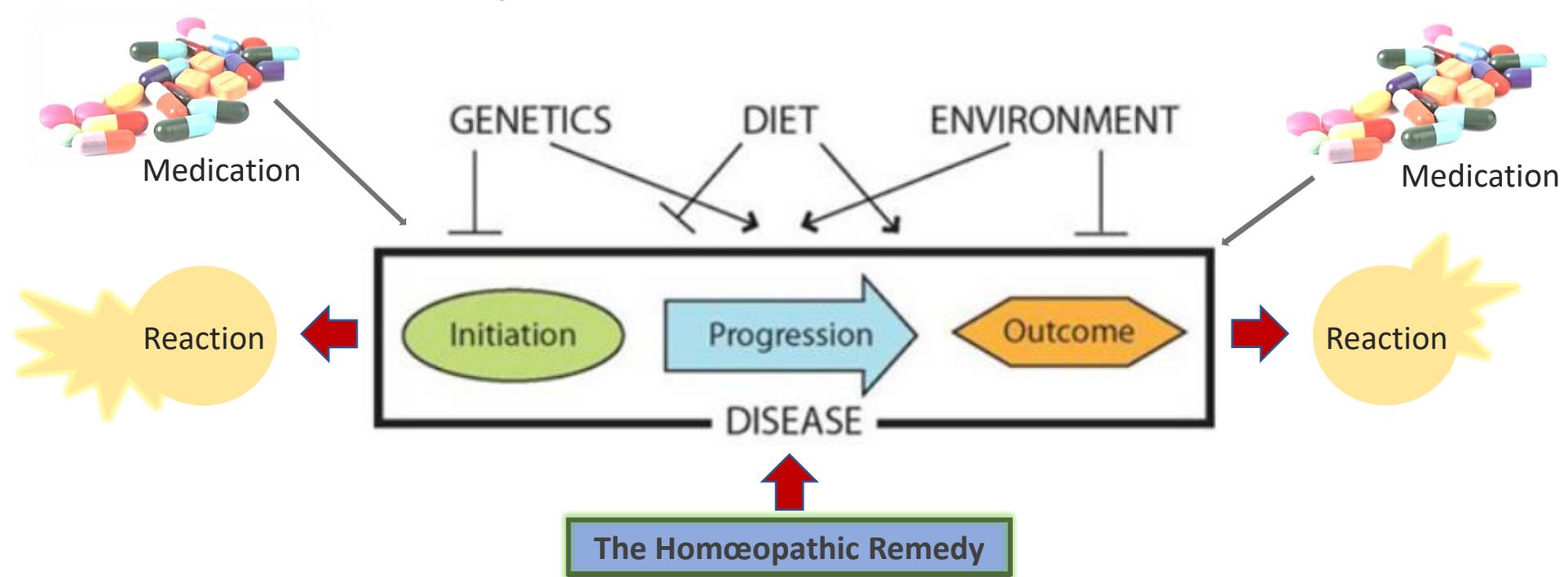


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The table lists 150 remedies in 200C potency, organized by organ system. Each entry includes the remedy name, its Latin name, and its corresponding Hahnemannian symbol.

Remedy	Latin Name	Symbol
ACONITINE	ACONITUM NAPOLEONIS	ACON
ALLIUM	ALLIUM SATIVUM	ALLC
APIS MELLIFERA	APIS MELLIFERA	APIS
ANACARDIUM	ANACARDIUM OCCIDENTALE	ANK
ARSENICUM	ARSENICUM METALLICUM	ARS
BELLADONNA	BELLADONNA ATROPURPUREA	BELL
CALCAREA	CALCAREA CARBONICA	CALC
CAUSICA	CAUSICA	CAUS
CHAMOMILLA	CHAMOMILLA ANTHEMIS	CHAM
COLCHICUM	COLCHICUM	COLC
CHAMOMILLA	CHAMOMILLA ANTHEMIS	CHAM
COCCULUS	COCCULUS	COCC
ELAPHOGLOSSUM	ELAPHOGLOSSUM	EUPH
FERUS	FERUS	FERUS
GALLIUM	GALLIUM	GALL
GRANULUM	GRANULUM	GRAN
HEPATICUM	HEPATICUM	HEP
IONON	IONON	ION
IRIDIUM	IRIDIUM	IR

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Ann E. Jerome, PhD, CCH

Ann Jerome holds degrees from Yale and Brown Universities and has been a nationally certified...

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Session:

Apr 22, 2022
8:00 am

Up and Running: Three Remedies for the Home Medicine Chest.



Kim Elia

Kim Elia was inspired to study homœopathy when he read Gandhi's quote about homœopathy, "homœopathy cures..."

[About Speaker](#)

Session:

Apr 22, 2022
9:30 am

Challenging Cases: Thinking Outside of the Box



Kim Elia

Kim Elia was inspired to study homœopathy when he read Gandhi's quote about homœopathy, "homœopathy cures..."

[About Speaker](#)

Session:

Apr 22, 2022
9:45 am

An Introduction to Homeopathic HouseCall presented by Kim Elia



Dana Ullman, MPH CCH

Dana Ullman, MPH, CCH, is one of America's leading advocates for homeopathy. An author of...

[About Speaker](#)

Session:

Apr 22, 2022
10:15 am

Learning to Use a Homeopathic Medicine Kit



Alastair Gray, MSc(UK),
BAHons ADH DSH
PCH PCHom

Alastair Gray has a PhD in Public Health. More specifically he is an expert in...

[About Speaker](#)

Session:

<u>Apr 22, 2022</u>	<u>Building Capacity in Homeopathy</u>
<u>1:00 pm</u>	<u>Research and Transforming Clinical Work into Meaningful Publications</u>



Miranda Castro, CCH,
RSHom(NA), FSHom

A professional homeopath since 1982, and international teacher of homeopathy since 1988. Miranda has authored...

[About Speaker](#)

Session:

<u>Apr 22, 2022</u>	<u>Powerful Healers: Examining</u>
<u>1:00 pm</u>	<u>some of the conundrums surrounding the Schuessler Cell Salts</u>



Wendy Jensen, DVM

Dr. Wendy Jensen grew up in three different countries, landing finally in New Hampshire with...

[About Speaker](#)

Session:

<u>Apr 22, 2022</u>	<u>Navigating Treatment of the</u>
<u>2:45 pm</u>	<u>Speechless Patient</u>



Jay Yasgur, B.Sc.
Pharmacy, M.Sc. Allied
Health

Jay Yasgur is a licensed pharmacist having received his pharmacy degree from Duquesne University and...

[About Speaker](#)

Session:



Ruth Hull

Ruth Hull is a homoeopathic doctor and integrative health consultant with a special interest in...

[About Speaker](#)

Session:

Apr 22, 2022
4:00 pm

Reframing Fatigue



Elizabeth Rice, ND

Dr. Elizabeth Rice is the Interim Department Chair of Homeopathy and Pharmacology at the Southwest...

[About Speaker](#)

Session:

Apr 22, 2022
4:00 pm

Homeopathic Treatment of Post-acute COVID-19 Syndrome- A Pilot Randomized Controlled Trial



Lise M. Battaglia, CCH HMC RSHom(NA) CAP

In private practice in New York City, Ormond Beach, FL and everywhere via video telehealth...

[About Speaker](#)

Session:

Apr 22, 2022
5:00 pm

Aid, Assist & Comfort: Bach Flower Essences as Adjunct to Classical Homeopathy for Difficult Cases, Hard to Support Clients & Those Who Self Medicate



Sue Roe, DPA, MS, BSN, RN Panel Presenter

Dr. Roe is the principal and senior practice consultant of The Roe Group Enterprises, LLC...

[About Speaker](#)

Session:

Apr 23, 2022
8:30 am

Professional Standards Panel: Healing, Healers, and Homeopathy



Tanya Kell, CCH,
RSHom(NA)

Panel Presenter

Tanya is the current President of the North American Society of Homeopaths. She began her...

[About Speaker](#)

Session:

Apr 23, 2022
8:30 am

Professional Standards Panel:
Healing, Healers, and
Homeopathy



Alex Bekker, MD,
ABIHM

Panel Presenter

Dr. Alex Bekker is a General Practice Physician specializing in homeopathy. He is currently the...

[About Speaker](#)

Session:

Apr 23, 2022
8:30 am

Professional Standards Panel:
Healing, Healers, and
Homeopathy



Divya Chhabra,
MD(Hom)

Born in Pune in 1967, she was introduced to homeopathy at the age of 7...

[About Speaker](#)

Session:

Apr 23, 2022
8:30 am

Pavlovian Model of Health and
Disease in Homeopathy: The
Leap to the Similimum



Jamie Oskin, ND,
DHANP

Jamie Oskin, ND, DHANP is a highly trained naturopathic physician with an expertise in homœopathy...

[About Speaker](#)

Session:

Apr 23, 2022
10:15 am

Homœopathic Treatment of
Autism Spectrum Disorders



Cristina Chise-Horvath, CCH

Cristina Chise-Horvath is nationally certified in classical homeopathy and a graduate of the International Academy...

[About Speaker](#)

Session:

Apr 23, 2022
10:15 am

Direction of Cure and the Relation to the Levels of Health: A case of migraines with high blood pressure and the Truth About Miasms



George Vithoukikas

Because of George Vithoukikas, homeopathy enjoys the popularity it has in the world today. In...

[About Speaker](#)

Session:

Apr 23, 2022
10:15 am

Direction of Cure and the Relation to the Levels of Health: A case of migraines with high blood pressure and the Truth About Miasms



Todd Rowe, MD, MD(H), CCH, DHT

Dr. Todd Rowe is a licensed homeopathic physician and psychiatrist living in Phoenix, Arizona....

[About Speaker](#)

Session:



Amy Rothenberg, ND, DHANP

Amy Rothenberg ND, DHANP has been in practice together for 36 years. She is a...

[About Speaker](#)

Session:



Mitchell Fleisher, MD,
DHT, DABFM, FSSRP

Dr. Mitch Fleisher is a double board-certified, licensed, Family Physician specializing in anti-aging, regenerative medicine,...

[About Speaker](#)

Session:

Apr 23, 2022
3:00 pm

Integrating Homeopathy, Peptide Therapy & Nutritional Medicine to Effectively Treat Serious Disease



Gabrielle Traub,
MTech(HOM), CCH,
HD(Hon)

Gabrielle is a board-certified classical homeopath and international best-selling author. She has worked in hospitals...

[About Speaker](#)

Session:

Apr 23, 2022
3:00 pm

Live Right for Your Remedy Type



Farokh Master, MD
PhD

Farokh Master, M.D., is an internationally respected, master practitioner and professor of homeopathy, as well...

[About Speaker](#)

Session:



John D. Millar, BSc,
ND, DHANP, CCH,
Hom

John Millar received his Bachelors in Experimental Psychology from Trent University in 1978. After a...

[About Speaker](#)

Session:



Denise Straiges, CCH, RSHom(NA), PCH

Denise Straiges CCH, RSHom(NA), PCH is fiercely committed to raising the bar in academic and...

[About Speaker](#)

Session:

Apr 24, 2022 In our Element: The Alchemical History of Homeopathy
10:15 am



Karen Allen, CCH

Karen Allen, CCH was drawn to homeopathy after a seeing remarkable response in an illness...

[About Speaker](#)

Session:

Apr 24, 2022 Polycystic Ovarian Syndrome: Concepts and Cases
1:15 pm



Resie Moonen, MD

Resie Moonen is a homeopathic medical doctor and general practitioner with more than 35 years...

[About Speaker](#)

Session:

Apr 24, 2022 Homeopathic Support in Covid-19 and Long Covid: Cases in a General Practice
10:15 am



Arup Bhattacharya, PhD, DHM, Hom(ON), RSHom(NA)

Arup has been a homeopathic practitioner, educator, tutor and mentor since 1992. He is currently...

[About Speaker](#)

Session:

Apr 24, 2022 Alleviating Dis-ease Through Emotional Destressing Using Homeopathy
1:15 pm



Anita Salunkhe, MD(Hom), DHMS

Dr. Anita Salunkhe is an internationally acclaimed homeopath, who specializes in pathological and incurable cases....

[About Speaker](#)

Session:

Apr 24, 2022 Mapping the Mind in Psychiatry
3:00 pm Cases



Jody Bearman, DVM, CVSMT, CVA, CVCH, CVH, CCH

Dr. Jody Bearman, DVM, CVSMT, CVA, CVCH, CVH, CCH graduated from the University of Wisconsin-Madison...

[About Speaker](#)

Session:

Apr 24, 2022 Healthy People, Healthy Pets
3:00 pm



Jennifer Bahr, ND

Dr. Jennifer Bahr is the founder of Resilience Naturopathic, a practice dedicated to the homeopathic...

[About Speaker](#)

Session:

Apr 24, 2022 Homeopathic Treatment of
4:00 pm PANS/PANDAS



George Dimitriadis, BSc(UNSW), DHom(Syd), DHomMCC(Eng), FHom(UK), GHIH(Syd), FJPHMA (Jpn)

George Dimitriadis had his introduction to Homœopathy nearly forty years ago, when a friend showed him...



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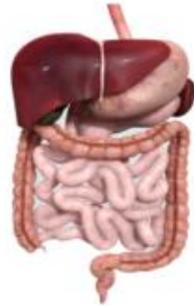
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Leukemia
Lupus Erythematosus
Hemolytic Dysglycemia



Bones
Rheumatoid Arthritis
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Polymyalgia Rheumatica

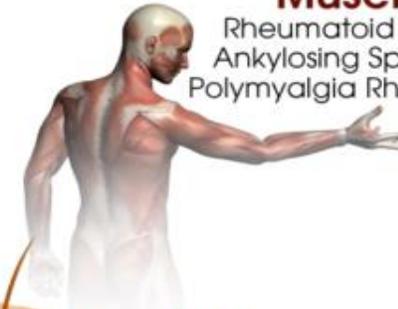


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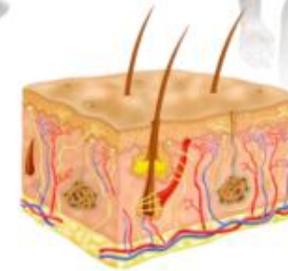
Muscles
Rheumatoid Arthritis
Ankylosing Spondylitis
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Nerves
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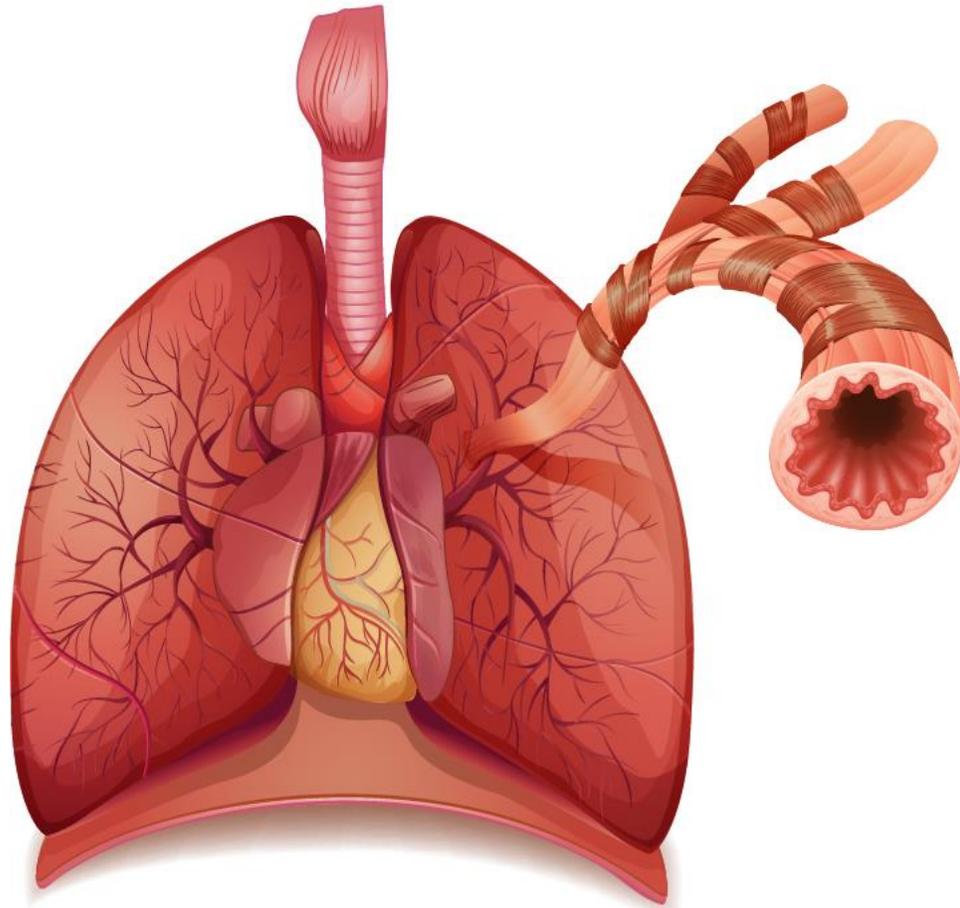
Skin
Psoriasis
Vitiligo
Eczema
Scleroderma



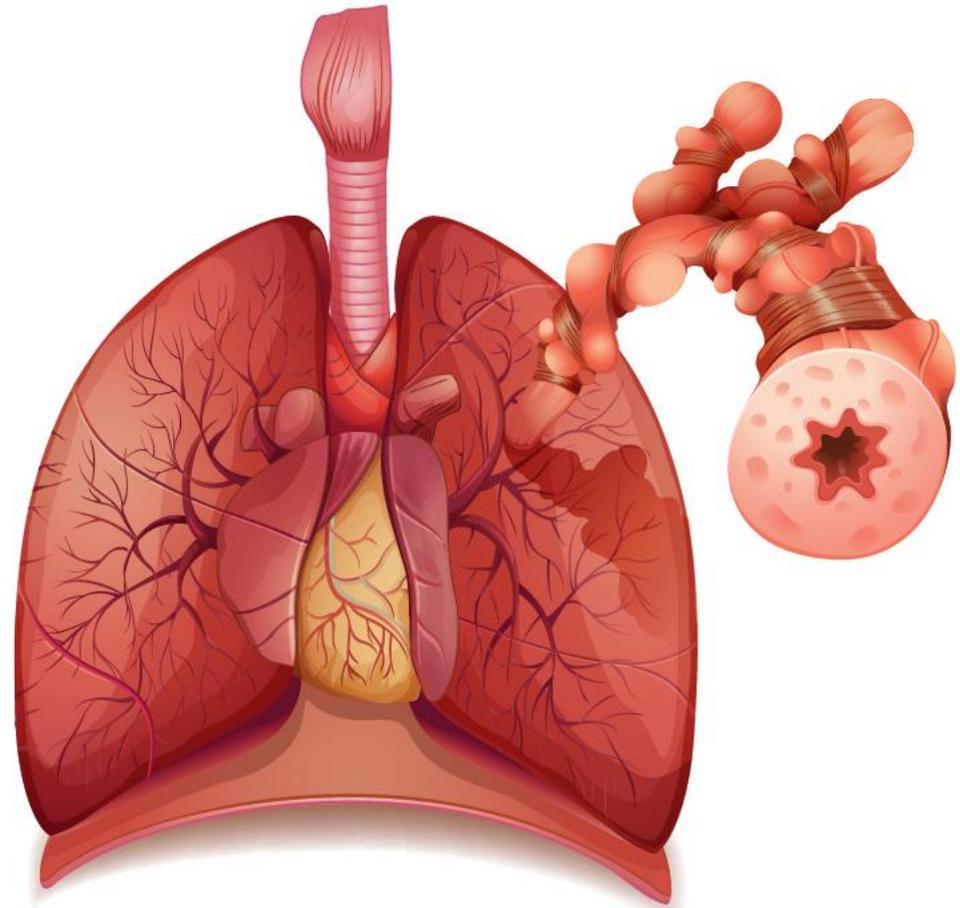
Lung
Fibromyalgia
Wegener's Granulomatosis



Asthma - Inflamed Bronchial Tube

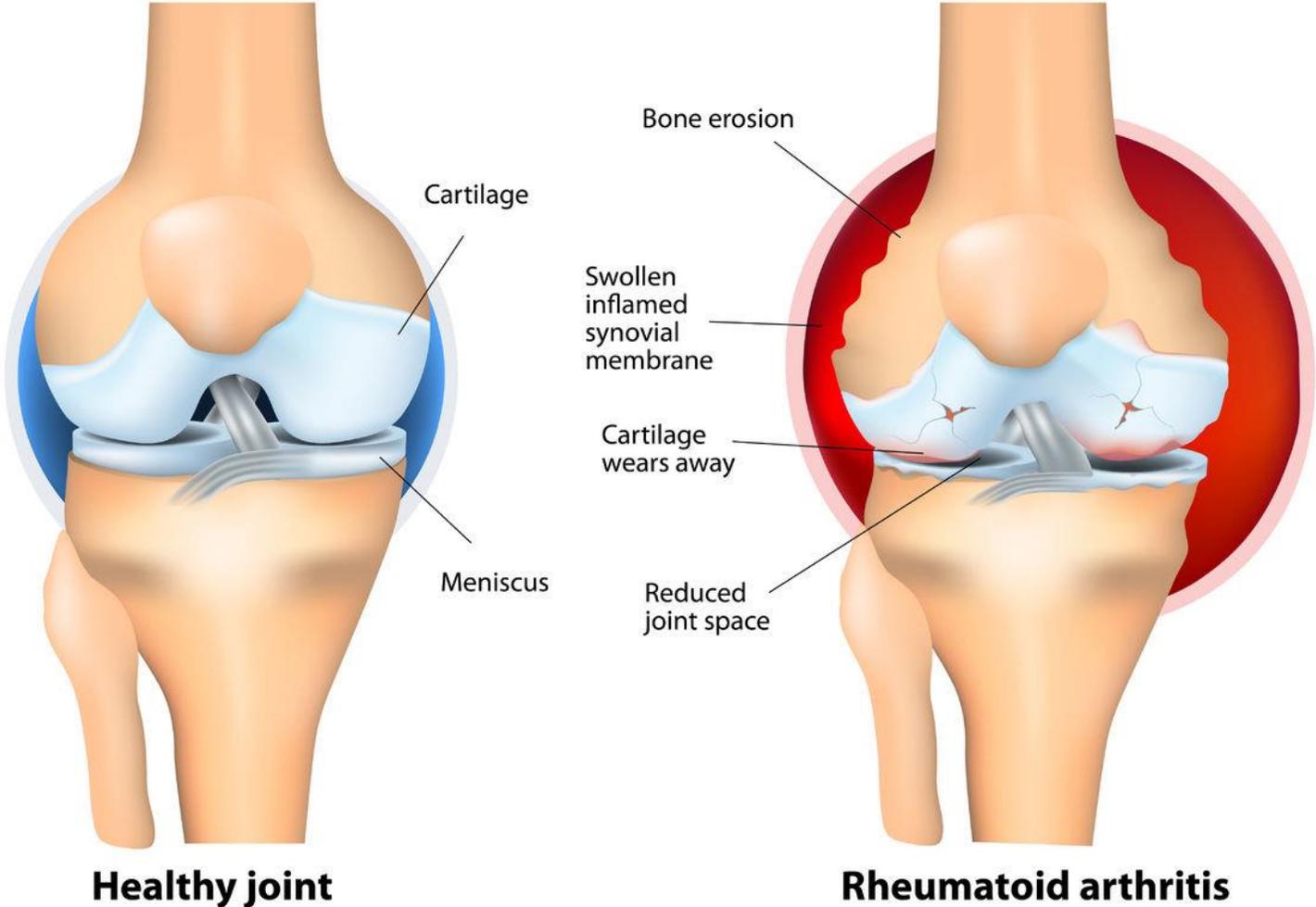


normal bronchial tube



inflamed bronchial tube

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Diagnosis

Hashimoto thyroiditis

Test	Result	Flag
HEMATOLOGY TEST RESULT		
CBC TREAT		
WBC	4.7	
RBC	3.49	L
HGB	13.5	
HCT	37.2	
MCV		

The infographic features a central dark blue hexagon with a white border containing the text 'Systemic Lupus Erythematosus (SLE)'. Ten light blue rounded rectangular boxes with black text are arranged around the hexagon, each connected to it by a blue arrow pointing outwards. The boxes represent various symptoms and signs: 'Discoid rash' (top left), 'Malar rash' (middle left), 'Neurologic disorder' (bottom left), 'Immunologic disorder' (bottom left), 'Antinuclear antibody' (bottom center), 'Renal disorder' (bottom center), 'Serositis' (top center), 'Oral ulcers' (top right), 'Arthritis' (middle right), 'Photosensitive rash' (middle right), and 'Blood dyscrasias' (bottom right). The background includes faint illustrations of human figures with specific areas highlighted in orange or yellow to correspond to the symptoms.

Systemic Lupus Erythematosus (SLE)

Discoid rash

Serositis

Oral ulcers

Malar rash

Arthritis

Neurologic disorder

Photosensitive rash

Immunologic disorder

Blood dyscrasias

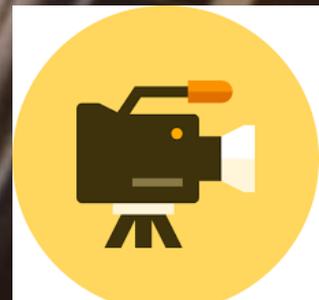
Antinuclear antibody

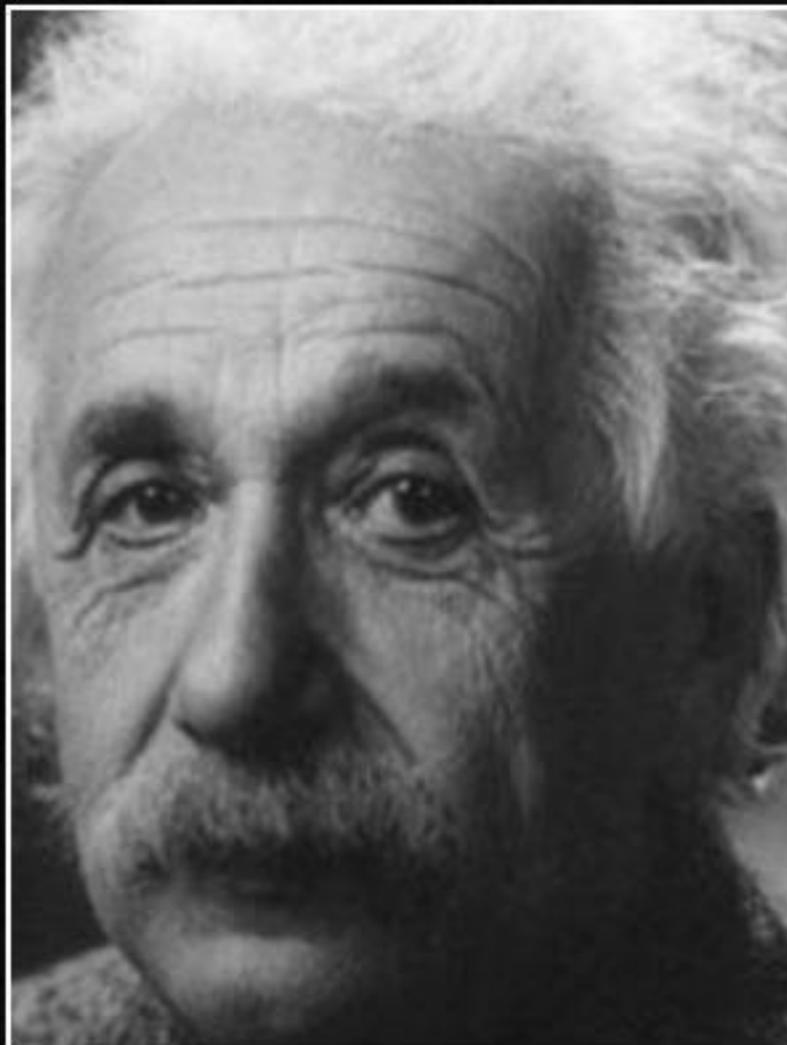
Renal disorder

Potency & Dose



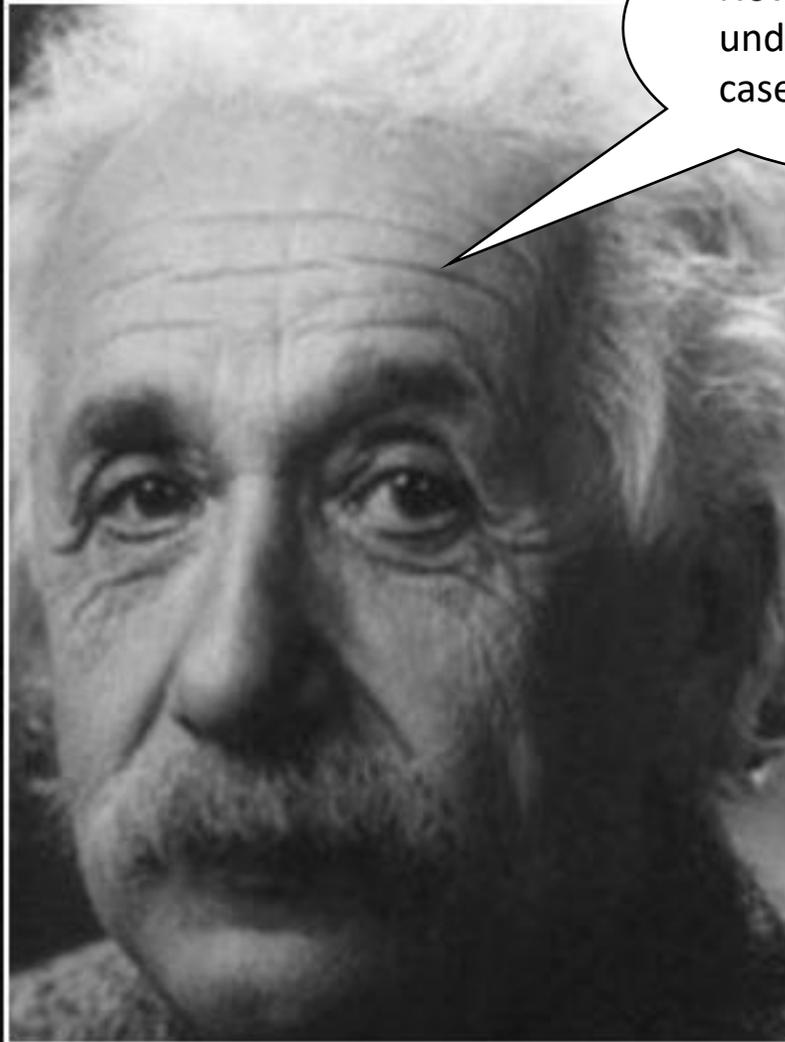






True knowledge comes with deep understanding of a topic and its inner workings.

— *Albert Einstein* —



Now, I completely understand long term case Management!

True knowledge comes with deep understanding of a topic and its inner workings.

— *Albert Einstein* —

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with Dr. Farokh Master & Kim Elia



**A One-day Symposium on Long Term Case Management
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9:00 am - 5:00 pm Eastern Standard Time*

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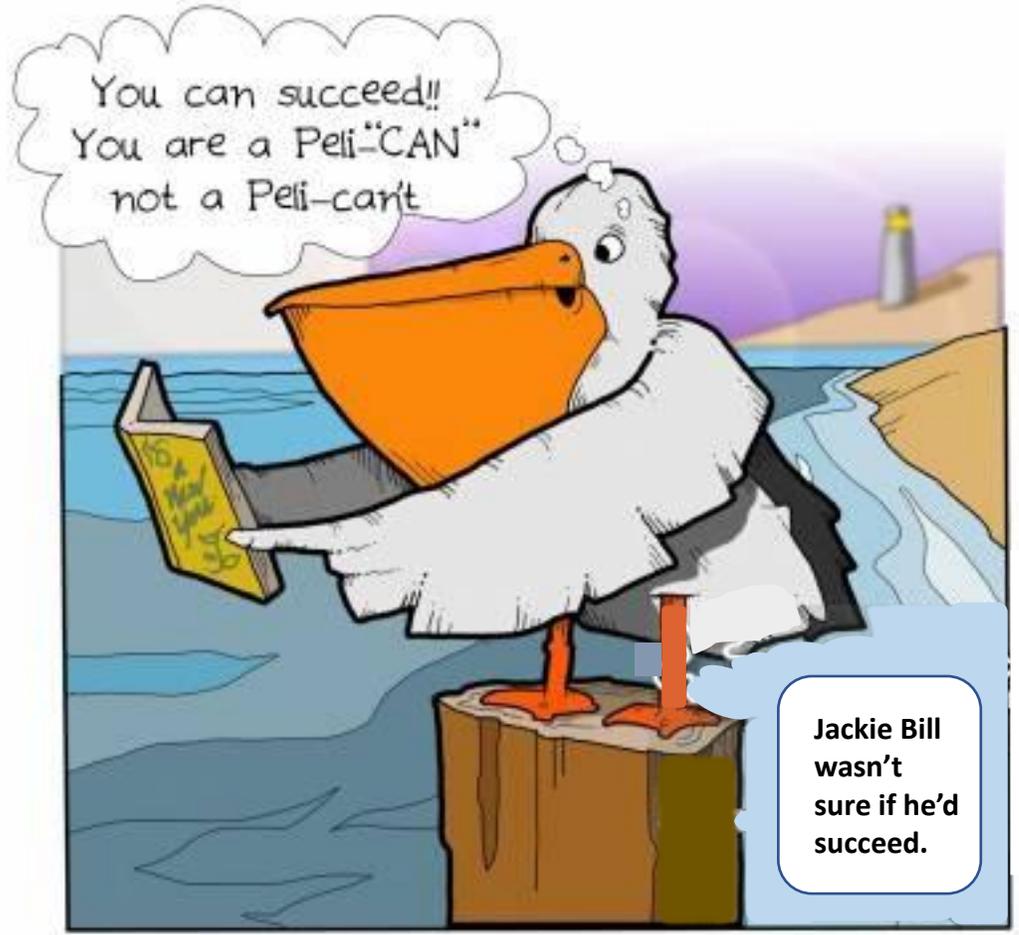
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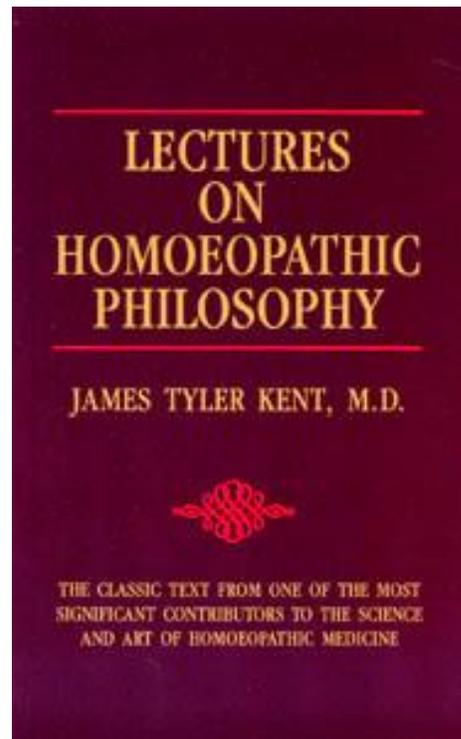
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- Lecture 36 – The second prescription



“After a prescription has been made the physician commences to make observations. The whole future of the patient may depend upon the conclusions that the physician arrives at from these observations, for his action depends very much on these observations, and upon his action depends the good of the patient. If he is not conversant with the import of what he sees, he undertakes to do wrong things, he will make wrong prescriptions, he will change his medicines and do things to the detriment of the patient.”

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- Lecture 35 – Prognosis after observing the action of the remedy
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“After a prescription has been made the physician commences to make observations. The whole future of the patient may depend upon the conclusions that the physician arrives at from these observations, for his action depends very much on these observations, and upon his action depends the good of the patient. If he is not conversant with the import of what he sees, he undertakes to do wrong things, he will make wrong prescriptions, he will change his medicines and do things to the detriment of the patient.”

Lecture 35 from *Kent's Philosophy*

- 1st Observation – A prolonged aggravation and final decline of the patient.
- 2nd Observation – A prolonged aggravation, but final and slow improvement.
- 3rd Observation – The aggravation is quick, short and strong with rapid improvement.
- 4th Observation – A satisfactory cure but there is no aggravation whatever.
- 5th Observation – The amelioration comes first and the aggravation comes afterwards.
- 6th Observation – Too short relief of the symptoms.
- 7th Observation - A full amelioration of the symptoms, yet no special relief of the patient.
- 8th Observation – The patient proves every remedy they get.
- 9th Observation – The healthy prover benefits from the proving (if properly conducted).
- 10th Observation – The appearance of a great number of new symptoms.
- 11th Observation – Old symptoms are observed to reappear.
- 12th Observation – The symptoms take the wrong direction.

1st Observation – A prolonged aggravation and final decline of the patient



- What have we done?
- **It has been a mistake**, the antipsoric was too deep, **it has established destruction.**
- In this state the vital reaction was impossible, he was an incurable case.
- The question immediately comes up, what are you to do?
- Are you not going to give the homoeopathic remedy in such cases?
- The patient steadily declines.
- If you are in doubt about such action of the remedies and making the patient worse, you will probably have an undertaker's certificate to sign before long.

2nd Observation – A prolonged aggravation, but final and slow improvement



- If, at the end of a few weeks, he is a little better and his symptoms are a little better than when he took the dose, there is some hope that finally the symptoms may have an outward manifestation whereby he will attain final recovery, but for many years you may go along with prolonged aggravations.

- You will find in such a patient there was the beginning of some very marked tissue change in some organ.

3rd Observation – The aggravation is quick, short and strong with rapid improvement



- Whenever you find an aggravation comes quickly, is short, and has been more or less vigorous, then you will find improvement of the patient will be long.

- Improvement will be marked, the reaction of the economy is vigorous, and there is no tendency to any structural change in the vital organs.

- Any structural change that may be present will be found on the surface, in organs that are not vital...

4th Observation – A satisfactory cure but there is no aggravation whatever



- Under the fourth observation, you will notice a class of cases wherein you will find very satisfactory cures, where the administration of the remedy is followed by no aggravation whatever.
- **There is no organic disease, and no tendency to organic disease.**
- The chronic condition itself to which the remedy is suitable is not of great depth, belongs to the functions of nerves rather than to threatened changes in tissues.

5th Observation – The amelioration comes first and the aggravation comes afterwards



- It is not a very uncommon thing in severe cases, in cases of a good many symptoms, to have an amelioration of the remedy come at once; but whatever you may say, the condition is unfavorable.
- Either the remedy was only a superficial remedy, and could only act as a palliative, or the patient was incurable and the remedy was somewhat suitable.
- One of these two conclusions must be arrived at, and **this can only be done by a re-examination of the patient and by finding out whether the symptoms relate to that remedy.**

6th Observation – Too short relief of the symptoms



- Has this patient done something to spoil the action of this medicine?
- Has he been on a drunk?
- Has he handled chemicals?
- No, he has done none of these things.
- To have a medicine act but a few weeks, whereas it ought to act for months thereafter, will make you suspicious of that patient.
- If nothing has taken place to interfere with this medicine in his economy you may be suspicious of this case.

7th Observation - A full amelioration of the symptoms, yet no special relief of the patient



- Once in a while you will see a full time amelioration of the symptoms, yet no special relief of the patient, which is the seventh observation.
- There are certain patients that can only gain about so much; there are latent conditions, or latent existing organic conditions, in such patients that prevent improvement beyond a certain stage.
- **A patient with one kidney can only improve to a certain degree;** patients with fibrinous structural change in certain places... cannot go beyond such a state.

8th Observation – The patient proves every remedy they get



- Some patients prove every remedy they get; patients inclined to be hysterical, overwrought, oversensitive to all things.
- **The patient is said to have an idiosyncrasy to everything, and these oversensitive patients are often incurable.**
- You administer a dose of a high potency, and they will go on and prove that medicine, and while under the influence of that medicine they are not under the influence of anything else.
- It takes possession of them, and acts as a disease does; the remedy has its prodromal period, its period of progress and its period of decline.

9th Observation – The healthy prover benefits from the proving (if properly conducted)



- It is well to observe carefully the constitutional states of an individual about to become a prover, and to write these down and subtract them from the proving.
- These symptoms will not very commonly appear during the proving; if they do, note the change in them.

10th Observation – The appearance of a great number of new symptoms.



- If a great number of new symptoms appear after the administration of a remedy, the prescription will generally prove an unfavorable one.
- Now and then the coming of a new symptom will simply be an old symptom coming up that the patient has not observed, and thinks it a new one.
- The greater the array of new symptoms coming out after the administration of a remedy, the more doubt there is thrown upon the prescription.

11th Observation – Old symptoms are observed to reappear



- In proportion as old symptoms that have long been away return just in that proportion the disease is curable.

- They have only disappeared because newer ones have come up.

- It is quite a common thing for old symptoms to appear after the aggravation has come, and hence **we see the symptoms disappearing in the reverse order of their coming.**

12th Observation – The symptoms take the wrong direction



- For instance, if you prescribe for a rheumatism of the knees of feet, or for a rheumatism of the hands, and relief takes place at once in the rheumatism of the extremities, but the patient is taken down with violent internal distress that settles in the region of the heart, or centres in the spine, **you see at once a transference has taken place from circumference to centre, and the remedy must be antidoted at once, otherwise structural change will take place in that new site.**

Lecture 36 from *Kent's Philosophy*

- Try to avoid changing doctors.
- It is important to not change a prescription until it has done all it can.
- After a first prescription the guiding symptoms of the case should be removed.
- Avoid a hurried 2nd prescription before it is required – it will spoil the case. Waiting is important.
- If the 1st prescription has not completed its action, it is impossible to get a 2nd observation.
- After a prescription, the first thing to look for is the return of original symptoms.
- If the symptoms return somewhat as they were, differing slightly in their intensity, increased or decreased, it is good. The 2nd prescription is a repetition of the previous prescription.
- The appearance of a lot of new symptoms after a prescription is the indication for a 2nd prescription and very likely a new remedy.
- The third, fourth, fifth or sixth prescriptions have the same difficulties as the 2nd prescription.
- A second prescription is sometimes necessary to complement the former and this is always a change of remedy.
- The second prescription also takes into consideration the change of plan of treatment.

Try to avoid changing doctors



- The second prescription may be a repetition of the first, or it may be an antidote or a complement; but none of these things can be considered **unless the record has been again fully studied...**
- This is one of the difficulties to contend with when patients change doctors, and **one of the reasons why patients do not do well after such a change.**

It is important to not change a prescription until it has done all it can



I wish he would give me another remedy

- As a general thing, if the first prescription has been beneficial it ought not to be left until it has done all that it can do.
- The early repetition of the medicine and **the continued giving of the same medicine, will prevent anything like an opportunity for the making of a second prescription.**

After a first prescription the guiding symptoms of the case should be removed



- The rule is, after the first correct and homœopathic prescription, the striking features for which that remedy was administered have been removed, a change has come, and the guiding symptoms of the case have been taken out, and **only the common and trivial symptoms remain.**

Avoid a hurried 2nd prescription before it is required – it will spoil the case. Waiting is important!



- While the confusion is going on after the administration of the remedy, **while internal order is being established in the economy, we do not have the return of the original symptoms.**
- **This may be a matter of days, or weeks, or months,** but if the return of symptoms is not observed what is there to be done?
- Without symptoms what can the homœopathic physician do?

If the 1st prescription has not completed its action,
it is impossible to get a 2nd observation



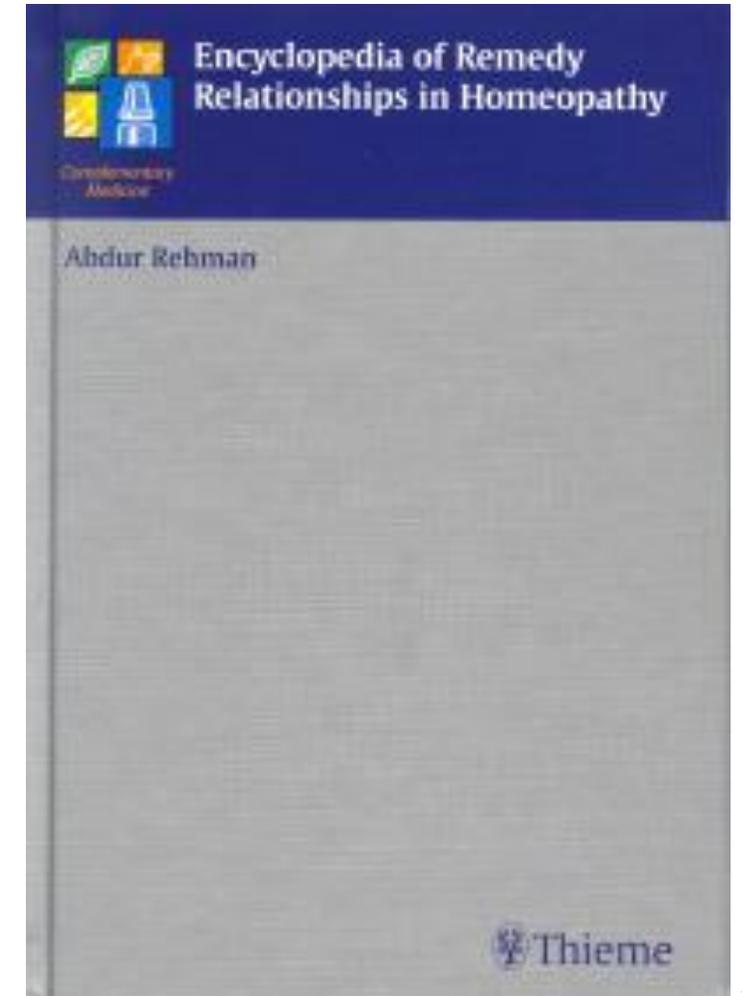
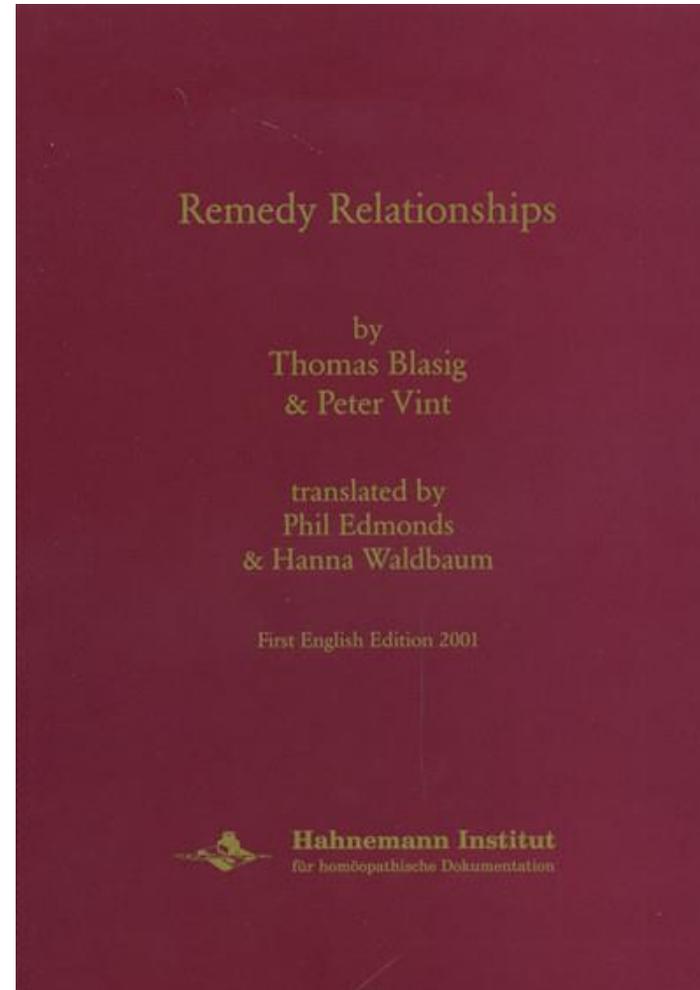
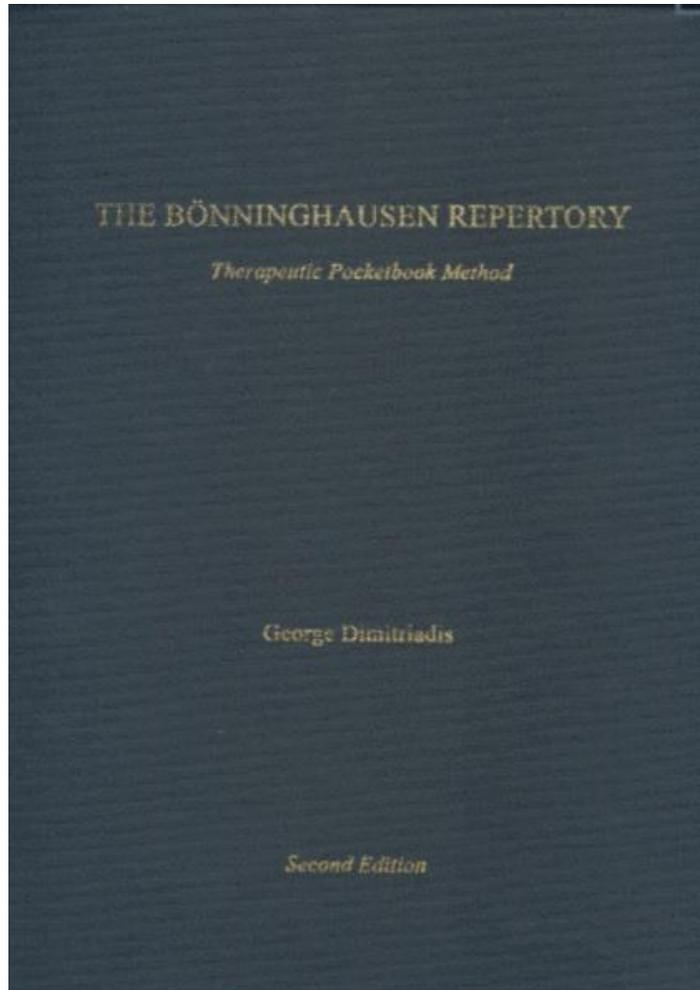
- **There is no earthly guide to the remedy except by signs and symptoms.**
- So that it is the duty of the physician to wait for the return of the original symptoms.
- **Even if the symptoms have been changed do not change the remedy, provided the patient has continuously improved. ...hold on to that remedy, so long as you can secure improvement...**

The third, fourth, fifth or sixth prescriptions have the same difficulties as the 2nd prescription



- The patient is not always able to say that they are old symptoms returning, but finally the daughter or somebody in the house will delight you be saying that her mother had these things years ago and she has forgotten them.

A second prescription is sometimes necessary to complement the former and this is always a change of remedy



Case of 14-Year Old Boy

The following case was of a 14-year-old boy who developed a fever and delirium shortly after eating some moldy bread. About 3 hours after eating the bread, he started feeling slightly sick. Overnight the symptoms gradually intensified until the parents became concerned that he might have food poisoning. On the second day he began hallucinating. He would see people who weren't there, strange looking animals and weird colors and shapes. The hallucinations weren't constant but would repeat every 20 to 30 minutes and last for about 5 to 10 minutes. He also complained of a repeating sound in his left ear that seemed to be in sync with his pulse which was much slower than normal. He had developed a slight fever which was preceded by an extreme chill with great thirst. The thirst would disappear as soon as the chill would subside. In addition, he described a burning sensation all over his skin along with a feeling of formication. He did not want to be touched and would complain tremendously if someone did. He said he felt as if it increased the burning sensation.

14-Year-Old Boy Follow-up



Case of Delirium & Hallucinations

14-Year-Old Boy Follow-up

Prescription: *Secale cornutum* 1M one dose

14-Year-Old Boy Follow-up

Prescription: Secale cornutum 1M one dose

	Total	Sec.	Sulph.	Nux-v.	Rhus-t.	Bry.	Bell.
Kingdoms	21	23	22	21	20	20	
Rubrics	9	8	8	8	7	6	
Systemic {301 775}; Thermoregulatory; Chill; Thirst, with {679} (60)	■	■	■	■	■	■	■
Systemic {301 775}; Thermoregulatory; CHILL, THEN [FOLLOWED BY]; Heat [CH] {747} (61)	■	■	■	■	■	■	■
General [non regional]{776 1686}; Mind [& Disposition]; Intellect; Delirium {805} (52)	■	■	■	■	■	■	■
General [non regional]{776 1686}; Mind [& Disposition]; Intellect; Delusions [illusions, hallucinations, imagination] {806} (59)	■	■	■	■	■	■	■
General [non regional]{776 1686}; Generals; SKIN IN GENERAL; Burning {1319} (112)	■	■	■	■	■	■	■
General [non regional]{776 1686}; Generals; SKIN IN GENERAL; Sensibility, altered, crawling along [as of insects] {1402} (40)	■	■	■	■	■	■	■
Modalities {1687 1694}; From foods and drinks; Bread {1777} (26)	■	■	■	■	■	■	■
Modalities {1687 1694}; From Situation & Circumstance; Touch [contact], from {2205} (119)	■	■	■	■	■	■	■
Systemic {301 775}; Cardiovascular; PULSE; Slow [bradycrotic] {670}; slower than the heart-beat [pulse deficit] {671} (9)	■	■	■	■	■	■	■

Secale cornutum Materia Medica

The extremities prickle, burn, and tingle; **creeping and crawling, as of insects under the skin**, as if between the skin and the flesh; numb, dead, wooden sensation in the fingers and especially in the toes.

Burning is a feature of this remedy; the skin burns; the extremities burn, sensation of burning when the parts feel cold to the touch and really are cold, a sensation of heat with coldness.

Kent's Lectures on Homeopathic Materia Medica

By day he was quite collected and apparently rational. **It was only on rare occasions that he seemed to have delusions by day also.**

Materia Medica Pura Project Secale cornutum Monograph

14-Year-Old Boy Follow-up

4 hours later the hallucination had completely stopped. He still had the chill followed by fever and the increased thirst but now especially for ice cold water. The burning and formication were also still there but perhaps a little less than before taking the remedy. He now had two new symptoms. He was experiencing extreme sensitivity to any kind of draft. Even a fan in the room was very aggravating to him. He also said that he couldn't stand any strong odors.

Prescription:

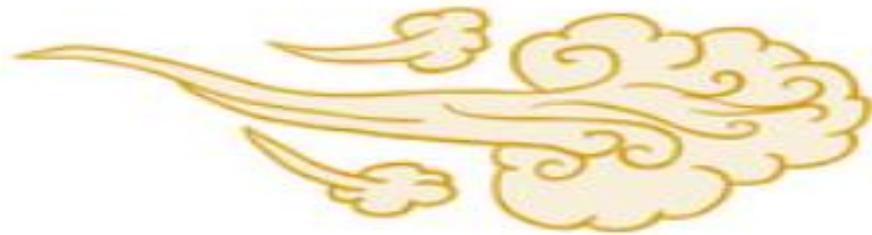
14-Year-Old Boy Follow-up

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Prescription: Phosphorus 1M one dose

The Old Plus the New

Aphorism 167 - In cases of acute disease, if accessory ailments of some moment arise with the use of this first-employed, imperfectly homeopathic medicine, one should not let this first dose fully finish its work, abandoning the patient to the medicine's full duration of action. Rather, **one should examine anew the now altered disease state and bring the original symptoms that remain into connection with the newly arisen ones in order to record a new disease image.**



Concordances



“I may therefore hope, that nobody will consider this section as useless and superfluous, now, that it has been improved and cleared as much as possible from errors. To me, who for the last fifteen years have considered the *Materia Medica Pura* the head point of Homœopathy and made it my principal study, these Concordances have been of the most decided importance, as they not only led me to understand the Genius of the medicines, but also to secure the choice of the different remedies and to fix their order, particularly in chronic diseases.”

Forward of the 1846 *Therapeutisches Taschenbuch*

14-Year-Old Boy Follow-up

Within 2 hours of one dose of Phosphorus 1M there was a complete alleviation of all symptoms.

Prescription:

14-Year-Old Boy Follow-up

Within 2 hours of one dose of Phosphorus 1M there was a complete alleviation of all symptoms.

Prescription: **Take chronic case and look at hygiene factors** especially sensitivity to wheat, rye and gluten. The risks associated with consuming moldy bread have been reported throughout history; ergotamine, a mycotoxin found in rye bread was ingested by witches including those of the Salem Witch Trials. Ergotamine exposure can cause hallucinations as well as seizures and spasms. The Journal of the American Medical Association published an article by Dr. Ruth Etzel* showing that grain supply in America is commonly contaminated with mycotoxins which are linked to human diseases.

*<http://www.mold-survivor.com/jamamycotoxins.html>

Follow-up question

You give a remedy to an average patient with average sensitivity and there is no aggravation but the patient reports marked improvement which lasts a long time. What's happening?



Follow-up question

In a chronic case, I give a remedy and get an initial aggravation with significant improvement afterwards and then a full relapse. When I re-prescribe the same thing happens and continues to happen with each subsequent dose. What's going on?



Follow-up question

You gave a remedy and now the patient is depressed and their existing symptoms are also aggravated. What could be happening?



Follow-up question

We have a patient who experiences a minor aggravation with a nice improvement but the improvement only lasts 5 or 6 days and then there is a full relapse. What's going on?



Follow-up question

The patient feels better in every way after receiving one high dose of a remedy. There was a definite aggravation after the prescription followed by definite improvement of all the symptoms in the case.



Follow-up question

The patient feels much better in every way after one single dose or with a low potency which is being repeated (with succussions in between). There is a marked amelioration with little or no aggravation in the case.



Follow-up question

The patient feels better but still has some problems. Major symptoms (M/E, Energy & CC) are ameliorated after an initial aggravation while more minor symptoms in the case remain unchanged after the prescription.



Follow-up question

The patient, after an initial aggravation, feels better mentally and emotionally. The energy and chief complaint have also improved. However, some new symptoms characteristic of the remedy given appear in the patient.



Follow-up question

The patient, after an initial aggravation, still does not feel well. However, their chief complaint has improved significantly. Their energy and mental/emotional condition are exactly the same.



Follow-up question

The patient after one single high dose and without an initial aggravation, still does not feel well. However, their chief complaint has improved significantly. Their energy and mental/emotional condition are the same.



Follow-up question

The patient's chief complaint is better without aggravation, while a new deeper problem has emerged. The patient experiences no changes in energy or on the mental-emotional level of their pathology.



Follow-up question

The patient's chief complaint is a little better but there are now new problems which dominate the case. The new remedy image after the original prescription is fuller than before and clearly points to another remedy.



Follow-up question

The patient experiences a very good amelioration following an initial aggravation but after a while reports that he still feels better but not as well as he did shortly after taking the remedy.



Follow-up question

The patient experiences a good amelioration following an initial aggravation but then returns to a full relapse with the same remedy image that existed before they were given the first prescription.



Follow-up question

The patient after one single high dose and without an initial aggravation, experiences improvement. However, after a short while the improvement disappears and there is a full relapse of the case.



Follow-up question

The patient after one single high dose and without an initial aggravation, experiences an amelioration for a short while but afterward is worse than before taking the original remedy.



Follow-up question

An open patient, after taking the remedy, reports no changes on the mental-emotional or energy level. There is also no change of the chief complaint. The patient states that they feel exactly the same as before.



Follow-up question

A closed patient, after taking the remedy, reports no changes on the mental-emotional or energy level. There is also no change of the chief complaint. On further questioning, it is discovered that some changes have occurred.



Follow-up question

A closed patient, after taking the remedy, reports no changes on the mental-emotional or energy level. There is also no change of the chief complaint. The patient does report a change in some minor symptoms of the case.



Follow-up question

An open patient, after taking the remedy, reports that he is basically the same but that there are some minor improvements in some of the less important symptoms of the case such as body temperature etc.



Follow-up question

A patient, after taking the remedy, reports being much worse on all levels for most of the month but within the last few days or week there has been improvement in their mental-emotional, energy and chief complaint.



Follow-up question

A patient, after taking the remedy, reports a definite long aggravation followed by a short amelioration (a few days). But after the short amelioration, the patient returns to their previous or even a worse state.



Follow-up question

A patient, after taking the remedy, reports that the chief complaint has been worse during the month but that the mental-emotional and energy levels have been slightly improved after the initial prescription.



Follow-up question

A patient, after taking the remedy, reports that the chief complaint has been worse during the month but that the mental-emotional and energy levels have been markedly improved after the initial prescription.



Follow-up question

A patient, after taking the remedy and experiencing an initial aggravation, reports an improvement in the chief complaint and energy level but a prolonged aggravation of the mental-emotional state.



Follow-up question

A patient experiences a long lasting similar aggravation with eventual but slow progress towards improvement and ultimate resolution of their various health issues on the mental, emotional and physical planes.



Follow-up question

A patient experiences a similar aggravation after every dose no matter how low the potency. It doesn't seem to matter whether you prescribe C potencies or Q potencies, the aggravations always follow each dose.



Follow-up question

A patient experiences after taking the remedy long term improvement which lasts weeks or even months. But after this long term improvement, suddenly a similar aggravation is reported by the patient.

