

Syphilinum, the remedy

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Introduction

Syphilinum is a remedy not fully represented in either the repertory or the materia medica. Its range of use should neither be limited by the symptom of hand-washing nor should it be abused as a miasmatic remedy.

This paper will focus mainly on *Syphilinum* as a remedy, that is the pure symptoms ascertained from its proving on the healthy and the clinical observations and verifications gathered from its use, rather than syphilis as a disease or the syphilitic miasm. Nevertheless, it is well to study the disease in all its stages as it aids in understanding the remedy as a whole. Obviously the remedy in its proving resembles the state produced by syphilis in essence and manifestation. Yet its use as a medicine in potency proved on the healthy determines its individual symptomatology rather than the data gathered from a person who has succumbed to the syphilis disease¹. In the treatment of syphilis as in all named diseases, we as homœopaths are treating a diseased individual rather than the disease itself.

Syphilis the disease

Syphilis the disease has a gruesome place in the history of diseases and the consciousness of mankind.² It was purported to have been brought back from the Americas soon after their discovery. This is probably untrue as each country labelled it the scourge of a neighbouring country, the French called it the Neapolitan disease, the Italians the French disease, etc. The organism which embodies the syphilis disease and is responsible for its transmission is a spirochete *Treponema Pallidum*. I do not say it is the cause of the disease, as causation can often be traced to more subtle forces (dynamic) in nature and the universe, as well as those forces in human life which create susceptibility. The most frequent mode of transmission is through sexual contact, but sometimes contact between a mucous membrane or a cutaneous lesion with an active site is sufficient to cause infection. Transmission from mother to foetus occurs via the placenta after the 10th week of pregnancy.

Basically syphilis can be grouped into three stages. The primary stage is characterized by a painless ulcer on the genitalia, rectum, mouth or elsewhere. This is known as a chancre that appears two to six weeks after infection, regional lymph nodes are enlarged.

The secondary stage is characterized by a generalized maculopapular rash, lymphadenopathy, ulcerated lesions on

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mucous membranes, flat papules known as *condylomata lata*. *Rupia* is a characteristic eruption. In Greek, *rupia* comes from *rhusos*, which means filth. All of these are highly infectious and are capable of transmission. Meningitis, hepatitis, arthritis, iritis can develop with resultant cranial nerve palsies. Alopecia (with a moth eaten appearance) may develop. *Isolation of the patient is important.*

Tertiary syphilis is characterized by infiltrative tumours of the skin, bone and organs known as gummas. Aortitis, aneurysms, central system disorders including meningovascular and degenerative changes, parasthaesias, abnormal reflexes and tabes dorsalis are also classic features that occur. Insanity may arise and finally paralytic dementia which is considered to be the most dreaded complication of syphilis.

Congenital syphilis is characterised by rashes, interstitial keratitis, Hutchinson's teeth, saddle nose, osteochondritis, and deafness. The central nervous system will also be involved.

Kent in his lectures appears to infer its use based on the history of syphilis seemingly more than any other nosode for similar reasons. This is most probably because the *sequelae* of syphilis are so destructive in character and appear to seriously impair and weaken the vitality.

Whenever the symptoms that are representative of the patient himself have been suppressed in any case of syphilis and nothing remains but weakness and a few results of the storm that has long ago or recently passed, this nosode will cause reaction and restore order and sometimes do much curing and the symptoms that must always be present, that represent the disordered state of the economy will appear to guide to a restoration of health.

It is seldom the best remedy for syphilis per se but for marked and suppressed syphilis it seems to restore a sort of order and bring better reaction.

Where the patient has contracted syphilis, possibly had it suppressed and later there is a state where there is a paucity of symptoms, a lack of reaction in general, this may call for the nosode. Where there is reaction (vitality) it will be observed that symptoms usually be highly characteristic and there will be an individuality to prescribe on; but when there is a lack of vitality, characteristics disappear. What is left is only the common symptoms of the disease. This is a defeated organism.

We see that the symptomatology of AIDS resembles that of syphilis to a marked degree. What are the chief features of AIDS? No immunity, little reaction to inimical influences, little vitality, a deep disorder.

Syphilis, the nosode

The nosode as Sankaran states⁴ is a product of a defeated tissue, that is a tissue that has succumbed to the disease force. It has in it the quality of surrender and is capable of little or no reaction, so in the nosode we have in its quality a state of no reaction. It is homœopathic to that state, especially if there is a direct history of infection.

We must ever be on guard to interpret a case as having no symptoms or that a well selected remedy has had no action. Well selected is a relative expression and involves too much of human opinion. It may be thought to be well selected when it is not related to the case. When the well selected remedy has acted and the constitution shows a tendency to break down and the well selected remedy does not hold, because of vital weakness and

because of deep-seated tendencies; then it is that this remedy sometimes fits in.

This idea of prescribing on a miasmatic background must be treated with great caution. It appears more and more of late to have become the stool pigeon when love of ease and want of honesty and dedication in our work supervene. Our approach should be to always conscientiously arrive at the simillimum through well defined characteristic symptoms and not prescribe frivolously at random. The latter leads to bad habits which end in folly for homoeopathy and can harm the patient.

Farrington³ states

In another (case) where the mother had had tuberculosis in her early youth, *Silica* was given with only partial relief.

Tuberculinum transformed the whole case and brought out symptoms which led to the administration of other remedies and complete recovery. But we must not lose sight of the fact that every curative remedy, whether light or deep acting, acute or miasmatic in nature, acts according to the law of similars. Therefore, in the instances just given, the symptoms indicating *Psorinum* or *Tuberculinum* must in all probability have been present at some period of the patient's life, if not at the time of the examination.

Hahnemann stressed that even after the discovery of psora, the individualizing symptoms in a case of disease are still the sole guide to determine the choice of the simillimum. This I can confirm from many cases where nosodes had been employed based on a miasmatic background from which no action or only partial amelioration of the case was achieved. Not until the correct simillimum was found did the case proceed to cure. The best approach, i.e. via the simillimum, not only continues to sharpen our ability but ensures a better consistency in our practice. There is no substitute for non-prejudice and individualization, the indispensable art of a homœopath.

Generalities

I will begin by outlining the generalities of *Syphilinum*. If we begin with the generalities i.e. the large general features of the remedy, we are less inclined to error in our prescriptions because our perception of the most essential features does not focus on one particular symptom or idea. That particular feature may not be present in all cases. The generalities enable us to always maintain an understanding of the whole versus the parts. Our approach should compliment the workings of nature, i.e. from generals to particulars.

Syphilinum affects the mucous membranes, the bones and the nervous system. Lack of reaction, great weakness especially with a history of syphilis. Tremendous prostration < in the morning. General aggravation from sunset to sunrise. Ulcerations, gummata, caries of bone. Pains; increase and decrease gradually; linear; wandering. Degeneration of the central nervous system. Insanity, phobias about dirty things etc., obsessive behaviour. Dwarfishness. Abscesses, succession of, chronic. Chronic fistulae, no repair. Heat at night. Enlarged glands. Curvature of bones.

The 'stigmata' associated with syphilis seems to strike a more profound impression of dread than its other venereal counterpart gonorrhoea. Very often patients are more reluctant to admit to having had syphilis than gonorrhoea and when admitted it is not said without a certain 'cringe' in the disposition of the person. Maybe it is the thought of the chancre itself and its appearance and or the secondary and tertiary effects of

syphilis. Yet, many people react in the same way, not being aware of the stages of the disease and its resultant effects.

Disgust

What imagery comes to our minds when the word syphilis is spoken? What word has been hinted at but absent in the last paragraphs? Is it not DISGUST? Syphilis has a special connotation. There is almost an objective impression felt by all people in the collective unconscious. We often think of it as something dirty and disgusting to have, something of a low order which corrodes the organism and cripples it. Even the word phonetically seems to produce such a reaction.

The word syphilis was taken from a poem written by Francastoro circa 1530 and was the name of a swine herd who contracted the disease. There is some discrepancy as to the correct origin of the word. The word *sys* in Greek means pig and *philos*, lover; pig lover. Others claim *syph* means 'a long with' and *philos*, loving. In other words a disease that comes along with loving. And finally the word *siphlos* again in Greek means crippled. And yes, syphilis cripples. Tertiary syphilis produces the most crippling diseases of the nervous system, one example being *tabes dorsalis*. All translations capture the essence of syphilis very well. From 'pig lover' we get the imagery of an unclean sex which we often associate with syphilis, a licentious sex fuelled by extreme lasciviousness and lust.

The image of disgust and dirt come into my mind and is borne in the feelings of the prover and the person whose disease state is similar to the state wrought by the remedy on the human organism. *Syphilinum* feels dirty in himself; fears dirt, infection, contamination; feels loathsome; she finds her physical complaints dirty; she feels full of poison, consequently she was always washing her hands. For example see Kent's *Repertory*, under washing or see the rubric in the *Synthetic Repertory* (SR) delusions, washing: *Belladonna*, *Syphilinum*. This is one of the most striking and central features of the mental state of *Syphilinum*. The patient feels horrid, a hopeless mass of filth; often they feel good for nothing. Loathing of oneself. I feel that it can be added under delusions, dirty everything is and delusions, dirty he is and under dreams of dirt. In the SR we see under disgust the addition of *Syphilinum* by Pierre Schmidt. Also see Roberts', delusions of dirt.

The organism which is encompassed and overwhelmed by the feeling of disgust and dirt seeks to remedy the state by attempting to wash, hoping that this will ease the feeling of being dirty. This is a compensation and survival mechanism for the organism. But of course it does not cure but only temporarily palliates the state. The stronger the state the more obsessive the hand-washing. We should be careful to stop this hand-washing as it can suppress the disease state. A mental symptom can be as much for the organism a vent to palliate the internal state as much as a physical symptom, only that the mental symptom usually means the organism is diseased on a deeper level. We must be careful not to suppress mental as well as physical symptoms, something we often overlook.

Comparisons

Obsessions about germs, bacteria and disease; germ phobias – they will not touch things; great anxiety about health and catching disease, always to do with the fear of contamination from something dirty. It may be expressed as a fear of being

poisoned, but it is to do with contamination; (compare *Lachesis Hyoscyamus, Cimicifuga*.) Sometimes these patients will change and wash their clothes several times daily. They must keep everything clean, sometimes they will wear only white to ensure that they can see if the clothes get dirty.

Comparatively *Stramonium* can develop an obsession about black. There was a case that responded very well to *Stramonium* in which there was a two year period where the boy would wear nothing but black. This must be obsessive to be taken as a symptom. *Tarentula*, who is charmed by colours, desires attention and is chaotic in general will often wear bizarre, disordered, chaotic, multi-coloured clothes. You may also see *Syphilinum* brushing their teeth many times a day, washing their hands 30, 40, 50 or more times a day, any aberration to do with excessive washing. Compare *Lac caninum* who washes hands, feels a loathsome mass of disease, can fear infection and germs, but in *Lac caninum* we see the imagination stimulated to an extreme degree so we get delusions like insects of all kinds, strange notions; fantasies to do with disgusting things, spiders, ants, snakes. I remember a *Lac caninum* case where a girl saw a tracheotomy on film and later saw a pool full of tadpoles. She then had the delusion that tadpoles were swimming into a hole in her trachea. This patient would clean obsessively, the impulse to clean being amplified the longer she cleaned. She would even find herself Hoovering the oven.

Obsessional behaviour is also a strong feature in *Syphilinum*. We see them checking things, checking taps, electrical sockets and stoves, over and over.

What comes to mind when one says dirty and filthy? It is a form of decomposition, devolution, the opposite of freshness which we associate with aliveness. When we wash we feel refreshed – we feel more energy, more life. There is a saying 'cleanliness is next to godliness'. Of course extremes in cleanliness can create its polar opposite, sterility which means no life, as extreme yin changes to yang and vice versa. *Arsenicum* is an example of this. It embodies this idea of sterility. The *Arsenicum* patient is fastidious to the extreme. They clean so much and want so much order the environment becomes sterile. This sterility is often reflective of the *Arsenicum* personality. *Arsenicum* can become too serious (SR under Serious, *Arsenicum* the only remedy in bold type), sometimes never smiling (SR smiles, never, *Alumina, Arsenicum, Veratrum*). What would life be like with without smiling faces! *Arsenicum* too can become phobic about bacteria. This will be differentiated later.

Bacteria and filth are the result of decomposition. An animated body full of life does not decompose so we get an idea of degeneration. I believe in this country there is a term known as a 'low-lifer' (low-life), given to people with no moral scruples (degenerate). We see that *Syphilinum* embodies this idea on a general plane as it is characterised by poor inheritance and retarded growth on all levels.

Dwarfishness

Dwarfishness is a striking feature of *Syphilinum* (SR under dwarfishness). Children are stunted in development or born with deformities (according to Vithoulkas especially anomalies of face, cleft palate). Failure of the testes to descend in boys. (Künzli under kryptorchism). Obstinacy in children. Useful in dullness of children, children who fail to thrive, mental and/or physical retardation. Children who begin crying at birth and

continue (Phatak). Of course do not give *Syphilinum* merely on the indication of deformities. A careful appraisal of the characteristic symptoms is indispensable.

Another example of what we associate with 'low life' is that of alcoholism, which is a strong characteristic of *Syphilinum*. *Syphilinum* has a morbid desire for alcohol. Hereditary alcoholism.

Let us think of what could occur in someone who has contracted syphilis. Their contact with people would be limited as they would be considered unclean. They would be isolated, a kind of outcast, somewhat like a leper and feel degraded. This in essence is what *Syphilinum* can feel like. *Syphilinum* will often say they feel like a stranger, separate from the world, separate from people and society and even from themselves. It is not in the rubric estranged from society but I have heard several *Syphilinum* patients relate this. In this rubric we see only *Anacardium* which feels this more exactly, (a stranger in a strange land), and you will see it in their attitudes and life, but they will rarely if ever say it.

Secretiveness

There is an expression in the materia medica which states 'a far away feeling'. This feeling is felt on many levels; far away from themselves, from their feelings, from the world. Because of this distance they feel that they have to hide themselves from society and from people. Thus *Syphilinum* becomes markedly secretive; they feel they have to keep things hidden from others. This is so deeply ingrained in the psyche it is often involuntary and unconscious. This is one of the most frequent characteristics that I have observed so far in cases requiring *Syphilinum*. Here we must differentiate between the secretiveness and lying of *Thuja*. *Thuja* is cagey and manipulative, they are one step ahead of you and are clever in their lying. It is a manipulateness whose end is borne of the desire to become more than they are or to want more than they have. Remember *Thuja* is deceitful and wants to catch you out. *Syphilinum* is also a liar. If we think of the chronic alcoholic we see this tendency for lying, to cover up. I have not observed the lying so much in *Syphilinum* other than that that is related to the secretiveness, but it is present and given in italics by Pierre Schmidt in the SR. Along with the secretiveness you may see an intense suspiciousness. You can see how this would develop if *Syphilinum* is continuously trying to hide and always on guard so people won't find out about them. 'I am not one of you, I am a stranger, I am always on the look out, suspicious. I must hide and become secretive, I cannot let you know about myself'. These kind of feelings predominate inside. 'I sometimes feel people are talking about me'. (Roberts' *Comparative*: delusions, people are talking about her; delusions of persecution). This is a hint of the feeling of persecution showing the affection of the mind. Persecution is a strong symptom in schizophrenic states.

The dark depressive side

There is an impression of a deep, dark emotional depression which the patient tries to keep tucked away out of sight. There is a feeling that the patient is distant, a deep distant private life, they live in their own world, perhaps an odd character. Can be self destructive; strike themselves, self mutilation; destroy their possessions and themselves. Like *Aurum*, they can feel they have not lived up to what they should have achieved. I am not good enough, a very low opinion of themselves, there is no point to

life, it is useless—self destruct. Unlike *Syphilinum*, *Aurum* will shoulder tremendous responsibility and may feel he has let others down. Alongside the *Aurum* depression you will see a strong feeling of being forsaken or that they have lost the affections of their friends and their family. Sometimes it is very hard to get the real story from *Syphilinum*. You get some ideas that they feel degraded, there is low self esteem, nothing they do is right, they are never good enough, hopeless. You must sometimes then probe the patient's personal life in respect to their habits, their daily routine. You may have to ask about cleanliness and check and see about any obsessions, etc. The far away feeling and the feeling of separateness from society may cause the person to become both asocial and anti-social. We must differentiate between anti-social which means against society and asocial which means aversion to company. Both are strong in *Syphilinum*. *Syphilinum* can very much become a loner, they can hide themselves away in their private little world, but the feature which stands out more for us is the anti-social behaviour. (Phatak MM) They can be defiant, anti-authority and anti-establishment. They will often become destructive and want to destroy society and organisation, break down, cripple, destroy. They will be seen to have strong political views leaning towards radical and anarchistic ideologies (compare with *Causticum*). There is a certain nihilism at the root of these feelings. Think of the punk ideology taken to its extremes. (Also remember *Aurum* which can develop this nihilistic state). *Syphilinum* becomes very impulsive and can have impulses to kill (SR/P Schmidt), fits of violent temper, destructive and an interesting rubric is 'strikes with the fists' (SR: only remedy).

If the mind becomes weaker or for whatever reasons the pathology is on/or goes to deeper levels we see the advanced state of this far away feeling in which she feels far away from herself, she begins to separate from herself. This is a pre-insanity state and not a nice position to be in as we see a hopeless state arises, a horrible depression which is tormenting for the patient.

In his *Materia Medica* Kent says: he is not himself and cannot feel like himself. This is a state bordering on insanity. We begin to see a split developing, the stage before full-blown insanity. *Syphilinum* has a strong fear of insanity and a feeling that they will become insane (see delusions, insane will become/SR: P Schmidt). 'I am degraded, filthy; I am no good, there is no chance, I cannot feel myself; I will go insane'; this is the beginning of a split, they cannot get a grip, they are losing control. It is observed that once full-blown insanity sets in, the hopelessness that precedes it disappears.

Insanity

You will see as the mind becomes disturbed and insanity is approaching an opposite state to this feeling of hopelessness and degradation can arise, a kind of an insane megalomania (SR: P Schmidt, insanity, megalomania). This is probably a survival mechanism of the organism for dealing with this state. Unfortunately in these advanced stages it is a paltry effort at best. This is an egotism that can sometimes be observed when there is not yet full-blown insanity, yet shows disturbance of the mind and is opposite to the degraded feeling.

We can observe that the organism is always attempting to compensate for a central feeling that threatens survival of the ego. If it feels threatened by any situation that tries or appears to diminish it – it must fight back. In *Syphilinum* the super ego

could be a compensation (survival mechanism) for the feeling of worthlessness or the feeling of being dirty. Likewise the haughtiness or ego of *Lycopodium* is a compensation for the lack of confidence in self. The haughtiness of *Platina* compensates for the central feeling of being estranged from her family and loved ones, being forsaken, isolated and alone in the world. In *Sulphur* the egotism can arise from the delusion that he is disgraced, shamed, and embarrassed as well as to compensate for his inability to actualise his theories. The haughtiness and egotism of *Veratrum* is a compensation for the despair of social position. In consequence *Veratrum* becomes haughty, dictatorial, contemptuous and insolent.

Despair and hopelessness

You can imagine how terrible this state is where they feel that there is no chance, no hope. Here we see one of the strongest symptoms of *Syphilinum*: that of despair, hopelessness. There is no way out, there is no help. Cannot be soothed and does not want to be soothed, consolation aggravates, sympathy aggravates. Great despair of recovery. In the pre-insanity state you see a tremendous, severe depression, a hopeless state, one of the worst in the *materia medica*. I would describe it as agonising for the patient. It is described by Phatak as a horrid depression. He has captured it very well. There is loquacity with incessant weeping, self reproach which is relentless and may attain a feverish pitch. There is no chance for the patient to feel even a hint of solace – even self consolation has no effect. This can be compounded with intense nervousness and absolute sleeplessness which intensifies the state. You can imagine the agony.

There is an intense nervousness and impulsiveness about *Syphilinum*. With this nervousness you will observe they are extremely on edge, ready to lose control like a rubber band stretched to its limits. They lose their temper quickly, can become violent. They weep and/or laugh for no cause. A nervous laughter. This laughing is very peculiar, very noticeable. It is not simply a matter of laughing immoderately, it is an odd laugh borne from intense nervousness, something that makes us take notice and brand the person 'crazy' or 'insane'. Kent mentioned this and it has been added to the repertory: laughs without cause.

We must learn to see repertory symptoms in the light of the living *materia medica*. repertory symptoms are barren in the sense that often we do not see the context in which they arise. In some ways it is like a body with no soul. The *materia medica* adds dimension and colour to the symptom found in the repertory. This is important for differentiation of remedies found in the same rubric. This is why we must confirm our repertorisation with the *materia medica*.

Invariably we can also observe in this nervous state other odd behaviour such as rapid change of the disposition; seems to suddenly change in character and expressions. They can take on different caricatures and personalities alternating from one to the next. (In two cases that were treated successfully with *Syphilinum*, both were actors). This could be a kind of confusion of identity as the patient experiences an inability to feel himself. It is bordering on the megalomania I had discussed earlier. There is a lack of personal control, of personal decency. We can sometimes observe a lasciviousness in the patient, there is shameless talk, a state of great nervousness and impulsiveness. The mind dwells on disgusting things in the realm of sex; they may indulge in sexual extremes and perversions. Absence of

moral restraint. This fits the development of a nihilistic state. Remember *Syphilinum* cannot feel like themselves, a kind of confusion of identity.

When we are not centred in ourselves, not aware of ourselves proper, the acquisition of the normal desires of the organism do not suffice, they do not satisfy. Consequently one seeks fulfilment ever more from external stimuli. This does not replace real internal contentment, which comes from within. When these external stimuli fail to really fulfil, we seek stronger and stronger external stimuli. This leads to extremes in our desires.

The impulsive state of *Syphilinum* is characterized by a lack of control and erratic behaviour. One is flying from the centre and disharmony ensues; chaos as opposed to order. Health is synonymous with harmony, one-ness (wholeness) and adaptation. We see many of our syphilitic remedies have this morbid impulsiveness. Think of remedies such as *Argentum nitricum*, *Iodum*, *Heparsulphuris*, *Mercurius*, *Aurum*, *Anacardium* and *Causticum*. Syphilis attacks the nervous system, weakening it. Impulsiveness is usually seen in a highly nervous patient with poor nervous control.

The extreme in pathology of the nervous system is seen in diseases such as Parkinson's, MS, tabes, and most of the ataxic diseases. (Paralytic dementia is the most dreaded complication of syphilis.) Many of these states resemble or are directly caused by syphilis. But please do not give *Syphilinum* to every case of central nervous system disease!

We see in *Syphilinum* an interesting fear, a fear of paralysis. It is almost as if the patient has a premonition of what will occur, an instinctive awareness in regards to the outcome of the syphilitic state. I remember the case of a middle aged diabetic lady who presented with trigger finger. At the age of six years she was under a table and heard her parents discussing something they had heard on the radio about diabetes. This gave her a cold shiver throughout and she felt frightened to the extent that she remembers the feeling strongly to this day. She then began to show signs of diabetes at the age of ten. It was a kind of premonition of the organism, as I doubt a six year old child would understand what diabetes was about. In this case clairvoyance happened to be a part of the remedy picture.

The obsessive trait

As mentioned before, obsessional behaviour is a strong feature in *Syphilinum*. We see them checking things, checking taps, electrical sockets, stoves over and over. Sometimes this obsessional behaviour is connected to the obsessions in the realm of dirt. These checking symptoms could relate to the confusion in regards to reality. There is an unsurity about self and evidence of a personality disorder. Also they could relate to the disturbance in memory and concentration. These symptoms are often present in pathologies of the mind. We must be careful with symptoms when the mind has become diseased. Many symptoms are common in these mental diseases and we must try and find several highly characteristic symptoms which form an image of the whole. Hahnemann gives excellent instruction for the treatment of these mental diseases which he states are often one-sided, so called defective diseases⁸

Hand-washing can sometimes be present in mental illness as well so we must be careful with its use as a characteristic symptom. We must try to find the reason for the hand-washing

and confirm these symptoms with other characteristics in the case to form an image of the whole. Usually four or five well-defined characteristics should add up to form an image of the remedy, which differentiate from other remedy states. According to Vithoukka a better rubric to use instead of hand-washing would be that of disgust, especially in mental illnesses.

It is interesting that both *Medorrhinum* and *Psorinum* are given in the rubric for hand-washing (SR). Both of these have a component of filth and disgust in their essence, but from what I have observed not nearly so striking as *Syphilinum*. The filth of *Psorinum* is associated with a general state of poverty, first spiritual poverty then emotional and physical. On the first count there is hopelessness and despair of salvation. There is fear of failure in business, delusions that he will lose his fortune, imagines himself sick. On the second count we have a chronic 'blue' condition, forsaken feeling, no hope of joy. On the third count *Psorinum* has filthy, dirty eruptions and discharges. The itching drives to sadness and despair. *Psorinum* is as Blackie states, an 'unshaven tramp'.

Medorrhinum is also associated with disgust. Like *Syphilinum* we associate it with licentious, unclean sex, but it does not strike nearly such a strong impression of disgust as its relative. We see that sycosis is proliferative, we have over growth as a feature whereas syphilis is ulcerating and destructive. *Medorrhinum* is selfish, has too many desires especially in the sexual sphere. We see that *Medorrhinum* is attracted to having sex with many different partners; this they find exciting. *Medorrhinum* is 'king of the night'; he desires to play at night. These excessive (proliferative) desires are morbid in nature and can lead towards the gonorrhoeal infection.

An interesting and marked fear is the fear of the exhaustion on waking in the morning. This is given in SR by Kent under fear, on waking, agg on waking of, with *Syphilinum* as the only remedy. The prostration is tremendous in the morning, great weakness. This is because of the aggravation at night which renders them finished in the morning. There is fear of going to sleep for this reason and dread of night approaching. There is absolute sleeplessness or sleepless until the early hours after which they may get one or two hours of sleep, but wake up feeling horrid. They feel like there is boiling of blood or hot water in the veins. This is usually < at night. Intense heat at night. An addition that Vithoukka gives for *Syphilinum* for fears and anxieties are < lying down. This I have not observed but give to you as valid information as I believe we can confirm most of his observations on materia medica.

Dreams

Dreams about their disease, again showing the tremendous anxiety around their health. Characteristic dreams are dreams about disgusting things, dirt that must be cleaned, filthy toilets, excrement, urine, etc. The depression associated with what has been termed seasonal disorder can be found in *Syphilinum* as we see them suffering when the days get shorter and the nights get longer.

The following symptoms: dwelling on past disagreeable occurrences, melancholy about the past, great despondency about his condition, and his disease, sadness when thinking of business, suddenly quits his business for no apparent reason, could all be linked to a type of self-destruction. Indifference to her family, to her friends; to the future, to everything; the patient

cares for nothing, desires nothing. A marked state of indifference can be present, especially if we see a lack of reaction in the organism.

Indifference and lack of reaction are often one and the same, an expression of a general state. There is no vitality, no resistance – this can be a type of hopelessness, but is quite different, almost opposite to the agonizing state described earlier. Lack of reaction is a very marked state in *Syphilinum*.

We must remember that it is not necessary that any one particular symptom characteristic of a remedy be present in a case that requires it. You may see *Syphilinum* without disgust or phobias about dirt; you may see it without secretiveness but what you will see is a group of highly characteristic symptoms which form a picture of the whole in as much as this group of symptoms captures the essence of the remedy.

When encumbered by a disease the vital force, in attempting to eradicate the disease will manifest symptoms which reflect in character the internal, dynamic disorder (as above, so below). The clarity of the symptoms as regards to characteristics depends upon the strength of the vitality. Yet which avenue or type of symptom it chooses will depend on the individual make-up and inherent weaknesses of that person, and the quality of the inimical influences affecting the organism. No two patients, even if they require the same remedy, will ever be found to have exactly the same symptomatology, just as no two people are exactly alike.

In the state produced by a remedy as in the diseased state, there is the possibility for any symptom related to that state to be aroused, this is limited by those qualitative inimical influences and the ability of that inherent organism to produce it.

The memory is greatly affected; they remember nothing from the time of their illness but all events previous to the illness are remembered well. Great difficulty with arithmetical calculations (see confusion, calculating when, SR and mistakes in calculating). Speech can sometimes be slow; dullness in thinking; difficulty in learning. Forgetful of words while speaking.

Key modalities

Syphilinum has a marked aggravation at night. This does not have to be present in every case, but will be there in most.

Aggravation from sunset to sunrise

< in winter, long nights aggravate

< morning on waking

< at seashore

< extremes heat or cold

< during thunderstorms

> in mountains; this is a marked amelioration

> slow, gentle motion which is the case with many venous remedies (*Puls.*)

> during the day

> cold bathing, especially to the part

Desires

Desire for alcohol.

There is possibly a desire for coffee. Dr Tinus Smit states that in two cases he observed strong desire for coffee and I have observed it in one case.

Aversion to meat; to food in general.

Key physical symptoms

Bone pains; sawing; < at night

Salivation during sleep (*Merc.*)

Feels as if hot water or blood boiling in veins, < at night

Dwarfishness

Sleeplessness

Succession of abscesses; chronic abscesses, fistulae

Leucorrhoea profuse, running to the heels

Headache, deep crushing headache; like inverted T, temple to temple

Rheumatic shoulder joint at the insertion of the deltoid < raising arm laterally

Varicocities, < heat

Epilepsy < after menses

Other important physical symptoms

Most of these can be found in your materia medica. This is a brief compilation of the important ones.

Another characteristic headache is a bursting feeling on the vertex, as if the top of the head would fly off (*cimic*); linear pains; meningeal symptoms; occipital pains, extending down back; IRRITABILITY, weeping with headache. Alopecia with moth eaten appearance or alopecia totalis. If alopecia is present in several generations we can suspect a strongly syphilitic background.

Atrophy of optic nerve, keratitis > cold application. Ptosis.

Caries of mastoid, of bones of nose. Ozoena, foul green pus.

Deafness. Paralysis of one side of the face; of one side of the tongue. Neuralgia of face. Wrinkled faces. Old looking babies and children. Saddle across nose.

Sensation as if worm crawling on the teeth. Hutchinson's teeth, pegged shaped. Teeth feel sticky. Ulceration of mouth; aphasia. Ulcerations of anus, abscesses of. Nodular formation of testes, scrotum, spermatic cord; vagina labia. Pain in ovaries < at night, < right ovary; cutting at ovary at orgasm. Cystic ovaries.

Larynx ulcerated, hoarse voice. Loss of voice before menses.

Asthma < warm, damp, night. Dyspnoea < thunderstorm. Cough hard, dry < at night. Lancinating pain from base of heart to apex (*Med.* from apex to base).

Caries of spine; curvature of; exostoses; rheumatism. Affection of middle of fingers. Knots in muscles.

Icthyosis; Hodgkins' disease. Hemiplegia, slowly advancing. CNS diseases.

Based on Candegabe's schema here is a condensation of what I feel are the minimum symptoms of maximum value.

Despair

Disgust

Secretive

Distant.

Destructive

Degraded

Night time aggravates

Mountains ameliorate

hopelessness

delusions of dirt, contamination phobias

hiding

avers to co, far away feeling, estranged

anti-social, impulse to kill

low self-esteem, worthlessness

ness

Differentiation, comparison with *Aurum*

Both can feel despair, worthless, reproach themselves and be self-

destructive. The despair of *Aurum* is largely to do with the loss of love of life. He feels forsaken, has let everyone down and lost the affections of friends and family. *Aurum* is usually far more religious and the despair is regarding salvation. Unlike *Syphilinum* in which it is regarding recovery. *Aurum* is cheerful when thinking of death he looks at death with delight. Typically *Aurum* is more industrious, he has high ideals and will be seen in leadership positions. Strong sense of justice, of right and wrong. Concerned with order and correct functioning of society, things must be done justly and appropriately. *Aurum* can also be secretive but usually because they feel it improper and unworthy to burden their depression on someone else. They feel they have neglected their duty, their responsibility and others should not have to be concerned over it. Also they feel 'it is not correct, imperfect to feel like this – it does not live up to my ideals'. They feel that to show their sadness would be demoralising for others. Finally as we read in Kent, he is found to have committed suicide without having told anyone about his depression. Sometimes *Aurum* can develop a nihilistic state like *Syphilinum*. It goes something like this, they have in their state the wish to seek purity, perfection, all things should be ordered, fair and just – society is unjust, their ideals do not match the workings of society. Then they can turn against society, it needs to change; there is no point in living and loving this world. I am alone. They are forsaken, there is no hope. Smash, destroy, it is hopeless anyway, end it. Good confirmations for *Aurum* are music ameliorates and fear of heights. Like *Syphilinum* they are > slow motion and < winter.

Comparison with *Mercurius*

Mercurius in its symptomatology probably resembles the syphilitic state more than any other remedy. Both remedies have the component of disgust, but rather than fearing contamination it is more characteristic of *Mercurius* to indulge in disgusting actions, i.e. he spits on the floor and licks it up. He does mischievous actions, foolish things. *Mercurius* feels living animals crawling into the orifices, *Syphilinum* a worm in his teeth. Both remedies can be impulsive, they can have impulses to kill. In the repertory *Mercurius* is the only remedy listed under the impulse to kill the person that contradicts her. Both can be restless but in *Mercurius* they will have an impulse to be always on the move, to go places, to travel far away. *Mercurius* is quicksilver, they continually move from place to place. In *Mercurius* we often find there is a hurried state in general especially in regards to the speech whereas *Syphilinum* is given in the rubric slow speech. Again *Mercurius* can have this slow speech – in this state we usually observe they are very slow in answering. Dullness in children is common to both remedies. Whilst *Syphilinum* appears to have some artistic sensitivity (based on four cases – two artists and two actors), according to Vithoulkas is particularly sensitive to personal atmospheres, as they are sensitive to changes in temperature. They warm up to you if they are treated nicely or if they are in an environment of good feelings. Conversely, they can easily go cold in the presence of bad feelings.

Sensitive to fright, ailments after fright. Trembling and stammering are more characteristic features of the *Mercurius* state. Extreme sensitivity to and profuse perspiration from slightest change in temperature. Remember both have salivation during sleep, both are < at night.

Comparison with *Causticum*

Sometimes one may confuse the defiance of *Causticum* with the anti-social aspect of *Syphilinum*. *Causticum* will be concerned with social injustices and specifically that all people should be treated equally and fairly. There is a resistance to authority but it is fuelled by the belief of absolute social equality. *Causticum* is sympathetic but there is a hardness inside. Like *Syphilinum* there is a loss of self control especially in regards to emotions. This comes about when the mind and personality become so contracted the emotions can no longer tolerate this 'stiffness' and consequently are unwillingly forced to the surface. The obsessional checking can be found in both remedies. Vithoulkas states in the 'Essences' that *Causticum* if he feels a door has been left open will immediately go to close it; *Syphilinum* will lie there and think something is going to happen before getting up to check it.

Comparison with *Arsenicum album*

Both remedies can have this fear of contamination and anxiety of health. In *Arsenicum* the fear of contamination is definitely for germs and bacteria. You will see a state where the patient is oversensitive to the environment, i.e. the organism feels affected by the slightest change of air, noise, medicinal agent, etc. To *Arsenicum* the environment becomes a source of threat, the effects of cold, heat, dust, mould, furnace fumes become blown out of proportion. For example they will search out and clean any potential source of bacteria or dirt. Every cupboard drawer becomes a potential source of threat. *Arsenicum* can be fastidious in relation to their anxiety about contamination. Attention to detail, they cannot rest until things are in their proper place. Their anxiety of health is part of a total overwhelming anxiety state. Tremendous insecurity and free floating anxiety; they are < alone, anxious and dependant. Fear of poverty, miserly, cowardly. They are restless. Confirm with the generals, < 12 to 2 am; < slightest cold air, etc.

CASE 1

Female: age 25; PC dysmenorrhoea

First visit 2 May 1990

Severe cramps during menstruation, copious flooding +++ wakes her 10 times every night.

Periods every 6 weeks. One heavy +++ followed by one normal. Menstruation up to six days long. Takes BCP one cycle on and one cycle off. Soreness in breasts before period. Has had herbal treatment to no effect. Constipation for- 5 days before menses. Feels in a constant state of stress. Great irritability towards husband. Her main occupation is sculptor, keeps another part time job on the side.

Nervous flushing < round neck, bright red, comes about during stress or when in company.

Memory poor. Lack of confidence. Feels insecure. Low sense of self-esteem.

When criticized gets angry. Strikes self – self torture. Three years ago she would strike herself, especially punching herself in the head.

When young would not feel like seeing anyone, feels distant from people and world. Remember as a child sitting on a tree and feeling distant from everyone and everything. Averse

company. Ill at ease, anxious in company. Heightened feeling of what people are thinking of me. Feels alone.
 Often in a rage destroys her pieces of sculpture.
 Fear swimming.
 Dreams: boyfriend doesn't want to see her; of toilets; dirt.
 Doesn't show grief.
 H/o anorexia.
 Observation: very quiet, distant and difficult to get information from. Sensitive nature, anxious and flushing around people, but strong character.

Rubrics chosen

Company aversion to
 Secretive
 Delusions, people talking about her
 Delusions of dirt (dreams)
 Strikes with fists
 Symptoms not in repertory but confirmative:
 A feeling of distance from the world and people (far away feeling)
 Strikes self; self mutilation
 Low sense of self-esteem
 Destructive
 Rx *Syphilinum* 1M

15 June 1990

Feeling better all round. Does not feel so stressed, general feeling of well being. For three days after Rx there was aggravation felt distressed.
 Menses >, should have had a bad cycle but was not so severe.
 More open, responsive, less depressed.
 Feels better in her work, happier in self. Better in company.
 Flushing >.
 Constipation >.
 Only one toilet dream – she was happily sitting on toilet, and thought that the toilet problem was in her homocopath's imagination.

August 1990

Feels well in general, still improving, happier in self. Periods good, no flooding. General all round improvement. Advised her to return sometime in six months.

Inadvertently she mentioned that she drinks 10 or more cups of strong coffee daily and that she has been doing so even during treatment. Advised her to cut coffee consumption in half.

CASE 2

Female: DOB 1966 PC athlete's foot
 First visit: 19 June 1989

Presented with athlete's foot; depression; anorexia alternating with bulimia; psychiatrist says she suffers from obsessional neurosis; she frequently checks taps and plugs. She describes her athlete's foot as being contaminated; her toes are poisonous. She is neurotic about touching things; will not use shampoos, certain soaps; will not eat at anyone's house or restaurant for fear of being poisoned. Convinced she is poisoned by things. When walks into bathroom suddenly feels she is covered in excrement. Fear of diseases. Anxiety of health ++; anxiety of trifles. Great loquacity, changes subjects. Chaotic. Tremendous depression; intense

incessant weeping. Everything she does is wrong remorse; reproaches herself, this attains a feverish pitch. Thinks herself horrible and wretched and wants to die. She has left school, could not tolerate deadlines. Too many thoughts, hyper-active brain. Averse to responsibility. She is < as the day goes on.
 Feels > when walking, when rock climbing, has a passion for rock climbing. As a child would scurry up practice wall like no one else. On holiday she felt > walking and climbing. She felt like a lizard on the rocks, sun got her body going. Feels like she has a snake inside of her. Hot, wants to be cooled but in past preferred warm days. During night feels tremendous heat in veins. Sleeplessness, usually until early hours of morning. Likes to be touched. (These were the main symptoms taken from two to three visits – there were many more mental symptoms too numerous to list.)

Observations: her hair is unkempt and unwashed due to the fear of shampoo; she will not look me in the eye; she is plump and stocky with face flushed, deep red.

Desires fish + trout, milk++.

Mother: 50 years, prolapse.

Father: 51, overweight.

Brother: varicose veins.

This person's state was bordering on insanity. Friends and neighbours were urging for her to be committed or hospitalized, but her parents seemed to think psychiatric counselling was sufficient. Had been seeing psychoanalyst for last two years with apparently little change. There were many more symptoms in the case and in the beginning I could not see a clear picture, many remedies came to mind, including *Syphilinum*. Based on the rubrics loquacity, delusions, poisoned, fear of being poisoned, suspicious, delusions of snakes I first gave *Lachesis* 30 but I was not confident with that prescription.

Follow-up 14 September 89

Little change.

Based on the tremendous reproach, despair, suicidal feelings I gave *Aurum*. From that there was little change. During this interview she gave me a synopsis of her history and symptomatology. In it were a myriad of mental symptoms, hand-washing was prominent, which I confirmed.

Still I was always taught that hand-washing in mental illness is a common symptom and therefore is non-characteristic. Then I gave *Hyocyamus* which resulted in a most dramatic change. The fear of contamination, poison, hand-washing, feelings of dirt disappeared almost completely. Guess what happened? She felt worse in herself and said, 'at least when I felt the poison I still had some creativity. Now I cannot feel myself', this she said several times. Then everything fell into place.

Rubrics chosen

Horrid depression
 Cannot feel herself
 Despair of her condition
 Washing hands
 Delusions of dirt
 > in mountains (rock climbing) (look under climbing, desires: (*Hyos.*, *Stram.*)
 Totally sleepless
 Dwarfish with big belly
 Extremities excoriation between toes

Rx *Syphilinum* 1M in the morning followed by *Syphilinum* 10M the next morning.

Second follow-up 30 November 1990

Tremendous improvement; less loquacity; no weeping; no longer afraid of contamination. Sleeping >; no evidence of despair. She feels depressed especially as she went back to art college. Athletes foot improved. Still morbid appetite.

Observation: the depression she feels is far > than the previous despair.

Rx: Wait

Third follow-up, end of March 91

Continued improvement with all symptoms, no fears, no weeping or despair, sleeping good. Athletes foot cured. Has gained weight and her main concern is that the homœopathic medicine could be the cause.

Rx No medicine

I saw this patient recently while walking to work. I stopped and had a chat with her and she was a completely different person. She was carrying a fine painting she had done and was on her way to art school. She was bright eyed with a shiny, silky head of hair and was looking very attractive and slim with a good even personality.

CASE 3

Male: Age 39 Occupation actor PC eruption.

Presenting symptoms: eruption; itching rash covering area of lower back for several months now. Feels inflamed, says it could have possibly arisen cause he grazed his back while doing exercises but is not sure. When feels stressed gets itching all over. Wounds and cuts are very slow to heal, sometimes infecting, feels very anxious and worried about his condition.

For three weeks now foot is swollen because of cut or varicose veins. Has had varicose vein removed in the past. Volatile, temperamental, has violent fits of anger – gives an example of where he smashed plates when washing up. Superstitious, says 'touch wood' frequently. Suspicious, has a suspicious look; odd manic behaviour; shameless talk; says he feels a 'different person' sometimes, 'don't you?' Difficult to keep conversation to a point – wanders off. Difficult to understand, answers incorrectly, sudden change in disposition. Takes on caricatures; peculiar laughter. Loquacity. Very nervous, almost trembling. Recurrent dream years ago – he would come to a bridge and then jump from the bridge. He is very hot. Pupils seem constricted.

Desires sweet, plain food, pudding and fruit. Strawberries aggravate.

Sweats.

Varicose veins < heat.

< morning.

Remarks: the patient looked quite unhealthy and his behaviour was very strange. Was difficult to get a clear understanding of anything and after the consultation, the student present and I slowly turned our heads towards each other and knowing what was in each other's mind said nothing. Both of us were quite concerned that he might be HIV, but what was more striking was the strange behaviour.

Various remedies came to mind such as *Hyos.*, *Merc.*, *Lach.*, *Caust.*, *Thuja.*, *Fl-ac.*, but could not arrive at a clear picture

of anything. Based on the loquacity, the confusion of identity, suspiciousness, heat, and the varicosity < heat I first gave *Lachesis* 30 with poor expectations.

Follow-up 10 May 1990

Complains of hoarse voice and painful throat, like a frog in throat. Hoarseness < morning > as day goes on. As if the larynx dropped deeper into the throat. Physical motions are jerky. His leg swelled, but he feels he pulled a muscle. Says he feels somewhat > but not very much. Sighing. Trembles with anger especially if he has to restrict it. Was defiant at school, against hierarchy, but has pleasant, melancholic recollections of his youth and remembers the good moments. He was always trying to escape. On questioning about his political feelings they were found to be quite strong; he hates authority. Once he beat up a policeman – there was no provocation, he just saw him and went for him. Against domination, anarchic tendencies. Questioned about stammering and said 'yes, I used to stammer when excited or angry at my father.'

Rx *Causticum* 30.

I was still not confident of this prescription as the characteristics did not add up to a well defined picture.

Follow-up 1 June 1990

Says he feels a bit better. Voice still strange in the morning. Croaking. I feel vulnerable, melancholic, a bit weepy, 'what a shit I am'. Forsaken feeling, feels lonely. Sighs. Wants love and warmth. Wants to see people from past. Dreams of falling, going to singing lessons with old headmaster. 'We are not responsible for our actions'. Likes music.

Rx Wait

During this period another dose of *Causticum* 200 with some but little improvement.

Follow-up 13 September 90

Leg seems better, but varicosity still swollen. Headache behind left eye, intense. Jittery, tense.

What I observed during this consultation was that each time I asked a question he would begin to answer then suddenly change the subject. This I carefully tested on three occasions, one after the next. I confirmed one symptom – that of secretiveness. I looked in the rubric and saw *Syphilinum* amongst the remedies. Then it came to me. Great nervousness, impulses; to kill; anti-social. I then went to Phatak's MM and saw there, very nervous, laughs or weeps without cause. This was exactly the symptom, with regards to the peculiar laugh present in each consultation.

Rubrics chosen

Secretive

Anti-social

Impulse to kill

Laughs without cause

Extremities, excoriation toes, between

Rx *Syphilinum* 200

Marked improvement in general. Feels and looks better, complaints ameliorated. From this time there was gradual improvement of all complaints.

Subsequent doses of *Syphilinum* were given:

31 January 1991 *Syphilinum* 1M x 3

23 May 1991 *Syphilinum* 1M

3 October 1991 *Syphilinum* 10M

After this there was aggravation for two months especially in regards to the cough. This repetition was probably too soon.

8 May 92 Rx *Syphilinum* 50M

Some interesting statements given during this time are as follows:

He finally opens up and says,

I am fearful and I hold back in conversation even now. I am secretive. Sometimes I feel like a stranger, I am fighting the world. My voice is deepening. It feels as if I am going through adolescence. I feel as though my bollocks are dropping.

(remember *Syphilinum* is indicated where testes fail to descend in boys).

Sometimes I am not inside, I am not that person. I am thinking a lot about the past it causes melancholy'.

Dream about unclean environments which required hoovering.

As of 11 August 1992

He is now, even according to his wife a different person, 'like chalk and cheese'. Much less irritability and fits of anger. No peculiar laughter, no shameless talk. Much more coherent and open in general. Outlook more positive. Feels much better in self. Varicocities ameliorated. His healing reaction is good. No rash, slight itching in toes, but athlete's foot OK.

There has been quite a dramatic change in the entire person. He agrees he is well enough now that he only needs to follow-up three times a year.

Remedies are tools: understanding perceiving belong to awareness. Cultivate awareness, then perceive then relate it to remedies and then these can help in to find the right prescriptions.

CASE 4

Male: Aged 30 years, first visit seen 5 April 1991 PC Abscesses

Presented with multiple chronic abscesses (six to seven) on perineum around and above anus, discharging bloody, brownish fluid. Sebaceous cysts on scrotum and base of penis. These also rupture and discharged fluid. This began in 1983. Initially there was severe itching around the abscesses. Surgery was performed in 1984. Stitches became infected requiring antibiotics. This was to no avail as condition returned. Extreme tiredness and weakness; has difficulty waking in the morning, especially the last few years. Last five, six years hair has been falling, almost bald on forehead (mother's father bald). Itching still present on perineum but not as bad as before operation. Formerly he was a graphic designer, which provided a good income, but he got bored with his job as it was not creative and became interested in drama and English, now he is an actor by profession but has little work and consequently has very little money. Artistic desires and sensitivities. Short tempered. Describes himself as sensitive, nervous, an internal worrier. Says he is modest and truthful, a nice person; desire to share things with others. Fear of public places, nervous and with lack of confidence. Controversial, contradictory. Varicose veins. Little perspiration. In past, a period of recurring dreams of snakes.

Observation: the patient appears very pale and exhausted and is on edge.

At this point I could not ascertain a clear picture of a remedy but based on the following points I decided to give *Silica* 200, 1M.

Lack of confidence

Timidity, appearing in public (fear of public places – this did not appear to be marked, nevertheless he stated it)

Conscientious about trifles

Rectum, perineum, abscesses

3 May 91

Abscesses discharged then shrank almost disappeared but in the last week came back. Energy > in morning and in general. Feels more optimistic, previously was greatly depressed about his condition.

Observation: patient seems better but still I did not feel a fundamental change had been achieved.

Rx wait

23 May 1991

No improvement with abscesses. Has been having cold perspiration. Further information: feels thwarted by people in higher positions, becomes very defensive. Hates adopting a false personality but feels he must in these situations. Feels cut-off from his true feelings, fears fire, failure, states again that he has lack of confidence.

Rx wait

27 June 1991

Abscesses a little better, but not much. Wants to sit and leave everything alone; anxiety about his business; feels nervous; confidence low. Dream of going back to France. Feels very hot. Impulsive in general. Varicose veins, painful. Feels < in morning. (Tried to confirm suspiciousness and/or jealousy. It was there but not strong).

Based on dream of snakes and recent information gave *Lachesis* 200.

11 July 91

No improvement Rx *Calcarea sulphurica* 6. One pill bd.

15 August 1991

Abscesses still leaking. Watery, thick, creamy and yellowish. Discharge < night. cysts on testicles sore. Inguinal glands swollen. Cold sweats. Doubtful of recovery. Depression about his condition.

Comment: this is one of those times where the homœopath is allowed to say that he made a prescription based on how he felt about the patient. The patient appeared impulsive, nervous, on edge, ready to blow at any moment. It reminded me of another patient who required *Syphilinum*, so I turned to Phatak's *Materia Medica* and saw there nodular formation around testes and scrotum. I then pieced it together.

Other rubrics that confirm:

Abscesses around anus

Despair of recovery

Nocturnal aggravation

Prostration on waking in morning

Alopecia

Later I found these symptoms:

Sadness about his disease (SR.)
Sadness on thinking of his business (SR.)
Rx *Syphilinum* 1M 3 doses

4 September 1991

Abscesses discharged profusely and then became very small; came up second week but not as bad and the third week diminishing again. Feels he has sorted out plans. Has set aside acting for the meanwhile and decided to take a part-time job which involves his old occupation as well as some renovation work. Feels stronger, energy is >, feels > in morning. Mentally feels > in general.

Kent (p934), A middle aged man who had suffered many years from latent syphilis abandoned his business and remained at home lamenting and sad. His wife supported the family by keeping boarders. After receiving a few doses of *Syphilinum* he took on new energy and became industrious and prosperous..

Since this time subsequent doses were given on the following dates:

17 October 1991 *Syphilinum* 1M

5 December 1991 *Syphilinum* 1M

16 January 1992 *Syphilinum* 50M

14 February 1992 *Syphilinum* 50M

25 June 92 *Syphilinum* 30c every other day – for 3 weeks

There has been continuous improvement of all symptoms, albeit gradual. Great improvement in energy and mental outlook. From the original six to seven abscesses one abscess is left which is small and discharges only on occasion. Nodules on

scrotum diminishing in size. He is very pleased as he was despairing of his condition and in time I foresee a complete cure.

Observations

This case appears to have a strong syphilitic background as in various family members there has been alopecia, heart disease, epilepsy and mastoiditis. Had these abscesses been successfully closed by surgery I believe this patient would have developed a serious condition. For him to develop this condition at the age of 23 shows signs of a deep dyscrasia. This I believe is the reason the case is taking its time. The 30th repeated every other day did not seem to speed up the process of cure. Nature has its own pace, as does each case have its own time for cure. We must be careful not to rush every case.

References

1. Refer to *Organon* §32 and 33 where Hahnemann states that medicines have an unconditional power over the organism whereas diseases have a conditional (susceptibility) basis.
2. See the review of *Quetel's History of Syphilis* by Paul Hughes later in this issue, Ed.
3. KMM p.932/33.
4. Information from a lecture given in May 1992 in London by Rajan Sankaran.
5. KMM p950 – Chapter on *Tuberculinum*.
6. Harvey Farrington, *Homoeopathy and Homoeopathic Prescribing*, Glenview, Illinois, 1955, pp 24-25.
7. Samuel Hahnemann, *Organon* 5th Edition § 82.
8. Herbert A Roberts, *The Study of Remedies by Comparison*.
9. Hahnemann, op.cit., § 214 to 230.

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