

Thuja and eating disorders

While preparing a talk about the use of homœopathy in eating disorders earlier this year, I was struck by the way in which three different patients had helped to illuminate an aspect of *Thuja*: their stories speak for themselves, so much additional comment seems unnecessary. According to Agrawal¹, *Thuja* is the only remedy with the following group of related delusions: Delusion, body is brittle; Delusion, body is delicate; Delusion, diminished, is too thin; Delusion, body is too thin; Delusion, that she is made of glass.

In each of my three cases, a clear connection can be seen between the problems the patient was experiencing with weight and body image and this basic delusion of fragility.

The first patient, a woman now in her early forties, complained in March 1986 of constant hunger and a tendency to eat far too much: "I can be full yet still eat". I had known her for several years and she had always been somewhat overweight but she had put on several pounds since the previous visit. On this occasion, I prescribed *Thuja* for a number of reasons, including her reference to a 'fluttering' in the abdomen, a tenderness around the left ovary and the fact that she had begun smoking again recently: two years before, she had responded well to the remedy when presenting with similar symptoms, and had managed to give up smoking for one and a half years.

A month after taking *Thuja*, she reported being better able to resist second helpings and said she was adopting a "gentle" diet and had lost half a stone: by the autumn, she had lost about two stone.

It was in a conversation at about this time that she commented that, after *Thuja*, she had felt able to lose weight yet still feel strong. She had suddenly realised that always before she had seen her fat as a kind of protection and been convinced that, if she were too slim, she would become weak and fragile. She also remarked that she had begun to express her feelings more openly and become less concerned about being "nice": she was no longer needing to "divert" her feelings into food or cigarettes to the same extent. Having had little contact with her recently, I telephoned to ask permission to refer to her case and discovered that, although she had maintained a lower weight for several years, it had increased again in the past eighteen months and was beginning to worry her: she is to repeat the *Thuja*.

Nearly three years ago, a second woman came for one of her occasional appointments: she had visited a health farm, learned new eating patterns and lost a stone but realised she was having difficulty adjusting psychologically to her new image. She was having dreams of losing things, like her shoes or her car, which she related to the weight loss. She was afraid that looking younger and more attractive might make her more vulnerable. After some years alone, she felt she would like another relationship. She interpreted a dream in which her former husband appeared to be dead as a sign that she was now free to contemplate this – but still found the idea scary. She felt thin-skinned and sensitive: "I'm really exposing myself". She also said that she felt her "spiritual centre was

now nearer the surface and that she couldn't hide so easily". It also emerged that her mother, who had always been a large woman, only lost weight late in life – and died soon afterwards – so it seemed she was making an association between weight loss, disease and death. Three months after *Thuja*, she reported that she was now "accepting the new me", she had bought new clothes and begun a new relationship. To date, she has retained the lower weight and seems completely adjusted to it.

The link with a conviction that weight loss implied serious illness and imminent death was more pronounced in the third case, where various elements intertwine. This patient told me that her grandmother had been a large woman, and as a child, she had been aware that this grandmother was the strong one in the family whereas her mother, physically much smaller, was also weak and easily dominated. She herself is of slight build and found that, whatever she ate, she was unable to put on much weight. She mentioned that, as a child, "I always felt I needed to be bigger to fight the world" and said that for years she had refused to wear a dress: "I feel vulnerable in a skirt". The only time she had been really happy with her body was in her late teens when she had built up a lot of muscle, working out in a gym.

In December 1993, when she had been under considerable stress for some time – and needing to be strong to cope with a difficult situation – she came for an appointment in an agitated state. She said she felt "hollow, like a hologram, as if you could see through me". She had become convinced she was losing weight, although she didn't dare to get on the scales, and was eating huge meals, especially meat, to try and prevent this. I had previously simply recorded her craving for meat as a 'desire' but it now transpired she ate a lot of meat in the belief that it would make her stronger and build up muscle. She also admitted that for years she had bought clothes a size too small, "so I can feel fat". She was experiencing digestive problems which appeared to result from the recent excesses but found it hard to stop overeating. Her craving for tea was out of control and she was drinking up to thirty mugs in a day. She, like the previous patient, associated weight loss with disease and death: her grandmother had only lost weight towards the end of her life, when she wasted away with cancer.

After *Thuja*, the 'hologram feeling' disappeared, although the indigestion continued for some time. She reduced her consumption of food and tea and almost stopped smoking – until a further stressful event a couple of months later triggered an increase in her reliance on cigarettes again. About six months after the initial *Thuja*, she made an appointment because she was getting anxious about her daughter's forthcoming wedding: she said she would love to be able to put weight onto her legs, so she could feel comfortable in a skirt. She recalled that around the time she had begun secondary school aged eleven (although she could not remember a specific incident), she had started to think that others were making fun of her skinny legs. *Thuja* was repeated at this point: she coped well with all the wedding preparations

and was able to wear a skirt on the day.

This is an ongoing case and there are many issues still to be worked through: for example, some time after the first *Thuja*, she made a link between her anxieties in the December, over the 'hologram' feeling and the weight loss, and that fact that she had read in a local paper of the death of the man who had sexually abused her as a child: "I fell apart instead of celebrating that he'd no longer be able to that to anybody else". There has been considerable stress recently relating to a court case and I am expecting to see her again soon.

I would not wish to give the impression that *Thuja* has been the only remedy given to these women: all three have responded well to other remedies, too – and occasionally been given remedies which did nothing for them at all! However, in each instance, there appears to have been clear benefit from the *Thuja*, with the patients allowing several months to elapse before suggesting that further treatment might be required. *Thuja* seems not only to have led to an improvement in their overall health but helped them towards a greater understanding of their particular symptoms.

Reference

Agrawal, ML (1985) *Materia Medica of the Human Mind*. Pankaj Publications.

Sue Crump, RSHom, practises in Norfolk and teaches at the College of Homœopathy, and on the LCCHOTP course in Bucharest.

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Update on *The Complete Repertory*

Here, at the Institute for Research in Homœopathic Information and Symptomatology we are constantly studying and revising material. Together with a group of 40 colleagues we go through many of the old books searching for possible errors.

The plan is to make available the results of our research. The files that contain the corrected information will be available for everyone who is connected to Homeonet, the international homœopathic computer network. The conference to dial into is called hn.complete. Of course the work mentioned is directly connected to the further development of the Complete Repertory but it can also be used for free by any other person interested in having a better repertory. For those people that have MacRepertory it is possible to automatically incorporate the repertory changes files downloaded from Homeonet into their version of the Complete, starting from version 3.5 using a new version of MacRepertory that is soon to come.

I encourage anyone who thinks he or she can make a contribution to the information in the repertories since it is possible to upload information into the hn.complete conference. Whenever possible the Institute will write back to you about your contribution. In order for us to use the material you send in there are some parameters that you should stick to:

The information should be well defined. Book, page, author and possible error in the repertory should be clearly spelled out. New contributions: additions should be additions from printed material – books and articles. We will not accept any information that has never been printed before. But of course you are free to put this information onto the net also. We hope to see communication flowering on Homeonet this year.

From *Notes on the Miasms* by P. Ortega

"One must have a complete understanding to the maximum, i.e., in its most far reaching verification, of the true meaning of the simillimum, and never be content with the claim that homœopathy operates through an apparent concordance between a fairly large number of symptoms of the sick person and the most characteristic ones produced by the medicine.

The greatest weakness of homœopathy is that most of its practitioners, even though convinced and even passionate adherents of its doctrines, apply it to the patient as a mere therapeutic system founded on the use of the similar medicine. Thus, the principal or most apparent group of symptoms reveals the apparent remedy, and in this way the physician who believes he is practising correct homœopathy is deceived.

The *true similarity* to be found in the simillimum must encompass a *maximum analogy between the medicine and the sickness*: the whole potential of the therapeutic element must be matched with the expression or *state of existence* of our patient, which is all that sickness is."