

Homœopathy & Medical Alchemy

Five hundred years ago Alchemy was alive and thriving. Despite the subsequent persecutions by the church and the appropriation of all of the vitalistic and vibrational sciences into the secret libraries of the Jesuit Order there were those who carried and kept alive the medicinal and healing traditions of the ancient Egyptians, Babylonians, and Chaldeans. These were the natural philosophers, healers, and teachers whom today we call alchemists. Having weathered the dark ages even their successors could not maintain themselves against the bigotry of simplistic enlightenment rationalism. So it is that the philosophical writings and works of the last great alchemists Kepler, Galileo, and Newton have been demoted to the level of being considered the idle speculations of profound thinkers. Today, in contemporary American high school science texts, we are told that Sir Isaac Newton suffered a nervous breakdown at the age of forty-two and spent the rest of his life in philosophical speculation. If one takes the time to visit the medical library of Yale University in New Haven, Connecticut, there the diaries of Newton are spread open for all to view and not understand, yet what is exposed are page

upon page of alchemical symbols exploring the territory we today call 'New Physics'.

Now several centuries later, a great reawakening is under way. Alternative, vitalistic, and body-mind therapies are beginning to come together like branches to the trunk of a tree. That trunk in western tradition is alchemy. The beginning of this resurrection began two hundred years ago when Samuel Hahnemann developed a systematic technique for transferring the energy essence of a substance into a pill in order to utilise it for the purpose of healing. Thus was begun the long road back to discovery of the wisdom of the ancients, a body of knowledge so great that we have only scratched the surface.

A hundred years ago the 'Cooper Club', whose members included Clarke, Cooper, and Compton Burnett began to examine some concepts and approaches to alchemical medical practice. In so doing, they initiated British classical homœopathy. From them as a group came the unprejudiced use of the full range of potencies from tincture to MM, the nosodes, organ specific remedies and the concept of prescribing for propensity rather than only on final pathology. The

1001 Small Remedies® The twin of Synthesis



1001 Small Remedies like Synthesis embodies the best structure access to the most concise source of homeopathic information available today

Remedy pictures extracted from Synthesis 5, today's leading repertory
Hundreds of small remedies about which you find no information in any other keynote-book
Major remedies (ars., bell, ...) summarized

I have meandered through the Synthesis landscape and must confess I am quite overwhelmed by this new addition to our literature. It looks and feels absolutely beautiful.
DAVID REILLY, M.D., Glasgow, Scotland

Synthesis is a wonderful addition to our working tools and the compilation must have been a real work of love. This repertory makes the original Kentian one definitely obsolete and should be found on the desk of every prescriber.
EDWARD WITHMONT, M.D., Author, Sherman, CT, USA

Synthesis really reflects a commitment to quality. It should be in the possession of every homeopath and student. The earlier it is introduced to the student, the more familiarity and ease of use he will have with it by the time of graduation.
GEORGES DIMITRIADIS, Sydney Australia

Congratulation on Synthesis! It is truly a magnificent book, a great achievement. It occupies a place in my office and is in constant use. The Synthesis will benefit the homeopathic community. Thank you for your work.
PAUL HERSCU, N.D., Amherst MA, USA

I fully endorse Synthesis as the new Repertory standard. It is evident for me that this project has shown more concern for the correctness of every single information and its perfect insertion into the Repertory than for the number of additions made.
ALFONS BEUKENS, M.D. Belgium

Synthesis 5 200 pages, 1985 ISBN 0 951 222 00 0	Synthesis 6 200 pages, 1985 ISBN 0 951 222 01 7
Number of copies Synthesis Hard cover Synthesis Soft cover 1001 Small Remedies Hard cover 1001 Small Remedies Soft cover
TOTAL (All prices include shipping and handling in the U. K.) I enclose cheque / Postal Order payable to Kents Road Books (please print BLOCK CAPITALS below)	
Name Address postcode..... telephone..... Signature	
send to : Kents Road Books, 30 Kents Road Haywards Heath, West Sussex, RH16 4HQ Tel: 0444 457 851	

ALSO AVAILABLE FROM HOMEOPATHIC BOOK SHOPS

subsequent extension and exploration of their work has moved slowly during the 20th century due to the fascination of the homœopathic world with American classical homœopathy and the genius of Kent.

In the meantime in isolated spots around the planet, various individuals have been working intently over the years on various aspects of the trunk of the tradition of which homœopathy is a branch. Ultimately in this era of synthesis, communication, and sharing of ideas, the trunk itself is beginning to be reassembled. This does not deny the validity of the branches, all are essential. The Tree needs roots, stem, branches, and leaves. However, the tail should not wag the dog.

Around the world, investigation of herbal remedies of many cultures from the standpoint of contemporary and ancient usage is proceeding at an accelerating pace. This has led to a growing understanding and appreciation for the complexity and sophistication of the modes of selection, preparation, and usage of medicinal substances. It is this deep understanding latent in the literature of the medical texts of ancient Egypt and of Paracelsus, that was the basis for a two day seminar, *Homœopathy & Medical Alchemy*, presented by Robin Murphy and sponsored by Homœopathy for a Change.

In his research Robin Murphy has investigated the common threads in the approach to preparation of medicines and their application, of both the Egyptians and the Paracelsians, by immersing himself in the Egyptian reading room of University College and covering 8000 pages of the writings of Paracelsus. His findings confirm those that I have concluded from my own research into the same source materials. The question that continuously confronts one is: 'Why were the ancients able to use herbal tinctures for such a wide range of illness with genuine results when we today are unable to reproduce their results?' The answer is: 'The limitation in our modes of selection and preparation!' As a consequence the current investigation and application of Spygeric tinctures in homœopathy is spawning renewed interest in the highly sophisticated techniques which have been collecting archaeological dust in the rare book collections of museums and university libraries.

A Spygeric tincture is made not only from the liquid essence from a herbal substance immersed in alcohol for a period of seven or more days, but also the ash of the burned pulp with which it is recombined. In the making of wine, herbal, and homœopathic tinctures we normally throw away the residue pulp after siphoning off the solvent into which has dissolved the soluble substance of the plant. As a consequence we do not involve the insoluble substances in our remedies. The ancients, however, used the whole of whatever part of the plant they were transforming into a medicine. This is why modern herbal remedies are unable to equal the curing capacity achieved and recorded by other cultures all over the world.

A herb or plant that is being prepared as a Spygeric tincture is picked not only in regard to environment and vitality of external characteristics but also in regard to the day, time, and moon phase. In other words the timing is critical in order to achieve maximum energetic activity of the vital force of the plant.

The material is then macerated and put into a jar right away. 95% alcohol (Polish white spirit, vodka, etc.) is poured over it. The mixture is left to stand for 7, 14, or 40 days. At the end of the chosen period the liquid is separated by filtering or decanting.

The Purification process now begins:

- 1) The pulp is burnt in stainless steel or Pyrex glassware (remember that it was saturated with alcohol. It is then burnt again and again, with more alcohol being added when necessary, until a white ash or crystals are all that remain.
- 2) The liquid tincture is poured into an Erlenmeyer flask and closed with a glass stopper. It is placed on a very low heat and the liquid is warmed up to a temperature of 108°F. This is done for eight hours during the day time and reheated for eight hours daily for 7, 14, or 40 days. You will note that at this temperature the liquid evaporates and condenses on the inside of the flask and then falls as droplets back into the liquid, an on-going distillation cycle within a contained system.

The 'distilled' liquid essence and the 'calcinated' ash solids may now be recombined. This is now the Spygeric tincture. As such it can be utilised in three possible ways:

- 1) as a Spygeric remedy;
- 2) to make LM potencies; or
- 3) can be run up on the centesimal scale and made into 6c or 12c etc. homœopathic potencies creating a category of remedy that are termed sympathics.

Robin Murphy has found that Spygeric tinctures are more deep acting for a wider range of symptoms than are the standard homœopathic and herbal tinctures made from the same source. He has found them to be effective when prescribed in the LM sequence. At the present time he has begun to use them in potency (i.e. sympathics) with positive clinical response.

It is evident that Robin and those who are actively exploring Spygeric tincture preparation and sympathetic potencies have opened up a whole new territory for provings. It is interesting to note that at the point when Jeremy Sherr and friends' new manual on provings has just been published we also have a resurgence of the ancient holistic mode of making remedy tinctures, the source material of potencies.

Meanwhile there is a cloud on the horizon. The EEC bureaucracy, like a cancer trying to dominate its host, is busy drafting regulations infinitum. It appears that in the not too distant future, manufacturing chemists will not be allowed to make or sell any herbal or homœopathic tinctures, etc. unless they are made in the contemporary mode as currently outlined in their respective pharmacopœias. This means that Spygeric and sympathetic remedies could not be commercially produced or sold by homœopathic pharmacies, or by any pharmacy for that matter.

There are not yet many who are ready to venture up the path that Robin has taken. It is not a unique personal path, but rather, a trail that is sign-posted by many searchers and researchers over more than 10,000 years of exploration, experimentation, and experience. What we were treated to at the seminar was Robin's synthesis of wisdom and practical knowledge that is the common inheritance of us all. In fact, it is our birthright if we choose to be open by making it our own through trial and experience in the field of action. The time has come to take the medical wisdom of the ancients off the shelves of the Egyptology and archaeology libraries and make it live as an effective tool in the cause of healing. This then is the stuff of true science. Spygeric tincture anyone?

Jerome Whitney teaches at the London College of Classical Homœopathy.

LETTERS

FROM FRANCIS TREUHERZ

I am dismayed, angry and sad that you have published the extract from Trevor Ravenscroft's book *The Spear Of Destiny* about the alleged episode of Steiner and the rabbits. I wrote in an article published in *The Homœopath* in 1991, (11:3), 'Homœopathy around the World', that this tale, although published, may still be apocryphal. It is a gruesome tale, dealing with an experiment that destroys animals. Homœopathy has no need of animals for its research. Veterinary homœopathy uses by analogy the provings carried out on willing healthy humans, on toxicology, and clinical experience. We do not abuse animals nor do we support those who do.

The tale is also strange as it has nothing to do with homœopathy. The process of potentisation, of serial dilution and succussion is part of alchemy, chemistry, and anthroposophy among others. There is nothing intrinsically homœopathic about anthroposophy, a therapy that uses spiritual insights instead of the law of similars. I have written about this at length in *The Homœopath*, as there was a time, after World War 2, when British homœopathy was under the influence of anthroposophy partly due to the arrival of anthroposophical doctors who fled here from Nazi persecution. ('Steiner and the Simillimum, Homœopathic and Anthroposophic Medicine: the Relationship of the Ideas of Hahnemann, Goethe and Steiner', *The Homœopath* 1985; 5:1.)

I have been unable to find any corroboration that the incident of the rabbits ever took place. I say this more strongly now, than merely that it may be apocryphal. There is a modern mythology of Nazism based on a post-war fascination. The original occult movements that underpinned so much of Nazism have not disappeared. There is a literature of "clandestine revivals, illicit initiations, and the persistence of evil ideas and agencies... (which) ... defines a realm of speculative history built on slender evidence and tenuous associations." In his learned volume *The Occult Roots of Nazism: Secret Aryan Cults and their Influence on Nazi Ideology*, Nicholas Goodrick Clarke goes into some detail devoting five pages to explain just why Ravenscroft's book has no validity. It is fantasy, "sensational, under researched... complete ignorance of the primary sources."

Goodrick Clarke's book (published by I.B. Taurus, London 1992) is just one volume in a serious literature of the history of these ideas. Also recommended are *Health Race and German Politics between National Unification and Nazism 1870-1945* by Paul Wendling (Cambridge UP 1991), *Racial Hygiene: Medicine Under the Nazis*, by Robert N. Proctor (Harvard UP 1988), and *Astrology and the Third Reich* by Ellic Howe, Aquarian Press 1984.

We do not need this material out of context in our Journal as if it were useful information. Clearly the Nazis abused homœopathy. Trevor Ravenscroft has reproduced a pack of myths, half truths, errors, historical inaccuracies and conjectures including a story that gave the Nazis ideas for their plans to rid Germany of Jews in the same way as Steiner may have rid an estate of rabbits.

On Paracelsus, Swedenborg, & Fractals

The history of ideas is a fascinating topic that relies on the same 'potential for precision' that Jerome Whitney invokes in his short article. Jerome does not quote a single source for his assertions. He makes assumptions that may be interesting but for which he

does not display the evidence. He does not define 'fractals' in a way that I can understand. I think there is already sufficient jargon in our vocabulary of homœopathy, some of it introduced directly from Swedenborg by Kent and Close.

An example of what is required would be evidence that Hahnemann knew of the ideas and works of Swedenborg. Unfortunately there is none. We do know that Burnett heartily disapproved. The chief interpreter of Swedenborg to the homœopathic community in the 19th century was John James Garth Wilkinson, the discoverer of *Hekla lava*. Burnett and Clarke invited Wilkinson to dinner one night, with the proviso that he did not discuss Swedenborg. That is how uninterested they were! Wilkinson declined the invitation, but not wishing to be discourteous, sent a paper instead called *Swedenborg among the Doctors* (1895), setting out his case. Wilkinson was most influential in introducing the ideas of Swedenborg to the American homœopathic community, but he had little influence here. ('Hekla Lava or the Influence of Swedenborg on Homœopathy', *The Homœopath* 1983, 4:2).

I apologise to anyone who was offended by the 'Rabbits' article. Its original context was not known at the time of publication. It was not intended to be taken seriously - I had considered putting the article in a revived 'Sac Lac' feature. We do not support the abuse of animals but it should be remembered that the creation of several of our remedies involved the taking of some form of life. Anthroposophists do consider themselves to be homœopaths. Burnett and Clarke's behaviour could be called disinterest but equally could be seen as prejudice - something our journal tries its best to avoid.

Ed.

FROM ANNA FISHER

Elizabeth Adalian's article entitled 'A Case' in issue No 56 of *The Homœopath* raises some interesting issues. In my practice a large proportion of my adult clients are struggling with personal problems that have arisen from the inadequate, and in many cases abusive, parenting they received as children.

In this context, I find it worrying to read a case of a child who is clearly receiving inadequate parenting described solely in terms of the child's problems. My first reaction was how can a three year old who is, after all, scarcely out of babyhood, be expected to understand the implications of making an allegation of sexual abuse, false or otherwise? This kind of understanding comes with age and experience alone, and will be beyond even an exceptionally bright three year old.

Of course I do not know, and maybe there is no way that anyone apart from Ella herself will ever know what she was referring to, but I have no doubt she was trying to communicate something. But I was reminded of my own daughter, Clare, who shortly after she was four, came home from her nursery school complaining that the other children were unkind to her. At the same time I was quite dismissive; there were many reasons why I needed her to be at the nursery, and it was uncomfortable for me to think that she was unhappy. This grumbling continued for a few weeks and I tried hard to ignore it, until one day she told me that the other children made her lie on the floor while they all

jumped up and down on top of her. This got my attention! Although I was aware of certain inadequacies in the nursery, I had sufficient confidence in the professionalism of the staff to consider it extremely unlikely that this had actually physically happened. But it was clear that she was trying to communicate something to me. And I came to the conclusion that she was describing to me what it felt like when the other children were unkind to her. I asked her what she thought I could do to help her and she said she thought the headmistress should talk to all the children in her group about being kind to each other. This was done and I also insisted that the nursery improve the supervision of the children. And Clare quickly reverted to her normal cheerful self, and I learnt an important lesson about listening to her and acknowledging her reality and taking her concerns seriously. The thought that her cry for help could have been interpreted as slander or deceit fills me with horror.

I cannot help wondering whether this child, Ella, was, in a similar way, asking for help. Maybe her emotionally immature father took a voyeuristic pleasure in bathing his small daughter, who bright and sensitive as she clearly is, experienced this as invasive and abusive. No authorities in the world could ever prove or disprove such a thing. But in describing Ella's plea for help as cunning, deceitful, untruthful, slander, destructive, a delusion of abuse and so on, we are doing her a great injustice, and worse, in colluding with her parents' unhealthy vision of her, we leave her in an unchanged situation which is surely likely to lead to further problems.

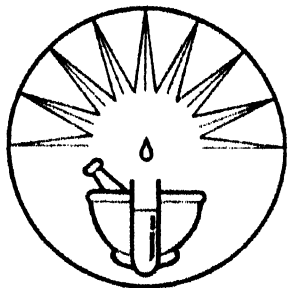
What a breath of fresh air, in contrast, it was to read Dr Vera Rudovskaia and Peter Chappell's account in their Letter No2, of a child whose leukaemia appeared to have been triggered by her witnessing her father beat up her mother. In spite of all the problems of working through an interpreter, in front of an audience etc, the parents were helped to see the significance of this incident and that the father needed to admit his wrongdoing and discuss it with his daughter. This surely required great personal courage and skill, with which I am truly impressed.

Dear George, thanks for your comments. I submitted this particular case because it produced results in a non-classical fashion, primarily to see what the response would be. I even asked in the comment to the case for people to look at the results perhaps more than critiquing the method. I received three replies and all of them ignored results and focused on 'doing it the right way'. You in particular has to assume that I was heroic and lucky, that I was inefficient and ignorant and that I was covering up my ignorance by prescribing several remedies in sequence. Thank you for your comments. It is nice at last to know who you really are and to observe in print one of the major sources of the overwhelming arrogance of the 'classical' prescriber. To call me ignorant because you do not understand what was done is the sort of behaviour I expect from hardened allopaths, not fellow homeopaths continuing the endless exploration of our art.

To accuse me of lack of honesty and lack of common sense is an awesome arrogance. Further your willingness only to receive an article outlining how I had failed with this approach shows concrete prejudice of the worst kind. Humility and openness to learning are noticeably absent.

For you to feel comfortable you require that I should admit my despair and ignorance. In the field of healing a failure to explore what might work for better results is some sort of crime. I am ashamed of much of my profession in its conventionality, its willingness to listen to those who profess to know the way it is, the fawning supplication before the gurus of prescribing and its willingness to sacrifice patients to the kind of frightened dogma underlying the response of Mr Vithoulkas to a cured case. There is more to the world of Homeopathy than is dreamt of in classical dreams.

It all comes down to my favourite Tee-Shirt slogan which reads as follows "Will those who know what cannot be done stop interfering with those of us doing it".



HELIOS

HOMŒOPATHIC PHARMACY

97, Camden Road Tunbridge Wells Kent TN1 2QR

Tel: (0892) 536393 (24hrs)/ 537254 (9:30am-5:30pm) Fax: 546850

We put quality first

List of our new "HK" 1M & 10M potencies now available

FROM PETER MORRELL

I write to draw your attention to the alarming differences between the numbers of practising female homœopaths – who quite clearly dominate numerically the Register of the Society – the number of female contributors and correspondents to the Journal and the male-female ratio of the Directors of the Society.

In 1988 50% of the Society's Registered Members were women. In 1989 this figure had risen to 60% and in 1994 it leapt to 76%. Yet the figures for the articles and letters of some recent issues of your Journal are as follows:

	issue 51	issue 52	issue 53	issue 54	issue 55
male articles	11	11	9	12	8
female articles	2	3	3	3	6
male letters	5	15	3	4	5
female letters	3	5	1	2	3

If we convert these figures to percentages we get:

	articles	letters
males	69%	75%
females	30%	25%

If we now turn to the Society itself, we find in 1994 six male directors and five female ones, (including Stan Tibbs and Mary Clarke). This is 55% males and 45% females, which is out of line with the current 76% female to 24% male ratio of the membership.

The obvious question to ask about these figures is this: Why, in a Society so clearly dominated by over 70% women, are 70% of the articles published in the Journal and 75% of the letters printed in it by men?

We might also ask why there are 55% male directors and 45% female Directors of the Society? Should the proportion not more closely reflect the composition by gender of the Society itself?

Obviously, one might claim that there is equality of opportunity within the Society and its Journal and thus these differences reflect genuine differences between men and women in relation to temperament or homœopathic practice. One might even postulate that women are less reflective, less given to write articles about their homœopathic experiences and less likely to write letters to a journal. One might claim that the women in the Society are more than happy being numerically dominant, in spite of their being clearly subordinate in terms of power and influence in the running of the Society, in active participation in its affairs or in the writing of articles and letters accepted for publication in its official Journal. This must surely be a big pill to

swallow, if you'll forgive the pun!

It might be that women do write articles and letters but they are not accepted. It might be that they are deemed unworthy, badly written or not relevant to the study and practice of homœopathy in the UK. This seems a pretty doubtful claim and is easy to confirm or deny by reference to the Editor. Perhaps the current Editor will comment on this point?

The question then becomes whether the women do or do not submit letters and articles to the Journal. If – as seems likely – they do not, then the number of letters and articles published is a just and accurate reflection of the number written and submitted, regardless of gender. If this is the case, then perhaps we ought to ask why the numerically superior women are not writing and submitting articles and letters to the Journal or offering themselves for election as Directors of the Society?

If there is an unwitting bias towards men – and therefore discrimination against women – then this could mean that men are more active in their participation within the affairs of the Society, including being bothered (or confident enough?) to become Directors, write articles or write letters. If this is the case, then what does it imply about the enormous – and growing(?) – number of women members who are clearly not participating? Does it mean that they are content to be disenfranchised? Or does it mean that they are too lacking in confidence and self-esteem to write letters and articles or to try and become Directors of the Society?

I am merely asking these questions out of interest and do not claim to have any answers. But I raise this issue in the hope that some of your readers – and especially female ones – will be willing to volunteer their own thoughts, observations and explanations about this important aspect of Society life.

Perhaps we might take some solace from the fact that almost 80% of all doctors are men and that a similar figure holds sway in the Faculty! For comparison I have just taken a random check of 306 entries of the 1988 Medical Directory, and of those 71 are female and 235 male. That is 76% male and 23% female. That is almost exactly the reverse of Registered homœopaths.

Finally, perhaps someone might care to offer some explanations for the increasing female dominance of professional homœopathy. Why is it happening and what does it signify? Is there a similar female dominance in the Colleges and does it really mean that women are temperamentally better suited to become homœopaths than men?

There is definitely no discrimination against women in the journal. If we publish a minority of material by women it is only because the majority of submissions are by men. Ed.

REVIEWS

KARL-JOSEF MULLER

CARCINOSINUM
NEW AND CONFIRMED CLINICAL SYMPTOMS
A CASE COLLECTION

1994, 53pp, soft cover, price DM20.

Reviewed by John Kidson MSc LCH

Carcinosin is such an important remedy that the more we know about it and the wider that knowledge is disseminated the better. It was developed after many of our most important

textbooks, in particular *Kent's Repertory*, were produced and without proper provings. These days new remedies, like *Hydrogen* and *Granite*, can appear in the repertories of thousands of homœopaths within months of their first provings, thanks to computers. *Carcinosin* lacked this advantage yet most homœopaths use it regularly. So it must be an important polychrest. Muller's book is a useful contribution to our knowledge and understanding of this remedy.

His introduction consists mainly of a strong criticism of the over-emphasis on essences of remedies in recent years. Essences

pictures are invaluable as aids to learning remedies and they can be very useful in practice. But students and newly qualified practitioners could fall into the trap of thinking that most cases should fit one of the essences – i.e. matching the patient to the remedy. The essences are very good starting points for understanding remedies but each remedy has many facets and a given essence picture can only cover one of them.

Having thus derided essences he then proceeds to give his own essence picture of *Carcinosin*: though he does make it clear that this is only his personal view of the remedy based on his experience. He expects the reader to treat it with the same critical caution that he asks for other essences.

His theme is of children of over-anxious or domineering parents who react to this and other suppressions by becoming over-dutiful, conscientious and 'easy to handle'. This shows how even a positive characteristic can be bad if taken to extremes.

The remainder of this book consists of nine cases. The first eight are *Carcinosin* cases. These cover a good range of patients and complaints, though most of them are children. They are clearly set out and illustrate various aspects of his theme of overadaptation, suppression and domination by parents. The ninth case is not a *Carcinosin* case but a patient with many superficial similarities to the other eight cases. This serves as a timely reminder to the reader not to get too enthusiastic about the latest remedy but "to be alert and open-minded". Muller gives a clear summary of new and confirmed symptoms after each case and brings them all together, with references, at the end of the book. The symptoms are given in the form of rubrics as in the *Synthesis Repertory*, making them easy to add to other repertories. In several cases he has increased the grade of confirmed symptoms. One of the most striking of his new symptoms is 'homesickness' in a child when the mother is away from home.

One minor criticism of the cases is that Muller does not explain his choice of *Carcinosin* potencies. He always starts with "a double dose of *Carcinosin* C30/C200 (Schmidt-Nagel) to be taken on one day at an interval of five or six hours" (C30 first). If the first prescription wears off after acting for a few months he always seems to give *Carcinosin* M. Presumably he has some reason for not repeating the first potencies. Some explanation would be appropriate, especially since he explains his dosing strategy in the ninth case.

The main criticism of this book is to do with the English translation, which is often quite poor. Sometimes this is just quaint and amusing, e.g. "Kunzli is told to have said", and "The thirst is maybe a bit to little" (sic). In places however the poor translation can make the text difficult to understand and even ambiguous, though with careful reading the meaning usually becomes clear. One hopes the translations will be better in future editions and works.

On the whole, though, this book is a valuable contribution to our knowledge and understanding of a very important remedy.

ANANDA ZAREN

CORE ELEMENTS OF THE MATERIA MEDICA OF THE MIND VOLUME 2.

*Anacardium, Calcarea carbonica, Natrum carbonicum,
Sulphur, Thuja*

Burgdorf 1994, 318 pp, hardback, price £25.00

Reviewed by Jane Golding RSHom

Ananda Zaren presents a study of these remedies using her own model of analysis which she outlines in the introductory chapter. The model consists of the WOUND, the WALL and the MASK.

According to Ananda a WOUND occurs when a trauma is experienced – for example, emotional abandonment or disappointed love. However, she states that "Whether a specific event can cause a WOUND depends on the intensity of the trauma and the susceptibility and Vital Force of the individual".

The WALL in Ananda's model is the response which protects the individual against further trauma, and consists of the totality of the symptoms.

The MASK represents the superficial facade which is presented to the world – "a depressed patient might appear to be jovial, and a fearful patient could appear arrogant and detached".

Ananda states that prescriptions based on the MASK will usually fail, and that it is necessary to treat the WALL to bring about a cure.

Each remedy is analysed according to this model. Ananda describes, for example, how the WOUND of *Calcarea carbonica* may develop in a family where "suppression of emotion is cultivated and valued". The child is taught that obedience to others is important and is not encouraged to talk about feelings or problems. *Calcarea carbonica* children are rewarded for obedience, chores and achievement and develop a WALL which includes duty and routine, work and obligation, anxiety, insecurity and a blocking of intimacy, while presenting a MASK of independence, cheerfulness and capability.

The remedy pictures are illustrated with appropriate rubrics and each section includes rubrics for the WOUND, WALL and MASK.

Ananda includes differential Materia Medica and a useful section on the *Natrums*.

A section on children is included for each remedy.

How well does this analytical model work? I found the concept of the WOUND rather inconsistent. Initially the WOUND is described as a "sudden trauma" but Ananda then proceeds to describe the WOUNDS of the various remedies occurring over a long period; the WOUND of *Anacardium*, for example, initiated by "a history of on-going abuse" and that of *Sulphur* by "a history of humiliation by the parents".

Although the important issue of susceptibility is mentioned briefly, it is not developed, which for me raised several questions. To what extent are we already 'wounded' at birth? To what extent are 'wounds' inherited or inflicted? How far is the WOUND a stimulus to pre-existing susceptibility? These issues are especially important in a remedy such as *Thuja*, where there may be a strong miasmatic inheritance, but are not addressed.

I was disappointed that Ananda did not illustrate the remedies with longer case studies from her own clinical experience.

The section entitled 'The Path of Healing' describes how the patient moves through various stages of healing, which might encompass awareness, anger and rage, and grieving, to self-acceptance and increased spiritual awareness, and is well worth reading.

Overall I felt that this book would probably be of most interest to students, as the information is fairly basic, and presented in a clear and readable way.

This is a well-made hardback, but unfortunately rather expensive for students at £25.