

Paediatric Case-Taking

By Donald Foubister

One of the reasons why there is a reluctance to get to grips with case-taking is that Hahnemann's theory of chronic disease is at present neither fully accepted nor completely rejected, and there is no alternative comprehensive theory to replace it. Every experienced homœopath recognizes in his patients the images of Hahnemann's Psora, Sycosis and Syphilis, but as a rule not so accurately or consistently that this can be made the basis of his everyday practice. It is, however, generally agreed that the aim of homœopathic treatment of chronic ill-health, apart from dealing with the end results of disease, is to treat the patient. The difference between an ordinary medical history and a 'homœopathic' history is that the object of the former is to serve as a pointer to the pathological diagnosis, whereas the latter extends beyond this and includes information about the patient which may be utilized in the selection of similar remedies. The place of homœopathy or other forms of treatment can best be assessed from the pathological diagnosis, but the application of homœopathic treatment depends on a careful appraisal of the individual patient, on what might be termed a 'diagnosis of the patient'.

Special Features of Paediatric Case-taking

The chief difference between paediatric case-taking and that of older age groups is that the patient has to be regarded against a background of a norm which not only differs from the adult norm, but changes considerable from infancy to puberty. The mother, or someone with an intimate knowledge of the child, is the best person to give the history in infancy and early childhood. Even up to puberty

the child does not readily look at himself objectively. An obvious advantage of having the mother is that she is able to give an account of the family history, has first-hand knowledge of pregnancy and labour, and has usually been in a position to observe any outstanding episodes in the child's early life, such as a severe reaction to vaccination, injury, severe acute infection or an emotional upset. This does not mean to imply that the older child's evidence should be discarded, but even in apparently obvious things such as cravings or aversions to foods, the mother can usually give more accurate information.

The Mother's History

The mother should be allowed to tell the story in her own way without interruption, just as she might give her own history. Only in this way may certain invaluable clues be disclosed which might otherwise be lost. The emphasis given by the mother to various symptoms is noted in the same way that an adult history is appropriately underlined. The importance of obtaining really definite symptoms cannot be stressed too strongly.

Dr Tyler used to say in regard to homœopathic case-taking that the longer she lived the less she wrote down. The homœopathic materia medica is so vast, and there is so much overlapping, that the best way to accurate prescribing is to select really definite symptoms characteristic of the individual; one of the remedies which adequately covers these is likely to cover the rest of the case.

Classification of Constitutional Remedies

It is useful to keep in mind a rough classification of the ways in which similar reme-

Reprinted from *Tutorials in Homœopathy* by Donald Foubister with the kind permission of the Beaconsfield Publishers. The book is reviewed in this issue of the Journal.

dies are used in constitutional treatment. I think of these as comprising three overlapping groups:

1. Remedies prescribed on the basis of a similarity between the psychosomatic make-up of the patient and the drug picture, such as *Sepia* or *Sulphur*.
2. Remedies administered with the object of antidoting some adverse influence of the past, including family history, the period of gestation, labour, and outstanding post-natal events.
3. 'Pathological', etc. This group comprises pathological remedies, the bowel nosodes, autogenous potencies, sarcodes, hormones, and vitamins. In history-taking we are mainly concerned with the first two groups.

Generals and Particulars

Whilst making a note of the history it is necessary to clearly separate symptoms pertaining to the patient, such as a craving for ice-cream or a tendency to sweaty feet, from those relating to the illness. If a child suffers from asthma, the group of symptoms relating to an acute attack must be kept separate from the symptoms reflecting the psychosomatic make-up of the patient. A remedy which covers the attack will abort it, but no matter how often the attacks are cured, the tendency to have them is unaltered until the patient himself is treated constitutionally.

Interrogation of the Mother

The mother's history is clarified by questions on points she has raised, such as how definite a symptom is, and whether it can be taken to be outside the average pattern or not; if not, it is discarded as a repertorizing symptom. Next, the picture is filled in by systematic questioning, and here arises a problem. Too long a list of questions leads to boredom and failure to achieve its ends, and too short a one could omit important symptoms and also end in failure. Whatever plan of questioning is adopted, it can only be effective with a background of knowledge of the materia medica.

If the following four headings are kept in mind - 'Foods', 'Environment', 'Mentals', and the 'Serial History' - sufficient information on which to base prescriptions will almost always be found.

Repertorization

From the first three, the salient psychosomatic features of the patient can be delineated, and Dr Leon Vannier has pointed out that the most valuable and certainly the most useful symptoms on which to repertorize are those which he terms 'entrusted characteristics of the individual'. That is to say, symptoms which are not apparently related to hereditary or environmental influences. For instance, a craving for salt in a child whose siblings do not crave it, or a sensitivity to music in one child of an unmusical family, can be taken as an 'entrusted characteristic'. While it

might be difficult or impossible to prove that neither hereditary nor environmental influences played a part in its causation, it is nevertheless an invaluable criterion to the selection of symptoms for repertorization.

In dealing with the four symptom groups, only really definite symptoms should be taken and then they must be considered against what is normal for a child of the same age group.

Rather than deal with every detail, a selection of some of the main symptoms are considered here, with the object of pointing out the way in which symptoms are evaluated.

Foods

The mother should be given to understand clearly that what we are after is information about any definite cravings or aversions to food or drink. It is wise to run through a list of foods rapidly, so that she may pick on one or more items which stand out; otherwise she may waste time trying to be precise about irrelevant details.

These symptoms must be appraised against the norm. An aversion to sweets is of more value than a desire for sweets, unless the latter is a craving outside the normal child's liking for sweets. Quite a few children eat salt by itself, and to be quite definite a 'desire for salt' should include this.

A desire for fat meat is unusual, and therefore all the more valuable if present. Most children like ice-cream and it is only outside the average pattern when a child is constantly asking for it.

Bottle-fed infants usually like their feeds lukewarm, but occasionally an infant refuses the bottle till it is cold, or another may refuse it if it gets the least bit chilled. If present, these are useful symptoms at an age when guides to constitution are hard to discover.

It is worthwhile to ask about bacon rind. The children who crave it are usually covered by *Calcarea phosphorica*, *Tuberculinum* or *Carcinosin*. For children constantly drinking water, *Tuberculinum* should be considered first.

Sometimes an aversion to food is natural to a child; few children like onions, for instance. Sometimes an aversion may be conditioned. If father cuts the fat off his meat, a child might copy him.

Aluminium Cooking Utensils

It is my practice to advise their discontinuance in certain circumstances. Sometimes when taking the history, symptoms corresponding to the provings of *Aluminium* come out strongly. If not, the answer to three questions can usually provide information which may suggest looking into the subject further. Children who are sensitive to aluminium usually exhibit two or three of the following symptoms easily noticed by the mother: (1) They tend to rub their eyes frequently; (2) There is straining at stool; (3) They are slow eaters.

The effects on eyelids are well known, also the weakness of the rectal muscles, and of the oesophagus. Occasionally in older children one gets the adult description of being conscious of a bolus of food going down. More often than not *Alumina* is not the constitutional remedy; this may be *Sepia*, *Lycopodium*, or *Carcinosin*, etc., and I find that giving *Alumina* 200c, ten to fourteen days after the constitutional remedy seems to work very well.

Occasionally *Alumina* is the constitutional remedy. A girl of eleven years of age came with the complaint of leucorrhoea which had been investigated and treated by non-homœopathic methods, but which kept returning. She had suffered also from headaches for three years, and alternating constipation and diarrhoea from the age of eighteen months. This child has the triad of symptoms mentioned above and other *Alumina* symptoms. A change of cooking utensils, including the kettle, and a prescription of *Alumina* 200c was followed by a cessation of the leucorrhoea, headaches and bowel upset within a month. There was a slight return about six months later, when another prescription of *Alumina* 200c was followed by complete recovery for some months, after which she was not followed up.

It is probably worthwhile to stop aluminium in all allergic subjects. Sometimes school dinners provide a problem for less strong-minded parents, I use *Alumina* 30c, 200c and 1M as an antidote, given again when symptoms recur. *Vitamin E* 30c or 200c has in a few cases appeared also to be a very satisfactory antidote.

Environment

Under this heading we can ask about any unusual reaction, favourable or unfavourable, to the physical environment. Heat, cold, open air, sea air, sunshine, change of weather, windy weather, and thunderstorms.

Any outstanding symptoms, such as 'Can't stand hot weather', or 'Always better at the seaside', or 'Always want to be in the open air', may be taken as a constitutional symptom.

A definite useful symptom is that complaints are better or worse in sea air. This means that a particular is raised to the value of a general because of its strength.

Probably all remedies influenced by sea are influenced both ways although there may be a marked tendency in one direction. *Natrum muriaticum* is about equally worse or better by the sea. *Medorrhinum* is almost always better, very rarely worse. The *Tuberculinums* are almost always worse, just occasionally better, *Carcinosin* has it both ways also, and is better at the East coast and worse in the South, or vice versa. In chilly patients it is worthwhile to find out if the patient is cold all over or only in parts, such as hands and feet, which suggest a syctic remedy. Reaction to a thunderstorm may be an aggravation, fear or enjoy-

ment. Enjoys watching a storm is a useful confirmatory symptom of *Sepia* and *Carcinosin*. Fear has to be looked on against the family background, and the tendency for children to copy others.

It is convenient under the heading of environment to take into consideration events of the twenty-four hours, especially time modalities and sleep. If an infant gets 'grizzly' towards bedtime, that is not outside the normal pattern, but if the child is always worse at 10 a.m. (*Natrum muriaticum*), 4-8 p.m. (*Lycopodium* usually), or 3-5 a.m. (*Kali carbonicum*, etc.), for no apparent reason, this is worth noting.

In some cases it is only after failure to produce satisfactory results by apparently careful prescribing that a nightly aggravation is noticed. In such a case *Lutetium* is almost always indicated. Sometimes there is an aggravation after sleep which, of course, is not the same as a nightly aggravation. For example, asthma is often worse at night, but only occasionally does one get the history of 'attacks invariably commencing after sleep', in which case *Lachesis* is often indicated.

Enquiry about sleep should not be omitted.

1. If insomnia is present, its type, e.g. lying awake late, may be useful as a confirmatory symptom.
2. Modalities of sleep, including effects of loss of sleep.
3. Appearance during sleep:

(a) Position adopted. The knee-elbow position is common up to nine months or a year. After that it is much less observed, so that its value as a symptom would be higher. The following remedies have it: *Medorrhinum*, *Phosphorus*, *Calcarea phosphorica*, *Tuberculinum*, *Sepia*, *Lycopodium* and *Carcinosin*.

(b) Perspiration and its distribution. A sweaty head at night is sometimes a useful confirmatory symptom for *Calcarea phosphorica*.

(c) Whether the child is restless, or kicks off the bedclothes.

Dreams in older children are not often helpful. Very occasionally there is a nightmare of this type. The child wakes up in terror, sometimes being afraid of something in the corner of the room, but after being reassured falls asleep and awakens in the morning without any knowledge of the episode. *Phosphorus* and *Carcinosin* have cured this condition. Dreams of falling are fairly common, and must be frequent if they are to be taken as having high value.

Mentals

It is probably better to take mentals last, in case the mother thinks the doctor considers her child mentally abnormal, although, other things being equal, mental symptoms are of the most importance. I usually start with 'affection', and ask if the child appears to want more affection than average or resent it ('consolation aggravates'). The average child needs affection, but if there is a craving for it, it is outside the usual pattern, whether or not it might have a psy-

chological explanation. The child who never tires of affection often needs *Pulsatilla*, *Phosphorus*, a phosphorus compound or *Carcinosin*. It is a valuable confirmatory symptom. *Pulsatilla* and *Phosphorus* differ in that *Phosphorus* is responsive and gives out affection, whereas *Pulsatilla* just absorbs it.

The next symptom one can enquire about is sympathy for others. This may be expressed quite early in life. Many children are most concerned if they think anyone is suffering, and if it is a concern over someone outside the family, such as being upset on hearing an unknown child cry, it is worthwhile taking it as a symptom. To the rubrics concerned with sympathy to others may be added *Graphites*, *Sepia* and *Carcinosin*.

Sensitivity to Music

The question is, does the child have an unusual appreciation of music? Some children show discrimination in their taste quite early, and this should not be confused with the average child's liking of music. It is unusual for a child not to like music, except when there is a sensitivity to noise and the radio is playing loudly. Most children have a sense of rhythm and jig about on hearing suitable tunes, but this is not synonymous with discrimination of taste. Down's syndrome and other mentally handicapped children usually have a keen appreciation of music, and in such patients it cannot therefore be taken as an individual symptom. A very strong sense of rhythm is a useful confirmation symptom of *Sepia* and *Carcinosin*.

Obstinacy

The average child gradually begins to assert himself, but in some cases this takes the form of extreme obstinacy. If it is well outside the average assertiveness, it is a valuable symptom. The remedy to be first thought of for such children is *Tuberculinum bovinum* 30c or higher. It might almost be said that the more obstinate the child, the more likely *Tuberculinum bovinum* is indicated. On one occasion a child of six years had to be dragged into the out-patient consulting room loudly protesting. It was impossible to examine him, but from the history it seemed that he had chronic upper respiratory tract infection, and he had some large, fairly discrete cervical lymph glands, another strong indication for *Tuberculinum bovinum*, a dose of which was given in the 30th centesimal potency. There was no trouble examining on his next visit a month later, and his glands had substantially subsided. If *Tuberculinum bovinum* is not otherwise indicated, the remedy may be one of many. It saves time to eliminate *Tuberculinum bovinum* first.

Fastidiousness

Most children are untidy, some extremely so, in which case, especially if the child can never keep clean for any length of time, *Sulphur* or *Psorinum* may be the constitutional remedy. If the child is extremely

tidy, naturally putting his toys away in neat rows, this is a useful symptom and the constitutional remedy is likely to be found among the following: *Arsenicum*, *Anacardium*, *Nux vomica*, *Graphites*, or *Carcinosin*. Occasionally *Phosphorus*, *Sepia*, or *Platina* may be indicated.

The value of being careful in assessing homœopathic symptoms is illustrated by the following case. A child of four years used to smack his younger brother and this was attributed to jealousy. He was given *Lachesis* on this and other grounds, without benefit, and on careful questioning it was discovered that the older brother was fastidious and he smacked his brother's hands only when they were unclean. One of the fastidious remedies was prescribed with excellent results.

Fears

Very young children tend to fear noises more than anything else and babies start readily at sudden noises. If this symptom is to be taken it must be so marked that the baby 'almost jumps out of its skin'. Fear of the dark is common in childhood. The older the child, the more likely it is to be of value and if one child differs in this way from his siblings it gives more weight to the symptom as an individual one. As with any 'homœopathic' symptom, it must be rejected as a repertorizing symptom if there is any doubt of its value. To include doubtful symptoms is probably the most common error in inexperienced case-taking. Fear of downward motion may be manifested in babies by crying when lowered into the cot, and in older children from their reaction to going down in a lift. Fear of animals, of strangers, or of other children may be present. For children who cannot hold their own at school with other children, *Silica*, *Carcinosin*, *Phosphorus* or a *Phosphorus* compound will nearly always be found to cover the case, and if so, the fear almost invariably disappears.

Jealousy

This is within the average pattern of children, so that it must be assessed within their background.

Sensitivity to Reprimand

Dr Twentyman pointed out that the mental characteristic of the sycotic group of remedies was 'shame', and of the syphilitic group 'fear'. For some years now I have used 'sensitivity to reprimand', i.e. the child is terribly upset at being scolded even comparatively mildly, as a confirmatory symptom for *Medorrhinum*, *Natrum sulphuricum* or any of the sycotic group, and can confirm the practical value of this observation.

Travel

Some children are much better when travelling in a car or bus or train, forgetting all about their troubles, even eczema. *Nitric acid* is the chief remedy, or one of the others in the short rubric in Kent's Repertory

under 'Riding in the car ameliorates'. Car-sickness is worthy of note. While *Cocculus 30c* usually helps on a journey, the tendency can be used at least as a confirmatory symptom in constitutional prescribing.

In the section on Travel, under Mind, meaning desire to travel, it should be remembered that nearly all children like to travel, providing they do not get sick. Only if there is almost a craving for travel can it be taken as an individual symptom.

The Family and Personal History

The two streams of heredity join at conception and from then on environmental influences begin to operate in utero. From the viewpoint of prescribing, the serial history is studied to find out if there is anything outstanding when regarded against a background of an 'average family and personal history'.

The Family History

A study of the antecedents of patients, mainly children, benefiting from *Carcinosin* strongly suggested that there was a greater tendency to cancer, tuberculosis, diabetes, or a combination of these, than average. This knowledge can be utilized in prescribing. In the case of a child suffering from recurrent attacks of high fever after tonsils and adenoids had been removed, and all investigations were negative, a history of diabetes on both sides of the family suggested *Carcinosin*, and this was confirmed by the child's appearance and other symptoms. *Carcinosin 30c*, one dose, was given over a year ago and there has been no recurrence of the fever. From a practical point of view, this knowledge of *Carcinosin* was of more value to me than anything else regarding the family history. There must surely be much more to be learned.

Pregnancy

It is not very often that one can get help from the history of pregnancy or labour, although the period of gestation and birth must be of great importance. The following factors merit consideration:

Infection: influenza and other infections can cause abortion. German measles certainly and probably other infections may result in congenital abnormalities. It is reasonable to assume that infection of the mother could influence the foetus less drastically, yet leave its mark, just as post-natal infections are capable of leaving an aftermath of ill-health.

Trauma: physical trauma may directly affect the foetus, and possibly also severe emotional disturbance of the mother.

Drugs and X-rays: the mother may be given iron, some preparations of which may be toxic, antibiotics, steroids, hormones, prophylactic immunization, and occasionally anaesthetics for an operation. The mother may smoke heavily or be addicted to alcohol. Whether we can make practical use of the history in this respect is doubtful at present. A history of drugs should certainly be taken. The central nervous system

depressant drugs generally seem to have the effect of blocking thinking in sensitive subjects. X-rays are now strongly suspect. Neither X-ray nor *Radium bromatum* in potency has had any effect in stopping the inevitable downward course of leukaemia in my experience; but in less serious conditions X-ray 30c or 200c may help if the case is hanging fire in spite of careful prescribing, and if there is a history of exposure.

Endocrine disturbance: it is well known that diabetes mellitus can influence the foetus and it is likely that other endocrine dysfunctions such as hyperthyroidism may also do so.

In asking about pregnancy, therefore, it may be worthwhile to enquire about any acute illness, drugs taken, the habits of the mother with regard to smoking and alcohol, exposure to radiation, physical trauma, emotional upsets, operations and anaesthetics.

Labour

The infant may be subjected to drugs, including anaesthetics, and physical injury. If there is a history of slow or precipitate labour, the use of forceps, and/or slowness in recovery from birth, or difficulty in taking solids later, the head injury remedies – *Natrum sulphuricum*, *Natrum muriaticum* or *Cicula virosa* may be required. Unfortunately the effects of cerebral anorexia are irreversible. The mother is often in a highly suggestible state during labour, and whether suggestion at this time can influence the infant or not is unknown.

Post-natal History

A record is made of any outstanding event in the medical history since birth, including undue reaction to prophylactic immunization, severe infections, injury including operations, frights or other emotional disturbances, effects of drugs and anaesthetics, general or local and whether or not the episode immediately preceded ill-health.

When there is a history of severe reaction to vaccination, or ill-health appears to date from it, especially when symptomatically indicated remedies fail to benefit properly, *Thuja* may be considered as a pathological remedy. In any case in which there is a very large scar it is useful to make a note of it, as it might be useful as a confirmatory symptom. A bad reaction to vaccination is possibly of less value in an allergic subject than in others.

Thuja does not bear the same relationship to other inoculations. Sometimes a potency of the appropriate vaccine helps, but it may fail completely. There is need for study here.

When there is a history of a severe attack of one of the childish illnesses, such as measles or whooping cough, it may be necessary to antidote this by the appropriate nosode. The nosodes *Morbillinum*, *Pertussin*, *Scarlatinum*, *Diphtherinum*, *Parotidinum*, etc

may be dramatically effective or else have no effect. There is a generally accepted principle of homœopathic prescribing that the remedy which was indicated at the time of an acute illness, but not given, can be effective years later in clearing up an aftermath of ill-health. An outstanding example of this is *Drosera*, a pathological remedy for whooping cough and it is probably more useful than *Pertussin* in this respect. It is usually impossible to find indications for the remedy which might have been required at the time of the acute episode.

Dr Tyler believed that Hahnemann's Psora probably consisted, not of the effects of a single specific infection, but represented the aftermath of one or more of any of the acute infections. Obviously, if this is true, these diseases and their antidotes deserve more attention than they are generally given in homœopathic practice. Certainly Dr Tyler used these nosodes to great advantage, but often in patients who had received her skilled attention for some time previously. My impression is that the psychosomatically chosen remedies should be tried first, and remedies whose selection depends on the serial history should be considered when the former fail to produce satisfactory results, except when there are no clear-cut indications for a single psychosomatic remedy. In such cases it is worthwhile to go back through the whole history, family history, the period of gestation, labour, and post-natal events as outlined, and consider the bowel nosodes. The after-effects of poliomyelitis, apart from irreversible pathological changes, may be helped by *Lathyrus sativa* 1M or an individual remedy. Glandular fever – either dragging on or where there is a family history of glandular fever – calls for consideration of *Carcinosin* 30c, 200c or 1M, or all three on consecutive days. A few cases in which the ordinary remedies failed to help when whooping cough persisted for a long time also responded to *Carcinosin*.

When children have had an unusually large number of acute infections *Carcinosin* should again be considered.

B. Coli Mutabile 200c is a valuable remedy with which to clear up the end stages of urinary tract infection when there are no pathological barriers. It is possible that it might be useful in dealing with chronic pyelonephritis, which is realized now to be not uncommon. For the more immediate after-effects of any acute infection, such remedies as *Sulphur*, *Psorinum*, *Carbo vegetabilis*, etc have to be taken into consideration before thinking of the nosode.

When a child's general health has been improved after an acute infection, *Thyroidinum* 200c usually helps later on, even in adult life, perhaps because there has been a good response to thyroxin liberated during the fever.

In dealing with the possible after-effects of a serious infection, it should be kept in mind that there may have been other quite disturbing factors operat-

ing simultaneously. For example, the child may have suffered more from grief, fright, or a sense of injustice at being taken into hospital or through a sadistic nanny. Possibly some of our failures are caused through lack of information on this aspect.

A history of fright may be antidoted by *Opium* CM. Sometimes it has to be surmised, as, for example, in cases of enuresis starting after being in hospital.

Causticum or *Opium* may help children who have been burnt. Again, *Carcinosin* is worthy of consideration in cases of severe fright, prolonged fear, or unhappiness.

Injury remedies may be required on the basis of the history.

It is worthwhile to enquire about drugs and anaesthetics, as occasionally, for example, when there is a history of difficult resuscitation from nitrous oxide, when *Nitrous oxide* 200c may be tried.

Observation of the Patient

All experienced homœopaths come to be able to recognize certain remedies in their patients almost at a glance, and quite often the choice of remedies may be narrowed down appreciably through some information obtained through the senses. For instance, obese children nearly always need *Calcarea carbonica* or *Graphites*. A wrinkled forehead in childhood, especially in infancy, is almost always covered by one of the small group of remedies listed in Kent's *Repertory*. Innumerable examples could be given. The point I want to stress for the student is not to neglect this invaluable part of the case history. Some authors are particularly helpful. Dr Margaret Tyler's *Drug Pictures* contains much of value in this respect. Dr Elizabeth Wright Hubbard and Dr Margery Blackie have given us some excellent clinical remedy pictures. The best introduction is probably Dr Borland's *Children's Types*.

A Scheme for Paediatric Case-Taking in Acute Disease

A perfect scheme of case-taking has yet to be devised, but if the following headings are remembered, sufficient information can nearly always be obtained on which to base a prescription with or without the aid of a repertory.

Mode of Onset. This includes aetiological factors such as chill or fright. Also the rate at which symptoms develop.

Here it is appropriate to discuss 'pathological' remedies - remedies specially associated with aetiological factors or with pathological states. Examples are *Arnica* in the case of surgical shock, *Ignatia* in acute grief. The question is whether or not pathological remedies may be regarded as being in a separate category from individual remedies. If we take the above examples, it is a fact established beyond any reasonable doubt that *Arnica* and *Ignatia* are highly effective when given soon after the onset of symptoms. As time goes on, however, it may be necessary to give other

remedies to some patients, remedies differing individually. When bruising persists an unduly long time, *Sulphuric acid* may be required, and in other patients other remedies may be needed to aid full recovery from the effects of an injury. Similarly in the case of grief, *Natrum muriaticum*, *Phosphoric acid*, etc. may be required later on an individual basis. It may be that pathological remedies cover the vast majority of immediate reactions to certain aetiological factors, and therefore they are still, strictly speaking, individual. If this concept is held, while it is extremely useful to have pathological remedies in mind, it is important to be on the look-out for any unusual response.

Mentals. This heading includes any marked mental symptoms which have appeared since the illness began, such as irritability, craving for affection, fear, etc., together with any outstanding mental characteristics such as a dislike of consolation which has persisted into an acute illness. Delirium comes into this category, as well as dreams, if these are very vivid or repeated.

Physical Generals. Appearance of the patient, including decubitus, restlessness, fastidiousness, uncleanliness, the presence or absence of perspiration and if present, its distribution, the facial appearance, skin eruptions, etc.

Appetite - mainly in respect of thirst. Absence of thirst in fever is a high value symptom (chiefly

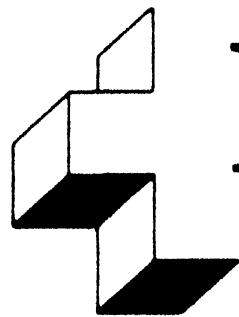
Pulsatilla and *Gelsemium*). Thirst is normally present, and should be taken into consideration only if it is excessive or peculiar. A moderate desire for cold drinks is usual and of no prescribing value. Thirst for warm drinks is unusual and should be noted (chiefly *Lycopodium* or *Arsenicum album*). Thirst for frequent sips of fluid is found chiefly in *Arsenicum album*.

Reaction to heat and cold. Distribution of heat in the body.

Odours - of the skin, sweat, breath, urine, stools, discharges.

Modalities. Modalities pertaining to the patient are of a much higher value than those pertaining to a particular, as a rule. Time modalities are important; also it is worth while to note any modalities related to the natural functions such as sleeping or eating.

Particulars (if outstanding. While a scheme of case-taking is necessary, the best histories are nearly always obtained through careful attention to what the mother says, astute observation and little in the way of interrogation. What is wanted is not a mass of symptoms, but a picture of the individual reaction in proper focus with very few definite symptoms in the foreground. One of the remedies which covers the few salient features will usually be found to cover all the rest. Finally, if there are little or no symptoms of reaction, *Sulphur* may be the remedy. □



Nelsons

Homœopathic Pharmacy

73 Duke Street, Grosvenor Square, London W1M 6BY
Telephone 071-629 3118

Letter to the Editor

from Ernest Roberts RSHom

23 Wilbraham Road, Manchester M14 6FB

Martin Miles' conference lecture (September 1989), on the Miasms was welcome for the positive and enthusiastic encouragement it gave. Martin said he has never known a homœopathic remedy to do any harm. He also said the reason homœopathy fails is that the miasms are not treated. Martin went on to give us a strong impression that miasms need to be treated by nosodes and quoted a case in point where four different major nosodes were prescribed over the space of a year.

I would like to make a few observations, based on my own experience in practice. Firstly I have seen two patients who have been made ill by the over prescribing of homœopathic remedies. By ill I mean severe physical pains and serious organ disorders created by remedies; also with and arising from these ailments severe mental and emotional distress. The prescriptions consisted of high potencies repeated over days and weeks, one remedy following another in quick succession. It is important to impress on students of homœopathy that we must know the basic principles and apply them. We use one remedy until it acts, then we wait etc. Another principle is to prescribe on the symptoms not on any theory or idea: for example, I have seen several cases where one, two or three major nosodes have been given 'to clear out the miasms'. Our nosodes have either 'pure' or 'clinical' provings to guide us and should only be used when these guiding symptom pictures are present. At best prescribing remedies to 'clear out the miasm' or to 'clear the picture' will do nothing. Prescribing remedies which do not correctly match the picture which the patient is presenting at the time can, even when they are not over prescribed as in my first example, confuse the picture and make it harder to see the correct remedy needed. It is wrong to think that you must not prescribe for fear of spoiling cases but it is incumbent upon us to do our best to continue to question a patient until we are sure of the remedy and to prescribe potency, dosage and frequency appropriately; Also to apply the laws of remedy reaction and cure carefully and so proceed with caution to learn from each case even if we do not see the best remedy needed in all cases when we first begin.

Homœopathy should be based on facts and law. This is not to say the art of homœopathy does not have its place – when we are dealing with people we have to be flexible and insightful.

Martin was for several years my most influential teacher and I know him to be an excellent prescriber but I think he did himself an injustice in his talk by emphasizing one aspect of his own art neglecting to balance it with other aspects. Martin told me "It is easy – just prescribe on the symptom picture". In many cases there are quite subtle indications for the needed nosode but these represent 'the picture' only when these indications are present can you expect results. The miasm can be 'cleared' successfully only when the symptom picture it presents comes up – then we are prescribing on the indications which as I say can be subtle and strong even if not plentiful. One of the indications for a need to treat the miasm is when a remedy which has acted curatively ceases to act though apparently still indicated. Here you look to see what is underneath and please do not automatically think it will be a major nosode, it could be a minor nosode or, not a nosode at all, but a polycryst or any remedy.

There are dangers in prescribing nosodes, and in prescribing for a miasm unless there are indications for the remedy. We may see a family history of for example tuberculosis, and one or two symptoms of *Tuberculinum* but this does not add up to a picture. In a case like this the patient will be sensitive to *Tuberculinum* which may represent a deeper layer which one day will need *Tuberculinum*. To give *Tuberculinum* without the picture being clearly present however could impose serious illness on the patient because of the very sensitivity to this remedy. The correct remedy might be *Calcarea phosphorica* or *Causticum* or *Calcarea carbonica* or *Staphysagria* etc. We are taught not to dig too deep too soon.

The idea of developmental prescribing to wake up a dormant miasm is only justifiable when there is a further elaborate support system around the patient and prescriber; otherwise it can be dangerous. My advice is to prescribe on the symptoms (as I was taught) and to go on working on a case by going deeper into the symptoms until you find the remedy, then follow carefully the principles of homœopathy. Applying the principles to the clinic situation is not

always as simple as you may at first think. For example: you must keenly observe to see first if the remedy has acted? – (signs of change). Secondly: how it has reacted, can you see the direction of cure correctly? Thirdly: when to prescribe again – is there a relapse i.e., a need for a repeat of the same remedy? Or is there a new picture and is it stable? Also when there has been a partially curative reaction how do you interpret this and what do you do about it? Also how do you interpret acutes that come up during chronic treatment?

The use of so called intercurrent remedies requires careful thought. The intercurrent must be the newly indicated remedy, the next layer's remedy, if it is to take the case forward on the road to cure. In an earlier contribution to this Journal I confessed to some confusion over the timing of the use of supports, intercurrents and unblocking remedies. It is important that we teach our students when and why we use all these strategies and I would offer the advice of keeping control of each case; By this I mean only to prescribe on a good stable picture, otherwise to wait. I do not believe the vital force will become impatient and take the true picture away, it will normally reinforce it with time. Of course you must be aware of the individual needs of each patient (to individualize is our first principle) and be aware of fast moving cases (acutes) when the picture may come quickly – but it will be a strong picture to prescribe on.

As ever when you are concerned with people there will be exceptional situations for you to be on your guard against. But if in any doubt at all, wait and go further into the important symptoms of the central disturbance.

Obituary

Melita Holmes

Melita Holmes died on 16th March 1990, following a long period of deep depression.

She first came in to homœopathy as a patient, and despite many periods of ill-health completed her training and graduated from the School of Homœopathy in Devon.

Melita will be remembered and appreciated by many homœopaths and members of the Society. Particularly she will be remembered for her role as administrative secretary between 1985 and 1986, and the qualities she brought to that work: her unstinting endeavours on behalf of the Society, her diligence and her organisational abilities, which made it easier for her successor.

The brightness of her manner, and her readiness to help at all times, always completing the tasks she undertook, will remain an abiding memory for those who knew her.

She will be greatly missed by her patients.

Book Reviews

Tutorials in Homœopathy

by Donald Foubisher

Beaconsfield Publishers, 1989,

ISBN 0-906584-25-6

200 pages, paperback £9.95

reviewed by Ian Townsend

The Homœopath has recently carried several pieces featuring the work of Dr Donald Foubisher, and it was with a sense of excitement that I came to review this. New British - published titles are rare, and this promised a fascinating insight into the work and views of one of the century's eminent Scottish homœopaths.

There are 31 chapters, and a special feature of the book is its concentration on four areas.

'Homœopathy and Paediatrics' is given six chapters, another five chapters are devoted to what we might call general homœopathic principles, and various remedy pictures (*Carcinosins*, various nosodes including osteoarthritic nosode, *Alumina*, *Bellis*, *Folliculinum*, *Helleborus*, *Lac caninum*, *Pyrogen* and *Tarentula hispania* are given. Finally, Foubister's experience with specific pathological states (after-effects of anaesthesia, glandular fever, head injury, lumbago, nasal catarrh and scar tissue) are mentioned.

The book itself is well printed and bound. Whilst I thoroughly enjoyed reading it, I do have a number of problems with it. On a technical level the index is confined to remedy names, so tracking down other information is difficult. Its title *Tutorials in Homœopathy* implies that it has been compiled from lectures given by Dr Foubisher, and the way in which some of the material is repeated in various chapters does hint at this. It would have been useful to have been told if this was the case, and, if so, given dates when each lecture was delivered. A complete chronological list of his publications would have been helpful.

It is difficult to place the audience at which this book is directed. On one level it is a more sophisticated 'read' than, say, Shepherd's *Magic of the Minimum Dose* and other books which rely on their rich anecdotal content to interest the reader. So it is not an introductory book. Neither is it a philosophical or

theoretical work like, for example, Vithoukias's *Science of Homœopathy*. And although it does contain materia medica, it doesn't seem to fit comfortably here either. It is, quite simply, a workbook of jottings by someone who has had a long career in homœopathy. And as such it is excellent in some parts, and less so in others.

By far the best part of the book is the section dealing with children. This is an area which has been largely neglected in the literature, and for this reason alone it is worth reading the book. Dr Foubisher has put together an important compendium of information here. The only thing I would take argument with is his view that useful case-taking cannot really be done with the child itself. There is also an excellent section on acute case-taking in general, and an interesting account of the use of nosodes in this area.

Unfortunately, like the majority of homœopathic publications, it falls down in its presentation of case-material. Although Foubisher gives many case-examples, they are not rich enough in their descriptive or narrative detail, nor full enough in their homœopathic analysis to enable the reader to be able to follow exactly how the author has reached his prescription. This is a great shame, for the early chapters on philosophy indicate that Donald Foubisher had a thorough and well-grounded understanding.

The book also presents what one might describe as a routine approach to homœopathy: various assumptions are put forward which we might perhaps not accept so readily today, viz:

'*Drosera* is probably a better routine prescription for the aftermath of whooping cough than *Pertussin*' (p36)

'*Hypericum* is the main remedy for spinal injuries' (p38)

'*B. Coli Mutabile* 200c is a valuable remedy with which to clear up the end stages of urinary tract infection.' (p65)

and unhappily the text is scattered with comments of this sort.

In conclusion, I found this an interesting, but limited, book. Its early chapters on philosophy and acute, chronic and paediatric case-taking would be valuable reading for anyone interested in homœopathy - and especially so for the student. Some of the material on remedies is well-presented, though of

Ian Townsend RSHom practices in Derbyshire and Sheffield.

course it parallels that found in the various materia medica's available to us. I found the later chapters of less interest, and would not recommend them to what we could call the 'early' homœopath. There are useful appendices of clinical hints and tips, but the emphasis is of a rather routine nature.

Finally some challenging case material is presented, with clinical prescriptions such as: 'I gave him *Bellis perennis* 30c combined with *Helleborus* 30c plussed on consecutive days, and *Rhus tox* liniment to be applied daily... (the) case illustrates the way in which *Helleborus* can be combined with another member of the group of remedies having an effect on head injuries' (pp 122-123). The prescription was successful – and we are left with the task of working out how and why.

The Paul Herscu Seminar

at The College of Homœopathy, London
March 1990
reviewed by Jane Footitt

So, it is possible! You've thrown down the gauntlet, Paul. Let ALL of us rise to the challenge. Let us ALL spend three months on those 12 major polycrests until we know them inside out, whether we are still at college, or established practitioners. Let every single one of us climb those mountains so that when you return (not, if) we can prove that indeed we are going to be some of the best homœopaths in the world.

That's the sort of 'high' a great seminar produces. I first encountered Paul Herscu at last year's Society gathering, followed by an all too brief afternoon at the College of Homœopathy. My appetite whetted, I could not resist the opportunity of a whole two days of his expertise and good nature. I, together with the 60 people who attended the Regents College on that most beautiful of weekends in March, was not disappointed.

Heaven forbid that enthusiasm should creep into the second year but, as the weekend progressed, I felt the atmosphere change from one of incredulity that it could all be that simple, to that of sheer positive confidence. Yes – having had two days of *Lycopodium* in acute and chronic cases, with some unforgettable video cases (interspersed with the lesser Kalis, trauma and mastitis remedies, and one for the only cognoscente), it's as if we've all received 200c and we're now no longer incapable.

There was a perfect mix of hard study, (did I really cover 36 sides of A4 in two days?) gravity and levity,

an excellent choice of material, and always his endearing charm to which everyone couldn't but respond. (When did you last sit through a 2 3/4 hour lecture without a break and not want it to end?)

After the shock of the first day when we realized the necessity of being able to distinguish between a pneumothorax and a gall-stone problem, many of us felt 'Help! Will we ever learn enough?' By the end of that second day, we'd been given the tools to do just that, and the confidence to implement them.

All of you who didn't make this seminar, join us in the challenge, and unite with us by demanding his return! We can't guarantee such amazing weather but we can assure you that you won't even notice.

Small Remedies and Interesting Cases: Proceedings of the 1989 Professional Case Conference

Stephen King, Editor; for the International Foundation for Homeopathy 1990
2366 Eastlake Avenue E, Suite 301
Seattle WA 98102 USA
ISBN 0-8403 5698-6
285 pages, paperback \$24.50
reviewed by Peter Chappell

This rather formal sounding document is a very good read. It is the results of a cases conference presenting *Small Remedies and Interesting Cases* and lives up to this claim. Unlike the case I heard of a homœopath charging \$750 for an appointment and giving a very rare remedy that had no effect, this book is all about useful, practical homœopathy that applies to current general practice, rather than anyone's theories. Though most of the contributors are fairly classical there is one extraordinary case using the method of Eizayaga, and some eclectic prescribing too.

Many of the cases utilize MacRepertory™, showing the depth to which this tool has penetrated homœopathic prescribing, to good effect, in that there is no skimping on repertorization, and also showing clearly the limitations of this mechanical approach too.

Our register colleague Louis Klein makes a most useful and perceptive contribution bringing a way of re-evaluating *Conium* into the late 20 century, with valuable insights on its use, bearing in mind that it is found in virtually all cancer rubrics. I especially liked his case involving a Craniopharyngioma, a not uncommon complaint that we can be asked to cure.

Karl Robinson (editor of the Journal of the American Institute of Homeopathy, from Albuquerque) gives a very useful hint for acute embolic stroke, ie a

Jane Footitt is an Associate member of the Society from London, studying at the College of Homœopathy; a case which was presented at the seminar is published in this issue.

Peter Chappell FSHom is a founder member of the Society, with a practice in West London.

blood clot, utilizing the ability of *Kali muriaticum* to dissolve fibrin, the lesional problem at this point, and cites a case of complete recovery from major paralysis, starting within 15 minutes of the first dose, with only 3 doses of *Kali-muriaticum* 12c producing a complete recovery. I have a recollection of my teacher Thomas Maughan recommending a combination (dare I suggest such) of *Kali muriaticum* and *Arnica* for such cases. Karl would like anyone who tries *Kali-muriaticum*, in this situation to write and tell him the result. Perhaps you could send it via our Editor on HomeoNet. (I agree, Ed.)

Bill Gray, (one of George Vithoulkas' early students) made this comment. "When a case is referred to him from a relatively well trained homœopath, he estimates that 50 percent of the time the correct remedy has been given, but the case hasn't been managed properly, or the remedy wasn't active". This ties in well with the observation that has repeatedly been made by George Vithoulkas, Rajan Sankaran and others, that amid the general overprescribing that has taken place in referred cases, the correct remedy has often been given. Which leads me to comment again on the importance of recognizing when a cure has started and being ready and willing to risk waiting. Bill Gray also cites taking the remedy in direct sunlight as an antidoting factor.

Nancy Herick gave a collection of *Aurum* cases and includes the comment "a common theme in the *Aurum* childhood experience seems to be a 'cold' mother, where they couldn't experience the mother's heart".

Jennifer Jacobs gives some interesting cases where she treated emergency dental cases homœopathically, during homœopathic treatment, with some very interesting results.

Each paper presents the case in depth, then an in-depth analysis, then a series of follow ups followed by some revealing questions. Altogether a veritable mine of information and showing a range of some of the best modern American homœopaths at work, and I think well worth reading. This is a fascinating well edited account of just the kind of conference which we should be arranging here in Britain. Please take the trouble to obtain a copy and study it well. And finally so you can judge for yourself, one of the cases, by Sheryl Kipnis is reprinted in this issue of the Journal.

Portraits of Indifference

Supplement to *Portraits of Homœopathic Medicines*
Volume 2

by Catherine R. Coulter

Berkeley: North Atlantic Books and Homeopathic Educational Services, imported by C.W. Daniel

ISBN 1-55643-077-9

1989, 49 pages, \$6.95

reviewed by Julian Winston

Sub-titled a Supplement to *Portraits of Homœopathic Medicines*, Volume Two, this slim volume is more than an addendum to Catherine Coulter's previous work. It represents another (and significant) way of studying homœopathic remedies. In her previous work, Ms. Coulter discussed individual remedies, concentrating on the mental states that are likely to be seen (and treated) with them. This volume examines a specific phenomenon (indifference), the various ways in which this state can manifest, and the remedies that can be applied to the case. It is a 'fleshing out' of the magnificent presentation about *Indifference* that Ms. Coulter presented at the NCH Meeting in April, 1989,

This type of examination 'comparative materia medica' is rarely presented, and even less often committed to print. It takes a certain kind of mind to pull together such disparate elements into a single topic, and Ms. Coulter has just what it takes. Starting with a discussion of the nature of indifference, she distinguishes between the genuine indifference that can arise from an ailment or mental shock, and the other kinds of indifference: to everything in life, to pleasure and money, to business and education, to social conventions and appearances, and to affection and attachments. All of this is presented in her wonderful style, interspersed with confirmation of the symptoms from the provings and other homœopathic literature. It is one thing to read Hahnemann's description of *Sulphur*:

'indisposition to work: for hours he sits motionless without definite thoughts, though he has many things to do',

and quite another to understand how this description can be seen in a patient. As an added treat, this book includes a good amount of information about *Phosphoric acid*, a remedy often characterized by its indifferent state, and a remedy not discussed in her other two books. I hope that the homœopathic profession will take this book to heart and read it thoroughly. The insights it contains are gems. I trust that the response to this book will be sufficient to coax Ms. Coulter into writing a similar one. I can see the bookshelf now: *Indifference*, *Fear*, *Jealousy*, followed by our seven deadly friends, *Anger*, *Sloth*, *Avarice*, *Gluttony*, *Vanity*, *Envy*, and *Lust*. What a collection!

Julian Winston has sent this review by HomeoNet; it will be published in the magazine of the National Center for Homeopathy, Homeopathy Today.

Quantum Healing: Exploring the frontiers of Mind/Body Medicine

by Deepak Chopra

Bantam Books, 1989

ISBN 0-553-17332-4

284 pages, paperback £5.99

Reviewed by Alan Crook

Written from the perspective of an ayurvedic doctor practising in America, this book is hardly homeopathic core-curriculum material, but anyone with a concern for the creation of health on this disease-ridden planet will be the poorer for not having read it. It abounds in new and exciting insights into health and disease. In presenting something more than a random cause for so-called 'spontaneous remissions' of disease, often in cases with a very poor prognosis, Dr Chopra turns much conventional materialistic medical thinking upside-down.

Neuro-biology has discovered that the neuro-peptides and receptors for them, which play a vital role in thought-processes in the nervous and immune systems, also exist in other organs such as heart, kidneys, stomach and intestines. This means that these organs are capable of thought. Mind is not confined to the brain. Thus the concept of 'bodymind' becomes possible, and we find in this book statements such as:

'before this, science declared that we are physical machines that have somehow learned to think. Now it dawns that we are thoughts that have learned to create a physical machine.'

Of particular interest to homeopaths will be Chopra's examination of Benveniste's experiments with IgE dilution. This is linked with the phenomenon of 'multiple personalities'. He quotes the case of a boy called Timmy who has nearly a dozen separate personalities. One only of these personalities breaks out into allergic hives when he drinks orange juice. But the allergy only exists – is only remembered – when he is in this particular personality-mode. If he switches out of it while he has the hives, they will stop itching and subside. If he switches into it while still digesting orange juice he has drunk earlier, the hives will immediately erupt. It is also linked with the fact that rats who have been taught to run a maze can still remember how to do so when all but a speck of their

brain tissue has been removed, and a college student with an IQ of nearly 130, a gifted mathematician, was found to be hydrocephalic. Fluid had replaced about 98 percent of the neurons needed for all the higher brain-functions in the cerebral cortex, and yet these functions were retained. *Nature* said of Benveniste's experiment that, if true, it would overturn 200 years of rational thought in biology. But, says Chopra:

'biology will have to change now, and medicine with it. Contrary to what physicians currently suppose, the abnormal pancreas is not as real as the distorted memory that has wrapped itself inside the pancreatic cells.'

I hope to have whetted your appetite! Another 270 pages await you, much of it focussing on specific patients and their cases.

Materia Medica of Dreams: a compilation of the Dreams Section of Kent's Repertory

by Elizabeth Lloyd

obtainable from Lower Westfields, Bromyard, Hereford HR7 4EN

Reviewed by Rachel Low

A handy but not essential work. Liz Lloyd's compilation of the Dreams section of Kent's *Repertory* is as useful for referencing dreams as Agrawal's *Materia Medica of the Human Mind* is to mental symptoms. Liz has listed the dreams of over 300 remedies under the name of the remedy, thereby making it possible to see all the dreams and their gradings of any one remedy at a glance.

One way to piece together a picture of the personality of a remedy is to examine the mind symptoms, especially the Fears, Delusions and Dreams. But the mechanical listing of symptoms takes time, which is where this book comes in useful. Both students and practitioners will need to dip into it regularly.

I was disappointed to see that Liz had worked from Kent's *Repertory* rather than the *Synthetic Repertory* so there are omissions, which is a pity. Secondly, I wish she had included a list of the Delusions and Fears of the remedies alongside the Dreams, as these three sections together give a deeper insight into the subconscious of the remedies. Nevertheless, this is a work

Alan Crook RSHom practises in Crowborough, Sussex and Tunbridge Wells, Kent.

Rachel Low RSHom practises in Hebden Bridge, Yorkshire.

Sac Lac

New Snake Venom Remedy

There are reports of a new proving of a snake venom following the effects of a recent bite. The venom has produced a remarkable symptomatology. The most important mental is a sense of privacy yet a desire to be near human habitation (*Lyc* - desires someone in the next room); this is a signature of the lifestyle of the snake which generally lives in the walls or under the floorboard of dwellings or workplaces. Whereas most snakes shed their skin regularly the skin of this snake simply gets cracked as the snake ages, and if you should touch the skin at this point you come into dangerous or fatal contact with the poison, you may even be thrown across the room. Whereas most snakes have a bifurcated tongue this one has a trifurcated tongue, especially the British variety (see J.H. Clarke, *Therapeutics of the Serpent Poisons*). There is a desire to eat coal and aggravation from cold water. If crossed the snake may spark or flash (*Lyc*). The British variety is, as was mentioned above, particularly private.

The name of the remedy may be seen upside down at the foot of this column.

(From a lecture on snake remedies given by Francis Treuherz, on April 1st.....)

More contributions to Sac Lac are welcome

Flexus electricus