

Calcareo silicata: A Review with Cases

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Summary: A full picture of *Calcareo silicata* is developed from a number of extant materia medica sources, coupled with several clinical case histories.

Keywords: *Calcareo silicata*

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A Case History

In 1998, this 49-year-old woman presented with chief complaints of great fatigue, aching all over, puffy eyes, sinus pressure, frequent loose stools and hot, dry mouth. All symptoms tended to occur together approximately monthly, lasting several days at a time. She thought her illness was possibly due to work-related conflict; she was part of a family business which was struggling financially, and caused her anxiety. She tended to relapse after family quarrels; however, she possessed a strong will that enabled her to continue despite feeling unwell.

As a child, she was often glad to fall ill as she was then relieved of the expectations placed on her. Now, however, even though her husband was supportive when she was ill, she never felt relieved of her various familial expectations and responsibilities.

She was shy, lacked confidence, and had difficulty dealing with anger and discord. Anger frightened her.

Her first marriage ended in divorce, which caused her to be fearful of her parents rejection for this failure.

She was well-organized and analytical, but irresolute: "It took me thirty years to learn that I have an opinion."

She was a perfectionist and had been an excellent student; she was also very sensitive to reprimand and reproach. In general, she was calm and reserved. She disliked loud music and loud conversations—the noise drained her.

Her hobby was quilting.

She was cold, disliked being chilled, and was averse to ice cold drinks, yet she also disliked being hot.

If she became chilled in sleep, she would awaken with a headache; so she always kept her head covered at night.

She had cold feet and scanty perspiration. Two years previously her feet perspired excessively for one year. She was sluggish in the morning.

Excess physical activity caused weakness.

She was prone to headaches occasionally, with strong pressure on the vertex.

She also had a history of recurrent strep throats, and still

had lingering tonsillar enlargement with spots of white exudate on the tonsils with swelling of the submandibular glands.

Physical examination was unremarkable.

Prescription: *Calcareo silicata* 200C.

Six weeks later she reported how pleased she was with the effect of the remedy. Within one hour of taking it she felt a difference, less aching all over, without recurrence. About every seven to ten days she experienced a far less intense, fleeting recurrence of her symptom complex.

She felt more capable of directly voicing her complaints, with less internal anger and without a subsequent aggravation. Work felt far less stressful to her. She was averse to interruptions. There had been no headaches. Sex drive was still low.

She felt less of a need to nap after lunch.

No further remedy was given until six weeks later when she received another dose of *Calcareo silicata* 200C for irritability and some slight regression of symptoms.

Two months later she reported all symptoms better but for her loose stools, which had returned over the preceding three days. She was feeling some stress at work again due to a decline in sales. She admitted a fear of poverty.

She was chilly and still covering her head at night if chilled. Cold foods still caused chilling.

Prescription: *Calcareo silicata* 1M.

I next saw her nine months later when "something was awry." She complained of difficulty focusing, diffuse myalgias, low grade headaches, and tired, puffy eyes – all worse in the morning. She had taken antibiotics six weeks earlier for sinusitis while out of town and had not felt quite right since. She was less anxious about money even though they were still experiencing financial difficulties.

She was still cold and worse cold things, and still covering her head at night.

Prescription: *Calcarea silicata* 1M repeated.

Three months later she received yet another effective dose of *Calcarea silicata* 1M for postnasal catarrh, with resulting sore throat. All generalities were the same. Thirteen months later she came complaining of a recent recurrence of diarrhea, sore throat, congestion, postnasal catarrh. She received *Calcarea silicata* 10M, one dose.

Five months later she returned saying she was better, but 'wanted more,' especially with regard to persisting nasal discharge and some lethargy, she was given *Silica* 200C.

She felt worse after that: upper respiratory symptoms continued, aching muscles had resumed, sleep was poor, her energy felt drained from her, and she felt emotionally flat. She again noted anxiety about finances, which had been better for a long time. *Calcarea silicata* 10M was repeated.

Two years later she came back with menopausal symptoms, the earlier symptoms for which she had sought homeopathic treatment having been relieved all that time. She felt edgy and unhappy; she was having nighttime heat flushes, and her sex drive was lower.

Sepia 200 made no difference. Then *Calcarea silicata* 10M was repeated with subsequent relief of all menopausal symptoms; the old pattern of symptoms has yet to recur.

Calcarea silicata — The Substance

Calcium silicate is the chemical compound Ca_2SiO_4 , also known as calcium orthosilicate. It is one of group of compounds obtained by reacting calcium oxide and silica in various ratios. A white free-flowing powder derived from limestone and diatomaceous earth, calcium silicate has no known to minimal adverse effects to health.

Calcium orthosilicate is a white powder used as an anti-caking agent and an antacid. It is also used in roads, insulation, bricks, roof tiles, table salt and occurs in cements, where it is known as belite. Many different calcium silicates occur in nature in mineral form (eg, wollastonite, afwillite, grammitite).

A Proven Remedy?

Calcarea silicata appears to be one of James Tyler Kent's 'synthetic remedies.' Kent published materia medica of his synthetic remedies monthly until he was criticized by the International Hahnemannian Association in June 1908 for publishing materia medica "without proving or clinical experience." He apparently offered no response to this criticism in his defense. These materia medica descriptions were first published in a somewhat obscure journal entitled *The Critique*; however, only two more remedies were published after this reproach.

Interestingly, Kent mentions 'provers' a few times in his *Calcarea silicata* text, as he also does in *Alumina silicata* and

Natrum silicata, leaving one to wonder if a proving might have been actually preformed. Yet no written record of a proving is extant.

So, we are left to wonder what was Kent's source of information about this remedy. Did a proving elicit his materia medica or was his understanding of the remedy informed by a theoretical synthesis of the characteristics of its two components, a distant forerunner of recent efforts published by Scholten and Sankaran? (My thanks to Andre Saine for some of the foregoing historical information.)

Materia medica of Calcarea silicata

Following is a review of the materia medica of *Calcarea silicata*. Important and characteristic symptoms have been gleaned from several materia medicae. Physical characteristics are presented first, followed by mental-emotional themes (and corresponding symptoms) synthesized from a few materia medica sources. Finally, several cases are presented from my practice, which has been graced with a fair number of patients responding to this remedy.

Generalities

Patients often appear weak, emaciated, thin. Fragility is common. There is great nervous weakness. Deep weakness: worse exertion, and ameliorated by lying (on back). Sensitive generally – to pain, all over (and emotionally to reprimand).

Suppurations: yellowish, thick, offensive discharge [eg, sinusitis; bronchitis; nasal catarrhs; boils; pustules]

Atrophy/failure to thrive of children [when *Silicea* fails].

Averse/aggravated by touch.

Marked periodicity in many symptoms.

Slow onset of complaints.

Pains cutting; stitching; tearing.

Temperature

Very chilly. Worse from change of weather. Worse from changes in temperature from warm to cold.

Worse cold air; cold, wet weather. Worse becoming cold. Worse damp.

Yet also, great aggravation from being overheated (room, clothing).

Aversion to open air; sensitive to drafts and to bathing, especially if cold.

Marked tendency to take cold.

Beter from dry [moderate] warm weather.

Perspiration

Cold sweat, mostly on limbs.

Sweat suppressed from cold drafts, causing lameness, and general aggravation.

(Blackie mentions easy suppression of perspiration, which can be scant to begin with.)

Perspiration on palms and soles.

Foods

Worse alcohol — makes one feel “swimmy headed.”

Worse cold drinks, cold milk.

Desires milk.

Averse: meat, chocolate, milk, sour.

Worse after breakfast, unlike *Calcarea carbonica* (Blackie).

Very thirsty.

Review of Systems

Head: Coldness of head (vertex, occiput). Headache from cold exposure, drafts. Scalp eruptions (pustules, crusts, eczema). Severe headaches, periodic. Head sweat. Sore scalp. Pain extends to occiput and neck.

Face: Acne rosacea; severe acne vulgaris. Comedones. Bluish discoloration of lesions, also nose.

Eye: Corneal ulcer, opacities, exudation (after *Silica* fails) — there are many references to this characteristic. Pain before and during storm. Pus agglutinates eyes. Lacrimation in air. Photophobia. Thick yellow discharges.

Ear: Thick, purulent discharge; noises in — cracking when chewing. Itching. Impaired hearing. The author had a case of recurrent furuncles at opening of ear canal, cured with *Calcarea silicata* (see *Calcarea picrica*).

Nose: Frequent colds, sinusitis, rhinitis. Thick yellow discharge. Dryness inside. Hard crusts.

Mouth/Teeth: Aphthae, ulcers. Caries and slow dentition. Mucus. Bleeding gums. Teeth sore when chewing, from cold things. Sore tongue. Receding gums, loose teeth.

Throat: Stitching pain. Swollen tonsils, glands. Tenacious mucus. Pain worse cold. Lump in throat, constant. Clears throat in morning.

Stomach: Anxiety in stomach. Fullness after eating. Emptiness. Pains — heartburn. Coldness in stomach (worse empty). Nausea, vomiting.

Abdomen: Pains, distention, flatulence. Hard liver (? Cirrhosis). Movements of flatus.

Rectum: Constipation: inactive rectum, difficult hard stool/also soft stool; anal stricture, constriction. Also diarrhea, dystentery. Hemorrhoids — prolapsing. Itching. Fistula. Anal moisture.

Urinary: Urgency, tenesmus; ineffectual urination. Prostate emissions during stool. Urethral discharge; urethral stricture. Enlarged, tender prostate.

Male: Strong sexual drive (with difficult erections); erections at night. Hydrocoele. Scrotal perspiration.

Female: Increased sexual drive; yellow-green/white leucorrhea; itching. Labial ulcers. Menses profuse or scanty, absent; acrid. Metrorrhagia.

Larynx/Trachea: Catarrh (yellow-green); scraping constant. Irritation, tickling.

Respiration/Cough: Asthma; cough in tubercular types. Cough night, morning. Cough, worse: cold air, cold drinks, lying, talking. Dry cough at night, productive in morning. Chronic bronchitis; lung abscess — cured. Hemoptysis.

Chest: Pain with cough, on inspiration (stitching). Chest perspiration. Palpitations. Weakness in chest (Stannum).

Malignant ulceration of breast.

Back: Cold sensation. Many lumbar and cervical pains. Lumbar pain worse rising from seat, during menses, on motion. Cervical tension. Weakness of back. Stiff back. Eruptions, itching. Spine sore, in several places.

Extremities: Cold, especially lower extremities. Weak, awkward. Tendon contractures. Cramps. Chapped, cracked hands, fingers. Joint inflammation, especially of hip. Rheumatic, gouty pains worse evening, night. Arthritic nodosities. Burning feet. Many stitching pains. Sprained (or sensation of) wrist, ankles — sprains ankles easily, with excessive pain afterward (in this characteristic are like *Arsenicum album* and *China* — according to Blackie). Paralysis, sensation of. Large, hard warts of hands, thumb. Cold sweat on extremities. Numbness of legs. Ulcers (groin, with thick green plug).

Skin: Multiple skin manifestations — eczema, ulcers, pimples, boils, suppurating eruptions — a main sensation with them is burning, soreness, etc. Itching better radiant heat. Hard, painful warts. Cracks, chapped skin of fingers. Ulcers with punched out edges. (Clarke)

Chill: Chill with desire for warmth, but not ameliorated by. Chill aggravated by suppressed perspiration from chilling/drafts. Cold sweat on extremities (also hot sweat).

Sleep: Sleepless from excessive thoughts (Vithoukaskas); starting from sleep (Kent). Shrieking during sleep.

Dreams: of anger, anxious, of exams (failure, unpreparedness, etc.), of business, of the dead, confused, amorous, of death, of disease, fantastic, fire, frightful, horrible, murder, nightmare, vivid, vexatious, visionary; dreams of sick people and caring for sick people.

Perspiration: of hands, feet, scalp, chest. Scant or profuse in mentioned areas; easily suppressed, with consequences.

Mental-Emotional Themes

[The following are cumulative characteristics derived from Vithoukaskas, Kent, Sankaran, Scholten, and clinical cases.]

Timidity/Insecurity

These patients tend to be timid, shy, easily frightened; also “mild, yielding during proving.” — Kent. They have a fear of public speaking. While they can be cowardly and indecisive, they can also be obstinate, often in a passive manner. Such obstinacy might be about just one particular thing though, such as work methods, etc.

Sankaran asserts that these people feel insecure and thus seek the protection of their family from external harm, which they attempt to secure by maintaining a high standard of performance. Scholten also talks of their sequestering themselves within the safe confines of the family.

(This sense of insecurity could underlie *Calcarea silicata*'s sensitivity to reprimand, criticism, reproach.)

These patients are typically very sensitive to reproach and criticism, even mild, a characteristic the author has confirmed in several cases, so often in fact that this symptom, in my estimation, should be considered a strong keynote. They

can also be sensitive to teasing and rejection (by family).

Duty/Performance

Fulfilling duty for these individuals is a way of assuaging insecurity by thus insuring financial and social protection/adequacy (see Sankaran). Anxiety about performance – on exams, work, etc. — is characteristic.

All cases the author has seen performed at a high level, were very conscientious, and/or had anxiety about their performance (e.g., preliminary anxiety about exams, a new job, public speaking). The component elements can account for an anxiety and/or conscientiousness about trifles.

Fastidious.

Concern about image (See Sankaran and Scholten)

According to Scholten and Sankaran these persons are concerned about the image they project, about being seen as weak or incompetent, with regard to school, work — overall performance. Similarly the family's image is important to maintain and protect.

Fears/Anxieties

These individuals can have many fears/anxieties. Fears about family matters; anxiety about health, financial welfare; failure (at work, school). Fear and anxiety, worse at night in bed (fear of a brain lesion at night – Kent), while the lack of mental energy is worse in the daytime and better in the evening. Anxiety about trifles; trifles distract him.

[Rubrics: Fear: at night, after mental exertion; of brain softening; of disease; of disease being incurable; of exertion; about family matters; of imaginary things; of poverty; to go to sleep; of touch; of work.]

Anxiety about disease

The anxiety about health is like that of both components, and occurs mostly at night, in bed. They worry about having an incurable disease then. They weep, start, shriek in sleep. Nightmares.

Anxiety about disease, about having a brain lesion/softening (ie, Alzheimer's). Discouraged about disease. (Kent) Hypochondriasis.

Mental Exertion/Function – Compromised or Adverse Effect of

During daylight hours these patients can dread work and mental exertion; however, in the evening they think and act more efficiently. They can have a busy mind then, much as *Sepia*, *Medorrhinum* and *Aurum* can. Even though they can suffer complaints from mental exertion, they are often better from being occupied.

These persons can be absent-minded and find it difficult to concentrate. The intellect can be disorganized, even to the extent found in Alzheimer's Disease.

Confusion after eating. (Kent)

Averse Touch

The well-known modality of being averse to physical touch of *Calcarea silicata* also finds expression in the mental realm with the following characteristics:

- Averse consolation (irritated by consolation: Kent). Irritable.
- Prefer to be alone, from mental dullness or irritability and fatigue.
- Fear of, sensitive to, and aggravated by touch.
- Kent: "Desire to be alone when angry."
- Aversion to being bothered; just want to be left alone and lie down.
- Aggravated by coitus.

Sad/Discontented

Sadness can be a strong feature: sadness worse in the daytime, sometimes associated with the impulse to jump (*Aurum*).

Both Kent and Vithoulkas describe dissatisfaction, with a desire for the unattainable, as in *Tuberculinum*. [Kent, Vithoulkas]

In their funk they can appear stupefied, be indisposed to talk or to be talked to, and inclined to sit in silence.

Disposition to suicide.

Irritability

Irritable, vexed, aggravated by mental exertion. However, these patients are often too weak (and/or weak willed) to get angry. [Blackie]

Dead People

When in delirium or dementia, they can talk to dead people. They can have horrible visions too. Dreams of the dead are common to this remedy.

Relations: Compare: *Calcarea carbonica*, *Silicea*, *Carcinosin*, *Arsenicum album*, *Tuberculinum*, *Baryta carbonica*, *Kali silicata*.

A word about Kali silicata

Another remedy some might think of in relation to *Calcarea silicata* is *Kali silicata*. The two anions share a close proximity and some similarities. Physically, both display weakness and enervation, and many traits in common with *Silica*, of course; such as, chilliness, aggravation from drafts, constipation, rheumatic pains, stitching pains, ailments from suppressed perspiration. On the psychological level, too, there are similarities – lack of confidence, timidity, conscientiousness, mental prostration and other cognitive/memory deficits, etc.; however, there are some distinct differences. *Calcarea silicata* possesses far more anxiety (especially about health, money matters, family members) and anxious concern about quality of performance; then too, this remedy's exquisite sensitivity to reprimand is a distinguishing feature. *Kali silicata's* rigidity, properness, and obstinacy, as well as its inflexibility and strong sense of duty, typically

would outstrip any such inclinations found in the *Calcareo* salt. There are several other individualizing particular and general symptoms as well. For instance, here are a few rubrics containing *Calcareo silicata*, but not the *Kali* salt: many more dental symptoms, female ulcerations, greater laryngeal symptomatology, coldness of the back, perspiration of the back, warts, periodicity (daily, every seventh day), aggravation from talking, aversion or desire for milk, etc.

Common Physical Pathology of *Calcareo silicata*

- Acne, severe
- Constipation, severe
- Chronic sinusitis (suppurating)/frequent upper respiratory infections/chronic bronchitis
- Fatigue states
- Corneal exudates, ulcers

Themes Confirmed in Following Cases (and in cases noted during a literature search)

- Shy
- Lacking in confidence
- Sensitivity to reprimand, criticism
- Hard working, often perform at high level, though can shy from pressure
- Pressured by and trying to meet expectations
- Often bright intellectually
- Anxiety about performance
- Mild. Unassertive
- Anxiety about health, anxiety about money, financial welfare
- Irresolute
- Conscientious trifles, neat/fastidious
- Chilly
- Sinusitis
- Freq colds, infections
- Weakness

More *Calcareo Silicata* Cases

Case One

13 February, 1998

"Rachel" (not her actual name) was a ten-year-old girl, who, though doing fairly well in school by working very hard, caused her mother to worry about her having Attention Deficit Disorder or being Learning Disabled. A problem arose when she was in first grade, where, according to the mother, the teacher disliked Rachel. By third grade Rachel had given up with school; she was miserable there. She performed better when homeschooled; however circumstances required that she return to public school. There she did very poorly on tests and when she had to participate in a group; however, when not being tested and when alone, she seemed to be able to answer questions correctly.

She lost her train of thought constantly and, when writing, tended to go off on tangents. If pushed into her work, she

closed down and simply said, "I can't," and stopped attending to the matter at hand. She could not be coerced. She was averse to mathematics.

When young, she displayed a stubborn resistance to sitting up if another person was watching. She was still easily embarrassed if she made a mistake or an unsuccessful effort at some task, and she was averse to trying anything new if someone else was watching. She feared failure. She was also very sensitive and easily hurt, and she was crushed by contradiction.

She would persist on a problem until it was solved, yet she was also absentminded and forgetful. She seemed to enjoy having very tiny objects, which she often took to school.

She was shy with strangers (even more so when younger), yet social. She feared thunderstorms, being alone, and failing on examinations.

Her temper was mild; when she balked at doing something, she did so passively, quietly, without tantrums. She might then withdraw to a corner and pout. She was neither assertive nor aggressive, and had been the victim of teasing at school. Though not a very open child, she loved consolation. She also loved being rubbed and stroked. She bit her nails.

Her growth and development had been unremarkable; however, her teeth came in late. She was chilly. Her scalp was dry and painful when brushed. Perspiration was normal. Appetite and thirst were average. Her food preferences included: macaroni and cheese, mashed potatoes, corn, meats, chocolate, sweets. Her sleep was unremarkable.

Physical Exam: unremarkable.

Prescription: *Calcareo silicata* 200C, one dose.

Follow-up, 17 March, 1998 -- one month later

Her school work was much better and her grades had improved, though she was still forgetful and could get distracted mid-task. She had a single-minded focus: her questions had to be answered, and she could be narrow-minded. She was easily frustrated if she could not learn something quickly. She was less fearful of failure; such as, before exams.

She was a bit less easily embarrassed. Some other school children would pick on her and she still did not know how to react, remaining nice to her tormentors.

Scalp less sensitive to brushing. Her nail biting continued.

Plan: Wait

3 April, 2000

She had done very well for almost two years — her grades and memory were much improved; she was much more confident before examinations; she was less fearful of being alone; her sensitivity to her mother's reprimand had diminished; embarrassment was less of a problem; however, she had recently slipped back to her old ways.

Similar symptoms: aversion to math; forgetful; poor attention span. Her train of thought seemed blocked at times. She had no fear of tests. Her single-mindedness was not as

intense.

She had been much less moody and more assertive; recently she had become pouty again if chastised. She was much better socially, though she could still be immature. Her fear thunderstorms was reduced and she was now fine when alone.

She still was biting her nails. Her scalp was less sensitive to brushing. She remained somewhat on chilly. Sleep was good; she slept covered, on her sides. She desired macaroni and cheese and potatoes.

Prescription: *Calcarea silicata* 200, one dose.

Net Result:

Over the ensuing year, without further doses, Rachel improved remarkably – her performance and mental functioning improved, as did her memory. She became more assertive and her sensitivity, while still present, was greatly reduced. Her scalp sensitivity remained mild. Nail biting remained, though less.

Case Two

BG, a ten-year-old boy in sixth grade, was small in stature for his age. His presenting complaints were chronic sinusitis, anxiety, and scoliosis.

[Observation: He appeared a serious, mature young man]

This lad had suffered sinusitis for the past three years, worse spring and autumn, with chronic nasal congestion and sneezing on rising in the morning; circles under the eyes. His scoliosis was of moderate severity. He'd had one plantar wart in the past.

He was homeschooled. His mother reported that he worried quite a lot; he seemed especially concerned that "something's wrong with me." During moments of his greatest anxiety he was anxious that he'd swallow something in his sleep and choke, anxious about his health. He was also anxious about being small, that something was wrong with his body.

He was timid and lacked confidence. He was emotionally sensitive and very sensitive to reprimand and criticism, taking it to heart; he tried hard to please. His confidence was undermined when his former school critiqued him unfairly, in his mother's opinion. Since the age of seven he had experienced pre-examination anxiety. He was worse from anticipation, which caused back spasms, with weeping.

[Observation: He held himself stiffly, with shallow respirations, and sat erect with his back off the chair.]

He was a well-behaved child, a rule follower. He liked Legos, computers, and playing soccer. While he might yell at his brother, he was never angry at anyone else.

He had a rapid mind: making quick turns of phrase, engaging in word play, excitable, jesting. He could be silly at times. He was quite bright—public school came easily; thus, he was being homeschooled at the time of his first appointment.

He was very conscious of his size, especially with regard to self-defense, and it affected his self-esteem. He was in-

troverted and preferred the company of adults. He was also considerate and sympathetic.

He desired: ice cream, ham, barbeque; he was thirsty. His arms felt weak. He was allergic cats and he loved dogs. His physical stamina was fine.

Sleep was unremarkable; there was minimal bruxism. Nightmares could arise from watching scary shows.

Prescription: *Calcarea silicata* 200, one dose.

One month later:

He was doing very well; his confidence had already improved and he was now more outgoing and less anxious. There were no more complaints of small injuries. He also no longer dwelled on being small.

Mild nasal symptoms – some sneezing and runny nose—were his only complaints.

Plan: Wait

Follow-up three months later:

He was now confident, assertive. "He's a different person. He's better at soccer – more aggressive; his stamina is even better than it was." His response to criticism changed; he now responded with logical rebuttal – a drastic change according to his mother. He engaged in less word play, was less silly.

He desired ice cream and was averse to meat. There was no anxiety present at this time. His body was more filled out; less frail. Still allergic to cats.

He had been sneezing lately in the morning on waking. His mother gave him *Calcarea silicata* 30C for his nose and it improved.

Prescription: *Calcarea silicata* 200C, one dose, due to recurrence of nasal symptoms.

Twenty-one months later (a few follow-ups intervened):

He was even more assertive: "He's quite the animal on the soccer field." No anxiety, no anticipatory problems.

Sleep had been good. Scoliosis remained stable; it was decided that there was no longer any need for surgery.

Some bouts of nasal congestion prompted repetitions of 200C, to good effect.

This favorable trend continued until a point when some fatigue, lowered appetite, slightly diminished confidence and tenacity persisted, at which point *Calcarea silicata* 1M was prescribed, again to good effect.

Eleven months later:

After two doses of this remedy spaced four months apart, his status was as follows:

Assertiveness improved; confident; not sensitive to reprimand. No apparent anxiety. Much more confident.

Still smaller than others his age. His scoliosis had been of greater concern lately, though it had improved from earlier; it had plateaued, and there was some back pain after swimming the butterfly stroke. He desired chocolate ice cream

Assessment: At this point it was apparent that the remedy

had done its work, improving his confidence and many anxieties, sinusitis, and aborting the progress of his scoliosis. However, the residual scoliosis was still a problem; so I decided to follow *Calcareo silicata* with a closely related remedy

Prescription: *Silica* 200C, monthly.

Eight months later:

Within eight months the scoliosis was improving and the back pain after exertion was gone. His confidence remained improved, and his growth was increasing rapidly. He was eating like a horse.

Fifteen months later:

After all this time with improvement while taking *Silica* 200C, his back was sensitive again, though he was otherwise doing well.

Plan: *Silica* 1M, episodically, with chiropractic treatment, resolved his back issues. His confidence and allergies remained a non-issue.

He has remained well over the last eight years with the exceptions of a mild case of acne responding to *Silica* 6C and, about two years ago, a bout of lingering symptoms after

contracting Lyme Disease (previously treated with antibiotics) that responded well to *Causticum*.

Comment: I believe this case required both *Calcareo silicata* initially and subsequently *Silica*. I doubt *Silica* would have met the entire constellation of timidity, extreme sensitivity to reprimand, apprehension, anxiety (about health, trifles, size, etc), aggravation from horrible things, and lack of confidence; his timidity and sensitivity, especially to reprimand, seemed too great for *Silica*.

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