



# SPECTRUM OF HOMEOPATHY

NR.2 | 2019

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ISSN 1869-3091



**CYCLE  
FERTILITY  
MENOPAUSE**

# HORMONES

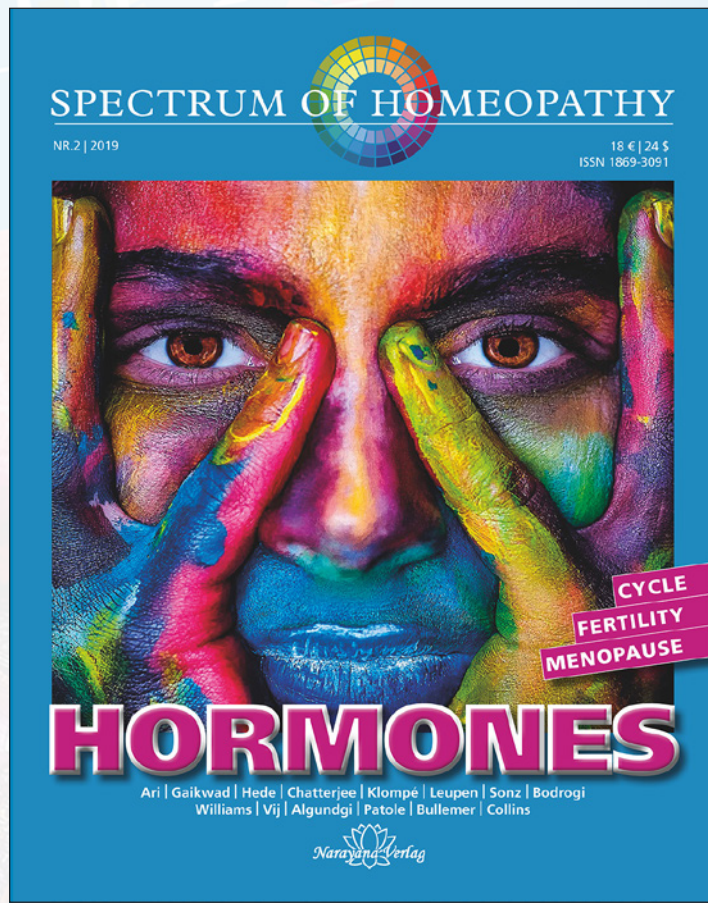
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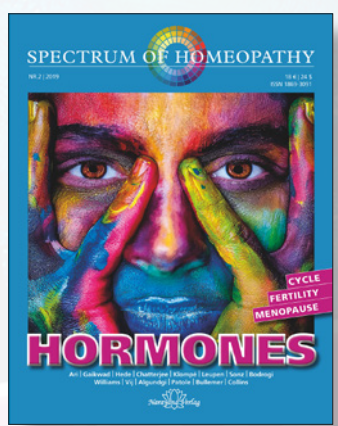
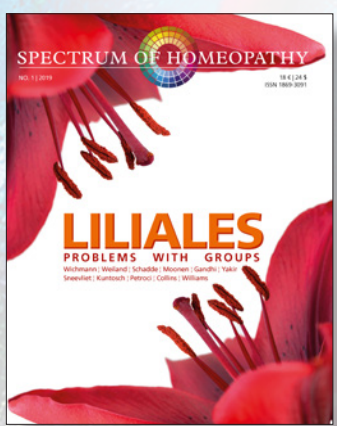



SPECTRUM OF HOMEOPATHY

18 € | 24 \$  
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# EDITORIAL

## Dear Readers,

It is always exciting for us with clinical topics to see how the pieces of the puzzle will come together (or maybe not) for such different authors from all round the world, forming a coherent picture. So in our Borreliosis issue the theme of the sucked-dry and exhausted victim emerged from numerous case histories. In our current issue it soon became clear that the unfulfilled wish to have children is a major part of the hormone problems we see in homeopathic practice. Polycystic ovaries is an especially common diagnosis, in which ovulation frequently fails because the egg cells are not sufficiently mature.

In this connection we heard of two cases with an astonishing similarity in the patient history: both women are “immature” because their childish need for attention and care was never adequately met. Both compensate for their lack of love by excessive eating, caring a lot for others and stressing their independence. The American patient is given *Lac delphinum* by Sally Williams whereas the Indian homeopath Vasudha Vij gives her patient *Gossypium* from the Mallow family. With the same pathology and a similar psychological state, here we can see the homeopathic principle of individualization especially clearly in action.

Christina Ari solves the puzzle for us. The Austrian doctor has many years experience of using *Folliculinum* for disturbances of the female hormonal balance. Potentized Estrogen has proved itself particularly for women whose individual personality structure is immature, who find it difficult to set boundaries and who feel dependent but seek an independent life. They try to take care of everything and everyone, losing themselves in their devotion. Ari talks of this reaction pattern in terms of a follicular or hormonal miasm, which we can clearly recognize in the cases of Vij and Williams.

This miasm also includes the uncertainty and self-doubt of Scandium in the case-taking of Shekhar Algundgi. If the focus is more on feelings of guilt and self-reproach, we arrive at remedies such as *Aurum muriaticum* and *Cyclamen* – the latter is chosen by the gynecologist Ute Bullemer. It is not only Ari who lays the blame for the hormonal miasm on the stresses of modern fertility medicine or taking the Pill for many years but above all on the constant contact with xenoestrogens in the environment. With miasmatic treatment we can also certainly consider other hormonal sarcodes. So, alongside *Folliculinum*, Sujit Chatterjee, Gaurang Gaikwad, and Amruta Hede from Mumbai also give the hypophysis sarcodite *Pituitaria anterior* and the potentized corpus luteum hormone *Progesteronum*.

Maria Klompé and her colleagues from the fertility polyclinic in Utrecht frequently also use sarcodes from the group of the matridonal remedies. She uses the protocol developed by Liz

Lalor, combining sarcodes and other supplementary remedies with constitutional treatment, so achieving good results treating women who want to have a baby. The simile remedy thereby remains an essential key to success, independent of the method used. The marine animals, the fish seems to have a special relationship to sexuality and fertility. Viktória Bodrogi explains this in terms of biology and uses the signature in her cases.

A well-chosen constitutional remedy needs to have no particular connection to female hormonal balance in order to restore balance, as in the case of Sally Williams. The reliability of the prescription increases, however, if the holistically indicated simile has a clear organ connection. Deborah Collins in a case of climacteric fits of perspiration arrives at the same remedy via the plant code as she did via an approved indication, so increasing the likelihood of a good prescription. Menopausal complaints can generally be treated very successfully with homeopathy. Thanks to homeopathy the miasmatic strain of hormone treatment can often be avoided. The hormonal miasm will nevertheless concern us increasingly as time goes on.

An added treat is the *Lilium tigrinum* case presented by Susan Sonz, originally intended for the issue on the Liliaceae. Here we see how a well-chosen remedy is extremely effective even in cases where its use is not yet known.

## Christa Gebhardt & Dr. Jürgen Hansel

Chief editors





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Platinum and choreography: the born leader is evident in the dance of the queen.



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Cyclamen and remedy picture: the little cyclamen is a major remedy for women.



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Hoping for a child: Liz Lalor's homeopathic concept for those wanting a child.

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### THE WAY OF THE CHILD'S SOUL

*Report by Christa Gebhardt*



# ONE LAST TRY

Placenta humana and magnesium salts for the unfulfilled wish for a child

AUTHOR | [Maria Klompé with Alex Leupen](#)

SUMMARY: The author presents the concept, the working methods, and treatment results of a homeopathic fertility clinic in Utrecht. Patients receive constitutional treatment plus an approved remedy based on the protocol of Liz Lalor. Two cases show how this combination of individualising and standardised remedy selection can help induce spontaneous pregnancy and the birth of a healthy child: one woman has had several unsuccessful attempts at in-vitro fertilisation and intra-uterine implantation, and another woman has had hormone treatment and several miscarriages.

KEYWORDS: *Folliculinum*, hormones, *Magnesium carbonicum*, *Magnesium silicatum*, Matridonal remedies, *Natrum muriaticum*, *Placenta humana*, polycystic ovary syndrome, *Progesteronum*, *Pulsatilla*, *Sabina*, sterility, unfulfilled wish for parenthood



**FERTILITY POLYCLINIC IN HOMEOPATHIC DOCTORS' CENTRE, UTRECHT, THE NETHERLANDS: PURPOSE, PRACTICE AND RESULTS**

Unfulfilled desire for parenthood is a painful disappointment; it is often the first real stumbling block in life. Until then it seemed that plans could be fulfilled according to one's wishes and suddenly this is no longer the case. This causes much grief. Many couples resort to the multitude of available technical means for inducing pregnancies: IUI, IVF, ICSI (injection of selected sperm in the developing egg). All these have become normal terms for such couples in their thirties. Still, undesired childlessness is often a taboo, difficult to talk about with friends and family. Relationships become difficult when one's friends and family of the same age are all having children.

**Homeopathy and the desire for a child:** We homeopaths know the effects of good homeopathy. Besides relieving the deep-seated complaint, there is often a general increase in energy, the menstrual cycle improves and often the woman falls pregnant even though that was no longer expected. Aware of this possibility in homeopathy, we decided to bundle our experience concerning this group of people; we initiated a fertility clinic and placed it on a website.

**Initial goals**

- Work from a homeopathic perspective
- Use Liz Lalor's protocol (see separate box), supplemented by orthomolecular advice
- Work as a team with other disciplines: orthomolecular doctors, shiatsu and haptonomy
- Refer to doctors trained in orthomolecular medicine for serious nutritional problems
- Conduct mutual consultations on a specific issue
- Treat concurrently via one or more short consultations, on indication, with prior patient consent and exchange of documents (saving time and money). In this case it is helpful if the therapists' areas of expertise are complementary.

**Treatment:** The protocol is followed for four to six months, sometimes longer. Both partners are seen during the first consultation. Ideally they are seen together and then the couple's case is taken, one partner after the other, though this timing is not always possible. After the initial consultation they come once per eight weeks, either together or separately, for half an hour or an hour.

**First consultation:** This includes:

- The reason for the consultation, the medical history, medical tests, and treatment to the present: is there a known cause?
- Homeopathic casetaking of both partners, with special attention to their own birth history.
- Attention to the wish for parenthood itself: why do you wish to have a child, and what would be the case if this were not possible? These questions are often asked here

**INTRACYTOPLASMIC SPERM INJECTION (ICSI)**

ICSI is a method of in-vitro artificial fertilisation. The sperm cell, the man's sperm, is injected directly into the cytoplasm (ooplasm) of an egg cell. Failure of fertilisation can be almost entirely excluded.

The ICSI method is a contemporary topic of discussion for various reasons. The most common topic is that, due to the direct intervention in nature, the complicated reciprocal relationship and the biological selection between sperm and egg cell is disabled (such as the avoidance of embryos developing with congenital disease). A higher rate of serious deformation remains so far unproved. Study data does, however, indicate a relationship between fertility treatment and the rate of congenital malformations. Yet it is unclear whether this is due to the treatment itself or the disturbance it causes.

for the first time, and sometimes the answers are very revealing. Often the members of the couple do not know the thoughts and emotions of their partner concerning childlessness and the possible anxieties around the subject.

- Describing the strategy of the homeopathic and possible supplementary treatment.
- Determining whether partners are in agreement to follow the regular course of treatment.

**Results of three years of the fertility polyclinic in Utrecht:**

Many of us have seen couples with fertility questions in this phase. In practice, each doctor makes his/her own decisions regarding the Lalor protocol. It seems that strict protocols are not suited to us. The patients expect us to be well informed as to the regular fertility treatments – they are meanwhile often experts in this area!

A great variety of people are attracted to the clinic.

- They are attracted by the term 'poly.'
- They expect a high level of expertise as this is often their last hope.
- Some are less well informed about the process and expect phytotherapy and supplements. Usually one does not see these couples return after two to three months.
- Couples often follow various treatments at the same time, regular and homeopathic.

**There is also much diversity among the diagnoses, such as:**

- 22 years old, not falling pregnant after one year, no known cause
- No second child conceived
- No cause determined, do not want hormonal treatment
- Amenorrhoea / oligomenorrhoea / PCOS
- Endometriosis / fallopian tube adhesions / postoperative adhesions
- Several miscarriages, also after IVF



- Chronic fatigue / auto-immune illness, still desire for parenthood
- Donor insemination but no implantation
- IUI, IVF and ICSI already done but no pregnancy

#### Treatment results

I have kept records of the number of people treated for three years, plus the results. I call a pregnancy of 12 weeks a positive result, as long as there were no miscarriages or stillborn babies later resulting from these pregnancies.

**45 treatments in the period 2012 – 2015:** six couples informed me that they (re-) entered conventional medical treatment and fourteen couples stopped our treatment within three months for unknown reasons. So effectively 25 couples were taken into account. These are the results of these 25 couples:

- Seventeen pregnancies older than twelve weeks (one woman fell pregnant twice)
- One woman was already pregnant after the last IUI before the treatment, though she was unaware of it then, and remained pregnant this time.
- Eleven women became pregnant spontaneously, and six with the last attempt at ICSI or IVF, during or after homeopathic treatment, with a good pregnancy as a result.

**Ten couples still in treatment:** long constitutional treatment, not giving up, or having experienced a life event that required a delay of the pregnancy. For instance, in one case the treatment developed into the successful homeopathic treatment of a deep anxiety disorder in the woman. Four years later we received the message that a healthy daughter was born via ICSI.

#### Three other homeopathic doctors in Utrecht registered another 25 fertility treatments:

- Eighteen couples did not return after a shorter or longer period, without giving the reason, or saying that they preferred to continue their regular treatment.

#### Results of these homeopathic treatments:

- Seven pregnancies, three of which were spontaneous and four now successful after IUI, IVF or ICSI

#### Total results registered in the Centre for Homeopathic Doctors in Utrecht:

- 70 treatments, of which 20 stopped quickly, within three months, so 50 actual treatments, resulting in 24 pregnancies.
- Fourteen spontaneous pregnancies
- Ten pregnancies with ICSI/IUI/IVF during homeopathic treatment (often after long but unsuccessful conventional treatment)
- Two pregnancies after homeopathic treatment with ICSI / hormonal treatment of the man.
- Ten still in treatment, ongoing life events resulting in delay of pregnancy.
- Sixteen stopped treatment due to lack of results, or without leaving a further message

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#### CASE 1: 40-year-old woman, wish to have a child

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Mrs M is a 40-year-old woman who comes to see us for a final attempt at pregnancy. She and her husband have

## TREATMENT PROTOCOL OF THE FERTILITY POLYCLINIC UTRECHT, ACCORDING TO LIZ LALOR

In the homeopathic fertility polyclinic in Utrecht we treat:

1. Unfulfilled desire for a child
2. Complaints during pregnancy
3. Complications during birth
4. Problems with the period of maternity and/or nursing
5. Menstrual problems

Liz Lalor's protocol: The menstrual deregulation can be due to a hormonal imbalance, which in turn can affect the possibility of pregnancy or the course of the pregnancy, so these are treated in order to increase the chance of fertility.

Liz Lalor, an Australian homeopath, has provided us with many practical homeopathic tips as well as important orthomolecular and lifestyle advice. In our centre we make use of her protocol, choosing the aspects that fit the patient.

We conduct deep homeopathic casetaking, and the man and woman get an individual homeopathic prescription. One of the following homeopathic remedies often proves necessary:

- *Natrium muriaticum* and *Natrium carbonicum*

- *Aurum muriaticum*
- *Folliculinum* and *Progesteronum*
- *Matridonals*
- *Lac* remedies

Additionally, we choose from the following remedies only those that fit with the individual story of the couple.

#### FOR THE WOMAN: Homeopathic treatment

- First day of treatment only: *Syphilinum* 200K (asthma, eczema with corticosteroid treatment in history) or *Carcinosinum* 200K (chronic fatigue, glands, illnesses affecting immunity)
- Day twelve (or two days before ovulation) of every cycle: *Folliculinum* 200K, one dose
- Once a week: *Thuja* 200K (oligo- or amenorrhoea, after oral contraceptives, ovarian polyps) or *Medorrhinum* 200K (heavy menstruation, candidiasis, alcohol/drugs abuse, gonorrhoea, PCOD, menopausal symptoms such as dry vagina, cystitis after intercourse).

- Once a week: *Natrum muriaticum* 200K (re-establishes normal cycle, sadness concerning infertility)
- NB: Concerning *Thuja* or *Medorrhinum* and *Nat mur*: take with a gap of two days between remedies.

Supplementary (not often prescribed in our clinic):

- *Sepia* 6C, once a day in evening (suppression of sexual energy, spotting, regulates blood loss)
- *Pulsatilla* 30K (history of miscarriage) or *Calcium carbonicum* 30K (miscarriages or menstruation problems related to fear)
- Once a day: *Fertility mix* 12D (10 remedies in 12D potency: *Cimicifuga*, *Caulophyllum*, *Agnus castus*, *Viburnum opulus*, *Glycyrrhiza glabra*, *Leonurus cardiaca*, *Pulsatilla*, *Capsella bursa-pastoris*, *Mitchella repens*, *Dioscorea villosa*)
- To be considered: *Folliculinum* 6C once per day and / or

**FOR THE MAN IF SPERM ARE TOO FEW OR TOO SLOW:**

Homeopathic treatment:

- *Tribulus terrestris* 3D (improves the motility of the sperm, increases libido, raises testosterone level)
- Once a week: *Testosterone* 30K and *Hypophysis anterior* 30K

Orthomolecular treatment:

- Zinc supplement: zinc orotate once a day or calcium-magnesium-zinc once a day.
- Vitamins B12, D3, E and L-Carnitine
- Lysine (herpes infection)

GENERAL:

- Candida diet if possible candida infection
- Avoid use of perfumed products near the vulva and vagina
- Ask about the use of lubricants, propose neutral lubricant

already followed a long course of treatment in the hope of having a baby: three intra-uterine implantations, two in-vitro fertilisations, one ICSI (see box). She suffers from the hormonal disturbances of the treatment.

She is in her third marriage, after two divorces. She is an administrative worker at the local community office. Her husband works independently and was not able to be present at the intake. This woman's distress and sadness at not being able to have a child are evident. She makes a rather childish impression. The following causes for low fertility in the couple have been diagnosed:

The husband's sperm is of low quantity but good quality.

**Gynaecological case history of the woman:**

- Menarche at 13, no problems.
- Extra-uterine pregnancy 2009, left side
- Miscarriage 2012
- One hysteroscopy, one laparoscopy
- She now has only one ovary (right), with a low reserve of eggs.
- She has a normal menstrual cycle and no other known gynaecological problems. Her last menstruation was eleven days ago.

**Woman's family history:**

- High incidence of pre-menstrual syndrome in mother, aunts and sisters.
- One sister with bipolar disturbance.
- Other family members have not had problems having children.

She is asked about herself and her family history. She describes the sadness and anger related to the situation at home in a family with five children. Her parents had a difficult relationship; she was the 'quiet child' who formed a buffer between the parents and was often the go-between. "But this meant that I did not have my own life. I did not have the right to be difficult or to have my adolescent years. I had no support at all.

"Now my family members do not understand my grief at not having children. They don't take me into consideration when everyone is talking about their children and grandchildren. It is as though I don't count. And my husband is very disappointed, too."

**Prescription:**

Individual remedy: *Magnesium silicatum* 200K, once a week

Following protocol: *Folliculinum* 200K, once a month on second day of ovulation; *Natrum muriaticum* 200K, once a week; *Pulsatilla* 30K, once a day

The individual prescription is based on her anger (*Magnesium*) regarding her family's attitude to her and her infertility, as well as the childish impression that she makes and the feeling of being an outsider among her siblings. Mostly, though, her position of being a buffer (*Sil*) between her parents, being the stable factor in their marital problems.

Jan Scholten describes these two separate elements as follows in '*Homoeopathy and the Elements*':

#### *Silicea*

- Image
- Relations, family
- Family image
- Father
- Home, at home
- Timid
- Pointed
- Family-minded

#### *Magnesium*

- Uncertain relationships
- Aggression
- Pacifism
- Excluded

#### Group analysis *Magnesium silicatum*:

- Aggressive, tough image
- Pacifist image
- Angry about separation
- Quarrels at home
- Quarrels with father
- Excluded from the family
- Pacifism and timidity
- Aggressive and sharp

**Follow-up:** Six weeks later she phones to tell me that she is pregnant. The pregnancy and birth go well. Mother and child are well and healthy.

bleeds during the ovulation, also now after induction with Clomid. Her menses are not painful or otherwise problematic.

**Conventional medical treatment:** Ovulation induction with Clomid and progesterone: she always fell pregnant and subsequently had an early miscarriage. No medical reason for the miscarriages has been found.

**Homeopathic casetaking:** She makes the impression of being closed and rather depressed. Her husband is calm and supportive.

The casetaking of her husband does not reveal any abnormalities. He finds his wife very sad and says that it is not essential for him to have a child. When asked if he feels that it could be a problem in the relationship if there is no child, he denies that firmly.

**Casetaking of woman:** The core of the case seems to be in her early youth, which was highly charged. She was the only child; she saw a lot of violence between her parents. Her mother divorced three times; she stayed with her mother. She was abused in an earlier marriage, and experienced burnout and depression with psychotic traits. She is disposed to addiction, especially at the age of 16 – 21, for which she has been treated.

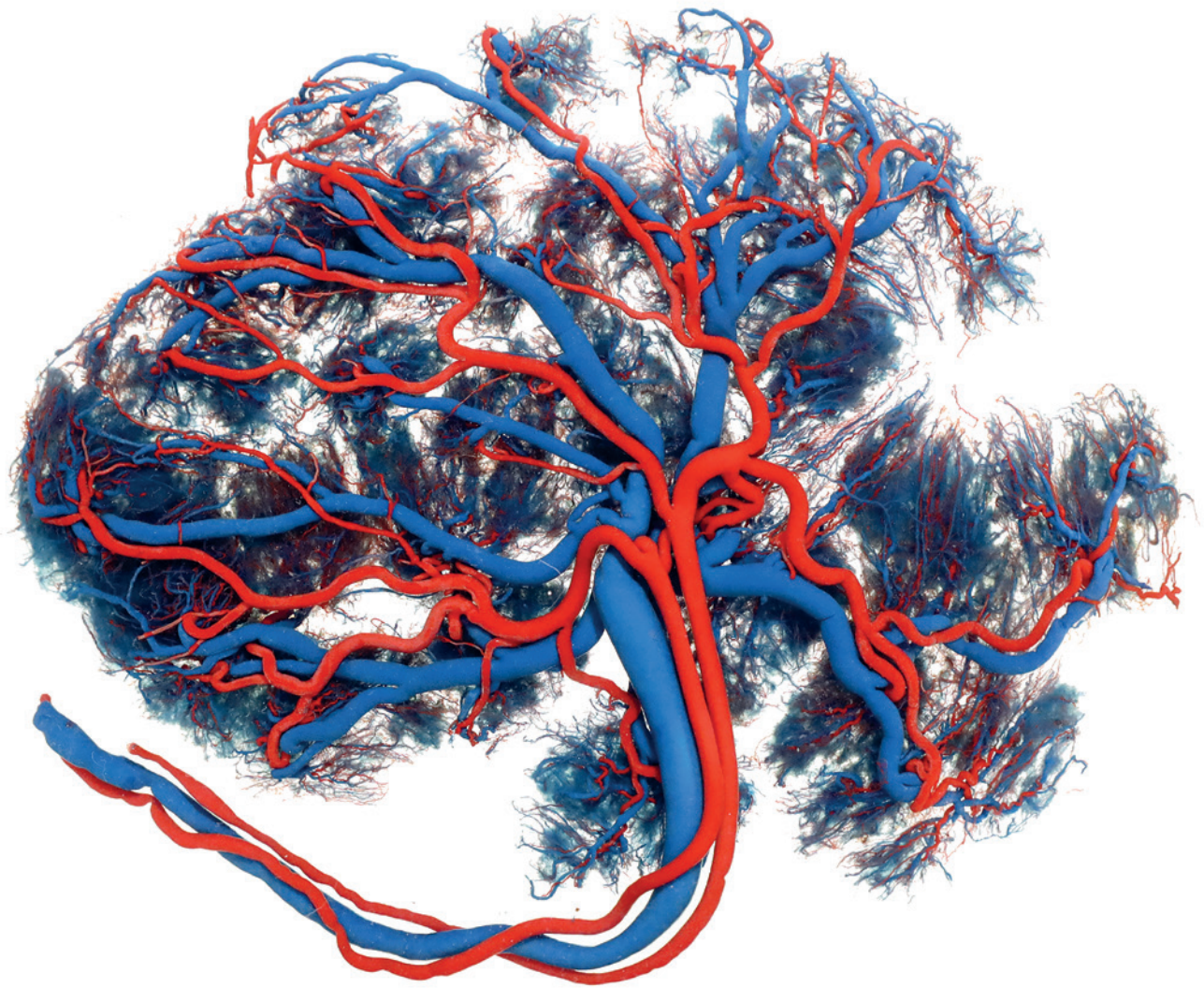
**Family history:** There is an addictive tendency on her father's side of the family. No PCOS or miscarriages. There are many divorces in the family.

**Prescription:** From the protocol the following remedies are chosen: *Natrum muriaticum* 200K, weekly; *Progesteronum* 30K in weeks three and four of the menstrual cycle; *Sabina* 200K weekly

**Constitutional treatment:** *Magnesium carbonicum* 200K once every two weeks

#### FOLLOW-UPS

**Follow-up after eight weeks:** She panics because she is no longer pregnant. She seems even more depressed and her husband is very worried. A psychological treatment has just been started. She feels even worse: "If you can't



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## THE PLACENTA: AN ASTONISHING ORGAN

The placenta is a self-developing tissue on the wall of the uterus that belongs to the embryonal organism, which forms it. The placenta is interwoven with blood vessels from both mother and embryo. The embryo (later the foetus) is directly in contact with the mother's blood through the placenta.

## FOUR SHORT EXAMPLES FROM THE FERTILITY POLYCLINIC UTRECHT

By Alex Leupen

**Magnesium phosphoricum:** A 32-year-old woman and her husband have been trying to have a child for more than three years now. She also suffers from irritable bowel syndrome. After several doses of *Magnesium phosphoricum* her intestinal complaints decrease and she becomes pregnant. Her husband is also being treated by a colleague in our practice.

**Magnesium carbonicum:** A 30-year-old woman comes for serious eczema and infertility. She has been trying to get pregnant for more than three years now. After several doses of *Magnesium carbonicum* 200K, her eczema improves and she falls pregnant. A healthy son is born. Her husband is being treated with a different remedy.

**Mitchella repens:** A 34-year-old woman with PCOS has been successfully treated homeopathically some years ago in order to get pregnant. She still has irregular periods, though, and she tries to have another child. After some doses of *Mitchella repens* MK, her cycle becomes regular and she becomes pregnant.

**Thiosinaminum:** A 37-year-old woman has adhesions in her uterus and her gynaecologist tells her that it is virtually impossible for her to become pregnant. She still undergoes IVF treatment, unsuccessfully. She receives the remedy *Thiosinaminum* in order to dissolve the adhesions, and *Pulsatilla* to stimulate implantation. To her great joy, she falls pregnant and a healthy daughter is born.

**Prescription:** Continue with *Placenta humana* 200K once per two weeks, *Progesteronum* 30K, and *Sabina* 200K once per week.

**Follow-up after three months:** She is six weeks pregnant.

**Prescription:** Continue *Sabina* 200K weekly until the twelfth week, and *Progesteronum* 30K weekly. *Natrum muriaticum* 200K once every two weeks. *Placenta* 200K once every two weeks for twenty weeks.

Seven months later a healthy child is born.

The opposite:

- Aversion to motherhood
- Impatience, indifference towards children

Symptoms from some of Jonathan Hardy's Placenta cases:

- Feeling second best, pushed out, not wanted
- Feeling that the other child is more important, pushed out by siblings
- Worthless feeling, not good for anything.



**DR. MARIA KLOMPÉ**

lives and works in Holland. Before she started her homeopathic practice, she worked in general practice and in a psychiatric clinic. In 1999 she joined the team at the Homeopathic Doctors' Clinic in Utrecht, where she continues to work with colleagues including Jan Scholten.

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**DR ALEX LEUPEN**

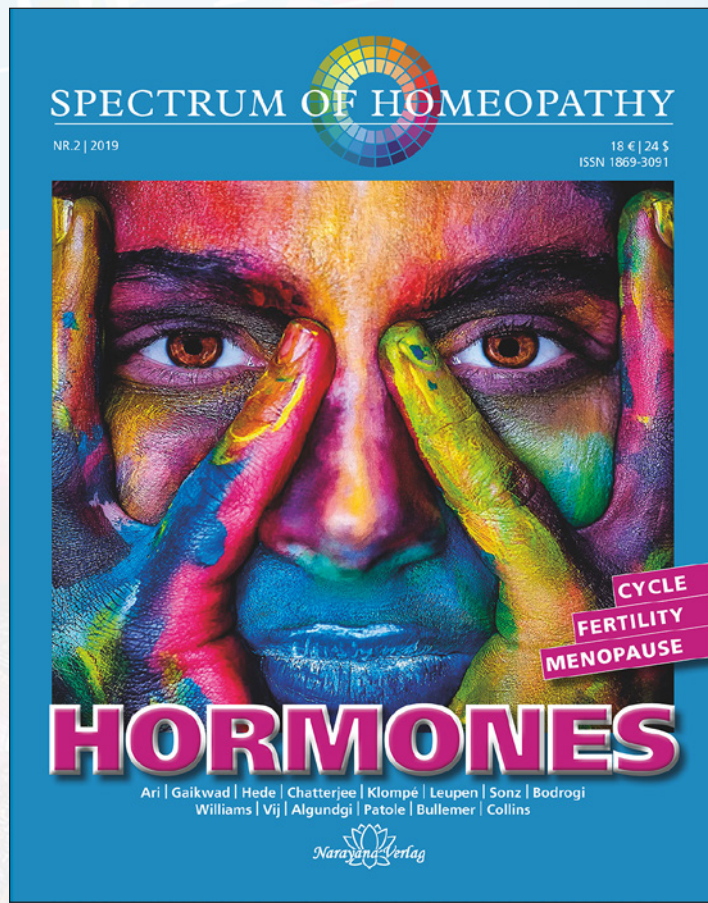
works in the Homeopathic Doctor's Centre in Utrecht for more than 28 years. He is well-known for his didactic skills, combining the insights of many leading homeopaths and bringing across the essentials in a clear manner.

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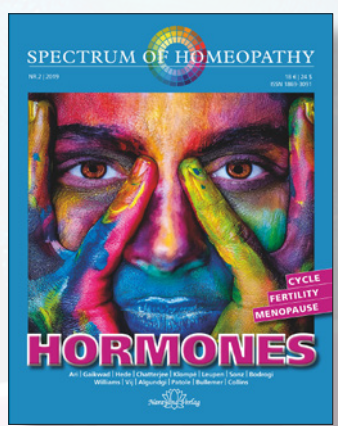
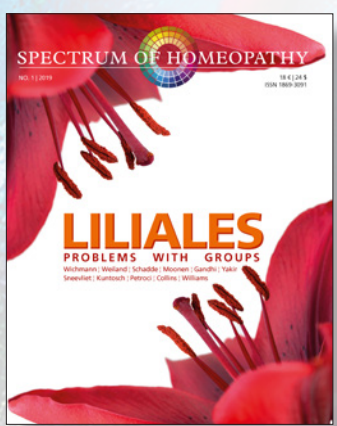


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NR. 3 | 2019

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ISSN 1869-3091

# STONES

Mineral Complex Remedies

PREVIEW BOOKLET 3/2019

COMING OUT IN OCTOBER 2019



Narayana Verlag



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Blumenplatz 2 • 79400 Kandern • Germany • Tel.: 00 49 (0)76 26 • 9 74 97 00  
Fax: 00 49 (0) 97 49 70-999 • info@narayana-verlag.de • www.narayana-verlag.de