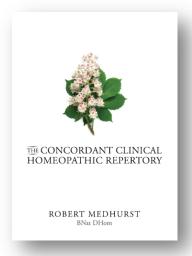
# The Concordant Clinical Homeopathic Repertory by Robert Medhurst



This is a homeopathic repertory with a difference. In contrast to the standard repertory structure, the body of this text is formed entirely from clinically confirmed remedies as recommended by some of the world's greatest homeopaths, and constructed into concordance tables for clinically defined conditions. Where they're available, human, animal and invitro clinical trials are also used to confirm the remedy selection. With 922 pages, this hardcover, high quality print reference book contains entries for over 3200 individual diseases, making it the ultimate authority on clinically confirmed homeopathy and an essential text for any serious prescriber or user of homeopathic medicine. The Concordant Clinical Homeopathic Repertory is available from all leading booksellers for a recommended retail price of \$165.00

Australian, or directly from the author for \$92.00 Australian, plus postage. An electronic copy in PDF format is also available for purchase from the author for a cost of \$55.00 Australian. ISBN 978-0-9580798-2-2. For more details contact info@adelaidehillsnaturopath.com.au.

## Introduction

The practice of homeopathy is based on Samuel Hahnemann's primary guiding principle, Similia Similibus Curantur. This is a perfectly reasonable, feasible and effective proposition.

Inherent in this proposition is the notion that every living entity, when in a state of dis-ease, expresses the signs and symptoms of this state in its own idiosyncratic way. That is to say that no two individuals suffering from the same clinical condition will express this condition in the same way. For example, no two sufferers of the common cold will have the same level of thirst, fever or appetite, their speed of symptom development will differ, their aggravating and ameliorating factors will differ, and so on. Once again, this is perfectly reasonable.

The job of the homeopath, in accordance with the principle stated above, is to define the patient's individual symptoms, match these against the proving symptoms of the full range of homeopathic remedies available and arrive at the correct remedy for that patient at that time, otherwise known as the similimum. Again, a perfectly reasonable proposition, but it's at this point that problems start to arise, the biggest of which relates to provings and the information derived from them.

Provings and the information derived from them form the primary tools of homeopathic practice. Unfortunately, the methodology used to carry out provings, particularly many of the older ones, leaves a lot to be desired. For example, toxicology trials on Secale performed by Strahler, as reported in Hughes and Dakes' *Cyclopedia of Drug Pathogenesy* (Jain, New Delhi, 2000, 76 et seq) were done on dogs using powders or infusions of Secale. The same text carries reports from Wernich performing toxicology trials on frogs. Page 52 of the text reports the results of human provings by Dr Hooker using oil of ergot (Secale), obtained by macerating powder in sulphuric ether. Other provers swallowed infusions, some swallowed powders and some had Secale spread on bread. This is far from being an isolated case and all of the results from these studies have gone into the materia medicas and repertories, unqualified, for

Secale, despite the different dose forms used and the substances that they were potentially contaminated with, and despite the different dose volumes used, different levels of supervision, different proving durations used and the different life forms with their varying physiologies that were given the drug. This is but one of many examples that could be used to illustrate the point that much of the data that's gone into proving reports and subsequently into material medicas and repertories is questionable and may have a considerable influence on the accuracy of individualised homeopathic prescribing. This may be one of the reasons why even the best prescribers rarely manage to pick the similimum, particularly at the first consultation. For example, in a discussion with US homeopathic educator Dana Ullman and noted US homeopath Edward Whitmont, reported by Dana on an internet discussion list in 2005 (Lyghtforce, 28 October 2005), Whitmont stated that, using a standard repertory and materia medica, he only managed to find the similimum, at least initially, around 30% of the time.

Sadly, even if all of the homeopathic provings that had ever been recorded were completely reliable, few prescribers of homeopathy use these as their primary data sources when selecting the similimum. In most cases, the first text selected is the standard repertory. Most repertories contain information gleaned from sometimes hundreds of different authors; some of this information is derived from provings, some from toxicology studies and some from clinical experience. A large repertory can contain hundreds of thousands of pieces of information, all of which are placed there by the wellintentioned author in an effort to guide the prescriber to the similimum. Most repertories are based on the homeopathic repertory written by James Tyler Kent and published in 1897, and use his remedy listings as the basis for their repertory data. The first edition of this repertory was found to contain a substantial number of errors and while subsequent editions attempted to correct these, the final version may still be far from perfect and therefore may, in the case of entries derived from provings, be slightly less reliable than the provings themselves, many of which, again, are questionable. Most homeopaths, after being guided in the direction of a handful of possible remedies by the repertory, will then do further research on these with the help of a materia medica, which again may contain a mixture of proving, toxicological and clinical information, and again may be inaccurate and contain entries of guestionable provenance.

I've struggled with this problem for decades and after many successes and failures in my homeopathic practice came to rely far more on the remedies that had clinical confirmation for the rubric in question than on the guidance provided by the traditional reportorial or material medica texts. This is not to say that one should completely abandon the use of these latter materials, simply that while the remedies they indicate should be studied with all diligence, there's also a case to be made for the consideration of remedies that have shown consistent results for specific clinical conditions, and an even greater case to be made for a text that operates in the same way as any other repertory, but is arranged on the basis of clinical conditions, using remedies that have been clinically confirmed for that condition.

My aim with this book has been to address this problem by constructing a text that will provide competent guidance towards the remedies that have had consistent and reliable clinical confirmation for specific clinical conditions. The issue of whether or not this approach is consistent with Hahnemann's guiding principle of individualized prescribing will be discussed later, but it should be clearly understood that this is a repertory, not a collection of homeopathic specifics for defined clinical conditions.

### About this book

This being a concordant clinical repertory, it's important to briefly discuss the issue of concordance. Some authors, recounting their clinical experiences in homeopathy, recommend one or two remedies for a clinical condition, yet others do not support the same recommendations. Some authors

recommend dozens of remedies for a specific clinical condition and others only one. Some authors vigorously recommend one remedy and give a passing nod to another twenty.

It's for this reason that this text uses a system of tables detailing suggested remedies assembled using concordance or agreement among authors on what, in their clinical experience, constitutes a reliable homeopathic recommendation for the condition. The extent of concordance can be seen in the position that the various remedies take in the tables; with those most commonly recommended on the left of the table and those least so on the right. Where there is an equal level of concordance for more than one remedy, these are arranged alphabetically from left to right. Where an author graded the strength of the recommendation, the extent of this grading is reflected in the remedy grading within the table and this affects the positioning of the remedy in the table. Remedy grading is discussed in more detail below.

In regard to the entries in the tables, the recommended remedies appear along the top row and the author making the recommendation is referred to by the author's number in the far left column, with their remedy recommendations appearing in their corresponding row and entered by the use of an X where the remedy column and the author row intersect. In the body of the table, "X" denotes a standard entry with a mathematical value in the table of 1. "X" in bold type denotes a remedy that has a moderately strong grading or recommendation from that author and is given a mathematical value in the table of 1.5. "X" in bold and underlined type denotes a remedy that has a very strong recommendation from that author and is given a mathematical value in the table of 2. "X" in bold, underlined and italicized type denotes a remedy that has the highest recommendation from that author and is given a mathematical value in the table of 2.5. The reader may note that many of the tables in the text contain columns that are empty of remedy suggestions. This has occurred because for many clinical rubrics there were more remedies recommended than there was space available for. For example, a clinical entity may have 60 remedy recommendations; 5 of these recommended were made by 10 authors, 3 by 9 authors, 15 by 5 authors and another 20 by 4 authors and 17 by 1 author. In this case, because there is insufficient space to carry the remedies with 4 or less recommendations, the columns will be empty after the 15 remedies recommended by 5 authors.

Clinical trials that have involved the use of homeopathy for specific clinical conditions have also been included in the tables and unless a remedy was found to be particularly efficacious in alleviating the condition, in which case the remedy is given a numerical value of 1.5, all remedies that were successful in the trial are given a numerical value in the table of 1.

It should be noted that the books used as data sources have been used in their entirety. That is, the remedy recommendation may be taken from anywhere in that book, not just in the author's formal remedy listing for the specified clinical condition. One of several issues that had to be dealt with in constructing this text was what to do with the clinical conditions where there was no agreement among authors. Given that this work attempts to focus on concordance, where there was none, i.e. there was only one author recommending remedies for the disease, there was a case for omitting mention of the disease. However, for the sake of completeness and for the purpose of allowing those with a favourite author to see what that author's advice may have been, it was decided to retain these entries, but in most cases only where some form of grading had been applied by that author. The reader is advised to be cautious about remedy recommendations that rely on the advice of too few authors. For those clinical rubrics where a large number of remedies were recommended, such as fever, diarrhoea or constipation, obviously not all of the remedies recommended could be used and the number is limited by the size of the table and the concordance thresholds for the remedies recommended.

It's also important to be aware that many of the texts used in the construction of this repertory use medical terms that have fallen from common use. Where the preponderance of data makes reference

to a particular term to describe a clinical condition, this is the term that is used. For example, when dealing with urinary tract infections, the reader will find that the predominance of remedy recommendations appear under the clinical rubric, nephritis. Where there is general disagreement, the most contemporary term is used. For example, it was decided that terms such as Bronze John, Bone Shave and Bloody Flux may create some difficulties, and so the more contemporary names of yellow fever, sciatica and dysentery, respectively, have been used. The reader may note that, with a few exceptions, most of the subjective symptoms found in repertories have been ignored and the reader is encouraged to use the standard repertory for the purpose of cross-referencing these against the entries herein.

At this point it should be stressed that a particular position on the table does not necessarily imply that one remedy is better than another for a defined clinical condition, but simply that this is where it appeared in the concordance ranking. Given the individual nature of disease, while it may be tempting to do so, the reader is strongly advised to consider all of the remedies in the table and to do this without reference to the position of the remedy in the table. For example, it may be seen that under the clinical rubric, oedema, Digitalis ranks guite highly and from this one may assume that it's useful in most cases of oedema. This assumption would be misplaced because Digitalis is predominantly a cardiac remedy and as such is of most use in oedema of cardiac origin. Similarly, it's important to understand that while, for example, Aconite might be very useful for shock, Aconite will only be useful for those in whom the totality of the symptoms they express, and the causative agent or agents of the shock, are consistent with the proving picture for Aconite. In effect, Aconite, used for shock, will generally be of most use only in an Aconite shock, i.e. where the symptoms are consistent with the proving symptoms for Aconite. Arnica is commonly used for stroke, but normally only stroke that's occurred in response to injury; Nux vomica is very useful for atrophy of the optic nerve, but usually only when that atrophy is secondary to the effects of alcohol abuse. While Cina appears in many of the clinical rubrics herein, it's primarily a worm remedy and so should generally only be considered for use where the clinical rubric has an association with worm infestation. Therefore, each remedy needs to be carefully researched in reference to the totality of the sufferer's symptoms before being used.

The reader is also advised not to look at one disease state in isolation. For example, when considering remedies for constipation, as well as examining this rubric it's useful to venture into associated areas such as Digestion, Slow; Paralysis, Intestines; Mucous Membranes, Dryness Of, and so on. This text should be used in the same way as any other homeopathic repertory in that while one may see a list a remedies noted for use in cystitis, the reader should also look at the remedies listed under fever, dysuria, lower back pain, etc and any concomitant symptoms associated with the disruption of the sufferer's vital force, to derive the full value from this work.

#### Data Sources

The aim of this work has been to identify and record areas of concordance and highlight those remedies about which most of the notable authorities on homoeopathy agree. It should be mentioned here that while there now exist "medical repertories", the relative lack of provenance for the recommendations made by these texts makes the value of that advice questionable, and as such these medical repertories have not been used as sources of information for this text.

As to the data sources that have been used, the clinical texts that are currently accessible through computer programs such as MACREP and RADAR, with a few exceptions, have been avoided because this information is already available via these programs, and while the data produced by these programs is not as refined as that provided by this text, there's little point in duplicating this information. In addition, many of my most useful data sources are somewhat less than mainstream. It should also be noted that some of the data sources used here employ relatively few remedies. This is particularly

the case with authors such as Joseph Laurie, who, because of the age in which he practiced, was limited to a materia medica of 68 remedies. So while his suggestions certainly have merit, he may well have chosen something more specific had a wider choice of remedies been available to him.

As mentioned previously, the numbers down the far left column in each table indicate author whose remedy recommendations are recorded along that row and an X is marked under that remedy recommended by that author where the remedy column and the author row intersect. Details on these authors follow. Row 29 in the tables is reserved for clinical trial entries.

- 1. Rai Bahadur Bishambur **Das** *Select Your Remedy.* 1992, 14<sup>th</sup> Edition, B Jain, New Delhi, India. Das was a prominent New Delhi homeopath of 35 years experience and for many years operated a free clinic in this area. It is possible that some of his suggestions, not attributed to other authors, are actually borrowed from other authors, in particular, WA Dewey, although these borrowed remedies appear to have had Das's clinical confirmation.
- 2. John Henry Clarke- A Clinical Repertory to the Dictionary of the Materia Medica. 1979, Health Sciences Press, England, ISBN 0 85032 061 5. This book was originally published in 1904. One of most important of the English homeopaths and author of the Dictionary of Materia Medica, Clarke was also Honorary President of the International Homeopathic Congress. Note that remedies shown in bold are the remedies that also appear in Clarke's "Prescriber", and are assumed to be his preferred remedies for the conditions listed. Where Clarke lists two separate rubrics for what appears to be the same clinical condition (for example, Throat, Sore and Sore Throat) these rubrics have been combined. Where a large number of remedies are listed (e.g. diarrhoea) only Clarke's italicised remedies were used. Note also that only the remedies from the clinical repertory section of this book were used.
- 3. JN Shinghal- *Quick Bedside Prescriber*. 1991, 6th Edition, B Jain, New Delhi, India. Shinghal was an Indian medical homeopath with over 50 years' clinical experience. On occasions Shinghal quotes other authors whose remedy suggestions appear in his text. Where this occurs, the remedy has not been used. It is possible that some of his suggestions, not attributed to other authors, are actually borrowed from other authors, in particular, Das and Clarke, although these appear to have had Shinghal's clinical confirmation.
- 4. Willis Alonzo **Dewey** *Practical Homoeopathic Therapeutics*.1991, 2<sup>nd</sup> Edition, B Jain, New Delhi, India. This book was first published in the early 20<sup>th</sup> century. Dewey was Professor of Materia Medica and Therapeutics and Clinical Professor of Nervous Diseases at the Homeopathic Medical Department of the University of Michigan during the early 1900's. He was a graduate of the New York Homeopathic Medical College in 1880, and taught at the Hahnemann Medical College in San Francisco.
- 5. Michael **Bouko Levy** *Homeopathic and Drainage Repertory*. 1992, Editions Similia, France, ISBN-2-904928-70-7. Bouko Levy is a medically qualified homeopath and has been practicing homeopathy since 1977, is the founder of the Israeli Institute of Homeopathy, founder and chairman of the Institute of Homoeopathy of Provence. He taught homoeopathy at the Medical Faculty of Marseille and at many other places around the world.
- **6.** Charles Godlove Raue- Special Pathology and Diagnostics with Therapeutic Hints, 1981, 4th Edition, B Jain, New Delhi, India. First published in 1896. Born in Nieder-Kunnersdorf, Saxony, in 1820, Raue graduated from the Philadelphia Medical College in 1850. From 1864 till 1871 he was the Professor of Pathology and Practice at the Homoeopathic College of Pennsylvania, and at Hahnemann Medical College in Philadelphia. Raue was a student of Constantine Hering, and in this work he draws from his own clinical experience as well as that of Virchow, Rokitansky, Vogel, Griesinger, Hasse, Wintrich,

Bamberger, Simon, Neimeyer, Bock, Bednar, Hubner, Kuttner, Wagner, Skoda, Hebra, Wilson, DaCosta, Hughes, Barclay, Bryan, Hammond, Hahnemann, Hering, Boenninghausen, Ruckert, Oehma, Hartmann, Jahr, Grauvogl, Muller, Meyer, Baehr, Kafka, Ludlam, Hale, Wells, Dunham, Lilienthal and others, albeit with his own clinical confirmation.

- 7. Kalvin B **Knerr** *Repertory of Hering's Guiding Symptoms of our Materia Medica*. 1997, B Jain, New Delhi, India. This book was first published in 1896. Knerr was Constantine Hering's pupil, son-in-law, and one of the people responsible for the conclusion of Hering's *Guiding Symptoms*, completed after the latter's death. This work has been used because of the value of the clinically confirmed symptoms in Hering's *Guiding Symptoms*. Only those remedies with Knerr's one and two bar grading have been used, with the two bar remedies given bold status in this text. In addition, only the remedies listed in undifferentiated disease/symptom rubrics and those remedies that appear more than once in the sub rubrics have been used.
- 8. Samuel Lilienthal- Homoeopathic Therapeutics. 2001, 4th Edition, Indian Books and Periodicals Syndicate, New Delhi, India. First published in 1915. Lilienthal taught at the New York Homeopathic College and then Hahnemann Medical College of the Pacific in San Francisco. He was editor of the North American Journal of Homoeopathy and held professorships at the New York Homeopathic Medical College and the New York College Hospital for Women. It's thought that Lilienthal's remedy selection may have been influenced by Jahr and while this does appear to be the case, it's assumed that Lilienthal listed these remedies because of his own clinical confirmation of them.
- 9. Anton Jayasuriya- A Compete Course on Clinical Homoeopathy. 1991, 3<sup>rd</sup> Edition, B Jain, New Delhi, India. Book Code B-2300. Jayasuriya is an acupuncturist, homoeopath, senior consultant rheumatologist to the Sri Lankan Ministry of Health and the author of 19 books on acupuncture, homoeopathy, oriental philosophy and neurophysiology. At the time of writing this book it's claimed that Jayasuriya had treated over 1 million people at the free clinic in the Colombo South General Hospital over a period of 32 years.
- **10**. TS **lyer** *Beginners Guide to Homoeopathy*. 1952, 2<sup>nd</sup> Edition, B Jain, New Delhi, India. Iyer was not originally qualified in medicine or homoeopathy, but was a mathematician and economist who made a study of homoeopathy. He spent 40 years studying and practicing homoeopathy throughout Southern India, and became widely renowned as a master homoeopath. The remedies noted are apparently his own suggestions, with possible influences by Raue, Dewey, and others.
- 11. Kamal **Kansal** *Practice of Medicine, with Homoeopathic Therapeutics*. 1999, 1st Edition, B Jain, New Delhi, India. Kansal was a well known Indian homeopath, being a former examiner, Board of Homoeopathic System of Medicine, Delhi, the former editor of Homoeopathic Up-date, and Directorate of Health Services, Govt of NCT, Delhi.
- **12**. E Harris **Ruddock** *The Homoeopathic Vade Mecum.* 1914, The Homoeopathic Publishing Company, London. The author of a number of important texts on homeopathy, Ruddock was a member of the Royal College of Physicians, Royal College of Surgeons, a licensed Midwife and consulting physician to the Reading and Berkshire Homeopathic Dispensary.
- 13. Constantine Lippe- Repertory to the More Characteristic Symptoms of the Materia Medica. 2001, B Jain, New Delhi, India. This was originally published in 1880 and draws on the clinical experiences of Lippe and the works of Hering, Jahr, Guernsey, Bell and Boenninghausen, conceivably with Lippe's clinical confirmation. Entries are taken from undifferentiated rubrics, or where they are differentiated, only those remedies that are shown in italics are used.

- **14.** RK **Tandon** and VR **Bajaj** *Homoeopathic Guide to Family Health*. 1994, Rajendra Publishing House, 205, Neelam, Worli Seaface Rd, Bombay, India, ISBN 81-900085-0-1. VR Baja holds a doctorate in medicine from Punjab University, Chandrigarh, and was formerly the chief physician in the Dept of Skin and Sexually Transmitted Diseases at Medical College Amristar. RK Tandon has a 10 year history of study in homeopathy.
- 15. Joseph Laurie- *An Epitome of the Homoeopathic Domestic Medicine*. 1976, B Jain, New Delhi, India. Laurie wrote this book in the early 19<sup>th</sup> century. He was a member of the Royal College of Surgeons, Edinburgh, a graduate of the Homeopathic Medical College of Pennsylvania, as well as being the Physician to the Westminster and Lambeth Medical Institution and Dispensary.
- **16**. Frederick L **Compton** *Homoeopathic Preventive Medicine*. 1993, B Jain, New Delhi, India. First written in 1981. A prominent American homeopath, in this text Compton's inspirations were predominantly the works of Boericke, Shephard, Grimmer and Royal whose recommendations it can be assumed he confirmed in his own practice. In the areas where he mentions remedies used by Clarke and Dewey and other texts already used in this book, these suggestions have been ignored.
- 17. Prakash Vakil A Textbook of Homoeopathic Therapeutics for Students and Practitioners. 1999, 3 Volumes, Indian Books and Periodicals Publishers, New Delhi, India. First published 1977, this 3 volume set covers diseases of the central nervous system, cardiovascular diseases and diseases of the ears, nose and throat. Prakash Vakil is listed as an LCEH (Bom), Honorary Physician and Professor, Govt Homoeopathic Hospital, Bombay, Examiner for LCEH, DHMS and BHMS, Court of Examiners, Maharashtra, Gujurat, Delhi. Ex-Convener, Research Standing Committee of Homoeopathic Medical Association of India.
- **18**. Jacques **Jouanny**, Jean-Bernard **Crapanne**, Henry **Dancer**, Jean Louis **Masson** *Homeopathic Therapeutics- Possibilities in Acute Pathology, Possibilities in Chronic Pathology*, (2 Volumes). 1996, Editions Boiron, France. Jouanny is one of France's most prominent teachers of homeopathy and his co-authors are specialists in this field.
- **19**. Roger **Morrison** *Desktop Companion to Physical Pathology*.1998, Hahnemann Clinic Publishing, California USA. ISBN 0-9635368-2-6. Morrison is one of America's most prominent medical homeopaths, is a graduate of George Vithoulkas' Athenian Centre for Homeopathic Medicine, and the author of countless articles and many excellent books on homeopathy.
- 20. Stephen Cummings and Dana Ullman, Everybody's Guide to Homeopathic Medicines. 1984, Tarcher, USA. ISBN 0-87477-337-7. Dana Ullman is widely recognized as the foremost spokesperson for homeopathic medicine in the U.S. To date he has authored nine books, published many more and authored countless articles on homeopathy. He has taught homeopathy and integrative health care, served as an instructor in homeopathy at the University of California at San Francisco, and as member of the Advisory Council of the Alternative Medicine Center at Columbia University's College of Physicians and Surgeons. In previous years he has been the chairperson for the National Center for Homeopathy's Annual Conference, and has been consulted by Harvard Medical School's Center to Assess Alternative Therapy for Chronic Illness. Stephen Cummings is a psychiatrist and began practicing homeopathy during the 1970s and previously co-edited the Journal of Homeopathic Practice. He is currently Medical Director of Psychiatry at San Mateo Medical Center, a public hospital serving people with limited resources in San Mateo County, California. He is also the attending psychiatrist at the San Mateo County AIDS Program, a centre for HIV AIDS -related clinical care and research.

- 21. Andrew Lockie- *The Family Guide to Homeopathy.* 1989, Guild Publishing, UK. ISBN: 0241135729. Andrew Lockie was a medically qualified homeopathic physician, a member of the Royal College of General Practitioners and the Faculty of Homeopathy. He practiced as a homeopathic physician for several decades and was a founding member of and teacher at the Homeopathic Physicians Teaching Group in Oxford, where homeopathy is taught to doctors and other healthcare practitioners.
- **22**. Maesimund B. **Panos** and Jane **Heimlich**, *Homeopathic Medicine at Home*. 1980, JP Yarcher, Los Angeles, USA. ISBN 0-87477-119-6. Panos was a prominent US medical homeopath who trained with Julia Green and brought George Vithoulkas out to the US in 1974.
- **23**. Alexander L **Blackwood** *A Manual of Materia Medica Therapeutics and Pharmacology*. 2002, B Jain, New Delhi, India. ISBN 81-7021-733-4. This book was first published in 1906. Blackwood was Professor of Clinical Medicine and Therapeutics at the Hahnemann Medical College, Chicago, Attending Physician to the South Chicago Hospital, and Fellow of the American College of Physicians.
- **24**. Surinder R **Verma** *Practical Handbook of Surgery with Homoeopathic Therapeutics*. 1983, B Jain, New Delhi, India. Verma is a prominent Indian homeopath and is listed as Assistant Director (Homoeopathy), Directorate of ISM & Homoeopathy, Govt. of NCT of Delhi.
- **25**. Trevor **Smith** *Homeopathic Medicine*, *A Doctor's Guide to Remedies for Common Ailments*. 1989, Healing Arts Press, Vermont USA, ISBN 0-89281-293-1. Trevor Smith is a renowned medical practitioner specialising in homeopathy and psychiatry. He's written widely on this subject in several books and numerous articles.
- **26**. George Heinrich Gottleib **Jahr**, Translated by Charles J Hempel- *Therapeutic Guide; The Most Important Results of more than Forty Years Practice*. 1999, B Jain, New Delhi, India. ISBN 81-7021-005-4. Originally written in 1869. Jahr worked as an assistant to Hahnemann before completing his medical degree, later going to Paris with Hahnemann to work as his colleague. He taught and wrote widely on homeopathy and was a pivotal figure in its development in Europe. Note that some of the remedy suggestions here are from Hempel alone, not Jahr.
- **27**. Steve **Smith** *Medical Homoeopathy*. 2007, Winter Press, UK. ISBN (13)9781874581901. Smith is a renowned UK homeopathic practitioner, psychologist, lecturer in homeopathy and clinic supervisor at the South Downs College of Homeopathy in the UK.
- 28. Robert Medhurst- The recommendations here are taken from cured cases from the authors' case files, compiled from several decades of practice. The author is a naturopath specialising in homeopathy, was formerly the inaugural Expert Advisor on Homeopathy to the Australian Federal Government's Dept of Health and Ageing, Tutor in Homoeopathy at the National Institute of Health Sciences in Canberra, and course reviewer for the course, Homeopathy For Community Pharmacy, conducted by the Pharmacy Guild of Australia. He's also acted as an advisor on homoeopathy to the South Australian Crown Solicitors Office, was a member of the Homeopathy Reference Group, Australian Complementary Healthcare Council, was formerly the Head of Department of Homeopathy for the Australian Traditional Medicine Society, Australia's largest association of complementary healthcare providers, has been a member of several doctoral thesis advisory committees on homeopathy, has taught homeopathy across Australia and in the US since 1995 and has written countless articles on this subject. Prior to this Medhurst was involved in private pathology practice, and teaching as well as research within the Medical Faculty at the University of Sydney.

## Sample Tables From The Book

Asthma (Includes Miller's Asthma) (Note that only the main remedies are used from 17)

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296	Χ		Χ							Χ				Χ		Χ						Χ					

<sup>29&</sup>lt;sup>1</sup> Castellsague API. Evolution of 26 Cases of Bronchial Asthma With Homoeopathic Treatment. Brit Hom J, 1992, 81, 168-172.

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Atrophy, Tongue

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	<b>MUR AC</b>														
7	Χ														
11	Χ														
13	Χ														
17	Χ														

**Attention Deficit (Hyperactivity) Disorder** (Note that the entries from 7 are for Attention, Cannot Fix, and from Distraction)

	CALC	TIS	JAT	STRAM	OSOAH	AGAR M	ARS	BAR C	BELL	CAUST	LACH	MERC	NAT M	A XNN	SOHA	STNA	SEP	STAPHYS	CINA					
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7	Χ	Χ																						
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<b>29</b> <sup>2</sup>				Χ	Х														Χ					
<b>29</b> <sup>3</sup>	Χ	Χ	Χ				Χ		Χ	Χ	Χ	Χ		Χ	Χ	Χ	Χ	Χ						
<b>29</b> <sup>3</sup>	Χ	Χ	Χ									Χ		Χ										

29<sup>1</sup> Frei H, et al. Treatment for Hyperactive Children: Homeopathy and Methylphenidate compared in a Family Setting. Brit Hom J, 2001, 90, 183-188.

29<sup>2</sup> Lamont J. Homoeopathic Treatment of Attention Deficit Hyperactivity Disorder. Brit Hom J, 1997, 86, 196-200.

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#### **Autism**

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<b>29</b> <sup>2</sup>	Χ	Χ	Χ			Χ			Χ										

29¹ Robinson TW. Homoeopathic Secretin in Austism- A Pilot Study. Brit Hom J, 2001, 90, 86-91. 29² de Menezes Fonseca GRM, et al. Effect of homeopathic medication on the cognitive and motor performance of autistic children (Pilot study). Int J High Dilution Res 2008; 7 (23); 63-71.

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Caries, Vertebra- See Caries, Spine/Vertebra
Carotid Artery, Aneurism- See Aneurism, Carotid Artery

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