarged particularly after contusion"[34]

To come to *Bellis perennis* again, BURNETT recommended it as the best medicine for the ill effects of Coitus Interruptus in a woman. The uterus and ovaries would become congested during the usual lovemaking, but when the coitus interruptus is adopted the uterus and ovaries do not get equalised. [35] And that is a trauma.

Conium maculatum for Cataract after a trauma (compare *Arnica, Senega). Conium* follows *Arnica* well.

After contusion: Induration of lymphatics of lip; swelling and induration of testicles.

"Orchitis; hard lumps on right side nipple of right breast as large as walnut.
Swelling and induration of glands[36]
Cancerous ulcers – *Conium maculatum*[37] Blackish ulcers *Conium maculatum*[38] *Acet.ac., con., Echi., Ham., Verb*., (P. Schmidt) for contusions.[39] Contusions which produce a condemnation of cellular tissue and indurations of glandular structure, accompanied by a sensation of numbness[40]

Tumors of all kinds especially scirrhous coming on after contusions - *Conium maculatum*[41]

Gangrene from contusions and of one part of an ulcer – *Conium maculatum*[42]

Straining and over straining of membranes structures from contusions, falls or other external injuries – *Conium maculatum*[43]

Numbness from contusion – *Conium maculatum*[44]

Psorinum also follows *Arnica* in appropriate cases. HERING says "induration of the left ovary after a violent knock …." [45]

H.C.ALLEN also says that it follows well *Arnica* in traumatic affections of ovaries.[46]

Staphysagria is a splendid remedy for injuries to sexual organs.[47]

In Orchitis consequent upon a trauma, *Pulsatilla* is to be considered.

"Injury to testicle by a fall, followed by trismus, which yielded to *Belladonna;* two days afterwards right testicle greatly swollen, with pressure and annoying pain extending up into abdomen, with nausea and occasional vomiting at times aggravation of pain with chilliness; scrotum red, hot; urine saturated; pain > in rest."[48]

Otitis after a slap on the Ear: *Calc-sul.* [49]

Headache; pain in knee, from a blow or concussion: *Calc-sul*. [50]

Bad effects from falls, contusions and other mechanical injuries of external parts … *Euphr*.[51]

Ulcer on tibia caused by a blow: *Paeonia*[52]

Black and Blue eyes consequent upon a blow to the eye may require *Ledum* or *Staphysagria* or *Symphytum.*

A friend telephoned (14.12.2000) and said that her housemaid fell and hurt her eye (right eye) very badly, on the edge of the table – the eye ball and the whole eye was much swollen, dark blue, pained terribly. *Ledum palustre* 200 one dose was given that evening and by next morning more than 50% improvement all round! By evening almost normal! = KSS.

(Can any medicine work faster? Just 2-3 pills on the tongue and lo! in a few hours freedom! No injections, no bandages, no antibiotics, no expensive consultations. Note that the prescription was over the telephone! = KSS.)

For ailments from a blow to the Periosteum *Ruta graveolens* ("… bruises and other mechanical injuries of bone and periosteum; sprain ….")[53]

Phosphoric acid is also to be mentioned for Contusion of Periosteum.[54] ("When after contusion periosteum feels as if scraped by a knife, agg. at night")

Kali bichromicum: "Periostitis from blow"[55] "From a blow on shin: Periostitis"

Ammoniacum: "Blows with a stick over the head, followed by dim light".[56]

Kali carbonicum: after a blow on left side, Nephritis.[57]

Blow on chest in heart region: *Cact.*[58]

Kali carbonicum: pain in small of back after a fall.[59]
After falling from height upon back, acute pain in lower part and in region of back – *Conium maculatum*[60]

Ill effects of shocks and bruises to spine *Conium maculatum*[61]

Self: 81 yrs.: on the 25th July morning 5 am. fell down from a height of about 3 ft. on the back powerfully; fell on the nates; the impact was so much that I felt a 'current' running up from the back up the head; whole body became dry, mouth became dry and I was wondering whether I had injured any of the vertebral discs. The concussion was severe. Within 2 mts. got up and as felt urgent need of water took a sip and felt would vomit, so did not drink further and quietly lied down – from 5 am. to 1200 midday. Found the lumbar back was **very** painful from least movement even turning in bed was so painful that it made me cry out.

I took a dose of *Arnica* 30, but had no effect whatever. (Had only *Arnica* 30 at home). The pain became worser but it was only the muscles and ligaments that were involved; because of the modality – **least** movement agg., irritable mood, etc. – *Bryonia* M was taken and very good relief began; could turn in bed, rise, sit, etc. without difficulty; however, still there was pain when there was jerk while travelling. *Arnica* M removed this pain within 24 hours and made the cure complete.

Although ambulant and attending my daily work it took about 25 days for the **total** cure. Now it is years since the incident and there is not even a trace of the pain.

Colleagues were urging me to undergo X-ray/CT Scan/MRI, etc. as well as consultation with a 'specialist'. I firmly disagreed, since I was sure that Homœopathy was far rapid and certain in its curative action in cases like this and wanted it demonstrated to colleagues. (KSS)
Spinal Injury:
Injuries to spine: *Cactus, Apis, Arn., Carb-an., Calc., Con., hyper., Kali-bi., Led., Nat-s., Nit-ac., Rhus tox, Ruta, sil., Thuj., Tell.*[62]

On 4 August 1997, a 55-year-old female, fell from a chair when she was standing on it to reach a picture high up on the wall. Probably fell on the back. Became unconscious and didn't remember anything. After three hours she was lifted and made to stand. Shifted to an Orthopaedic hospital. X-ray revealed no fractures. Put on analgesics and traction. On 6 August the patient shifted to homoeopathic care. *Arnica* and *Hypericum* alternately once every 4 hours and pain was less by 50%. *Bellis perennis* 0 10 drops in one oz. water given twice a day for four days suspecting injury to deep tissues. On 13th pain less by 75% and she complained of pain in coccyx. *Silica* 200. Next day pain sacrum. *Kali carbonicum* 200 once a day for four days. On 9th September: she developed pain on either side in the hip and there were palpable lumps, these were at the sites where injections were given in the hospital. *Ledum* 200 and these subsided. She improved very well.
For recurrence of pain in the back after a train journey, *Natrum sulphuricum* 200.[63]

A lady, 40 yrs. had a fall on her bottom with such a force that she developed severe pain in the Coccyx. In the next 2-3 days the pain became very severe and she could not sit, or stand, etc. The surgeon to whom she went said that he could give her only pain killers and nothing else could be done and she may have to live with the pain and pain-killers until time, may be a few years, may heal. This lady was given a dose of *Mezereum* 200, and she experienced no more pain.

For bleeding nose from a concussion to the nose, *Ferrum phosphoricum* is recommended if the blood is bright red. *Ferr-ph.* also "controls soreness and bleeding after operations"[64]

Haemoptysis after a fall or concussion – *Ferrum phosphoricum*[65]

Harvey FARRINGTON recommends *Ferrum phosphoricum* in Concussions, Contusions, when the part is hot, swollen and not hard; *Arnica* may be indicated later.[66]

JAHR recommends *Bryonia* in suitable cases "…. particularly after severe false step on stairs or after landing down heavily on the heels from a great height". "in headaches resulting after a Concussion which *Arnica* will not relieve ….."[67]

JAHR further says that *Bryonia* is a main remedy for stomach complaint after concussion; the affinity of *Bryonia* for Chest, "in stitching chest pains while breathing"[68] in fractures of ribs must be noted. The leading symptom "aggravation from least movement" is the Keynote here. *Sulphuric acid* is for old, non-healing Contusions; often the skin of the affected part is livid (tendency to gangrene)[69]Alongwith *Arnica, Sulphuric acid* should be mentioned for ecchymosed spots[70]

Psorinum: "Pain in knee caused by a fall an year ago"[71]

Oedema, right foot and ankle, with pain while stepping, walking; "this came after I fell down on my fully flexed right leg." The right lower limb from hip down is polio affected. She took *Arnica, Rhus tox,* etc. which did not ameliorate. *Medorrhinum* 200 one dose given and within two days improvement began and in 5-6 days completely alright. – KSS. For consequences of Concussion and Contusions (aetiology of the chronic state) see appropriate rubrics in the Repertory.
Arnica (Bleeding) and *Hypericum* (injury to nerves) are the most often indicated for cerebral injuries. "Even compression of the brain comes within the range of *Arnica,* whether this compression be the result of a displaced fragment of bone in cranial fracture or the result of effusion of blood within the cranial cavity. *Arnica* cannot of course completely cure the former of these cases; an operation is demanded in order to obtain permanent relief."[72]

Effects of Head injury – *Carcinosin.*[73]

For "epilepsy after a hard knock" (not head injury alone)

"Nervous depression following wounds"

"Convulsions from blows on head or Concussion".

"Spasms after slight injuries in children"

"Tetanus after traumatic injuries"

-Hypericum.[74]

Cicuta virosa for injurious chronic effects from concusssion of the brain and spine.[75]

Injuries to head: *Cupr., hell., Tell.* [76] *Helleborous* "From a blow: Concussion of Brain; Traumatic tetanus"[77] ; and *Hyoscyamus* "Rolls head, stertor, hiccough"[78]

Tellurium: Hearing affected, noises in ear after a hard slap.[79]
Sulphuric acid "Concussion of brain from fall or blow when skin cold and the body is bathed in cold sweat," etc.[80] For consequences of concussion to brain, head injuries, *Natrum sulphuricum.* Many authors recommend this remedy to be given to all cases where a history of head injury is reported, **if a most similar remedy is not clearly seen**.
Depression, after concussion to head: *Natrum sulphuricum*.[81]
"Indifference after concussion of brain": *Arn., Cic.*[82]

In his book **'Tutorials on Homœopathy'** Dr.D.M.FOUBISTER has a chapter 'After-effects of Head Injury' where he lists many conditions, with actually treated cases. These include Amenorrhoea, Anorexia nervosa, Meniere's, Migraines, Hysteria, Schizophrenia. *Helleborous, Natrum muriaticum* have come very often in these cases.[83]

See "Mental symptoms in consequence of injuries, accidents"[84]

Carefully search for the rubrics in the 'Mind' and 'Head' Sections of our repertories which have lot of information – KNERR, KENT, KÜNZLI, Synthetic, Synthesis, Complete Repertory – all the repertories; some examples: Headache after fall; after head injuries; Unconsciousness; loss of memory; apathy, indifference.

When we go through these sections we will realise the multifarious, serious ill effects of injuries.

For injury to the Coccyx: *Carb-an., Hypericum, Silica,* also *Mezereum*[85]
Injury Coccyx: *Kali bi., Calc., Rhus t., Thuj.* [86] Spasm of oesophagus from injury – from splinters in flesh, from sharp fish bone *Cicuta virosa.* [87] For pain from injury to rib bones, *Tellurium,,* if the pain is worse from touch, ("Fear of being touched in sensitive places. ….worse touch") least jar, or while walking, travelling, coughing, laughing, *Nitric acid,* also *Bryonia, Ranunculus bulbosus.*[89]

Sambucus nigra "Skin: bloatedness and dark-red swelling, with tension after contusions."[90] *Variolinum:* Hard swelling of left testicle in consequences of a contusion.[91]

"Following an injury osseous growth" – *Calcarea fluorata.*[92]

Concussion: I. *Hell., Puls., Rhus t.*
II. *Euph., Iod., Lach., Spig.*[93]

"Induration in epigastric region after a kick from a horse was cured" – *Calcarea fluorata.*[94]

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Nose bleed, ink black after a blow: *Elaps*. [96]

Silica: Nightly incontinence of urine after a blow upon head.[97]

Variolinum: Hard swelling of L. testicle in consequence of a contusion[98]

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CALL FOR ABSTRACTS

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Contributing to Sustainable Healthcare

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Quiz Corner..

for our younger colleagues...

Pietro Gulia
Medico-Chirurgo Omeopata
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1) Clinical case n.1 – A cold January. 35-yrs old man: acute hoarseness and burning pain in larynx; talking aggravates; actually, talking is quite impossible. The cough is constant, dry, distressing, < in bed, during the night, when he becomes warm in bed: he must drink few drops of cold water, it is the only way to stop the cough. The remedy is …

2) **Clinical case n.2** – March, end of Winter in Italy. A 31-yrs old clerk. Acute hoarseness with dry and frequent cough, induced by very irritating tickling in the larynx. First: Belladonna Later: Spigelia. No improvement. The patient is worsening day by day: more and more frequent fits of coughing. The cough is barking, very annoying for him and others, and prevents him from talking. While coughing, his face become intensively red. He improves in bed: when he covers his head with the blanket and breathes the warm air under the blanket, he can relieve the cough miraculously. The right remedy is …

3) **Clinical case n. 2 -** Quick improvement by the right remedy (200 Korsakov); but, 24 hrs later the clerk had a light relapse of his symptoms, lasting out two days without improvement. A teaspoon of a solution made with few globules of the same remedy, 200K, plus method, made him permanently rid of his laryngitis. Can you state what parts of Aphorism 246 (Organon 6th edition) recommend this method?

4) **Clinical case n.3**. Italian mild September. A 30-yrs old doctor. Acute hoarseness and pain in the larynx: she feels a burning pain there and *"as if a sore were there, as the mucosa were raw"*. Her hoarseness is constant, and yet < in the morning. The cough is dry, hacking and constant because of a feeling of rawness in the larynx; if she drinks cold water, the cough stops for a little while. What is the remedy?

5) Three cases of similar acute laryngitis, and yet very different, above all n. 1 and 2. They remind us wise advices by Hahnemann in his "Chronic Diseases" about how to avoid one of the three big mistakes made by homeopathic physicians. Which one? Read thoroughly the paragraph in Chronic Diseases and find out it.

6) Three acute clinical cases cured quickly, two in few hours: what a strange! Miracles? Outrageous good luck? Placebo effect? Not at all. If you read thoroughly some aphorisms in the Organon, you will be able to find out the answer. I will help you: beginning from Aph 152 … you will discover the right answer in Aph …?

7) In Materia Medica Pura Hahnemann states (bold by Hahnemann): **1** – Mournful, lachrymose, sorrowful mood, as if beside himself. **4** – Excessively compassionate; at the relations of others and of the cruelties inflicted upon them, she is beside herself for weeping and sobbing, and cannot content herself. **17** – **Full of fearful ideas, in the evening**. **19** – When she closes her eyes, she always sees frightful visages and distorted human face before her. **234** – **Momentary obscuration of the eyes, while blowing the nose. 457** – She has to swallow all the time; she feels as if the throat was not wide enough, and in swallowing she feels dryness in it face. **662** – **Ineffectual urging to stool, frequently** with many pains, anxiety, and redness in the face (after 4,, 10, 30 d.). **691** – **After stool, anxious oppression**, heat in the face, and inclination to perspire. **1162** – **Troublesome restlessness in both lower limbs, in the morning in bed, for several hours**. **1411** – **At night, he can get no position in which he can rest quietly**, and cannot lie still for a minute.

8) Lippe (*Keynotes and Red Line Symptoms of Materia Medica*) states: Headache: blurred vision or blindness precedes the attack – Tongue coated with a thick yellow felt - Mapped tongue – Pains appear and disappear suddenly – Pains in small spots; can be covered with points of finger – Pains shift rapidly from one part to another – Neuralgia every day at the same hour. The remedy is …

9) Which is the *oldest* remedy: Calcarea carbonica or Causticum? In other words, which of them did Hahnemann prove and prescribed first?

10) Which is true on Causticum? (only an answer is right)

a)It is a solution of bisulphate of potash.
b) It is a solution of freshly burnt lime in distilled water.
c) It does not exist in nature and was unknown by chemistry before Hahnemann's work.
d) It is prepared by triturating two ounces of freshly burnt lime and two ounces of bisulphate of potash.

Solutions quiz Corner – LMHI News n. 20

1) **Aph. 2**: "*The highest ideal of cure is* ***rapid, gentle and permanent restoration of the health***".

2) By removing and annihilating the disease in its whole extent, "***in the shortest, most reliable, and most harmless way, on easily comprehensible principles***". (Aph.2)

3) *Similia similibus curentur* = Let like to be cured by likes – Proving – Individualization – Single remedy – Minimal dose – Chronic Diseases = *Miasmas* – Vital Energy.

4) **Materia Medica Pura - 12** = **MIND**- Dream, as if in a; **66** = **EYE** – Dryness, lids – **89** = Dullness; FACE – Discoloration, bluish – Eyes, Around, circles; **92** = **EYE** – Lachrimation; Discoloration, red; coryza, during; **125** = **NOSE** – Dryness, Inside, sensation of; **171** = **MOUTH**, Salivation, profuse; **210** = **MOUTH** – Coldness, sensation of coldness, peppermint, as from – Taste, peppermint, like; **308** = **ABDOMEN** – Pain, cramping – Flatulence, obstructed; painful; retention; **384** = **CHEST**, palpitation, anxiety with; **RESPIRATION**, Accelerated; Loud; **401** = **LARYNX**, Constriction – **EYE**, Pupils, contracted (miosis); **426** = **LARYNX**, Air passage, in; Trachea,in – COUGH, Tickling, Trachea,in; **615** = CHILL, Descending, head to toes; Internal; **STOMACH**, Thirst, chill, during; **686** = **MIND**, Sadness, chill during; **CHILL**, Water, dasher over him, af if cold water were; **STOMACH**, Vomiting, chill during; **688** = **MIND** – Inconsolable, misfortune, over imagined; Howling; Lamenting; Sitting, weeping – wrapped in deep, sad thoughts and notices nothing, as if The remedy is **VERATRUM ALBUM**

5) **Clinical case** - COUGH – Convulsion with - BACK – Opisthotonos - HEAD – Drawn, backward COUGH, evening; night; FACE – Discoloration, cyanotic – cough <, during.
CUPRUM METALLICUM 30 CH plus method, a teaspoon every 3 hrs: quick improvement, perfect recovery in 3 days.

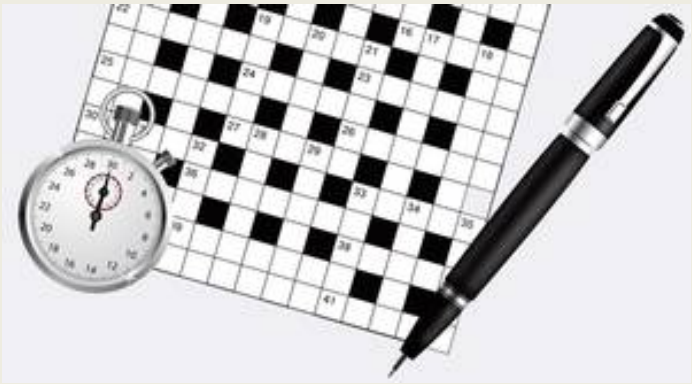
6) **Clinical case - STOOL –** Odorless; Copious; Watery; Forcible, sudden, gushing **– PERSPIRATION –** Cold, diarrhea in **– HEAD –** Perspiration of scalp, Forehead, cold, stool during **– FACE,** Perspiration, cold **– ABDOMEN –** Pain, cramping, stool before **– GENERALS,** Food, cold drink, cold water, desire **– STOMACH –** Vomiting, drinking after; drinking cold water, after; vomiting diarrhea during. **VERATRUM ALBUM 30CH**, plus method, a teaspoon soon after every discharge: perfect recovery in less than 24 hours. The patient was dehydrate: a spoon of rehydrating solution every half an hour. In the same town many people, not treated homeopathically, had troubles for two o more days and their convalescence went on a long time.

7) **Chronic Disease – 1 = MIND –** Sadness, company, aversion to company, desire for solitude (Company aversion; desire for solitude); Death presentment; thoughts of –
6 = MIND – Restlessness, bed, tossing about, in; Discomfort – **124 = MOUTH** – Taste sweetish; **190 = ABDOMEN** – Pain, pinching; cramping, walking while; eating after; vegetables, after; lying amel; **223 = COUGH**; Constant; **239 = RESPIRATION** – Asthmatic, spasmodic; sudden attacks; alternating with vomiting, convulsive, spasmodic, **CHEST** - Contraction . The remedy is **CUPRUM METALLICUM**.

8) **NASH – MIND** – Cut, desire to, things; Tearing, things in general; Mania, tearing clothes, own hair, himself to pieces with nails; Lewdness; Lascivious; Amorous; Religious affections. **EXTREMITIES** – Pain, rheumatic; weather, wet. The remedy is again **VERATRUM ALBUM.** "*Verat is a remedy of wide range, because it covers a condition which may be found in so many different diseases*", NASH.

9) b) by triturating the inner white portion of oystershells, broken into small pieces;

10) c) about 105



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