

# SPECTRUM OF HOMEOPATHY

NR.1 | 2020

20 € | 26 \$  
ISSN 1869-3091

# EVIDENCE OF HOMEOPATHY

## IN PRACTICE AND RESEARCH





20 € | 26 \$  
ISSN 1869-3091

SPECTRUM OF HOMEOPATHY

NR. 1 | 2020 18 € | 24 \$  
ISSN 1869-3091

# EVIDENCE OF HOMEOPATHY

IN PRACTICE AND RESEARCH

Sankaran | Schuller-Schreib  
Swoboda | Chauhan  
Schreiner | Frei  
Welte | von Ammon  
Gaertner | Ucker  
Greenland | Widmann

Narayana Verlag

Order this issue (€ 20 / \$ 26)

SPECTRUM OF HOMEOPATHY

NR. 1 | 2020 18 € | 24 \$  
ISSN 1869-3091

# EVIDENCE OF HOMEOPATHY

IN PRACTICE AND RESEARCH

Sankaran | Schuller-Schreib  
Swoboda | Chauhan  
Schreiner | Frei  
Welte | von Ammon  
Gaertner | Ucker  
Greenland | Widmann

Narayana Verlag

SPECTRUM OF HOMEOPATHY

NR. 2 | 2020 20 € | 26 \$  
ISSN 1869-3091

# SPIDERS & SCORPIONS

Narayana Verlag

SPECTRUM OF HOMEOPATHY

NR. 3 | 2020 20 € | 26 \$  
ISSN 1869-3091

# CNS NEUROLOGICAL DISEASES

Narayana Verlag

Order all issues 2019 (€ 50 / \$ 64)

CNS NEUROLOGICAL DISEASES

# EDITORIAL

*Dear readers,*

The first issue of SPECTRUM OF HOMEOPATHY came out 10 years ago. Thanks to your ongoing and generous support, our journal has become an important source of information and encouragement for homeopathic practice. At the same time, homeopathy has been subject to increasing criticism. It is now common in public discourse to deny that it has any supporting evidence, and it is vilified and ridiculed. Critics refer to dubious and dishonest studies such as those described in the contribution from the Australian homeopath Jo Greenland. So we would like in our anniversary issue to give you an overview of the state of research and evidence.

It is a widespread misunderstanding that evidence-based medicine (EBM) rests solely on scientific studies. As can be seen from our cover graphic, evidence-based treatment decisions are about integrating the experience, expectations and preferences of patients, the clinical expertise of the doctors conducting the treatment and the knowledge from studies. A high level of support over many years indicates the preference many people have for homeopathy. SPECTRUM has demonstrated the clinical expertise of homeopathy with numerous case studies over the years.

Four especially impressive cases from Rajan Sankaran, Ulrike Schuller-Schreib, Franz Swoboda, and Dinesh Chauhan again underscore the evidence that – even with severe pathology such as autoimmune hepatitis, cardiomyopathy, multiple sclerosis or systemic lupus erythematosus – homeopathy can be effective. Heiner Frei in his work on the treatment of ADHD covers all areas of EBM. Here the preference of the patients and their parents – resulting from fear of the side effects of Ritalin – combine with the extensive experience of an experienced paediatrician together with the results of a critically acclaimed randomised double-blind study to generate a clear evidence-based preference for homeopathy. The ENT doctor Michael Schreiner points out that even the guidelines of the appropriate professional bodies advise against the use of conventional antibiotics for acute cases of tonsillitis, otitis media or sinusitis, thereby permitting the use of homeopathic globuli.

Together with ADHD and otitis media in children, Katharina Gaertner in her contribution looks at controlled studies on individualised homeopathic treatment for other childhood illnesses where there is sufficient evidence for the safe and effective use of homeopathy in health care. She maintains that anyone still talking about a placebo effect in view of the available evidence cannot or will not read the data properly. Yet the Achilles heel of homeopathy is still the high potencies, which simply cannot work from the viewpoint of natural science. To refute this so-called plausibility bias, we can test the effect of

high potencies using sophisticated experimental models from physics, chemistry, and biology. As an example of this intensive homeopathic basic research, Annekathrin Ücker takes an in-depth look at the methodology and results of experiments on plants.

In clinical research, the trend in homeopathy, as in other areas of medicine, is towards study designs that investigate the effectiveness of treatment interventions in conditions that are as realistic as possible. Since randomised double-blind studies on the efficacy of a treatment deliver relatively few insights into its clinical application, the favoured approach nowadays is to use comparative research of effectiveness with the aim of enabling specific clinical decisions for both patients and health policy. For more information on this, please see the report on the Congress of the Homeopathy Research Institute in London, where these developments were comprehensively discussed.

If you find yourself exposed to an often unfamiliar scientific language in our articles on evidence and research, our thoughtful final article puts this in perspective. For Jörg Wichmann, homeopathy as a holistic and immaterial treatment method cannot be judged according to the criteria of scientific-materialist medicine. Yet even if the spirit-like effect of a remedy cannot be measured, precise observation and conscientious documentation remain the basis of homeopathic practice and research, and will also remain key criteria for our authors in the future.

**Christa Gebhardt & Dr Jürgen Hansel**

Chief editors





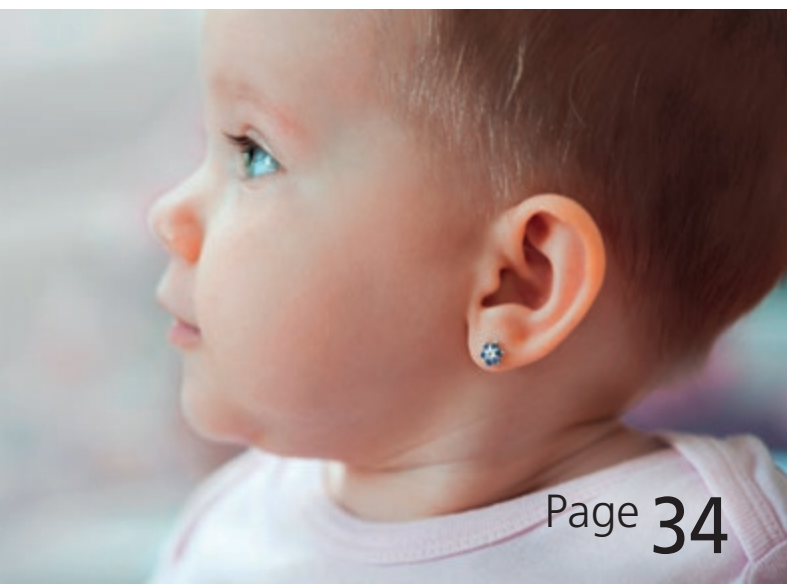
Page 42

A favourite in cases of ADHD: *Aconitum napellus*, the poisonous wolfsbane.



Page 4

Sensation and the 8-box method: *Rhus radicans* heals severe pathology.



Page 34

Homeopathic classification: the principle of the simillimum has changed.



Page 72

Sceptic check: research on the Australian homeopathic study.



Polarity of tension and weakness: *Strophanthus hispidus* from the remedy family Apocynaceae cures dilated cardiomyopathy.

Page 12

## CONTENTS

EDITORIAL: EVIDENCE  
OF HOMEOPATHY

	Page 1		
Rajan Sankaran IMMOVABLE AS A STATUE Rhus radicans for autoimmune hepatitis	Page 4	Jörg Wichmann BEYOND THE EVIDENCE TRAP Insights depend on the paradigm	Page 80
Ulrike Schuller-Schreib LIMP AS A WET SACK Strophanthus hispidus for dilated cardiomyopathy	Page 12	PANORAMA CONGRESS CUTTING EDGE RESEARCH: FOURTH INTERNATIONAL CONGRESS OF THE HOMEOPATHY RESEARCH INSTITUTE IN LONDON Report from Jürgen Hansel	Page 90
Franz Swoboda "YOU DON'T NEED TO BE BEAUTIFUL, YOU NEED TO BE LUCKY" Multiple sclerosis or maybe not? Alkanna tinctoria	Page 20	BOOKS Jörg Wichmann HEALING THE HOMEOPATHIC WAY Review by Jürgen Hansel	
FLAG	Page 27		
Dinesh Chauhan MY FAMILY DOESN'T RECOGNIZE ME Kalium chloratum for systemic Lupus erythematosus	Page 28		
Michael Schreiner DOES MY CHILD HAVE SCARLET FEVER? Homeopathic treatment of tonsillitis according to the guidelines	Page 34		
Heiner Frei FAMILY UPSET ADD/ADHD and polarity analysis	Page 42		
Katharina Gaertner RESEARCH FOR CLINICAL PRACTICE Controlled studies on individualised treatment	Page 54		
Annekathrin Ücker IT'S SPROUTING IN THE LABS Basic homeopathic research on plants	Page 62		
Joanne Greenland MARGINALISING HOMEOPATHY An Australian case study	Page 72		



# IMMOVABLE AS A STATUE

*Rhus radicans* for autoimmune hepatitis

AUTHOR | [Rajan Sankaran](#)

**SUMMARY:** This case of autoimmune hepatitis, in which a liver transplantation was already being considered, shows the efficacy of homeopathic treatment even for severe pathology, at the same time highlighting the art of individualised casetaking in connection with the investigation of various levels of human experience. The explanation unfolds step-by-step to enable the reader to follow the author's train of thought during casetaking with the sensation method. The persistent sensation "getting stuck" and being "unable to move" leads to the Anacardiaceae plant family and then via the malaria miasm to *Rhus radicans*. After this remedy is administered, the liver test results normalise in the space of a few months.

**KEYWORDS:** Anacardiaceae, autoimmune hepatitis, casetaking, delusions, dreams, evidence, experience level, malaria miasm, *Rhus radicans*, sensation method



**CASE: 41-year-old woman, autoimmune hepatitis**

The patient first consulted me on 3rd July 2002 with autoimmune hepatitis for which a liver transplant had been advised.

**Please tell me about your complaints.**

I am feeling weak, giddy. I used to vomit when I had jaundice and stomach ache. I don't feel like eating.

(Here we are at level 1 in the case – the fact level. These are pathological symptoms, not individualising. In order to obtain peculiar symptoms, we need to take the patient to the higher level.)

**What effect does this have on you?**

Tension because of the liver transplant. I am worried because everyone says that the liver is damaged.

**What is the worry?**

I am worried about the family. Who will look after my kids and husband? I have three daughters; one of them has just finished the tenth grade and the other two are twins and they are in the tenth grade. I am worried about their future. We are planning to emigrate to Canada soon, so I am tense about that as well.

We have financial problems and the medications are expensive. I am not giving much attention to the family although I am trying.

**What are the main things that you are worried about?**

I used to work before but I am totally handicapped now. Everyone tells me to take a rest and I do not like that.

(We get the word "handicapped" which gives us a glimpse into the mind of the patient. This is peculiar and hence we pursue it.)

**What is handicapped?**

They are not allowing me to go out. I have to depend on the servants for the smallest thing. I do not like to discuss my disease with anybody, so we have not disclosed to anyone for the last year that I have this problem. Some people come to offer sympathy, while some come out of curiosity. I feel as if I am in a museum; like I am in something and cannot come out.

(She makes a circular motion with her hands. We see two things here. One is "They are doing this to me." It could be an animal theme; victim-aggressor. The other thing is that she feels dependent on others, the theme of lacking, and leading to the mineral kingdom. However, in this case both are wrong since we can only decide the kingdom at level 5 – the 'sensation level'. We are still at level 3 and 4. "I am in a museum" is a level 4 symptom, indicating an image. So we continue to pursue this.)

**Tell me about "cannot come out".**

I'm making adjustments, but for them it is duty. I've had a love marriage. My husband and I belong to different communities, so I have had to make many adjustments with regards to food, religion etc. Now I am settled.

**Tell me about adjustments.**

The woman always has to adjust to everything, everywhere. I have to be formal all the time.

(The word adjust is a human-specific word. We see that the patient comes back to level 3. This gives us an understanding of the patient's level of experience in the case.)

I used to feel "Why only me? Only I am doing this. Why do I have to compromise?" I don't feel that any longer.

(This expression is a subtle hint towards the miasm, towards her coping mechanism in the situation. Feeling unfortunate indicates the malaria miasm.)

**Say more about this. How did it feel inside to be in that situation?**

I used to feel that no one loves me even though I adjusted. Whatever I did, they would discourage me. When I was pregnant, my mother-in-law did not give me attention or food. No one cared for me when I was on bed rest. I did everything but no one cared for me. Nobody was there for me when I needed it.

**How did it feel when no one cared?**

Sometimes I used to show aggression. I would have fights and quarrels with my mother-in-law.

**How were your feelings in that situation when no one cared?**

I used to shut the door and sit. I wanted to be alone. I did not like what was happening. Sometimes I used to go away to a temple. I would not tell my parents these things because it was my decision to marry. They had been supportive but I used to feel, "Why harass them? Why tell your problems to someone who is not interested?" They think I am happy, but things inside are like this. (What can we decipher from the above? When asked about adjusting, she refers to the situation with her mother-in-law. Her main feeling is she is unloved, uncared for, unfortunate ("why only me?") and harassed. She deals with the situation by fights and quarrels from time to time but finally settles on avoiding or accepting the given situation. These phenomena now confirm the malaria miasm in the case. At this point we also see that she keeps coming back to situations and emotions. So we may now need to take a bypass route to access the more uncompensated and deeper aspects of her case. The best uncompensated area is dreams, hence we explore this.)


**What dreams do you get?**

I dream that someone is making me into a stiff statue, a golden statue, by heating. I used to get this dream often. They are making me dress up very well and then heating me. I am very stiff and I could not move (shows with hand gestures, HG). They are heating me and I cannot move.

**What is the feeling?**

I would fight myself: I have to move, I have to move, but I could not move, I cannot do anything. Someone is holding me.





Poison ivy (*Toxicodendron radicans*, common synonym: *Rhus radicans*) is a poisonous climbing vine with aerial rootlets and slightly hairy or bald shoots from the Cashew family (*Anacardiaceae*). It is, however, not related to true species of ivy. Some species of *Anacardiaceae* provide edible fruits and seeds, and some species are decorative. Some of the best known from around the world includes mango, pistachio, cashew and Brazilian peppertree.

Copyright | Wikimedia / Nicola Tunelli

### What happens when someone holds you? What is the feeling?

Someone is holding me and I cannot move. I try to pull myself, but I cannot come out. I feel stuck. I cannot move.

#### What is the feeling?

It is a heavy thing and I cannot move. Fear of stuckness and you cannot move.

(Interestingly now we can see a pattern emerging. In her dream, where she is being stiffened like a statue; her experience is that she is being held, she is trying to come out but cannot, as though being pulled; she is fighting to come out and she cannot move. This sensation of being “stuck and cannot move” had come previously while she spoke of her ailment (being handicapped and dependent) as well as in her situation with her mother-in-law (cannot come out) in the house. The feeling of stuck and cannot move is peculiar and has come repeatedly, moreover it’s a non-human specific word.

We know the patient is at the sensation level: when words come spontaneously and repeatedly, they are out of context or non-human specific; it is an experience of a delusion or fear or dream.

In order to confirm and reconfirm, we need to explore the other areas and see whether the same ‘sensation’ comes up there as well. Though the situations and delusions will change, the sensation of the patient remains constant.)

#### Where else in your life have you experienced this same feeling?

At the biopsy I had the same feeling that I had dreamt of.

(I used to ask this question more in the past, but I realised it’s probably not the best route since it was often too direct and leading. Now I generally avoid using this question. We see that the patient comes back to level 3. This gives us an understanding of the patient’s level of experience in the case.)

#### Tell me about the biopsy.

It was very horrible. They put a needle into the neck. I was scared of the needle. Then they put another needle. They pressed me. It was the same thing; I cannot move. I could not reply. I was

### Any history of fever with chills?

I had fever with chills during this illness with the liver. The fever was high; I was delirious and felt that someone is holding me and something is coming to me or that something is coming inside me. Something is holding me and it is coming!

#### What time would you get the chill?

At 6:30-7:00 P.M. There would also be pain in the nape and occiput.

#### Which weather do you prefer?

I do not like the rainy season.

#### Tell me about your childhood.

I was healthy. I had a very nice childhood. I was the youngest child and everything was very fine.

#### Was there any incident that you remember?

When I was in class VIII a male teacher called me alone to the classroom. He did not do anything but I did not go again.

#### What was the fear?

What he will do to me? He could touch me or he could do something.

#### What would the feeling be?

No one should touch me. Even now I do not like it if I am at the market and someone touches me or looks at me.

#### What is the feeling?

Fear.

#### What scenes or situations create that fear?

Extra-marital affair or pre-marital affair. In a movie I saw a man who had two wives. Then I think “What if my husband is with someone else, or if I have an affair with someone else... what can happen?”

#### What are you afraid can happen?

Fear of society, people, yourself; that what you did was wrong. It is not right basically. Our society will not accept it. Then you are completely alone.

#### Tell me about the movie you mentioned.

It has basically to do with a woman. The man kills his wife for money and then has an affair with someone, or then the wife is doing that.

So what is the feeling?

**ANALYSIS OF THE CASE WITH THE 8-BOX METHOD**

In the last year, I have also introduced this idea of classifying the symptoms in a case into eight boxes. The idea is that we categorise the symptoms in the eight boxes, and after the exercise, we see which of the boxes carries maximum weight. That becomes the entry point to the case.

Pathology / Organ	Chief Complaint	Physical Generals	Mental Symptoms
Auto-immune Hepatitis Liver	Weakness Giddiness Loss of appetite Sleeplessness  Joint pains – < lying down > walking, warm applications  Pain and stiffness in neck < lying down > motion, warm applications  Pain and stiffness in wrist and fingers  h/o - fever with chills	Loss of appetite Sleeplessness Weakness Giddiness	Anxiety, future about Anxiety, money matters Fear ghosts
Dreams / Delusions	Sensation / Kingdom / Source	Miasm / Pace	Genius / Pattern
Fear imprisoned Fear alone Delusion handicapped	STUCK STIFF  Cannot move	Persecuted Unfortunate Sometimes aggression Most times acceptance Harassed  MALARIA MIASM	

Why do people have extra-marital affairs?

Maybe for diverting the mind, to get attention from the wife.  
If the man goes to another woman then his wife will be with

If others are healthy and they go out, what is the opposite of that?

I cannot accept it. I was also like this.

SUMMARY OF THE MAIN ASPECTS OF THE ANACARDIACEAE FAMILY <sup>1</sup> :			
Sensations	Active Reactions	Passive Reactions	Compensation
Caught; Stiff; Tight; Tension; Stuck; Cramps; Pressing; Not allowed to move; Restricted.	Stuck, wants to move constantly; Motion ameliorates; Aggravation from sitting; Being sedentary aggravates;  Aggravation in the house; Pain on beginning to move; Restlessness.	Paralysed; Immobile	Always on the move
<small><sup>1</sup>I have given a detailed derivation of the sensations of this family and other plant families in my book "An Insight into Plants" (in 3 volumes).</small>			

**Present medication?**

Calcium supplement. Prednisolone 10 mg. ½ Eltroxin. Orsofalk for inflammation of the liver. Anxiolytic / sedative.

**Current symptoms?**

Weakness. Loss of appetite. Sleeplessness.

**ANALYSIS**

The first step is to decide on the right approach to the case. There are two ways of looking at it, either from symptoms to system or vice-versa. This depends on where the emphasis lies in the case.

Here we see the emphasis is more on the sensations. At the level of experience we see a common phenomenon of:

- Being stuck and cannot go out
- And we see its opposite – a need to go out

So situations or the way people behave affect her, which produces a certain sensitivity and reactivity. This strongly indicates the plant kingdom, and from the study on plant families, it matches very well to the family Anacardiaceae.

The main words repeated again and again in this family are: caught, stiff, cramps, stuck, tension, tight and pressing.

LIVER FUNCTION TESTS						
Test (normal range)	Jul 14, '02	Aug 27, '02	Oct 1, '02	Apr 16, '03	Oct 2, '03	Nov 21, '03
Total serum bilirubin (0.1-1.2 mg/dl)	9.6	4.4	4.8	0.7	0.9	0.5
Direct bilirubin (less than 0.3 mg/dl)	8.0	4.0	3.6	0.3	0.6	0.2

The main sensations will be caught, stiff, restricted, and not allowed to move.

So in this case, at the intersection of the Anacardiaceae family and the malaria miasm, we find the remedy *Rhus radicans*.

When reading more about the remedy, I also came across an interesting reference from Vermeulen's *Concordant Materia Medica II*:

Rhus-r. has headache in the occiput, even pain in nape, and from there pains draw over the head forwards.

Prescription: *Rhus radicans* 200C, single dose

### SUMMARY OF FOLLOW-UPS

Gradually her vitals and generals improved. Her liver function tests (see chart) started to show significant improvement, and then her allopathic drugs, including steroids were gradually tapered.

Follow-up Jan 21, 2004

How are you compared to a year and a half ago?

Before I was ill and was not capable. Now I feel normal with no fear of illness, I am normal.

People would say I had 75% damage to liver – “she will not recover.” It was a very bad time. That time is over. Now I'm more energetic. I used to sit in the house, not able to do work but now I can work.

What difference has that made to you?

I'm more energetic. Earlier I had depression. I was sitting, not able to do anything (HG). I have come out. My mind is free (HG).

What is come out?

I was stuck. Now I am free from all that illness.

What was that stuck feeling before?

A binding was there (HG). I thought I will not be able to come out of this. I was feeling very bad about myself. These medicines have no side effects. I got immediate results. The stuck thing

What difference do you see in her (to the patient's husband)?

Husband: We were told that there was no way out with the illness, a totally hopeless situation. Time was short. It was a question of life and death. Within a month we got results and in six months she was out of it completely. It turned out to be a full circle.

Formerly she was resigned. She said, “I am a mere statue in the house.” Now she's feeling free. No binding.

The results that we got, the speed. You made it so easy. We started wondering whether it was that serious. We want to give others hope. It's not a hopeless situation.

By what percentage is the stuck feeling reduced?

Patient: 30 to 40 per cent.

Prescription: *Rhus radicans* 200C, repeated dose



### DR RAJAN SANKARAN

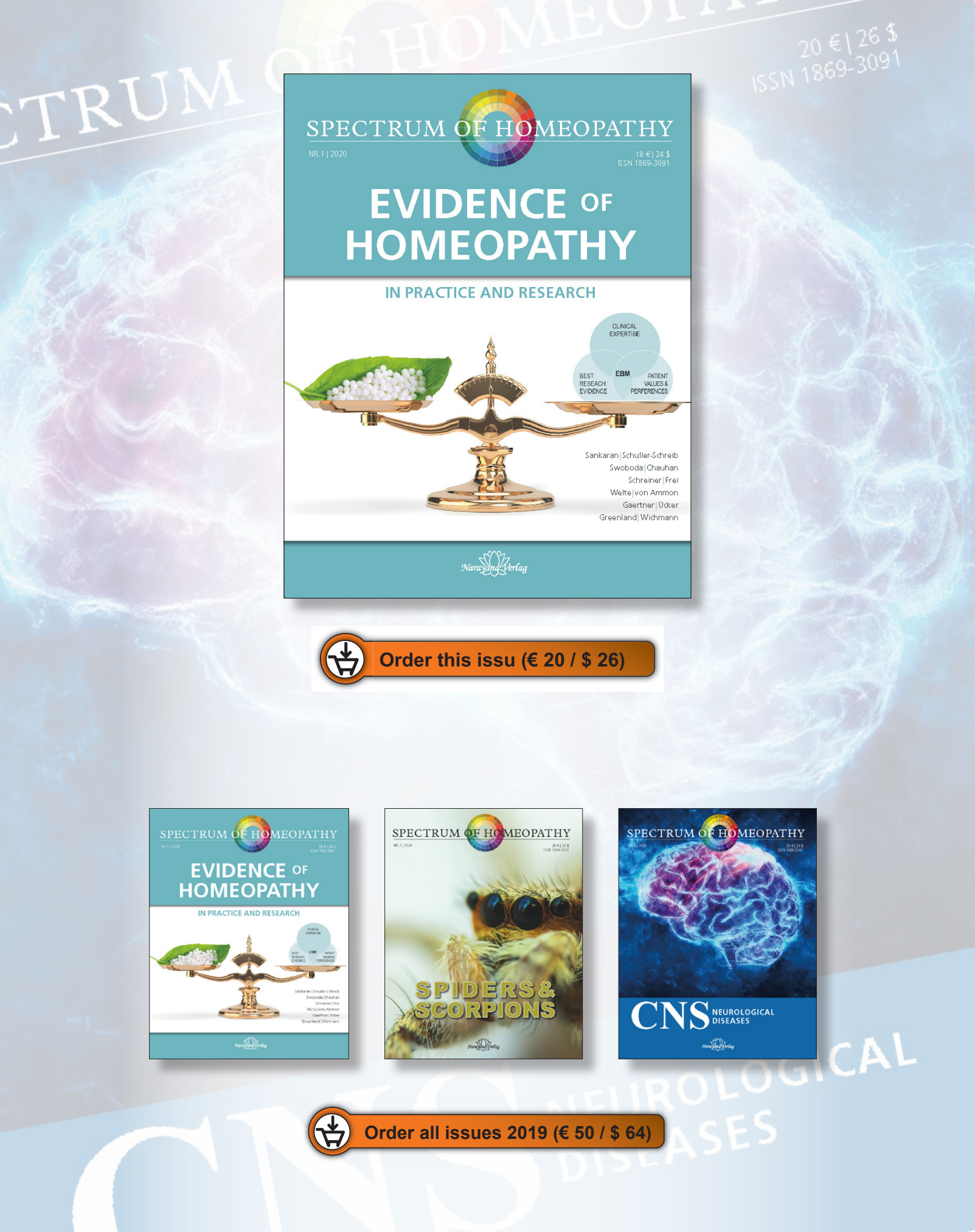
MD (Hom), is an internationally renowned thinker, teacher and writer of the homoeopathic system of medicine. He is reputed to be a clear and original thinker and is best known for his ground breaking concepts in homoeopathy. His understanding of disease as a delusion followed by his

discovery of newer miasms, classification of diseased states into kingdoms (viz. plant, mineral and animal) and the seven levels of experience, introduced much more clarity to the understanding of diseased states. This paved the way to one of the most ground breaking concepts of eliciting the vital sensation in the patient, the common thread of experience which runs through the patient at all levels. This method, popularly known as the 'sensation method', was not yet the end of the untiring efforts to simplify the system of homoeopathic practice. The sensation method has now evolved into a more comprehensive and synergistic approach, which strongly advocates encompassing and integrating the old, classical and traditional approaches with the latest advances. This approach – 'the synergy of homeopathy' – has resulted in far more predictable results than ever before.

**Contact:** [www.theothersong.com](http://www.theothersong.com)

More articles and cases at [www.theothersong.com/international/category/articles](http://www.theothersong.com/international/category/articles) and

[www.theothersong.com/international/category/case-study](http://www.theothersong.com/international/category/case-study)



20 € | 26 \$  
ISSN 1869-3091

**SPECTRUM OF HOMEOPATHY**  
 NR. 1 | 2020 18 € | 24 \$  
 ISSN 1869-3091

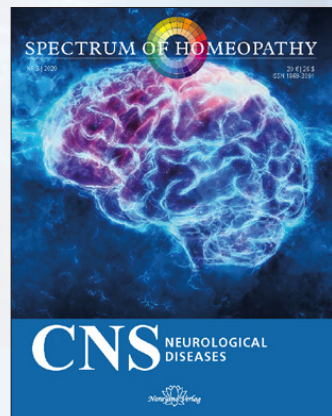
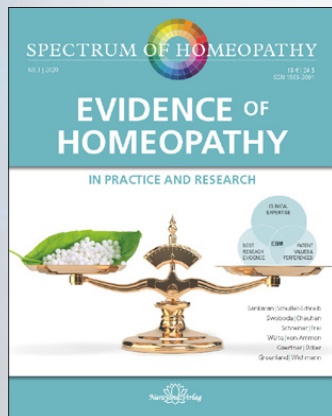
# EVIDENCE OF HOMEOPATHY

IN PRACTICE AND RESEARCH

Sankaran | Schuller-Schreib  
 Swoboda | Chauhan  
 Schreiner | Frei  
 Welte | von Ammon  
 Gaertner | Ucker  
 Greenland | Widmann

*Narayana Verlag*

**Order this issue (€ 20 / \$ 26)**



**Order all issues 2019 (€ 50 / \$ 64)**

CNS NEUROLOGICAL DISEASES



# SPECTRUM OF HOMEOPATHY

NR.2 | 2020

20 € | 26 \$  
ISSN 1869-3091



## SPIDERS & SCORPIONS

  
Narayana Verlag

  
Narayana Verlag

Narayana Verlag

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