



LMHI NEWS

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- **Editorial** by Dr. Renzo Galassi ,LMHI President of Honor and editor of the LMHI Newsletter
- **“The study of the Materia Medica”**, by Dr. Klaus-Henning Gypser. A wonderful and useful paper presented during the last LMHI Congress held in Sorrento on September 2019.
- **“Homeopathic Mission of Humanitarian Aid to Turkana Kenya”**, by Dr. Sandra Massry. When Renzo Galassi met her during the national Congress in Mexico, July 2019, he invited her to write for our Newsletter a report of this wonderful experience.
- **“Guernsey imaginary course”**, part 3. Dr. Renzo Galassi gives us the final part of this imaginary course held by the stalwart Prof. Henry Newell Guernsey (1817- 1885), with therapeutic hints, clinical cases and the report of a “true” lecture of the Master.
- **“Quiz Corner”**, By Dr. Pietro Gulia. As in every issue we will have this training on Homeopathic clinic and culture prepared for us by a famous teacher of the Homeopathic school of Rome, IRMSO.
- **“LMHI 2020”**, an advertisement of the next World LMHI Congress, Izmir, Turkey.



Dear Readers:

The end of the year invites us to make an evaluation and balance about the events that have happened. Speaking first of pleasant events for me, I must mention my attendance at the World Homeopathy Day that took place on April 10 in Philadelphia. In addition to hearing very interesting works, it helped me to fraternize with American colleagues and to tour the lands where great teachers worked such as Constantine Hering, Adolph von Lippe, James Tyler Kent, Ernest A. Farrington, Harvey Farrington, Henry Newell Guernsey and many others who have enlarged the homeopathy of their time.

The other big event I participated in was the 74th LMHI World Congress of Homeopathy that took place in Sorrento from September 25 to 28. I must highlight the great task of the Organizing Committee, chaired by Dr. Francesco Marino, and the great scientific level of the papers presented and the exhibitions I have attended. Again the meeting with various colleagues showed me the validity of homeopathy in many parts of the world.

I must now speak of the "negative" facts of the year.

In the homeopathic community we have received many attacks against us in 2019, directed on the one hand by a certain part of the medical establishment that is guided by anti-scientific prejudices; on the other by some media that position themselves as champions of scientific medicine, but have dark interests in their campaign.

These are not the first attacks, remember when the French Academy of Medicine asked Minister François Pierre Guillaume Guizot (1787 - 1874), not to give authorization for the practice of homeopathy in Paris at the time of Samuel Hahnemann himself. Wisely, in 1835 Guizot replied:

“Hahnemann is a learned man of great worth. Science must be free for all. If homeopathy is a chimera, or a system without internal cohesion, it will collapse of its own accord; if, on the contrary, it represents progress, it will develop in spite of our protective measures and it is just that which the Academy must wish for above all, since its mission is to favour science and to encourage discoveries...”

Nor will they be the last attacks, and we must be prepared for that.

Indeed, in the face of an adverse climate like the one some are trying to create, our reaction must be the increase of our union in pursuit of our defense.

We must be rigorous in study and research and creative in the exchange of ideas. For this, it is necessary to actively participate as members of the LMHI in the different congresses and events that take place, both nationally and internationally. Homeopathy needs each of us for its survival.

In this end of the year 2019, my wishes of congratulations to the entire homeopathic community of the world!

Gustavo Alberto Cataldi
President Liga Medicorum Homeopathica Internationalis



Dear colleagues and friends,

After several years and 25 issues of the LMHI Newsletter we decided during the Working group meeting, held in Sorrento last September, to give our clinical Magazine a new structure and title. I remember that at the beginning of my presidency I wanted to change the style and the content of our LMHI Newsletter, not anymore a political one, but a Newsletter of clinic, history, research, etc.

With the decision of the International Council to elect me, after many years of work inside the board, as the new Secretary for Newsletter, I accepted but I wanted to clearly define our future work on publications.

So, for the first time we had a meeting of the Working group on the Newsletter and after a fruitful discussion we decided to go on with our two publications, but to change the name of the scientific one.

With the beginning of 2020 we will present the new "**Homoeopathic Physician**" of the LMHI, volume 1, issue 1, with three issues per year, possibly February, June and October. This will be our scientific forum, informing our members of everything useful to classical homeopathy.

This last issue of the LMHI Newsletter, creates in me a sentimental feeling, because I remember all the time spent to write it, or looking for articles of good quality and authors, respecting the Hahnemannian principles and classical teachings.

The feedback of the colleagues from every part of the world was very good and encouraging. So, I want to close this editorial giving my sincere Thanks to the editorial board and the colleagues who wanted until now to give their volunteer help and contribution. I hope we will go on with the same spirit of mutual help and with the desire to defend and spread the Hahnemannian way of thinking, also through the pages of the *Homoeopathic Physician*.

Receive the best Wishes for the Upcoming Christmas and New year 2020 by me and the editorial board of the LMHI Magazines, Renzo Galassi.

The Study of Our Materia Medica,

"Read during the 74th LMHI Congress in Sorrento-Italy"

by Dr. Klaus-Henning Gypser. Glees - Germany



Before we enter the subject itself it seems suitable to point to a major difference between traditional or in other words conventional medicine and homoeopathy: In the first pharmacology is of almost no importance during the education of the student of medicine, and after graduation when working in a hospital the young doctor learns by doing which remedies to apply under certain circumstances. The medication itself follows theories which are always changing, which is called scientific progress. To the educated mind glancing over the history of medicine of the past 2,000 years in the western world this procedure seems irrational and thoughtless. In the second, that is homoeopathy, pharmacology means everything. While the old school physician spends the longest part of the time dedicated to a patient with diagnostic matters and the prescription is usually done in seconds, the homoeopathic physician puts all his efforts into the selection of the proper remedy. If he is not familiar with his remedies, the real agents of healing, he will not be of great service to his patients.

Introduction

Usually this subject is rarely discussed in our profession. Most of us agree that every real homoeopathic physician should study our materia medica. But it has to be said that after decades of practising and teaching the impression occurs more and more that this study is becoming less emphasized in homoeopathic circles. Especially our younger generation is absorbed by the computer and its different software systems making the user believe he has the best and only reliable tool for selecting the remedy at his disposal. Sometimes one even meets colleagues who seem to be proud that they have no homoeopathic book in their possession, even never even read any because everything is in their computer. Before we are misguided believing that the writer has a general aversion against computers it should be realized that this subject is a matter of decision, that is when to take advantage of a computer and when not. It will be outlined later that even in a certain segment of the study of the materia medica software systems can do something. But first of all we should try to deal with the materia medica by a proper method.

Before we enter into this subject deeper we have to emphasize that "the study of our materia medica" covers three different topics:

First: Why study the materia medica?

Second: Which materia medica to study?

Third: How to study the materia medica?

Referring to "materia medica" we understand by this term the complete stock of our remedies

- proven upon human beings as healthy as possible¹,
- enlarged by toxicological symptoms and
- verified by clinical observation or
- completed by pure clinical symptoms which repeatedly occurred.

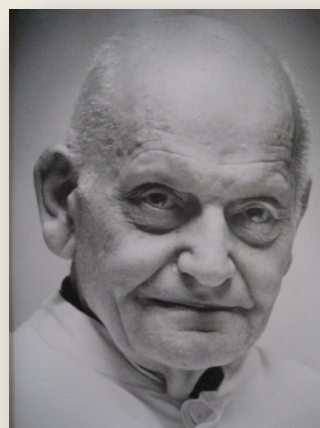
With reference to Hahnemann's publication of 1796² which founded homoeopathy it is obvious that an *unproven* remedy cannot be called "homoeopathic" because it is impossible to prescribe it according to the fundamental principles of homoeopathy like the *a priori certainty of healing* and the *law of similars* as outlined in ORG VI, sect 3 and 24 as well as in the introduction to China³.

Referring to "study" in our headline it originates from Latin "studere". It has the meaning of trying for something zealously or eagerly.

We now enter the first subject

Why study the materia medica?

It goes to the honour to one of the speaker's teachers in homoeopathy, Dr. Georg von Keller (1919 - 2003), who said: "You discern only those symptoms that you already know. To that purpose you have to study our materia medica."



During my clinic this always proved to be true. Beginners in homoeopathy coming from traditional medical training often miss a lot while accompanying my consultations and taking notes.

When we study the provings we get an idea how extensive and vast are the possibilities of human sickness. Of course in the provings we meet artificial symptoms originating from the drug proven. But there are no basic differences to the symptoms of natural diseases.

Furthermore while reading provings we obtain an impression that one and the same fact can be expressed in different ways. From that we understand that our patients use formulations which are not always identical with those of the provings. With proper training and growing experience in the study of our materia medica one obtains insight into the meaning of the symptom and one will see the resemblance when reported by the patient. Of course "meaning" does *not* include speculations and optional interpretations. Fantasies have no place in homoeopathy, which is the serious science of curing sick human beings!

To hear or see and recognize symptoms refers to the consultation. What else are we doing during it? Of course we are asking questions. In the early part of the consultation we will inquire in a very open way. But later after having some kind of direction we will ask more detailed perhaps to in- or exclude one remedy or another. For doing this successfully it is necessary that one already knows the materia medica. It goes without saying that this methodological approach is difficult for beginners because it requires a broad knowledge of our remedies as well as a strong resistance to the temptation to go for a remedy one knows better than others. Another reason for the necessity of a materia medica study refers to case-analysis. Here it could be argued that everything is in the repertory. This is not the time to discuss what a repertory can do and what not. But generally spoken most of the repertories in daily use contain entries in different grades. These entries represent the *origin* of a symptom - whether from provings, clinics or verifications, but unfortunately they never reflect the *intensity*. Intensity has a double meaning here:

First it refers to the degree of torment like highest, strongest anxiety in Aconite, Arsenicum, Veratrum album and others, or

Second to the frequency of occurrence in different provers or cured cases.

Both are only to be obtained by studying the materia medica. By doing so we learn which regions are prominently affected by a remedy, which sensations, findings, concomitants and last but not least which modalities are of strongest intensity in both meanings of the word, and this might be helpful in case-analysis.

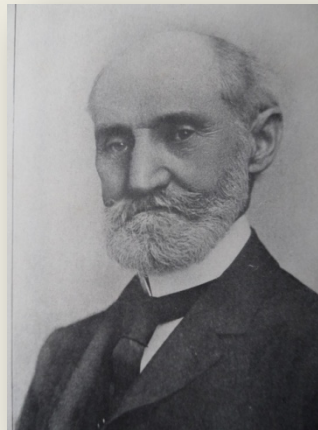
Summarizing it can be said that we have to study our materia medica

- to discern symptoms at all,
- to ask proper questions, and
- to know the intensity of a particular symptom among the different remedies.

Probably some more reasons can be added but we should stop here to turn to the next question:

Which materia medica to study?

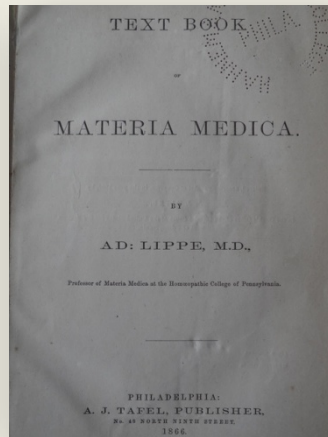
That depends upon the level of knowledge of the student. Beginners will do well with *short cuts* presenting key-notes, grand generals and important modalities. Here we meet H.C. Allen's (1836 - 1909) "Key-notes",



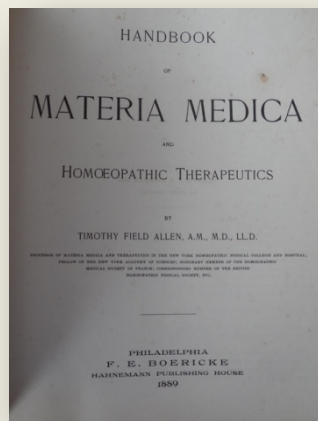
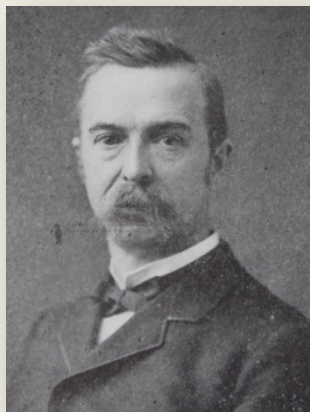
T.F. Allen's (1837 - 1902) "Primer", Boger's (1861 - 1935) "Synoptic Key", "Boeninghausen's Characteristics" covering the first part of Boger's huge repertory, Guernsey's (1817 - 1885) "Key-notes", Lippe's (1812 - 1888) "Key-notes", Nash's (1838 - 1917) "Leaders" and several others. Thanks to them the student obtains a quick overview and learns to understand the most important characteristics as well as differences among the various remedies.

Another good start could be the use of *lectures* upon the different remedies. They more lively summarize the important facts and contain sometimes extensive comments about the circumstances of occurrence of certain symptoms etc. Here one can list the lectures on materia medica of C. Dunham (1828 - 1877), E.A. Farrington (1847 - 1885), H.N. Guernsey, J.T. Kent (1849 - 1916) or W.I. Pierce (1856 - 1913).

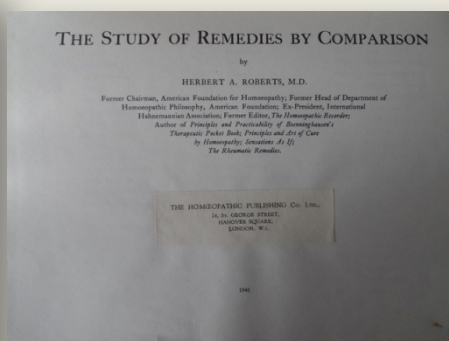
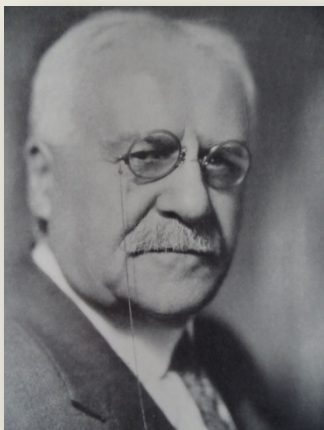
Next the text-books have to be mentioned here like W.H. Burt's (1836 - 1897) "Physiological Materia Medica", A. C. Cowperthwaite's (1848 - 1926) "A Textbook of Materia Medica" or A.v. Lippe's, "Textbook of Materia Medica".



The student will use these works with advantage because the descriptions of the different remedies are more systematic and broader. T.F. Allen's "Handbook of Materia Medica and Therapeutics" is on top of all these because of its huge contents and very detailed arrangement



Helpful to the more advanced in acquiring basic knowledge of materia medica are the so-called *comparative materiae medicae*. This basically includes the works of H. Gross (1812 - 1865) or H.A. Roberts (1868 - 1950)



and to some extent A.R. McMichael's "Compendium of Materia Medica" which is quite extensive and clearly arranged but covers the digestive tract only.

However in spite of all this even the beginner and far more the advanced should study at least simultaneously the *original provings* themselves. Here Hahnemann's works, the "Materia Medica Pura" as well as the "Chronic Diseases" take the first place. T.F. Allen's "Encyclopedia" comes next which contains a collection of almost all provings known to its author. Here lots of symptoms are to be found which were not observed by Hahnemann or his co-provers.

The publications containing provings and only exceptionally clinical symptoms which are marked build the class of so-called *primary sources*. Here we meet the unaltered language of the prover or toxicological authority itself.

The publications of the first four groups - key-notes, lectures, text-books and comparisons - are called *secondary sources* because they cover proving as well as clinical symptoms. They are usually altered, that is they are most often reduced to their very central point and contain not rarely the personal experience of their authors. An exception would be T.F. Allen's "Handbook" because in its section "Clinical" under each remedy the symptoms represent more our less the input of the author from his own clinic or his extracts from clinical literature.

Unfortunately there is no work available in English up to the present time which collects for each remedy in proper order all of its known proving as well as clinical symptoms. This is published in German only entitled "Materia Medica Revisa Homoeopathiae" covering 62 volumes at present. Perhaps you have listened to papers of the writer about this on various former LMHI conferences so we can avoid this subject here.



Summarizing it can be said that our materia medica consists of works dealing with

- Key-notes,
- Lectures,
- Text-books,
- Comparisons and
- Collections of provings.

They all have their value if properly used.

Now we turn to the more important part of this lecture, and this is the question

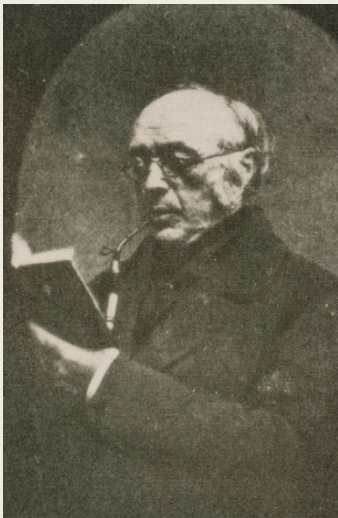
How to study the materia medica?

The German homoeopath Veit Meyer (1815 - 1872) remarked in 1850: "The study of the homoeopathic materia medica is the most difficult part in the entire field of medicine⁴." It is strange to say that in spite of this very true observation our literature supports our endeavour not very much. We rarely find articles or short notes about the proper way of studying. In the following we will refer to some of the leading authors:

1) Hering (1800 - 1880) suggested to read a proving four times according to the idea of a complete symptom and later to continue by comparison with other remedies - a method to which Jahr and Dunham agreed.



2) Boenninghausen (1785 - 1864) recommended to underline those symptoms in provings which are represented in his Therapeutic Pocket Book in the two highest grades. Furthermore he cancelled all symptoms which are too common and met in almost all remedies. Then he compared the similar remedies and cancelled more and more symptoms which they had in common. By doing so he arrived at high characteristics.



3) Cranch (1851 - 1920), Lippe (1812 - 1888), Sheed (1870 - 1911) and Stanton (1862 - 1950) recommend the study by comparison but they do not answer the question how to obtain the symptoms of any remedy before beginning the process of comparison.

4) J.G. Gilchrist (1842 - 1906) recommended to build up groups of similar remedies, to start with one like Aconite and to underline each symptom in red that is also met with the other remedies. All those not underlined are belonging to Aconite only. In a second reading he suggested to underline all symptoms in blue which are strange, rare and peculiar, and which are not already underlined in red.

This is the advice given in our literature. Now for some hints from the speaker's experience which apply to both - the study of the primary as well as the secondary literature:

- 1) In the beginning it is advantageous to follow a given methodology of study.
- 2) The student should like what he is doing, and therefore it is essential after some time to develop step by step his own method.
- 3) Repetition is essential.
- 4) If possible one should avoid learning the symptoms by heart.



(Dr. Klaus-Henning Gypser in his library. Photo Renzo Galassi)

There is not much to say about the method of study in regard to *secondary sources*. Concerning the books dealing with key-notes one takes up a remedy and reads it once. When repeating the reading after 10 - 15 minutes modalities should be underlined because they quite often decide the prescribed remedy.

On the next occasion one should take up a related remedy proceeding in the same manner. After having finished with both they should be compared: What do they have in common and where are the basic differences. If we turn to Cyclamen and Pulsatilla after having studied them in Boenninghausen's "Characteristics" we arrive at some major symptoms both remedies have in common among others like

- Changing mood,
- Tendency to silent grief,
- Thirstlessness,
- Worse in the evening, during rest and from fat,
- Better during motion.

But they have also major differences in the sphere of polarities like

- Menses too copious and too early in Cyclamen but weak and late in Pulsatilla, or
- The left side is more affected in Cyclamen and the right in Pulsatilla, or

Several symptoms like the general condition, vertigo, noise in ears and cough are worse in open air for Cyclamen but better for Pulsatilla.

It goes without saying that one should take notes of this analysis. The third remedy could also be a related one to the first, and then the related ones to the second could be selected and so on - always comparing. By doing so one will repeat the symptoms of each remedy while reading it several times under different aspects and this makes a permanent impression. To give an example: Starting with Cyclamen as a strong relative Pulsatilla comes up. As there are no more important relatives of Cyclamen we turn to those of Pulsatilla which are Lycopodium and Sulphur among others. Having studied these we take into consideration the relatives of Lycopodium like Natrum muriaticum and Carbo vegetabilis etc.

When studying the lectures and text-books of various authors one can proceed with it similarly. Underlining of the most characteristic symptoms would also help here. But one who *really* wants to master our materia medica takes up the provings themselves which can be called

The 'real' study of our materia medica

At which arrangement of symptoms should we arrive finally?

- 1)The genius polarities
- 2)The generals
- 3)The mood or mental disposition
- 4)The regions from mind to fever and pulse following the head to toe scheme
- 5)The major affected regions including sides of the body and the clinical use.

A *genius symptom* was defined by Boenninghausen as running through many parts of the pathogenesis. A *polarity* is defined in the revised German edition of Boenninghausen's Therapeutic Pocket Book 2000 as a symptom with the option of having a counterpart. There are *genius polarities* like aggravation in open air which e.g. for Agaricus occur in several regions and are therefore general, and there are *local polarities* like aggravation from pressure which again for Agaricus are met in several symptoms of the external head only. The *generals* or *general genius symptoms* are symptoms referring to the general condition. They are either mentioned in arrangements of proving symptoms in the chapter "generals" or one has to summarize them from different regions where they occur quite often. For Agaricus we find here e.g. the icy coldness, the stitching as from needles, the sudden onset of symptoms and the twitching.

While *reading* the proving symptoms *first* one does the following:

- 1) *Underlining* the different elements of the symptoms with pencils in different colours;
- 2) Taking notes of the *characteristics*; the number of the symptom and the initials of the prover should be saved in brackets; if the symptom is given spaced, in italics or bold print one should underline the note.

Hering outlined the concept of the *complete symptom* in the foreword to the first volume of his "Guiding Symptoms". Principally his idea is followed but a little more detailed, and according to this corresponding colours are used:

• Sensations, findings and mental symptoms-	red
• Locations, extensions	blue
• Modalities including times	green
• Concomitants	yellow
• Sequences of symptoms	lilac
• Alternations of symptoms	orange
• Late symptoms	brown
• Others	pink

Sequence of symptoms refers e.g. to chill followed by heat, *alternations of symptoms* e.g. to cough alternating with sneezing. *Late symptoms* are those occurring quite late in a proving which was outlined first by Hering, taken up by Boenninghausen and forgotten completely by the homoeopathic world later. These symptoms are of characteristic value but none of the mentioned authorities defined a fixed time when talking of "late". Until we know better the speaker usually finds out the occurrence of the latest symptom - perhaps after 60 days - divides it by two, and then he takes notes of all symptoms which occur from the 30st day onward. Here it could be answered what "characteristic" means. To deal with this subject sufficiently a separate extensive lecture would be necessary. Therefore we just mention the different possibilities of characteristic:

- 1) Very rare occurrence in comparison with the symptoms of other remedies; these are the gold nuggets of Boenninghausen;
- 2) An element of a symptom running through several regions; the genius we already mentioned;
- 3) The contradiction to the genius in one region, e.g. to the genius of Pyrogenium belongs the aggravation by rising up, but the cough of the remedy is better by sitting up;
- 4) A contradiction in the sense of lacking of something expected, like eats huge quantities of food but is not satisfied;
- 5) A combination of obviously trivial elements;
- 6) Slight occasional causes with great consequences, like slight pressure starts terrible pains as in China;
- 7) An excess, like great exhaustion or very copious sweat;
- 8) A complete symptom in the sense of the four basic elements of a complete symptom all being clearly present;
- 9) The occurrence as late symptom as mentioned before.

In the *second reading* we keep an eye on those elements of symptoms occurring quite often. We take notes of them and put into brackets the abbreviation of the corresponding region and the initials of the prover. Then we notice whether the element runs through one part only - building a so-called *local genius symptom* - through organ systems like muscles and bones or through many regions - building a *general genius symptom*. And here as said in the beginning the computer is of great value as a time saver. With the search function one can easily check the whole set of proving symptoms. But we have to be careful not to stick to one term only in this process but also to search for its synonyms. Everyone will observe that there are many different ways of formulations for the same fact. Therefore building up of a listing of synonyms steadily growing makes sense which is of great service in further studies. Finally in this second reading we start listing all directions and extension.

While *reading* the proving a *third time* one builds up listings of the

- Sides,
- Times of aggravation and amelioration,
- Late symptoms,
- Sequence of symptoms and
- Alternating symptoms.

Especially for sides and times it is advisable to mention the abbreviated region and the initials of the prover. While doing so one can observe whether there is a frequency in some region or the other, and also here the computer is helpful again.

If a symptom or an element of a symptom occurred in several provers it is usually of higher value compared to the frequent occurrence in one prover only.

How long does all this take? With some experience about 30 hours are necessary for the study of one thousand proving symptoms. Agaricus with 2,257 symptoms in the MMRH requires about two months if you study one hour per day. Usually the characteristics cut down the whole number of symptoms of any remedy to about 10 %, which is for Agaricus to about 220. After the study of the proving symptoms of any remedy one should become familiar with its clinical application. Here the homoeopathic periodicals take the first rank, and especially the old ones which contain most excellent cases like: "The Proceedings of the International Hahnemannian Association", "The Homoeopathic Physician", "The Medical Advance" or "The Homoeopathic Recorder". They are available in the internet. But there is also the famous publication of Erastus Ely Case (1847 - 1918), entitled "Some Clinical Experiences"⁵. It contains a lot of cases cured by the author, and one can search in the index for the remedy one just had studied.



Of course all this is not the work of one day - perseverance is most important! J.M. Green (1861 - 1963) requests the beginner to study for two hours every day and the advanced for one hour. All practitioners of reputation in homoeopathy continued reading the materia medica until they gave up their clinic.

Epilogue

You look surprised facing all the studies you should continue throughout your life as a homoeopathic physician. But if you do you will know your remedies and your reward will be the cure of your patients.

In closing, may I give you an advice from J.C. Guernsey (1849 - 1930)



who wrote this on the board for his students?
It is down-to-earth motivation for study ...

symptoms → remedy
remedy → cure
cure → money
Cure your patients and you will not starve!

Dr. Klaus-Henning GYPSER, Gleys - Germany

My deep thanks go to our colleague Dr. Daniel Cook of Dallas/Texas for checking the English style of this paper.

¹Hahnemann, S. *Materia Medica Pura*. Transl. R.E. Dudgeon. Vol. I. Liverpool 1880, p. 2. Hahnemann, S. Versuch ueber ein neues Prinzip zur Auffindung der Heilkräfte der Arzneisubstanzen, nebst einigen Blicken auf die bisherigen. *Journal der practischen Arzneykunde und Wundarzneykunst*, 2(1796)391-439, 465-561.
²Hahnemann, S. *Materia Medica Pura*. Transl. R.E. Dudgeon. Vol. I. Liverpool 1880, p. 409, footnote.
³Meyer, V. Beiträge zu künftigen Vorlesungen über homöopathische Arzneimittellehre. HVJ 1(1850)259.
⁴Case, E. E. *Some Clinical Experiences*. Ansonia 1916. Reprint Greenville 1991.

Homeopathic Mission of Humanitarian Aid to Turkana Kenya

Dr. Sandra Massry

On June 2018 I spent 4 days on the Turkana Desert in Kenya and provided homeopathic healthcare to the nomad communities that live there. I learnt a lot and I desire to share it with the homeopathic community in an effort to inspire more of our presence in Humanitarian Missions to the unprivileged and also to talk about how we solved the little practical details to make the experience possible.

I saw, some months before, a picture of an African woman touching with her forehead a Mexican girl, and an advertisement that invited anyone who wanted to participate on a Humanitarian Mission to Turkana and thought this was the opportunity of a lifetime. I embarked on what has been one of the greatest experiences of my life. I enrolled on a Humanitarian Aid Mission to Kenya



The organizers are a Non For Profit organization that offers relief upon natural disasters: Cadena. It began in Mexico City's small, but very active, Jewish Community.

When I talked to them about joining the mission I was very straightforward and explained that although I was first educated as a MD, I now only use Homeopathy for the care of my patients and that I intended to use the same approach in Turkana. They agreed to this, nevertheless they decided to take with us boxes of allopathic medicine "just in case".

When I heard the name Turkana, it meant nothing to me. Kenya just meant a far away land. This, as you may have guessed by now, was my first time in Africa.

My experiences on humanitarian missions was limited to one, a year before, after my hometown, Mexico City, was hit on September 2017 by a devastating earthquake. It was on that mission that I learnt that improvisation goes a long way to fix many problems; also, that when on the field, we need to adapt and be ready for every kind of surprise. I realized that all the work you can do beforehand really pays off.

So the first thing I did is a little bit of research. The People of Turkana are many tribes that live together in this land at the eastern bottom of the Sahara. They mostly continue to have nomadic lifestyles and have very difficult lives. Their life style resembles how I imagined the biblical times. One man has many wives, they tend to cattle and depend on it for food or survival, they move from hut to hut and live without electricity, running water, public services or roads. Needless to say, they don't have technology, internet, cell phones, they don't have Google. Most of them have never been in a shower or seen themselves in the mirror.



They have little or no healthcare that comes their way through humanitarian missions and dispensaries.

I read about what diseases other doctors had found when they went there. Also, how global warming has changed their environment and drought has prevailed during the last years. The people of Turkana sometimes eat once every three days. Sometimes they have to survive on a mixture of their cattle's milk and blood.

As a homeopath, there are additional things that had to be prepared. How where the pellets to be transported? Where would we get water to prepare plus preparations? After all, I was to be the only doctor that would participate on the mission.

With the help of family and friends, individual doses of remedies were put in capsules. We selected remedies that seemed most probable to be used according to the most common diseases and their constitution. Every remedy was in a sealable plastic bag that was marked with the name of the remedy. For the plus preparations, we got dark blue plastic droplets that block the light and are easy to transport. Every person on the mission took about 10 different bags of remedies in their personal handbag.

And so the adventure began. First we had a 36 hour, two stop flight to Nairobi. Then we rested and gathered with the rest of the group. 24 volunteers that were going to be giving food and menstrual pads to 5000 people. From Nairobi we flew to the city of Lodwar and spent the night there. It is important when working on very different timezones to plan for at least a day to get used to the weather and time.

In Lodwar we filled all of our droplets with fresh clean water, the droplet inside-cap remained open, so we would be able to get the pellets in and then close it.

The next day we boarded an all terrain bus and after a very bumpy 11 hour journey, we finally arrived to a small village with a school that was going to be our base for the next four days.

The first thing we saw when we got there was the children who lived there, they were singing and dancing happily to greet us as the bus pulled in. There was a lot to be done on that first day. Food was to be separated



into portions; for the 2000 families that were expecting our help. I was assigned a classroom that I shared with the cooks to prepare a "consultation room". The spray-on disinfectant made of citric seeds came in very handy. Everything was thoroughly cleaned and the space was arranged for the next day.

The first gift Turkana gave us was a night so full of stars that it took your breath away. We could clearly see the Milky Way! Everything around us was absolutely black. Every night we gathered and talked in a circle exchanging our impressions of the day. This helped everyone take in all the emotions that we were experiencing. exchanging our impressions of the day. This helped everyone take in all the emotions that we were experiencing.

During that first night we unexpectedly met the first two patients. A man was beating a woman with his stick. She was carrying her baby with her. We saw violent anger throughout the mission. This same night there was chanting in the distance all night long, the tribes were singing, rejoicing and being grateful for our arrival. They felt that their prayers had been answered by us being there.

We had armed guards with us the whole time, they would translate and watch out for us. The next day the aid started fullblast. After the welcoming ceremony I saw around 65 patients each day for the next three days. We worked tirelessly all day. Some of the other volunteers helped out with dispensing remedies, cleaning wounds and eyes. We kept a notebook where I registered each patient's nosologic diagnosis, sex and the remedy that was used.

I was impressed to see the natural evolution of diseases that has not been treated at all, as this is very uncommon in Mexico.

Clinical diagnosis was essential, there were no extra "tools" no labs, no X rays. Having a disposition to serve, listening to patients and looking into their eyes even when I did not understand them and had to later hear the translation, was transforming.

The Turkana people live a life that is synchronized with nature. They don't use the measurement of time as we do, they take their medicine when the sun moves. If I needed the to take it 3 times a day, my interpreter would tell the to take it at sunrise (pointing east) , noon (pointing up at the sky) and at sundown.

1) Mama Golprade	♀	Arn 30
2) Bebe Guastado	♂	Alban 6
3) Artritis	♀	Pht 30
4) bronquitis	♀	cal 30
5) dolor articular	♂	bryon 30
6) Absceso	♀	hep 30
7) Malaria	♂	china 30
8) Malaria	♂	china 30
9) Tos	♂	bryon 30
10) diarrea y tos	♀	NV 30
11) Tos con moco	♀	Sulfur 6sh
12) moco	♂	pulsilla 30
13) malaria	♀	china 30
14) gripa	♀	calcan 30
15) combuion de los de uerina	♀	pulsilla 30
16) sangampion	♀	sulfur 6
17) otitis	♂	pulsilla 30
18) diarrea	♀	NV 6
19) Hivernia bebe y mama	♀	NUX Vomica 30
20) Malaria	♀	China 30
21) Malaria y tos u/lemas	♀	china 30 / Pulsilla 30
22) Hivernia dolor por caminar	♀	arnica 30
23) pecho dolor	♀	arnica 30
24) dolor de pecho	♂	bryonia 30
25) Anemia despues de Sangrado fuerte	♀	Hierro C. veg

Genre rolls were clear: the ladies waited patiently in line for their turns, and men expected to cut the line. The women undressed themselves naturally if I needed to take a closer look at something. I asked a man to take off his shirt and he was taken aback. Every single woman of childbearing age was pregnant or carrying a child. They all breastfed. As soon as they reach adolescence they become engaged for marriage and begin wearing the neckless they receive as part of the dowry. They never take it off and many suffered from back pain and deformation of the spinal curves.

Women aged prematurely. Life is hard, survival constitutes their main activities. I remembered Hahnemann's words on the 9th paragraph of the Organon. If life is about surviving it is hard to transcend and reach the lofty goal of human existence.

I wanted to achieve a profound effect and had little time to do a proper Clinical History, we knew that there would be no second time visit, therefore Homeopathic remedies were mostly 30 centesimal. A few on 200 C, and some 6 C.

China officinalis 30 Ch was prescribed on all Malaria Cases after the first 15 to 20 patients with similar corresponding symptoms as this was to be treated as an epidemic disease.

Overall Homeopathic medicine proved itself as a useful Medicine System in Humanitarian Missions. A year later, other people went back, they told me patients asked for the doctor with the “other kind” of medicine.



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An imaginary course held by Prof. Henry Newell Guernsey. Third and last part. *By Renzo Galassi, Editor and LMHI President of Honor.*

We will now close our imaginary course of H.N. Guernsey, that has tried to bring us the emotion of the classroom of the Homeopathic Medical College of Pennsylvania during the time of the best period, as regards knowledge and skills of the doctors, of our long history. The so called Homeopathic Golden Age, took place in USA, in the area of Philadelphia, New York, Chicago mainly and other places like Ann Arbor, Cleveland, etc.

I decided to start honoring Dr. Guernsey, one member of the triumvirate that made Philadelphia so great, together with Constantine Hering and Adolph Lippe, because reading his biography and the reports of the meetings of those times, he always appeared really zealous in the practice of our Medicine, but at the same time very humble. He was the person who tried to bring peace inside the Homeopathic Community of Philadelphia after the schism that divided the colleagues in two groups: the ones who followed Constantine Hering and the ones who followed Adolph Lippe. And Guernsey succeeded in creating peace between the two great Masters. After this a unique teaching institution remained active, joining teachers in the Hahnemann Medical College of Philadelphia.

This third part is dedicated to a TRUE lecture of Henry Newell Guernsey on "Applied Homoeopathy", delivered, by invitation, to Students of Hahnemann Medical College, Philadelphia and reported by Dr. Robert J. McClatchey.

This doctor was one of the numerous group of doctors who were part of the American Homeopathic Golden Age and although not so well known to us, he was a true authority of those times.

I want to honor him, because he deserves it, by reporting his biography taken from the Hahnemannian Monthly of 1883 after his death. I reduced it a little, but it's enough to understand his great knowledge and skill.

Biography of Dr. Robert J. McClatchey, M.D.

Dr. R. J. McClatchey, President of the Hahnemann Club of Philadelphia - the organization which owns the Hahnemannian Monthly - and who was for ten years its editor, died at five minutes past noon, on Monday, January 15th, 1883, of apoplexy, after an illness of about fourteen hours.

Robert J. McClatchey was born in Philadelphia, April 6th, 1836. He commenced the study of medicine under the preceptorship of Dr. William S. Helmuth, then professor of practice in the young Homoeopathic Medical College of Pennsylvania, and graduated from that institution in 1856. A year or two after his graduation he settled in Bethlehem, Pa.



In the spring of 1863 he returned to Philadelphia, and located at number 916 North Tenth Street, above Poplar, afterwards removing to number 918, where he remained during the rest of his life. He was not very long in securing a good practice in his new field, and rapidly made his way to an enviable position in the esteem and respect of his professional brethren, old and young. In 1866 he was one of the most earnest of those who united in reorganizing the homoeopathic physicians of Philadelphia into the "Homoeopathic Medical Society of the County of Philadelphia" and was elected its first secretary, which office he held for nine years.

It was during this period that Dr. McClatchey developed, in a marked degree, that unusual force of intellect and character that made him so prominent a figure in professional circles, and invested him with a power of leadership seldom acquired by men of his years, particularly in the learned professions.

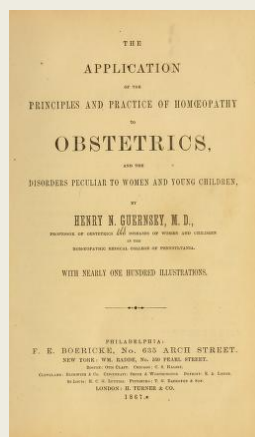
In 1867 he was called by his Alma Mater to the professorship of anatomy, a position he held for two years, during a period of the greatest trial the college ever experienced. In 1868 the faculty **appointed him to the editorship of the Hahnemannian Monthly**, which at that time was owned and published by the college. This field of labor offered a fitting opportunity for the display of his literary powers, and the journal speedily assumed a place among the most influential periodicals of the day. His editorship extended over ten annual volumes, and his trenchant pen exerted a marked influence in professional councils. In 1871 the American Institute of Homoeopathy elected him to its general secretaryship, the most responsible position in the gift of the American homoeopathic profession. He was continued in this office for eight consecutive years, twice as long as the position has ever been held by any other individual.

In 1871 the Hahnemann Club of Philadelphia was organized, largely as a result of the plans and efforts of Dr. McClatchey.

When the club was organized he was chosen its President, and was re-elected to the office from year to year so long as his life was spared. At the annual meeting of the Club held in 1875, and again in 1876, he urged upon the members the advisability of originating a movement for the establishment of a homoeopathic hospital for children. This project took definite form in the autumn of 1876, and early the next year an organization was effected, and a charter secured for "The Children's Homoeopathic Hospital of Philadelphia."

In 1874 he was elected President of the Homoeopathic Medical Society of Pennsylvania, and in 1877-78 held a similar position in the Homoeopathic Medical Society of Philadelphia County. He also held an honorary membership in the Homoeopathic Medical Society of the State of New York, and in the Mexican Institute of Homoeopathy.

He also assisted very materially in the revision of Guernsey's Obstetric previous to the issue of the second edition of that well-known treatise.



The HAHNEMANNIAN Monthly and other journals, and the Transactions of the National and State medical societies exhibit numerous valuable scientific productions of his pen.

It was not to be expected that the versatile genius of such a man in such a profession could escape the demand for its employment in the work of **medical education**. Consequently we find that although the union and consolidation of the two Philadelphia Homoeopathic Colleges in 1869 did for a time exempt him from this work, a second call of this nature came about the year 1872. This, for purely personal reasons, he declined, but in 1877, in response to the urgent solicitation of the college, he accepted the professorship of pathology and the practice of medicine, and filled it with a remarkable measure of acceptance and success until the close of his life, and

while during the whole of this time he enjoyed but indifferent health, he will always be remembered by those who were privileged to sit as learners at his feet.

Of course he also attended to the duties of quite a large practice. From the moment when, in 1871, the project of a "World's Convention" of homoeopathic physicians, to be held in Philadelphia, in 1876, was first suggested to him, he manifested the most enthusiastic interest in its success.

Associated intimately with Carroll Dunham in the work of preparation for the Convention, he planned liberally and labored assiduously to secure its highest possible results.

It was but two or three years subsequent to the reception of his medical degree when Dr. McClatchey united himself in marriage with Miss Mary J. Milner, of Philadelphia, a lady of the most lovely Christian and domestic qualities. Three children were born of this union, two of whom, both daughters, are now living, the other, a son, having died in infancy. Mrs. McClatchey died October 7th, 1875, the evening before the meeting of the State Medical Society, of which her husband was then the presiding officer. Subsequently he married Miss Harriet A. Sentsman, who survives him, and who has been to him and to his children all that a noble, devoted, Christian womanhood can prove to the heart and home of man, a companion, counsellor, comforter, protector and friend.

In his religious life, Dr. McClatchey was by no means obtrusive, yet there is abundant reason to know that it was characterized by the same firmness of conviction, the same confidence of faith, and the same devotion to principle that were manifest in all his outward and more worldly relations.

From his boyhood he was a member of the congregation of the First Moravian Church of Philadelphia.

He had been in his usual health, had attended, during the previous week, the annual meeting of the Philadelphia Homoeopathic Library Association, and the monthly meeting of the County Medical Society, had delivered his usual didactic and clinical lectures at the college, and, on the day preceding his death, had visited an unusually large circle of his patients. On Sunday evening he was sitting in his office in conversation with his friend, Dr. Charles M. Brooks, when, a few minutes before ten o'clock, he complained of intense pain in his head. This continued, and was shortly followed by muscular tremors and weakness, with nausea and vomiting. He was assisted to his bed, and his physician, Professor John E. James, was summoned, who found his symptoms as above narrated, together with some difficulty in articulation and partial right hemiplegia. Improvement appeared to follow the use of remedies, the intense pain and vomiting subsided, and the patient fell into what seemed an easy and natural sleep. Dr. James returned home near midnight, hoping that the greatest danger was past.

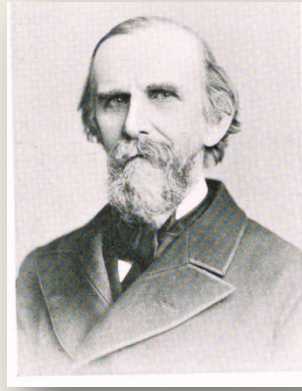
Shortly afterward he returned to his patient in answer to an urgent message, and found him unconscious, and presenting all the signs of sanguineous apoplexy. The coma became more and more profound until the end. Drs. J. E. James, C. M. Brooks, Bushrod W. James, and Pemberton Dudley were at his bedside when the spirit departed; Dr. A. H. Thomas had left him but a few minutes previously. After nearly twenty seven years of active service in the profession he loved, he was caught away to his reward from the midst of his labors and in the prime of his usefulness. At his obsequies, which occurred on January 18th, the First Moravian Church, in which the services were held, was filled to overflowing with sorrowing friends.

At the conclusion of the services the funeral cortege proceeded to Mount Moriah Cemetery, where the remains were interred beside those of the loved ones who had preceded him.

And now we can enter in the environment of the Hahnemann Medical College and see, through the notes of Dr. Mc Clatchey the manner of lecturing of Prof. Guernsey.

"The lecturer acknowledged the compliment which had been paid him by an invitation to lecture ; introduced his subject by defining homoeopathy, and its principles and practice as taught and so successfully practiced by Hahnemann ; and deprecated the practice on the part of so many of our school, who, while reiterating their belief in *similia similibus curantur*, not only as a law of cure, but as the only law of cure, frequently depart from its precepts and violate its fundamental principles.

He stated that his lectures would be practical; referring to the application of homoeopathy to the treatment of disease according to the true and only principles of the science and art. The first subject touched on was the treatment of *Diphtheria*.



You are called to a case of diphtheria. You find presenting numerous symptoms which pertain to that form of disease, but by close observation, to which you must school yourselves if you would be successful practitioners, you find, either by your own observation, or by cross questioning parents and nurse, that the disease or the pseudo-membrane commenced on the left side, and there may or may not be a tendency to spread to the right.

Lachesis, in this case, is the remedy. My plan is to give *Lachesis* 4.000, single dose. The pulse is 140 or 150, persistent, hard, and going like a race-horse. It means death if something is not done, but do not be alarmed. If you have surely discovered the characteristic mentioned have faith in *Lachesis*. Suppose you pour in *Aconite* and *Belladonna* in alternation, or some other drug that is not homoeopathic to the case; you are not doing the best you can for your patient, but you are doing the worst. You see your patient again in twelve hours, and find the case no better and no worse. Now, you say, what am I to do ? I have given *Lachesis*, and the patient is no better. I say do nothing but wait, and leave a placebo prescription to satisfy the family. In twelve hours more you will find a slight improvement, which will be more decided at the end of thirty-six hours from the time of giving the single dose of *Lachesis*, and in forty-eight hours the pulse is decidedly down, and there are other signs of considerable improvement. The character of the false membrane is changed, and it is more yellow. You may sometimes see a similar patch of membrane beginning to form on the right side. A casual observer might be alarmed at this, but you need not be, and need to do nothing. If you had swabbed and dosed, and had taken the membrane away, you would simply have suppressed the disease, and it would have made its mark elsewhere - the stomach perhaps would have been the point of attack. This cannot happen if you treat your patients homeopathically, for when they get well they are really well.

Dr. Hering's daughter was attacked with diphtheria, and was prescribed for twenty-four hours before I was called.

That sounds incredible. The giant Hering calling humbly Guernsey to help him with his daughter.

Of course the prescription was correct, as no one could possibly prescribe better than Dr. Hering, and in addition, he had Dr. Raue to help him ; but the child seemed worse, and they desired to have my advice. I told them that I indorsed the prescription - *Lachesis* - but that in my experience the pulse did not abate in less than thirty six hours, and advised that the action of the single dose should be awaited. They did so, and soon the pulse came down, and the beloved child was restored to health. This is practicing in strict accordance with homoeopathy. The morbid agent produced the disease, and the remedy antidoted its action and obliterated its effects. Of course it is often necessary to repeat the dose, and Hahnemann taught repetition, but not unnecessary repetition.

Some **three weeks ago I was called** to a neglected case of diphtheria, where there was a swelling on the left side of the neck ; pulse 150 ; child very restless ; always awaking from sleep in distress, and worse after sleeping. I was very desirous to know on which side the disease had commenced. On looking at the throat, however, I found it impossible to tell, as the whole surface was covered with the diphtheritic deposit. As the left side was worst, I argued that it had commenced there. The neck and back were stiff, and the child would scream if lifted from the bed. Here *Lachesis* was clearly indicated, but it was a very bad case, and I told the parents I was doubtful of the patient's recovery. I gave a dose of *Lachesis* 4.000, and called again in the evening, finding the child about the same as in the morning. Gave *sac. lac.* I was sent for at ten in the evening, and examined the case very carefully. The pulse was still going as rapidly as ever, but I thought the child not so restless, and not so much distressed on awaking. *Sac. lac.* Next morning there was still improvement, and the *sac. lac.* was continued. On the next day the babe was infinitely better, and made a rapid recovery on the single dose of *Lachesis*.

I was called in consultation a few years ago, where two children had already died of diphtheria. The attending physician said, "I have sent for you because I am told that high potencies cure diphtheria nicely. I can do no more for this case." The left tonsil presented one complete black slough, and the disease was passing to the right side. I proposed a single dose of *Lachesis*, high, which was given, and the family physician promised to do nothing to interfere with it. Next morning the child seemed better, and *sac. lac.* was given; from this time there was improvement in the usual course. I have observed in such cases, where the right remedy has been chosen, *that in twelve hours there is no change, in twenty-four very slight, in thirty-six considerable improvement, and in forty-eight the change is decided.*

Here is **another case**. It is similar in many respects to the foregoing, and to all cases of diphtheria. It is not worse, however, after sleeping. There is great restlessness, something like the *Rhus* restlessness. The throat is worse on the *right* side ; the membrane maybe of a pearly hue, or sometimes yellow ; but the right side is the main point of attack. Now for many years I have given *Lycopodium* 6.000, for all such cases. The results are the same as I have mentioned for *Lachesis*. You may only see in the first twelve or twenty-four hours that the patient is no worse. It requires good knowledge, and calm and deliberate judgment, to tell, and if you so decide, you give nothing further. In thirty-six hours there is an improvement, and in forty-eight a great deal; you may now be able to coax a smile out of your little patient. Now suppose you give a different remedy for every change in the child's condition ; you will surely not have had so favorable a result. Know your remedies thoroughly, and having selected and given the right one, *wait*.

I once had two cases in one family. They were very similar, the disease commencing in the larynx and coming upwards, with hoarse and croupy cough, fearful pulse, and all the other symptoms denoting dangerous diphtheria.

Here *bromine* is strongly indicated. In the one case I gave *Bromium* 200 a single dose, and the child recovered nicely; in the other I gave *Bromium* 200 repeatedly, and the child grew worse and died. I have always thought that if I had not repeated, this case would have got well also.

You have a case which begins in the nose. There is the usual high fever, restless nights, the nose is stuffed, &c.

There is a discharge, but it runs into the pharynx. By and by you notice a diphtheritic deposit in the throat, and if you had mistaken the case for a simple catarrh, you are horrified; but you should have been warned by the pulse. *Lycopodium* is the remedy for such cases. Give *Sulphur* when there is a *large yellowish deposit all around the posterior wall of the pharynx* - all posterior to the uvula and isthmus of the fauces.

Dr. Lippe gives us *Lachnanthes* for diphtheria when the patient has a stiff neck, and the head is drawn to one side. I have observed and verified this in a single case.

I recently had a case of ulceration of the tongue on the right side. There was a quantity of tough,ropy mucus always hanging there. The eyelashes of the right eye all pointed stiffly towards the nose since the patient had been sick. The right parotid gland was greatly enlarged. I had never seen this peculiarity of the eyelashes before, but other symptoms pointed so strongly to *Nitric acid* that I prescribed it, high. Yesterday I saw the patient, who is almost well, and the eyelashes are nearly straight.

Surgeons are apt to say that *trichiasis* can only be cured by an operation, but I can assure you that *Borax* will cure many cases.

I will now say something about the **treatment of croup**. Here is a common case. The child is restless, and coughs in a hoarse croupy manner. This is usually at night, the patient being better during the day. The second or third night, while it sleeps, it seems as if it would choke, which condition is partially removed when it gets wide awake, and it breathes better. The family become alarmed and send for you. They tell you the child's croup comes on while it is sleeping, as if it would choke, and it breathes better when awakened. Now, if you are sure that this is the condition of things, *Lachesis* is the remedy. You must cross-question the attendants to be satisfied that they are not mistaken. They will sometimes tell you they are afraid to have the child go to sleep. Then give *lachesis*, a single dose, and *sac. lac.* in water. It is all that is required for such a case. I always give *Lachesis* 4.000."

After this first part, Prof. Guernsey stopped the lecture for a break. It's interesting to note how practical was this lecture. Don't forget that those times, Allopathy could do very little for such cases and Homeopathy was the only option to save lives.

The teachers were giving practical and detailed advice as regards comparisons of remedies in different pathologies and situations. This is something we have lost nowadays, our homeopathic culture and clinic is mainly based on chronic treatment of patients. Only few of us are trained and able to manage such emergencies. This is due to the huge improvement of Allopathy in treating emergencies, but mainly because in most of the countries the law allows only Allopathy to cure such emergencies in specialized centers. We have lost during the years our Hospitals, as they had in USA during those times, and our treatment of the acute cases is done only in our offices or at the patient's bedside. It's a pity to have lost this important aspect of our Medicine, because also in our times a well prescribed remedy could work in a marvelous way and save many lives, as Hahnemann says in the 2nd § of the Organon:....." in the shortest, most reliable and most harmless way.....". Now, Prof. Guernsey entered again in the room, let's listen to the second part of his lecture, related by Dr. McClatchey:

"The subject of the *treatment of croup* was continued. The Doctor reiterated that in Lachesis croup, the children, as it were, sleep into the croup, and when thoroughly aroused they breathe pretty freely.

Aconite is indicated when the child is feverish, hot, restless, kicks its legs out. The breathing is more noisy in expiration than in inspiration, and the cough occurs mostly during expiration; the little patient seeming to dread the cough and getting angry at it. Give Aconite 200, as often as you deem it necessary ; every fifteen, thirty, or sixty minutes, as the case demands. In a majority of such cases the aconite will be sufficient to cure, and if it be homoeopathic to the case, it is not necessary to give

Spongia and Hepar in alternation or rotation with it. If the child should be better next day, give *Sac. lac.* in water, and await the action of the Aconite. If you cure an Aconite case of croup with aconite, your patient will be less liable to a recurrence of the disease, than if you spoil the case by giving a succession of remedies.

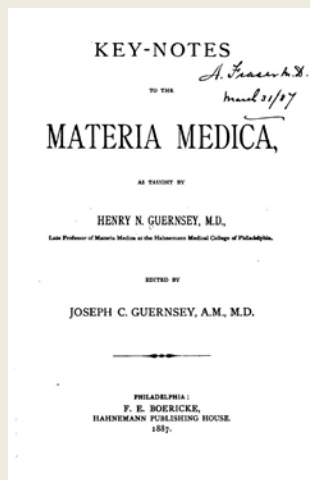
Aconite will be suitable in any cough, croupy or otherwise, when produced by or occurring during expiration.

Arsenicum. The case is always worse after 12 o'clock, midnight. The croup gets worse by spells, during which the child seems to be in an agony of distress and restlessness ; between these paroxysms it seems to be comparatively at ease, though still distressed. Give, now, a single dose of Arsenicum 8.000, and sit by your patient and watch the paroxysms. The first one after the dose is given may be somewhat worse than its predecessors ; the second and third will be lighter, and so they will gradually abate in severity. Many children for whom Arsenicum is suitable, you will find have often had nettle-rash ; in fact are subject to it.

Belladonna. The cough is very hoarse, harsh, and croupy, and every coughing spell makes the child very red in the face, even the eyeballs becoming injected. Excessive heat in the larynx is often complained of ; and the child sometimes looks wildly about and seems frightened. A single dose of Bell. 4000, will generally be all-sufficient in such cases.

In whooping-cough, where the sclerotica is so greatly injected, give Belladonna also.

Bromine. A great deal of rattling in the larynx all the time, with every inspiration and expiration. Rattling, wheezing, and gasping for breath. There is usually much heat of the face, and often a pseudo-membrane forms, which afterwards comes out in the form of a perfect cast of the larynx. Give Bromine 200, in water, every half hour until improvement sets in ; then give *Sac. lac.* in water, every hour, and do not go back to the Bromine unless the child fails to continue improving or gets worse.



Chamomilla. I hardly supposed, at one time, that Cham, could ever be a remedy for croup, but I had a case in which everything else that was tried had failed, and noticing, finally, that the child had to be carried up and down the room all the time to keep it from fretting and crying, I gave Chamomilla and the case got well.

Hepar. The choking of the croup comes on more during the cough ; the child chokes as it coughs; and these attacks come on mostly after midnight. The little patient often has a red face and high fever, hoarseness, and rattling. The child is obliged to stop coughing by reason of the choking. Do not imagine that Aconite is necessarily indicated because the fever is high, but give Hepar in such a case.

Iodium. There is pain with every coughing spell. The child will tell you of this, or if not old enough to talk, you will observe that it grasps at its throat or chest when coughing. There is often coldness of the face, the voice is deep and hoarse. Give Iodine every half hour, in bad cases, and lengthen the interval between the doses so soon as improvement is observed. Do not repeat frequently except in bad cases.

Kali bich. Tough and ropy or stringy mucus; the mother wipes it away from the child's mouth, and you will notice that it is drawn from the mouth and hangs to the napkin in long tough strings. It is mostly indicated for fat, chubby children. For such cases, which are commonly of a dangerous character, Kali bich. will be sufficient to cure.

Lachesis. The croup itself, and the choking, come on while the child is sleeping.

Phosphorus. Is indicated when the croup becomes worse towards evening ; the child is better in the morning, and gets very hoarse and croupy at night. The *voice is very hoarse*, and the *cough deep*. Long and slender children are most suitable subjects for the action of Phosph. I usually give a single dose of Phosph. 19.000 when thus indicated.

Spongia. The cough is dry and sibilant, like a whispering cough, or it has a ringing, metallic sound. The child seems to be choked up all day and all night, whether awake or sleeping. The cough sometimes hurts the larynx. Though the fever be ever so high in such cases, do not give Aconite, for it cannot be an Aconite if it be a Spongia case. It is sometimes necessary to follow with Hepar, in order to complete the cure.

Tartar emetic., or Antim. Tartaricum There is a sound just below the larynx, every time the child coughs, as though there was a cupful of mucus there —it is more than a rattling of mucus - at the same time there is little or no mucus comes up.

The child may be thirsty, drinking but little at a time; and the head may be hot, with profuse perspiration.

The lecturer then related several cases from his diary, as follows:

A man came to my office about ten days ago, complaining of his "shin-bone." There was a hard swelling on the tibia, which was very painful to the touch. He had pimples and sores more or less all over his body, and I have no doubt but that he was yphilitic. The orifice of the urethra was very red, and there was a scalding sensation during urination. He complained of a painful jerking in the affected limb, at night, after falling asleep, which awoke him, to recur when he had again fallen asleep.

This had occurred for many nights in succession. I gave him a single dose of Cinnabar 200, dry, on his tongue. He sent word in three days that his shin-bone was no longer painful, but that the pain had gone into the calf of the leg and was inclined to go upwards; the jerking of the limb at night was much less. Sent *Sac. lac.* On the next day the pain was extending into the hip and back; the swelling had decreased. The next day the pain was in the back, extending into the shoulder, and he feared he was about to have an attack of rheumatism, but the bony tumor was less painful and still smaller. To-day the node has decreased wonderfully, and he is able to strike it with great force without suffering any- pain. I might have prescribed another remedy when this man complained of the pain having gone into the calf, but I preferred to follow Hahnemann's rule. He now has no trouble on urinating, and the redness of the urethral orifice has disappeared. I believe that the whole diseased condition will disappear, and that his skin will become healthy and fair.

I recently prescribed for a naval lieutenant who had two old chancres on his penis. He had a rough, pimply, ugly skin, the meatus urinarius was red, with scalding sensation on urinating. He had two doses *Cinnabaris* 200, and he is now quite well, and his skin is getting healthy and fair.

Here is a case of **Intermittent Fever**. The chill always began in the hands and feet, and her wrists and ankles were as cold as if they had been encased in ice. The chill

spread over the entire body from the hands and feet. She was constantly restless during the fever and chill, constantly turning, and could not be at ease in one position

for a moment. Drinking cold water made her worse.

She had many other symptoms, but these were most characteristic. I gave a single

dose of Rhus tox. 200 on Monday. On Tuesday the chill was about as bad as ever, but

she thought her hands and feet were not so cold. On Wednesday not so restless, and no coldness of hands and feet. Thursday evening she reported that on Wednesday

she had had no chill or fever of any consequence, but had diarrhoea on Wednesday night, and that when she drank water or eat anything she had pain in the stomach (she

had had such attacks before). Friday morning, diarrhea better, but pain still in abdomen after eating ; no chill and no fever. This (Saturday) morning, better in every respect and no sign of chill. She had but a single dose of Rhus.

This was an old case of chills which had been in the hands of a number of physicians.

A slender and delicate woman, three months pregnant, complained of pain in the back, of such a nature that she could not walk or ride ; she had also profuse leucorrhoea, and was habitually constipated, having to strain very hard at stool, the fecal mass coming down to the verge of the anus, and going back or seeming to go back into the rectum. I gave her a single dose of Silicea 70.000. In a short time she was cured of the pain in back, leucorrhoea, and constipation.

A woman who had had a great deal of trouble, and had lost several children, was afflicted with ulceration of the os uteri, which had been cauterized and otherwise treated in the most approved style. She complained of pain in her back. There was a partial suppression of urine, the kidneys apparently not secreting a sufficient quantity, and that which was voided was of dark color and deposited a dark sediment. When she urinated freely she felt better.

She was very much distressed in mind, and unhappy, having to go out of the house in search of something to amuse or interest her. The abdomen and face were bloated. I gave her *Lachesis* 100.000, about three weeks ago, and she is gradually improving. The urine is more profuse and is clear ; the bloating of the face and abdomen has greatly subsided, and she is happy and contented. *Lachesis* is well suited for these unhappy people, and particularly if they are most unhappy on awaking in the morning, and when the urine is dark, with dark sediment.

Here is a **case of a patient** who has rush of blood to head, at night in bed, which awakens her from sleep in affright ; the same thing recurring again and again. The head is hot. *Arnica* 200, a single dose will remove the trouble nicely.

Gelsemium in Headache. The patients find themselves getting blind, and they then know that they are going to have a terrible headache, and they do have it. Sometimes they faint away in consequence of the suffering, or have to lie down and be quiet for a day.

Sepia in Headache. The pain comes in terrific *shocks*, as though there was a powerful jerk in the head. While they are telling you their symptoms you will notice that they stop when these jerks occur, and you can plainly see the nature of the attack. These terrible jerking or shocking pains, when occurring elsewhere than in the head, indicate sepia."

Prof. Guernsey stopped talking and said a few words to the students to wish the best for their future mission as doctors, as Homeopathic doctors.

The classroom was enthusiastic of his teaching and thanked him with a warm applause.

Before closing our "imaginary" course with Henry Newell Guernsey, I want to show a few cases related by one doctor of Pennsylvania. He was another one of the group of wonderful doctors of the American Golden Age. Not as famous as Guernsey, but a famous one during those times. He contributed several articles to the magazines, especially the Hahnemannian Monthly. He is Dr. Robert C. Smedley, born in 1832. He lived in West Chester, Pa. Graduated at the Homoeopathic Medical College of Pennsylvania in 1860. He was a very successful Prescriber.

A Little Experience with Guernsey's Key-Notes. By R. C. Smedley, M.D.



Sore Nipples.—On Sept. 11th I was called to see a lady suffering with sore nipples. There were cracks across the crown, not deep, but wide. When the babe was applied, the pain, which she described as almost unbearable, would shoot through from the nipple to the scapula. This pain Professor Guernsey mentions in his work as characteristic of *Crot. tig.* I gave three powders of Dunham's 200th, one to be taken each day. At the end of the third day she told me she had had no pain through to the scapula since taking the first powder; but there was still soreness, especially when the babe commenced to draw. For the cracks across the crown I gave two powders *Sepia 200* (Dunham's), one a day. About five days after I learned from her husband that she had much improved, and was nearly well.

After pains - On Sept. 18th I attended a lady in her third confinement, who had suffered very much with after pains after the birth of her second child. On visiting her next day she said she had slept scarcely any the night before, and could obtain no ease in any position that day, the pains were so severe. They were drawing, contracting, stitching, shooting, extending from back down into the glutei muscles.

This symptoms I found under *Kali c.*, I gave one powder of Dunham's 200th, and another to take in twelve hours if the pains remained unchanged. They soon abated, and in a few hours were not felt at all in the glutei muscles. Pains continued in the uterine region, but no more than were considered natural, while the uterus was expelling the clots and returning to its original position.

Constipation. - A lady who has been habitually costive for years, and for the past year seldom had an evacuation without using the syringe, and for two months or more had nearly always to take three injections before effecting an expulsion of stools, which were dry, hard, and lumpy, in balls, requiring much straining, which seemed to hear but little upon the contents of the rectum, showing its great inertness, was given a powder of *Alumina 200* for two mornings.

On the third morning one injection was sufficient, there being a copious evacuation; the same the following two mornings; after that the bowels were freely moved without aid : they became daily looser, until a diarrhoea set in which had to be checked. Since then they have been regular and natural every day.

I may add that I had given the *Alumina* before for that inertness of the rectum without any benefit whatever, but I gave it of the sixth attenuation. I had also given the old and well-tried remedies, *Nux* and *Sulph.*, from the first to the thirtieth, but without the desired results. Also *Op.*, *Plumb.*, *Podophyl.*, *Leptand.*, and *Gamboge*, all low, the latter only moving the bowels when given in from one to two grain doses repeated night and morning. I gave this, repugnant as it was to my feelings, until it failed to produce anything but nausea and pain.

Well, that's enough for this issue, the "last" issue of the LMHI Newsletter.

I do hope that this article on the history of our American Masters can be useful to teach and inspire our daily practice.



It's so easy to lose the correct path in the study and the practice of our wonderful Medicine.

My effort is to show all of us that by working and studying according to the principles left us by Hahnemann, the clinical success is inevitable. I hope that these articles on classical authors will convince the young students to study the old literature, which is full of "true and sure" advice, and avoid to lose time and energies with uncertain and

unverified theories that everyday threaten and destroy the solid bases of the marvelous "building" left us by Hahnemann and his first followers.

See you with the first issue of the "Homoeopathic Physician".

My special thanks to Dr. Dan Cook of Dallas for checking the English style of this article.



75TH WORLD CONGRESS OF HOMEOPATHY
24-27 JUNE 2020 • IZMIR / TURKEY
Bridge between past and future



Dear Colleagues and Friends,

Anatolia has been the cradle of several ancient civilizations. The collective consciousness of the area has given birth to many discoveries, innovations and new medical practices by such brilliant thinkers and philosophers as Avicenna, Pedanius Dioscorides, Claudius Galen, İbnü'l Baytar and Hippocrates. Pergamum, birth place to Galen and the practice of medicine, was its center of and bridged the transfer of knowledge from East to West.

Our congress will be held in this ancient land where knowledge breathes from the soil and flows through the air. Hahnemann's Homeopathic principles will be the central theme of the congress. If the roots of a tree are strong, the body and branches which lead to sky as well as the fruits, will be powerful, healthy and nurturing. Not forgetting our roots and the historical inheritance delivered from Hahnemann, we design this congress to be the bridge to the other trends and branches that come out of the center.



We hope this congress may be the soil where we can discuss all the approaches which come from Hahnemann until today, and learn how to preserve and sustain our valuable fruits – which include providing health through the “quick and soft way”.

Anatolia's unique hospitality will welcome you all in the pearl of the Aegean, Izmir, shelter of historical

treasure, cultural inheritance and natural beauty.

Congress Topics

- Historical development of Homeopathy
- Hahnemann and Organon
- Provings in Homeopathy
- New methods and approaches in Homeopathy
- Homeopathy and research
- Integration of Homeopathy:
 - Pharmacy
 - Veterinary
 - Dentistry
 - Agro-Homeopathy
 - Health care system

Important Dates

Early registration deadline

April 10, 2020

Deadline for submitting abstracts:

Priority Stream: February 9, 2020

Late-breaking Stream: April 15, 2020

Abstract outcomes:

Priority Stream: March 31, 2020

Late-breaking Stream: May 7, 2020

Dr. Altunay Ağaoğlu

President of the Congress

President of the Classical Homeopathy Association

Vice President of Liga Medicorum Homoeopathica Internationalis (LMHI)

Quiz Corner...

for our younger colleagues...



Pietro Gulia

Medico-Chirurgo Omeopata

pietrogulia@alice.it

1) Clinical case n.1 – March 2019. A 3-year old baby got scarlet fever and was given a 7-day amoxicillin course: his fever, skin redness and throat pain improved but he has not fully recovered. Peevish and weak, the child gets cracks at lips, corners of mouth and eyes; he scratches eyes and nose, rubs the nostrils and puts his fingers in the nose to scratch it; also, he puts his hand into the mouth to scratch the palate. He is pale; red eyes; his nostrils are red and cracked, the tongue is very red with red and erect papillae. It is enough to choose the remedy, which is ...

2) Clinical case n.2 – March 2019. Woman, 61-year old, a manager: she got cough, an acute laryngotracheitis without fever. Persistent cough; she feels a light pain in larynx while coughing; her cough < by night, after midnight, it is intense for half an hour, then it stops and she can sleep quietly. Her voice is low. She desires warm wraps and warm drinks; her thirst is intense but appetite is poor. (twice in the past, she got similar cough and in few days she got severe bronchopneumonia) Her face is pale. She likes lying on a sofa, under a woollen blanket, with TV on at low volume “because it has a soporific effect on me”. She is exhausted and drowns easily; she desires to be left -alone and doesn’t like to speak nor be questioned, gets annoyed when a family member asks “How are you?” or “anything to drink or eat?”. She worked hard (16 hrs/day) for a month, deeply irritated and disappointed by her colleagues and collaborators’ unreliability. What is the remedy?

3) In *Materia Medica Pura* (edition) –, Hahnemann states (bold by Hahnemann): 746 – Drowsiness, when closes his eyes, with yawning, all day, especially also in the evening. 747 – Somnolence after dinner; he falls asleep while talking. 747 – He falls into a fast and deep sleep, even while writing, being unable to resist. 748 – He gets sleepy early in the evening, and is very sleepy in the morning, for a long time. 749 – Cannot be roused in the morning and is very sleepy. 750 – He goes to sleep earlier and sleeps more soundly than usual, seemingly for weariness. What is the remedy?

4) Quoted from *Keynotes and Red Line Symptoms of Materia Medica* by A. Lippe: “Has relieved cases of stomatitis, when there are burning pains and excessive salivation. The mucous surfaces are raw and sore; the tongue is red, like a beet, and the papillae are prominent (Dr. Blackwood). ... Swelling of the sub-maxillary glands. The corners of the mouth, buccal cavity, and even the throat become raw and sore, emitting blood; so sore in fact, that the patient refuses all food and drink in consequence of the suffering occasioned by mastication or swallowing (Dr. Guernsey). Putrid odor emanating from the mouth (Dr. Guernsey)”. The remedy is ...

5) Quoted from *Leaders in Homoeopathic Therapeutics* by E. B. Nash: “Extreme weakness, with sense of *internal* trembling, which is non observable to others – Haemorrhages from every outlet of the body, with ecchymosed spots under the skin – Child smells sour all over, despite the actual cleanliness – Aphthae, of mouth, gums, or entire buccal cavity, gums bleed easily; ulcers painful; offensive breath ...”. If you are not sure, please use the Repertory and you will find the remedy.

6) Hahnemann points out the *proving guidelines* in Organon 6th ed. from aph. 105 to aph.145. In one of those aphorisms, he gives us a fundamental recommendation and a strict warning in order to build a reliable *Materia Medica*. Which is the aphorism and what are the recommendation and the warning?

7) The first ten aphorisms of Organon are an admirable synthesis of homeopathic principles and clinical methodology. In one of them Hahnemann writes: “ ... All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease”. Which are these signs? Find the aphorism and you could read the answer.

8) In first ten aphorisms Hahnemann gives us another strict warning that we often forget or disdain and so we end up by making mistakes. Can you find and quote it?

9) Among the ten following remedies, two of them are often complementary to Carbo vegetabilis: Aconitum; Camphora; Causticum; China; Ferrum metallicum; Kali carbonicum; Kreosotum; Mercurius solubilis; Thuja; Veratrum album. Which are?

10) And now, in conclusion of our Quiz n. 25, a question formulated by Hahnemann himself (see: R. Haehl – *Samuel Hahnemann: his life & works* vol. II, page 200– B. Jain Publishers, New Delhi, 1985 – a letter from Cöthen, 1834 June 20 “Examination questions for a Homeopath”): “Why does the name of a disease not suffice to instruct the physician as to what he has to do to cure the patient? Why, for instance, should he not give at once Cinchona bark when the patient tells him that he has a temperature (as the Allopath does).?”. I will help you: please, read Aph. 81 carefully.





Solutions quiz Corner – LMHI News n. 24

1) Clinical case n. 1 = MIND – Fear, ghost of – night; Fear, alone, of being – night; **ABDOMEN** – Distension, excessive; **GENERALS**, Weakness, morning, waking on; evening; exertion, slight from; **LARYNX –VOICE**, Hoarseness, evening; Scraping, clearing larynx; **COUGH** – Night; Violent; Dry. The remedy is **Carbo vegetabilis 30 CH**, two granules on his tongue; five granules in 250 ml of water; a teaspoon of the solution every hour, plus method. Completely cured in 24 hrs.

2) Clinical case n.2 – EXTREMITIES - Coldness, Knee – Legs; **GENERALS**, Weakness, sudden; **ABDOMEN** – Distension, tympanitic – excessive – Hard; **PERSPIRATION** , Cold; **FACE**, Discoloration, grayish. (**GENERALS** – Food, fish agg; spoiled fish. It is not sure this food caused the problem; if true, anyway, it confirms the remedy) The remedy is **Carbo vegetabilis 30CH, four granules**. Very quick improvement; no repetition of the dose. A very good prescription? ... a coincidence? ... pure luck? ... *placebo* effect?

3) Chronic Diseases (2nd edition) – Antipsoric Medicines (bold by Hahnemann himself): 3 MIND – Anxiety, afternoon, 16-18; **7** - Anxiety, driving him from place to place; **MIND** – Restlessness, anxious **GENERALS** - Trembling, externally, anxiety, from; **MIND** – Delusions, crime, committed a crime, he had; Weeping, anxiety after; **9 & 10** – Despair; Weeping; Suicidal disposition, shooting, by; despair, from; **16** – Excitement, hurried, as if; **21** – Irritability; Impatience, suicidal disposition, with; **25** – Passionate. **MIND** – Afternoon. The remedy is **Carbo vegetabilis**.

4) ABDOMEN - Distension, excessive; flatus, passing, not amel; eructations, not amel by; Fullness, sensation, of = **China**

5) ABDOMEN – Fermentation; Rumbling loud = **Lycopodium clavatum**.

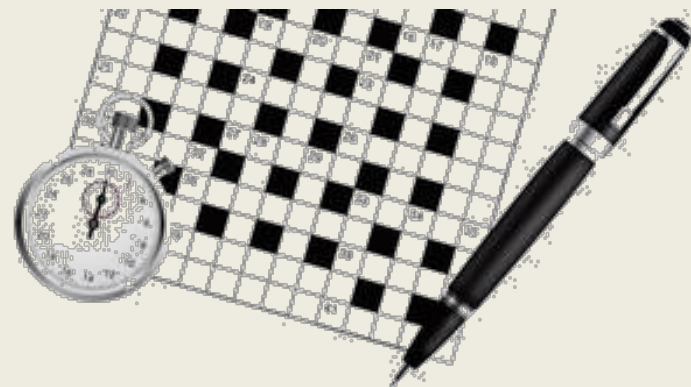
6) Aph. 5: d) a chronic miasm.

7) Aph. 246: .1) *“the medicine selected with the utmost care is perfectly homoeopathic”* (to the case); 2) *“if it is highly potentized, dissolved in water”*; 3) *“and given in proper small dose that experience has taught as the most suitable in definite intervals for the quickest accomplishment of the cure”*.

8) Psora, sycosis, syphilis. Only three.

9) Aph 246, again – *“... dissolved in water and given in proper small dose ... with the precaution, that the degree of every dose deviate somewhat from the preceding and following in order that the vital principle which is to be altered to a similar medicinal disease be not aroused to untoward reactions and revolt as is always the case¹ with unmodified and especially rapidly repeated doses”*. Dots: see above, answer No. 7). Moreover, **read Aph.247 and 248**, please.

10) Aph. 269: *“ The homoeopathic system of medicine develops for its special use ... the inner medicinal powers of the crude substances by means of a process peculiar to it ..., whereby only they all become immeasurably and penetratingly efficacious and remedial, even those that in the crude state give no evidence of the slightest medicinal power on the human body. This remarkable change in the qualities of natural bodies develops the latent, hitherto unperceived, as if slumbering hidden, dynamic (§ 11) powers ... This is effected by mechanical action upon their smallest particles by means of rubbing and shaking ... This process is called dynamizing, potentizing (development of medicinal power) and the products are dynamizations⁴ or potencies in different degrees”*.



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