

American Journal of Homeopathic Medicine

Volume 108 Number 4
Winter 2015



President's Message

Predictive Homeopathy Course Review, Part I

Case Assessment and Management through
"Predictive Homeopathy": Two Cases

Alternating Symptoms in the Homœopathic
Treatment of Bipolar Disorder.
Platinum Metallicum: A Case Report

Report on the "Homeopathic Medicine &
Advertising" Workshop at the Federal Trade
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Homeopathy in the 1918 Influenza Pandemic

Obituary: William Franklin McCoy





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Table of Contents

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Volume 108 Number 4

Winter 2015

President's Message <i>Ron Whitmont, MD</i>	132
Predictive Homeopathy Course Review, Part I <i>Susanne Saltzman, MD</i>	135
Case Assessment and Management through "Predictive Homeopathy": Two Cases <i>Dhiraj S. Mishra and Rachana Dhiraj Mishra</i>	140
Alternating Symptoms in the Homœopathic Treatment of Bipolar Disorder. Platinum Metallicum: A Case Report <i>Miriam Wheeler, ND, Jamie Oskin, ND, Jeffry Langland, PhD</i>	145
Report on the "Homeopathic Medicine & Advertising" Workshop at the Federal Trade Commission <i>Todd Hoover, MD, DHt</i>	154
Homeopathy in the 1918 Influenza Pandemic <i>Stephanie Jahn</i>	160
Obituary: William Franklin McCoy	171
AJHM 2015 Indices	174
Requirements for Submission of Manuscripts	177

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Changes in the Journal and Studying Predictive Homeopathy

Welcome to the winter issue—the last quarterly print version of the American Journal of Homeopathic Medicine. Starting in March 2016 the AJHM will be published digitally on a monthly basis along with a yearly print edition. More details will be forthcoming. Many things have passed this year and many new projects are in the works at the AIH.

Predictive Homeopathy and the AIH – Past and Future

Last year, the AIH's yearlong course in Predictive Homeopathy concluded after six successful three-day weekends, spanning September 2014 through July 2015. These sessions were simultaneously broadcast over the internet to distant viewers and archived for future use. The entire course may be viewed and reviewed by those who attended or subscribed already. The course is currently available for purchase by AIH members who chose not to subscribe at the time. Members of the AIH and/or the Homeopathic Medical Society of the State of New York (HMSSNY) are eligible to receive a discount.

Additionally, the first weekend of the course will be offered at a **special, limited-time discount of 50% off**, beginning in January 2016. This special offer will be available for six weeks only! See the inside cover of this issue and the AIH website for details.

This year's AIH Annual Conference will feature Dr.'s Prafull and Ambrish Vijayakar on April 1-3, 2016. The conference is entitled, "**Predictive Homeopathy Through Cured Cases**" and will be held on the grounds of the Southwest College of Naturopathic Medicine, in Tempe, Arizona. We are very excited about using this venue and look forward to the sunny warm weather of Arizona in the spring! (See the inside cover of this journal and the AIH Website for more details)

The Vijayakars were invited back to the U.S. as a result of popular demand. The seminar will feature the presentation and discussion of cured cases treated by the application of Predictive Homeopathy in the Vijayakars' "Hope for the Hopeless" clinics of India.

This Seminar should be of great interest to AIH members (although all licensed health care providers and students are welcome to attend). Participants of last year's seminar will be particularly interested in the opportunity to follow up with the Vijayakars and to continue learning

about Predictive Homeopathy, while those who are new to Predictive Homeopathy will appreciate the opportunity to learn about the fundamentals of analysis and follow-up.

The AIH annual membership meeting will take place during the seminar, on Saturday, April 2, 2016.

I have personally found the Predictive Homeopathy seminars to be extremely helpful in refining my own practice skills. Some of the more important things I learned include:

Miasms: This yearlong seminar was instrumental in helping me formulate a more *practical* understanding of miasms. My pre-Predictive Homeopathy education had only inconsistently stressed the importance of miasms. The Vijayakars helped me gain a more concrete understanding of their importance and taught me how to reliably view a case through this framework. I believe that these seminars do a very good job integrating this understanding into the foundations of assessment and prescribing in more serious cases.

The Syphilitic Entry Point (SEP): Closely following my renewed understanding of miasms came a grasp of the elegance and practical utility of the SEP. The SEP embodies many of the same principles of *strange, rare and peculiar phenomenology*, but positions this concept securely at the pinnacle of the prescribing pyramid. Finding the SEP can be difficult and it requires a thorough attention to each case.

Hering's Law of Cure (HLC): The Predictive Homeopathy course links the use of miasmatic theory and the SEP directly with HLC. When these three principles are aligned, prescribing for a case of severe pathology becomes a much more straightforward and ultimately *predictable* event. Combining these elements allowed me to understand and reason exactly how a case must be assessed and what signs to look for to judge its progress. Having this degree of accuracy in homeopathic prescribing was an entirely new experience for me.

Modalities: My pre-Predictive Homeopathy training had inconsistently emphasized the importance and role of using modalities in prescribing. This seminar taught me to integrate an appropriate use of modalities in the larger framework of prescribing.

Camaraderie with peers: Taking a yearlong seminar with 53 of my homeopathic colleagues (in person, and online) helped build a more solid sense of community

within the AIH. Seminar attendees included some who were very new to homeopathy and many who were considered seasoned “old timers.” Mingling with my peers throughout this course was something that cannot be quantified or succinctly summarized—it was a unique and positive experience!

Continuing the Process

I would encourage all AIH members to gather together (either in person or online) at the April 2016 course in Predictive Homeopathy in Tempe, Arizona. Having the

opportunity to learn from gifted masters of homeopathy, in the company of one's peers is a truly unique and special blessing.

The April seminar is a rare chance to interact with and learn directly from Dr.'s Prafull and Ambrish Vijayakar. I look forward to seeing all of you in Tempe, Arizona this April!

Respectfully submitted,
Ronald D. Whitmont, MD
President, American Institute of Homeopathy



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“True at every step to Hahnemann’s teachings, and utilizing a knowledge of embryology, Dr. Vijayakar has elaborated a detailed and logical approach to prescribing, and to accurately evaluating the results of each prescription”.
Nicholas Nossaman, MD, DHT

“I have personally found the Predictive Homeopathy seminars to be extremely helpful in refining my own practice skills. . . Having the opportunity to learn from such gifted masters of homeopathy, in the company of one’s peers is a truly unique and special blessing.”
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Predictive Homeopathy Course Review, Part I

Susanne Saltzman, MD

Keywords: Predictive Homeopathy, miasms, Hering's Law of Cure, embryology

For the last ten years of my 24 year practice, I have become increasingly challenged by the myriad complicated cases that arrive in my office daily. These are not the usual chronic problems that I treated earlier in my practice such as ear infections, bronchitis, asthma, anxiety, ADD, etc. These days I see children and young adults with severe autoimmune diseases such as Crohn's, lupus and ulcerative colitis, increasing numbers of elderly people with dementia, and far too many children with autism. While the functional medicine part of my practice helps with the increasing "obstacles to cure" (such as a poor diet, "leaky gut" and the many toxic substances to which our children are constantly exposed), I still find that the simillimum is the most powerful and effective way to achieve long lasting results. This is why I was so excited to read about the Vijayakars' Predictive Homeopathy seminar in New Orleans (which I did not attend) and their dramatic results with advanced pathological cases (all recorded on videos). What also encouraged me to take their year-long course was the fact that they were true Hahnemannian practitioners. For me, the whole philosophy/science of homeopathy as a medical system has always exemplified an essential truth (as confirmed by my numerous cured cases through the years) and I have never been drawn to methods that are not grounded in the classical approach.

My review of the Vijayakars' course will take place in several parts so as to impart the full flavor of their approach. I note that Dr. Richard Moskowitz has already produced an excellent review of the New Orleans seminar (published in the summer 2014 edition of this journal). After much thought, I have decided to repeat some of the core concepts in this article, not just for convenience but because so many of these core concepts are central to the Vijayakars' method of practice and they repeat them *again and again* throughout the course.

To begin, Dr. Prafull Vijayakar believes that chronic diseases, even so called incurable ones, can be permanently cured so long as the cure proceeds in a direction corresponding to Hering's Law of Cure—a direction that is largely predictable (hence, the term, "Predictive Homeopathy"). We all know that Hering's Law of Cure states that disease is cured from above downwards, from

inside outwards, and from more vital to less vital organs. However, Dr. Vijayakar has brought into this framework the additional consideration of embryological development.

For example, a patient can be cured of asthma with homeopathic treatment only to develop psoriasis later on. According to our very basic understanding of Hering's Law, we might decide that this treatment was indeed curative since the disease has moved from the "deeper" organ (lungs) to the skin (psoriasis). However, because the Vijayakars use the science of embryology to explain Hering's Law, they would say that the homeopathic treatment actually suppressed the asthma and "drove it deeper" into more advanced pathology because psoriasis originates in the dermis, which arises from a deeper layer (embryologically) than the bronchiolar lining (see below). Therefore it is very important to have an understanding of basic embryology to know whether our treatments are actually curative or suppressive, which is why follow-up visits are so important to the Vijayakars. So, let's review some basic embryology (once again I refer you to Dr. Moskowitz's article as well).

- 1) The *ectoderm* gives rise to the outermost layer of the body which consists of the skin or epidermis as well as the conjunctiva, cornea, lips, cheek, gums, palate, outer ear, sweat glands, parotids, hair, nails.
- 2) The *endoderm* consists of the cells lining the respiratory tract, gastrointestinal tract, and genitourinary tract. The liver is both endodermal and mesodermal.
- 3) The *mesenchymal* or *outer layer of mesoderm* comprises the connective tissues: cartilage, bones, joints, dermis, teeth, muscles, blood and lymph.
- 4) The *mesothelial* or *inner layer of mesoderm* forms the heart, blood vessels, and the parenchyma of the kidneys and lungs.
- 5) The *endocrine system* comprises the pituitary, thyroid, adrenals, pancreatic islets, ovaries, testes.
- 6) The *neuro-ectoderm* is the brain, central nervous system, autonomic and peripheral nervous system.
- 7) The *genetic code*: basic cellular structure and function; mind.

Now, using the above information, let's review some examples from class. Let's say you treat a man for psoriasis, but as the skin lesions improve, he develops a cough or bronchitis. Is this clinical response obeying Hering's Law? According to the Vijayakars, this response is good since the disease is moving from the mesoderm (psoriasis is a disease of the dermis) to endoderm (respiratory tract). What about someone with diarrhea who is treated successfully with a remedy but then she develops acute back pain? This would be considered a suppression since the process is moving from endoderm to mesoderm.

The Vijayakars stated that you may find that people with hypertension have a history of joint pains in the past that were treated allopathically which merely suppressed the illness—mesenchymal or outer layer of mesoderm/joints to mesothelial or inner layer of mesoderm/cardiovascular. They stated that when you cure cardiovascular problems, you will often see a worsening of knee or ankle pain. *However, these transient increase in pains should be bearable by the patient, lasting 3-4 days at the most and do not need treatment.* In fact, if you give someone a homeopathic remedy for high blood pressure and they develop excruciating back pain, then the remedy is probably incorrect (even though it moved in the "right" direction!).

Also, within the endocrine system there is a hierarchy, such that if we successfully treat a case of hypothyroidism in a diabetic, for example, as the TSH decreases we may see a transient increase in blood sugar as the cure takes place (thyroid *above* pancreas; "from above downwards"). Likewise, a person on thyroid medication for a long time might eventually end up with hypothalamus/pituitary problems (suppression). Other examples: we treat a diabetic with peripheral neuropathy. If the remedy is correct, as the tingling and numbness in the feet improve, there may be a temporary worsening of the blood sugar (moving from the neuro-ectoderm to endocrine system).

The Vijayakars use a very strict interpretation of Hering's Law. They showed a video, for example of a woman with a severe case of psoriasis (something that they apparently have much success with in their clinic), especially of the feet. On the follow-up after the remedy, the lesions on the feet were almost completely gone, however, the woman still had some deep cracks behind her left ear. Although they continued to wait, Dr. Vijayakar was not surprised when months later the psoriasis returned with a vengeance! (And *no* they did *not* repeat the remedy even though she had had such a marked improvement. That's how confident they are in their interpretation of Hering's Law!). He explained that the cracks behind the ear should have resolved first (above downwards, as well as the fact that cracks are a syphilitic symptom and should be the first to resolve), and so they retook the case and gave her another remedy. This time the cracks behind the ear resolved before the lesions on the feet and over the next few months her psoriasis completely resolved and remained that way until the present time, 3 years later (with just one dose of a 200C!) Amazing, n'est

pas?

The following schema are the "7 layers of disease travel" which corresponds to the embryological layers mentioned above (although here it is written in reverse order)

- 7) Insanity, cancer, AIDS, motor neuron disease, Parkinson's, Alzheimer's
- 6) Epilepsy, diabetic neuritis, multiple sclerosis, peripheral neuritis, vestibular nerve problems
- 5) Thyroid conditions, diabetes, infertility, neurosis, depression
- 4) Hypertension, angina, atherosclerosis, tuberculosis, hyperlipidemia, nephrosis, pleurisy, prolapse of heart valves, renal failure, emphysema
- 3) Rheumatoid arthritis, synovitis, back pain, osteoarthritis, hair loss (alopecia), anemia, dental problems, psoriasis, peritonitis, destruction/paralysis of vocal cord
- 2) Cold, cough, acute rhinitis, sinusitis, bronchitis, asthma, gastritis, tonsillitis, hepatitis, diarrhea, enteritis, appendicitis, urinary tract infections, laryngeal polyps, nasal polyps, gallstones, gonorrhoea, ulcerative colitis, Crohn's disease, ulcers
- 1) Eczema, boils, acne, conjunctivitis, otitis externa, aphthae, warts, corns, ringworm, blepharitis, ulcers, cracks, corneal ulcers, ear drum rupture.

The Vijayakars showed how Hering's Law closely parallels the earliest stages in embryological development. I won't review this concept here since it is so well-addressed in Dr. Moskowitz's article (p. 80). However, what I found fascinating about it is the idea that all morphogenetic gradients (autonomous embryological growth gradients that lead to specialization of cells, organs and tissues) follow Hering's Law: above downwards, center to periphery, inside outwards, more important to less vital organs! All these gradients supply nutrition, eliminate toxins, promote health/growth, are passive (do not consume ATP), and are directed towards the skin. All promote life. When we stimulate the body with our homeopathic remedies, we are essentially stimulating these morphogenetic gradients to produce a cure! In fact, according to the Vijayakars, any holistic system can do this; such as, prayer, vibrations, spirituality and other energy systems.

Next, the Vijayakars spoke about how the disappearance of skin lesions themselves must follow a certain pattern. For example, successful treatment of any kind of lesion should begin to shrink it from the periphery inward so that it starts *concentrating at the center* of the lesion, getting smaller and smaller until it disappears. This seems opposite to Hering's Law—center to periphery. Also, once the lesions are gone, there should be no depigmented areas nor any mark on the skin or the patient is not cured! If depigmented areas remain, for example, chances are the disease is not cured (remedy was wrong) and the patient will relapse. They showed a number of videos demonstrating

this phenomenon.

How to know if your remedy is wrong

The following are examples of suppression of *physical symptoms*, meaning, wrong remedy:

- 1) eczema starts to release pus (this is not a detoxification or healthy discharge)
- 2) any lesion that begins to bleed or ulcerate (these are syphilitic symptoms)
- 3) any inflammation that becomes hardened or indurated

The following are examples of suppression of *general symptoms*, meaning, wrong remedy:

- 1) Physical symptoms improve but patient becomes dull or loses interest in his usual activities.
- 2) Physical symptoms improve but sense of well being not present.
- 3) Physical symptoms improve but stamina is reduced.
- 4) Development of dizziness, nausea/vomiting is NOT good. The Vijayakars repeated this a number of times throughout the course. They said vomiting is reverse peristalsis and an unwelcome response, usually a result of the wrong remedy, which suppressed.
- 5) Lingering fevers after the remedy.

The following are examples of suppression of *mental symptoms* (wrong remedy):

- 1) A normally mild person (psoric) becomes angry and/or irritable (sycotic) or rageful/destructive (syphilitic)
- 2) A normally timid person (psoric) becomes audacious (sycotic)
- 3) A moderately anxious person (which is psoric and a normal defense) becomes completely contented and not at all anxious. In other words, anxiety in general is psoric—it's our friend—whereas sycosis is fear. Total fearlessness is syphilitic (this will become clear when we review miasms below).
- 4) A mildly anxious person starts to develop anguish/panic attacks. (suppression)

How to know if the remedy is correct

- 1) Mild fever develops within 24 hours.
- 2) Transient diarrhea (not vomiting).
- 3) Existing cough or pains worsen transiently.
- 4) An amelioration followed by an aggravation usually not good (this has also been my experience).
- 5) Patient regains interests in reading, playing, usual activities.
- 6) Increased tolerance to aggravating factors (stress).
- 7) Better sleep.

Ambrish Vijayakar (Prafull's son) then presented a number of cured video cases, one of which I will review here:

3 year old with hemangiomas

A 3-year-old female presents with severe hemangiomas involving the brain (seizures), right eye (completely swollen and shut on video), upper lip (completely swollen), right side of nose (swollen, disfigured). The patient was referred to Dr. Vijayakar by allopathic colleagues who could no longer help the child because of the severity of the disease. Brief history: After the child received several BCG vaccines as an infant, she developed profuse perspiration and became cranky and uncomfortable, especially in warm rooms. Soon after she developed a severe allergy to her milk-based formula and began episodes of projectile vomiting. This was followed by lachrymation, restlessness, and finally convulsions. CT showed a cerebral vascular malformation and she was diagnosed with Sturge-Weber syndrome. Unfortunately the hemangiomas grew out of control, spreading throughout the brain and the right side of her face, causing tremendous disfiguration. At this point she was referred to Vijayakars' clinic.

When we analyze this case, we see that the vaccines were probably the initial injury which led to gastrointestinal problems—the severe intolerance to milk and vomiting (endoderm)—which then progressed to deeper layers—seizures (neuro-ectoderm). Some of the child's other symptoms: she shuddered after noise, loved to play with rupees (Indian currency), and she was destructive with her toys. She was angry and obstinate and *rage caused shuddering* as well as *urination which also made her shudder* and cry. She would have intense temper tantrums and would shriek and shout. The mother's history showed she had a stillborn birth before the birth of this child which resulted in the mother having hysterical fits and depression.

So, if we analyze this case, we see how fast the progression of this disease was: after vaccination, she developed a severe milk intolerance, followed by lachrymation, restlessness and seizures—all within 2 years. *This shows a syphilitic predisposition.* Even shrieking and shuddering from noise/urination/anger are considered syphilitic symptoms. Convulsions with shuddering is a rubric consistent with the syphilitic quality of this case and contains but five remedies. This being a very forceful and strong child, the remedy given was *Moschus* 200C, one dose.

The seizures began to decrease almost immediately in intensity and frequency, which is what we want to see since the tumors are the primary pathology. The tumors shrank and receded over the next several months. The girl was given a total of 3 doses of *Moschus* 200C over an 18 month period. Follow-up videos showed resolution of the swelling and disfigurement of the face from the shrinking of the tumors. It was a truly amazing thing to witness!

46 year old with rheumatoid arthritis

A 46 year-old woman presents with rheumatoid arthritis (RA) so severe she is mostly bedridden (though can walk with support). She also has renal failure from the RA. She has swelling and deformities throughout her joints and extreme weakness. Her pain is aggravated by the slightest motion. Symptoms began when her family separated and she felt forsaken by her relatives. She has a history of asthma many years ago (endoderm), followed by diabetes (endocrine), and RA (mesenchyme). Now she has renal failure from the RA (mesothelium). She is reserved, cannot bear rudeness or neglect, is chilly, has swelling of her upper eyelids, puffiness of the face and startles easily.

She is given *Kali carbonicum* 200C, one dose. The swelling of her face is reduced 50% and she starts walking with less support. She starts smiling. Her constipation is unchanged but her pain is better. Her urinary output, however, remains poor and there is no improvement in kidney function (protein in urine and creatinine are unchanged). Therefore, the deepest layer (mesothelium) remains unchanged; so the remedy was deemed incorrect.

Many from the audience asked if the remedy should be repeated since she had some improvement of other symptoms, but the Vijayakars stated that the deepest layer (kidneys) is unchanged and should have shown some signs of resolution *first*; therefore the remedy is wrong. The case is retaken and she is finally cured with one dose of *Calcarea carbonica* 200c (prescribed based on her need for support and protection, obstinacy, chilliness, chronic constipation, etc.). Follow-up videos show her walking without support, the pain and swelling markedly decreased, her mood good and the kidneys fully functioning (urinary output increased, creatinine began to decrease)! The Vijayakars stated that for diseases such as RA, one dose of the simillimum is usually sufficient.

Miasms

Now let's talk about *miasms*—another topic which is greatly expanded upon by the Vijayakars. Miasms are used by the Vijayakars in evaluating every single case.

To review, I refer you once again to Dr. Moskowitz's article (p. 80). Disease arises in an organ/tissue when the cells fight to survive. In other words, *every disease is a defense mechanism*. Hahnemann believed that the chronicity and relapsing nature of many diseases (that were not cured with the seemingly most-indicated remedies) could be traced to the itch (psora), fig-wart disease (sycosis), and the chancre (syphilis).

Psora

Psora is considered the most basic defense consisting of *inflammation and irritation* and covers most acute, self-limiting diseases that do not cause permanent tissue damage, such as boils, rashes, colic, spasms, pains, constrictions, the diseases ending with "itis," such as conjunctivitis, sinusitis, hepatitis, pancreatitis, as well as (on an emotional

level) anxiety, neurosis, irritability, anger. How do psoric patients present in your clinic? Due to an *oversensitivity on all levels*, these patients complain of numerous symptoms such as sensitivity to rudeness, reproaches, family affairs and their health. They can be anxious, impatient, irritable and angry, asking the practitioner, "Why can you not help me?" "What remedy are you giving me?" "Is it safe?" *Psora expresses*. These patients are also conscientious, diligent, responsible, eager to learn and work, and complain about usual life events.

Sycosis

If the psoric defense is not enough to contain the problem (as a metaphor: you are hitting me and I shout "stop," but that does not stop you), then the secondary defense is sycosis (I put up a barrier between us). On a physical level, this manifests as chronic inflammation and induration. Here the body begins to fortify itself through, 1) accumulation, 2) changes in structural proteins, and 3) multiplication (for example, hyperlipidemia and diabetes). On a mental level, this corresponds to: "I am under attack; I feel insecure, fragile, threatened; I need a facade (induration); I have to change, strengthen my structure and fortify myself." Here, the individual starts to cover up his weaknesses by hiding (cowardice, secretive), becoming bombastic (boasters, braggarts), accumulating things to feel secure (money, material goods, sex, etc.).

Sycosis displays *excess* and will go to any means to obtain what they want. They can be manipulators, liars and thieves. They can also be highly intelligent, precocious children, and as adults are good managers, orators and planners (CEO's, politicians, scientists, actors, poets, writers, industrialists.). Sycotic grief manifests in not just cries (psoric) but involuntary sighing (suppressed grief). Other sycotic mental symptoms are foolishness, fearfulness, escapism and hypocrisy. On a physical level, we see congestion, edema, swelling, ascites, glaucoma, hydrocephalus, pleurisy, hyperlipidemia, obesity, or induration involving excess elastin and fibrin (fibrosis, contractures, shortening of tendons), stenosis. Proliferation gives us corns, keloids, fibroids, moles, cysts, tumors, polyps. Likewise, the body may respond by producing less elastin (hyposycosis) which leads to prolapse, ptosis, hemorrhoids, sprains, hernias, dilatation, constipation and varicosities.

Syphilis

When the sycotic defense is insufficient, this leads to a syphilitic state which is destructive, out of control and will sacrifice a part of the body to save the whole (metaphor: putting up a barrier did not stop you so now I can cut off your arm or my own.) On the mental level we see hatred, cruelty, rage, perversions, hallucinations, delusions, suicidal and homicidal behavior, and exaggerated reactions to normal stimuli (people who cannot control laughter, severe pain from touch, hysteria, etc.). We can also see

complete apathy or indifference. Physically we see necrosis, gangrene, ulcerations, autoimmune and neurodegenerative diseases.

Many examples were given to demonstrate how these three miasms are expressed. According to the Vijayakars, enlightenment (“there are many gurus in India!”) is considered a syphilitic trait because it’s an exaggeration (outside of reality). Terrorists who plan an attack are sycoptic, those who carry out the attack syphilitic.

Finally one of the most important lessons learned is that any remedy can be psoric, sycoptic or syphilitic depending on the stage to which the person (or disease) has progressed. And most importantly, in all cases it is crucial to uncover the deepest, most syphilitic symptoms (if possible), since *it is the remedy that covers this symptom which will likely cure the case*. Even in what appears to be the simplest “psoric” case, there will usually be a deeper symptom/layer (usually syphilitic) that needs to be uncovered. This symptom will be your “entry point” into the simillimum. This seems to be the “secret ingredient” to the Vijayakars’ success with even the most challenging, incurable cases.

Another video case example:

An 18-year-old male presents with alopecia (the Vijayakars have much success treating this condition) which began at 12 years of age. The hair loss began within 15 days of receiving a vaccination at age 5. Hair loss began on the occiput and progressed to the entire head, followed by the eyebrows and eyelashes. He is tall, thirsty, chilly (the Vijayakars place tremendous importance on thermals and thirst), loves sweets, is quiet, reserved, attached to his mother, was sensitive to rudeness as a young child and also stammered for a brief time (may reveal fear of a dominant parent). He also has trouble concentrating in school (Mind: dullness) and his memory is poor.

He was given a number of incorrect remedies including *Calcarea carbonica* and *Baryta carbonica*. However, when he was given *Baryta muriaticum* (muriaticums have

attachment to the mother), his hair started to grow back but was *white in color*. According to the Vijayakars this is a syphilitic symptom and so the remedy is wrong (he is young and not supposed to have white hair!) However, because the remedy obviously produced a response, they considered whether this was from the Baryta or the muriaticum element. They decided that they needed to look deeper into the case and so they questioned him further.

They discovered that he felt a tremendous responsibility towards his parents, that he dreams of money and imagines himself wealthy. He does not have the will to create this in his life, but he sits around all day reading magazines and imagines himself wealthy with big houses and fancy cars. The Vijayakars believed this was more than just daydreaming (a sycoptic symptom); they saw it as delusional/syphilitic (because of the degree of his obsession with these fantasies) and they repertorized “Mind: fancies, on reading” (Note: the Vijayakars have an almost encyclopedic knowledge of repertory).

They gave him *Magnesia muriaticum* 200C, one dose. This remedy covered his general introverted state, sensitivity to rudeness, sense of responsibility towards his parents and, most importantly, it was in “Mind: fancies, on reading”—the *deepest, most syphilitic symptom uncovered in the case*. Next, the Vijayakars asked a very important question: if the remedy is correct, on what part of the body will the hair grow first? They considered this key to a cure. Based on Hering’s Law, the hair should grow in first where it is most needed/vital. If you answered the eyelashes, then you are correct! Within a year, follow-up videos showed the patient with a full head of hair (as well as eyebrows, lashes, and beard!).

Upcoming articles

In the rest of this series of articles I will be summarizing remedies/materia medica from the Vijayakars’ perspective and clinical experience, as well as continue to describe some amazing cured video cases.



Case Assessment and Management through “Predictive Homeopathy”: Two Cases

Dhiraj S. Mishra and Rachana Dhiraj Mishra

Abstract: “Predictive Homeopathy” is a clinical homeopathic method developed by Dr. Prafull Vijayakar. It emphasizes the importance of miasmatic influences and their relationship to neural development in homeopathic case assessment and makes use of Hering’s “Law of Cure” in case management. What follows are two cases demonstrating the Predictive Homeopathy approach. The first involves a 2 year-old female with developmental delay and hypotonia. The second case involves a 9 year-old male with attention deficit disorder and mental retardation.

Keywords: developmental delay with hypotonia, ADHD, mental retardation, *Mercurius solubilis*, *Ammonium muriaticum*, predictive homeopathy, law of cure; embryology, the importance of in case evaluation

A Case of *Mercurius solubilis* - Delayed Milestones with Hypotonia

Dhiraj S. Mishra, BHMS, CGO, CSD (Mumbai)

Name: HB

Age: 2 years, female

Diagnosis: Developmental delay and hypotonia.

Consulting date: 7/2/15

Chief Complaints

1. No proper eye contact
2. Unable to chew food
3. Cannot hold head up, whole body is loose
4. Unable to grasp things
5. Cannot sit on her own, needs support

Physical Generals

Thermal: hot

Thirst: thirsty

Appetite: good

Desires: sweets and ice cream

Hunger: cannot tolerate—wants food immediately and if not given, refuses to eat even on forceful feeding

Sleep: good

Stool: no complaints

Urine: no complaints

Birth History

HB was born by Caesarean section. Her first cry was loud, but the second cry was feeble and after a few minutes there was a continuous cry. She was shifted to the neonatal intensive care unit (NICU) for fifteen days, with oxygen support.

The child developed convulsions on admission to the NICU. The mother was unaware of this. HB was

discharged after 14 days.

At three months of age the mother came to see that HB did not have proper eye contact and had diminished response to light and hand movements.

An electroencephalogram (EEG) was repeated at month three. There was some abnormality but no seizures detected. The child was put on Topamax (25 mg) with physiotherapy.

At 7 months of age HB developed extensor spasms. She was sedated and started on adrenocorticotrophic hormone injections.

Seizures increased after these injections and hence the dosages of allopathic medicines were further increased.

At 1 year and 4 months of age, she began physiotherapy. The mother regrets this now, as after this HB’s condition started worsening and she began having looseness of whole body.

Investigations

MRI of the brain (at 7 months of age) showed diminished thickness of the corpus callosum and hypomyelination of the corona radiata and optic radiation.

Mind and Life Situation

The mother says HB has a very good memory. She is playful but takes time to mix with strangers. She is an irritable child. She does not like either the touch of people or people coming near her. She sometimes even refuses to allow the mother or father to touch her. Nevertheless, she likes to be carried and loves traveling.

Once, on being taken to the doctor for vaccination, she

hit the syringe/needle with force and refused to be injected.

If things are not done according to her wish, she reacts by throwing her hand up or simply pushing the thing away from her.

Analysis

We refer to the *Organon of Medicine* (6th Edition), Aphorism 3, which states:

“If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication), if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (knowledge of medicinal powers), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue—to adapt it, as well in respect to the suitability of the medicine most appropriate according to its mode of action to the case before him (choice of the remedy, the medicine indicated), as also in respect to the exact mode of preparation and quantity of it required (proper dose), and the proper period for repeating the dose—and if, finally, he knows the obstacles to recovery in each case and is aware how to remove them, so that the restoration may be permanent, then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.”¹

So the first and foremost consideration is, “what is to be treated?” This we come to know only if we have a proper understanding of the pathology of the disease. According to Dr. Prafull Vijayakar, diseases must be classified into psora, sycosis and/or syphilis.² He relates these three miasms to the three possible processes of defense which the body adopts during an injury or a trauma or simply in a disease. Psora corresponds to inflammation (five signs of inflammation), sycosis to growth (excess or less) and syphilis corresponds to destruction (apoptosis and necrosis). In the above case, the pathology or the miasmatic journey is in syco-syphilitic mode, as indicated by hypomyelination. This means less myelin sheath is synthesized by the body, which leads to the slow degeneration of nerve fibers. As a metaphor, consider an electric copper wire that has no protective cover (insulation) around it—the wire is exposed and the situation can be dangerous.

Now we shall see what Hahnemann mentions in Aphorism 80. He says:

“Incalculably greater and more important than the two chronic miasms just named, however, is the chronic miasm of psora, which, whilst those two reveal their specific internal dyscrasia, the one by the venereal chancre, the other by the cauliflower-like growths, does also, after the completion of the internal infection of the whole organism, announce by a peculiar cutaneous eruption, sometimes consisting

only of a few vesicles accompanied by intolerable voluptuous tickling itching (and a peculiar odour), the monstrous internal chronic miasm—the psora, the only real fundamental cause and producer of all the other numerous, I may say innumerable, forms of disease, which, under the names of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, softening of the bones (rachitis), scoliosis and kyphosis, caries, cancer, fungus hematodes, neoplasms, gout, hemorrhoids, jaundice, cyanosis, dropsy, amenorrhea, hemorrhage from the stomach, nose, lungs, bladder and womb, of asthma and ulceration of the lungs, of impotence and barrenness, of megrim, deafness, cataract, amaurosis, urinary calculus, paralysis, defects of the senses and pains of thousands of kinds, etc., figure in systematic works on pathology as peculiar, independent diseases.”¹

In short, Hahnemann informs us that without psora, sycosis and syphilis cannot develop. That is, without inflammation, there cannot be a tumor or an ulcer.² *Inflammation is the starting point in the development of disease.*^{2,3} So then, in the case of HB, where did the inflammation which lead to the development of syco-syphilitic pathology, begin?

The answer to that question lies in the pregnancy journey of the mother. The mother had a history of induced abortion when a child she was carrying was detected with an anomaly in the “triple marker test.” This was eight months prior to when she and her husband conceived HB. During the mother’s pregnancy with HB she always had a fear *the child born would not be normal*. Once while traveling for a job she saw a mother carrying a mentally challenged child. This thought would occur again and again and aggravate her fear. So, the inflammation started after fear—and a slow, continuous process will develop a slow continuous disease.

Analyzing more deeply, we also need to understand the mental make-up of the child; after all, homeopathy is incomplete without understanding the mental picture. Aphorism 211 states:

“This holds true to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homeopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician.”¹

So what is the disposition or character expressed by the child? Dr. Vijayakar says every individual responds to a disease according to his/her genetic nature. All the emotions, intellect, morals, etc., are expressed by the genes. So we have to consider the genetic nature of the child—that is, how the child is *reacting to a situation or expressing himself*.

The child is of an angry nature and always reacts by rejecting things which he does not like. So we use the

following rubrics (from the *Complete Repertory*)⁴ in our totality: “Mood: repulsive” and “Ailments from fright or fear.”

Now we simply need to eliminate remedies according to their disposition and physical generals.⁵ We are looking for remedies which are angry, non-destructive, hot and thirsty. The remedies which emerge are *Bryonia alba*, *Lachesis muta*, *Lycopodium clavatum* and *Mercurius solubilis*. Dr. Vijayakar says plant remedies will not act deeply in syphilitic diseases, while snake poisons work in bleeding disorders and the metallic group has the power to degenerate the nerves and cause destructive or syphilitic disorders.⁶ Therefore, the remedy given to HB was *Mercurius solubilis* 200C. It was given as a single dose, along with placebo pills to be taken for one month.

Materia medica:

We prescribe *Mercurius solubilis* when we see patients who:

1. Contradict or hit back
2. Go against the tide
3. Are quarrelsome and argumentative
4. Have been emotionally suppressed for a long time and want to hit back
5. Are street smart and intelligent
6. Have profuse perspiration and salivation
7. Are warm-blooded (i.e., thermally hot)

The remedy is useful in children who:

- 1 Refuse milk, even though they love mother’s milk.
- 2 Don’t obey others and don’t like to be held
- 3 Are independent
- 4 Hit back when forced to do something against their will
- 5 Are competitive and defiant.

Predictive Homeopathy is the only homeopathic method of which we are aware to give maximum importance to “Hering’s Law of Direction of Cure.” Dr. Vijayakar has correlated Hering’s “Law of Cure” with embryology and development of the fetus. The first important indicator of

proper development concerns the *senses*; that is, the child should start recognizing people, should make good eye contact and must follow things. This is the first milestone, followed by the ability of the neck muscles to hold the head upright, grasping power of the fingers/hands, turning in bed, crawling, standing and walking; thus completing the corollary of the “above, downwards cure” and restoring the sick to health (Aphorism 1).

Follow-up: one month after the first consultation

The mother says she is getting goose bumps out of excitement with the development of the child. Prior to homeopathic treatment she had lost hope the child would ever be normal.

HB is following persons and objects now. She has started recognizing relatives and other people. She gives a social smile. She is attempting to chew food and her swallowing is improving. She cooperates with everybody. She has started using her hands now for movement. Her general condition is much better. The remedy was not repeated again and the child is being given placebo pills. There is significant improvement in the condition to the present day.

Conclusion

So what is the scope of homeopathy, or rather, its limitations? The answer is: homeopathy has no limitations. It is the homeopath who has limitations. If homeopathy is practiced correctly, according to the principles expressed in *Organon of Medicine*, we will never fail and we may be able to replicate the results of our past masters.

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A Case of ADHD and Moderate Mental Retardation

Rachana Dhiraj Mishra, BHMS, CGO, CSD (Mumbai)

Name: MK

Age: 9

Sex: male

Chief complaints

MK presented for help with behavioral problems which had been present since age two. He would become angry suddenly, even from the slightest trifle. He would be hyperactive, with increased strength and muscle tension, and throw objects. He would at times become violent, hitting people and family members. He was an extremely

restless child. There were many complaints from school teachers, as he harassed his classmates.

In the year prior to his presentation at the clinic, MK’s outbursts of behavior had occurred 3 to 4 times per month, with each episode lasting almost an hour, before gradually subsiding. After the attack he would get tired and feel hungry, which was usually relieved by eating.

Journey of disease

Two years prior to presentation at the clinic MK suffered from fever which was diagnosed as jaundice. The fever

lasted a week and he was treated symptomatically. After the fever subsided he started showing signs of behavioral changes which gradually progressed into the present behavior.

Investigations

Electroencephalogram (EEG) showed an intermittent slow wave burst in the delta range with slight, slow background activity in the theta-alpha range. MK was referred to a neurologist who diagnosed him with attention deficit hyperactive disorder (ADHD) and low grade mental retardation.

Past History

MK suffered from bouts of diarrhea when he was 1 year of age.

Birth and Pediatric History

MK was a full term baby weighing 5.5lbs. He had a normal cry at birth. All the developmental milestones were normal except understanding and social skills.

Case Generals

Body size: MK is tall for his age

Appetite: good, and he can tolerate hunger

Thermals: hot

Thirst: thirsty

Cravings: fish ++, sour foods+

Urine: normal

Stools: normal

No other sensitivity to physicals noted

Life Situation

MK was born in a small village in Maharashtra (India) and presently lives there with his parents and siblings. He is a timid child, always preferring to stay at home and play. He avoids running and games that require physical power. He mixes less with people and always wants someone to accompany him when he meets or greets relatives. He avoids talking and feels irritated if someone speaks to him or disturbs him. He feels angry if someone behaves rudely or criticizes him and the reaction is violent anger with tantrums. He has no interest in studies but likes to sketch and draw. He has cordial relations with his sister and family members.

Analysis

Aphorism 83, from the *Organon of Medicine* (6th edition):

“This individualizing examination of a case of disease, for which I shall only give in this place general directions, of which the practitioner will bear in mind only what is applicable for each individual case, demand of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the

disease.”¹

This prejudice is what happens with all of us even before the case is completed and we have figured out the remedy! This leads to faulty prescriptions and a temporary amelioration of the patient’s suffering and violates the meaning of “restoring the sick to health” (Aphorism 1). So, how do we proceed?

The most important task for a homeopath in a case is to sort out symptoms of importance and grade them according to their intensity for repertorial analysis and remedy prescription. Unfortunately there are no fixed guidelines attached to this process. *Predictive Homeopathy* has simplified this undertaking since it is based purely on Hahnemann’s ideology and philosophy and, as far as we know, is the only school that has correlated homeopathy with modern genetic science.

The first and foremost thing is to understand the disease picture and classify it miasmatically. The progression of disease in the above case is slow and progressively threatening to destroy the social area of the brain; hence the miasm is syco-syphilitic. Correspondingly we need a strong mental symptom which should match with the speed of the disease. In this case the child becomes violent when he is troubled. So irritation is psoric defense, anger is sycotic defense and violence or rage is syphilitic defense. So our first symptom for analysis should be “rage,” which according to the dictionary means violent, uncontrollable anger. But this rubric has approximately 140 remedies! Thus we need more symptoms to make our prescription firm.

In treating children with ADHD and such disorders it is always safe to consider some physical particular or general symptoms in choosing the remedy because the mind is out of control (syphilis) and hence the majority of children exhibit symptoms of anger, violence, restlessness, etc. Therefore, our cases when repertorized with these symptoms will give us a fixed, prejudiced group of remedies. So we analyze it more deeply, to the innate character or the genetic code of the patient. When we do so in this case, we find the child is timid, reserved, irritable (psoro-sycotic) and avoids physical work

Aphorism 153 of the *Organon* states:

“In this search for a homeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbidic agent corresponding by similarity to the disease to be cured, *the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it most suitable for effecting the cure.*”¹

So, what is the most striking and peculiar symptom in

this case? It's the hunger that the child exhibits after anger. Looking in the repertory the rubric we get: MENTALS: Anger: eating, ameliorates; after: am-m.

Ammonium muriaticum

Ammonium muriaticum is a remedy that is a combination of *Nux vomica*, *Natrum muriaticum* and *Platinum metallicum*. They have the anger and ego of *Nux vomica* and *Platina*, respectively, with the sensitivity, timidity and reserved nature of *Natrum muriaticum*. However, the most important symptom in all source books is "Contractions of tendons, muscles and ligaments and a falling short sensation."

Mentally they fall short in the form of discouragement and a giving up attitude. It's like a person who struggles for his work or fame but always falls short of achieving it. He becomes discouraged, gives up and turns melancholic. Muscles have to do with performance, as in athletes—the more agile the muscles, the better the performance. So, here the performance diminishes because of the muscles going into a contractive state and being unable to take the load of pressure. In short, they succumb to pressure.

Physically, the *Ammonium muriaticum* patient has a sore feeling in the joints and muscles as if they were cramped. Calf muscles feel cramped or in spasm, especially at midnight—a confirmatory symptom for Ammoniums. So, we confirmed with the mother by asking her why he was not interested in physical games. The reply was that he always complains of pain in the calf muscles if he runs.

Ammoniums are morose, sulky and aggravated by consolation. They are slow, sluggish people who get tired easily and have cardiac complaints such as dyspnea and a hemorrhagic tendency (especially epistaxis). They cannot tolerate bathing (as with *Sulphur*).

Generals: Hot (*Am-m*), Chilly (*Am-c*). Thirsty. Cravings for sour food.

Remedy prescribed: *Ammonium muriaticum* 200C, as a single dose.

Follow-up

March 2014: Violent behavior has reduced considerably.

The throwing of things has decreased. He has started taking interest in activities. He has become more alert and quick.

May 2014: Violence is absent, although he gets irritable. He has started taking interest in studies.

July 2014: He had an episode of fever in the month prior but was not treated; as we had predicted, the fever would return. Teachers in school are happy with his progress as his concentration and understanding has improved. He is active in sports now.

References

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About the Authors: Dr. Dhiraj Mishra and Dr. Rachana Mishra graduated from the prestigious Smt CMP Homeopathic College, Mumbai. They both are consulting homeopathic practitioners in Mumbai and have been associated as Doctor on panel, Teacher and Faculty member to Dr Prafull Vijayakar's Internationally acclaimed Predictive Homeopathy School for the last 10 years.

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Alternating Symptoms in the Homœopathic Treatment of Bipolar Disorder. Platinum Metallicum: A Case Report

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Abstract: Due to the oscillating nature of the symptoms within rapid cycling or cyclothymic bipolar disorder, an accurate homœopathic prescription must produce alternating symptoms within the drug's primary action in order to most similarly match the disease state of the patient. By example, this case report presents the homœopathic treatment of a patient with diagnoses of bipolar disorder, attention deficit disorder, and anxiety. The patient previously underwent conventional treatment for several years, but was dissatisfied with the outcome and sought alternative treatment. The patient was prescribed *Platina metallicum* because of its similarity to the distinctive (characteristic) symptoms of the "case of disease," (*Organon*, §153).¹ Within two months of treatment, episodes of mania, depression, and anxiety had stopped. After one year, the patient demonstrated continued improvement without relapses in bipolar episodes. This case presents an important example of *Platina metallicum*'s alternating symptoms within its primary action, which makes it a valuable remedy in the homœopathic treatment of bipolar disorder.

Keywords: alternating symptoms, mental illness, *Platinum metallicum*, bipolar disorder, attention deficit disorder, anxiety

Introduction

The case herein presented demonstrates the effectiveness of homœopathy in the treatment of bipolar I disorder (BPI), generalized anxiety disorder (GAD) and attention deficit hyperactivity disorder (ADHD) inattentive type.

It has been suggested that homœopathy has the potential to improve symptoms related to mood disorders.² Homœopathy was found to be non-inferior to fluoxetine in the treatment of moderate to severe depression and with fewer side effects in a double-blind randomized trial.³ Recently, homœopathy was found to be more effective than placebo and pharmaceutical intervention for depression in peri- and post-menopausal women in a randomized, double-dummy, double-blind, placebo-controlled trial.⁴ A meta-review concluded, however, that there is a lack of evidence to support the use of homœopathy for the treatment of anxiety.⁵ Homœopathic treatment of ADHD in children was demonstrated to be a safe and effective treatment in a randomized, double-blind, placebo-controlled crossover trial.⁶ The therapeutic value of homœopathy for serious mental disorders has been thoroughly documented in the historical homœopathic literature spanning the past two hundred years and dating back to Hahnemann's own case reports.⁷

The following case shows the potential for homœopathy to be used as an effective and safe treatment for mental disorders, including BPI, ADHD, and anxiety. Specifically,

this case illustrates *Platina metallicum*'s alternating symptoms within its primary action, which makes it an important remedy in the homœopathic treatment of bipolar disorder. The concepts of primary, secondary, and alternating symptoms will be examined more completely in the discussion.

Presenting Concerns

Initial Intake: A thirty-seven year-old Caucasian female presented to the Southwest Naturopathic Medical Center^a with the diagnoses of bipolar I disorder, attention deficit hyperactivity disorder inattentive type, and generalized anxiety disorder. These diagnoses were previously determined by the patient's psychiatrists and were based on DSM-IV criteria. The patient had an eleven-year history of BPI, a six-year history of GAD, and a three-year history of ADHD when we began management of her case. Anxiety and inattention, however, began in high school and were undiagnosed for many years. The psychiatrist overseeing her care in the years prior to our intervention rated her Global Assessment of Functioning score (Axis V diagnosis) between 60-70, indicating mild to moderate impairment in

^a The Southwest Naturopathic Medical Center is the student teaching clinic affiliated with the Southwest College of Naturopathic Medicine and Health Sciences (SCNM) in Tempe, Arizona.

functioning as a result of her mental disorders.⁸ Previous medical interventions included alprazolam 0.5 mg twice daily, bupropion hydrochloride 200 mg daily, clonazepam 0.5 mg twice daily, zolpidem 12.5 mg (later reduced to 10 mg and 6.25 mg) before bed nightly, amoxetine at multiple doses (60 mg, 40 mg, and 25 mg) every morning, lithium at an unknown daily dose, and psychotherapy. The patient's previous medical records indicated mild improvements in symptoms and daily functioning, but favorable results were dependent on compliance of medication usage. At the time of our initial intake she had self-discontinued all previously prescribed medications due to perceived minimal benefit and associated undesired side-effects, including: irritability, suicidal thoughts, decreased sexual interest, migraines, and increased anxiety.

The patient reported an episode of sexual abuse within the same year that the episodes of mania and depression initially began. In the immediate years prior to starting homeopathic treatment, the patient was in the process of filing for bankruptcy, had difficulty maintaining jobs and personal relationships, and felt "lost and out of control." During the interim of discontinuing conventional treatment and seeking alternative care, she decided to return to school and also began working for her family's business.

At the time of the initial intake, she reported the following ADHD symptoms: difficulty focusing, inattention, making careless mistakes, difficulty completing tasks and forgetfulness. These symptoms were the most problematic in her day-to-day life. However, it was the symptoms related to her rapidly cycling BPI that were the most debilitating and destructive. For over a decade prior to initiating homeopathic treatment, each week she would experience a pattern of mania for four days beginning on Wednesday, immediately followed by a day of depressed mood, followed by approximately two days of feeling "normal." The severity and nature of these episodes were consistently worse prior to her menses.

Episodes of mania consisted of binge drinking, shopping sprees, increased libido, loquacity, racing thoughts, compulsive behavior and increased energy with diminished need for sleep. Depressed episodes were characterized by a strong desire to cry, feeling overly critical of herself and others, being withdrawn socially, having increased fatigue, and binge eating. She frequently ended romantic relationships and felt indifferent towards her partners during periods of depression. Her episodes of anxiety, which she viewed as the least troubling of all her symptoms, occurred primarily at work or school when she was unable to complete projects or assignments due to her inattention. During episodes of anxiety she felt flushes of heat with increased perspiration on her chest, palpitations

and shakiness—all of which were ameliorated in open air.

Additionally, it was learned that her menstrual history included many years of severe menorrhagia with dark clots. In 2009, the patient had a uterine ablation to stop her menstruation, which she described as "heavy, horrendous, nightmarish."^b She experienced extreme alternating moods in the days preceding her menses. The patient said that within the same hour she would alternate between laughing and crying.

The most distinguishing (singular) symptoms in this case were those repertorized (see Figure 1) using the computerized *Programme* version of Bönninghausen's *Therapeutic Pocketbook*, through George Dimitriadis' most accurate English translation, TBR2.⁹ The *Platina metallicum* prescription was confirmed by the accessory (concomitant) symptoms (*Organon*, §95) that the homeopath regards as part of an interconnected syndromal deviation from health, rather than disparate diseases which conventional medicine treats separately.^{10,11,12,13,14,15} Therefore, the *effects* of *Platina metallicum* were the most similar match to the totality of characteristic symptoms (*Organon*, §153).¹ [See Figure 1 on next page]

A more complete list of symptoms in the patient's case that correspond via similarity to the recorded effects of *Platina metallicum* in the *materia medicæ* include:

Platina – Hahnemann's *Chronic Diseases*:¹³

3. Anxiety, with trembling of the hands and ebullition of heat. [*Gr.*]

4. Anxiety and palpitation, especially during a walk.

5. Anxiety is frequently suddenly felt all through the body. [*Gr.*].

6. Great anxiety, with violent palpitation, when she wishes to talk in company; so that speaking is hard for her. [*Gr.*]

7. ...with trembling in all the limbs, arrested breathing and intense palpitation. [*Gr.*].

14. Ill-humored for a long time, from a slight vexation; he only talks when he is obliged to; extremely unkind, abrupt and quarrelsome. [*Gr.*].

[¶]17. Sad and sullen on the first morning; the next morning inexpressibly happy, especially in the open air, so that she felt like embracing everybody and could have laughed over the most sad things. [*Gr.*]

[¶]26. Very serious and taciturn the first day; the next day everything seems to her funny and ludicrous. [*Gr.*]

[¶]27. **Great merriment**, so that she could have danced, half an hour **after the weeping**. [*Gr.*]

[¶]28. **At first great merriment** for two days; everything seems joyful, she could have laughed at the most sad things; then on the third day **great sadness**, in the morning and evening, **with weeping**, even

b. It is important to note that while the uterine ablation artificially (surgically) removed the symptoms of menorrhagia, the nature of the disease remained the same following the surgery. The patient's bipolar symptoms continued to oscillate with the same pattern of her monthly hormonal changes, despite anatomically being incapable of bleeding. The long-standing, consistent nature of the heavy menstrual periods that developed along the same disease course as the BPI indicates that they are part of the same syndromal diathesis. Therefore, the menstrual symptoms were considered consistent characteristic symptoms, contributive to the homeopathic prescription despite the surgical ablation.

ID	Symptom name (Desktop 5)	Plat.	Puls.	Ign.	Bell.	Croc.	Cham.
784	Mind (& Disposition), Changeable (changeability) mood (disposition) [41]	4	2	4	2	2	
524	Female genitalia, Menstruation, Blood, dark [40]	2	3	2	2	4	4
523	Female genitalia, Menstruation, Blood, clotted (coagulated) [28]	4	3	3	3	2	4
2038	Modalities, From Situation & Circumstance, Menstruation, before [66]	3	4	1	1	1	1
1762	Modalities, Mind, Vexation (disturbed, put-out, troubled), from [47]	4	3	4	3	1	4
	Symptom count [5]	5	5	5	5	5	4

Figure 1: Repertorisation using the computerized Programme version of TBR2 ^c.

about joyful and ludicrous matters, also when she is addressed. [Gr.]

^d34. Vacillation of mind. [Gr.]

42. Absent-mindedness; she listens to conversations, but at the end she knows nothing about them. [Gr.]

43. **Great absent-mindedness and forgetfulness**, she does not even hear what is spoken before her, even when she is addressed emphatically and repeatedly. [Gr.]

44. Indisposed to mental work. [Gr.]

285. Pressure in the hypogastrium, with qualmishness, as before the appearance of the menses. [Gr.]

292. With copious flow of the menses, urging in the hypogastrium, with ill humor.

294. Menses too early by fourteen days and very copious. [Gr.]

297. On the first day of the menses, discharge of much coagulated blood.

Platina – Hering’s *Guiding Symptoms*:¹⁴

| Anxiety with trembling of hands and flushes of heat over whole body.

| After anger alternate laughing and weeping, with great anguish and fear of death.

| Trifling things produce profound vexation; remains a long time in the sulks.

| Silence, with involuntary weeping.

| Sits alone, sad and morose, without talking; followed by inconsolable weeping, especially when spoken to.

| Thinks she is left entirely to herself and stands alone in the world.

| Mood changing; cheerful or depressed.

| Mania : with great pride; fault-finding; unchaste talk;

| Mental disturbance after fright, grief or vexation.

| Metrorrhagia : ...discharge of thick, black blood; discharge occurred every fifteen minutes,

| Menses: too early, too profuse and too short-lasting, flow dark, clotted, thick,

| Irritable, easily angered, sometimes quite violent, at same time great bodily activity; at other times very melancholy and lachrymose, with indifference; depressed condition of physical powers; she would lie on sofa, would hardly speak, anxiousness and fear of approaching death; menstrual flow intermingled with clots which were discharged with preceding pain in belly and a certain feeling of bearing down; θ Melancholia.

Platina – Allen’s *Encyclopædia*:¹⁵

(During contemptuous mood), Ravenous hunger.

Prescription and Outcomes

Initial Prescription (Month 0): The patient was initially prescribed *Platina* 6C, three pellets of the medicine dissolved sublingually daily.^c

Month 1: A few days before her first scheduled follow-up visit, she had used all of the *Platina metallicum* prescribed, and self-administered her previous prescription of Bupropion hydrochloride (100 mg twice daily) to manage her mood. The patient reported an improvement in several symptoms, particularly waking more refreshed and having increased energy on days she dosed *Platina*. The ADHD symptoms were better overall, specifically less forgetfulness, better time-management, and fewer careless mistakes (Figures 2 and 3). The patient had no episodes of anxiety after this first month of treatment (Figures 2 and

c. Due to the onset of BPI symptoms following an emotional vexation, TBR2, rubric 1762 was used. The following explanation of the vexation rubrics by George Dimitriadis is quoted from TBR2 Endnote 1762.

“Ärger. [Tm351]. Refer *Ars*.259 “Violent flow of blood from the nose, owing to vexation [Aergerlichkeit] (aft. 3d).”; *Lyc*.1415 “After vexation [Verdrusse], he becomes quite prostrated, with palpitation and trembling, the whole forenoon (aft. 14d).”; 1416 “When vexed [Aergerniss], he is suddenly affected in the scrobiculus cordis, and then there is heaviness like lead in the lower limbs.”; *Mag-c*.52 “Violently twitching headache, after vexation [nach Aerger], with sensation of heaviness, continually increasing from 1 p.m. until it ceases in bed (15th d). [HTRA]”; *Nat-m*.673 “Constant burning at the anus, especially after annoyance [nach Aerger].”; 1177 “Annoyance [Aergerniss] causes stitching pain in the upper left part of the chest, lack of appetite and headache; she feels every step in her head, becomes very tired, and the feet become heavy.”; 1178 “After a slight annoyance [Verdrusse], she weeps all night, and coughs much, with ineffectual retching.”. This rubric and its subrubrics has commonly (inaccurately) been mistranslated as “anger”, but the meaning of the German term *Ärger* is a *disturbance* or *annoyance* of any sort - perhaps by bad news, or by fright, etc. - as when one is involved in or occupied with something, minding one’s own business so to speak, and their normal course is *disturbed* by some occurrence, the nature of the subsequently evoked feeling is then specified in each of the subrubrics listed below. Hering (HRM92, 1881) has correctly given Ärger as vexation.”

d. Note the alternating nature of symptoms 17, 26, 27, 28, and 34. This group of symptoms illustrates an artificially induced drug state produced by *Platina* that resembles (by similarity) the oscillation between mania and depression seen in bipolar disorder.

3). These improvements allowed her to perform better at both work and school. Most notably, she began to identify and express previously suppressed emotions, which she believes contributed to her manic and depressive episodes.

The potency of *Platina* was increased to 30C at this follow-up. She continued dosing three pellets sublingually daily for an additional two months. The decision to use the higher potency at this time was made on the basis of an apparent “plateau” in the rate of improvement. The case was still well covered by *Platina*, indicating no need to change the remedy.

Month 2: At the second follow-up, the patient reported she was “improving a lot.” Her work performance improved and she was able to take on new assignments at work that previously would have been too complex to complete.

Her ADHD symptoms continued to improve and she reported that her physical and mental restlessness were “no longer an issue” (Figures 2 and 3). She continued to have no episodes of anxiety. The patient reported no manic or depressive episodes for the first time in over a decade (Figures 2 and 3). She reported that her mood had elevated, allowing her to begin experiencing joy and pleasure in life and to take interest in activities. Her tendency to overeat when feeling stressed had also improved, with a consequent weight loss of ten pounds since her initial intake. Overall, she felt that she was continuing to improve, but was beginning to feel overwhelmed with the level of personal growth and change she was experiencing. However, she also felt she was handling stress better. During this period of time the

Month 12: One year after beginning *Platina metallicum* the patient returned for a follow-up visit and reported continued improvement. She had taken the *Platina* 30C for about sixty days and then stopped because she was doing so much better. Her ADHD symptoms of careless mistakes, forgetfulness and difficulty listening when being spoken to were no longer present (Figures 2 and 3). She was able to concentrate and listen to her instructors at school (Figures 2 and 3). The anxiety had returned but was much less intense than before treatment. She continued to not experience any manic or depressive episodes (Figures 2 and 3). Overall, she stated she was “a lot better” and felt “like a new person.”

At this time the decision was made to re-prescribe *Platina* 30C, three pellets dissolved sublingually daily. Despite the patient stopping the medicine sixty days after her last visit, which was nearly nine months earlier, the positive effects from the *Platina* persisted. The persistent reaction is an indicator of curative responsiveness. This is in marked contrast with mainstream pharmacotherapy which must be continued and which, through tolerance, needs to be increased or modified with time. Because the presentation remained unchanged and she was only experiencing a relapse of the anxiety (less intense than original presentation), there was no evidence that the patient had become insensitive (developed tolerance) to the 30C potency. Therefore, the same dose and potency was prescribed.

At her most recent follow-up appointment, 17 months after initiating homœopathic treatment, she had still

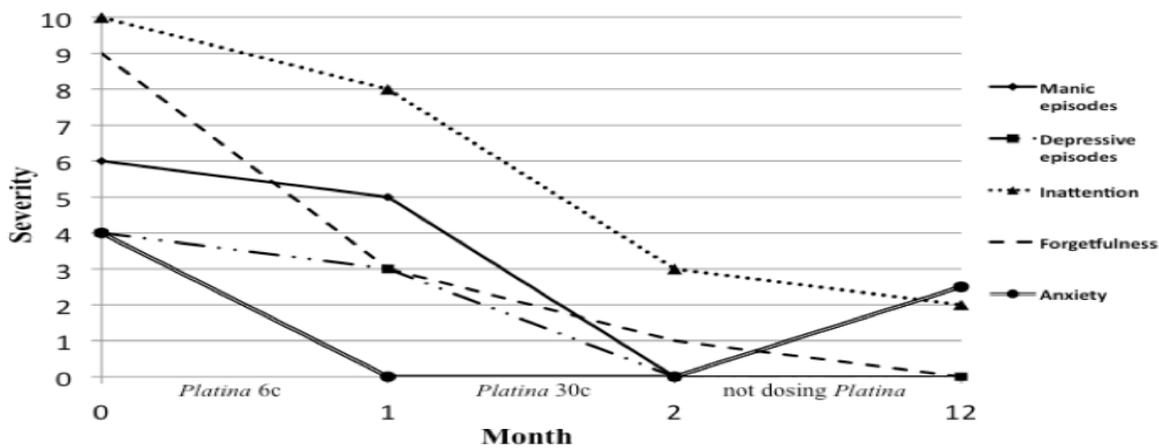


Figure 2: Severity of symptoms tracked over the treatment period. This figure illustrates the patient’s severity of symptoms, which were reported on a scale of 1-10, with 10 being worst. The severity of symptoms were tracked over the twelve-month course of treatment with *Platina metallicum*.

patient self-administered Bupropion hydrochloride, 200 mg daily for two weeks, though its previous use did not produce a substantially positive effect as observed during the two months of homœopathic treatment, thus supporting the therapeutic response to *Platina*. The patient reported by phone 7 weeks later that she was still doing well.

not experienced a single relapse in manic or depressive symptoms (data not illustrated in figures). Her anxiety was reported as being gone. The ADHD symptoms, which partially relapsed during months 14 to 16 of homœopathic treatment, began to improve again. She continues to be treated homœopathically, though the prescribed remedy was changed at month fourteen of treatment due to a

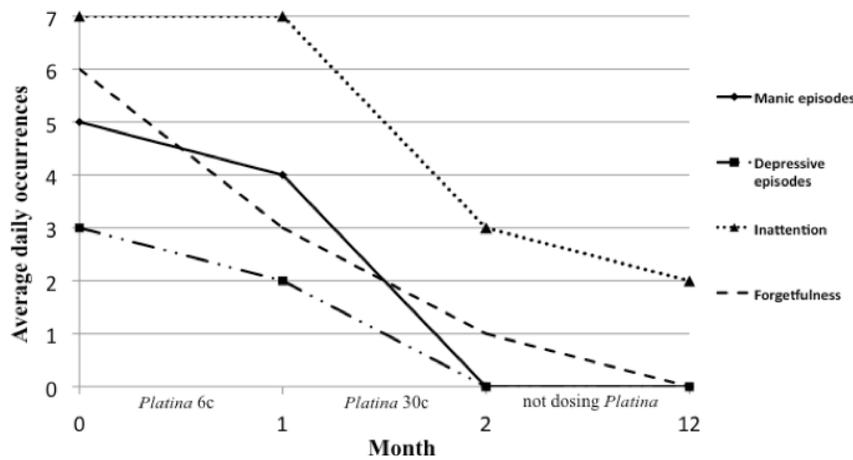


Figure 3

Figure 3: Frequency of symptoms tracked over the treatment period. This figure illustrates the average of weekly occurrences of symptoms on a scale of 0-7, with 7 representing a frequency of daily occurrences. Occurrences were tracked over the twelve-month course of treatment with Platina metallicum.

change in her symptoms related to acute stressors in her personal life.

Discussion

The pharmacodynamics of *Platina metallicum's* effects support the prescription in this case. Hahnemann describes the primary and secondary actions of drugs in *Organon* §§63¹⁶ and 64¹⁷.

§63, “Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes alteration in the health of the individual for a longer or a shorter period. This is termed *primary action* ... To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*.”

§64, “During its primary action of the artificial morbid agents (medicines) on our healthy body, as seen in the following examples, our vital force seems to conduct itself merely in a passive (receptive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it and thereby alter its state of health; it then, however, appears to rouse itself again, as it were, and to develop (A) the exact opposite condition of health

(*counteraction, secondary action*) to this effect (*primary action*) produced upon it, if there be such an opposite, and that in as great a degree as was the effect (*primary action*) of the artificial morbid or medicinal agent on it, and proportionate to its own energy; -or (B) if there be not in nature a state exactly the opposite of the primary action, it appears to endeavor to indifferiate itself, that is, to make its superior power available in the extinction of the change wrought in it from without (by the medicine), in the place of which it substitutes its normal state (*secondary action, curative action*).”

To summarize, the primary action is the initial effect of the medicine on the vital force.^{16,18} The secondary action is the opposing reaction by the vital force in a homeostatic response of the organism to the medication that

causes symptoms opposite of the drug’s primary action (Figure 4).^{17,18}

This phenomenon of primary and secondary drug reactions described by Hahnemann remains consistent and well demonstrated in modern drug pharmacodynamics, for which many examples can be found in the conventional drug

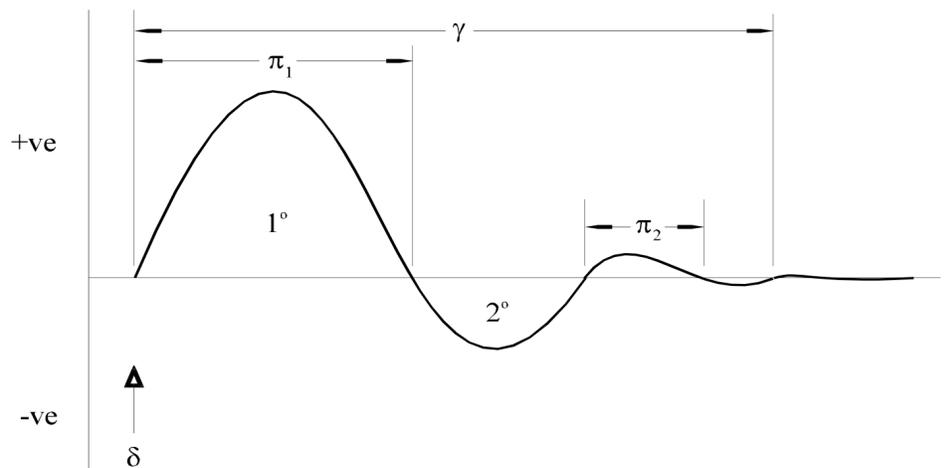


Figure 4: “Schematic representation of medicinal re-action into a normal primary (1°)/secondary (2°) dose response curve. Whilst the entire duration (γ) of the effects of a medicinal dose (δ) includes both primary and secondary responses, properly, the “duration of action” as it is termed relates only to the primary phase of this response (π_1), wherein also the characteristic symptoms reside. Note the possible rebound effect, depending on dose size, with a return of proving symptoms (π_2) without further dosing. The nature of this effect shall reflect the original symptoms although in a milder form (lower wave width, amplitude, etc.). Note also that the pace, duration, and intensity of both primary and secondary reactions are reflected in the shape of this dose response sample curve, and are determined by the stimulus dose-strength relative to the organism.” Reprinted with permission.¹⁸

literature (e.g., rebound weight gain following withdrawal from ADHD stimulant medications,¹⁹ rebound tachycardia and hypertension following abrupt withdrawal from beta blockers²⁰, and rebound acid hypersecretion following withdrawal from proton pump inhibitors²¹). Substance effects on human physiology, accurately recorded, remain ever consistent and are independent of the mechanism upon which the physician intends to prescribe the medicine based on the drug's primary action (i.e., via similars or via opposites).

Most drugs produce a steady state within their primary action (e.g., depression, dilated pupils, constipation). However, Hahnemann observed that some drugs produce alternating symptoms as a phenomenon within their primary action (*Organon*, §115).^{18,22}

§115, "Among these symptoms, there occur in the case of some medicines not a few which are partially, or under certain conditions, directly opposite to other symptoms that have previously or subsequently appeared, but which are not therefore to be regarded as actual *secondary action* or the mere reaction of the vital force, but which only represent the alternating state of the various paroxysms of the primary action; they are termed *alternating actions*."

These symptoms (alternating actions) produce a marked vacillation of opposite symptoms during the primary action phase (Figure 5).^{18,22} There is a marked changeability or oscillation of symptoms during this phase (e.g., mania and depression, dilation and contraction of pupils, constipation and diarrhea).¹⁸ For a disease state in which rapidly alternating mania and depression exists, such as in the case of BPI, the remedy selected must produce as similar

as possible an alternation of symptoms within its primary action (*Organon*, §27).^{18,23}

Platina metallica is one of a group of remedies in the homœopathic materia medica whose recorded effects show alternating emotional symptoms within its primary action phase.^{13,18} This group of remedies is evident in the forty-one remedies listed under the TBR2 rubric 784, "Mind (& Disposition), Changeable (changeability) mood (disposition)," (Figure 6). This rubric represents the group of remedies that will most commonly be indicated in the treatment of cases of bipolar disorder that are more rapidly cycling or are cyclothymic. Each of these listed remedies may be further differentiated by the homœopath by recruiting other symptoms of the case which, considered together, will indicate the medicine whose proven effects (*Organon*, §§24-25²⁴) are most similar to the *totality of distinctive symptoms* in each specific case of bipolar disorder.

In the subset of cases of bipolar disorder that are rapid cycling or cyclothymic, one of the most consistent (characteristic) elements of the disease process is the changeability of the emotional symptoms. In other words, the state of the patient is *consistently inconsistent* and, therefore, the most similar remedy must match this state of variability of the patient's symptoms. This is in contrast to a subset of cases of bipolar disorder that have a single or rare episode of mania followed by a subsequent persistent period in a steady state of depression. This later group of bipolar cases is a variety whose most consistent (characteristic) element of the disease process is a relatively steady state and, therefore, will likely benefit from a homœopathic prescription that most similarly matches the

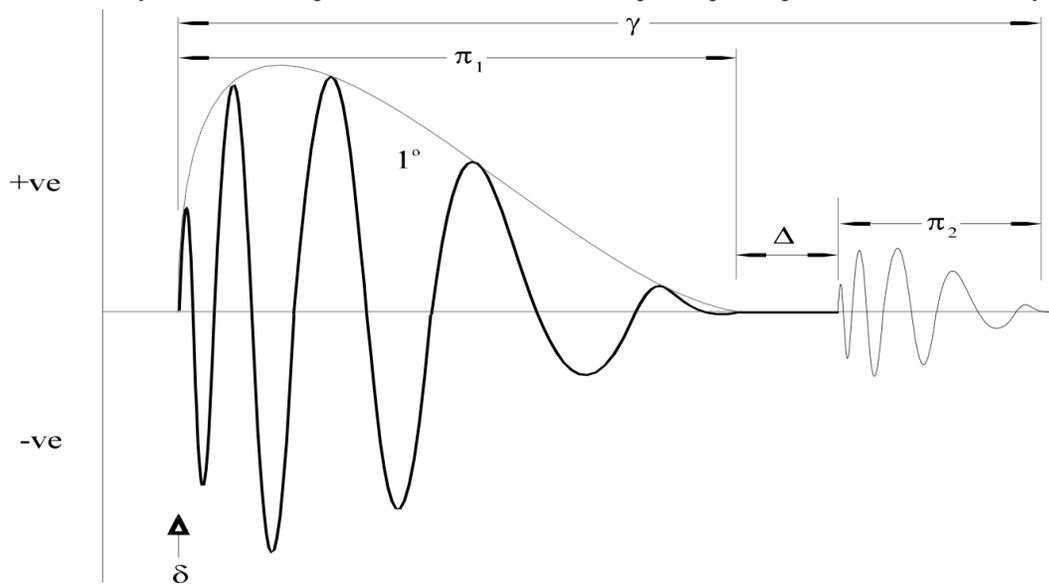


Figure 5: "Dose-response curve illustrating alternation of opposite symptoms over time as part of the primary effects (π_1) of a medicinal dose (d). Note that, depending on the size of the dose, after a greater or lesser delay period (Δ), there may follow a return of proving symptoms (π_2) without further dosing, the nature of which reflect the original symptoms although in a milder form. This "metaphasic" effect may also be observed in the case of the normal $1\frac{1}{2}^\circ$ response curve. (see Figure 2)" Reprinted with permission.¹⁸

patient's consistent steady state.

Mind (& Disposition), Changeable (changeability) mood (disposition)
Acon. ALUM. Ant-t. Arn. Asaf. Asar. AUR. Bell. Bism. Bov. Cann-s. Caps. CARB-A. Caust. Con. Croc. Cupr. Cycl. Dros. FERR. GRAPH Hyos. IGN. Iod. Lyc. M-arc. Merc. Nat-c. Nat-m. Nux-m. Op. Phos. PLAT. Puls. Sars. Stram. SUL-AC. Sulf. Valer. Vitx. ZINC.

Figure 6: TBR2 784

Therefore, *Platina* was prescribed based on its similarity to the patient's totality of characteristic symptoms and its known alternating symptoms of mania and depression, whose pharmacodynamic effects produce an oscillating effect similar to the patient's subtype of bipolar disorder. We refer the reader to the *Platina metallicum* symptoms 17, 26, 27, 28, and 34 from Hahnemann's *Chronic Diseases* in order to appreciate the alternating nature of the symptoms. One can see by these symptoms that *Platina* produces an artificial drug state similar to that of a rapid cycling bipolar disorder or cyclothymia.

Conclusion

Platina metallicum was prescribed for the treatment of BPI, GAD, and ADHD based on the individualizing characteristic symptoms in the case. The patient responded dramatically to treatment with *Platina* for the management of her mental disorders. The significant improvement in symptoms, including complete remission of BPI, supports that *Platina* was responsible. The results are evidence that homeopathic treatment also yielded a greater improvement in severity and frequency of symptoms related to the patient's mental illnesses as compared to previous pharmacotherapy use. This case represents an important example of *Platina metallicum*'s alternating symptoms within its primary action, which makes it an important remedy in the homeopathic treatment of bipolar disorder.

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§153, "In this search for a homeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find amongst these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon, and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth,
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§15 "It is by balancing the concomitant symptoms whether good or bad, that one is to form a prognosis; for thus it will most probably prove to be a true one."
- Hunter, J. *A Treatise on the Venereal Disease*. London; 178. p.226.

"Chancres, as well as the gonorrhoea, are perhaps seldom or never wholly venereal, but are varied by certain peculiarities of the constitution at the time. The treatment therefore of the, both local and constitutional, will admit of great variety; and it is upon the knowledge of this variety, that the skill of the surgeon principally depends. On this account the concomitant symptoms are what require particular attention. Mercury is the cure of the venereal symptoms abstractedly considered, but there is no one specific for the others, the treatment of which must vary according to the constitution."

12. Hahnemann S. Organon of Medicine, *ibid.* §95, “In chronic disease the investigation of the signs of disease above mentioned, and of all others, must be pursued as carefully and circumstantially as possible, and the most minute peculiarities must be attended to, partly because in these disease they are the most characteristic and least resemble those of acute diseases, and if a cure is to affected they cannot be too accurately noted; partly because the patients become so used to their long sufferings that they pay little or no heed to the lesser accessory symptoms, which are often very pregnant with meaning (characteristic) – often very useful in determining the choice of the remedy – and regard them almost as a necessary part of their condition, almost as health, the real feeling of which they have well-nigh forgotten in their sometimes fifteen or twenty years of suffering, and they can scarcely bring themselves to believe that these accessory symptoms, these greater or less deviations from the healthy state, can have any connection with their principal malady.”
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22. Hahnemann S. Organon of Medicine, *ibid.*, §115.
23. Hahnemann S. Organon of Medicine, *ibid.* §27, “The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in

strength (§§12-26), so that each individual case of disease is most surely, radically, rapidly, and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease.”

24. Hahnemann S. Organon of Medicine, *ibid.* §24, “There remains, therefore, no other mode of employing medicines in diseases that promises to be of service besides the homœopathic, by means of which we seek, for the totality of the symptoms of the case of disease, a medicine which among all medicines (whose pathogenetic effects are known from having been tested in healthy individuals) has the power and the tendency to produce an artificial morbid state most similar to that of the case of disease in question.”
- §25. “Now, however, in all careful trials, pure experience, the sole and infallible oracle of the healing art, teaches us that actually that medicine which, in its action on the healthy human body, has demonstrated its power of producing the greatest number of symptoms *similar* to those observable in the case of disease under treatment, does also, in doses of suitable potency and attenuation, rapidly, radically and permanently remove the totality of the symptoms of this morbid state, that is to say (§§6-16), the whole disease present, and change it into health; and that all medicines cure, without exception, those diseases whose symptoms most nearly resemble their own, and leave none of them uncured.”

Authorship Order: The order of the authorship was discussed and agreed upon by all authors. In this paper, the first listed signifies the author who was the resident physician working directly with the patient. The first author took the lead in writing the manuscript. The second author listed was the attending physician who supervised the homœopathic case management as well as the discussion of alternating symptoms herein.

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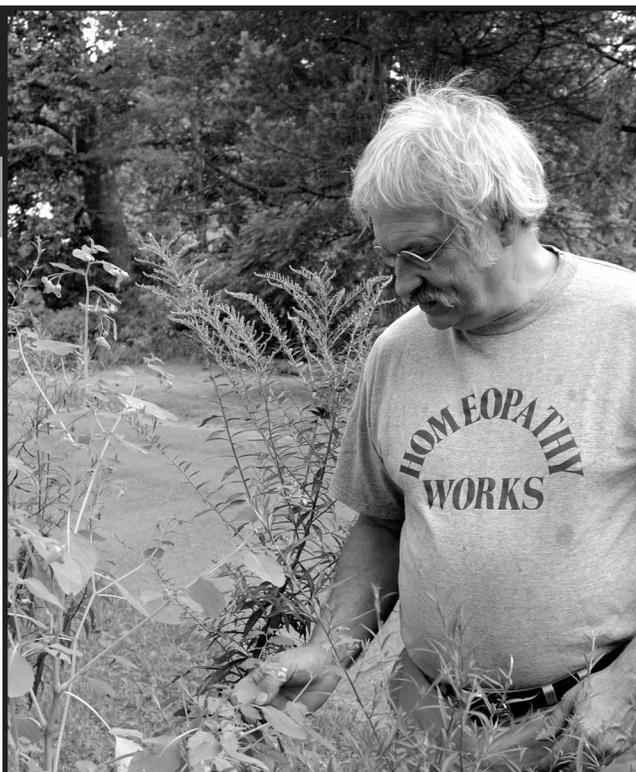


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Report on the “Homeopathic Medicine & Advertising” Workshop at the Federal Trade Commission (September 21, 2015)

Todd A Hoover, MD, DHT

This meeting was held specifically to address marketing of “over the counter” (OTC) homeopathic medicinal products. It was not convened to discuss the topic of homeopathic medicine generally, which is beyond the scope of the Federal Trade Commission (FTC).

Commissioner Maureen K. Ohlhausen began the meeting noting that the FTC was interested in the homeopathic marketplace due to growth of the industry over the past twenty years. She stated specifically that this interest arose independently of the recent Federal Drug Administration (FDA) public meeting on the subject.

She noted that FTC research has revealed consumers often mistakenly believe the FDA has approved homeopathic medicines for efficacy. Consumers also mistakenly believe that homeopathic manufacturers have tested the products for efficacy. This confusion may be increased by the placement of homeopathic products on retail shelves next to products that have been evaluated by the FDA for efficacy. According to Commissioner Ohlhausen, the average consumer therefore has insufficient information about homeopathic medicines to make an informed decision. This issue is further complicated by the lack of FDA attention to the review of these OTC products.

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

The FDA currently permits the sale and labeling of homeopathic drugs without any demonstration of efficacy. This creates a conflict for the FTC because homeopathic drugs must be marketed with an indication on the label, while those indications often lack the scientific evidence or

oversight to guarantee the indication has some reasonable basis in evidence. Consumers are thereby exposed to unproven therapies and federal regulators are left without any clear guidance to remedy the issue. The FTC believes the potential conflict could be resolved in one of three ways:

1. Withdraw the FDA’s Compliance Policy Guide (CPG) 400.400 on homeopathic products completely.
2. Remove the requirement for an indication on OTC homeopathic products
3. The FDA could require that any indication on the label be supported by appropriate scientific evidence.

Panel 1: Industry and Retail

The remainder of the meeting was conducted as a panel discussion. The first panel consisted of industry experts including representatives of homeopathic manufacturers and the American Association of Homeopathic Pharmacists (AAHP), retailing professionals and a nutritional supplement expert.

Mark Land (President of the AAHP) presented first. He focused his remarks on the size of the current homeopathic OTC market, the guidance of the AAHP to include “U.S. FDA not evaluated” on labeling of products, the safety of homeopathic medicines as demonstrated by U.S. Poison Control Center Data and the nature of the homeopathic market, which has relied primarily on word of mouth marketing rather than mass-marketing common to other OTC drugs.

Dr. Jay Borneman from Standard Homeopathic Company gave an historical perspective of homeopathic medicine from the Flexner Report to the present. He also gave a brief history of homeopathic pharmacy growth from the late 1800s to the present. He spoke about the nature of this organic growth process of merchandising in the past 50 years. , he gave some background information on the importance of the Homeopathic Pharmacopeia of the United States (HPUS.) as it relates to other pharmacopeias used in conventional therapies. He addressed two concerns of the FTC—consumer confusion and inappropriate advertis-

ing—offering the following suggestions:

1. Require homeopathic medicine to be clearly identified on the label.
2. Require “Not FDA approved” to be clearly noted on the label.
3. Require that medicines be approved by the Homeopathic Pharmacopeia Convention of the United States (HPCU.S.) and denoted as such on the label. This ensures that they are produced in a safe and homeopathic manner.

Retail consultant **Candace Corlett** (President, WSL Strategic Retail) presented on consumer surveys and understanding the marketplace from the shopper’s standpoint. She stated that consumers are increasingly interested in self-treatment and the use of OTC medicines. Monitoring the consumer vantage point has shown that people are seeking the services of a wider variety of treatment specialists (traditional and complementary) and use a wider array of conventional and non-conventional products. According to Ms. Corlett, most purchasers of homeopathic medicines “do their homework.” By and large, these people learn about homeopathic medicine through word of mouth. Many have done online research and only 12% have learned about it through traditional advertising. Customer satisfaction is 60-73%. Having chosen homeopathy for one condition, half the people surveyed have gone on to use similar homeopathic products for other problems. All of these consumers are more likely to use healthcare websites, exercise more, use more organic products, be younger, be better educated, be mothers, and be more tech savvy.

Yale Martin (former U.S. national team leader of OTC merchandising for Walmart) shared his expertise on OTC retailing. He focused on consumer-retailer interaction. His opinion was that more people are learning about homeopathy and other OTC products from word of mouth and online information. He stated that shelf space for retailers is based upon “survival of the fittest” (i.e., non-sellers will soon be removed from the shelf). Therefore, the consumer determines what items will remain on the shelf. This market dynamic implies that ineffective products do not last long on the shelf of American retailers. The presence of homeopathic products with little advertising efforts, in the face of huge advertising of conventional products suggests that homeopathic products are valued by consumers. Growth of homeopathic sales gives further evidence that homeopathic products have been effective for their users.

Duffy McKay, ND, of the Council for Responsible Nutrition presented some information to differentiate dietary supplements from homeopathic medicines. Dr. McKay suggested that although homeopathic medicines are very similar to dietary supplements in terms of who uses these two categories of OTC products, they fall under different legislative frameworks. He felt that some companies have

begun to market non-homeopathic dietary supplements and combination products (supplement/homeopathic drugs) in order to place claims on the label to increase sales. Throughout the discussion he complained that there are companies marketing supplements as homeopathic medicines. Dr. Borneman clarified the issue by pointing out that such products are not permitted under the current CPG language, nor are they monographed by the HPCU.S.. Therefore, manufacturers of these products should be subject to disciplinary action by the FDA and FTC.

Panel 1: Question and Answer Session

During the question and answer session, Mark Land addressed some finer points. OTC homeopathic products have always been part of the use of homeopathic medicines. In the 1980s the FDA was faced with a number of foreign companies entering the U.S. marketplace. The CPG was developed partially in response to this changing market. As rules became clarified by the FDA, there was a subsequent growth of the industry, somewhat due to the resulting clarity for these businesses.

Jay Borneman discussed the fact that the CPG has been a relatively durable document despite a changing marketplace. The development of new marketing channels began to shift because the consumer who used to look for homeopathic products began to demand these products from other types of retailers. The retailers responded by providing the products, not so much due to some desire to market these medicines, but more in response to consumer demand. This process started in the mid 1990s when some regional pharmacy chains began marketing homeopathic OTC products (especially in the Northeastern and Western U.S.). This trend has continued to the present day and spread across the country, partially due to the consolidation of large pharmacy chains.

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

When consumers were asked if they clearly understood what homeopathic means, responses for clearly understanding terms like homeopathic, natural, and organic ran about 50%. The assessment is that consumers tend to use these products according to a sense of “branding.” Even though they might not correctly understand how the product is manufactured, they will choose these products based upon past experience of success or satisfaction. Mark Land

reinforced that there are quite a few indicators on the labeling of homeopathic drugs to clarify for the consumer that this is not a dietary supplement or conventional drug.

There are over 7,000 homeopathic products registered with the FDA for marketing. Surveys of pharmacy and other outlet markets show that less than 100 products are generally available. Some specialty marketing venues including homeopathic pharmacies and specialty health-related stores provide access to several hundred products. Even online, a similar narrow spectrum of products can be found. Again, according to the rules of the marketplace, only successful products will survive. Dr. Borneman suggested that the vast majority of these products contain ingredients within the HPUS. The message here is that there are outliers that should be identified and addressed.

It was asked whether the placebo effect is responsible for market satisfaction rates for homeopathic drugs. While expectation bias certainly plays a role in both conventional and homeopathic therapies, there are no clear reasons to think it would be greater in the homeopathic medicines. That being said, consumer satisfaction rates for homeopathic and conventional OTC products are approximately equal with homeopathic consumer satisfaction rating between 60-80%.

The AAHP currently makes a considerable effort to train manufacturers and marketers in how to appropriately label homeopathic OTC products. Three to four times as many people attend webinars on labeling as those who are currently members, which indicates the AAHP is making a successful industry outreach in this domain.

Panel 2: Science and Technical

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

1. Controls of mother tincture and triturates lack testing of the active principles for consistency, shelf life and storage conditions.
2. The dilution of remedies may be compounded by surface active substances. This could be addressed by testing intermediate compounds. It was recommended that there should be testing of the final attenuation to guarantee no contamination has occurred (i.e., no other compounds are there).
3. There is no industry standard for high attenuation manufacturing methods. Testing of intermediate dilutions would help validate higher attenuations.
4. Some homeopathic compounds in low attenuation could fall within the chemically-standard active range of ingredients.

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

David Riley, MD, from the HPCUS, presented information on the HPUS monograph review process. He suggested using the CORE-Hom research database to evaluate prior homeopathic medical research. He suggested that high quality evidence does not necessarily provide the only form of guidance for clinical use, but some lower quality research can also be highly useful.

Paul Herscu, ND, from the Homeopathic Association of Naturopathic Physicians (HANP) and the American Association of Naturopathic Physicians (AANP) presented information on how homeopathic research methodology might be beneficial to the conventional medical industry. Homeopathic medical research is founded on the same scientific framework as conventional medical research but adds certain unique tools that could be of benefit to raising our understanding in both fields.

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

Wayne Jonas, MD, (Samueli Institute) reported on his experience with meta-analysis and the development of the Cochrane Collaboration. He led a systematic review of homeopathy and found that it was impossible to evaluate the difference between homeopathic medicine and placebo in a variety of different disorders. Since that time there have been multiple meta-analyses that have generated exactly these results. Applying good science is difficult in this area. Dr. Jonas stated, however, that researchers must use specific scientific methods to evaluate homeopathic

medicine. There are many tools to approach the issue in this regard. For example, there are certain bias reduction methods that should be used. He recommended several principles the FTC should follow:

1. Match the evidence with the use of the evidence by involving all stakeholders in the process—most importantly the public, who should be included in the decision-making.
2. Safety should be addressed first.
3. Effectiveness in the real world should be considered, including health care effectiveness, and observational studies. Patient-centered research should be included, or even more precisely, public centered research. The CPG distinguished homeopathic products as a unique class of drugs. It allows these drugs dispensation from new drug approval, expiration dating, alcohol content requirements, and OTC review. Acupuncture, herbal medicine, and homeopathic medicine all predate the modern form of conventional medicine. Acupuncture needles and fish oil have gone through the new drug approval process, but no homeopathic medicines have accomplished this. She suggests that FTC should do their due diligence to evaluate homeopathic medicine claims for safety and scientific evidence.

Panel 2: Question and Answer

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

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

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

Panel 3: Regulatory and Legal

The third and final panel consisted of various legal experts. *Michelle Rusk* (attorney) from the FTC began the discussion about the legal framework for the FTC. The

FTC shares jurisdiction with FDA for OTC health care products including homeopathic medicines. The FDA has primary responsibility for claims and labeling. The FTC looks at claims made and advertising. The FTC is a law enforcement agency, not a regulatory agency, and therefore does no pre-market approval. The FTC law makes no distinction between product categories. The same substantiation standard is used for all types of OTC products.

For every claim the FTC asks:

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

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

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

Elaine Lippman (attorney) from the FDA stated that the FTC and FDA share the goals of serving the public. Products that meet the definition of drugs are regulated by the FDA. The FDA is now evaluating its current enforcement policies regarding homeopathic drug products on the market without FDA approval. The CPGs explain FDA policy on regulation interpretation and serve as a guide to FDA field employees. According to Ms. Lippman, homeopathic OTC products have shown increased growth since instituting the CPG.

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

A consumer survey was conducted, asking subjects to consider the following potential product label disclaimers/instructions:

1. Not evaluated by the FDA
2. Use according to homeopathic indications, not evaluated by the FDA
3. Use according to homeopathic indications (see website)

www.Homeopathyxxx.com for more information), not evaluated by the FDA

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

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

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

David Spangler of the Consumer Healthcare Products Association spoke about the desire of consumers to have access to a wide spectrum of treatment options. Homeopathic medicine is one part of that spectrum. The National Health Information Survey suggested that 75% of Americans use non-conventional therapies. Regulations currently require manufacturers to ensure that evidence supports the advertising used by any manufacturer of health care products. Under the AAHP advertising guidelines, sufficient guidance is provided to give manufacturers clear information on how to properly advertise their products to comply with regulations.

Antonio Vozzolo of Faruqi and Faruqi, LLP, discussed marketing problems with homeopathic medicines in the

U.S.. He suggested that homeopathic products are often marketed with false claims of fast and effective action. He defended the value of class action suits to provoke appropriate actions by industry and also to provide monetary refunds to consumers.

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

Panel 3: Question and Answer

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

Several panelists stated that a label disclaimer is an appropriate approach to the issue of consumer information. Michelle Rusk expressed that a simple disclaimer that the FDA has not evaluated a product on the medication label does help the consumer in one sense, but does not address the issue that the consumer believes that there is some science to back the claim.

Paul Rubin countered that disclaimers need to signal the uniqueness of homeopathic medicines to consumers rather than provide an in-depth discussion regarding the evidence or lack thereof for these products. Similar issues can be seen in medical device products which may similarly lack any review or approval by the FDA.

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

Discussion

Multiple themes ran through the dialogue of the meeting. First, the FTC has a regulatory duty to ensure integrity in advertising. With regard to health care products, the FTC states clearly that any claims made for such products must

be supported by scientific evidence. The FTC appears to prefer randomized controlled trials for such evidence. A number of experts however, asserted that RCTs make up only one aspect of the matrix of scientific investigation. They stated that that other types of research including observational data might provide valid scientific proof if conducted in a manner to minimize bias and result in a reasonable degree of external validity. Other experts dismissed the value of observational data and provings with respect to evaluating effectiveness of any therapy.

A second area of concern was product disclaimers. A recent survey showed that consumers were much more likely to understand the lack of FDA approval of OTC homeopathic medicines when a disclaimer was on the label. The FTC, however, appeared concerned that even with that level of consumer awareness, there remains some implied message that these products have been adequately tested for efficacy through some type of RCTs.

A third theme was apparent, though much more subtle. While many homeopathic research experts have looked to other fields of research to help substantiate the paradigm of homeopathy, most conventional medical and pharmaceutical researchers have little knowledge in these domains. Interestingly, one could observe in some of the conventional medical experts a lack of scientific curiosity about these domains when they were presented in the dialogue. Such an attitude likely reflects an underlying bias against the possible validity of the homeopathic paradigm, which remains outside of their narrow view of scientific reality.

Finally, there was some discussion on pragmatic issues. While conventional therapies have received large amounts of governmental funding and support to conduct research

over the past 70 years, homeopathic medicine has been specifically excluded from such support (and is likely to remain in that status per the discussion of the grant program director from NCCIH). With the current new drug evaluation process costing upwards of \$1 billion per drug, it is inconceivable that an industry with a market footprint of just over that number in total retail sales would be capable of immediately implementing the conventional model for pre-market assessment. The most likely result would be an extreme chilling effect on the availability of homeopathic products for consumers (who clearly want these products).

Clearly, much work remains. The FTC needs a clear pathway to respond adequately to complaints from the marketplace. They are looking to the FDA to provide that pathway. The safety record of homeopathic products, however, suggests a lower bar of demonstrated efficacy is in order. Nearly all of the OTC homeopathic products currently available are prepared with medicines that have a wealth of clinical data in the homeopathic literature. If further scientific data is needed to substantiate the claims of these OTC products, let us first look to our cumulative data on these drugs before embarking on a requirement for RCTs, which are primarily driven by diagnoses derived from the allopathic paradigm.

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Homeopathy in the 1918 Influenza Pandemic

Stefanie Jahn

Abstract: The “Spanish flu” remains the most devastating pandemic in the history of humanity. The disease was treated by homeopaths worldwide and the apparent success of their treatment is cited to this day. The data, however, is often imprecise. Moreover, there is a discrepancy between cases of in- and outpatients treated. Also, there was no singular homeopathic method of treatment utilized. Rather, the approaches were varied and poly-therapeutic.

Analysis of homeopathic treatment of the Spanish flu is complex and various factors must be considered. Assessment should not be based solely on contemporary sources and their pronouncements of success.

This article begins with an examination of specific methods of treatment within the homeopathic community on a country-by-country basis. It concludes with a discussion of the definition of homeopathic therapy, as well the construction of the so-called “Genus epidemicus.” Unlike the standard case-taking approach in which remedies are matched to the symptoms of each individual, the Genus epidemicus focuses on a situation in the context of a pandemic disaster—an emergency situation.

Keywords: Spanish flu, pandemic influenza, 1918, homeopathic therapy, collateral intervention, Genus epidemicus, naturopathy, success of treatment

Spanish Influenza and Its Treatment by Homeopaths Worldwide*

The “Spanish flu” was globally present from 1918 through the 1920s, coming and going in waves. Its virulent peak took place in the fall and winter of 1918, during which time the disease caused the most fatalities. With an estimated number of 27 to 50 million deaths, the pandemic killed more people than World War I, which had just ended. People between the ages of 20 and 40 represented the largest number of fatalities, among them many pregnant women and women in childbirth.

Fulminant pneumonia, pulmonary edema and septicemia were frequent, and the influenza virus had not yet been identified. The conventional medical approach was symptomatic. Many methods were applied, even those already proven useless or even harmful. Doctors injected liquid silver, platinum, colorants and turpentine oil. Quinine derivatives were used against pyrexia. Alcohol, caffeine, camphor oil, digitalis and strophanthus were used to strengthen the heart. In order to stimulate the immune system, medical practitioners injected protein parenterally and vaccinated influenza victims with their own (altered) body secretions.

Nevertheless, conventional doctors sometimes used natural remedies and warned patients to be cautious when taking common medications. Particularly in countries

with few doctors, people often reverted to traditional medical practices. The homeopathic way of treating influenza during this pandemic will be shown using the examples of a few countries.

Germany

In Germany, the homeopathic movement during the time of the Spanish flu was comparatively large. There were some homeopathic doctors in private practice as well as a few homeopathic hospitals. It may also be assumed that many laymen treated patients in this way. In addition to the preventative and curative homeopathic remedies—*Aconitum napellus*, *Arsenicum album*, *Bryonia alba*, *Eucalyptus*, *Camphor* and *Rhus toxicodendron*—homeopathic physicians also valued supplementary therapeutic practices such as measures of hygiene, bed rest, phytotherapy, special diets and hot or cold compresses. Fever was to be tolerated, not repressed. The most commonly-mentioned remedy in Germany for treating the Spanish flu, according to the evaluated sources was *Bryonia alba*, followed by *Gelsemium sempervirens*, *Aconitum napellus*, *Phosphorus* and *Belladonna*. *Eupatorium perfoliatum* was listed less frequently and *Influenzinum* only once.

Altogether, there were approximately 100 homeopathic remedies listed for 46 indications. Among these were so-called “polychrests” as well as rarely given remedies. Along with typical fever (*Aconitum napellus*, *Belladonna*)

*The present contribution based on my thesis, where the subject is treated more extensively (Jahn 2014).

and cough remedies (*Phosphorus*, *Antimonium tartaricum*), *Bryonia alba* and *Gelsemium sempervirens* were also mentioned. In many parts of the world these remedies were referred to as epidemic remedies. Thus the Genus epidemicus played a role in treating the influenza pandemic in Germany.

Complicating matters, the “shape” of the disease apparently changed during the pandemic and consequently so did the epidemic remedies themselves, sometimes within weeks. So it was that Layer declared *Iodum* an epidemic remedy in September/October 1918, where by November/December it had changed to *Ferrum phosphoricum* and *Coccus cacti*, and as of late December, *Aconitum napellus*, *Kalium iodatum* and *Bryonia alba*.^a

Only a few German homeopaths named a Genus epidemicus. In professional journals there was no noticeable discussion of it. Possibly due to the heterogeneity of the pandemic, homeopaths often followed the law of similars and treated according to individual symptoms. Occasionally they used organ-related remedies. There was no central reference which the majority of German homeopaths could use as an orientation. Details on potency were sparse. The applications ranged from mother tinctures to X and C potencies, with X potencies being preeminent. Occasionally, the remedies and mother tinctures were injected. At times homeopathic physicians prescribed their remedies in alternating fashion or as a standardized sequence.

Homeopaths often criticized conventional influenza treatment, categorizing it as more dangerous than the disease itself, due to its unwanted side effects. During the pandemic, German homeopaths treated both ambulatory and bed-bound patients and reported on the success of treatment, albeit imprecisely. Concrete figures are rare and at best include only the number of treatments, without specifying the administered remedies, accompanying measures, complications, cases of death, outcome, etc. The sparse data show that in relation to the overall morbidity rate, patients treated by homeopaths represented a comparatively small number of the total treated patients.

Switzerland

Although there was a homeopathic hospital in Basel during World War I, there were no published reports on local treatment. The journal *Sauters Annalen für Gesundheitspflege*,^b which dealt with homeopathy and natural medicine, recommended the administration of *Aconitum napellus* for fever in connection with the pandemic.^c A vicar in Basel named Johannes Müller published a pamphlet recommending *Aconitum napellus*, *Antimonium tartaricum* and *Phosphorus* for influenza and pneumonia. His writings were accepted by the the public health department

in Basel and also published in the German Wuerttemberg.^d

Additional insight concerning homeopathic treatment of the Spanish flu was supplied by Antoine Nebel. As a homeopath and bacteriologist, he created the remedy *Influenzinum hispanicum* by using various substances. It was primarily used in the French-speaking area and supposedly worked both preventively and curatively. Even though its use was widespread, it was not the only remedy utilized. At the beginning of the pandemic Nebel used *Eupatorium purpureum* for about two weeks, followed by *Eupatorium perfoliatum* for some time thereafter. Towards winter, he saw symptoms calling for *Tartarus stibiatus*. In late 1918 and early 1919, according to Nebel, *Rhus toxicodendron* was the remedy of choice.^e Altogether, the literature mentions eleven remedies for seven indications. Information on potency existed only from Müller, who recommended C3.

In addition to the use of homeopathic remedies, both Imfeld and Nebel recommended naturopathic and hygienic measures. They gave advice on nutrition, lifestyle and phytotherapy for certain symptoms. While Nebel was against the regular use of laxatives, diuretics and diaphoretic medication and warned of unwanted side effects, Imfeld advised aspirin, antipyrin, pyramidon, chinin and laxatives.

In all, classic homeopathic fever and cough remedies were used primarily in the German-speaking regions, while the isopathic *Influenzinum* was dominant in the Franco-phone part of Switzerland. No single approach or remedy was utilized across the whole of Switzerland. According to statements, Nebel with his *Influenzinum hispanicum*, succeeded in finding an effective remedy which saved “thousands of lives.” However, there is no concrete evidence to support this claim, only reference to the “testimonials of [contemporary] homeopaths.”^f

France

Homeopathic physicians treated influenza patients, including those with complications, in both the Saint Jacques Hospital and the Hahnemann Hospital in Paris.^g Ambulant cases were also likely. In the French literature reviewed there were 86 homeopathic remedies listed for 14 indications, along with the authors’ therapeutic guidelines and retrospective comments. The remedy most frequently mentioned—both for treating and preventing contagion—was *Baptisia tinctoria*, followed by *Aconitum napellus*, *Bryonia alba*, *Eupatorium perfoliatum*, *Phosphorus*, *Gelsemium sempervirens*, *Spongia tosta*, *Calcarea carbonicum*, *Arsenicum album*, *Rhus toxicodendron* and *Influenzinum*. According to Dano, *Tuberculinum* and *Psorinum* proved useful in treating certain types of influenza.^h Years after the pandemic, Fortier-Bernoville announced that *Eu-*

d. Witte (2006).

e. Nebel (1934).

f. Nebel/Morales Prado (2006), p. 21.

g. Chiron (1920); Chiron (1924); Planton (1924).

h. Dano (1934).

a. Layer (1918), *Zur Behandlung der ‚Spanischen Grippe‘*; Layer (1918), *Nochmals die Spanische Grippe*; Layer (1919).

b. *Sauters annals for healthcare*.

c. Imfeld (1918), *Die spanische Grippe*.

patorium perfoliatum had been the Genus epidemicus for Europe.ⁱ Statements for potency were sparse (C30, C200 and mother tinctures).

Various approaches were used for ascertaining the appropriate remedy, including the traditional single remedy method guided by the Law of Similars, the use of nosodes, the use of a combination of different remedies and an approach related to the Genus epidemicus. The use of isopathic remedies was a French speciality, specifically the nosode *Influenzinum*. As in other countries, French homeopathic physicians also made use of other therapeutic measures in addition to homeopathy. Naturopathy, hygiene, essential oils and cupping played a role. For immunization, they occasionally injected patients with the patient's own blood and recommended taking in diluted expectorants. Conventional medications were more likely refused. However, explicit criticism do not appear.

Precise figures from France concerning the homeopathic treatment of Spanish flu were not found by this author. Nevertheless, there are reports of successful treatments. According to his own statement, Planton, for example, treated "numerous" influenza patients in Saint-Jacques-Hospital in December 1923 and January 1924. All were discharged "in full health" and without complications.^j Numbers of treatments were only rarely claimed. They remain imprecise and non-systematic.

Spain

At the time of the Spanish flu there existed homeopathic institutions in Spain—hospitals, polyclinics and outpatient clinics, primarily in Madrid and Barcelona. The Spanish professional literature mentions 59 homeopathic remedies for 38 indications in connection with the pandemic. *Bryonia alba* is foremost, followed by *Eupatorium perfoliatum* and *Arsenicum album*, *Gelsemium sempervirens*, *Belladonna* and *Rhus toxicodendron*, as well as *Nux vomica*, *Aconitum napellus* and *Phosphorus*. *Bryonia alba* and *Eupatorium perfoliatum* were also considered preventative. Predominant potencies ranged from C1 to C30. From time to time, extractions and mother tinctures were utilized. Occasionally, the remedies were prescribed alternately or as a standard combination (e.g., *Bryonia alba* and *Aconitum napellus*). A few remedies found more frequent application in accordance with the theory of Genus epidemicus. Due to the large number of different remedies used it may be assumed that they were prescribed individually—related to specific symptoms. There was no homogeneous approach.

Homeopathic physicians in Spain also recommended additional therapeutic measures concerning diet, lifestyle (bedrest, avoiding hypothermia) and hygiene. Nasal and oral cavities were to be sprinkled with disinfectant solutions. Conventional drugs and sera were refused and criticized for their unwanted side effects.

In November 1918, the homeopathic physician Savall

i. Fortier-Bernoville (1934 ND 1981).

j. Planton (1924), p. 85-86.

claimed to have cared for "between one hundred and one hundred-and-fifty invalids for the past three weeks." Most patients overcame the influenza without complications and with a "fast convalescence and total recovery." During this period he only witnessed one case of death among the 46 cases of bronchopneumonia he treated.^k Savall supposedly worked for the Hospital Homeopata del Nino Dios in Barcelona. His successful results, although not an accurate statistical survey, were indirectly confirmed by homeopathic physician Moragas two years later. Homeopaths, according to Moragas, inspired by the positive results of their treatment during the pandemic, attempted to form an alliance with the orthodox medical community—largely without success.^l

Netherlands

During the time of the Spanish flu the Dutch homeopaths had hospitals, out-patient clinics and practices where the pandemic's patients were presumably treated. *Bryonia alba* was the remedy most commonly mentioned in relation to the flu, followed by *Arsenicum album*, *Phosphorus*, *Gelsemium sempervirens*, *Rhus toxicodendron*, *Aconitum napellus*, *Belladonna*, *Baptisia tinctoria* and *Ipecacuanha*. *Aconitum* and *Phosphorus* were used prophylactically to prevent pneumonia. Altogether, there were 31 homeopathic remedies mentioned for eleven indications. J Voorhøve counted *Gelsemium*, *Phosphorus* and *Natrum nitricum* as epidemic remedies.^m Furthermore, *Arsenicum*, *Bryonia* and *Rhus toxicodendron* were often used for multiple indications; so they too should be included in the group of epidemic remedies. One-fourth of all remedies were named only once or twice.

Treatment based on the law of similarity—for individual patients and their symptoms—was likely to have been used here. At times, the remedies were given alternately or consecutively in sequence. Various X potencies (1 through 12) were used as well as *Avena sativa* in tincture form. As in other countries, the Dutch homeopaths recommended accompanying therapeutic measures, essentially focused on lifestyle, nutrition, naturopathy and hygiene. Conventional drugs—primarily antipyretic medication—were criticized but without emphasis.

The homeopathic physicians J.N. Voorhøve and D.K. Munting undertook an important statistical survey. They sent questionnaires to all then-practicing colleagues in the Netherlands, asking the total number of influenza and pneumonia patients treated, the number of deaths due to influenza as well as pneumonia, cases of sepsis, empyema and other complications. Almost half of the questioned homeopaths, 14 out of 31, answered the questions completely. The evaluation revealed an average of 700 patients treated (9747 total) and 3.5 deaths per doctor (50-51 total). Even though the overall mortality rate seems low (about 0.5%),

k. Savall (1918), p. 353.

l. Moragas (1920).

m. Voorhøve J. (1920).

the estimated mortality rate from pneumonia was high, with 38 to 39 deaths out of 434 cases (about 9%). The reported mortality rate for empyema was zero. Voorhøve considered this too low. Here the problem of diagnostic procedures becomes evident, which in those times of limited diagnostic means, often relied on individual estimations.

The case was similar with the reported cases of sepsis. The 14 colleagues who responded completely reported the number of sepsis cases as 0.27 to 0.28% of total influenza cases. Out of a total of 29 cases about twelve patients died, which adds up to a mortality rate of almost 45%. Regarding this, Voorhøve wondered if this figure was not “more or less sugarcoated” and if all colleagues actually understood “the diagnosis ‘septic influenza’ as the same thing.” It seemed conspicuous that most colleagues noted only one or two cases of sepsis with a mortality rate of 87 percent, whereas three colleagues reported a high number of cases of sepsis, yet with a low mortality rate of only 22 percent (7 out of 22 patients). According to Voorhøve, the “only case of a true influenza sepsis” he himself saw was so strong that he could hardly imagine it possible “to fight this course medicinally.”ⁿ

The total number of patients treated by homeopaths was rather low. It is not possible to verify in what stage of the disease they were treated. The physicians questioned were general practitioners, some probably working at the homeopathic hospital in Oudenrijn. Reportedly, there was often no time for exact documentation—many physicians responded from memory. Voorhøves’ statement on (supposed) sepsis is a clue that some cases were possibly presented as more severe and with more complications than was actually the case. Furthermore, some information on the asserted success of homeopathic treatment of pneumonia was inconsistent. While Voorhøve stated extraordinary success in this early in the year of 1919, the opposite appears in the statistical evaluation in spring 1919 when a mortality rate for pneumonia of nearly 9 percent was shown.

Therefore it can be assumed pneumonias took a severe course in spite of homeopathic treatment. Thus, extraordinary success with this treatment compared to conventional treatment for severe and complicated cases of the the pandemic cannot be confirmed. Nevertheless, Voorhøve considered that the calculated positive result of 3.5 deaths per homeopath with a total number of 700 patients was not to be expected of all Dutch doctors, because there must have been more influenza victims throughout the country. This implies that fewer people died under treatment by homeopaths than under conventional therapy. According to this calculation, a more successful treatment by homeopaths by comparison with regular physicians in less severe courses of the disease could be assumed.

n. Voorhøve J.N. (1919), *De Enquete omtrent de Griep-epidemie*, p. 69.

Sweden

At the time of the influenza pandemic, homeopathy was practiced by medical as well as lay practitioners in Sweden. There were only a few homeopathic doctors throughout the country and no homeopathic clinics. In contrast to many other countries, the Genus epidemicus was highly regarded and utilized in Swedish homeopathy. In journals, practitioners recommended that laymen apply an epidemicum. With *Rhus toxicodendron*, *Bryonia alba*, *Belladonna*, *Aconitum napellus*, *Ipecacuanha* and *Eupatorium perfoliatum* they named six epidemic remedies. In 1922, the Swedish Association of Scientific Homeopathy declared “massive demand” for *Eupatorium perfoliatum* as an epidemicum, as recommended by the lay practitioner Klara Fransén.^o *Phosphorus* and *Arsenicum album*, *China*, *Arsenicum iodatum*, *Antimonium tartaricum* and *Nux vomica* were also often given. Other homeopathic remedies were only mentioned once or twice. For 21 indications—sometimes similar to one another—the literature mentions 30 homeopathic remedies. *Gelsemium sempervirens*, often included among epidemic remedies in other countries, was seldom utilized in Sweden. Solitary individual symptoms were commonly treated with remedies from the group of epidemics. The law of similarity was not emphasized. When restricted to one remedy, *Rhus toxicodendron* was the choice. However, occasionally certain homeopathics were given alternately. In many cases *Rhus toxicodendron* followed by *Aconitum* were used preventively. In general, prevention was important in Swedish homeopathy. Only a few homeopaths commented on potencies. Whereas Sjögren used various D-potencies, Klara Fransén preferred C200. She recommended C6, 12 and 30 to laymen for self treatment. Like colleagues in other countries, the Swedish homeopaths proposed additional therapeutic measures regarding hygiene, naturopathy, special diet and bed rest. Even bloodletting was mentioned. Often the homeopaths considered conventional medication responsible for the high mortality rate during the pandemic.

The Swedish homeopaths—next to the U.S.-Americans—compiled the most numerous and detailed statistics concerning the homeopathic treatment of Spanish flu. The results were cited in support of homeopathy’s reputation. The reported outcomes were positive without exception; many however remained vague. According to Klara Fransén, the greatest victory of homeopathy was “undoubtedly the brilliant results homeopaths throughout the country [achieved] in fighting the Spanish Disease.” Fransén reported she herself received notice from several manors with 40 to 60 cases, stating that all had been cured by her “life elixir.” There were no cases of death.^p With these remedies “thousands [were] saved from certain death, as the statistics confirm.”^q

o. Styrelsen för Sv. Föreningen för Vetenskaplig Homeopati (1922).

p. Fransén (1919), p. 22.

q. Fern. (1920), p. 6.



Figure 1: "Life elixir"^r

The "Hemläkaren" reported in February of 1919 that "during the current epidemic of the Spanish Disease ... homeopathy (had) maintained its position as a superb healing method [...] quickly and without after-effects". Homeopathic physicians had "treated hundreds or thousands of cases with only solitary or no fatalities".^s In April of 1919 the homeopathic physician Sjögren declared that "recently homeopathic doctors [had treated] ten thousand cases ... with a death rate far below that of other treatment methods".^t The negligent dealing with data is obvious. An exception is Sjögren's survey reporting that among 805 patients there had been "two to three cases of death," and among 47 cases of pneumonia "four to five" patients had died.^u Sjögren's survey is probably a meaningful evaluation that could point out the effective use of homeopathic treatment and the Genus epidemicus during a pandemic.

A comparison between homeopathic and conventional treatment results was made by Helleday. In 1920 he compared the results of the "predominant school" to those of five homeopathic physicians.^v According to Helleday, the general mortality rate during the plague was only about four percent in some parts of Sweden; in others, especially in military hospitals, it was nearly 19 percent. This indicates the diverse local presence of the pandemic on the one hand, and on the other hand the general therapeutic ineffectiveness in a fulminant situation. It is also clear that the statistics regarding treatment by homeopaths were based on far fewer patients than that by conventional physicians in all of Sweden. Considering these circumstances it seems reasonable to question whether early ambulant treatment by a homeopath was able to prevent complications and therefore avoid fatalities.

- r. With this announcement Fransén advertised in several newspapers in Stockholm fort he therapeutic application of *Bryonia* and *Rhus toxicodendron*. No Name (1918), *Inkonsekvens*.
 s. No Name (1919), *Prenumerationsanmälan*, p. 1.
 t. Sjögren (1919), *Allmänna behandlingsgrunder*, p. 33.
 u. Sjögren (1919), p. 100.
 v. Helleday (1920), p. 90; Helleday (1922).

Great Britain

In Great Britain, at the time of the "Spanish flu," pandemic patients with severe courses and complications were treated in several homeopathic hospitals. All in all, the country was in a leading position for homeopathic therapy and research. The patients were treated primarily according to the Law of Similars individually, according to their respective symptoms. Some remedies were more frequently prescribed, but for differing indications—an approach similar to the Genus epidemicus method, even though this phrase was not explicitly mentioned. For a total of 21 indications 54 remedies were mentioned. *Baptisia tinctoria* was most commonly named, followed by *Arsenicum album*, *Phosphorus*, *Gelsemium* and *Bryonia*.

Baptisia had already been used in many countries as the leading remedy during the flu pandemic of 1889/90. Similarly, it was widely utilized at the onset of the 1918/19 pandemic. However, it was soon replaced by other remedies, presumably due to lack of efficacy. British homeopathic physicians gave *Baptisia* mainly in serious cases with septic components, along with *Pyrogenium*, *Mercurius solubilis* and *Lachesis muta*. *Eupatorium perfoliatum* (e.g., France) and *Rhus toxicodendron* (Sweden), which were sometimes used in other countries, were barely mentioned in Great Britain. Various "C" potencies were applied and, more seldomly, "D" potencies. Recommendations for homeopathic prophylaxis were different and ranged from *Baptisia*, *Arsenicum* and *Influenzinum* to *Ferrum phosphoricum*, *Natrium sulphuricum* and *Iris vesicolor*.

In addition to the use of homeopathic remedies, homeopaths regularly recommended additional therapeutic means. There were instructions on diet and lifestyle, as well as attempts at vaccination with homeopathically-prepared substances as a prevention and to increase immunity. Bloodletting was also mentioned. The proximity to science and research is reflected in the British homeopathic journals. There were regularly printings of and comments on articles from the *Lancet*. Nevertheless, adverse effects of regular medications as well as the abuse of aspirin were criticized.

A study that suggests similar conclusions to those from the Netherlands and the United States comes from Great Britain. This study also showed that homeopathic remedies mostly failed in severe cases. The successes that were achieved particularly with outpatients were overshadowed by the adverse outcomes of the critical cases and therapeutic failures. In February 1920 Hall-Smith, a physician at the London Homeopathic Hospital (LHH), reported on the results of their treatment of pneumonia during the Spanish flu. His analysis was based on medical files from October 1, 1918 to May 15, 1919. During that time, 58 pneumonia patients were admitted to the LHH. 22 (38%) of them died. Of the 22 fatalities, 12 died within 48 hours after admittance, three patients died within 15 to 24 hours. Hall-Smith assumed that these patients were already succumbing to the illness, and the homeopathic treatment could hardly

be expected to be effective. But even without these cases, the study showed 19 deaths in 55 cases or a death rate of 34.5%.

According to Hall-Smith, 26 patients exhibited septic symptoms like cyanosis, delirium and coma. In addition to many cases that showed improvement after the administration of homeopathic remedies, Hall-Smith regretted that “in many of the worst cases the drugs administered had no appreciable effect,” even when they seemed indicated. In cases of sepsis, Hall-Smith recommended the use of stronger-acting remedies linked to blood poisoning. He named *Baptisia tinctoria*, *Arsenicum album*, *Sulphur*, *Pyrogenium* and snake poisons. However, these also often failed.^w

In contrast to the positive outcomes frequently described in outpatient therapy—probably associated with early initiation of treatment—less convincing results were reported in cases of severe disease. Of course, this observation was only possible due to the existence of homeopathic hospitals in which British homeopathic physicians could treat critical cases. Also, an emphasis was placed on evaluations of these treatments, which were probably not gladly, but nevertheless honestly, discussed.

India

At the time of the Spanish flu, homeopathic clinics and practices existed in India, where presumably victims of the flu were treated. Additionally, homeopathic physicians were employed by the civil service, which treated persons who came down with the disease.^x Nevertheless, there are only a few articles about the pandemic flu and its homeopathic therapy. These sources indicate treatment with *Tuberculinum*.^y Other remedies were mentioned only once and were presumably chosen on the basis of the corresponding symptoms. Altogether, treatment according to the law of similarity may be assumed.

Information on potency was not available. However, information on primary and secondary preventative measures such as gargling, nasal douches, lifestyle and hygiene does exist. Except for a letter from the homeopath Majumdar to his British colleague Burford, there were no statements about results of treatment in the sources examined: “We are just now having a very severe and widespread epidemic of influenza passing over the whole country.” Majumdar was “glad and proud to be able to state that here again Homœopathy is winning its laurels.” He himself came down with a severe attack of influenza, presumably from exposure to the very sick patients he was treating in the hospital and his private practice. Nevertheless, he stated, “We have made many remarkable cures.”^z Thus, with Indian homeopaths we again see claimed success with their treatment of pandemic influenza, though proof of this was not found.

w. Hall-Smith (1920), p. 128.

x. Chatterjee (1920-21).

y. Hossain (1920-21); Ghose (1923).

z. Majumdar (1919), p. 73

Mexico

The physician and homeopath Manual Mazari wrote his dissertation on the outbreak of the “Spanish Influenza” in Mexico City and its homeopathic treatment. Nine outpatient clinics were set up in the city to treat flu patients. At this time Mazari was head of the city department of statistics. On the one hand he evaluated data on the epidemic, and on the other hand he documented the use of homeopathic remedies. His statistics deal primarily with morbidity and mortality in the year 1918 through January 1919 in Mexico City. The largest number of deaths from the pandemic occurred in November 1918. He additionally analyzed epidemiological data like age and sex of patients, causes of death/complications, plus types of the plague. Mazari did not evaluate the value and efficacy of homeopathic treatment nor compare it with conventional method.^{aa}

Brazil

In Brazil there was a wide and varied homeopathic infrastructure from 1918 to 1921. In some hospitals, outpatient clinics and private practices homeopathic patients were treated free of charge. It may be assumed that victims of the pandemic sought help. However, there are no such records to be found. A clue to the Genus epidemicus is to be found in the writings of Dr. Fortier-Bernoville in 1934. According to this, *Gelsemium sempervirens* was the main homeopathic remedy for the treatment of Spanish flu in Brazil.^{ab} Hence, it may be assumed that there was some professional discussion about homeopathic treatment of the pandemic and the Genus epidemicus.

USA

At the time of the Spanish flu the United States played a leading role in homeopathic medicine. The greatest number of homeopathic physicians, associations, hospitals and colleges were located here. As in Great Britain and Germany, homeopathic clinics utilized therapies in addition to homeopathy.

During the pandemic the homeopathic remedies were often applied according to individual symptoms. For 36 indications about 100 remedies were mentioned in the literature examined. Some of them were mentioned especially frequently and largely coincide with the stated epidemic remedies such as *Gelsemium*, *Bryonia*, *Rhus toxicodendron*, *Veratrum viride*, *Lachesis*, *Ferrum phosphoricum*, *Eupatorium perfoliatum*, *Arsenicum album*, *Phosphorus* and *Aconitum*. In connection with nerve involvement *Belladonna* was frequently prescribed. For pneumonia, in addition to the usual epidemic remedies, *Veratrum viride* and *Antimonium tartaricum* were particularly used. Other severe pathologies like cyanosis and sepsis were treated especially with *Arsenicum album*, *Lachesis*, *Crotalus* and *Naja*. A few statements suggest that the effects were disap-

aa. Mazari (1919).

ab. Fortier-Bernoville (1934 ND 1981).

pointing.

Influenzinum, applied in Mexico City, France and other places found less mention in the USA. A few physicians declared *Cuprum* or *Zinkum* as the main epidemic remedies. Like in Great Britain, France and Mexico, *Baptisia* was also cited, known to many as the Genus epidemicus during the influenza pandemic of 1889/90. Apparently it was not really effective for the Spanish flu, so it was replaced by other remedies in the process. As in Sweden, treatment according to the Genus epidemicus was of great significance in the U.S. approach to flu. Similarly, during a new outbreak of the flu in 1922, other remedies were predominantly used. In addition to *Arsenicum iodatum*, *Bacillinum*, *Tuberculinum*, *Cuprum* with *Curare*, *Quillaya*, *Sinapsis nigra* and *Variolinum* homeopaths now favored widely unknown remedies as epidemic cures.^{ac}

Quite often a change of remedy was justified with a modified Genus epidemicus. Altogether the homeopathic physicians acted differently in finding their choice of remedy. The law of similarity, the corresponding constitutional remedy, a nosode or miasmatic remedy were mentioned. Occasionally they prescribed three to four homeopathic remedies *simultaneously*, out of concern that one alone would not be sufficient for all symptoms. Mainly under time pressure, others treated patients according to a set scheme and administered a standardized sequence of remedies. Broadly viewed, there seems to be no regular concept; rather, everyone acted according to his own convictions.

Wilms claimed “that it didn’t make much difference which drugs were utilized—the results were practically the same.” He evaluated 110 clinic cases where *Rhus toxicodendron*, *Hepar sulphuris*, *Gelsemium* and others were regularly used.^{ad} The applied potency was equally irregular. Approaches varied from different D and C potencies to 1M, 40M and CM. According to experiments, different potencies generated different effects—so that one remedy was supposedly effective in a certain potency, while it was of almost no effect in another.^{ae} Mother tinctures, subcutaneous injections and inhalations were used as well. Like elsewhere, the American homeopathic physicians recommended supplementary measures. These focused on sufficient bed rest, diet, purgative and hygienic procedures. Different opinions existed about the wearing of face masks and quarantine. No small number of the physicians ascribed great importance to care and mental hygiene aspects to avoid fear. Furthermore, they conducted immunization trials with vaccines of the patient’s own body secretions.

In addition to homeopathic and naturopathic substances, conventional medicines were regularly prescribed—for example glucose, oxygen, morphine and codeine. In severe

cases of disease, conventional drugs were occasionally used exclusively. Concurrently, many homeopaths expressed harsh criticism of conventional drugs, citing their abuse and unwanted side effects. Here the conflict between the so-called eclectic and purist doctrine showed itself. As elsewhere in the world, sources indicate that in a few areas of the US—in private practice and during later waves of the plague—treatment by homeopaths brought good results. However, just as in all other countries reviewed, this treatment was virtually never exclusively homeopathic, but rather included the above-named supportive measures. Furthermore, it should be obvious that just the avoidance of occasionally harmful conventional medicines presumably brought positive results. Of note in this regard is aspirin, which particularly in the U.S. was taken prophylactically and many times overdosed.

Some reports suggest the conclusion that the treatment by homeopaths prevented an outbreak of the disease in an individual or alleviated its severity. The sooner the treatment was begun, the seemingly better was the success of therapy. It must also be noted that a lot of the records were vague and of questionable quality. Nonetheless, there were more precise examinations with positive results.^{af}

However, it is clear—also due to the existence of homeopathic clinics—that as in the Netherlands and Great Britain, homeopathic treatment alone for severe cases was not satisfying or even failed in severe cases. Railey, a physician with a private practice and hospital duties, stated that the difference between outpatients and inpatients was like “Dr. Jekyll and Mr. Hyde.”^{ag} Nevertheless, even at the beginning of the pandemic sometimes expectations claimed by homeopathic methods were exaggerated. The continuity and survival of homeopathy in itself was at stake—an aspect which should not be underestimated in evaluating the claims of its success. Homeopathy was threatened in its very existence at that time, and not only in the U.S.

Even Rabe criticized the reports of success—they were to be taken with a grain of salt and were derived from hearsay. There were “no reliable statistics of series of cases, treated homeopathically.” Furthermore, “so many of our physicians [were] so extremely liberal in their therapeutics,” that the analyses as “evidence of the superiority of homeopathy, are absolutely worthless.”^{ah} Rabe alludes here to the occasionally extreme inconsistency of therapy applied by homeopaths.

In Williams’ work the difficulties in getting statistics were obvious. Indeed there were satisfying results of therapy, but the data “lacked accuracy.” To his requests,

ac. No Name (1922), *Influenza Bulletin*.

ad No Name (1919), *Influenza: A favorable Mortality and Publicity - Discussion*, p. 593.

ae. No Name (1920), *Symposium on Pneumonia, Bureau of Clinical Medicine, 1919*, p. 819.

af. Vgl. Blackshaw (1918); Ohne Namen (1918), *Present Status of the Influenza Epidemic*; Calhoun (1919); Ohne Namen (1919), *Influenza: A favorable Mortality and Publicity - Discussion*; Stearns (1919); White und Douglas (1919); Bœricke (1920); Green (1920); Woodbury (1921); Ohne Namen (1922), *Miscellaneous Notes*.

ag. Wells (1922), p. 548.

ah. Rabe (1919), p. 131.

Williams had received responses such as, “I treated about so many cases with so many deaths, [with] no mention made on the exact number of cases or of the frequency of pneumonia, a definitive number of complications with their death rate.” Because of this imprecision, Williams abandoned his intention of compiling statistics using the data supplied by his colleagues. He came to the conclusion that it was not feasible to compile “definite statistics for the purpose of comparison with other methods of treatment,” although he knew of the “decidedly low death rate in both the disease and its complications” under treatment by homeopaths.^{ai}

Bartlett commented likewise when he reported on 223 pandemic cases from “Hahnemann Hospital” in Philadelphia. While patients in his private practice contracted bronchopneumonia more rarely and less severely than those in hospitals and recovered without further complications, “the real tragedies” happened in hospitals. In “Hahnemann Hospital,” the “mortality from the influenza pneumonia was high, about 70 per cent.” In sum, the homeopathic “treatment of the pneumonias [was] a dark spot in therapy.” Many recommendations “have not been satisfied” or were useless. “Noteworthy” and without “explanation” as well as the “fatality [rate] among pregnant woman.” Their mortality in Hahnemann Hospital was about 80 per cent. The alarmingly high rate of death, presumably due to pulmonary edema and sepsis, was rarely so transparently identified by other homeopaths. However, Bartlett tended to gloss over the situation and concluded that the results of others were even worse.^{aj}

Hinsdale also maintained that “our homœopathy record is not particularly a piece of work of which to be proud, although somebody else did considerably worse. At the best it is only a negative consolation that we derive from comparison ... The onset of pneumonia was so shocking and so rapid in its progress that it was fatal to make a wrong prescription.” How effective were *Lachesis*, *Crotalus*, *Naja*, *Carbo vegetabilis*, *Nitricum acidum* and other measures, “when the sufferer grew cyanotic, the blood thin, dark and non-coagulable, or, in other words, when the pneumonia was black and of the streptococcus kind?” Hinsdale stated that if one homeopath treated 300 cases of influenza without a death and another had 27 deaths in 185 cases, this explained nothing about “whether the influenza was simple or complicated.”^{ak}

There are more indications of a higher mortality rate than is commonly stated. One example is the data of the public San Francisco Hospital.^{al} And Clement reported on 632 patients of Haynes Memorial Hospital in Boston, of which 264 had pneumonia. Many “were neglected cases, patients filled up with aspirin, codeine, morphine and digitalis.” The mortality rate in Haynes Memorial was 20%. “The

mortality rate in septic pneumonia was 44 per cent”; that of pregnant woman, about 46 per cent. Regardless of these high figures, the Naval Hospital evidently sent some “officers and men” to Haynes Memorial as even more patients died in their own hospital. Even “men in Government work praised” the homeopathic hospital for its treatment in influenza. It must be noted that not only homeopathic but sometimes also conventional medicines were used. Some patients received not medications but merely “fresh air and liquid diet” as “chief items.”^{am}

Raynor and Murphy came to similar conclusions. They analyzed the data of 280 patients with influenza and pneumonia who were admitted to Metropolitan Hospital in New York City (NYC) between January and March 1920 and compared these cases with those of NYC overall. According to this study, if no complications arose, the results of homeopathic treatment were better than with conventional therapy. However, if there were complications, the results were worse.^{an}

An example of the presumed positive preventive (and if started early, curative) effect of homeopathic treatment is to be found in the account of Wieland. At the time of the pandemic Wieland was the company doctor in a business with 8,000 employees. No one got aspirin or vaccine, rather *Gelsemium* and bed rest were prescribed. Only one worker died.^{ao}

Public Health Service physicians also treated patients homeopathically at times. An impressive example was the introduction of homeopathic treatments in New Mexico which was of particular benefit to the indigenous population.^{ap} It must be noted that the virulence and fatal nature of influenza differed at various times and locations. This phenomenon could be an explanation for the comparatively positive results in Pittsburgh Homœopathic during an outbreak of influenza in 1920.^{aq}

Discussion

In the context of recent influenza epidemics, modern homeopaths sometimes cite the successful homeopathic treatment of the Spanish flu and other plagues and claim the advantages of homeopathic over conventional medicine. They mostly reference contemporary statements and data. However, the methods of data collection are generally not traceable, which precludes their critical reproduction. The compilation of the data has to be examined precisely, but many statements are imprecise.

In the US, sometimes the data was generated by questionnaire. In most cases there were few or no criteria and controls. Some of the data was possibly included multiple times; such as, when one and the same respondent received multiple questionnaires or responded more than once. Fur-

am. Clement (1920), p. 157

an. Raynor and Murphy (1920)

ao. Wieland (1921)

ap. Fisher (1921)

aq. Johnston (1921)

ai. Williams (1919), p. 587

aj. Bartlett (1919), p. 741, 743-744

ak. Hinsdale (1920), p. 297, 300

al. Ward (1919)

thermore, some homeopathic physicians stated that they were so overworked during the pandemic that they did not have enough time for documentation. Accordingly they had to rely on subjective memories. On the other hand, there were some homeopaths who claimed they regularly had to report their case numbers to the public health authorities.

Also, it must be considered that homeopathic treatment did not rely on a unitary concept. The forms of treatment ranged from single homeopathic doses to sequences of remedies and combinations with naturopathic or conventional drugs. Occasionally, homeopathic remedies were not administered at all or even, in severe cases, replaced by conventional medications. Nevertheless, there were transnational overlaps with regard to the remedies prescribed. Depending on symptomatology, stage of disease and local conditions, *Bryonia alba*, *Gelsemium sempervirens*, *Aconitum napellus*, *Phosphorus*, *Arsenicum album*, *Eupatorium perfoliatum*, *Belladonna*, *Baptisia tinctoria*, *Rhus toxicodendron* and *Influenzinum* were used most frequently worldwide.^{ar} These medications can be designated as classical influenza, cold, fever and cough remedies. Nevertheless, there were occasionally distinct deviations, with rather unfamiliar remedies coming into use.

In addition to homeopathic remedies, homeopaths prescribed naturopathic therapies, dietetic and hygienic measures and advised bed rest. Apart from the effects of homeopathic remedies and the accompanying measures, the simple avoidance of certain doubtlessly harmful conventional medications must be considered. The absence of some regular drugs alone seemed to ensure a better course of the disease.

Furthermore, the potentially more favorable results of homeopathic treatment have to be assessed with regard to the severity of the cases treated. Statements in the historical record indicate a striking difference in severity between the cases of outpatients and inpatients. Some homeopathic physicians, who practiced in hospitals and were confronted with severe cases, were dissatisfied with the inefficacy of homeopathic therapy and aghast at the high death rate. A few surveys even showed worse results than those of regular hospitals. Additionally, the Spanish flu came in several waves, with the most virulent occurrences in the fall/winter of 1918. Before and after that period there were not as many deaths due to the pandemic. Various regions were also affected differently.

It seems likely that some homeopaths may have felt pressure when confronted with the reputed positive results of their colleagues. Hence it is possible they felt compelled to deliver good results. In the first third of the 20th century, homeopathy was experiencing a decline and was under pressure in many countries. Potentially, many homeopaths hoped to improve the general reputation of homeopathy with positive therapeutic results. The situation was similar to what happened during the cholera epidemics in the

1860s.

Estimates of mortality have to be considered in various ways. Information about mortality under conventional treatment do not exist and cannot be generated in retrospect. Furthermore, there was no standard conventional treatment approach; for example, conventional physicians sometimes relied on natural medicines. Nor can it be verified how many patients of conventional doctors became victims of the disease itself versus the treatments. Also important is the fact that regular physicians treated considerably more patients than homeopaths.

Even with these limitations, data about the treatment of the Spanish flu by homeopaths remains interesting. However, it may not be disregarded that conventional medical treatment has developed significantly since the 1918 pandemic; for example, the treatment of superinfections with antibiotics, the existence of respiratory machines in intensive care units and the development of antiviral drugs. But these resources are limited and not all human beings around the world have access to them. Medications can also have adverse side effects. Recent studies point out that the antipyretic drugs used during the pandemic of 1918/19 promoted its spread. The use of then novel aspirin may have increased the severity of the disease and increased its death rate.^{as}

The experiences of homeopaths with the Spanish flu and other pandemics are relevant. A discussion of homeopathic therapy options and corresponding research with regards to epidemics and pandemics seem useful and desirable. The results of current research from India and Cuba indicate that homeopathy can achieve remarkable results in infectious diseases and epidemics. In both countries the use of homeopathy is supported and evaluated by the government. Current outbreaks of diseases which were formerly under control also make a multi- and interdisciplinary approach appear justifiable.

Also of potential importance is the idea of the Genus epidemicus, which in considering both individual and supra-individual aspects could allow a fast and effective means of dealing with an epidemic. The epidemicum, in theory, should be effective in the prevention and cure of the disease, as well as dealing with its sequelae. Because epidemics and pandemics occur in various places and times in different forms, the epidemic remedies needn't be the same per se. The fluctuation makes both finding and evaluating an epidemic remedy sometimes exceedingly difficult. In future epidemics and pandemics a precise detection of the symptomatology, the corresponding homeopathic remedies and an evaluation of the treatment is desirable. A prompt exchange and retrospective analysis on a national and international level were certainly never as easily achieved as today. For a subsequent evaluation of the epidemicum's effectiveness, worldwide criteria should be developed.

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William Franklin McCoy, MD

November 8, 1944 – August 23, 2015

As summer winds down to autumn and the air becomes brisk and clear again, I am reminded by the changes of season, of the changes in our lives: old friends pass on like the falling of leaves before the frost. This summer the homeopathic community lost one of its staunchest most dedicated members: William Franklin McCoy.

Franklin died peacefully on August 23, 2015 at the home of a family member. He was born in Fairfield, Alabama and raised in Birmingham. The child of two prominent physicians, he graduated from the University of Alabama Birmingham School of Medicine in 1970 and completed a rotating internship at the White Plains Hospital in White Plains, NY in 1971. He completed one year of internal medicine residency training at Grasslands Hospital in Valhalla, NY in 1972. From 1972 through 1974 he was a medical officer in the United States Army. Following his honorable discharge he studied acupuncture from 1972-73 before turning to homeopathy.

He initially studied homeopathy through a course given to physicians by the National Center for Homeopathy and subsequently with Dr. Margery Blackie and other Faculty of Homeopathy at the Royal London Homeopathic Hospital.

In 1974 he opened a private practice specializing in homeopathic medicine in Armonk, NY. He later moved to Greenwich, CT, where he practiced for 19 years. He closed his Greenwich office in 1994, sold his house and moved to Tallahassee, FL. Before opening an office in Florida, he worked for the Indian Health Service providing health care for Native Americans. He ultimately reopened a practice in Tallahassee, but closed it when he left Florida and moved to Cambridge NY. At the end of his life he treated patients in offices in both Cambridge and Rye, NY.

Franklin was appointed a member of the Connecticut Homeopathic Medical Examining Board in 1978 and served for 13 years—first in the capacity of Secretary and subsequently as Chairman of the Board.

In 1983 he achieved Board Certification status from the American Board of Homeotherapeutics. From 1989 through 1993 he was a member of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS). He was a member and Secretary of the Homeopathic Medical Society of the State of New York (HMSSNY), a member of American Board of Homeotherapeutics (ABHT) and a member of the American Institute of Homeopathy (AIH).



Franklin continued to educate himself throughout his life, most recently completing training in Predictive Homeopathy in Newark, NJ. As a physician he was known to be readily available to his patients—to whom he gave generously of his time. He also taught courses in homeopathic first-aid. Franklin devoted much of his adult life to pursuits of spiritual fulfillment through Falun Gung, and he spent much of his spare time and energy supporting many professional organizations. Franklin was a practitioner of Neurolinguistic Programming (NLP).

Franklin was the medical editor of *The Epoch Times*, a national newspaper to which he also contributed numerous articles on homeopathy. Later, he edited the book “*A Journey to Ultimate Health. Falun Gung Stories.*”

Franklin managed a website dedicated to the promotion of classical homeopathic medicine (<http://homeopathic-md-do.com/>). As of this writing, the site is still active and includes several well written, but brief articles on various topics including first-aid. The remedies he covered include: *Aconite*, *Arnica*, *Crocus*, *Gelsemium*, *Hypericum*, *Ignatia*, *Ledum*, and *Nux vomica*. His longstanding trust in the importance and effectiveness of homeopathy was steadfast and unyielding, and nothing could dissuade him from reliance on classical homeopathy.

I remember meeting Franklin 1981 when I attended a small, but intimate meeting of the Homeopathic Medical

Society of the State of Connecticut. The attendees were Ahmed Curim, MD, Thyparambil C. Cherian, MD, Ronald Grant, MD, Franklin and myself. The meeting was warm and collegial, but at that time I was struck by the steadfast dedication of this small band of physicians working to keep homeopathic medicine alive in Connecticut.

Although I cannot remember exactly when I first met Franklin, I believe it was my father who introduced us over dinner at my childhood home in Irvington, NY. My father frequently referred clients to Franklin in Greenwich. One of my earliest memories of Franklin took place in 1981 while I was preparing for a trip to India. I consulted him for advice on immunizations and homeoprophylaxis while abroad. He was the first to suggest to me the use of *Nux vomica* as a remedy to prevent adverse reactions to immunizations—a recommendation I have successfully passed on to many of my own clients.

Franklin was a valuable resource for me in the early years of my practice. His advice to me and other members of the HMSSNY regarding his experience with the State of New York, Medicare, insurance claims forms and the malpractice court system was invaluable. Franklin was always generous when it came to providing guidance, but it was never volunteered—one always had to ask.

Franklin was a stickler for details and a thoroughly reliable source of accurate information. One of Franklin's notable characteristics was his persnickety insistence on accuracy, to the extent that he had been known to correct one's grammar and facts while in the midst of an argument! Friends will remember his "deadpan" sense of humor, mischievous smile and twinkling eyes. He was a very private man, sharing little of his personal life. He was quiet, sincere, and honest.

Franklin was a *strange, rare and peculiar* man, but mostly it was because of his gentleness and forthright honesty. He was quirky. I once referred a family member to him for care and the report I received afterwards described how he had sat quietly, unmoving in his chair, listening intently to the case throughout the entire session, ensconced in his small cozy home office, surrounded by medical books, when suddenly (and without warning) his hand literally "shot out and seized a book from a shelf without ever even looking!" My relative thought his behavior and demeanor was entirely odd and strange, yet characteristic of this impeccably professional man.

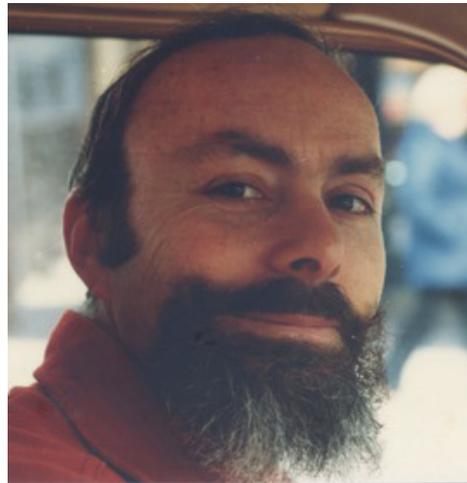
I had the strange habit of running into Franklin at nearly every homeopathic conference I attended! These conferences were held across the continental U.S., but Franklin was always in attendance! He studied with some of homeopathy's greatest teachers including: George Vithoulkas, Massimo Mangliovore, Rajan Sankaran, Bhawisha and Shachindra Joshi, and most recently Prafull and Ambrish Vijayakar. Franklin was an experienced and extremely competent homeopath who never stopped learning and striving to improve his clinical skills. He seemed to be continually studying, learning and striving to improve the

accuracy of his work.

Franklin firmly and consistently held his views. He practiced quietly and never boasted. He never sought to impose his philosophy on others. He was a solid supporter of homeopathy. Franklin will be sadly missed, lovingly remembered and fondly reminisced. He was a warm, generous, quick-witted and quiet man; gentle and unassuming.

He was preceded in death by his wife of 42 years, Louise Valentine McCoy, his mother, Adrienne McCardell McCoy, and his father, Dr. Walter C. McCoy. He is survived by his son, Christopher McCoy (Valarie), his step-children Sharon Fitzgerald, Darien Fitzgerald (Kate) and Eleyne Fitzgerald, his brother, Clayton McCoy (Jane) and sisters Carolyn Lemond (Charles) and Melanie Jackson (Thomas). In addition to his eight grandchildren, he is survived by nieces, nephews and cousins.

Respectfully submitted,
Ronald D. Whitmont, MD
President, American Institute of Homeopathy
October 21, 2015



I believe I have known Franklin for about fifty years. That's a long time to carry someone in your heart. When I learned of his passing a full month after the fact, I wept.

He was 'Bill' McCoy back then. His switch to Franklin, which sounds more formal and is more of a mouthful, was apparently because Franklin was more favorable numerologically than Bill or William. As we say in homeopathy—*strange, rare and peculiar*.

We met via the Gurdjieff Work in Armonk, NY. He was an intern or a resident at a local hospital then and I had not yet entered medical school. I knew his father, also a doctor and also in "the Work." I liked him a lot as well.

After I became a doctor, I too became a homeopath; so Franklin and I bonded around that quite strongly. Franklin and I were both passionate about homeopathy, but we differed as to who should be allowed to practice it. I had no trouble allowing qualified naturopaths to become members of the American Institute of Homeopathy but Franklin re-

mained opposed. He felt that only medical doctors should practice homeopathy and that was that. Period. Full stop. Franklin could be very stubborn.

He and his wife, Louise, were most hospitable to my wife, Melissa and me. We were invited a good three times to spend a few days at their time-share condo on Sanibel Island. They insisted that we sleep in the master bedroom where they usually slept, a gesture of generosity I have never forgotten. About that time, Franklin was keen on the low carbohydrate, high protein/fat diet and he and Louise adhered to it strictly. Well, sort of. One morning in Sanibel I was out bicycling when I chanced on the two of them stealthily scarfing down a forbidden sweet. As I recall, they were like kids jumping for joy!

Over the years we both left the Gurdjieff Work and our spiritual searching took us in different directions. He and Louise became interested in Falun Gong and they practiced it assiduously. The movement emphasizes *truthfulness, compassion and forbearance*, qualities that Franklin already possessed and which he continued to cultivate.

He was a strange combination: a big-hearted gentle person who seemed like the mildest of the mild. Yet he could turn on a dime into a rigid, even intransigent hardhead. I found him lovable and exasperating often in the same few minutes. He was the genuine article, a true quirkster.

I loved him a lot and shall miss him.

Karl Robinson
October 10, 2015

While I had known Franklin for a number of years as a fellow member of our esteemed American Institute of Homeopathy and as a fellow Diplomate of the American Board of Homeotherapeutics, I soon understood also that he was a very private person. In recent years, when asked to submit a short biography for inclusion in the "Meet the Member" feature of our American Board of Homeotherapeutics Board Bulletin, he declined.

A devoted classical homeopathic physician, he invited me, a fellow classical homeopath, some years ago to be listed on his electronic referral site of classical homeopathic physicians, which I happily accepted. Over the years I would meet Franklin at homeopathic conferences at which we could renew our acquaintance. The most recent occurrence of that was the AIH/HMSSNY/NYMC-hosted "Predictive Homeopathy Certificate Course" that was held in Newark, NJ, every other month for a year, our last session having just occurred in July 2015. Franklin always sat in the front row, pursuing his thirst for knowledge in classi-



cal homeopathy. One of our lecturers, in covering material about facial features, had called Franklin to the front of the class and pointed out his likeness to Samuel Hahnemann, whose portrait he had projected on the screen. When we would break for lunch, I often joined Franklin and other of our colleagues at a nearby traditional deli.

Recognizing Franklin's steadfast adherence to the practice of classical homeopathic medicine and to physician education in that endeavor, the Board of the American Institute of Homeopathy Foundation (AIHF), established in 1993 to support AIH efforts for physician homeopathic education, had invited and then elected William Franklin McCoy, MD, DHT, to the AIHF Board as a Trustee. With his passing, his shoes on our Board will be difficult to fill.

William Franklin McCoy's quiet, unassuming presence will be missed. I am sure that I shall note with sadness his absence from the front table at the next AIH-hosted Praful Vijayakar Predictive Homeopathy Seminar.

With sincere sympathy,
Sandra M. Chase, MD, DHT
President, American Board of Homeotherapeutics
President, American Institute of Homeopathy Foundation
Trustee, American Institute of Homeopathy



Title	Volume / Page
AIH Letter to the World Health Organization Regarding the Ebola Epidemic	108/4
Alternating Symptoms in the Homeopathic Treatment of Bipolar Disorder. Platinum Metallicum: A Case Report	108/145
Aluminum – An Obstacle to Cure	108/34
Asafoetida: An Excerpt From the Materia Medica Project	108/65
Book Review: More Doctoring: Selected Writings, Vol. 2, by Richard Moskowitz, MD	108/80
Case Assessment and Management through “Predictive Homeopathy”: Two Cases	108/140
Chronic Illness and the Human Microbiome	108/115
Colocynthis, Loxosceles reclusa and Patient-Made Isodes in Cancer: Case Reports	108/74
Comparative Materia Medica Using a Thematic Categorization of Symptoms	108/19
Field Emission Scanning Electron Microscopic (FESEM) and Energy Dispersive Spectroscopic (EDS) Studies of Centesimal Scale Potencies of the Homeopathic Drug Lycopodium clavatum	108/9
The Glees Academy of Homeopathic Physicians and the Revision of our Homeopathic Materia Medica	108/49
Goals for the AJHM	108/7
Homeopathic Materia Medica: Introduction to the Materia Medica Pura Project	108/63
Homeopathic Product Regulation: Evaluating the Food and Drug Administration’s	108/51
Homeopathic Treatment of Lumbar Spondylosis: An Observational Study	108/104
Homeopathy in the 1918 Influenza Pandemic	108/160
The Itch of Homeopathy	108/25
Judging Homeopathic Evidence in the Court of Public Opinion	108/111
Letter to the World Health Organization	108/5
Obituary: Paul Bader	108/47
Obituary: William Franklin McCoy	108/171
Predictive Homeopathy Course Review, Part I	108/135
President’s Message	108/5, 46, 92, 132
Regulatory Framework after a Quarter Century—A Public Hearing	108/51
Report on the “Homeopathic Medicine & Advertising” Workshop at the Federal Trade Commission	108/154
Retrospective Analysis of Usage of a Polychrest Remedy—Lachesis muta—in a Primary Health Center	108/93

AJHM 2015 Author Index

Author	Volume / page
Babu, Bayula	108/104
Chase, Sandra	108/47
Dossett, Michelle	108/57
Fior, Tim	108/63, 65
Goldman, Robert	108/49
Guess, George	108/80
Hoover, Todd	108/154
Jahn, Stephanie	108/160
Johnson, Christopher	108/51
Langland, Jeffry	108/145
Malerba, Larry	108/111
Merizalde, Bernardo	108/53
Mishra, Dhiraj S.	108/140
Mishra, Rachana Dhiraj	108/140
Oskin, Jamie	108/145
Pitt, Richard	108/19
Raj, Praveen	108/104
Rajendran, ES	108/9
Richardson-Boedler, Cornelia	108/74
Riley, David	108/56
Robinson, Karl	108/34
Saltzman, Susanne	108/135
Sebastien, Irene	108/4
Wadhvani, Gyandas G	108/25, 93
Wheeler, Miriam	108/145
Whitmont, Ron	108/46, 51, 92, 115, 132

AJHM 2015 Keyword Index

Keywords	Volume/ Page	Keywords	Volume/ Page
ADHD	108/140	Nux vomica	108/21
aluminum toxicity	108/34	obstacles to cure	108/35
Asafoetida	108/65	neurological symptoms	108/34
cancer	108/74	polychrest remedy	108/93
carious ulcers	108/67	predictive homeopathy	108/135
Causticum	108/19	psora	108/19,25
clinical trials	108/112	reverse peristalsis	108/66
case studies	108/112	scabies	108/25
clinical verification	108/95	scientism	108/112
Colocynthis	108/74	skepticism	108/111
compensated state	108/19	succussion	108/9
decompensated state	108/19	sycosis	108/19
developmental delay with hypotonia	108/140	syphilis	108/19
EDS	108/10	transplants	108/78
embryology, as a basis for evaluating homeopathic treatment	108/135	visual analogue scale	108/104
empiricism	108/112	mental retardation	108/140
FESEM	108/10	mercurius solubilis	108/140
flatulent hysteria	108/68	ammonium muriaticum	108/140
Hahnemann	108/25, 93, 104	predictive homeopathy	108/140
Hering's law of cure	108/135	law of cure	108/140
homeopathic potencies	108/9	embryology, the importance of in case evaluation	108/140
homeopathic remedy Alumina	108/34	alternating symptoms	108/145
homeopathy	108/25	mental illness	108/145
homeoprophylaxis	108/111	platinum metallicum	108/145
isode	108/75	bipolar disorder	108/145
itch	108/25	attention deficit disorder	108/145
Lachesis muta	108/93	anxiety	108/145
Loxosceles reclusa	108/76	influenza, spanish	108/160
lumbar spondylosis	108/104	pandemic influenza of 1918	108/160
Lycopodium clavatum	108/10	homeopathic treatment of influenza	108/160
materia medica pura project	108/66	collateral intervention, in the 1918 flu pandemic	108/160
medical materialism	108/112	genus epidemicus	108/160
miasms	108/135	success of treatment, of the 1918 flu pandemic	108/160
myeloma	108/77		
nanoparticles of source material in homeopathic remedies	108/9		

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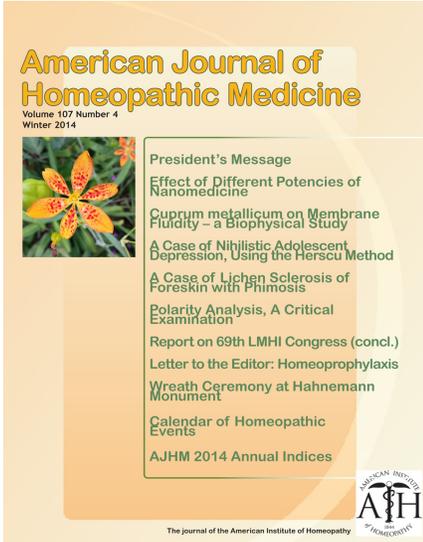
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