

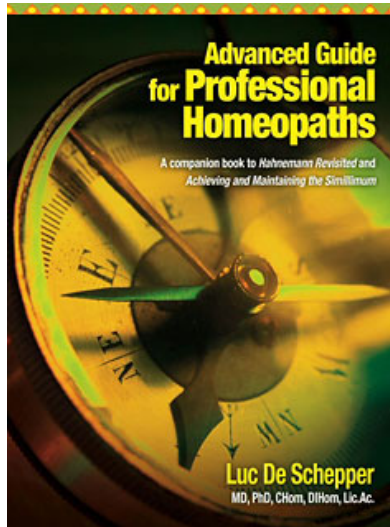
Luc De Schepper Advanced Guide for Professional Homeopaths

Reading excerpt

[Advanced Guide for Professional Homeopaths](#)

of [Luc De Schepper](#)

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Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern, Germany

Tel. +49 7626 9749 700

Email info@narayana-verlag.com

<http://www.narayana-verlag.com>



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INTRODUCTION

I have finally resigned myself to the fact that I always will be writing, in spite of my previous assertions that “This is my last book.” I am primarily driven by my enthusiasm to continually discover all the nuances of homeopathy, this magnificent science that enables me to treat patients in a more effective and more rapid fashion than ever before. For the good of mankind, I feel that I need to share these realizations with the rest of the world. Then you can decide whether there is any reason to be as enthusiastic as I am.

While I have already worked a great deal (more than 800 pages have been written) on my next book, *Beyond Jung: Delusions, Dreams, and Homeopathy*, I have found it necessary to temporarily postpone that colossal work and create a bridge, so to speak, between my previous works, *Hahnemann Revisited* and *Achieving and Maintaining the Simillimum*, and my proposed two-volume book, *Beyond Jung: Delusions, Dreams, and Homeopathy*.

As I constantly study Hahnemann and the Old Masters and follow clinical cases, I have experienced the need to correct, or rather fine-tune, some aspects of the homeopathic practice. None of these changes are my invention. All the credit goes to Hahnemann. I am continually astounded by the exactness of his words and his advice for the homeopathic practice. I hope to present these insights to the homeopathic world so that homeopathic practice may become more uniform worldwide. I also hope to assist the student, and yes, the practitioner, whether beginner or advanced, so that they can offer the patient what Hahnemann promised in the *Organon*:

A 157 The highest ideal is to restore health **rapidly, gently, permanently**; to remove and destroy the whole disease in the shortest, surest, **least harmful way**, according to clearly comprehensible principles (emphasis added).

Every one of Hahnemann’s words still ring true! It is this fact that has motivated me to continue to look for “final” and “easy” principles to apply in the modern world. Notice that I have placed that word *final* in quotation marks. These principles will never be “final,” but hopefully, this will be my “6th edition of the *Organon*,” if I may be so bold as to make that comparison. I would like to stress that I never fail to take into account “*according to clearly comprehensible principles*,” those principles that were so well outlined by Hahnemann.

I have endeavored to make this book a companion and extended guide to my previous books. This book, written for the practitioner and the student, will

focus on four major issues that are frequent topics of controversy amongst homeopaths and have, therefore, a great impact on the way homeopathy is presently practiced. I not only intend for the reader to get involved and to investigate in an academic way, but hope to guarantee the clinician fast and optimal results.

The first issue will be to discuss *11 essential questions* the homeopath must ask after the patient's case has been taken following the principles set forth in *Hahnemann Revisited*. If those 11 questions can be answered correctly, the homeopath will not be led astray and therefore, the simillimum will be within reach. This information can be presented to any student or practitioner, and even someone who has not seen the patient in the clinic will be able to "see them." Many aspects of *Hahnemann Revisited* and *Achieving and Maintaining the Simillimum* are fine-tuned by answering these questions. They are like a final summary of observations that comprises all of the patient's facets, presenting the homeopath with the simillimum on a silver platter.

Part of the case taking process that is not only neglected in allopathic medicine, but is equally and surprisingly overlooked by homeopaths, is: asking about emotional traumas related to the pregnancy. These emotional traumas can explain the epidemic numbers of challenged children now united under disorder names such as Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD), Attention Deficit and Hyperactivity Disorder (ADHD), Defiant Disorder Syndrome and Obsessive Compulsive Disorder (OCD). Many challenged children do not fall under any of these most prevalent classifications. Of course, allopathy is doing its best to come up with new disorders such as Selective Mutism ... but disease names such as this will never answer the two most important questions parents of challenged children ask: "What caused this disorder in my child?" and "What can you do for my child?"

While allopathy remains silent on the emotional traumas of pregnancy, it tries to address each "new" disorder with cumbersome therapeutic approaches that achieve limited success while demanding ever more resources, time, and money for all involved. Yet homeopathy has the answer to both questions. This book will help the homeopathic practitioner zoom in on the "first site of possible emotional trauma"—the uterus. The uterus, while generally seen as the promised and presumed safe haven or paradise for the unborn child, can be a site where plenty of dangers lie in wait.

Allopaths and many homeopaths have still not figured out that in addition to the miasmatic (hereditary) background, the uterus is the first place where the

fetus can experience an emotional trauma. While allopaths focus on every physical aspect of the pregnancy, they still remain totally in the dark regarding emotional traumas to the pregnant mother that result in challenged children.

The second issue concerns miasmatic theory. As I read the *Organon* for the 105th time, I found that Hahnemann's discussion of miasms deserved a fresh look. I have learned to respect, to the letter, every word that Hahnemann set forth in his aphorisms. This, together with experience drawn from my practice, has guided me not only to a welcome simplification of the miasmatic theory, but also to a doctrine that I can use in the management of the patient. I previously alluded to this in *Achieving and Maintaining the Simillimum*; in this book, I will connect it to Hering's Set of Observations of Cure, the guide to true success in practice.

Miasmatic theory has not only been neglected in the homeopathic practice, but it is often denigrated by "eminent" homeopaths as nonsense and of no importance in the practice. Nothing could be further from the truth. This one aspect of homeopathy makes more and more sense in our ever more complicated world: it explains and predicts many disorders, behaviors, and diseases of humankind. The miasmatic theory is Hahnemann's most important gift to mankind, a concept far ahead of current allopathic genetic science. This book enables the reader to apply Hahnemann's miasmatic theory easily and correctly in the clinic.

The third issue, *potency selection* of the remedy, is the most contentious topic amongst homeopaths. No uniform opinion seems to exist, and harsh discussions often take place. Throughout the past 200 years, both camps, high- and low-potency prescribers, have been involved in heated discussions, both claiming that they have experienced success. There is no doubt that this is true in many cases, but is there a middle way? Is there a potency choice guided by common sense rather than passion? Is there a potency choice that can satisfy both camps because it is reasonable and effective? I wholeheartedly believe that there is. In this book, I propose a schedule that not only makes great sense, but guarantees greater success in practice. And all of this is based on Hahnemann's clear indications. Isn't this what a good homeopath wants? The best outcome for the patient and for homeopathy?

The final issue concerns Hering's Set of Observations of Cure. Was everything said by this eminent homeopath? Are there other observations that can help the homeopath select the simillimum and evaluate the direction of cure? Can allopathic terminology be used to "update" Hering's observations? Even

Traditional Chinese Medicine uses clearer and simpler terms regarding this Set of Observations.

While *Hahnemann Revisited* and *Achieving and Maintaining the Simillimum* have, among other excellent books written by dedicated authors, paved the way to the serious study of homeopathy, this latest book has fine-tuned several principles based on science and art, the latter being confirmed in clinical practice. These proposed changes are derived from using my newest methodology on myself, my beloved wife, my family, and on countless patients. Through my seminars, many of my students have already reaped the benefits of this newest information.

I believe that practitioners should read *Hahnemann Revisited* first, followed by *Achieving and Maintaining the Simillimum*, and finally, this book. This series of homeopathic clinical books will be culminated by my next book, *Beyond Jung: Dreams, Delusions, and Homeopathy*. That work will provide an extensive practical approach to understanding dreams and their homeopathic use, as well as a new materia medica of 100 polychrests discussed according to my core delusions method.

May you follow Hering's advice, "Don't reject anything without trying!" May success in practice be yours so that homeopathy can win the hearts of thousands of people every day!

KEY

A 157

***Organon* Aphorism by Hahnemann**

This symbol represents the paragraph from Hahnemann's *Organon*, specifically the Aphorism number being referenced. Cooper Publishing in Blaine, Washington granted permission for quoting from the 6th edition of the *Organon of Medicine* translated by Jost Künzli, Alain Naudé, and Peter Pendleton. This edition was used primarily unless otherwise noted in the text.

Literature Citations

Much of the literature cited in this book is very old. For older books, such as those written by Hahnemann, von Boenninghausen, Kent, etc. the dates given in the citations are the reprint dates or editions. Please see references cited for more information on the original publication dates.

Quotations from Provings and the Repertory

Quotations from provings and from the repertory are italicized. I reference proving symptoms from Constantine Hering's *Guiding Symptoms of Our Materia Medica*, from Samuel Hahnemann's *Chronic Diseases: Their Peculiar Nature and Their Homeopathic Cure*, and from Timothy Field Allen's *Encyclopedia of Pure Materia Medica*.

PART 1: ADVANCED CASE TAKING



Chapter 1: Learning Objectives

Forgotten Questions

In Chapters 7 and 9 of *Hahnemann Revisited*, I presented the great ground-rules for finding the simillimum set forth by Hahnemann. Each phase of homeopathy is a work of intense and judicious labor, which provides the homeopath with the nature of his patient according to the perfect prescription: the sum of Aphorisms 5 and 7. While Aphorism 7 talks about the “totality” of the patient’s symptoms based on a value hierarchy appointed to the patient’s expressions, one must not forget, as often happens, that in this same aphorism, Hahnemann also says:

A⁷ ... it is evident that only the symptoms, together with **any possible miasm and additional circumstances**, must guide the choice of the appropriate, curative remedy (Aphorism 5) (emphasis added).

Indeed, without considering Aphorism 5, the homeopath runs the risk of dispensing a superficial prescription that might result in some improvements, but will never provide the desired long-lasting, deep-working actions of the simillimum. The miasmatic theory should be taken into account in order to relieve the burden of the genetic heritage acquired from the patient’s ancestors (this theory is further explored in Chap. 12).

In addition to the miasmatic information, the patient’s character, habits, social position, temperament, age, family relationships, sexual life, etc., must all be considered in order to separate the expressions of the true chronic miasmatic diseases (Aphorism 78) from those caused by allopathic intervention (Aphorism 74) or by lifestyle and environmental mistakes (Aphorism 77).

A deficiently taken case will only lead to a deficient follow-up appointment plagued by disappointments, loss of time and money, and worst of all, an acceleration of the patient’s chronic natural disease. Homeopaths must heed H.C. Allen’s words, “A case well taken, is a case 9/10 solved!”

The learning objectives in this book include *two new insights* that will greatly improve the likelihood of a successful practice. Firstly, the homeopath must pose *11 questions* **after** taking the patient’s case. If these questions are answered correctly, then finding the simillimum is not far off. The homeopath has “the tiger by the tail,” so to speak. Once these questions are successfully answered,

different aspects of the patient will become clear, for example: the seat of the disease, the prognosis, the predominant miasmatic influence, the causalities, the different layers, the core delusion or main motivation behind the patient's behavior, the patient's temperament and constitution, and the source of energy leakage.

Some aspects in these questions are totally new and are discussed as a bridge to my next major work about dreams and delusions. Others were touched upon in my previous books. These *11 questions* guide the homeopathic practitioner to a correct or precise answer and give him confidence in his prescription, which brings success to the practice and happiness to the patient.

Secondly, a part of the case-taking process that has not only eluded the allopathic world thus far, but, to my consternation, has mostly eluded homeopaths—asking about the pregnancy. When the allopathic physician asks a patient about her pregnancies, it is implicitly understood that his main concern is the physical well-being of the mother and the unborn child. I do not deny the fact that the physician might be interested in major psychological events that would threaten his patient's welfare. In fact, the epidemic of “postpartum depression” has prompted several states to pass laws for physicians to watch out for this illness. But I am not alluding to these obvious mental and emotional states, which require early and urgent intervention.

What I am referring to is that allopathic physicians and most homeopaths do not ask the questions I pose in this book. Yet, the newborn's welfare depends not only on posing these questions, but upon the immediate intervention *during* the pregnancy, if possible. The most frequent question, “Why is my child suffering from this condition?” is only answered by the patient's honest introspection and the homeopath's diligent work. Correctly applied homeopathy is the only medical modality that can address this urgent issue of “challenged children,” which has inflicted such a burden, not only on the innocent victims and their families, but also on society. Challenged children are the source of great grief, guilty feelings, and sentiments of helplessness among parents.

Homeopathy can successfully correct the situation right at the moment an “assault” is committed on the innocent fetus—right in the womb, a place meant to be a protective paradise. No need to wait until years later after the child has suffered physical and emotional problems created by what many consider as only passing occurrences and innocent moods.

The Art of Case Taking: 11 Questions to Solve Any Challenge

Extensive experience has shown me that many patients not only resent having to fill out lengthy health history forms, but are often offended by “intruding and

private” questions that don’t seem to have any bearing on their chief complaint (CC). Since a lengthy form results in an almost 100 percent failure and causes frustration and ill-feelings in the patient even before the first consultation, I suggest having the patient complete a shorter questionnaire in the office. The questionnaire can include the patient’s contact information (address, phone number), family health history, and current medications.

I suggest starting the consultation with a casual conversation. While the patient completes the questionnaire, the homeopath can pay special attention to the patient’s dominant function of consciousness (see Chap. 10). Remember that while a Feeling-Intuitive type of patient (*Phosphorus*) will be turned off by a “know-it-all” Theorizing-Thinking type of homeopath, the Thinking-type patient will be turned off by a homeopath who starts talking about spirituality when the patient’s main focus is to receive a well thought-out explanation of his health problems. For a Thinking-type patient, the homeopath will direct the consultation from the physical complaints to the mental complaints and finalize with the emotional symptoms.

A Thinking-Sensation type of patient will most likely express his CC with a physical symptom, while a Feeling-Intuitive type will express his CC with an emotional symptom.

Since the homeopath will need to answer the following 11 questions after taking the case, he will have to ask the right questions during the consultation. Asking these questions will keep the homeopath on track and will enable him to share this information with others for either instruction or consultation.

11 Questions to the Simillimum

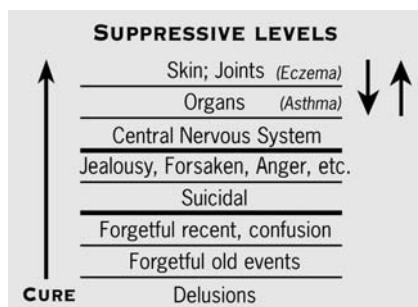
- 1.** Where is the leakage of energy from the Vital Force (VF) or Qi?
- 2.** What is the pathology and what system is affected?
- 3.** Is my patient’s ailment an acute or chronic disease? Or is it an acute exacerbation of a chronic miasmatic state?
- 4.** What symptoms are common and therefore unimportant?
- 5.** What symptoms are uncommon, peculiar, and rare (Aphorism 153)?
- 6.** How many layers are present in the patient?
- 7.** What are the “Never Well Since” (NWS) or “Ailments From” events?
- 8.** What is the core delusion?
- 9.** Who is the patient? What is his temperament, constitution, attitude, and dominant function of consciousness?
- 10.** What is the patient’s active miasmatic state?
- 11.** In what miasmatic state of the selected remedy is the patient?
Psoric? Sycotic? Syphilitic?



Chapter 2: Examining the Seat of Leakage and Recognizing an Acute Exacerbation of a Chronic Miasmatic State

Question 1: Where Is the Leakage of Energy from the Vital Force (Qi)?

In asking this question, you want to discover on what plane the patient expresses his symptoms? Questions 1 and 2 (What is the pathology and what system is affected?) help you address four important issues—prognosis, incurability versus curability, repression versus suppression, and nosology.



Determining the Prognosis

One question the homeopath (or any physician) will always hear is: “Can this be cured?” Even if the patient does not ask you this question directly, it will always be in his mind! Never answer that question over the phone until you have taken the patient’s case.

Where allopathy has to confess (if they are honest) that they can only “control” disease (“take these medications for the rest of your life”), homeopaths do have the capability of curing diseases, even those cases called incurable by allopaths. This means that not only do symptoms disappear, but that the diseased terrain is eradicated.

Two noteworthy illnesses (among a whole array of others) are eczema and asthma. The interchange of these two illnesses, as seen in the clinic, is either caused by a changing strength of the Vital Force (VF) through various factors (emotional, environmental, etc.) or continued allopathic treatment that suppresses the superficially located illness on the skin. For example, the skin condition may move deeper into the lung. Traditional Chinese Medicine

(TCM) has understood this process for over 5,000 years. I have seen cases where eczema disappeared under the influence of cortisone and other suppressive therapies and was replaced with seizures, a deeper expression on the physical plane. The prognosis is much better if the disease is located on the skin rather than in the central nervous system or in an organ (e.g., the lung) or on the emotional plane where eczema might be replaced by depression or anxiety.

We must beware of giving false hope! Some practitioners promise a cure when the VF cannot deliver a positive response in a secondary curative reaction (Aphorism 64). It is here that knowledge of the “Second Prescription” is essential, as it will help you to recognize incurable cases. It can be difficult to predict incurability, however, and nowadays we can often cure cases on the borderline of incurability by using the LM potency of the 6th edition *Organon*.

Identifying Potentially Incurable Scenarios

- According to allopaths, reversion to normalcy is impossible when tissue, nerves, bones, muscles, and joints are destroyed (advanced structural damage). Examples include: blindness from optic nerve atrophy (in this case one still needs to treat the patient in his totality to save the other eye from being attacked by the syphilitic miasm); advanced cases of cirrhosis; tuberculosis; kidney diseases; cancer, etc.

Allopaths have declared many of these cases to be “incurable,” but they were either cured by homeopathy or homeopathic intervention saved the patient from further organ destruction.

An example from my practice demonstrates this clearly. The patient was diagnosed with advanced cirrhosis of the liver with total Vena Porta obstruction and was put on the liver transplant list. When checked again by the Mayo Clinic after one year of homeopathic treatment, the obstruction was totally cleared. This created so much confusion that the technician reported to the physician that he had been sent the wrong patient as such regression had never been seen after allopathic intervention. Now, 10 years later, the patient is still alive and well and, of course, no longer on the transplant list. In all these cases, we must observe the reaction to the simillimum (assuming there is no obstacle to the cure—see *Hahnemann Revisited*, Chap. 14). So before we give a firm verdict to the patient regarding his condition, we need to wait and see their reaction to the test dose of the remedy.

- After administering the simillimum, the homeopathic aggravation of the patient continues for a long time while the natural disease progression adds many

new symptoms to the clinical picture (see Chap. 12, Scenario #6 in *Achieving and Maintaining the Simillimum*). Only a few local symptoms can be improved, but amelioration of the general state or the well-being of the patient never occurs. This can indicate an incurable case. If the 5th and 6th edition potency selection and repetition is respected, this kind of homeopathic aggravation, in curable cases, should be zero or minimal.

- After administering a well-selected remedy, a short amelioration is followed by a long-term aggravation (see Chap. 12, Scenario #9 in *Achieving and Maintaining the Simillimum*). This is often the case in patients with extensive cancers. The administration of chemotherapy and radiation often turns these cases into incurable ones. I read in the newspaper about a cancer patient whose “treatment was very successful but he died from the effects of radiation.” I would laugh if it was not so sad.
- After administering the simillimum, and in a case with no obstructions to the cure or miasmatic block, the patient shows a very short duration of amelioration in response to the simillimum (see Chap. 12, Scenario #3 in *Achieving and Maintaining the Simillimum*). We must make sure that a distant simile was not chosen. In that case, obviously, the complaint would be curable after selecting the simillimum.
- In spite of the simillimum, the symptoms follow the reverse path of Hering’s Set of Observations, that is, deeper and more precious organs are being destroyed (see Chap. 12, Scenario #11 in *Achieving and Maintaining the Simillimum*).
- When exciting or maintaining causes persist, the potential for cure is limited. We think especially of the pseudo-chronic diseases of Aphorism 77 or “lifestyle and hygiene” conditions, or conditions due to lack of proper food and vitamins. We are not talking about malabsorption problems, which can be addressed very well by homeopathy. And of course, the primary maintaining cause is often a psychological situation from which the patient cannot escape. For example, a *Staphysagria* situation when a woman cannot leave a marriage for economic reasons or when a child suffers from domination and has no way out of the family. As Hering so eloquently said, “There is great indignation about things done by others and grieving about the consequences.”
- Cases can become incurable because of the indiscriminate use of homeopathic remedies given in potencies that are too high and that are repeated too often instead of being judiciously repeated. Such cases are often more difficult to cure than those suppressed by allopathic medicines.

- When a vital organ has been removed, palliation is often the only thing we can promise, not a total cure. An example would be the removal of the spleen in Idiopathic Thrombocytic Purpura (ITP is a bleeding disorder due to a lack of platelets; cause “unknown”). What we can do in these cases is treat the syphilitic background so that no further destruction can occur in other systems.
- In the 10 percent of cases where an operation is necessary (obstructions, perforations, ruptures, and cephalo-pelvic disproportion in labor), a remedy is not indicated and will not resolve the problem. Rather, it would be more important to address the reason why the obstruction, for instance, occurred in the first place. An example would be the formation of scar tissue so often seen after abdominal surgeries. Years later, this formation of scar tissue can cause an obstruction.

I remember a case in my practice where a woman suffered from severe acute abdominal pain with all the characteristics of *Colocynthis*. When repeated doses of the remedy in water did not help, I sent her for further investigation. She needed very simple abdominal surgery. A single strand of scar tissue had strangled part of the colon; all the surgeon had to do was cut this strand. He never had an easier operation, but if such intervention had not been sought, it could have lead to necrosis of the bowel and even to death of the patient.

In all truly incurable cases, a palliative remedy can be chosen, *not* randomly, but still selected according to individualization, not of the patient as a whole, but at least of the symptoms concerned, including the pathology of the disease. The best way to find such a simillimum in these cases is by using the von Boenninghausen method.

Knowing on what plane the patient expresses his symptoms will also allow us to answer a second inevitable question asked by the patient, “And how long is my treatment going to take?” (although, again, the patient does not always ask their regular physician this question). Superficial skin and joint lesions should take the least time *if* they have not been suppressed for a long time (rare in the clinic) and *if* the homeopath understands the 5th edition *Organon* and the 6C split-dose method. Contrary to Aphorism 2, a fast, permanent, and *gentle* cure will not be possible when strong allopathic suppression (often with cortisone) has taken place. Only infrequent small doses and low potencies will be able to cure and exteriorize the suppressed illness.

Obviously, patients with frank psychotic expressions such as schizophrenia and many delusions will take more time to bring to a true cure. The homeopath must consult with the patient’s psychiatrist to reduce (not stop) the allopathic

medications from the moment the remedy “takes” or starts to work. The prognosis depends on the seat of the disease; the stage and nature of the disease; the diseases cause(s) and whether they can be removed; the extent of structural damage in organs; and, of course, the strength of the patient’s VF. Therefore, a homeopathic physician should have adequate knowledge of pathology and general medicine.

A third use for answering Questions 1 and 2 is that they help us observe and evaluate our patient during subsequent visits (refer to Hering’s Set of Observations). I warn you to act with common sense. If the patient’s layer goes back many years and nothing but sadness and disaster fill their history, do not expect “happiness” to show up after the first or even subsequent prescriptions! A remedy is not a suppressive “happy” Prozac pill. What we can expect in response to the simillimum is:

A 253 In all diseases, especially in quickly arising (acute) ones, of all the signs that indicate that a small beginning of improvement or aggravation that is not visible to everybody, the psychic condition of the patient and his general demeanor are the most certain and revealing. The very beginning of improvement is indicated by a sense of greater ease, composure, mental freedom, higher spirits, and returning naturalness. The very beginning of aggravation, on the other hand, is indicated by the opposite—a more constrained, helpless, pitiable state with regard to his emotions, mind, general demeanor, attitude, posture, and actions, which can easily be seen and pointed out if one is attentive but cannot be described in words.

So this mental and emotional change comes *before* the chronic complaint disappears or the reappearance of old symptoms occurs. We must not forget that dreams, the messengers of the unconscious, often provide the first change that heralds the simillimum. Of course, Hahnemann says we can only expect this *if* the appropriately *small* dose (as small as possible) of the homeopathically indicated remedy has been given.

A 253 ... The signs of improvement in the emotions and mind can be expected immediately after the medicine has been taken only if the dose was *small enough* (i.e., as small as possible); an **unnecessarily** larger dose even of the most homeopathically appropriate remedy, apart from its other ill effects (par. 276), acts too violently and initially disturbs the mind and emotions too strongly and too long for the patient’s improvement to be noticed *immediately* (emphasis added).

If mental and emotional symptoms were suppressed by the patient or by allopathic medications, the emotional symptoms will actually get worse after initially prescribing the homeopathic simillimum. This occurs because the patient gets “in touch” with his feelings. And if the emotions were not

suppressed, because the patient had great awareness, what you can expect might be a lowering of the depth of grief with each judicious dose of the simillimum!

From experience, *Carcinosin* seems to be an exception to the above rule. Patients call it a “happy” remedy, because, often, the sleep improves immediately and anticipation anxiety disappears. More information about Hering’s Observations will be discussed in Part 2 of this book. Since suppression is so common with our patients, it behooves us to see what Carl Jung had to say about this matter.

Jung: Repression and Suppression

I like what Jung has to say about suppression in his book *Collected Works of C.G. Jung, Volume 9: Archetypes and the Collective Unconscious*:

The repression serves, as is well known, for the freeing from a painful complex from which one must escape by all means because its compelling and oppressing power is feared (1991, p. 63).

It is obvious that no cure is to be expected when suppression and repression, conscious or unconscious, of the complex takes place, relegating it to the shadow side or when suppressive allopathic medications achieve a similar repression. This repression is only a painful delay of the inevitable, as we have seen and will continue to see in the analysis of remedies. The return to the core delusion is guaranteed. Jung explains in *Archetypes and the Collective Unconscious* what has in fact occurred:

The repression can lead to an apparent complete suppression, which corresponds to a strong self-control of the individual. Unfortunately, however, self-control has its limits ... Closer observation of people shows that calm is maintained at the critical moment [the moment they are confronted with the repressed memory], but certain results occur which fall into two categories.

First, the suppressed [and also repressed] effect comes to the surface immediately afterwards [after the critical moment]; seldom directly, it is true, but ordinarily in the form of a displacement to another object or subject, i.e., a person is in his official relationships, polite, submissive, patient, and so on, and turns his whole anger loose upon his wife or his subordinates—his children! (Ibid, p. 63).

I have seen this many times in the practice. It is as if the patient is obliged to vent their anger and frustration on their loved ones.

This leads us to think of certain characters in homeopathy, “split personalities,” who as children or adults can be “angels at work or school and devils at home!” It is also reflected in the rubric: *contemptuous, hard for subordinates and agreeable pleasant to superiors or people he has to fear* (see *Hard*). I would like to add to this rubric: to people he would like to impress or wants to be loved by. We see the remedies *Lycopodium*, *Platina*, *Lachesis*, and *Veratrum album*! All these remedies are graded a 1, and, of course, each remedy is “hard” for its own reason!

I would add *Silica* to this group because a person needing *Silica* can have a hard, stubborn attitude towards their family but be very nice and yielding towards everyone else once he leaves home. Hering said, “Child becomes obstinate, headstrong; when crossed has to restrain himself to keep from doing violence, and, yielding, faint-hearted, anxious mood.” *Silica* does this because he lacks confidence and courage and does not want others to find out what is really present behind that self-assured mask.

What about the others? *Lycopodium*, with its great performance anxiety, is very similar to *Silica* (both have a “lack of spine or character” when unbalanced). A person needing *Lycopodium* fears confrontation with superiors, is easily overbearing to those he thinks he can dominate (like family), but friendly and cooperative with those at work. *Platina* is driven by her haughty delusions, thinking she has no equal in this world and therefore looks down on most people, unless there is that rare individual she can look up to. Consequently, she becomes socially isolated. *Veratrum album* is driven by *despair of social position*, so obviously they want to exert their power on those who are below them while they want to please those who are more powerful with the hope that flattery will eventually bring them to that desired position!

Jung also explains the second result of suppressing emotions (the first one being displacement according to Jung) in *Archetypes and the Collective Unconscious*:

... creates compensations elsewhere. For example, people who strive for excessive ethics, who try always to think, feel, and act altruistically and ideally [those we can refer to as being “unselfish”] avenge themselves, because of the impossibility of carrying out their ideals [or wishes linked to love, that ever-present desire in women especially] by subtle [and sometimes not so subtle!] maliciousness, which naturally does not come into their own consciousness as such, but which leads to misunderstandings and unhappy situations. Apparently, then, all of these [according to such people] are only “especially unfortunate [and unavoidable] circumstances,” or they are the guilt and malice of other people, or they are tragic complications (Ibid, p. 63).

What rubrics and remedies reflect this situation? We can refer to the rubrics in the mind section of the repertory and to proving symptoms:

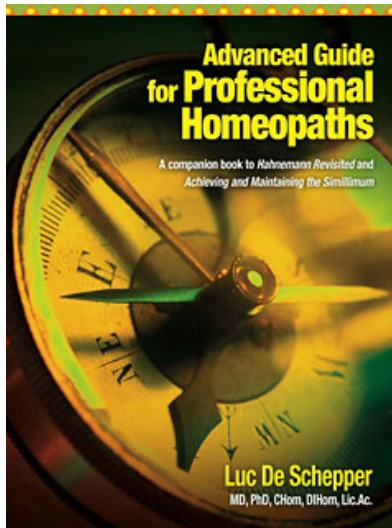
- *Reproaches others*
- *Hatred of persons who have offended him*
- *Delusions, pitied, he is, on account of his misfortune and he wept*
- *Ailments from being deceived*
- *Delusions, he is engaged in lawsuits*
- *Imagines to see obstacles everywhere, occasioned partly by contrary fate, partly by himself (proving symptom of Aurum)*
- *Malicious with anger (Natrum muriaticum, Lycopodium, China)*
- *Malicious, hurting other people's feelings (China, Tarentula).*
- The most outspokenly malicious remedies are *Anacardium*, *Arsenicum*, *Tuberculinum*, *Stramonium*, *Natrum muriaticum* (in its third or syphilitic stage), and *Aurum*, which goes to show that the brighter the light, the greater the shadow!

Question 2: What Is the Pathology and What System Is Affected?

We need to understand the assigned pathology and medical terminology. Patients (and their physicians) always ask the nosological name of the disease. In our times, we cannot say to the patient, “The name of the disease does not interest me and the name of the remedy is of no interest to you,” as Hahnemann was famous for saying. Unfortunately, the patient considers the “name giving” the only criterion by which to judge the merit of his physician. While this is a very faulty criterion, the disease name will help the homeopath determine the patient’s miasmatic state.

Furthermore, in practical matters such as death certificates, appearances before court, completing insurance papers, etc., a diagnosis of an *Argentum nitricum* colitis ulcerosa will not suffice, however accurate this might be in the homeopath’s eyes. In these cases, the homeopath needs to understand the nature of illness in terms of disease diagnosis.

The common pathological signs of a disease are not very helpful in determining the simillimum, but they can help indirectly. The pathological signs and the allopathic name of the disease will help us determine the chronic and acute miasmatic state of the patient, which is the basis of our prescriptions in



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