

## Carcinosin – A study in perspective by Don Webley

**ABSTRACT:** CARCINOSIN IS A REMEDY that, in author's experience, is one of the great polychrests of the Homoeopathic Materia Medica. It will resolve a good number of those cases that seem to make only fair progress under other "perfectly indicated" remedy. I found this understanding on the internet very useful so share it with you.



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### FASTIDIUSNESS AND NEED FOR CONTROL

A fundamental aspect of the *Carc* picture is the fastidiousness. The Synthetic Repertory gives *Carc* as a black type remedy and this is my experience. It is much more basic to the being than, for eg the fastidiousness of the *Nat-mur* patient which it resembles; it is usually for order, rather than for dirt. Though the latter is seen, the *Nat-mur* relationship to punctuality is only rarely present. It seems to me that it is the result of rigidity, a need to control that stems from the patient's knowledge that he or she is sitting upon a wildfire which is potentially all-consuming if not strictly contained. It is the same sensation that generates a fearful reaction when sickness arises, or that is the root of the fear of cancer. Patient KA, always felt that she would die young. Deep down, the patient knows that there is a pathological time-bomb ticking inside. The fastidiousness is an attempt to control it. Put another way, the fastidiousness is a valiant effort to keep mortality at bay. Somehow the *Carc* subject feels that if she can keep her environment perfect or her figure perfect then she just might live forever.

**CASE KA (Case III).** (This case is covered much in this article itself, so it is given in very brief in the 'Masters section'). She always exercised religiously, owns a health food store, and has been addicted to all the products that she sold. Looks several years younger than her age, but has always planned to have a face lift at age forty-five. Terrified of aging. Takes meticulous care of her

body, at least its appearance and her environment. When she was raped a couple of years ago, she did not tell her son (she is a single mother) because she did not want him to be concerned. Another patient presented with herpes. She had other symptoms, like constipation and sleeplessness, but the herpes, which in her case appeared in rather mild form, threw her for a loop. "I feel diseased. Why is this happening to me? I wasn't born to do a trip like this." She felt unclean, and became extremely agitated when even the tiniest lesion would appear. She was the kind of person who "loves things to be nailed down."

The difference between *Ars*'s fastidiousness and *Carc*'s neurosis is best illustrated as follows: Two girls are leaving on a cross-country trip; anxious mothers stand on either side of the car, bidding tearful farewells to their "little girls." The *Ars* is the one saying, "Honey, drive carefully! I've heard awful things about how they drive in Ohio. Make sure you fasten your seatbelt, and don't sit on any toilet seats, and make sure you don't talk to strangers. Oh! Your hair needs some work, the part is crooked. Make sure to call me every night. Yes, it's fine to call at 1:00 am, I can never sleep then anyway." The *Carcinosin* mother whispers softly to her daughter, "Sweetie, take care of yourself, and make sure you always wear clean underpants. What if you had an accident, and they brought you to the hospital with dirty underwear on?"

This issue of fastidiousness leads into the matter of control a core issue in the pathogenesis of *Carc*.

Foubister gives a history of fright and prolonged unhappiness in *Carc*. These are in fact often present: the *Carc* pathology arises when the boundless centripetal life energy and great sensitivity to and concern for others are constricted, confined and traumatized by the cold and brutal facts of life. Thus one often hears a life story of extensive sexual abuse and horrors that tests one's credulity. This is the essential process occurring in the pathogenesis of *Carc* and if one grasps it, one will find the remedy where it is hidden to others. Yet it is true that *Carc* is as hard to pin down as the color of a chameleon. This is because, depending on which of its component characteristics is present to the greatest degree, the remedy may mimic *Nat-mur*, *Medo*, *Staph*, *Phos*, *Sepia*, *Tub* or *Calc-carb* or yet some other (*Puls* too). Thus a woman with high sexual energy, very social, sympathetic and clairvoyant may resemble a *Phos* and share its food desires. One may be at the point of giving it until she mentions how much she likes to drink tea and no she never drinks cold water. Or a fastidious, pathologically responsible woman who loves chocolate and salt but does not care for sex and is not very receptive to consolation may be about to receive *Nat-mur* until it is realized that she loves to sit in her car in the sun with the window rolled up and likes soft, gooey fat on meat.

#### THE SUFFERING OF CARCINOSIN

Control by rigid, almost sadistic parents or spouses is a form of unhappiness often found. Case KA describes herself as having been raised by a "Nazi mother" who tolerated nothing short of perfection. Her first husband was an evangelical Christian (he also womanized extensively on the side, and was heavily into pornography) who was even more suffocating. He could not stand to hear people breathe or chew, so that she had to feed the children before he came home. He would never touch a woman, so their "sex life" consisted of her fellating him while he smoked cigarettes sitting in a chair.

Nevertheless, *Carc* is not contraindicated if there is no history of brutalization. Life's ordinary trau-

mas are often sufficient suffering. Even in the face of such extraordinary suffering, however, the *Carc* patient seems not to resist. In this is a resemblance to *Staph*. Even as a child, the *Carc* patient is extremely sensitive to reprimands. It is hard to distinguish the two. The distinction, it seems to me, is that *Staph* resists confrontation because the organism is simply too sensitive to tolerate the anger of others and does everything to avoid situations where that might arise. The *Staph* child will not show the ebullient energy of the *Carc* child, and the outbursts to which he or she is sometimes prone. *Carc*, by contrast, remains with the alcoholic husbands out of something resembling, but not entirely identical to, a sense of responsibility. It is rather that if she can somehow keep it together on the home front, it will help stave off the fear of mortality and disorder lurking beyond. We need to return to the *Carc* patient's anxiety about others and its sympathetic quality. A certain kind of *Carc* patient will present herself very much like a *Phos*, will sit on the edge of the chair, and lean toward you, and be very much affected by other people. At times the distinction can be very hard to make, because this remedy shows all the sensitivity of *Phos*, feeling the emotions of others, and also being prone to visions and psychic phenomena. If a distinction can be made it is that this patient is more "solid" or and less amorphous than the *Phos* patient. "Phosphorus," one clinician said, "is like a chameleon, and has no skin, that is to say, no boundaries." But it is not always an easy distinction to make. More usually, there is anxiety about others, and a desire to help, without the loss of boundary between self and other. Guilt is often part of the complex, again deriving from the patient's feeling somehow responsible and obliged to take care of, and protect all around, from mortality. One patient said "My middle name is guilt."

This is perhaps as good a place as any to amplify my quick reference to the fact that almost anything said about *Carc*, though sometimes false, will at other times be true. I have just contrasted the energetic, outgoing, intense, *Carc* child with

the more sensitive and retiring *Staph*. It is true that this is the more common manifestation of *Carc* in children. It is also true that the complete opposite is sometimes seen. *Carc* children can be quiet, shy, depressed, and pathologically sensitive in much the same way as *Staph* subjects of the same age. Even in this type, however, there will usually be the identifying keynotes: the food cravings, the constipation, the sleeplessness, and the high fevers suggestive of intense energy lurking beneath the tranquil surface. I think of such children as cases where the pathological development has been accelerated so that the implosion or introversion of energy that occurs only later with the more common type is the case from an early age.

I don't believe that I have ever seen true aversion to sex in a *Carc* patient. Even in the frigid, their lack of sexual response is situational; but were once outgoing, energetic, sexually vital. Will sometimes speak of a particular relationship, where their sexuality flowered. The typical childhood history is also present. Now she is exceedingly depressed, to the point of attempting suicide. The guilt has become a profound sense of failure. In these individuals, the history of pain and abuse is often marked. Sometimes it is astonishing. There will often be alcoholic parents and a history of sexual abuse. Another patient, a child of dysfunctional alcoholic parents, and a woman who herself struggled with addiction to alcohol and cigarettes, confessed to great feelings of worthlessness, and had suffered bouts of depression in the past. She hit the nail on the head when she said: "As a child I never was taught how to take care of myself."

### HOW TO LOOK FOR CARCINOSIN

The primary difficulty is that the case will never repertorize out to *Carc* if you use Kent's Repertory. I myself always use the Synthetic Repertory first, and Jost Kunzli von Fimmelberg's Repertorium Generale for the particulars. The Synthetic Repertory contains the distillation of Pierre Schmidt's vast wisdom, and he evidently

used *Carc* quite a bit, because a number of *Carc* additions a "7" superscript identify him as their source.

The first thing to make you think of *Carc*: a perfect *Nat-mur* case except that patient loves the sun or the juicy fat on pork chops, or loves consolation. The same could be said of *Puls*, *Sepia*, *Phos*, *Lyc*, *Medo*, *Calc*, and a number of other remedies, but I find that the majority of *Carc* cases are either slightly kinky *Nat-mur* or *Sepia* cases or *Medo* with a twist: a little too gentle and without the edge, and maybe with an aversion to salt instead of a desire, and no amelioration at night. *Nat-mur* bears the same special relationship to the cancer miasm that *Mercury* does to Syphilis, or *Thuja* to Gonorrhoea. Pay careful attention to the family history. Look for cancer, diabetes, alcoholism, drug addiction, insanity and occasionally tuberculosis in the history. Foubister adds pernicious anemia.

Sometimes little family history, but all five siblings are alcoholics. It is not a cut-and-dried matter. Nevertheless, you will rarely use *Carc* when there is no suggestive history at all. But sometimes. I have used the remedy on its indications alone. Who only uses *Medo* when there is a clear gonorrhoeal history? Next, examine the patient's own history. Constipation and insomnia from childhood are strongly suggestive, as are high or frequent fevers as a child. A patient of mine had, as a child, the highest temperature ever recorded at Providence Hospital, in excess of 108° F. Another child would run about and play outside with a 106° fever. These fevers often accompany earaches or tonsillitis. Hay fever as a child is also a strong indication. Foubister gives a history of pneumonia and whooping cough. He also writes that *Carc* is suggested when there is unusually severe reaction to vaccination. *Carc* children characteristically have very high energy as children. The sleeplessness and fevers are just manifestations of this.

*Carc* loves to dance and travel, and is affected one way or another by the ocean. *Carc* is exhilarated by thunderstorms. Strongly moved by mu-

sic; tend to like classical music, though others will like rock. I have observed an aversion to jazz in several patients. There seems to be real aversion to this kind of music. My theory, and it is entirely the kind of idle speculation condemned by our illustrious founder, is that the syncopation offends their sense of order and propriety.

In small children, you will find head-sweats during sleep. Kunzli gives it a black dot in his Repertory, a sign that it is a symptom this is often a dispositive symptom in his experience. Other head-sweats during sleep: *Bry, Calc-carb, Calc-phos, Cham, Cicuta, Lyco, Merc, Podo, Sanicula, Sep, Sil*. I add from my own experience: *Tub* and *Carc*. Often this single symptom, in conjunction with the genupectoral sleep position, also present in *Carc*, gives the case away. The Synthetic Repertory gives: *Calc-phos, Carc, Conium, Euphorbium, Lyco, Medo, Phos, Sep, Tub*. I have found these indications to have the force of generals of high rank: they are proxies for something very deep in the life of the child. Thus, in a small child, these symptoms must be present in the pathogenesis of the simillimum. For example, then, if there are both genupectoral sleep and head-sweats, the field is immediately narrowed to five remedies of all the entire *Materia Medica*.

Anyone who has treated children, and wondered how to choose a remedy based on no symptoms at all, will appreciate the value of these indications. It should be mentioned that *Carc* also often sleeps spread-eagled, arms and legs outstretched. One often finds the blue sclera otherwise associated with *Tub*, and the cafe-au-lait appearance. The moles of *Carc* are of a very specific type- round, dark-brown macules. *Carc*, like *Medo*, is suggested by a hairy spine and neck, and by unusual amounts of arm or leg hair, especially in children and women. Many writers have reported *Carc* as being worse with warmth. I have seen this, but I have seen the opposite perhaps more often.

When there is a history of prolonged suffering, think of *Carc*. This does not mean a broken heart or a disappointing date. KA's case, gives a pic-

ture of what I mean by prolonged suffering. Foubister gives severe fright as another precipitating cause but cannot attest to it from my own experience. Unusually restrictive and suppressive parents or spouses; when parental, it is mostly causative. But when seen in a series of spouses, it is a pathological symptom. In other words, only a *Carc* or perhaps a *Staph*, would, as an adult, put up with the abuse. KA endured from her husband. George Vithoulkas gives as a keynote, "burning pain in the ascending colon." I have seen it only once. I suspect it is like the *Thuja* keynote of "nose runs at stool," dispositive but rare, at least in my experience. The food cravings are very important guides. Foubister says that an aversion or desire for any of the following foods is suggestive of *Carc*: meat, fat, sweets, salt, fruit, milk and eggs. My own experience confirms this. But often there is an alternation, over periods of years, between aversion and desire for these items. Thus a desire for meat, fat and salt and a neutral feeling about the other items would lead one away from *Carc*. There is often also a sensitivity or allergic reaction to some of these items.

I have saved what I consider to be the most important food desire for the last: Chocolate. Schmidt gives it as second type. I believe it should certainly be black type. Nevertheless, you will occasionally see an aggravation from chocolate or seen an aversion to it. The remedy type also desires onions and garlic. It has a strong relationship to coffee, but then again, this is the addictive remedy nonpareil, so that should be expected. I have observed, however, that it is also particularly sensitive to coffee. In one of the cases here, the patient, after marked improvement, took some coffee to stay awake on a transcontinental trip. She noticed her uterine symptoms returning before she had finished half the cup. Fortunately, she had the presence of mind to throw the rest away, and suffered no lasting harm. When this manuscript was essentially complete, I scanned *CARCINOSIN*, the record of a symposium on *Carc* in Hechtel, Belgium. Several practitioners mentioned desire for soup as being of cardinal

importance in *Carc*, second only to chocolate as food craving. I did not know this, but since the writers all gave ample evidence of a clear understanding of the remedy, this should be taken as authoritative.

The following case sketch is of a "pseudo- *Staph*" woman. The prescription would easily have been missed had I not known what to look for. Her chief complaint was exhausting (3) menstrual cramps (2). She also had cramps at ovulation. The patient, ME, is intimidated by anger (2), and NEVER expressed anger toward her husbands. She was introduced to abuse early. She recounts that at age 2 or 3, she lost all her hair. The diagnosis was "stress"; she now feels that she lost her hair because she would not cry out, of fear of her father, an alcoholic, who later left her mother, and died of metastasized stomach cancer. Her stepfather would ejaculate in her mouth, then beat her and threaten her with more serious harm if she ever told anyone. Later, at 11, it was an uncle fondling her, and a couple of years after that, a cousin forcing vaginal intercourse on her. She proceeded to become involved in successive abusive marriages. Both were to black men.

Why did I make a note of this? Prejudice aside, it is a matter of my observation that in the United States, whereas the decision to enter into an inter-racial relationship signifies nothing of interest to a homeopath, the decision on the part of a white woman to choose only black men as her sexual partners is noteworthy. Often it suggests *Staph*-like, *Carc*-like tendency. Before any readers who do not know the author of this piece cry "Racism!", please know that the author himself is a black man - one, moreover, who is married to a white woman, who, incidentally, is neither a *Staph* nor a *Carc*.

The first husband was an unregenerate adulterer, 19 yrs older. He would even bring women back to the house and copulate with them while his wife cried in the next room. Her second husband was an alcoholic who beat her, and with whom she had sexual intercourse two-three times/day on weekends, but only out of duty, as she had

little interest in it herself.

Why did I not give her *Staph*? This might have been the logical choice. She had all the food cravings of *Nat-mur*, however: chocolate (2) [at the menses (2)], salt (1), garlic (1); she also loved the ocean (2) and was fastidious about time (1) and claustrophobic (1). Perhaps she was a *Nat-mur*, but she was not worse with sunshine, and was not worse from consolation (2). That ruled *Nat-mur* out. I observed that she disliked jazz (2), desired onions (2), and was worse from coffee (2). There was also a suggestive history: Her father was an alcoholic who died of cancer; his parent's history was unavailable, the mother had no remarkable history, but the maternal grandmother had DM, asthma and died of a CVA. The MGF was a severe alcoholic and died of cerebral hemorrhage in his 40's. With all pieces of the puzzle in place, *Carc* was a much better fit than either *Nat-mur* or *Staph*.

### **CARC: A REMEDY OF POLAR OPPOSITES**

The *Carc* remedy picture is difficult to summarize in a single all-encompassing keyword. There is no cowardice, as in *Lyc*, or fear of the universe, as in *Ars*. It is also difficult to make any categorical assertion about the remedy, for the opposite of anything said about it might just as well be true. Perhaps more than any other in our homeopathic armamentarium, *Carc* is a remedy of polar opposites. I have very often had a disbelieving mother walk out in a state of more than a little doubt because I gave her mild-mannered, introverted child the same remedy that I gave to her obstinate, hyperactive brat who bounces off the walls. Yet this very amorphousness and this bipolar character suggest the image of *Carc*.

### **CARC AND FAMILY HISTORY**

It is commonly stated that the epidemic of cancer that now plagues the industrialized world is directly related to the suppression of tuberculosis. It would be difficult to prove this thesis beyond doubt, but a number of observations point strongly in this direction. First of all, one of the factors that alerts one to a possible need for the

cancer nosode is tuberculosis in the family history. *Carc* shares some noteworthy symptoms with *Tub* for instance, the hair on the spine, blue sclerae, genupectoral sleep position, the desire for travel, and perspiration on the head during sleep. I have had the opportunity to treat the parents of many children who have benefited from this nosode and have found more often the remedy has not been indicated in these people. What one typically observes is a very suggestive history on one side - usually the mother's - and a somewhat less tainted past on the other side. Often neither parent needs the nosode, even though it may be indicated in one or more of their children. It is as if the number of suggestive illnesses in the family tree needs to rise to a certain "critical mass" before the cancer miasm explodes into being. Thus a child will be a *Carc* type, while the parents take other remedies. Significantly as well, I have rarely seen a case where parents need *Carc* and the children do not. Taken together, these facts do not augur well for the future of humankind. We are, as it were, witnessing the unleashing of a new horseman of the apocalypse upon the world in this generation. We have seen this reflected in the steep increase in the occurrence of cancer over this same period, but the fact that the nosode is appearing, *ex nihilo*, as it were, in this generation, suggests that we have perhaps glimpsed the tip of this monstrous miasmatic iceberg. *Carc* is destined to be the nosode of the age in much the same way that *Tub-b* was the star of Kent's day. There are shadows of *Medo* in this nosode, also. We see the hyperactivity in children, increased sexual desire, amelioration by the ocean, genupectoral sleep position, desire for salt, sweets and fats, and insomnia.

### CARC: THE GREAT MASQUERADER

The other chief components of the *Carc* picture come from the *Nat-mur* and *Sepia* family. We see the fastidiousness, a desire for salt indicative of *Nat-mur*, worse with consolation (although the opposite is as often present), sensitivity to sea air, desire for chocolate, aversion to fats and milk of

both remedies. The love of dancing of *Sepia*, as well as its childhood hyperactivity. Like both remedies it is very easily offended. Cancer has been called the great masquerader and so it is with its nosode. One often sees a symptom picture which is a perfect example of say *Tub-b*, but which has one or two symptoms that don't quite fit. As I have indicated these "sore thumb" symptoms and the family history often lead to the use of *Carc*. Sometimes one sees a case which seems to have, for example, a *Phos* symptom group. Then a *Sepia* aspect and finally a *Nat-mur* set of symptoms. Knowing this remedy, one sees its aspect as the unifying thread running through the case. Whitmont calls cancer, "The penalty for the un-lived life," and Wilhelm Reich referred to it as the end result of the "Carcinomatous Shrinking Biopathy." *Nat-mur* and *Sepia* reflect these tendencies perhaps more than any other remedies, and it is significant that they should be so closely related to this nosode. The tubercular and gonorrhoeal tendencies provide the groundwork or, perhaps more accurately, the miasmatic soil upon which the poisonous seeds may germinate into the cancer miasm. It is for this reason that *Carc* has all these remedies hinted at in its picture. One will tend to be confused, because the remedy appears as one type then another, and then yet another. Consider the disease itself. Cancer may manifest in any organ, and, as a result, show itself by a wide variety of symptoms. Yet what is common to all cancers is unrestrained, chaotic growth, wherein the limitless generative energy that animates the life of the body and its cells is freed from the normal controls and results in the chaotic growth and spread of a malignant and consuming tumor throughout the affected system. Here we begin to see the process that underlies the remedy.

### CARCINOSIN AND INTENSITY

Rudolf Steiner once characterized cancer as having two phases, that of fever, heat, or inflammation and that of tumor formation. This heat, this intensity, this fire kept barely within check, sug-

gests something of the essence of *Carc*. *Carc* is the name we give to the pathological picture that arises when the life force itself, present in an individual with great intensity, is thwarted and turns upon its host organism, consuming it in its mad search for outflow and resolution. The *Carc* child, therefore, has frequent and often very high fevers, is often hyperactive, and has a difficult time going to sleep and staying asleep. He has "exceedingly strong food cravings which often alternate with aversions," so that frequently one hears, "I used to LOVE eggs, but now I hate them." In the *Carc* family history, and in the personal history of the patient, this intensity is also present as addiction to alcohol, or to drugs, cigarettes, and particularly to caffeine, and great sensitivity to foods. It likewise manifests as great passion and sexual intensity, beginning often at a young age, love of dancing and music, desire for travel, and exhilaration in a thunderstorm. I have also observed very early eruption of both deciduous and permanent teeth in a number of cases. It would, of course, be very difficult to add this to the repertory, as, by its very nature, it is not a symptom that can be cured. But I have seen it on a few occasions. This chaotic energy also sometimes manifests as alternation of symptoms from one side of the body to the other. I have seen this in a sore throat.

How then do we distinguish the *Carc* energy and intensity from that of *Medo* or *Tub*? In cancer, no poison or foreign principle causes the cells to begin their destructive and unrestrained growth. What is occurring is simply a stepped up, if chaotic, version of the growth process of normal tissue. In the gonorrhoeal and tubercular miasms on the other hand, there is the introduction of a foreign principle which intensifies, but also perverts, the energy. Cruelty and hardness are everywhere manifest in these remedies, the result, if you will, of this perverse external principle. Thus, the *Tub* or *Med* child is often cruel, or mean, though sensitivity to reprimand and to others is not foreign to some *Med* children. A full-blown or typical adult belonging to either of these types is not some-

one with whom you would easily leave your children and pets for a weekend. There is a darkness about the energy of both these types that is completely absent in *Carc*. About the only categorical assertion one can make about this type is that it will never manifest malicious cruelty. Two very important facts to bear in mind about the *Carc* picture is that the remedy is listed under "sympathetic" and "anxiety for others" in second type in the Synthetic Repertory. Concern and regard for others is fundamental to these cases, and, as we will see, is the source of some of its pathology. Thus, even the obstinate kid whose mother says has a terrible temper and hits his brothers and sisters walks into the office looking so sweet and pleasant you can hardly believe that she is speaking of the one who sits in front of you. One is immediately drawn to the *Carc* child, and likewise to the adult, before onset of deep pathology. There is something attractive and magnetic about their energy. It is light and warmth without the dark shadow of the other two nosodes.

In the young adult case - this energy is often tangibly sexual: *Carc* takes a back seat to few remedies as regards the intensity of its libido. A recent female patient, when asked about how often she and her lover engaged in sexual intimacy replied: "Once a week, but that's down from the first year we were married, when we made love three times a day." One sometimes finds a history of promiscuity, but just as often a few long-term relationships, characterized as well by this same intensity. The *Carc* patient's relationship to sexuality is emotional rather than genital, more refined and less coarse, and less emotionally complicated than that of *Med* or *Lach*. The sexual urge is simply the adult manifestation of the energetic intensity with which the patient has lived since childhood. Eventually, therefore, the individual realizes that casual sex is not what he or she really wants. Thus the promiscuity tends to develop into a long-term commitment, or becomes complicated by coffee, drugs, and chocolate to ease the pain of disappointment. Therefore, although one feels the sexual intensity of the *Carc* patient

sitting across the table, it is not the kind of energy that puts one on guard. Although the intensity is evident, one does not feel that the patient is going to make a proposition. As evidence that the high sexual drive is usually non-pathological, it rarely declines after a prescription.

**THE COPPER AND CARC CONNECTION**

It was Tinus Smit's brilliant article, *Carcinosinum, Cancer a Deeper Understanding about Carc and Cuprum*, that set me thinking about sea remedies, crustaceans in particular and cancer. The article originally appeared in Links magazine, but is published in full on his internet site. Tinus Smit notes that, 'cancer patients frequently have high copper concentrations in their blood and the copper concentrations of tumours is higher than that of normal tissues.'

Copper is to sea creatures what haemoglobin/iron is to humans and chlorophyll is to plants: it enables them to breathe.

Shellfish have Cuprum (copper), we humans have Ferrum (iron) in our blood: 'It was astounding when marine molluscs, mussels, and snails, (including freshwater and even land snails) as well as cuttlefish and crabs, were found to breathe with the aid of a blood pigment that contains not iron but copper. The characteristic features of the

above animals is that they maintain their inner body in the completely soft plasticity of live proteinaceous substance, and expel everything hardening, and form giving into an outer skeleton or shell, as the oyster, for example, expels all of its calciums.' (Wilhelm Pelikan, *The Secrets of Metals*). This interplay of softness and hardness appears to also confirm the homeopathic signature of these copper breathing sea creatures as medicines for cancerous tumours.

On the mental/emotional level, Smits attributes the success of *Cuprum* in patients who have done well on *Carc* to its restricted, cramped expression, reflecting the perfectionist needs of the *Carc* patient to perform well. *Cuprum* will plan everything to the last detail, and sets rules so that everything can be controlled as much as possible; they are rigidly and violently ordered. In our land plants copper is also found in *Dulc*, *Staph* and *Conium* (Boericke). These remedies also express their individual forms of rigidity on the mental plane and tumour formation and hardening on the physical plane. These remedies are all listed in the Complete Repertory under stomach cancer, bladder calculi, haemorrhoids, tumours of the female sex organs (particularly the ovaries), cancerous affections, ulcers and polyps. All are convulsive remedies, like *Cuprum*. ○

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