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Clinical
Homeopathy

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Homeopathy in Poland



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Can you imagine going back?

Martine Tassone, MD
Editor in Chief



Our lives are shaped by change—ruptures that touch every corner of our existence. These shifts often define us even more than our connections do. Think of all the times you’ve moved, changed careers, ended a relationship, started a new chapter, picked up a different book, or taken an unexpected turn... Each time, you emerged changed—stronger, wiser, enriched by the

experience. We never go back to who we were before.

Now, think back to when you first discovered homeopathy.

Take a moment to reflect on what it has brought you—and your patients. Can you imagine going back?

In this issue, a dozen homeopaths share their experiences and practices. I invite you to take the time to read their stories and draw insights you can apply in your own daily practice.

Learn. Practice. Apply.

Because beyond every rupture lies the continuous path of learning—an infinite journey through this unique therapeutic approach.

As Antoine de Saint-Exupéry said, “As for the future, your task is not to foresee it, but to enable it.”

At CEDH, we work every day to help shape the future of homeopathy—and I believe that, together with all of you, we can make it possible.

Enjoy this latest issue of the CEDH Magazine,

“**As for the future, your task is not to foresee it, but to enable it.**

Antoine de Saint-Exupéry

Mastering one's subject means regularly revising *Materia Medica*, the characteristic symptoms of each medicine and their specific indications

1. WHICH HOMEOPATHIC MEDICINE IS INDICATED FOR A PANIC ATTACK?

- ☐ A *Aconitum napellus*
- ☐ B *Gelsemium*
- ☐ C *Moschus*
- ☐ D *Magnesia phosphorica*

2. WHICH SENSITIVE TYPE MEDICINE IS PREDISPOSED TO SOCIAL PHOBIA??

- ☐ A *Sulfur*
- ☐ B *Cyclamen europaeum*
- ☐ C *Ambra grisea*
- ☐ D *Calcarea fluorica*

3. WHICH MEDICINE ACTS ON BOTH EXCESSIVE SWEATING AND EXCESSIVE SALIVATION?

- ☐ A *Belladonna*
- ☐ B *Ipeca*
- ☐ C *Lachesis mutus*
- ☐ D *Jaborandi*

4. WHICH MEDICINE IS INDICATED FOR CONGESTIVE HOT FLASHES ACCOMPANIED BY DIZZINESS AND WORSE AT NIGHT?

- ☐ A *Belladonna*
- ☐ B *Usnea barbata*
- ☐ C *Lachesis mutus*
- ☐ D *Glonoinum*

5. WHICH MEDICINE IS INDICATED FOR A BRUISE THAT IS SLOW TO RESOLVE?

- ☐ A *Bellis perennis*
- ☐ B *Ledum palustre*
- ☐ C *Gelsemium*
- ☐ D *Lacticum acidum*

6. WHICH MEDICINE IS INDICATED FOR POST-SURGICAL FATIGUE WITH SIGNIFICANT BLOOD LOSS?

- ☐ A *China rubra*
- ☐ B *Phosphoricum acidum*
- ☐ C *Kalium phosphoricum*
- ☐ D *Raphanus sativus niger*

7. WHICH MEDICINE ACTS ON BOTH BLADDER AND BOWEL INCONTINENCE?

- ☐ A *Bryonia*
- ☐ B *Colocynthis*
- ☐ C *Causticum*
- ☐ D *Alumina*

8. WHICH MEDICINE IS INDICATED FOR CONSTIPATION WITH THE PASSAGE OF SMALL, HARD BLACK PELLETS, REQUIRING STRONG STRAINING?

- ☐ A *Alumina*
- ☐ B *Nux moschata*
- ☐ C *Plumbum metallicum*
- ☐ D *Selenium metallicum*

9. AMBRA GRISEA IS PREPARED FROM AN ANIMAL SECRETORY SUBSTANCE, LIKE THE FOLLOWING MEDICINES—EXCEPT ONE. WHICH ONE IS THE EXCEPTION?

- ☐ A *Sepia officinalis*
- ☐ B *Moschus*
- ☐ C *Lac caninum*
- ☐ D *Raphanus sativus niger*

10. WHAT IS ONE OF THE GYNECOLOGICAL INDICATIONS FOR AMBRA GRISEA?

- ☐ A *Intermenstrual syndrome with hemorrhagic ovulation*
- ☐ B *Premenstrual syndrome with weight gain*
- ☐ C *Menopausal hot flashes*
- ☐ D *Vaginal dryness alternating with white vaginal discharge*

Answers on the last page (p.75)

Homeopathy in Poland

Anna Szczerbinska,
Head of the Therapeutic and Medical Division,
Boiron Laboratories Poland



When we look at the situation of homeopathy in Poland, there is reason for optimism. While official medical institutions remain largely skeptical, growing patient demand is steadily driving change in attitudes and practices..

1 Growing Interest

It is increasingly evident—especially since the COVID-19 pandemic—that homeopathy is attracting growing interest among patients in Poland. It has become a more frequent topic of conversation, is gaining appreciation, and more and more individuals not only “believe in it,” but also consider it a viable alternative to conventional treatments.

While it is difficult to identify a single cause for this shift—likely the result of multiple contributing factors—we can speak of a broader societal megatrend that is expanding the reach of homeopathy to increasingly diverse patient populations. This evolution is reflected in the rising interest in homeopathic publications, educational content, and professional conferences.



▲ Traditional paper cuts from Polish rural crafts and folklore.

As a result, physicians and other healthcare providers are being prompted—despite resistance from conservative segments of the medical community—to take a more serious and open-minded look at this branch of medicine.

In Poland, one clear sign of this growing momentum is the rapid increase in homeopathy schools and training programs, aimed at both patients and healthcare professionals.



Stare Miasto, market square in the historic center of Warsaw

2 Training and Promotion on the Rise

One of the largest patient associations, *Homeopatia Polska*, founded in 2016, now boasts over 40,000 dedicated members who serve as passionate ambassadors for homeopathy. Monthly webinars—each led by a homeopathic physician—offer participants the opportunity to ask questions, engage directly with experts, and access contact information for qualified practitioners. Educational efforts are further supported by the *Polish Society of Clinical Homeopathy* (PTHK), which edits and distributes patient-oriented books and publications. Notably, sales of homeopathy books continue to rise each year, reflecting growing interest and engagement.

Beyond *Homeopatia Polska*, a vibrant community has emerged around the use of homeopathy in veterinary care. For over a year now, a dedicated group of pet owners—numbering in the thousands—have been actively treating their animals with homeopathic medicines. These individuals participate in online training courses led by veterinarians trained by the PTHK. This group represents a promising and enthusiastic audience for the continued growth of homeopathy.

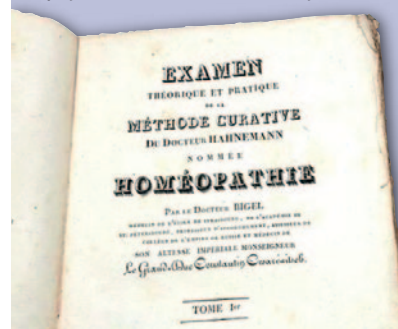
The PTHK also plays a central role in advancing homeopathy among patients by collaborating closely with *Homeopatia Polska*. Although composed entirely of healthcare professionals—physicians and pharmacists—the PTHK provides essential academic support in developing and delivering patient education, particularly through webinars.

Social media has become another powerful tool in promoting homeopathy. Platforms such as Instagram and YouTube amplify its visibility, with influential public figures and celebrities regularly sharing their personal experiences. Remarkably, when one of them mentions homeopathy, a noticeable and immediate surge in book sales often follows—a testament to the reach and impact of these digital endorsements.

Gérard-Joseph Bigel (1769-1854)

The introduction of homeopathy in Poland, in 1822, is noteworthy as it represents the first recorded instance of a new therapeutic approach being introduced by a foreign physician: the French military doctor and surgeon Gérard-Joseph Bigel

(1769–1854). He learned homeopathy in Dresden and went on to become the personal physician of Grand Duke Constantine, who governed annexed Poland on behalf of the Tsar.



▲ Introductory book on homeopathy by Dr. Bigel, published in Warsaw in 1827

3 A Dynamic in Progress

While all these promotional efforts have been effective in raising awareness of homeopathy among the general public, the growing interest from patients is not always matched by a corresponding willingness among medical professionals to pursue education in this field. This hesitation is largely influenced by the continued critical stance of the *Supreme Chamber of Physicians*, which maintains that homeopathy lacks sufficient high-quality scientific evidence.

Nevertheless, we remain undeterred. CEDH training programs have long been an integral part of the PTHK's educational offerings, providing structured, evidence-informed instruction for healthcare professionals. We are confident that the increasing demand from patients will gradually lead more physicians and pharmacists to engage in further education and training in homeopathy. The current momentum signals not just a passing trend, but a lasting shift—one that continues to evolve through dialogue, clinical experience, and patient-driven change. ■

Portrait

Anne-Sophie Huart, Midwife

Interview by **Stéphane Cadé**,
and published in the journal *Profession Sage-Femme*



After eighteen years working in a labor and delivery ward of a hospital, Anne-Sophie Huart now practices independently in the charming Alsatian town of Obernai. A midwife deeply passionate about her profession, as well as homeopathy and acupuncture, she shares her journey and invites us into La Bulle ("The Bubble") – a women-centered wellness space where she has her practice.

1 Why did you become a midwife? Was it a calling?

It came from deep inside me – it just felt obvious. I started midwifery school in Amiens in 1986, just as the curriculum was extended to four years. That first year, we rotated through departments like orthopedics, urology, and geriatrics to get a full picture of the human body. We didn't assist with deliveries until the second year, when we did "four-handed births" alongside a licensed midwife. That was 38 years ago, and I still remember the first time I held new life in my hands. I was shaking with emotion, but also felt absolutely in the right place. Working in labor and delivery is like getting a shot of oxytocin – you can't imagine! You share such powerful, intimate moments with families. A birth is unconditional love arriving on Earth. Witnessing that is extraordinary. This profession gave me joy for eighteen wonderful years.

“If we want the next generation to feel grounded and whole, we have to welcome them into the world properly.”



◀ Anne-Sophie Huart, Midwife at the Reims-Courlancy polyclinic, 2003.

Anne-Sophie Huart, Midwife



2

Why did you leave the hospital setting?

I began my career in a small maternity unit in Reims with about 500 births per year – I loved the pace and atmosphere.

Later, I moved to a larger hospital with 2,500 births annually, and that was a whole different story. Some days I'd assist with ten deliveries, and by the end of my shift, I couldn't even remember the babies' names – it broke my heart.

As much as I'll never tire of welcoming new life, I did tire of the logistical pressures and strained relationships with some OB/GYNs. I don't think midwives are treated fairly. And when midwives are mistreated, women inevitably are too. These systemic issues are what drove me to leave the hospital setting.



▲ Polyclinic Les Bleuets, 1996 and 1998

3 So you transitioned to private practice?

Yes, I was the first independent midwife in Laon, a small town near Reims. There had never been any hospital-to-community collaboration, so people were curious—and a bit skeptical—about what I was doing. But I built something beautiful: a lovely practice, amazing patients.

From 2008 to 2015, I was truly happy. Then, almost overnight, three new midwives opened practices in Laon. I lost a third of my patients. It reflected a generational shift—more and more young midwives are going straight into private practice, sometimes without ever working in labor and delivery.

This drop in patients put financial pressure on my practice and hit me hard emotionally. Around that time, a certain Alsatian gentleman entered my life – and I followed him to Obernai.

4 And there, you joined La Bulle?

Yes. *La Bulle* isn't officially a birthing center – it's a private group practice. It was founded ten years ago by my colleague Nicole Andrieu and brings together traditional and holistic care for women and families.

Three independent midwives share the ground floor, each offering conventional prenatal and postnatal services alongside complementary therapies. I offer homeopathy and acupuncture. One of my colleagues provides sex therapy, and the other specializes in haptonomy and prenatal yoga. Our patients freely move between us based on their needs.

What makes this work is the sisterhood between us. If one of my patients wants to try prenatal yoga, she sees Armelle. If one of Nicole's patients is curious about homeopathy, she sends her to me. There's no competition – just trust. In a sense, women get three midwives for the price of one!

The upper floors house therapists offering services centered on parenting: nutrition, psychotherapy, osteopathy, family mediation, yoga, Pilates, dance, singing – you name it. When *La Bulle* is full, it buzzes like a beehive of smiling women. I've been here nine years now, and I still love it.

5 What makes La Bulle so special?

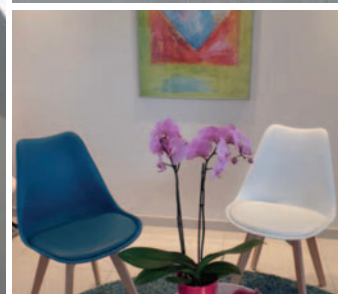
Women walk in and say, "*It feels just like home!*"

It's warm, welcoming, human. We take care of them. In 2025, we can assume that medical safety is well-established in hospitals – whether in obstetrics, surgery, or pediatrics. But what about emotional safety? That's still sorely lacking.



▲ *La Bulle*, in Obernai, is home of three liberal midwives and a number of therapists specializing in parental issues.

Anne-Sophie Huart, Midwife



▲ *La Bulle* is an innovating concept that brings together traditional and holistic care for women and families

When I worked in labor and delivery, I would always remind students: Pay close attention to how you touch women and babies. There has to be love in your hands. You can't welcome life into the world with tension in your body—it's just not right. But how can a midwife provide emotional safety when she's exhausted, overloaded, and working in a stressful environment?

And yet, emotional safety is essential. The intrauterine experience, the way we're welcomed into the world, the parent-child bond in the first two years—all of this lays the foundation for a grounded, confident adult.

If we want the next generation to feel whole, we need to support families from the very beginning—starting in pregnancy, guiding women through childbirth, and supporting every stage of early parenting. That's what we do at *La Bulle*. Women come here with their joys, but also with their burdens—and we hold space for it all.

6 *You also practice homeopathy. Why did you choose this path?*

It all started with a talk by Antoine Demonceaux, an extraordinary homeopath. That's when I realized how much this kind of medicine could offer pregnant women.

Pregnancy is a time when medications must be used with great caution, and we often face therapeutic gaps. So how do we relieve suffering when many standard medications are off-limits? I trained in homeopathy so I'd never again have to say to a pregnant woman,

Anne-Sophie Huart, Midwife

"Hang in there – just be brave, it'll be over in a few months." Homeopathy opened up new possibilities.

It's a 250-year-old European medical system we should be proud of. Developed in Germany by Samuel Hahnemann, it's just as sophisticated as the Eastern medicines that are fashionable today. And contrary to popular belief, it was born in cities – not in rural folklore.

Hahnemann observed and experimented rigorously, at a time when doctors were still bleeding patients and using harsh remedies. He advocated for individualized treatments based on each patient's unique symptoms – radical for his time.

Thanks to our proximity to Germany and Switzerland, many Alsatians are quite open to homeopathy and other integrative medicines.

Homeopathy is remarkably intelligent. Since I began practicing it, my understanding of the human body – physically, emotionally, behaviorally – has deepened immensely. It changed my life as a midwife – and therefore changed the lives of my patients.

But I never impose. I offer, and the patient decides. Occasionally someone says, *"No, no, I don't believe in those pellets."* That's okay – we do something else. But that's rare.

7 What do you mean by "integrative medicine"?

I prefer "integrative" to "alternative" because we're not trying to replace conventional medicine, but to complement it. Homeopathy isn't against allopathy—it works with it. Sometimes I prescribe only homeopathic remedies. But more often, I combine conventional medication and homeopathic pellets. I also integrate acupuncture, which I'm certified in.

These approaches are powerful for prevention. When I choose homeopathic remedies, I don't just look at a symptom – I look at the whole person. Based on her profile, I can anticipate potential challenges during pregnancy, birth, or postpartum – whether vascular, digestive, or emotional.



▲ Anne Sophie Huart at the National Congress of Liberal Midwives in Troyes (France), at the CEDH stand with Benjamin Courtois, CEDH development manager, in November 2024.

Anne-Sophie Huart, Midwife

8 ***How does society view homeopathy today?***

The general public is mostly supportive, but among policymakers and the media, we face a lot of hostility – what I call “*homeophobia*.”

Since 2021, homeopathic medicines are no longer reimbursed in France, following a biased review that only considered studies unfavorable to homeopathy.

But let’s be clear: a medical system that reduces the use of antidepressants, antibiotics, sleep aids, and anti-inflammatories naturally has many enemies – starting with those who manufacture those drugs.

They’ve done everything to discredit us, painting homeopaths as unscientific charlatans. But I studied at real medical schools: my midwifery degree from the University of Amiens, my homeopathy training in Reims, and my acupuncture certification in Strasbourg. This is serious!

9 ***You also teach homeopathy. What drives you to share your knowledge?***

I teach for the CEDH (*The Center for Education and Development of Clinical Homeopathy*) an international school that trains doctors and midwives.

When the director first recruited me, I said, “*I’ll teach, but I want to help shape the curriculum.*” At the time, everything was designed by physicians – but doctors don’t approach women quite the same way we do. I was heard, and now there’s a midwife-led program specifically for midwives practicing homeopathy in obstetrics and gynecology.

That’s what I love most about CEDH. The students tell me, “*You speak our language.*”

I also teach at the midwifery school in Strasbourg. It’s a huge opportunity for students to be exposed to homeopathy during their initial training—thanks in part to Strasbourg’s proximity to homeopathy’s birthplace.

With a few like-minded colleagues, I co-founded the *French Homeopathic Society for Midwives* (SHSFF), which I currently chair. It’s a young, passionate association promoting the practice and teaching of homeopathy within our profession.



▲ Anne-Sophie’s speech on Homeopathic Management of Post-partum Depression at the 11th International CEDH Conference in Brussels, June 2024.

Anne-Sophie Huart, sage-femme

10 What about acupuncture?

Many homeopaths also practice acupuncture – the two modalities complement and even enhance each other. The needles boost the effect of the pellets, and vice versa. It's a perfect pairing.

The University of Strasbourg offered a certification program, and I enrolled in 2015. Sometimes acupuncture is more appropriate than homeopathy, or I combine both. It depends on the case.

11 Can you share a success story with homeopathy?

Here's my most recent one – it's a beautiful case!

A 76-year-old woman came to me on her daughter's recommendation. She had been suffering from hot flashes for 29 years! She told me, *"I'm not sure this will work, but my daughter swears by you."*

I made a homeopathic assessment and prescribed accordingly.

A few weeks later, she reached out – her hot flashes had almost completely disappeared. After nearly three decades of discomfort! It's just one example, and I could tell you so many more.

Often, even the most skeptical women are blown away by the results. To change your beliefs, you have to experience it yourself. And those who discover homeopathy during pregnancy often return with their babies. That trust touches me deeply.



▲ Acupuncture session at La Bulle.

12 Do you think homeopathy is sufficiently recognized and taught in the initial midwifery training?

In my dream scenario, integrative medicine becomes part of university training. That would include homeopathy, acupuncture, maybe hypnosis, herbal medicine, aromatherapy...

And not with suspicion or condescension, but with real openness.

New curricula are currently under development – so hope is allowed!

Anne-Sophie Huart, Midwife



How do you see the future of midwifery, in terms of recognition and working conditions?

I'm proud of my journey – both in the hospital and now in private practice. I'm still happy at *La Bulle*, where I have great working conditions. But I worry for young midwives entering hospitals today.

We've shut down smaller maternity wards, supposedly for safety—but really for cost-cutting. Those who remain face overwhelming workloads, endless paperwork, and constant scrutiny. If relationships with doctors are strained, it's even harder.

Midwifery is an extraordinary profession, but the conditions we're given to practice it are deteriorating. We are essential to the healthcare system, but we have zero political weight. Midwives need to claim their place in leadership—something doctors did long ago.

At the National Congress of Independent Midwives last November, I listened to union leaders speak. I admire those women fighting for us – and for our patients. The stakes are high, and the time is now.

Each year, I meet a new class of students, and I hear it more and more:

"I don't want to work in a delivery ward. I don't want to be mistreated. I don't want to be rushed all the time. I don't want to monitor multiple women at once."

It's sad – but I understand.



So, should young midwives avoid labor and delivery in hospital settings?

No. Despite the challenges, I still recommend spending a few years in labor and delivery. In private practice, we prepare women for that setting – so we must fully understand its technical, emotional, and physical realities. It's such a unique space. You have to spend time there.

Let's not give up. Let's fight for better conditions.

Splitting time between private practice and hospital work could be a great setup. I did that for a while – I'd catch my breath in my office and get my oxytocin "fix" in the delivery room.

I think that model could work well for many younger colleagues. ■

Books

recommended by Anne-Sophie Huart

1. C. BESNARD-CHARVET, A. DEMONCEAUX, *Pratiques homéopathiques en gynécologie obstétrique : 40 prescriptions en situation clinique courante*, Masson, 2019.
2. E. LATOUR, M. TÉTAU, *Guide homéopathique de la sage-femme*, Le Manuscrit, 2011.
3. C. BESNARD-CHARVET, C. ROCHER, *Homéopathie en gynécologie*, Masson, 2015.
4. P. POPOWSKI, *Homéopathie et petite pathologie du nouveau-né et du nourrisson*, Similia, 1997.
5. G. VILLANO, *Pédiatrie et homéopathie*, CEDH, 2016.
6. M. MAISONNEUVE, M. NADAUD, M. TASSONE, *La Femme et l'Homéopathie*, CEDH, 2019.
7. A. DEMONCEAUX, *La Santé autrement*, Le Cherche Midi, 2016.
8. E. MAJER-JULIAN, *L'Homéopathie pour bien vivre la ménopause*, Unimedica Éditions, 2018.
9. C. BALKIEWICZ, *L'Homéopathie, la Femme et la Sexualité*, Éditions du Moment, 2013.

{{ Fears }}

Patrick Vachette, MD, Avignon (France)



Fear is an emotion triggered by the presence or anticipation of a real or perceived threat. As a natural and protective response, it plays a vital role in survival. However, it becomes pathological when the threat is no longer present or when the fear is irrational and disproportionate.

1 Introduction

THERE ARE GENERALLY TWO TYPES OF FEAR:

- **EXTERNAL FEAR**, which is associated with an outside stimulus that the individual seeks to avoid.
- **INTERNAL FEAR**, which originates from within and is often linked to low self-esteem. This form of fear is accompanied by negative emotions and can range from simple caution to intense phobia or even paranoia. It may manifest as worry, anxiety, panic, terror, horror, dread, or other overwhelming emotional states. Fears can also be re-experienced, especially during nightmares or night terrors — frequently rooted in separation anxiety or fear of abandonment. In the presence of danger, fear may lead to different adaptive responses: fight, flight, or freezing. These reactions are mediated by the amygdala — a network of nuclei located in the frontal lobes responsible for processing fear — which initiates physical responses such as muscle tension and hyperventilation. In this way, fear remains an adaptive emotional response essential for survival.



2 Pathological fear

Fear is a natural and protective emotion, motivating us to act when we perceive danger. However, it becomes pathological when it arises in the absence of a real threat and begins to interfere with daily functioning. In such cases, fear becomes disproportionate—overwhelming our thoughts, disrupting behavior, and influencing decision-making in negative and often irrational ways. When fear becomes maladaptive — whether due to its complexity, intensity, or persistence — it can evolve into anxiety. Unlike fear, which is typically tied to a specific object or situation, anxiety is characterized by a vague or undefined sense of threat. It is a form of fear without a clear object and may lead to depressive symptoms over time. Anguish, similarly, is a profound sense of fear without a visible cause. It generates intense inner insecurity and may manifest as feelings of annihilation, collapse, or psychological fragmentation — especially in individuals with psychotic disorders. Other clinical manifestations of fear include phobias and post-traumatic stress disorder (PTSD). Perhaps the most debilitating form is phobophobia — the fear of being afraid — which can lead to chronic avoidance behaviors and a tendency to procrastinate, as individuals attempt to avoid triggering fear itself.

Fears

IN THIS ARTICLE, WE WILL FOCUS ON THE MAIN PATHOLOGICAL EXPRESSIONS OF FEAR, INCLUDING:

- Phobias accompanied by panic attacks
- Specific phobias
- Social phobia
- School phobia
- Post-Traumatic Stress Disorder (PTSD)

EPIDEMIOLOGY

Phobic disorders are among the most common psychiatric conditions, with significant variations in type and severity. Simple (specific) phobias affect approximately 10–20% of the general population, with no significant gender difference. Agoraphobia affects around 10%, with a marked gender imbalance — 80% of those affected are women.

When left untreated, phobic disorders often evolve into more complex conditions. Studies show that 60% of individuals with chronic phobias develop depressive syndromes, and a significant number turn to substance use, including drugs, alcohol, or anxiolytic medications, as maladaptive coping strategies.

POST-TRAUMATIC STRESS DISORDER (PTSD), which may arise following exposure to traumatic events, **AFFECTS APPROXIMATELY 8% OF THE POPULATION.**

17 of the most commonly recognized phobias include:

- 1 Agoraphobia – fear of open or crowded spaces
- 2 Hypochondria – fear of illness
- 3 Claustrophobia – fear of confined spaces
- 4 Aviophobia – fear of flying
- 5 Autophobia – fear of being alone
- 6 Acrophobia – fear of heights
- 7 Arachnophobia – fear of spiders
- 8 Emetophobia – fear of vomiting
- 9 Zoophobia – fear of animals
- 10 Brontophobia – fear of thunder and lightning
- 11 School phobia – fear of attending school, often seen in children and adolescents
- 12 Social phobia (Social Anxiety Disorder) – fear of social interactions or performance situations
- 13 Hemophobia – fear of blood
- 14 Nyctophobia – fear of the dark
- 15 Aquaphobia – fear of water
- 16 Ophiophobia – fear of snakes
- 17 Trypanophobia – fear of needles and injections

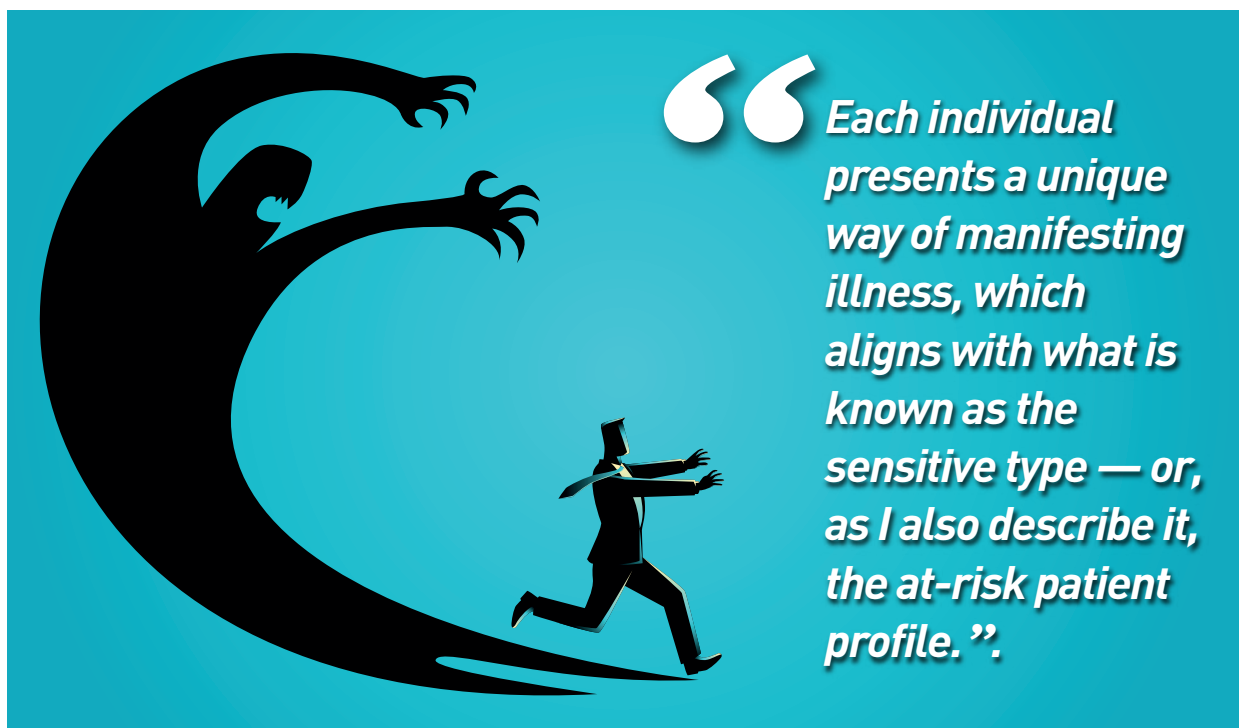
TREATMENT OPTIONS

Although the *French National Health Authority (Haute Autorité de Santé)* recommends a measured and cautious use of anxiolytics and antidepressants, these medications are still widely prescribed for fear-related disorders. Over time, they often require progressive dose increases to maintain effectiveness, and discontinuation can be challenging due to withdrawal difficulties. Cognitive Behavioral Therapies (CBTs) are well-established and validated approaches for managing these conditions. They rely on the gradual exposure of the patient to the phobic stimulus — first through guided imagery, then in real-life situations — with the goal of desensitizing the fear response and reducing anxiety levels. Role-playing techniques are particularly beneficial in the treatment of phobias, helping patients rehearse and reframe anxiety-inducing situations in a safe and structured way. Eye Movement Desensitization and Reprocessing (EMDR) is also utilized, particularly in the treatment of Post-Traumatic Stress Disorder (PTSD), to facilitate the release and reprocessing of traumatic memories and associated emotional responses. In parallel, relaxation techniques and breathing exercises play an essential role.

THE PLACE OF HOMEOPATHY

HOMEOPATHY OPERATES ON FOUR DISTINCT LEVELS:

- Each pathology is expressed through a combination of physical symptoms, emotional states, and cognitive patterns — each of which corresponds to specific homeopathic medicines.
- Each individual presents a unique way of manifesting illness, which aligns with what is known as the sensitive type — or, as I also describe it, the at-risk patient profile.
- Etiology must also be considered, as it often serves as the triggering factor in the development of these conditions (i.e., "following" or "as a result of" a particular event or trauma).
- Finally, each type of phobia has its own set of specific, targeted homeopathic medicines.



3 Phobias with panic attacks

A panic attack — or acute anxiety episode — is characterized by a sudden, paroxysmal onset of anxiety accompanied by a range of somatic symptoms, including:

- Tachycardia, dyspnea, sweating, and pseudo-cardiac chest pain
- Dizziness, paresthesia, and tremors
- Dysphagia

These physical manifestations occur alongside intense psychological fear, often involving a loss of control and a sense of imminent catastrophe.

PATIENTS TYPICALLY EXPRESS THESE EXPERIENCES IN TWO DISTINCT MANNERS:

“I’m afraid I’m going to die of a heart problem.”
“I’m afraid I’m going crazy.”

Over time, the patient may begin to avoid phobic stimuli, which reinforces the disorder and increases functional impairment.

CAUSES

Two primary underlying causes are often observed:

- A repressed panic experience from the past that resurfaces unexpectedly and was never properly addressed at the time
- A personality profile characterized by over-control, in which the individual places trust only in themselves and attempts to manage everything independently.

HOMEOPATHIC MEDICINES FOR ACUTE EPISODES

GELSEMIUM

Inhibition, internal trembling, diarrhea, sensation of weakness or instability in the lower limbs.

IGNATIA AMARA

Spasmodic symptoms and thoracic oppression. Symptoms are variable in both time and location. They tend to improve with distraction and worsen with contradiction.

ARGENTUM NITRICUM

Characterized by diarrhea, aerogastria, restlessness, impulsivity, and marked anticipatory anxiety.

Fears

ACONITUM NAPELLUS

The medicine most closely aligned with full-blown panic attacks and intense anxiety episodes. Presents with acute cardiovascular symptoms of sudden onset — often worsening at night — including tachycardia and hypertension. The patient experiences a vivid sensation of impending death.

ACTAEA RACEMOSA

Shares similarities with *Ignatia* and *Moschus* in its expression of spasmodic and cramp-like pain. Often includes cardiac-related symptoms such as pseudo-angina and cervico-dorsal pain.

ANXIOUS PERSONALITY PROFILES THAT CAN TRIGGER PANIC ATTACKS

ACONITUM NAPELLUS

These patients are typically in good general health but become overwhelmed when faced with illness — particularly when symptoms appear suddenly and without warning. Their inability to process or manage the unexpected triggers a disproportionate acute anxiety response.

AMBRA GRISEA

Panic attacks in these patients are often compounded by social phobia. They are introverted and inhibited, and feel acutely uncomfortable in the presence of others, fearing

judgment or criticism. Their emotional discomfort is frequently revealed by facial flushing, which intensifies with alcohol consumption — used in an attempt to ease their anticipatory anxiety. These patients often experience insomnia at sleep onset, which tends to improve with music.

ARGENTUM NITRICUM

These individuals are restless, hasty, and anxious, characterized by persistent self-doubt and mistrust of others.

4 Specific Phobias

Specific phobias are marked by an intense, irrational fear of particular objects or situations. This fear leads to reassurance-seeking and avoidance behaviors, often aimed at minimizing perceived danger. In evolutionary terms, fear serves a protective role—enhancing survival. A lack of fear, paradoxically, may increase risk. Each phobic individual has their own unique fear triggers, which should be carefully identified. These may reflect personal historical significance or a tangible present danger, both of which can serve as starting points for progressive desensitization, ideally within a situational context. Desensitization typically

“

*Each type of phobia
has its own set of
specific, targeted
homeopathic
medicines”.*





▲ Each homeopathic medicine corresponds to particular phobic themes.

begins with imaginative exposure, followed by real-life exposure. In the case of a phobia, the fear is intense and uncontrollable, often resulting in flight behavior. In severe cases, it may escalate into a panic attack. As a result, patients tend to pre-emptively avoid high-risk situations, reinforcing the phobic pattern.

AT-RISK PATIENT PROFILES

ARGENTUM NITRICUM

Anxious and agitated, this patient experiences a constant sense of urgency. Enclosed or wide-open spaces provoke panic. The individual may feel a disturbing attraction to the void, triggering vertigo. The sight of tall buildings causes panic, as if being crushed.

Aconitum napellus is indicated for treating the associated panic attacks.

CALCAREA CARBONICA

This patient fears everything: the unknown, change, noise, emptiness, and missing out. Anxiety increases notably at the end of the day.

GELSEMIUM

Unlike *Argentum nitricum*, this profile is characterized by paralysis and inhibition. The individual oscillates between fear and the inability to act, which manifests as tremors.

LYCOPODIUM CLAVATUM

Becomes phobic in situations involving change or interaction with strangers. Experiences a loss of self-confidence, may withdraw from responsibilities, and can become controlling or

tyrannical toward close relatives — or alternatively, retreat into isolation.

PULSATILLA

This individual struggles with insecure attachments and unstable relationships. Their focus is more on projecting an image than on authentic identity. This dynamic breeds fear, embarrassment, and disappointment—especially in romantic or gendered interactions, where panic sets in.

SILICEA

Chronically exhausted and constitutionally fragile, this patient suffers from low self-confidence. They harbor multiple fears and practice constant avoidance. A typical manifestation is a specific phobia of needles, both for themselves and others.

THEMES IN SPECIFIC PHOBIAS

Each homeopathic medicine corresponds to particular phobic themes:

ACONITUM NAPELLUS

fear of sudden death, fear of going mad

ANACARDIUM ORIENTALIS

impulse phobias

ARGENTUM NITRICUM

elevators, subways, crowds, flying, sharp objects

ARNICA MONTANA | BELLADONNA

CHAMOMILLA VULGARIS

fear of physical contact

ARSENICUM ALBUM

fear of death, incurable illness, confined spaces, night, thieves

BORAX

fear of falling, fear of heights/emptiness

CALCAREA CARBONICA

fear of the unknown

KALIUM CARBONICUM

fear of solitude, noise, death, the future

Fears

LAC CANINUM

fear of snakes

LACHESIS MUTUS

fear of enclosed spaces, snakes, physical contact, poisoning

LUESINUM

fear of germs and contagion

NATRUM MURIATICUM

fear of confinement, fear of thieves

SANGUINARIA CANADENSIS

AMBRA GRISEA PULSATILLA

fear of blushing

SPIGELIA ANTHELMIA SILICEA

fear of needles

THUYA OCCIDENTALIS

fear of serious illness

SOCIAL PHOBIA, by contrast, involves much more intense emotional responses. The fears are massive, persistent, and disproportionate, arising in any situation where the person feels observed or heard. These fears may trigger a panic reaction that includes:

- Physical symptoms: facial flushing, sweating, trembling, frequent urination (pollakiuria), diarrhea
- Cognitive symptoms: fear of being watched, judged, ridiculed, or humiliated. This leads to overwhelming shame and self-consciousness, and the patient often enters a pattern of avoidance, giving up many daily activities in order to escape potential exposure. Their discomfort is typically concealed, to avoid drawing even more attention. Underlying it all is a deep fear of being judged by others.

SOCIAL PHOBIA TENDS TO ARISE IN FOUR MAIN RELATIONAL CONTEXTS:

- Performance situations: exams, interviews, public speaking
- Self-assertion situations: expressing opinions, making requests, refusing, accepting criticism
- Interaction situations: general conversation, speaking about oneself
- Observation situations: writing, eating, drinking, or working while being watched

ORIGINS

INBORN FACTORS:

Some children are temperamentally hypersensitive to novelty, which increases the risk of developing social phobia in adolescence or adulthood.

ACQUIRED FACTORS:

These relate to early environmental influences. For example, overly cautious parenting or parental inhibition may contribute. Being an only child or the eldest sibling is also considered a potential risk factor.

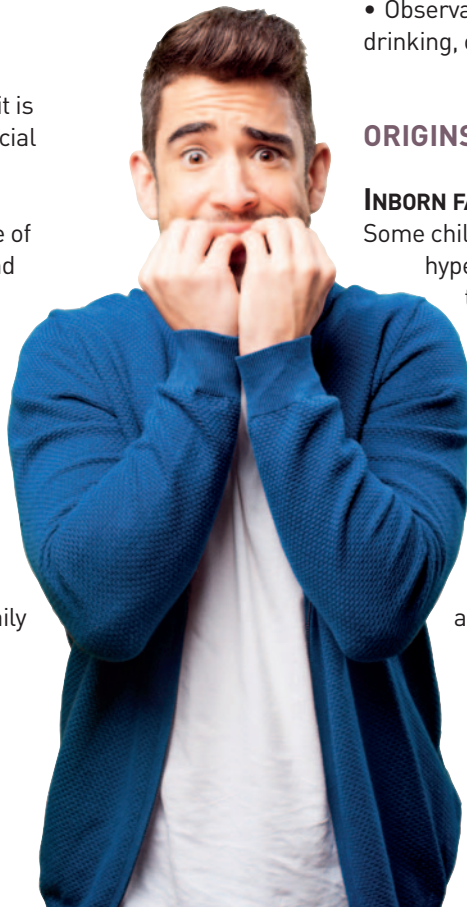
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Social Phobia

DEFINITION

To properly identify social phobia, it is important to distinguish it from social anxiety.

SOCIAL ANXIETY is defined as a sense of apprehension, internal tension, and external embarrassment triggered by the gaze or judgment of others. It is accompanied by internal rumination, typically centered around the fear of being judged. This judgment is always perceived as harsh and critical. While social anxiety is common and present to some degree in everyone, it becomes problematic when its impact on daily functioning is excessive.





▲ In social phobia, emotions are violent, fears are massive, excessive and persistent. They manifest themselves in all situations where one is seen or heard and trigger panic.

COMORBIDITIES

- **SUBSTANCE USE AND DEPENDENCE:**

alcohol, anxiolytics, cannabis, cocaine

- **ASSOCIATED PSYCHIATRIC CONDITIONS:**

- Major depressive episode: present in 45% of cases
- Simple phobia
- Agoraphobia
- Sexual dysfunctions: absence of erection, premature ejaculation, anorgasmia
- Personality disorders: particularly avoidant personality disorder

- Constipation when outside their comfort zone ("travel constipation")
- Blushing (erythema pudica) worsened by others' gaze or alcohol (cf. *Sanguinaria*)
- Emotional sensitivity to music, with fear of crying while listening to music

ARGENTUM NITRICUM

GELSEMIUM

IGNATIA AMARA

LYCOPODIUM CLAVATUM

PULSATILLA

These medicines correspond to distinct emotional profiles commonly observed in patients with social phobia and should be selected based on individual symptomatology.

AT-RISK PATIENT PROFILES

AMBRA GRISEA

- Characterized by avoidant personality and inability to initiate or manage new social interactions. May experience:
- Cognitive confusion, distractibility, and flight of ideas

ALTERNATIVE TREATMENT

Cognitive Behavioral Therapy (CBT) has demonstrated efficacy both during and after pharmacological treatment discontinuation.

Fears

BEHAVIORAL THERAPY:

- exposure to phobic situations, first in imagination, then in real life
- assertiveness training
- relaxation techniques

COGNITIVE THERAPY:

Cognitive restructuring—helping patients identify and challenge distorted thinking patterns related to social judgment and perceived risk.

CLINICAL CASE 1

From the first consultation, **Timothée** confides: *"I feel crushed by my anxiety. I don't trust myself, I doubt my abilities, I can't make decisions in my life. I need help. I've been told I suffer from social anxiety. I invite friends over, but I end up retreating into my own bubble. My girlfriend says that sometimes I'm no longer really there."* Timothée recently completed his law studies but now finds himself paralyzed by indecision regarding his professional future—leading to recurrent anxiety attacks. He describes having felt disengaged throughout his academic journey, *"dragging his studies like a burden,"* without a clear goal. He admits that many of his choices were made primarily to avoid others. He struggles with societal norms and says he feels "out of place." He self-identifies as a *"cultural anarchist."* Though deeply passionate about literature and cinema, Timothée becomes absorbed in these interests in an excessive, isolating manner. He can immerse himself in a book even when hosting friends, seemingly disconnected from the social interaction around him. Quiet and reserved, Timothée possesses insatiable intellectual and artistic curiosity. He finds some equilibrium through solitary sports, which he also practices with intensity — mainly long-distance running and competitive tennis. There is no identifiable traumatic event in his personal or family history that clearly explains his anxiety. He complains of mental fatigue and recurrent frontal headaches, partly due to convergence insufficiency, which has shown some improvement through orthoptic therapy. This contributes to difficulty concentrating. He wakes up already tired and often naps after lunch to recover. Although he sleeps deeply, his nights are filled with exhausting dreams, exacerbating his morning fatigue..

HOMEOPATHIC TREATMENT

- **Arsenicum album 15CH**, 1 dose on Sundays
 - **Calcarea phosphorica 9CH**, 1 dose on Wednesdays
- OTHER DAYS
- **Phosphoricum acidum 9CH**, 5 pellets in the morning
 - **Anacardium orientale 15CH**, 5 pellets in the afternoon
 - **Nux vomica 9CH** and **Gelsemium 9CH**, 5 pellets each at bedtime

COMMENTS

ARSENICUM ALBUM

Timothée oscillates between phases of anxious agitation — when he actively seeks help — and phases of dejection and self-deprecation. He worries constantly about his future. He is punctual and provides detailed accounts of his evolving symptoms.

CALCAREA PHOSPHORICA

Appropriate for students experiencing intellectual exhaustion after prolonged mental effort. Timothée presents the classic constitutional traits: tall, slender, and prone to fatigue.

PHOSPHORICUM ACIDUM

Complements Calcarea phosphorica in cases of fatigue associated with memory issues, indifference, and lack of motivation.

ANACARDIUM ORIENTALIS

Suitable for patients plagued by indecision and inner contradiction, which further hinders their ability to make clear choices.

NUX VOMICA

Addresses professional tension, inability to relax, restless and distressing dreams, and postprandial sleepiness.

GELSEMIUM

Helpful in cases of cognitive inhibition, negative

anticipation, fatigue, dissociation (“feeling in a bubble”), and emotional dullness.

ADDITIONAL RECOMMENDATIONS

Two complementary therapeutic strategies were suggested:

- Develop greater assertiveness, particularly in making life and career decisions.
- Implement targeted strategies for managing social anxiety, aiming to improve social functioning and reduce avoidance behaviors.

EVOLUTION

Orthoptic sessions were continued alongside homeopathic treatment, resulting in noticeable improvements in Timothée’s fatigue and headaches.

Since his social anxiety was largely sustained by persistent uncertainty around his professional direction, we introduced a **structured problem-solving strategy** — a simple and accessible method anyone can use to clarify complex decisions.

1. DEFINE THE PROBLEM

What type of career interests you? In which fields are your skills relevant?

Timothée expressed interest in all things related

to literature and the arts. Potential paths included working in a publishing house, a library, the audiovisual industry, or a consulting firm for artists— particularly in the area of intellectual property law related to artistic works..

2. CONSIDER THE OPTIONS

Together, we evaluated the advantages and disadvantages of each possible direction.

3. SELECT A PATH TO EXPLORE FURTHER

Which option feels both most aligned with your thinking and most feasible to explore in practical terms?”

- Two concrete possibilities were identified:
- Seeking an internship in a publishing house or in the audiovisual sector
- Enrolling in a specialized postgraduate program (DESS) to gain credibility after a generalist law degree

4. SET CLEAR STEPS AND A TIMELINE

Timothée committed to exploring both options, with a scheduled follow-up to assess progress and refine goals. Over time, the plan crystallized. Timothée secured a paid internship with a publishing house and enrolled in a master’s program in law, specializing in intellectual property — a field that bridges his legal background with his artistic passions.



▲ Each of us must learn to live with our fears. Some protect us from potential or real danger, while others are very debilitating because they affect us by restricting our safety perimeter.

Fears

EVOLUTION

We met again two years later. Timothée had just failed the oral portion of the bar exam, an experience he perceived as deeply unfair. Enraged, he told me he had been “torpedoed” by one of the professors on the jury. At the same time, he was under growing pressure from his family to find a job and avoid falling into what they described as ‘failure-to-launch’ pattern — still living at home, struggling to get up in the morning, and drifting through the day without purpose. I recommended that he consult a career coach, particularly one specialized in job search strategies, to help him make the most of the intellectual property law degree (DESS) he had successfully completed. The aim was to refocus Timothée’s thinking while also reinforcing his self-worth.

ADJUSTED HOMEOPATHIC TREATMENT

- **Staphysagria 15CH** – 1 dose on Sundays: for the sense of injustice and suppressed anger.
- **Phosphorus 15CH** – 1 dose weekly: for mentally fatigued individuals destabilized by failure.
- **Kalium phosphoricum 9CH** – 5 pellets twice daily: for irritability and reduced effectiveness linked to fatigue.

Following his coach’s advice, Timothée enrolled in a work-study Master’s program in corporate consulting. This new environment allowed him to assert his strengths, which were recognized both by his professors and by his workplace supervisor. He successfully completed the program, helping him to put his previous bar exam failure into perspective.

Self-esteem is rebuilt and strengthened through concrete accomplishments, not ideas — it is grounded in realities, not utopias.

OUTCOME

Timothée is now significantly more at ease in his personal and professional relationships. He has a clear sense of both what he wants to do and what he is capable of achieving. Two realistic and attainable career paths are now open to him: Working in a consulting firm focused on corporate philanthropy, or practicing as a lawyer specializing in intellectual property. He is currently registered to retake the bar exam in the coming months. His girlfriend describes him as more present and more expressive than ever before.

CONCLUSION

Within our therapeutic arsenal, we have homeopathic medicines that are specifically indicated for social anxiety. However, they must be complemented by an empathetic approach rooted in common sense, supported by the use of simple, practical techniques.

The problem-solving method, as illustrated in Timothée’s case, has proven its effectiveness. It is widely used not only in psychology but also in organizational settings and family life. This approach facilitates the resolution of conflicts or the making of decisions that require shared agreement, by ensuring that the perspectives of all parties involved are taken into account.



School Phobia

School phobia is a specific form of social phobia that increasingly affects children at younger ages, with cases now appearing as early as preschool.

If not addressed promptly, school phobia can lead to complete withdrawal from the educational system, often requiring home-based instruction via France’s *Centre National d’Enseignement à Distance* (CNED). While this may seem like a solution, it can be counterproductive — these children are often bright but emotionally fragile. They may achieve good academic results, yet resist returning to a traditional school setting. Reintegration must therefore be gradual, ideally starting with subjects or contexts in which no conflicts are present.

AT-RISK PROFILES (PHOBIA AND SCHOOL BULLYING)

AMBRA GRISEA

A hypersensitive, impressionable, and inhibited child who fears judgment.

ARSENICUM ALBUM

An anxious, meticulous, perfectionist child with anticipatory anxiety and separation fears.

CALCAREA CARBONICA

A slow, stubborn, and fearful child, resistant to change.

CAUSTICUM

A fearful, hypersensitive, and emotionally reactive child who withdraws to protect themselves.

GELSEMIUM

A child overwhelmed by fear, prone to freezing or procrastination when facing danger.

IGNATIA AMARA

Anxious and hypersensitive, with variable and often spasmodic somatic symptoms.

LYCOPodium CLAVATUM

Intelligent yet controlling child, who may alternate between being bullied and becoming a bully.

NATRUM MURIATICUM

Introverted, secretive, emotionally ambivalent, and socially withdrawn.

OPIUM

An inhibited child unable to respond or react.

PHOSPHORUS

An elegant, passionate, and expressive child whose originality makes them feel out of sync with their environment.

PLATINA

Hides loneliness and shyness behind a dramatic or hysterical façade.

PULSATILLA

Timid, emotional, suggestible; fears rejection and lacks self-assertion. Unable to say "no."

SEPIA OFFICINALIS

Dutiful and withdrawn, prefers solitude and shows little outward emotion.

SILICEA

Intelligent but easily fatigued and irritable. May be bullied due to perceived overprotection by teachers.

STAPHYSAGRIA

Somatizes anger and frustration.

THESE PROFILES ARE CONSISTENT WITH THOSE IDENTIFIED IN OFFICIAL STUDIES OF SCHOOL BULLYING VICTIMS, who often share the following traits:

- Low self-esteem
- Shyness
- Poor sense of self-efficacy
- Emotional instability
- Passivity

HOW TO DETECT SIGNS OF SCHOOL BULLYING?

- Psychosomatic symptoms: abdominal pain, headaches, eczema
- Eating disorders
- Memory loss, attention difficulties
- Sleep disturbances

CLINICAL CASE 2

Christophe is currently in 9th grade at a school frequently marked by conflict, including racism and drug-related violence. He is afraid of the hostile environment around him. When he comes to consult, he complains of abdominal pain and outright refuses to return to school.

CLINICAL EXAMINATION

Palpation reveals abdominal tenderness. Christophe describes sudden-onset spasms, relieved by the fetal position. He reports diarrhea "*just from the thought of going to class.*" His appetite is low, and he feels full quickly. The remainder of the physical exam is normal.

MEDICAL HISTORY

- His mother's pregnancy was uneventful, but labor was very long. Christophe experienced bradycardia during delivery and required four days in neonatal care, resulting in early separation from his mother.
- He had atopic eczema during his first year, followed by asthma.
- Allergy testing showed an egg allergy.

Fears

- The atopic dermatitis and asthma were successfully managed with homeopathic treatment. Christophe no longer suffers from asthma and has developed good respiratory function through regular sports.
- He still has atopic skin, requiring daily application of emollients.
- Since early primary school, he has complained of abdominal pain and diarrhea at the start of each school term and after vacations, often feeling a sense of oppression.

HOMEOPATHIC TREATMENT

- ***Arsenicum album 15CH*** and ***Lycopodium clavatum 15CH***: 1 dose alternating Sundays

DAILY TREATMENT:

- ***Ignatia amara 9CH***: 5 pellets morning and afternoon
- ***Gelsemium 9CH***: 5 pellets at bedtime
- ***Magnesia phosphorica 5CH***: 5 pellets as needed during painful colic episodes.

A follow-up consultation was scheduled every 15 days.

COMMENTS

ARSENICUM ALBUM

Indicated due to the patient's history of eczema and asthma, with residual dry skin. Christophe is organized and forward-thinking but hindered by severe anticipatory anxiety and separation fears.

LYCOPODIUM CLAVATUM

Supports liver and digestive fragility and history of eczema. Symptoms include bloating, early satiety, and anxiety expressed through outbursts of anger—sometimes culminating in school refusal.

IGNATIA AMARA

For emotional oppression and tearfulness, which improve with distraction (e.g., sports).

GELSEMIUM

For anticipatory anxiety and emotional paralysis accompanied by diarrhea.

MAGNESIA PHOSPHORICA

Antispasmodic, perfectly suited to Christophe's abdominal symptoms.

ADDITIONAL SUPPORT

In parallel with homeopathic treatment, psychotherapy focused on two key areas:

- **STRESS MANAGEMENT**, including training in relaxation techniques.
- **SCHOOL RE-ENGAGEMENT**, using a motivational anchor: Christophe expressed a strong interest in pursuing a vocational certificate (BEP) in horticulture after completing 9th grade. Notably, Christophe was born in September, and a pattern was observed: his psychosomatic symptoms resurfaced around his birthday each year—coinciding with the start of the school year. This led to an important therapeutic insight: a symbolic reenactment of his early separation from his mother at birth (i.e., during neonatal hospitalization). This was acknowledged, verbalized, and integrated meaningfully into his personal narrative.

OUTCOME

- The combination of closely monitored homeopathic treatment—adhered to with the typical discipline of *Arsenicum album* profiles—and ten psychotherapy sessions over several months helped to significantly reduce Christophe's anxiety.
- His abdominal colic symptoms resolved.
- A change in school leadership improved conflict management: fewer fights, less drug presence, and reduced stress.
- Christophe's academic record improved, and his aspiration to enter a horticulture program became a motivating and stabilizing goal.

CONCLUSION

All healthcare professionals are observing a rise in school phobia. While conflicts within educational settings are often the root cause, early identification of at-risk children is essential. *Arsenicum album* is a clear example of such a risk profile.

Symptomatic homeopathic medicines—particularly those addressing anticipatory anxiety (*Gelsemium*, *Ignatia*) and abdominal somatization (*Magnesia phosphorica*)—likely prevented Christophe's case from becoming chronic. Without this intervention, he may have

developed full-blown school refusal requiring home-based education. Identifying the symbolic link between the recurrence of psychosomatic symptoms at the start of each school year and the original separation anxiety at birth allowed Christophe to find meaning in his symptoms—and, through that, a sense of peace. His condition is best understood not as school phobia alone, but as the expression of a vulnerable child's unresolved separation anxiety, given shape through a very real and visible struggle with education.

7 Post-Traumatic Stress Disorder (PTSD)

DEFINITION AND OVERVIEW

As its name suggests, post-traumatic stress disorder typically develops following a profoundly distressing event. Among anxiety disorders, it is one of the most complex and challenging to treat. The emotional and cognitive upheaval it causes can deeply disrupt a person's worldview and their sense of safety in society. In a state of intense distress, the individual may develop depression or addictive behaviors. They live in constant fear of the trauma recurring, which fuels sadness, hypervigilance, and vivid re-experiencing of the event. Anger is a constant presence, often overwhelming, and patients are haunted by flashbacks and nightmares. PTSD patients often harbor dysfunctional cognitive patterns that keep them trapped in cycles of fear, avoidance, shame, despair, and depression.

TREATMENT APPROACH

PSYCHOTHERAPY INTERVENTION

Psychotherapy is foundational in the management of PTSD. A primary goal is to help patients express their anger without violence, avoiding self-blame or internalized victimization—common thought patterns include: *"It's my fault," "I reacted badly," "The world is dangerous," "It happened because of who I am."*

It's also essential to treat comorbid depression and associated cognitive distortions, such as:

- Shame, guilt, and sadness
- Emotional withdrawal or isolation
- Substance abuse (alcohol or drugs)

HOMEOPATHIC APPROACH

Medicines indicated in PTSD:

ACONITUM NAPELLUS

panic with cardiovascular symptoms

ARNICA MONTANA

psychological pain experienced as physical pain

GELSEMIUM

emotional paralysis and shock

LACHESIS MUTUS

disproportionate anger, impulsivity, sometimes linked to alcohol use

NATRUM MURIATICUM

SEPIA OFFICINALIS

deep sadness, isolation

STAPHYSAGRIA

suppressed anger, somatized rather than expressed
If the patient presents with other anxiety or depressive symptoms, these should be treated with the corresponding homeopathic medicines based on the Individual Reaction of the Patient (IRP)

CLINICAL CASE 3

A clinical psychologist referred 10-year-old **Michel** to me for suspected PTSD following a traumatic nighttime burglary, during which Michel was awakened abruptly. Since then, he has suffered from recurrent insomnia, leading to both physical and mental fatigue.

FIRST CONSULTATION

Michel appears disengaged during the appointment, playing quietly with two Playmobil figures, reenacting a police-and-robber scenario. On closer observation, it becomes clear he is reliving the traumatic event—complete with police intervention—through play.

Fears

His medical and family history is unremarkable. His parents describe him as affectionate but disorganized, often rushing through tasks and struggling with structure. Psychological testing revealed visuo-spatial dyspraxia, along with dysgraphia, dyslexia, and dysorthography. Though the therapeutic connection is positive, Michel remains restless and impatient, frequently telling his parents that the session is too long.

When asked about the burglar who attempted to break into the home, Michel experiences a panic reaction. On physical exam, he presents with tachycardia and epigastric pain, accompanied by loud belching. His tongue is coated with a thick white film. He drools excessively, especially at night. He suffers from onset insomnia and terrifying dreams, often centered around his fear of intruders. The PTSD diagnosis is evident—compounded by the developmental challenges of dyspraxia.

HOMEOPATHIC TREATMENT

- ***Calcarea phosphorica 15CH* and *Argentum nitricum 15CH***: 1 dose, alternating medicines every other Sunday
- THE OTHER DAYS:
- ***Antimonium crudum 9CH*** – 5 pellets in the morning
- ***Mercurius solubilis 15CH*** – 5 pellets in the afternoon
- ***Aconitum napellus 9CH*** – 5 pellets at bedtime and during episodes of acute anxiety.

COMMENTS

CALCAREA PHOSPHORICA

appropriate for a growing child experiencing fatigue, frontal headaches, and concentration difficulties. Strong cravings for cured meats.

ARGENTUM NITRICUM

addresses Michel's hyperactivity, impulsivity, and digestive symptoms (belching, aerophagia).

ANTIMONIUM CRUDUM

for the appearance of his tongue and digestion profile.

MERCURIUS SOLUBILIS

for nocturnal hypersalivation and overall restlessness contributing to school challenges.

ACONITUM NAPELUS

classic acute remedy for panic at bedtime triggered by PTSD traumatic flashbacks.

SECOND CONSULTATION

Michel is improving. His digestive issues have resolved, and his tongue appears cleaner. He has also started eating more slowly and has expanded his diet. Falling asleep is now easier, though he still suffers from recurring nightmares about burglars, waking up in panic. The treatment was adjusted:

NEW PRESCRIPTION:

- ***Natrum muriaticum 15CH* and *Argentum nitricum 15CH*** – alternating every other Sunday
- All other medicines were continued

EVOLUTION

I continued to see Michel occasionally for brief relaxation sessions during which we gently revisited the original trauma.

After taking *Natrum muriaticum*, his fear of burglars disappeared within days. In truth, Michel already presented the constitutional profile for *Natrum muriaticum* before the trauma—these traits had simply been masked by the PTSD. He is a tall, thin, solitary child with a preference for salty foods, emotionally reserved despite outward restlessness, and inwardly anxious. The prescription of *Natrum muriaticum* gradually restored emotional balance and resolved the lingering effects of PTSD.

CONCLUSION

Each of us must learn to live with our fears. As we've seen, some fears are protective, warning us of real or potential dangers. But others can become debilitating, restricting our sense of safety and negatively impacting our daily lives and relationships.

In today's world, we are increasingly exposed to fears amplified by media and social networks. Likewise, totalitarian systems, whether secular or religious, often cultivate societal fears that erode individual autonomy and free will. For all these reasons, it is our responsibility as physicians to preserve our clinical freedom — so we can help our patients resist irrational fear. ■

Nadège Putod, MD
Chantilly (France)



CLINICAL CASE

Julia, age 8, is brought in by her mother to seek homeopathic support for better management of her anger outbursts.

This little blonde girl is very calm and attentive during the consultation. Her outbursts occur only at home, typically triggered by frustration. The anger first manifests as violence directed toward herself or objects, followed by Julia going up to her room (either on her own or at her parents' request), where she screams loudly. She comes back down once she has calmed herself.

She has no sleep issues, and everything is going very well at school.

Her mother explains that the pregnancy went smoothly, although she drank excessive amounts of coffee and experienced



▲ At the start of anger attacks, only manifested at home.



▲ After treatment, joy when they come back from football...

postpartum depression. She adds that the pregnancy preceding Julia's ended with a stillbirth.

Julia has always been very cheerful, lively, and eager for attention. According to a psychologist consulted by the mother, Julia may have "*done everything she could*" to keep her mother alive during the depression. She has never shown distress during separations (e.g., going to school).

IN HER MEDICAL HISTORY, WE FIND:

- Recurrent ear infections, without any clear seasonal pattern. Last year alone, she had one about every two months. Antibiotics were not used systematically — only twice—and she recovered fully between episodes.
- A urinary tract infection around age 5.
- Digestive profile: she has a good appetite, eats well, dislikes sour cream, vegetables, and pepper. Despite her preferences, her diet is fairly balanced.
- She is not sensitive to cold, she presents with head sweats, especially at night.

Behavioral Disorders in Children

THE CLINICAL EXAM reveals only mild cervical lymphadenopathy, a height of 135 cm, and weight of 28.9 kg.

■ **MY PRESCRIPTION** *(for three months):*

- **Silicea 15CH:** 1 dose every Sunday, to for the CRM in the context of recurrent infections and head sweating.
- **Aurum metallicum 15CH:** 5 pellets every morning as the ST, for anger outbursts and a history of recurrent otitis.
- **Coffea tosta 15CH:** 5 pellets every morning, to address mother's coffee consumption during pregnancy.

As planned, I see Julia again three months later — this time accompanied by her father. She explains herself that she feels much better, with anger that rises but now quickly subsides, making everything go more smoothly. Her father adds that she is now more willing to listen and cooperate.

In addition, she has had no ear infections, only a minor viral sore throat that resolved quickly. She is very energetic and excited when she comes back from playing soccer. Julia has also begun psychological counseling two weeks ago, to help her manage her emotions. Her clinical exam is completely normal.

■ **I CONTINUE THE SAME TREATMENT REGIMEN** *and add:*

Arnica montana 9CH: 5 pellets before and after soccer practice.

CLINICAL CASE

Asthma and Hypertension in a Woman Rosacea in a Man

Philippe Desobeau, MD
Bayonne (France)



CLINICAL CASE 1

ASTHMA AND HYPERTENSION IN A WOMAN

The patient, a 51-year-old woman, has suffered from asthma since the death of her mother 14 years ago. Her attacks are nocturnal, typically occurring around 2:00 a.m., and are relieved with salbutamol (Ventolin®). She has noted a seasonal pattern, with symptoms worsening during hot summer days. She entered menopause three years ago and reports no hot flashes. However, she has gained 13 kilograms in the past year (now weighing 87 kg at a height of 1.59 m) and has been unable to lose the excess weight. She has been treated for hypertension for the past two years with a cardioselective beta-blocker, bisoprolol (Detensiel® Zebeta®). In addition, she has had a long-standing dependence on benzodiazepines, taking alprazolam (Xanax® 0.5 mg) daily for the past 30 years.

What can you suggest for this patient?

→ Response on the following pages



CLINICAL CASE 2

ROSACEA IN A MAN

Mr. Roger A., a 40-year-old milling machine operator, presented with rosacea that had developed two years prior. Initially characterized by erythrosis and facial flushing affecting the cheeks and nose, his condition progressed to painful papulopustular lesions primarily on the nose. For the past four months, he has been treated with doxycycline (Tolexine®) under the care of a dermatologist, who is also considering initiating laser therapy.

The patient is stocky (80 kg at 1.66 m), with notably red ears and a lively, sociable demeanor. He experiences excessive warmth and actively seeks out cool areas when in bed. His feet sweat heavily, and he has interdigital fungal infections. He works standing all day and complains of heavy legs, particularly during the summer. He is intolerant to heat, especially sunlight, and cannot bear tight collars. He reports drinking one glass of wine with each meal and experiences facial flushing after eating — particularly in the cheeks.

What would you prescribe?

→ Response on the following pages

Asthma and Hypertension in a woman / R E S P O N S E

■ PRESCRIPTION

- *Lachesis mutus 15C*, 5 pellets at bedtime
- *Kalium carbonicum 9C*, once weekly

RATIONALE FOR PRESCRIPTION

LACHESIS MUTUS WAS CHOSEN BASED ON:

- Asthma exacerbated by heat during summer
 - A strong emotional link between the onset of symptoms and the grief following her mother’s death. Other homeopathic medicines frequently considered in the context of grief-induced pathology include: *Arsenicum album*, *Aurum metallicum*, *Causticum*, *Gelsemium*, *Ignatia amara*, *Natrum muriaticum*, *Opium*, *Phosphoricum acidum*, *Phosphorus*, and *Pulsatilla*. For *Lachesis mutus* the other relevant symptoms to look for are:
 - Sensation of chest tightness or respiratory oppression, especially when lying on the left side
 - Marked intolerance to tight clothing, particularly around the neck
 - Cephalic congestion with a purplish hue, especially noticeable on the ears and cheeks
 - A paradoxical sense of well-being in the evening.
- Lachesis* is an often-overlooked but highly relevant medicine for asthma, both in acute management and as a long-term constitutional support—on par with more commonly used medicines such as *Arsenicum album* and *Kalium carbonicum*.
- Lachesis* is also indicated in other respiratory conditions:
- Certain forms of sleep apnea, particularly with a sensation of suffocation while falling asleep (*Ammonium carbonicum*, *Grindelia*, *Opium*) or during sleep (*Lycopodium*, *Opium*)
 - Nocturnal cough that does not awaken the patient (*Chamomilla*, *Tuberculinum*)

KALIUM CARBONICUM WAS SELECTED FOR:

- The timing of the asthma attacks, consistently around 2:00 a.m. (between 2–4 a.m.)
- For *Lachesis mutus* the other relevant symptoms to look for are:
- Heightened sensitivity to unexpected noise, resulting in a startle reflex
 - Involuntary jerking of the lower limbs at night in bed (*Agaricus*, *Anacardium orientale*, *Argentum metallicum*, *Arsenicum album*, *Natrum muriaticum*, *Sulphur*, *Thuja occidentalis*, *Zincum metallicum*)
- Interestingly, the classic posture that improves

cardiorespiratory symptoms—sitting up and leaning forward with elbows on the knees—was not observed in this case.

FOLLOW-UP

The patient experienced complete resolution of her nocturnal asthma attacks, along with disappearance of facial congestion and lower limb myoclonus during sleep.

■ FIFTEEN YEARS LATER, HER CONDITION REMAINS STABLE:

- *Lachesis mutus 30C*, at bedtime, 5 days per week
- *Kalium carbonicum 15C*, one dose every 15 days

She has successfully discontinued Xanax®, after more than a decade of daily use. Despite treatment with *Lachesis*, she continues to require antihypertensive therapy. Regarding the place of Homeopathy in hypertension, it depends largely on the chronicity of the condition:

- **IN LABILE HYPERTENSION** or recent-onset sustained hypertension, homeopathy may be considered as a first-line option—provided that blood pressure is monitored closely. Remedies such as *Gelsemium*, *Ignatia amara*, *Natrum muriaticum*, and *Nux vomica* are commonly used.
- **IN LONG-STANDING OR PERMANENT HYPERTENSION**, homeopathy is best viewed as a complementary therapy. While it may allow for a reduction in allopathic treatment in some cases, it should not be expected to replace conventional medications. This integrative approach has been a guiding principle in our practice for nearly 40 years—and to date, not a single case of stroke has occurred among our hypertensive patients under this combined care strategy.
- **IN CASES OF HYPERTENSIVE CRISIS**, we follow a consistent protocol: Remedies such as *Aconitum*, *Arnica*, *Belladonna*, *Gelsemium*, *Glonoinum*, *Melilotus*, *Nux vomica*, *Opium*, *Veratrum Viride* — and more rarely *Serotoninum* or *Strontium carbonicum* (notably when symptoms improve paradoxically with heat)—may be considered. However, these are always prescribed under strict medical supervision, typically in a hospital setting. ■

■ PRESCRIPTION :

- ***Carbo vegetabilis* 5CH**: 5 pellets every morning
- ***Sanguinaria canadensis* 7CH**: 5 pellets every evening
- ***Lachesis mutus* 9CH** and ***Sulfur* 9CH**: alternating doses every Sunday
- ***Thuya occidentalis* 9CH**: 1 dose every Wednesday
- ***Apis mellifica* 30CH**: 5 pellets every hour for 6 hours following laser sessions

RATIONALE FOR PRESCRIPTION

• ***Carbo vegetabilis*** was chosen for its effectiveness in treating facial erythrosis after meals triggered by wine consumption and rosacea. It was preferred over ***Carbo animalis***, systematic prescription for some.

• ***Sanguinaria canadensis*** is indicated for the erythematotelangiectatic rosacea, (Subtype 1), particularly in the cheeks, and is effective for episodes of flushing.

• ***Lachesis mutus*** addresses the patient's heat intolerance (especially to sunlight), sensitivity to constriction at the neck, nasal congestion, and emerging signs of rhinophyma (Subtype 3). It also aligns with the suspicion of moderate alcohol use.

• ***Sulfur*** is classically indicated in rosacea with papulopustular lesions (Subtype 2), and is consistent with the patient's overall Sensitive Type.

• ***Thuya occidentalis*** was prescribed due to the slow, chronic course of the rosacea and the prolonged use of antibiotics from the tetracycline family.

• ***Apis mellifica*** is recommended for its anti-inflammatory and soothing effects following laser therapy, particularly to relieve burning sensations and localized post-treatment irritation.

ADDITIONAL COMMENTARY

Other homeopathic medicines often considered in rosacea management include ***Agaricus***, ***Aurum metallicum***, ***Ledum palustre***—especially in cases associated with alcohol use—and ***Natrum carbonicum***.

FOR LOCAL ACTION, THE FOLLOWING REMEDIES MAY BE USED AS SECOND-LINE OR TOPICAL ADJUNCTS:

• ***Arnica montana***, particularly when lesions are symmetrical and accompanied by papulopustular eruptions.

• ***Eugenia jambosa***, which is especially appropriate in confirmed cases of chronic alcohol consumption. ■



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Véronique Lavallée, MD
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CLINICAL CASE

I meet **Mr. P.** for the first time in 2021.

A patient who underwent surgery for prostate cancer in 2019, the operation was followed by radiotherapy and hormone therapy with Decapeptyl® (triptolerin), which he did not tolerate (intense fatigue, unbearable, frequent and intense hot flashes).

Mr. P. stopped the treatment because of the side effects, which profoundly altered his daily life, but a year later his PSA levels rose again. At the insistence of his specialist and family, he resumed treatment, but stopped again after a month.

Under family pressure, he resumed hormone therapy with Decapeptyl® (triptolerin). His specialist then suggested a homeopathic consultation to alleviate the hot flashes.

FIRST CONSULTATION

Mr P. has had an implant for 3 months; he experiences:

Highly congestive hot flashes, with profuse sweating all over the body, leading him to change clothes two or three times a night; sensation of heat and fire (face and chest) between 15 and 20 times for a 24-hour period (about once an hour), which has a major impact on his sleep. Intense fatigue, sometimes leading to a feeling of malaise; he can no longer perform any continuous activity, feeling exhausted at the slightest effort, which he finds difficult to

bear because he likes sports and is quite athletic; this affects his morale, he sometimes gets irritable, which he expresses openly (he quickly becomes annoyed by the advice of those around him).

MEDICAL HISTORY: treated hypertension, Type 2 diabetes, moderate renal failure.

USUAL BEHAVIOR: jovial, enjoys company, sports (he is a soccer coach), usually positive, good-natured, likes to eat well (he like everything but really likes sweets). He has always been overweight, despite his physical activity. Currently, on a psychological level, he feels that the feeling of exhaustion is rubbing off on his morale, and he "doesn't recognize himself".

■ PRESCRIPTION

- **Belladonna 15CH** and **Jaborandi 15CH**: 5 pellets of each 3 to 4 fois a day (symptomatic medicines of hot flashes)
- **Arsenicum album 15CH**: 3 pellets in the morning (Great Toxic).
- **Sulfur 15 CH**: 5 pellets in the evening (Sensitive Type).
- **Phosphoricum acidum** in increasing dilutions **5-9-15-30 CH**: 1 dose daily for 4 days, then switch to **Phosphoricum acidum 30 CH**, 5 pellets daily.

PRESCRIPTION ANALYSIS

BELLADONNA

hot flashes, with congestive facial flushing, profuse sweating, pounding headache.

Prostate Cancer

JABORANDI

medicine of limited action, excessive sweating; I use it very effectively in situations where excessive sweating is the main problem, and over the years, my experience with patients has led me to prefer the higher dilutions

ARSENICUM ALBUM

a homeopathic medicine that acts on the noble organs and is used here as a "Great Toxic", for the similitude with the toxicity of the molecules used and their adverse side effects.

SULFUR

It is the Sensitive Type medicine for Mr P., with behavioral and pathological tendencies characteristic of *Sulfur*

PHOSPHORIC ACIDUM

for physical and psychological fatigue, with feeling of exhaustion and reactional depressive state.

6 WEEKS LATER

Mr P. is very optimistic, as it has had none of the feared side effects. He still experiences a certain physical fatigue, but much less feelings of exhaustion, and above all he notes an almost complete disappearance of the hot flashes.

THE CLINICAL EXAMINATION is stable, Blood pressure is at 140-70 and PSA is well managed (< 0.01). I renew the treatment without any changes, spacing out the symptomatic medicines and telling him to take it more often if the hot flashes return.

■ PRESCRIPTION FOR 3 MONTHS

- ***Arsenicum album 15CH***: 5 pellets daily.
- ***Sulfur 15CH***: 5 pellets daily.
- ***Belladonna 15CH* and *Jaborandi 15CH***: 5 pellets of each medicine daily, or several times a day if the hot flashes come back.

6 MONTHS LATER

Mr P. renewed the treatment during these 6 months. He is now coming back for a consultation because, for the last 2 months, several adverse side effects have come back.

- **NUMEROUS HOT FLASHES**, 20 to 30 per 24 hours, with a sensation of dizziness and malaise right after the hot flash episode.
 - **PROFUSE SWEATING** all over the body as soon as the hot flash episode starts, this happens day and night.
 - **SENSATION OF SEVERE EXHAUSTION**, morale is low, sleep disorders because of the numerous hot flashes .
- Mr P. came back to my consultation but was thinking of stopping treatment; after a long exchange, he finally agreed to resume homeopathic treatment for 2 months.

■ PRESCRIPTION

- ***Phosphoricum acidum*** in increasing dilutions over 4 days, followed by the same medicine in **15CH**, 5 pellets morning and evening.
- ***Belladonna 30CH*, *Sepia officinalis 9CH*, *Conium maculatum 9CH***: 5 pellets of each (symptomatic medicine), morning and evening, and increase the takes if the hot flashes come back.
- ***Sulfur 15CH***: 5 pellets daily (Sensitive Type).
- ***Arsenicum album 15CH***: 5 pellets daily (Great Toxic).

PRESCRIPTION ANALYSIS

Given the importance of the symptoms and the challenge of treatment compliance, I decide to prescribe both medicines *Sepia officinalis* and *Conium maculatum*:

SEPIA OFFICINALIS

The hot flashes episode starts in the pelvis, goes up to the face, with a feeling of unease, pelvic heaviness; depressive state, significantly decreased libido.

CONIUM MACULATUM

predominant depressive state, with severe psychological fatigue, psychomotor slowing down, dizziness, decreased libido (good complementary medicine of *Sepia officinalis*).



▲ Many patients suffer from debilitating hot flashes, difficult to treat. We must constantly re-interview our patient, re-evaluate our treatments, and not hesitate to modify them.

2 MONTHS LATER

Mr P. returns and describes very few changes:

- Hot flashes are very frequent, with congestion of the face extending from the pelvis, and a feeling of unease and dizziness during the episode (every hour).
- He's exhausted, finding it difficult to carry out his daily activities, which leads to a drop in morale.
- He loses taste for food, with a new sensation of metallic taste in the mouth.
- Loss of appetite, forcing himself to eat (dental problems over the past month have not helped).
- Tendency towards constipation.
- He's feeling a bit desperate (personally, I'm not far off), but still agrees to continue homeopathic treatment and would like to see me again within a maximum of 2 months.

■ PRESCRIPTION FOR 2 MONTHS

- ***Phosphoricum acidum 30CH***: 5 pellets morning and evening.
- ***Sepia officinalis 15CH*** and ***Usnea barbata 5CH***: 5 pellets of each morning and evening, or more if necessary.
- ***Mercurius solubilis 15CH***: 5 pellets daily (Great Toxic).
- ***Sulfur 15CH***: 5 pellets daily.

PRESCRIPTION ANALYSIS

USNEA BARBATA

is a medicine with limited indication for congestive hot flashes accompanied by dizziness, worsening in the evening. Interesting as a complement to other medications when the patient presents numerous disabling hot flashes episodes.

Prostate Cancer

MERCURIUS SOLUBILIS

is prescribed as a Great Toxic medicine for the oral symptoms that are starting.

2 MONTHS LATER

Mr P. is feeling much better, the hot flashes are less intense, shorter and much less frequent (less than 10 per 24 hours). He can walk for an hour every day. The hot flashes start in the back, and there is some night sweating that is not very intense.

■ PRESCRIPTION FOR 2 MONTHS

- *Sepia officinalis 15CH* and *Usnea barbata 5CH*: 5 pellets of each once a day.
- *Mercurius solubilis 15CH*: 5 pellets daily.
- *Sulfur 15CH*: 5 pellets daily.

2 MONTHS LATER

Mr P.'s general condition is much better, hot flashes are diminishing and may even become rare, fatigue is moderate; he continues to walk every day and feels the return of optimism.

■ I PRESCRIBE THE SAME TREATMENT.

In 2023, Mr. P. had to undergo spinal surgery, which left him very tired.

■ I PRESCRIBED

- *Bryonia 9CH* for post-surgical pain (improved by immobilization and wearing a tight lumbar belt), in addition to the unchanged homeopathic treatment.

Since 2023, he has been coming to see me every 3 or 4 months, and the hot flashes have reappeared after the spinal surgery, most of them congestive with excessive sweating once again, which has led me to modify the homeopathic treatment several times.

■ THE MOST EFFECTIVE TREATMENT SINCE THE END OF 2023 FOR HIS HOT FLASHES AND GENERAL CONDITION IS:

- *Sepia officinalis 15CH* (symptomatic and Sensitive Type medicine)
- *Belladonna 30CH* (symptomatic medicine)
- *Jaborandi 15CH*
- *Conium Maculatum 9CH*

He stopped using *Sulfur* a long time ago (of his own accord), and *Sepia Officinalis* acts on his hot flashes, his general condition and his morale (he says so during consultations). Over time, I find more and more signs of *Sepia Officinalis* in this patient.

He describes a spacing out of hot flashes (3 to 4 per day compared with 20 to 30 at the start), less intense hot flashes (mean intensity at 3/10 vs. 9/10 measured by VAS), with less sweating.

Mr P. renews this treatment regularly despite the financial cost, which weighs on him somewhat, because he feels an undeniable benefit from it; he thought he would not be able to continue the hormonal treatment that was essential for him, more than three years ago now.

Like him, many patients suffer from incapacitating hot flashes, and the succession of consultations clearly shows that they are difficult to treat, that we must constantly re-interview our patient, re-evaluate our treatments, and not hesitate to modify them. This case also illustrates the importance of prescribing a Sensitive Type medicine, to optimize the overall treatment. ■

Pelvic cancer surgery and homeopathic supportive care:

What are the therapeutic benefits?

Isabelle Fischer, MD
Versailles (France)



***P**elvic cancers represent a significant proportion of cancer cases in France. Surgical management varies depending on the cancer type and the stage at diagnosis.*

1 Introduction

The extent and consequences of pelvic cancer surgery can lead to a wide range of complications for patients — from minor hematomas to more serious digestive, urinary, gynecological, or psychological issues — all of which can impact daily functioning to varying degrees. Surgical intervention remains a virtually unavoidable step in the management of pelvic cancers, and outcomes are often improved when supportive care is implemented as early as possible.

Homeopathic care provided before, during, and after surgery may help address these complications by preparing patients for subsequent treatments and supporting faster recovery. As a complement to conventional therapy, it offers potential therapeutic benefits throughout the surgical pathway.

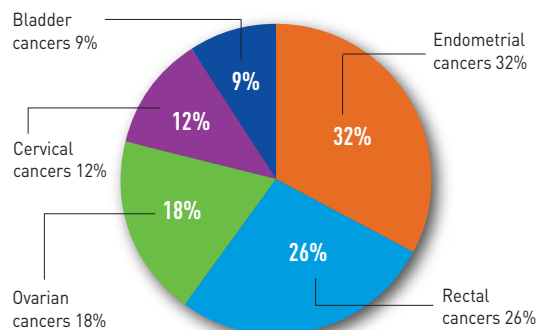
Following an epidemiological overview, this article will examine the surgical approaches recommended for various types of pelvic cancer, and explore the role of homeopathic supportive care in managing the resulting complications.

2 Epidemiology

In 2023, the number of new cases of all forms of cancer in France is estimated at 433,136, of which 57% will involve men and 43% women.

IN WOMEN, 25,874 cases of pelvic cancer were recorded, broken down as follows:

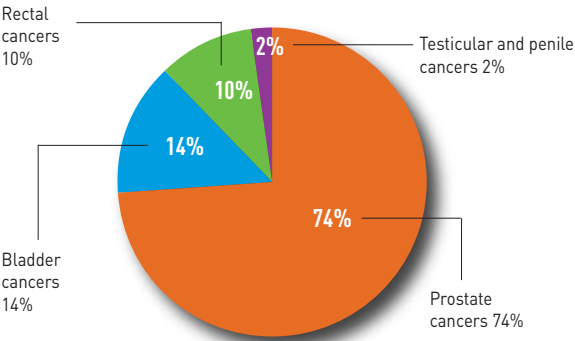
- 8,280 endometrial cancers (32%)
- 6,727 rectal cancers (26%)
- 4,657 ovarian cancers (18%)
- 3,105 cervical cancers (12%)
- 2,329 bladder cancers (9%)



Pelvic cancer surgery and homeopathic supportive care:

IN MEN, there were 81,824 cases of cancer of the pelvic region, distributed as follows:

- 59,885 prostate cancers (74%)
- 11,455 bladder cancers (14%)
- 8,182 rectal cancers (10%)
- 1,636 testicular and penile cancers (2%)



In men, nearly one in three cancers affects the pelvic region, with prostate cancer being the most common.

- **IN MEN:** The standard procedure is a radical cystoprostatectomy, including removal of the prostate, seminal vesicles, and pelvic and lumbo-aortic lymph node dissection, with or without urethrectomy.
- **IN WOMEN:** The approach includes radical cystectomy with resection of the bladder, uterus, anterior vaginal wall, and urethra, with or without bilateral oophorectomy, along with pelvic and lumbo-aortic lymphadenectomy.
- In both cases, urinary diversion is performed, which may include the construction of a neobladder via enterocystoplasty.

PROSTATE CANCER

When surgical treatment is indicated, the standard procedure is a radical prostatectomy, which includes removal of the prostate and seminal vesicles, along with pelvic and, in some cases, lumbo-aortic lymph node dissection. Whenever feasible, preservation of the neurovascular bundles is prioritized

RECTAL CANCER

Surgical treatment for rectal cancer is often preceded by neoadjuvant therapy, which may include chemotherapy (e.g., Oxaliplatin, 5-FU or Capecitabine, Irinotecan) and/or targeted therapies such as Bevacizumab, Cetuximab, or Panitumumab.

In this context, the role of homeopathic supportive care in prehabilitation is particularly important. Early supportive interventions can help maintain the patient's general condition, mitigate side effects of chemotherapy, and enhance postoperative recovery.

- SURGICAL MANAGEMENT IS DETERMINED BY THE TUMOR'S LOCATION WITHIN THE RECTUM:**
- **UPPER RECTAL LESIONS:** Resection of the tumor and mesorectum, followed by colorectal anastomosis and lymph node dissection.
 - **MIDDLE RECTAL LESIONS:** The same procedure, with the addition of a 5–6 cm colonic reservoir (J-pouch or coloplasty) to improve functional outcomes.

3 The different types of surgical management

Surgical management depends on the location and stage of the cancer at diagnosis, as determined by the histopathological analysis of biopsy specimens. The extent of surgery can vary significantly.

In the following section, we will review the surgical approaches specific to each pelvic organ. This will provide a clearer understanding of the resulting complications and their underlying mechanisms — an essential step in tailoring homeopathic supportive care to patient needs.

BLADDER CANCER

NON-MUSCLE-INVASIVE STAGE

Management typically involves transurethral resection of the bladder tumor (TURBT), which is both diagnostic and therapeutic.

MUSCLE-INVASIVE STAGE

Surgical intervention is more extensive and gender specific:

What are the therapeutic benefits?



▲ Homeopathic care provided before, during, and after surgery may help address these complications by preparing patients for subsequent treatments and supporting faster recovery.

• **LOWER RECTAL LESIONS:** A similar approach is used, but the creation of a colonic reservoir is only possible if negative surgical margins can be ensured. If not, an abdominoperineal resection (Miles procedure) is required, resulting in a permanent colostomy.

When a colostomy is needed, it may be temporary, lasting 2 to 3 months, typically to allow healing of the anastomosis, or permanent, depending on the extent of resection and the oncologic safety of sphincter preservation.

CERVICAL CANCER

As always, surgical management depends on the stage of the disease and ranges from conization to hysterectomy with resection of the upper vagina and pelvic lymph node dissection.

ENDOMETRIAL CANCER

Carcinologic surgery for endometrial cancer involves bilateral hysterectomy with

adnexectomy, which may be extended depending on the stage to include pelvic and lumbo-aortic lymphadenectomy, omentectomy, and resection of the upper third of the vagina.

OVARIAN CANCER

Ovarian cancer is a particular case, as diagnosis typically involves several surgical steps. Initial management includes a laparoscopic biopsy, followed by laparoscopic staging. Definitive carcinologic surgery consists of bilateral hysterectomy and adnexectomy, pelvic and lumbo-aortic lymphadenectomy, omentectomy, and resection of any visible lesions, depending on the extent of locoregional invasion.

Surgical management of pelvic cancers thus requires major procedures with multiple, complex consequences.

Conventional supportive care, complemented by homeopathic supportive care, helps alleviate symptoms and maintain the patient's overall condition, thereby improving response to and tolerance of subsequent treatments.

Pelvic cancer surgery and homeopathic supportive care:

4 What are the possibilities of homeopathy?

Homeopathy has its place in this challenge. It is used at different stages of the disease and its management.

BEFORE SURGERY

The preoperative phase is a critical period for prehabilitation, both physically and emotionally. The moment of diagnosis is a pivotal step in the patient's journey, and treatment plans are often adjusted based on the patient's psychological response. Among the various behavioral homeopathic medicines, the following are most commonly used. Each can be summarized with a few key words or phrases that reflect its primary indication:

GELSEMIUM

For patients overwhelmed by a succession of sudden bad news, marked by intellectual inhibition, dominant apprehension, and fear of the unknown or future.

STAPHYSAGRIA

The medicine of injustice, for those repeatedly asking, "Why me?"

NUX VOMICA

For immediate, explosive anger.

LYCOPodium CLAVATUM

For suppressed or ruminated anger.

ARGENTUM NITRICUM

For patients preoccupied with time, especially anxiety about the time they have left.

ACONITUM NAPELLUS

For intense panic and death anxiety, often accompanied by physical and/or verbal agitation.

Prior to surgery, it is essential to optimize both the patient's physical and psychological state, ensuring a sense of calm and clinical stability. This is the purpose of identifying the patient's Sensitive Type,



▲ During homeopathic supportive care, the patient is and remains at the center of care; their treatment is personalized, taking into account both their symptoms and their overall health.

which should be prescribed as early as possible — though it can still be valuable even if introduced later in the process. Doing so allows the physician to better understand the patient's individual strengths and vulnerabilities, to achieve better balance, and to anticipate the side effects most likely to dominate the post-treatment clinical picture. This foundational treatment is complemented by symptomatic prescriptions, tailored to the Individual Patient's Response (IRP).

In cases involving neoadjuvant chemotherapy, homeopathic treatment is used alongside conventional care to address side effects. For example, in rectal cancer treated with 5-FU/Oxaliplatin, patients may experience digestive, neurological, hematological (leukopenia), and dermatological (hand-foot syndrome) complications — each of which can be addressed through a structured program of homeopathic supportive oncology care.

By the end of this preparatory phase, patients are often able to approach surgery with greater peace of mind and improved resilience.

What are the therapeutic benefits?

SURGICAL PHASE

The surgical procedure may be performed via laparotomy or laparoscopy, with or without robot-assisted assistance, depending on the case and institutional protocols.

Anticipatory stress can be managed with

GELSEMIUM 15 CH

1 dose the day before surgery and another on the morning of the procedure.

In the immediate postoperative period, homeopathic treatment is tailored to the patient's specific response:

- **FOR SURGICAL TRAUMA:**

ARNICA MONTANA 30 CH

one dose as soon as possible.

- **FOR POST-ANESTHETIC CONFUSION:**

OPIUM 15 CH

one dose two hours after awakening, repeated the next day if needed.

- **FOR ANESTHETIC INTOLERANCE:**

NUX VOMICA and

CUPRUM METALLICUM

may be indicated, based on the following.

NUX VOMICA

is characterized by hypersensitivity to stimuli such as noise, odors, light, and pain, accompanied by marked irritability and a strong desire for immediate relief. It also presents with spasmodic nausea and vomiting, reflecting its antiperistaltic action.

CUPRUM METALLICUM

is marked by cramp-like pain and reflects a heightened sensitivity to medications, often accompanied by intense, anxious, and sometimes violent reactions.

“Homeopathy has its place in this challenge. It is used at different stages of the disease and its management.”

POST-SURGICAL CARE

Postoperative management must take into account several key factors, including the patient's overall condition, individual characteristics, and the quality of preoperative preparation—as well as any resulting consequences. This requires a flexible and responsive approach throughout the post-surgical period. We propose homeopathic interventions that, based on medical knowledge and clinical experience, appear to be the most appropriate for each specific situation and clinical presentation.

FATIGUE MANAGEMENT

Although often considered a classic and expected symptom during the post-surgical phase, fatigue can delay further treatment and prolong recovery time, with a significant impact on the patient's psychological well-being. Its management is therefore crucial—not only to ensure that fatigue is acknowledged by both caregivers and patients, but also to support a more acceptable and higher-quality convalescence.

POST-SURGICAL FATIGUE

PHOSPHORICUM ACIDUM

Administered in progressively increasing dilutions (5 CH, 9 CH, 15 CH, 30 CH), one dose per day starting on the day of surgery, following the SHISSO protocol. This protocol can be repeated every 10 days if necessary. Deep fatigue is often marked by memory issues, which may precede physical symptoms, and by crushing headaches localized to the vertex and neck. Aggravated by exertion and relieved by brief periods of sleep.

FATIGUE FOLLOWING LOSS OF FLUIDS

CHINA RUBRA

Indicated when fatigue is accompanied by pallor or

Pelvic cancer surgery and homeopathic supportive care:

cyanosis, profuse sweating, chills, and pulsatile occipital headaches. The patient may show hypersensitivity to touch and signs of emotional apathy. This medicine is especially suited to cases of iron-deficiency anemia.

NATRUM MURIATICUM

Used when fatigue follows significant fluid loss, with intense exhaustion and an insatiable need for sleep that fails to restore energy. The patient typically feels cold and loses weight despite a preserved appetite—typical of post-dehydration fatigue.

FERRUM METALLICUM

Appropriate in cases of anemia-related fatigue, marked by weakness, hypotension, palpitations, and facial flushing following exertion or emotional stress. Reflects vasomotor instability and is particularly indicated for inflammatory anemia.

MENTAL EXHAUSTION

KALIUM PHOSPHORICUM

For combined physical and mental exhaustion, with memory impairments, discouragement, and loss of confidence. Headaches are mostly occipital and accompanied by hypersensitivity to noise, touch, and pain, leading to irritability. Improvement occurs with calm and company; worsens with mental effort.

SELENIUM METALLICUM

Fatigue is exacerbated by sleep deprivation, presenting with memory issues and non-restorative

night sleep. The patient benefits from deep, restful morning sleep and experiences an irrepressible urge to lie down.

SILICEA

Used when physical exhaustion is severe enough to prevent normal functioning. Accompanied by nervousness, intellectual fatigue, and hypersensitivity. Particularly useful in demineralized or constitutionally weak patients.

ANACARDIUM ORIENTALE

Characterized by intellectual fatigue and memory difficulties, which worsen with mental effort but improve after eating. This state often includes loss of confidence, manifesting as irritability, anger, and sometimes rudeness.

HEALING

Delayed healing can lead to persistent pain, postpone the return to even light physical activity, increase the risk of superinfection, and, ultimately, cause the patient to withdraw into their suffering. The most commonly prescribed homeopathic medicines include:

STAPHYSAGRIA

For painful scars resulting from sharp or incised wounds, and abdominal pain following laparotomy.

LEDUM PALUSTRE

For scars from puncture wounds and bruises that are slow to resolve.

FLUORICUM ACIDUM

For painful, itchy keloid scars, especially those around mucocutaneous junctions (such as post-colostomy sites); also for ulcerations or fistulas with thin, foul-smelling, mucopurulent discharge and red, inflamed edges.

CAUSTICUM

For old scars that are painful, keloid, hypertrophic, or, conversely, atrophic and retracted.



▲ Fatigue can delay further treatment and prolong the patient's recovery time.

What are the therapeutic benefits?



▲ Delayed healing can lead the patient to withdraw into their pain.

PELVIC PAIN

Pelvic pain is often a direct result of surgical trauma and depends on both the complexity of the procedure and the patient's individual sensitivity. Let's go back to the Sensitive Type one more time:

ARNICA MONTANA

For pain following trauma, including deep bruising, soreness, and muscle aches; patients may feel as if the bed is too hard, are highly sensitive to touch, and improve with rest.

BELLIS PERENNIS

Particularly useful for trauma to the coccyx, pelvis, or breasts; presents with symptoms similar to those treated with *Arnica Montana*.

CUPRUM METALLICUM

For spasms affecting both smooth and striated muscles, described as sudden, cramp-like, and intermittent.

COLOCYNTHIS

For intense, paroxysmal cramping pain that comes and goes but is always severe; typically relieved by strong pressure, bending double, or applying heat. The pain often leads to marked irritability and agitation during painful episodes.

BOWEL TRANSIT DISORDERS

Due to their frequency and impact, bowel transit disorders remain a significant challenge for surgeons. Whether dealing with persistent constipation, debilitating diarrhea,

or sphincter dysfunction, proper management is essential—not only for patient comfort but also for the overall success of the surgical outcome. Conventional (allopathic) treatments, particularly for dumping syndrome, can be limited or problematic. This is where homeopathy may offer valuable complementary options.

DIFFICULTY RESUMING BOWEL TRANSIT

Delayed return of bowel function is often attributed to the effects of anesthesia, but can also be influenced by intraoperative positioning. For example, the Trendelenburg position, commonly used in genitourinary surgeries, can impair visceral function—something the intestines do not tolerate well. Fortunately, homeopathy provides several therapeutic options:

OPIUM

For intestinal atony with paralysis, presenting as painless constipation without the urge to defecate; stools are hard, dry, and black (scybals).

RAPHANUS NIGER

For flatulence resulting from intestinal paralysis; ineffective peristalsis with spasms, abdominal discomfort significantly relieved by the passage of gas.

BRYONIA

For passive constipation due to dryness of the intestinal mucosa; stools are hard, compact (like burnt matter), large or segmented into small, dry pellets. Often accompanied by painful bloating. *Bryonia*'s action on serous membranes also helps in cases of painful peritoneal irritation.

MELILOTUS OFFICINALIS

For rectal paresis associated with pelvic congestion and atonic constipation. Initially, the patient has no urge, followed by a sensation of fullness as feces accumulate, then throbbing pain in the rectum and anus.

PLUMBUM METALLICUM

Indicated in two distinct presentations:
- Spasmodic constipation: painful rectal spasms, frequent but unproductive urge, difficult and painful evacuation of small, hard black pellets.

Pelvic cancer surgery and homeopathic supportive care:

- Atonic constipation from rectal paresis: abdomen is flat, stool is passed with great effort, and consists of small, hard, black balls.

NUX MOSCHATA

Like Opium, presents with constipation without urge, but distinguished by the difficult passage of soft stool, often accompanied by a sensation of incomplete evacuation and general discomfort.

PARALYTIC ILEUS

Paralytic ileus may occur following colonic resection or enterocystoplasty. In homeopathy, several medicines with neurological action—particularly targeting the digestive system—may be considered:

OPIUM

As previously mentioned in the context of postoperative ileus due to anesthesia, Opium remains relevant in these cases as well.

CAUSTICUM

Indicated in patients with loss of rectal sensation, anal incontinence, and small, greasy stools.

ALUMINA

Recommended for atonic constipation associated with intestinal paresis and rectal inertia. Patients typically present with slow transit and painful, difficult evacuation—even when stools are soft. Stools are often large and mucus-laden, frequently leading to anal fissures.

DUMPING SYNDROME

Dumping syndrome is a well-recognized and concerning complication, particularly following omentectomy. Three first-line homeopathic medicines have been identified based on findings from a study conducted by the Shisso group, which proposed a decision tree for managing diarrhea after cephalic duodenopancreatectomy (CPD):

PODOPHYLLUM PELTATUM

Characterized by profuse, explosive diarrhea preceded by rumbling noises and followed by a sensation of weakness and abdominal emptiness. Pain is typically relieved by bending forward or applying pressure to the abdomen. Diarrhea often occurs in the morning.

ARSENICUM ALBUM

Indicated for scanty, burning, and excoriating diarrhea with a foul odor. Symptoms are worsened after midnight and improved by the application of local heat. Patients often present with marked anxiety, restlessness, and profound fatigue.

ALOE SOCOTRINA

Marked by an urgent need for evacuation upon waking, profuse diarrhea, often accompanied by excessive gas. Involuntary stool passage may occur when passing gas. Stools are typically foul-smelling.

BOWEL INCONTINENCE

Bowel incontinence is a common complication following rectal surgery, particularly in cases involving advanced-stage or low-lying rectal cancers. Homeopathic treatment suggests the following medicines:

CAUSTICUM

Indicated for loss of anal sensation resulting in impaired control and bowel incontinence.

ALOE SOCOTRINA

May be useful when involuntary bowel movements occur, especially during the passage of gas or during urination.

URINARY DISORDERS

DYSURIA DUE TO VESICourethRAL SPASMS

It is frequently observed after general anesthesia involving catheterization. The clinical presentation may include urinary retention, symptoms suggestive of urinary tract infection (UTI), or ineffective urination. These symptoms result from spasms, hyperreflexia, hypersensitivity and reversed peristalsis of the urinary tract.

NUX VOMICA

Recommended in cases of dysuria following general anesthesia with catheterization.

CAUSTICUM

Effective in urinary retention associated with

What are the therapeutic benefits?

vesical tenesmus and concurrent rectal spasms. It is particularly relevant following vesicourethral anastomosis, especially when postoperative scarring is retractile. Symptoms are often exacerbated by adjuvant radiotherapy.

BLADDER ATONY

Several homeopathic medicines may be considered :

OPIUM

Indicated when dysuria results from postoperative bladder paralysis. Patients typically present with urinary retention accompanied by spasms of the bladder sphincter.

GELSEMIUM

Recommended when urination is weak, incomplete, and intermittent. The clinical course often begins with signs of bladder spasticity, progressing to atony.

CONIUM MACULATUM

Appropriate in cases of incomplete bladder emptying due to functional bladder paralysis. Symptoms often include a combination of paresis and bladder hypersensitivity.

URINARY INCONTINENCE

Urinary incontinence is a common complication following prostate surgery.

OPIUM

In cases of bladder atony, particularly involving the sphincter, leading to chronic incontinence. The condition is often associated with reduced overall sensitivity and reflex activity, so the patient may be unaware of urine leakage.

CAUSTICUM

Typically used for stress incontinence, especially triggered by coughing. Patients often report no awareness of urination due to decreased sensitivity of the urethral mucosa. *Opium* and *Causticum* are closely related in their therapeutic profiles; *Causticum* is associated with more pronounced systemic weakness.

LYMPHOCELE AND LYMPHEDEMA

LYMPHOCELE

A lymphocele refers to the accumulation of lymphatic fluid within a cavity that typically forms after surgery. Two homeopathic medicines are most commonly indicated:

APIS MELLIFICA

Used in cases of edema and serous exudate where lymphocele formation is rapid.

BRYONIA

Recommended for serous and synovial effusions where fluid accumulation develops more gradually over time.

LYMPHEDEMA

Lymphedema is the buildup of lymphatic fluid in the subcutaneous tissues, leading to swelling of a limb or organ. It commonly occurs after lymph node dissection but can also result from tumor-related obstruction. In these cases, homeopathic management often draws from homeopathic medicines of the Sycotic CRM:

BOVISTA

Indicated for edema with tissue infiltration, particularly when accompanied by venous and capillary stasis. Patients often describe a sensation of fullness or increased volume in the affected areas.

NATRUM SULFURICUM

Used in cases of subcutaneous water retention with edema and painful, sensitive cellulite, reflecting impaired tissue exchange and fluid elimination.

THUYA OCCIDENTALIS

Often the remedy of choice in chronic cases of infiltration in the adipose tissue. As leading medicine of Sycotic medicines, Thuja is especially relevant in oncological contexts, where infiltration coexists with neoplastic processes.

NEURO-DYSESTHESIA DISORDERS

OBTURATOR NERVE INJURY

Pelvic gynecological surgery can result in trauma to the obturator nerve, leading to painful dysesthesia along the inner thigh. This may be accompanied by motor impairment, particularly affecting thigh adduction.

Pelvic cancer surgery and homeopathic supportive care:

HYPERICUM PERFORATUM

Used for neuralgic or neuritic pain following nerve injury. Patients often describe tingling, numbness, or sharp, stabbing pain radiating along the course of the affected nerve.

KALMIA LATIFOLIA

Characterized by sudden, violent, throbbing pain that may be followed by paresthesia.

ZINCUM METALLICUM

Indicated for paresthesia, tingling, and crawling sensations ("insect-like") in the affected area, often accompanied by hypoesthesia or hyperesthesia.

LOSS OF NEUROVASCULAR BUNDLES

In prostate cancer surgery, the decision not to preserve the neurovascular bundles depends on tumor stage. A common consequence is the loss of spontaneous erections. In addition to conventional therapies, the following homeopathic options may support recovery:

AGNUS CASTUS

Used for sexual impotence associated with loss of libido.

CONIUM MACULATUM

Recommended for short, insufficient erections or complete sexual impotence. It is also useful in cases of psychological hyperexcitability with heightened sexual desire. Frequently used post-prostatectomy, especially when accompanied by urinary issues due to bladder paresis or digestive symptoms from intestinal paresis.

VENOUS THROMBOSIS

Pelvic surgery carries a thrombogenic potential.

BOTHROPS

Often used as an adjunct to conventional anticoagulation therapy, particularly in patients at elevated risk for vascular thrombosis.

Conclusion

Homeopathic supportive care in oncology offers therapeutic options throughout the surgical and post-operative management of pelvic cancers. The patient remains at the center of care, with treatment plans

tailored to the individual —taking into account both specific symptoms and overall health status. Management is guided by identifying the patient's Sensitive Type and selecting symptomatic medicines based on their Individual Patient Response, or IRP.

The patient's journey does not end with surgery. Chemotherapy, radiotherapy, brachytherapy, and hormone therapy often follow, and homeopathic supportive care continues to play a meaningful role during these phases.

Following treatment—particularly for pelvic cancers — patients frequently face challenges related to sexuality, body image, and social identity. A multidisciplinary approach that integrates both conventional and homeopathic therapies, delivered in a coordinated and holistic manner, can help patients resume their lives with minimal disruption. Ultimately, the goal remains to enhance quality of life — an objective that homeopathy is well positioned to support and should continue to pursue. ■

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WHY THIS NEW SECTION DEDICATED TO MATERIA MEDICA SHEETS?

→ Because the CEDH *Materia Medica* is the basis of our educational teachings, all physicians use it during their consultations to select medicines to be prescribed, they will find the synthetic presentation of these sheets quite helpful.

WHAT IS IT?

→ The objective of these sheets is to present the essential elements of a homeopathic strain. Using these sheets brings an added-value to your continuous work on the *Materia Medica*, which remains your book of reference.

WHAT WILL YOU FIND?

→ This section is made of **3 sheets** articulated around one strain and the same structure will be used in all the following CEDH magazines.

- **The 1st one is a table containing**
 - **The targets** on a blue background,
 - **The IRP** on an orange background,
 - On a white background, the highlighted elements underline in a useful manner **the Etiology, Sensitive Type** and **Chronic Reactional Mode**.

- **The second page presents a focus on the indications** directly related with the targets (blue background).
In synthesis, you will find the keywords associated with the strain studied.

- **The 3rd page allows to focus on one indication**, analyzing it deeply and propose a comparison of medicines. The specific indications to each medicine are highlighted in green.

Since everything we do is geared towards medical practice, **clinical cases will end this *Materia Medica* section.**

Now it's your turn!

LEXICON AND DEFINITIONS

• TARGET:

Each medicine acts on certain organs or body functions, this is what we call the targets of a medicine. Knowing them allows to determine the clinical indications and pathological tendencies of the ST if it is a Polychrest medicine.

• ETIOLOGY:

It is a cause responsible for the onset of the clinical symptom.

• IRP:

The Individual Reaction of the Patient is the clinical expression of a disease, specific to each person. It is characterized by:

- Sensations experienced by the patient
- Modalities of improvement or aggravation of the symptoms
 - "Aggravation / aggravated by" is written as: < ,
 - "Improvement / improved by" is written as: > ;
- Concomitant signs.

• ST:




The Sensitive Type is defined by

- Precise pathological tendencies
 - Family history,
 - Personal history,
 - Ongoing pathologies,
- Behavioral tendencies ;
- Specific morphology.

• CRM:

The Chronic Reactional Mode is the expression of the disease over time.

Ambra grisea

ORIGIN Secretion-derived concretion from the digestive tract of the sperm whale	
<p>TWO PRIMARY SPHERES OF ACTION:</p> <div>  <p>NERVOUS SYSTEM:</p> <ul style="list-style-type: none"> • pronounced hypersensitivity in the emotional domain, leading to disturbances in sleep, digestion, and respiration, often with spasmodic features. </div> <div>  <p>CIRCULATORY SYSTEM:</p> <ul style="list-style-type: none"> • palpitations and minor hemorrhagic episodes, including nosebleeds (epistaxis). </div> <div>  <p>→ Also noted, though less prominently, GYNECOLOGICAL SYSTEM</p> <ul style="list-style-type: none"> • metrorrhagia following minor exertion or stress. </div>	<p>IRP</p> <p>SENSATIONS</p> <ul style="list-style-type: none"> • General weakness • Numbness and localized skin anesthesia • Anogenital itching <p>MODALITIES</p> <ul style="list-style-type: none"> • Aggravation → Aggravated by even the slightest causes, particularly in the morning <p>CONCOMITANT SIGNS</p> <ul style="list-style-type: none"> • Inhibition • Shyness and social withdrawal • Daytime restlessness • Difficulty falling asleep due to racing thoughts
<p>SENSITIVE TYPE AND BEHAVIORAL DISORDERS</p> <p>none reported</p>	
<p>MAIN CLINICAL INDICATIONS</p> <ul style="list-style-type: none"> • Behavioral: insomnia related to emotional overstimulation, performance anxiety, hypersensitivity • Cardiological: palpitations linked to emotional triggers • Gynecological: intermenstrual syndrome; functional metrorrhagia caused by minimal effort. 	<p>CHRONIC REACTIONAL MODE (CRM)</p> <p>none reported</p>

For more information about this medicine, please refer to the Materia Medica.

Ambra grisea

Medicine relationships

Jean-Marc Saillard, MD
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Léon Vannier and Jean Poirier defined it as “nervous hypersensitivity in children or in individuals weakened by age, overwork, or insomnia.” This article focuses on a homeopathic medicine that has shown impressive results, particularly in cases where more well-known medicines have fallen short. Notably, this medicine—with its well-defined characteristics—was already included in Hahnemann’s original *Materia Medica*.

1 Product origin and description

This is a secretory substance of animal origin, similar to *Sepia*, *Moschus*, and *Lac caninum*. It is a concretion obtained from the digestive tract of the sperm whale, and the mother tincture is prepared from the dried material. The product is rich in active compounds, including amberin (a substance historically used in perfumery), epicoprosterol, and benzoic acid (a preservative containing acetylsalicylic acid). It also contains trace amounts of cholesterol and dehydrocholesterol, a sterol involved in the synthesis of vitamin D3.

3 Characteristic symptoms

SENSATIONS

- Generalized weakness, particularly noticeable upon rising in the morning
- Numbness and localized skin anesthesia
- Nocturnal tightness or tension in the legs
- Anogenital pruritus

MODALITIES

Primarily aggravations:

- In the morning
- From even minor triggers that heighten hypersensitivity, such as work-related boredom or everyday worries and concerns

2 General action

The pathogenetic experimentation and clinical observation underline two main targets : the nervous system (hypersensitivity) and the circulatory system.

CONCOMITANT SIGNS

- Inhibition and pronounced shyness, sometimes so severe that urination becomes impossible in the presence of others
- Daytime restlessness and nighttime insomnia
- Marked sensitivity to music

4 Medicine comparisons for the main clinical indications

CARDIOLOGY

Palpitations triggered by emotional stress are characteristic of *Ambra grisea*.

COMPARE WITH:

GELSEMIUM

Often associated with bradycardia and hypotension.

DIGITALIS PURPUREA

Predominantly cardiac symptoms (bradycardia or tachycardia), especially in individuals matching the medicine's characteristics, with worsening on exertion. Also indicated for bradycardia during recovery from infectious illnesses (slow pulse).

AURUM METALLICUM

A widely used Polychrest with strong vascular affinity. Presents with spasmodic hypertension accompanied by marked symptoms such as sudden hot flashes and a sensation of head congestion. Hypertension often appears at menopause. Also indicated in cardiac irritability and extrasystoles.

NAJA TRIPUDIANS

Throbbing precordial pain radiating to the left arm, often with numbness. Exertional dyspnea, especially in elderly individuals.

ARGENTUM NITRICUM

Palpitations aggravated when lying on the right side.

GYNECOLOGY

Intermenstrual syndrome with hemorrhagic ovulation. Functional metrorrhagia triggered by minimal exertion, emotional distress, or trauma.

COMPARE WITH:

ACTEA RACEMOSA

particularly suited for women who are emotionally agitated and talkative, with heavy menstrual bleeding that worsens their overall condition.

SABINA

A useful complementary medicine, especially when pelvic pain radiates from the sacrum to the pubis and into the upper thighs.

BEHAVIORAL DISORDERS

The behavioral features of *Ambra grisea* are highly distinctive. It is particularly important to draw a parallel between *Ambra grisea* and *Pulsatilla*, as both are well suited for shy, reserved, and emotionally sensitive individuals. Hyperemotuality, performance anxiety, and shyness are central traits—often more pronounced than in cases treated with conventional anxiety medicines. Insomnia related to emotional excitement and overstimulation is a key indication. The patient struggles to fall asleep, as anxiety-provoking thoughts begin to race through the mind the moment they lie down, making sleep impossible. *Ambra grisea* is especially sensitive to minor triggers; even seemingly insignificant events can aggravate the condition.

COMPARE WITH:

PULSATILLA

A gentle, passive, hyperemotional personality — sentimental, submissive, shy, and highly dependent. Dislikes confrontation and tends to adopt the views of others. Often agrees with the last person who speaks. May show poor treatment compliance. Seeks companionship; comfort and consolation offer relief. Mood is changeable. Tends to fear the opposite sex and anything related to sexuality, blushes easily, and exhibits pronounced modesty—sometimes to the extent of refusing medical exams.

GELSEMIUM

A classic medicine for anticipatory anxiety, presenting with both mental and motor inhibition. Clinical signs include prostration, tremors, diarrhea, and frequent urination. Symptoms worsen after receiving bad news.

PHOSPHORUS

Emotionally fragile and unstable due to fatigue; highly sensitive to people and environmental changes.

CALCAREA PHOSPHORICA

Characterized by a rapid, inconsistent, and variable rhythm. Children and adolescents are typically active but unstable, tire easily, and often suffer from headaches following mental effort.

BARYTA CARBONICA

Self-deprecation and deep melancholy.

IGNATIA AMARA

Exhibits superficial and paradoxical symptoms with a spasmodic nature that tends to improve quickly with distraction.

OPIUM

Presents with emotional inhibition and insomnia following strong emotions or intense fear.

MOSCHUS

Dominated by dramatic, exaggerated, hysterical-like reactions—such as fainting, public emotional outbursts, and deep sighs that bring relief. The clinical presentation resembles that of *Ambra grisea*, especially in cases marked by intense emotional or "hysteriform" contexts.

ARGENTUM NITRICUM

Similar emotional instability and anticipatory anxiety. Often accompanied by neurovegetative symptoms such as spasmodic cough, bronchospasm, bloating, and aerophagia. Marked by various fears and phobias.

COFFEA CRUDA

Indicated for insomnia caused by joyful overstimulation and racing thoughts.

NUX VOMICA

Hypersensitive, irritable, impatient, and intolerant of even minor disturbances. Experiences heightened sensitivity to noise, smell, and touch. Insomnia is often characterized by difficulty falling asleep, followed by early waking around 3 a.m., typically in the context of stress and overwork.

THREE ADDITIONAL FEATURES RELATED TO HIS

HYPERSENSITIVITY: rapid and excessive speech (volubility), marked variability in symptoms, social anxiety, particularly involving the opposite sex.

LOGORRHEA - VOLUBILITY

Ambra grisea, described by Michel Guernonprez as the "*Ignatia* of the weak," conveys an impression of emotional fragility

and premature aging brought on by persistent worry. Like *Pulsatilla*, it presents with significant relational difficulties, but *Ambra grisea* is more commonly suited to older individuals, particularly the elderly. Patients often fear public situations and may experience asthma attacks triggered by emotionally charged events or minor upsets.

COMPARE WITH:**LACHESIS MUTUS**

Alternates between episodes of talkative excitement and depressive withdrawal. Often marked by distrust, jealousy, and intense morning anxiety. Associated phobias may include fear of death, fear of falling asleep, fear of being poisoned, and even paranoid tendencies.

ACTEA RACEMOSA

Behavior suggests a neurotic predisposition, with alternating anxiety, talkative agitation, or depressive symptoms.

STRAMONIUM

Notable for night terrors and an intense fear of darkness, often demanding light. Easily overstimulated by shiny or reflective objects.

HYOSCYAMUS NIGER

Nervousness with insomnia, erotic dreams, or symptoms of panic attacks following emotional shocks such as fear or jealousy. May present with delusional states in frail, pale elderly individuals who are suspicious, jealous, and resistant to care.

AGARICUS MUSCARIUS

Commonly indicated in behavioral, cognitive, and personality disorders characterized by tics, spasmodic movements, and chorea-like motor disturbances.

MARKED VARIABILITY

Ambra grisea tends to alternate between episodes of mental agitation and an aversion to intellectual effort. Mood is highly variable and unpredictable, sometimes accompanied by anxious restlessness and an obsessive drive toward meticulous or repetitive tasks. The patient may appear stubborn and easily offended. Compare with *Pulsatilla* and *Ignatia amara* (previously discussed).

SOCIAL ANXIETY AND FEAR OF OTHERS

Ambra grisea often exhibits social withdrawal, anxiety, sadness, and a tendency to cry easily—yet

Ambra grisea

paradoxically prefers solitude. Music can trigger tears and emotional overwhelm.

COMPARE WITH:

PULSATILLA **IGNATIA AMARA** **GELSEMIUM**

(see above)

NATRUM MURIATICUM

Tends to avoid familiar people without clear reason, even within emotionally close relationships

STAPHYSAGRIA

Experiences self-consciousness and feelings of inferiority in social settings, often believing they are being judged or scrutinized

CAUSTICUM

A sensitive, nervous individual prone to emotional distraction. With aging, may develop tearful emotionality related to vascular degeneration. Often fearful — of darkness and of others

GRAPHITES

Characterized by cognitive slowness, difficulty making decisions, emotional sensitivity, tearfulness, anxiety, and a generally fearful disposition

5 Conclusion

Already described and utilized by Hahnemann, *Ambra grisea* remains a highly valuable medicine in anxiety-related conditions, particularly when other, more commonly prescribed medicines have proven ineffective. Its hallmark features include extreme hypersensitivity and psychosomatic manifestations deeply tied to emotional stimuli. The most closely related medicines are *Pulsatilla*, *Gelsemium*, and *Ignatia*.

The emotional trigger is often minor but evokes a disproportionate response. As such, attentive and empathetic listening is essential in clinical evaluation, and may lead the practitioner to consider *Ambra grisea* as the most appropriate choice. ■

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CLINICAL CASE

Gisèle, age 53, returns for follow-up regarding her ongoing anxiety symptoms. I've been treating her for 15 years. She frequently reports the same concern: persistent anticipatory anxiety, especially related to caring for her grandchildren.

Since her grandchildren began school, Wednesdays have become a source of dread. She looks after them all day, and her stress begins to build as early as two days before. This anxiety is expressed through repeated questions such as: "What's going to happen? Will I be able to manage?"

The night before, she typically dozes off in front of the TV, but once in bed, her mind becomes hyperactive — spinning through a series of catastrophic "what if" scenarios. This mental overactivity leads to insomnia. "It's exhausting," she tells me.

Despite many years of successful childcare without any incidents, Gisèle feels misunderstood — except by me! Somatic symptoms include occasional palpitations, which increase her anxiety. However, both her ECG and cardiac stress test are normal. She entered menopause five years ago but still experiences occasional hot flashes. She has yet to see her gynecologist for a follow-up.

She also reports mild venous insufficiency and heavy legs, particularly in hot weather. Occasionally, she has used minor health complaints as a way to avoid childcare duties, but rarely, as her daughter relies heavily on her.

VITALS AND MEASUREMENTS:

Height: 163 cm
Weight: 61 kg
Blood Pressure: 120/70 mmHg

SUGGESTED TREATMENT:

- **Ambra grisea 15 CH**
- **Pulsatilla 15 CH:**
Alternate one dose of each on Sundays for 3 months.
- **Ambra grisea 9 CH:** 5 pellets at bedtime for a month and on demand if needed

Where are we headed with Sulfur et Thuya?

An extract from the supplement "Back to the Future"

Guy Villano, MD
Avignon (France)



To guide our patients effectively, we must know where we're going—with them, and for them. And to do so, we must first understand where they are headed. How? By anticipating the trajectory of their pathology. A wish? A dream? A fantasy? Not at all.

Our persons' medicines reflect the psychophysical profiles of the vast majority of patients we see in practice. If we understand the pathological evolution of these core medicines, we can better anticipate the clinical course of our patients.

But there's a challenge. Our Materia Medica tends to describe symptoms that correspond to already established pathologies. In other words, we read about medicines in their diseased state.

Similarly, Chronic Reactional Modes reveal, after the fact, the pathological evolution of groups of medicines that fall under those broader Chronic Reactional Modes. We identify these medicines once the individual is already sick and the symptoms call for their prescription.

That's helpful—but by then, the disease is already in place. It's too late.

So what can we do?

*How can we foresee the possible future of a **Sulfur** or **Thuya** individual? That is the aim of this presentation. To discover the "medicine" in health—and to trace, step by step, its evolution toward illness, as the medicine described in our Materia Medica.*

***Sulfur** and **Thuya**: two medicines that seem worlds apart. We often feel uneasy prescribing them. And yet—how could we practice without them?*

Where are we headed with Sulfur and Thuya?

SULFUR

Motto: Live for the sake of living

→ profile is drawn from a synthesis of 23 clinical cases, each followed over a period of 15 to 28 years.

In these cases, *Sulfur* was more frequently found in male patients. For the purpose of this description, we will refer to *Sulfur* in the masculine.

The first.
Let us begin with the king... and the vital force itself. *Sulfur* attracts, seduces, imposes himself. Yet many homeopaths are hesitant to prescribe it. Still, it is essential — because *Sulfur* is the medicine of life. Of life energy.

IN PRACTICE, WE ENCOUNTER TWO TYPES OF SULFUR:
The “heavy” *Sulfur* — the more common and more vividly expressive type—is seen in both adults and children. The “lean” *Sulfur*, encountered only in adults in my experience, is often—but not always—a progression from the first. It’s important not to confuse this presentation with *Lycopodium clavatum* or even *Silicea*. My impression is that a person is born *Sulfur* and remains so for life. That doesn’t mean a *Sulfur* patient will never require other medicines.

1 The “Heavy” Sulfur

LIFE IN MOTION – THE BALANCED PHASE

PSYCHOLOGICAL BALANCE

- When balanced, *Sulfur*’s motto might be “*Live for the moment!*” or simply, *Carpe diem* — a mindset we also sometimes associate with *Aurum metallicum*. *Sulfur* enjoys life with abundant energy and a remarkable adaptability to reality. Nothing stands in his way when it comes to experiencing pleasure. He knows it won’t last forever—but that “forever” still feels comfortably far off.
- So today, he lives life fully— and unapologetically.

- And yes, beneath the surface, there’s an underlying layer of anxiety. He’s not always the jester we imagine. Still, he meets life head-on, biting into it with full appetite. “*Doctor, as long as I’m alive, I’m not dead!*”
- He eats well, drinks well, and enjoys a rich sexual life. *Sulfur* (often a woman, too, let’s not forget) is typically the life of the party.
- Warm and sociable, he needs to feel loved and seen.
- Generous in many ways, he remains pragmatic—like a lion, he helps himself first, then lets others follow. Social success comes not from ambition or domination, but from a strong will to be happy and to do what he enjoys.
- And with that comes a desire to share—often proudly—his ability to enjoy life, in both human and financial terms.
- For him, money is a means, not an end. It’s needed for a good life, but it doesn’t define him. He’s extroverted, but not aggressive—naturally respected, confident in his strength. Unlike *Aurum metallicum*, *Sulfur* doesn’t assert power by force. If you disagree with him, he won’t try to crush you—he’ll simply ignore you.

PHYSICAL BALANCE

- And physically, what do we see in a well-balanced *Sulfur*?
- First of all: he’s warm. The life force he radiates produces heat. He’s often lightly dressed during the day and uncovers at night.
 - He may mention occasional itching without visible lesions (note: this may precede a spike in blood sugar). His sweat may develop a stronger odor for a few weeks—then everything resets. It’s a kind of internal cleanup.
 - His orifices are red—an early marker of *Sulfur*’s inherent congestive and vascular tendencies, observed in both adults and children.
 - He feels good in his skin and generally in balance.
 - He continues to eat well and live well—but often too much, too often, too rich, too sweet. Over time, this leads to weight gain and congestion.

“Sulfur attracts, seduces, imposes himself. Yet many homeopaths are hesitant to prescribe it. Still, it is essential — because Sulfur is the medicine of life.”



• “When I’m not feeling great, Doctor, I feel like I’m about to burst—especially after eating too much. And I’m tired in the morning, I don’t sleep well.” [A dose of *Nux vomica* often helps at this stage.]

• Still, **Sulfur** is not one to give up his indulgences. Instead, to restore balance, he’ll need a more radical form of self-cleansing: a good bout of diarrhea, a solid sore throat, or a flare-up of eczema from out of nowhere.

• Not every day, of course—but once a year or so, or every couple of years. “It clears up quickly, Doctor—I don’t need treatment. I’m only here because the bank requested a check-up for my loan application.” Indeed, **Sulfur** recovers quickly at this stage. These minor episodes don’t impact his mood or his thirst for life.

• He continues on — unchanged. And as he ages, he often doubles down on his habits. But over time, his organs become overwhelmed by his lifestyle and dietary excesses. This leads to self-intoxication — the Psoric terrain.

IMBALANCE => PATHOLOGY

THE ONSET OF PHYSICAL IMBALANCE

• This robust, plethoric force of nature begins to show cracks. Fatigue appears—especially midday. He experiences congestion, occasional transient hypertensive flushes, borderline blood glucose (HbA1c between 5.8 and 6), and sporadic joint inflammation.

• We’ve entered the phase of overload— the

“too much” phase. Though still intermittent, these are the early signs of pathological drift. The imbalance sets in.

• To restore balance, **Sulfur** externalizes—his organism initiates a series of draining crises, following a somewhat rhythmic alternation between different excretory channels. This process tends to become more frequent over time.

• Let’s not forget: Sulfur is the archetype of sthenic Psora (*Calcarea carbonica* being the second)

• His symptoms are always explosive in nature, typically affecting the skin-ENT-intestinal triad:

• ENT infections: recurrent rhinopharyngitis, sinusitis, purulent otitis, bronchitis, or sudden-onset pneumonia (“I’ve never had this before, Doctor!”).

• These are accompanied by high fever, which should not be suppressed, as the fever itself is a vital defense mechanism.

• Eczema: usually begins in localized areas, sometimes in awkward places. Always very pruritic, often purulent and oozing (think *Graphites*), and often foul-smelling.

• In alternation: morning diarrhea, urgent and relieving—frequently the first sign of **Sulfur**’s cleansing mechanism. And yes, these episodes can be quite foul-smelling!. (*Natrum sulfuricum*, a Sycotic medicine linked to **Sulfur**, also shows this same cleansing pattern: “a big three-stage poop” in the morning.)

These are the early warning signs of a **Sulfur** entering imbalance.

The explosive nature of his symptoms is a defining characteristic.

He periodically empties his internal “trash”—through disease. That’s **Sulfur**: the sovereign of sthenic Psora.

Where are we headed with Sulfur and Thuya?

PROGRESSING IN THE PHYSICAL IMBALANCE

Over time, these expulsive episodes become more frequent—but less intense. His ability to fully recover diminishes. His eliminatory organs begin to falter.

WE'VE NOW ENTERED THE MEDIUM PSORIC PHASE.

- It's important to remember that *Sulfur* expresses
- all three stages of Psora: Sthenic → Medium → Asthenic.
- At this stage: The acute pathologies last longer. Their rhythm accelerates. They become chronic and often take on a more serious tone.
- The original skin-ENT-lung triad gradually narrows to a skin-lung duo, with an alternation between eczema and asthma. The asthma is almost always allergic, unlike the asthma of *Natrum muriaticum*. In quiet phases, it's often interspersed with intense, burning spasmodic hay fever, reminiscent of *Arsenicum album*. This eczema-asthma alternation may shift toward recurrent pulmonary infections-asthma, which are more difficult to manage.
- These changes reflect the decline in *Sulfur*'s reactivity, due to growing internal toxicity.
- Chronic inflammation, degeneration, and systemic disease, as imbalance deepens: Inflammatory joint diseases become prominent.
- *Sulfur*, being fundamentally inflammatory, sees joint involvement—starting with the small joints, later affecting the large ones.
- Autoimmune diseases often emerge. *Sulfur* is one of the cornerstone medicines in inflammatory autoimmune joint conditions such as: rheumatoid arthritis, ankylosing spondylitis... (*Phosphorus* is another major medicine for autoimmune diseases—but with a greater tendency toward organ involvement: e.g., autoimmune thyroiditis, ulcerative colitis... and don't forget *Luesinum*.)
- What marks *Sulfur* is always inflammation as a symptom of overload — hence, why certain anti-inflammatory diets bring temporary relief.
- Type 2 diabetes begins to take hold — usually well tolerated, with few major arterial complications initially.
- Essential hypertension sets in, often hereditary, frequently under-treated or underestimated. “I won't die from this, Doctor — what do you think?” Symptoms

may include headaches, tinnitus, and vertigo—important signals to monitor progression.

- He may describe sensations of a heavy, congested chest, palpitations, and dyspnea — either exertional or nocturnal.
- At this point, *Sulfur* is self-intoxicating, no longer able to detox. His excretory systems are clogged, ineffective.
- He becomes centripetal: less inflammatory, more sclerotic. Eczema is no longer purulent, but remains itchy, diarrhea disappears, arthrosis replaces arthritis.
- *Sulfur* is slowing down, hardening — entering the asthenic Psoric phase.
- Hypertension becomes permanent. Diabetes often progresses to insulin dependence. Autoimmune conditions become less aggressive, but now vascular and cerebral sclerosis emerge. Curiously, at this stage, skin and lungs are relatively quiet.
- Both in men and women, *Sulfur* rarely



Where are we headed with Sulfur and Thuya?

“Sulfur enjoys life with abundant energy and a remarkable adaptability to reality. “Doctor, as long as I’m alive, I’m not dead!”

develops adenocarcinomas—but lymphomas are not uncommon.

PSYCHOLOGICAL IMBALANCE

- When the body begins to falter, the mind soon follows. The joyful, confident **Sulfur** — once full of optimism — now struggles with doubt and anxiety. *“I thought I was stronger than this, Doc. Are you sure my blood pressure’s that high? I never imagined I could be this bad off. But I’m not done for... right, Doctor? Tell me I’m not done for?”*

As depression and anxiety take hold, the once vibrant “lion king” loses his roar.

- He may resemble **Lycopodium clavatum** — full of self-doubt, retreating into a misanthropic shell. What we now see is a sclerotic **Sulfur**, heading slowly toward a state not unlike a “warm” **Arsenicum album**.

- **Sulfur**’s behavior also begins to shrink—literally and figuratively. He isolates during bouts of melancholy, becomes self-centered, pushes away friends. He’s depressed. He’s confronted—perhaps for the first time—with his limits, and has trouble accepting them. That single grain of sand has disrupted the once finely tuned machinery of life. Faced with his own mortality—a concept he had long dismissed—this lifelong hedonist is lost, unable to cope. He may collapse completely, and struggles to recover his footing

- His depression can be striking, even sudden, especially in younger **Sulfur** types — those crushed
- by illness just as they were reaching for the life they believed was theirs for the taking. Thankfully, unlike **Aurum metallicum**, **Sulfur** rarely turns suicidal, and his depression tends to be shorter lived.

- A key sign of **Sulfur**’s resilience: with time, he often comes to terms with his condition—and reluctantly accepts treatment. *“You know, Doc, I’m taking these meds only because it’s you. But hey, my blood pressure’s down, right?”*

LONG-TERM MANAGEMENT IN PRACTICE

*In my experience, most **Sulfur** patients need: a single **30CH** dose every three months, for many years. If there’s an acute event or unbalanced state, the dose may be taken sooner. Most comply—they were genuinely scared. Others forget—because they feel invincible again.*

“Illness? Death? That’s not for me, Doc. I just wasn’t feeling well—that was a fluke.”

*When well-managed by this sentinel treatment, **Sulfur** can experience long periods of stability, sometimes even years.*

WHAT TRIGGERS SULFUR’S IMBALANCE?

- Health issues—often self-inflicted through rich food, overindulgence, and poor lifestyle habits.

- Emotional trauma — especially two key scenarios:

- Romantic loss: Despite appearances, **Sulfur** is emotionally sensitive and doesn’t tolerate being “dumped.” Wounded in his pride, he loses confidence and falls apart. (Compare: **Natrum muriaticum**, **Lachesis mutus**, **Sepia officinalis** — all respond differently.)

- Financial collapse: Unlike **Calcarea carbonica** (the “ant” of the fable, who saves to feel secure), **Sulfur** is the carefree “grasshopper” who thrives on pleasure. He struggles when his ability to enjoy life is constrained.

Where are we headed with Sulfur and Thuya?



TIMELINE AND HIERARCHY OF SIGNS REVEALING THE IMBALANCE OF “HEAVY” SULFUR

PHYSICAL SIGNS

Reminder: *Sulfur* is a sanguine, arterial, inflammatory, and metabolic medicine.

FROM BALANCE TO IMBALANCE

- Red orifices (lips, eyelids, ears, anus, etc.):
- This early and consistent sign—especially in children—is not necessarily pathological but should raise diagnostic awareness (differential: *Calcareo carbonica*).
- Always warm, dislikes heat, uncovers at night, seeks coolness around the feet: This is classic *Sulfur* when in balance. As imbalance sets in, he may become cold-sensitive but still cannot tolerate heat, resulting in vasomotor instability = > hot feet/cold head and vice versa. He may go to bed with freezing feet, only to need to uncover them minutes later because they’re burning hot.
- Sweating: Normal with exertion if it’s moderately odorous. Sign of imbalance if malodorous and irritating at rest, especially in armpits, genital areas++, and gluteal folds. Return to normal sweating = return to balance.

- Desire for sweets: Present in 80% of *Sulfur* patients — more a functional sign than a pathological one.
- This craving worsens with imbalance.
- Craving spicy foods, including chili, is also common — even in children — and a helpful sign of a balanced *Sulfur*.
- Desire for alcohol: In balance, it’s part of the pleasure-seeking personality.

In imbalance—especially after emotional or financial distress—it may become a form of escapism, possibly leading to addiction. Periodic diarrhea: Common and healthy in balance—should not be suppressed. Often precedes ENT or skin symptoms as imbalance sets in. Later, may evolve into early-morning diarrhea with burning stools.

SIGNS OF ESTABLISHED IMBALANCE

- Burning sensations at the skin and orifices, eventually accompanied by itching, worse from warmth and wool.
- Explosive ENT infections in early phases, which later become more chronic, suppurative, and oozing, though still purulent.

- Dermatological conditions: pruritic, malodorous, purulent, oozing.
- Inflammation of mucous membranes and serous tissues: Onset may be gradual or sudden, but always recurrent*—eventually becoming chronic. [*The shorter the interval between episodes, the more advanced the imbalance.]
- Biological parameters become unstable.
- Poor response to even well-indicated allopathic or homeopathic treatments; recovery is slow.
- Arterial congestion and labile hypertension, progressing over time to established hypertension.

MENTAL-EMOTIONAL SIGNS

Sulfur's mental profile in balance has been described earlier.

IN IMBALANCE, WE OBSERVE:

- Light sleep, always “on alert”: A key early sign of emotional imbalance in this anxious constitution. Progresses to terminal insomnia, typically waking at 3 a.m. and unable to return to sleep.
- Procrastination, indecision.
- Ego-centered behavior, irritability, aggressiveness.
- Depression — as previously outlined.

In summary: *Sulfur* shrinks, both physically and emotionally.

2 Lean Sulfur

- The lean *Sulfur* is typically — though not always—a former *heavy Sulfur* who, forced by health problems, has been compelled to change his lifestyle. Years of overindulgence have left him weakened and contracted.
- His eliminatory functions are diminished, and every excess takes an immediate toll.
- He still dislikes heat, but now sweats little — and when he does, it's concentrated and pungent. (*Psorinum* is similar here — but more cold-sensitive, less energetic, less combative, and more despairing.)
- His Type 2 diabetes, hypertension, ankylosing spondylitis are “stable” and let him live, albeit with some atherosclerosis.
- « *And I'm still itching when I get warm, Doc... Oh well. I guess that's forever.*” This persistent eczema is not to be suppressed—it's a safety valve, a sign that at least one emunctory is still functioning. Though he renounces life's pleasures — reluctantly — he gains perspective. He acknowledges his mortality without fully accepting it.

LEAN SULFUR SEEKS TO AGE WELL, TO LIVE LONGER AND BETTER.

- His diet takes on a more ascetic tone, but he remains sexually active, which matters deeply to him. “*I gave up the things that hurt, Doc. Not everything — just the ones that do damage.*”
- He retreats into himself and his own “secret place,” becoming reflective, even philosophical. He dreams more, lets go of material concerns, yet remains curious and passionate.

IS THIS WISDOM OR NEURODEGENERATION?

We don't know — but this “*ragged philosopher*” (*Hering*) oscillates between grand ideas and melancholic moods.

He lives for a long time in this new survival-based equilibrium — a form of functional imbalance that becomes his personal stability. Often, he even feels better.

“We all have a bit of Sulfur in us, and most of us will need Sulfur at some point to maintain balance”

Where are we headed with Sulfur and Thuya?

- His energy is redirected toward a cause: “*Wisdom is detachment.*” “*Watch your diet. Avoid excess. Beware of pollution.*” He becomes an activist, eco-conscious, often radical—close to *Lycopodium*, but with distinctions: *Lycopodium* was always a militant. *Lycopodium* fears cognitive decline; *Sulfur* descends into it.
- Eventually, old age takes its toll: *Sulfur* becomes a kind of Don Quixote, unraveling in body and mind. His speech becomes erratic. He clings to brilliant but disorganized ideas. He detaches from reality.
- Major neurocognitive disorders emerge—Alzheimer’s-type. *Sulfur* withdraws inward. His energy is now trapped. And finally, *Sulfur* fades away.

SULFUR IN CHILDREN

In my experience, young children are always “heavy” *Sulfur* types.

- Like their adult counterparts, they’re cheerful, lively, warm-hearted, and need to be loved and noticed.
- They’re adaptable and often have a hearty appetite — which can lead to solid obesity (*Calcareo carbonica*).
- Physically, digestive and skin symptoms alternate.

Often, inducing diarrhea in a *Sulfur* child improves their eczema. Be careful not to confuse this with *Calcareo carbonica*, which: Tolerates heat better, Lacks red orifices, Is typically constipated.

- Young *Sulfur* children also tend to develop impressive, explosive illnesses — but self-correct quickly. It’s important, even in children, to remember that these are elimination crises — they should be respected as much as possible, it’s important to educate the parents on this principle.

SULFUR IN ADOLESCENTS

Adolescent *Sulfur* appears in two forms:

- The first one is like the *Sulfur* child: energetic, joyful, vibrant. Often engages in impulsive or risky stunts — sometimes to impress others — but driven by a zest for life.
- The second one is a kind of *Calcareo phosphorica*-type “marshmallow”: slouched, acne-prone, sometimes with chronic bronchitis or diarrhea, self-satisfied, master

“Like their adult counterparts, children and adolescent Sulfur are cheerful, lively, warm-hearted, and need to be loved and noticed.”



Where are we headed with Sulfur and Thuya?



procrastinator, juggling revolutionary or metaphysical ideas.

PERSONAL AND PRACTICAL REFLECTIONS ON SULFUR

R1

Sulfur stands out for his universality.

We all have a bit of *Sulfur* in us, and most of us will need *Sulfur* at some point to maintain balance.

When I say everyone, I mean everyone — from *Pulsatilla* to *Lycopodium clavatum* or any other medicine type...

Sulfur plays a key role in disulfide bonds and enzyme systems.

He is, fundamentally, a medicine of life and vital energy.

He helps the organism eliminate toxins via the emunctories (skin, mucosa, liver, lungs, intestines) through "elimination flushes"—elimination crises that often appear alarming but are ultimately restorative.

When these systems fail, imbalance follows, and so does *Sulfur*.

By fighting these dysfunctions, *Sulfur* restores balance.

THAT'S WHY I SOMETIMES PRESCRIBE *Sulfur* TO

PATIENTS WHO AREN'T EVEN *Sulfur* AND SHOW NO SIGNS OF *Sulfur*.

Generally, 7CH or 9CH, twice a week for a month, alongside their terrain medicine, or in increasing dilutions over 4 days:

9-12-15-30CH, to jumpstart their reactivity.

This principle — prescribing *Sulfur* in eruptive pathologies to help bring symptoms to the surface — I apply more broadly to shake the body, stimulate vitality, promote deep detoxification. In doing so, *Sulfur* helps awaken the patient's energy of life.

Let me share a clinical case. A woman undergoing chemotherapy for intestinal cancer came to me, utterly exhausted. She could barely move. Neither her allopathic treatments nor well-indicated homeopathic support — managed by a trusted colleague—were helping. Deep down she is a *Sepia officinalis*. Almost as a last resort, I prescribed *Sulfur 5CH*, once daily. Ten days later, she called me — transformed. "she felt really well, and tolerating the chemo much better."

This result illustrates a key trait of Psoric states: "Poor response to well-indicated allopathic or homeopathic treatments."

That's why I didn't use a high dilution: I didn't want to provoke a reaction that her system was too weak to mount.

I also chose not to give *Psorinum*, which is:

Less centrifugal,

Less energetic,

And better suited to low-reactivity patients lacking energy.

In such patients, I might prescribe *Psorinum* with increasing dilutions over 4 days: **9-12-15-30CH.**

Where are we headed with Sulfur and Thuya?

Had **Sulfur** not worked, I would have fallen back on **Psorinum**—my preferred first-line choice in low-vitality cases.

R2

Taking **Sulfur** helps the patient recover balance. As we've seen, this rebalancing depends on the patient's level of reactivity and eliminatory capacity.

- **If the patient is energetic**, we can stimulate with higher dilutions. In such cases, we must expect intense flushing reactions—explosive eczema, diarrhea, and purulent conditions—which are all signs of the body rebalancing itself by eliminating internal overload. These flushes shouldn't be feared; though they may produce a temporary physiological aggravation, they often lead to unexpectedly strong recovery. Even if they appear to worsen the pathology, they are actually a sign that the organism is functioning well and remains reactive.
- **If the patient is lacking energy**, as in the previous clinical example, only a low dilution should be used, to avoid worsening an already non-reactive state.

The concept of flushing arises from the Psoric diathesis in homeopathy. Psora is fundamentally centrifugal: the organism seeks to cleanse itself by rotating through different emunctories—skin, intestines, lungs, etc. These flushing processes are, in fact, detoxifying pathologies. An abscess resolves when it drains. An eczema improves once diarrhea emerges. These flushes are most often spontaneous, generated by the body itself. They must be respected as much as possible. In some cases, they are provoked by the prescription of centrifugal medicines, the foremost being **Sulfur**.

This kind of clinical aggravation is, in reality, a sign that the pathological state of the organism is improving. The capacity to produce flushing reactions is a marker of efficient elimination—and therefore of a strong ability to rebalance. The less an organism is capable of flushing, the more it becomes congested, self-intoxicated, and suffocated—exactly what we observe in **lean Sulfur** states and in dry Sycosis.

R3

Following the notion of “flushing”. The principle of communicating vessels is a crucial one in medicine—and even more so in homeopathy.

Mr. André, 66 years old, was a hypertensive patient who complained of bleeding hemorrhoids that recurred periodically. His vascular health was already compromised; he was showing early signs of arteriopathy in the lower limbs. I was a young medical student at the time, and I still remember what the head of the internal medicine department told him: *“Don't get surgery. Your bleeding hemorrhoids are your body's way of letting off pressure.”*

But Mr. André went ahead with the operation. He was operated on January 15. We saw him again in the department on February 2—after suffering a massive stroke. That department head wasn't a homeopath. But he was an exceptional clinician. I learned a great deal from him. Looking back, I wonder: Was Mr. André a **Sulfur**? Or an **Aurum**?

R4

I've come across a relatively significant number of **Sulfur** patients—children, adolescents, and **lean Sulfur** adults—who were diagnosed with acute or chronic leukemia. Coincidence?

Sulfur has proven to be remarkably consistent and effective in supporting faster remission in these cases, possibly by enhancing the body's reactivity and responsiveness to the essential allopathic treatments.

R5

In general, when I'm concerned that rebalancing with **Sulfur** might trigger an overly intense reaction, **I FOLLOW THIS APPROACH:**

- **Sulfur 5CH** or **7CH**, daily for 10 to 15 days (5 pellets), and then—after those 2 weeks:
- 1 dose of **Sulfur 15CH**, or even **30CH**.

This dual dilution technique, which I learned from my teachers, has always allowed me to stimulate the patient gently, without risking

Where are we headed with Sulfur and Thuya?

aggravation. It's more effective and better tolerated than giving **15CH** or **30CH** from the outset. This approach can easily be applied to other medicines as well—we'll revisit it. There's also another method, taught to me by my mentor Dr. Pierre Robert: place one dose of **Sulfur 15CH** in half a glass of mineral water, and have the patient take one tablespoon per day. Keep the mixture in the refrigerator, and refresh it every 8 days. Across a large number of prescriptions, I've never seen an aggravation with this method. This can be extended to other medicines as we will see.

CLINICAL EXAMPLES

Jean, 34 years old, is a real estate agent and a rugby player. His height is 1.80 m and he weighs 120 kg. Married, with two kids, he smokes a pack a day and drinks 6 coffees daily. For work, he eats out eight times a week and goes out drinking with friends twice a week.

- First consultation: he's here for a medical certificate. Nothing remarkable, except for slightly elevated blood glucose. I offer some dietary advice and suggest **Sulfur**. *"No thanks! I'm doing fine. I just take Nux vomica before meals."*

- Three years later: fasting blood glucose is 115 mg/dL; HbA1c is 5.8%. Weight is unchanged at 121 kg. Now has two mistresses. He's had two episodes of gastroenteritis a year, each with fever, but bounces back after two days.

- The following year: three gastroenteritis episodes and one severe bronchitis. Blood pressure: 150/85. A cardiac workup (for rugby clearance) comes back normal. He finally agrees to take **Sulfur 15CH**—but only once a month.

- Four stable years: *"When I don't feel right, I take Sulfur for a month or two, and Nux vomica before meals."*

- Three years later, at age 45: Jean still weighs 121 kg, now recently divorced. *"She left me without warning. I don't understand."*

Blood pressure: 160/95. He's had perianal eczema for a year, treated with corticosteroid cream. He stopped all homeopathic treatment two years ago. He's depressed, has no libido, and feels completely lost.



Looking back, had Jean continued his homeopathic care consistently, some of these issues might have been avoided. But **Sulfur** types tend to drop treatment as soon as they feel fine.

Frédéric, 54 years old, is a retired postman, an amateur painter, an astrology enthusiast, and self-described medium. He calls himself single, though he has a long-time girlfriend. He lives a quiet, solitary life in the Alpilles (French region).

He comes in complaining of very bothersome, foul-smelling perspiration, and pruritic, burning, oozing eczema affecting his genital area, groin folds, and buttocks. Other than that, he's in good general health. His height is 1.70 m, he weighs 65 kg, and always feels warm. At night, he sticks his feet out of the covers to cool off.

■ Treatment included: **Sulfur 15CH**, once a week, **Sulfur 5CH**, once a day, **Croton 5CH**, once a day. After an initial aggravation lasting 15 days, Frédéric was able to live peacefully with his eczema: *"It's about 80% better. When it flares up, I just take Sulfur 5CH daily for a couple of weeks."*

- Follow-up: 16 years.

- At age 70, Frédéric's height is 1.68 m he weighs 61 kg, and is still painting.

He's still with the same girlfriend. He smells a little less than before, remains passionate about astrology, still dreams of changing the world—and he still has his eczema. *"Eh... it'll leave when I go."*

- Frédéric is in balance.

Sulfur you are, Sulfur you shall remain.

Where are we headed with Sulfur and Thuya?

THUYA OCCIDENTALIS

Motto: Preserve by hiding

➔ This portrait is drawn from a synthesis of 19 clinical cases, each followed for 12 to 15 years. In these cases, *Thuya occidentalis* was found equally in men and women. For the purpose of this description, we will refer to *Thuya occidentalis* in the feminine.

A LIFE STORY

It's hard to picture a truly "balanced" *Thuya*. What does balance even mean in her case? What we observe instead is a persistent, silent, and insidious imbalance—one that slowly weaves itself into the fabric of a life over time. If there's any medicine that illustrates the principle of "anticipating the pathological" it's *Thuya occidentalis*.

FIRST STAGE ➔ POLLUTION

We are not born *Thuya occidentalis*. We become *Thuya occidentalis* —gradually. And our goal as homeopaths is to delay that transformation for as long as possible. *Thuya occidentalis* is the medicine of pollution—the slow, progressive clogging of the body from years of overuse, mistreatment, and toxic exposure. Our internal machinery keeps running — nonstop — for years. And we rarely maintain it properly. We start a "Sycotic process." Dietary excess, chemical pollutants, heavy medications, the chronic stress of modern life — these are some of the many factors that call for *Thuya occidentalis*'s prescription.

IT IS THE GREAT DETOXIFIER OF THE MATERIA MEDICA.

In homeopathy, we often speak of "blocks" or "obstacles to cure"—factors that obstruct the body's ability to react and recover. These blocks can take many forms, but some of the most common include: vaccinations, long-term use of corticosteroids, hormones, chemotherapy, exposure to heavy metals or toxic chemicals. These are all classic agents of a Sycotic process. These blocks are part of a person's epigenetic history, and they destabilize the person's medicines, all of them.

Thuya occidentalis is the primary medicine for lifting these blocks. It is the archetype of Sycotic medicines—especially what we might call "Productive Sycosis", alongside *Natrum sulfuricum*. In this state, the organism becomes sluggish, overburdened, and unable to respond properly. Over time, if untreated, it stiffens and collapses into dry Sycosis—a state marked by sclerosis, rigidity, and structural decline, often calling for medicines like *Causticum*, *Nitricum acidum*, or, in part, *Sepia* and *Silicea*. *Thuya occidentalis* is the essential medicine for clearing toxic buildup for all patient's regardless of their dedicated person's medicine. It is, in essence, the universal cleanser—a kind of "Mr. Clean" of homeopathy. It is to be prescribed early, when the "grime" begins to settle—before it hardens and takes over the entire system. Once the internal mechanisms are deformed and blocked, the interest in prescribing *Thuya* is greatly diminished.

Thuya occidentalis is like heavy crude oil slowly spilling over a seabird—10, 20, 60% of its feathers covered—until the bird is completely mired, unable to move, and slowly dying. Even then, despite being unrecognizable, the seabird remains what it was: a seabird. Similarly, a *Calcareo carbonica* patient, overwhelmed by Sycotic buildup, may seem to lose her individual traits. But deep down, she remains *Calcareo carbonica*.

Thuya occidentalis is, therefore, a necessary passage for every individual. *Thuya occidentalis* clears, and then the person's medicine restores—if the body is still capable of being rebalanced. This is why prescribing the person's medicine for each patient remains essential.

But regardless of whether a patient is *Sulfur*, *Lycopodium*, *Arsenicum album*, or *Platina*, Prescribing *Thuya occidentalis* is often a prerequisite to clean and maintain the balance of each of these persons' medicines. Because we are all, to varying degrees, and

Where are we headed with Sulfur and Thuya?

daily, involved in this Sycotic process. And it's critical to recognize this slow, silent drift.

The first indicators of Sycotic overload—the signs that signal the need for *Thuya occidentalis*—are benign skin tumors (e.g., warts, lipomas), transverse ridging or grooves in the fingernails, sweating in skin folds—especially nasolabial and genital areas, the emergence of abdominal obesity. Then, as the “grime” starts to overflow, we see chronic ENT and pulmonary issues, conditions triggered or worsened by damp cold, slow-to-resolve infections that resist otherwise well-indicated homeopathic treatment.

When we observe that the body is no longer reacting well to even accurate prescriptions—when reactions become sluggish or blocked—it's time to think of *Thuya occidentalis*. It reawakens the capacity to react. Not in the explosive way of *Sulfur*, but layer by layer, slowly, and with patience. She gently lifts the sticky, toxic film that clogs our internal machinery.

Whenever there is a suspicion of internal pollution, regardless of the patient's primary constitutional medicine, I prescribe *Thuya occidentalis* using the dual-dilution method:

5CH daily, along with a dose in **15CH** once weekly, for a period of about two weeks. This can be repeated a month later if needed.

The goal is to detect the early signs of the Sycotic process—changes that can affect any person's medicine and push it off balance.

SECOND STAGE → ENCLOSURE

We become *Thuya occidentalis*.

And becoming *Thuya occidentalis* means becoming trapped — trapped in both body and mind.

It's a state of progressive confinement, built slowly over time through the injuries and setbacks of life. Physical blows, psychological wounds — all leave lasting scars. The body becomes clogged, swollen, rigid. It begins to ooze — through the skin, ENT pathways, and urogenital tract — as it tries, slowly and laboriously, to cleanse itself. It no longer has the strength to detoxify rapidly. This is Sycosis.

The pathologies never truly resolve. They linger. They become chronic.

The mind, in turn, curls in on itself. It loops, stagnates, isolates. Indolence, fear, sadness, obsession, irresolution.

Thuya occidentalis is a major medicine for indecision—for the inability to choose.

Conscious of her inability to respond or defend herself, *Thuya occidentalis* fears life.

She (though *Thuya occidentalis* may also be a man) has lost all her internal bearings—starting with her body, now overtaken by obesity and water retention.

Her response is to withdraw. Her body, now bulky and padded, becomes a protective wall between her and the outside world.



Becoming Thuya means becoming trapped in both body and mind. It's a state of progressive confinement, built slowly over time through the injuries and setbacks of life

Where are we headed with Sulfur and Thuya?



“Uncomfortable in her own skin, *Thuya* is overwhelmed by a diffuse, existential anxiety that saturates her entire field of consciousness. It’s especially intense upon waking, after an unrestful night.”

Its appearance is both humiliating and protective: “I reject my body, but it shelters me. I can hide. I don’t care what others think,” she claims. But this creates a painful inner conflict: “This body lets me withdraw — but I loathe it. I’ve gotten fat, but I wish he would look at me and see more than just that — and love me.”

Paradoxically, some *Thuya occidentalis* patients cling to this very body they say they hate. Why? Because even in hiding, they are still seen — they still exist. The obesity, the wall, becomes a form of identity. Yet they continue to fight it.

The endless diets they impose on themselves are the external expression of this internal contradiction, and of the suffering that comes with not being able to accept oneself.

Thuya occidentalis’ obesity is, above all, a cry for help. She identifies with her body, uses it to protect herself—but also imprisons herself within it. Through this body, she screams for rescue.

As with *Natrum muriaticum* and others, only a loving gaze can transform *Thuya occidentalis*.

A gaze that sees beyond the visible. “One sees clearly only with the heart. What is essential is invisible to the eye.” (*The Little Prince*, Antoine de Saint-Exupéry)

Uncomfortable in her own skin, *Thuya occidentalis* is overwhelmed by a diffuse, existential anxiety that

saturates her entire field of consciousness. It’s especially intense upon waking, after an unrestful night.

This pervasive discomfort is experienced with deep shame++.

Thuya occidentalis has somatic disorders. She misinterprets internal sensations—*cenesthesia*: “My body feels like fragile glass,” “There’s something alive moving in my belly.” She fears illness — especially cancer — and anything that might be linked to it.

Behind the physical accumulation (obesity, urinary and pelvic infections, tumor-like growths), there’s also a deep accumulation of psychological barriers +++—thick, multiplying layers of emotional armor. (As Dr. Jacqueline Barbancey noted.)

A kind of mental slowing sets in. *Thuya occidentalis* withdraws. She stops speaking. She pushes others away — people, company, anything that feels threatening. Her memory begins to slip. Crushed by life, *Thuya occidentalis* becomes compliant.

Unable to understand what’s happening to her, she blames herself. Her constant dieting becomes a form of obsessive self-

Where are we headed with Sulfur and Thuya?

punishment. A deep sense of powerlessness emerges—accompanied by the belief that she's worth very little.

Eventually, there comes a point where she no longer tries—no longer attempts to engage or reinvest in her life. She lays down her arms. Life has defeated her.

Thuya occidentalis is a medicine for those scarred by life.

And so she surrenders—as if she were destined to suffer—and accepts this as her reality. She holds it all in. She continues to withdraw.

Consciously or not, *Thuya occidentalis* self-destructs. This is the moment when the risk of cancer is at its peak—paradoxically, precisely when *Thuya occidentalis*, once obsessed with cancer, stops thinking about it altogether. Almost as if she's given up even the right to get one.

When a patient who has long feared cancer stops mentioning it altogether, I always check for a real cancer. Sadly, I very often find one.

Thuya's self-destruction reaches its peak when she loses weight. Without her physical padding, she no longer has that protective envelope—and no longer has a way to hurt herself through it. When *Thuya occidentalis* starts losing weight, watch for cancer.

WHAT THROWS OFF BALANCE

- Any physical or emotional trauma that, over time, clogs or pollutes the body and mind
- The scars and stigmas of life
- Any of the many etiologies of Sycosis

THE CHILD

I'm tempted to say that true *Thuya occidentalis* children are rare—and thus so are Sycotic children. Why? Because the Sycotic process takes time. In children, Sycosis is usually just beginning:

less significant, less deep, and often still reversible—except in rare cases, usually due to heavy treatments for serious conditions in the first months of life. This is where the notion of anticipation becomes essential.

The most common form of *Thuya occidentalis* in children is the “heavy” *Thuya occidentalis*—often overlapping with *Calcareo carbonica* or *Sulfur*. The first signs to watch for are the same as in adults. In children, we can also add excessive fatigue as a key early sign.

■ PRESCRIPTION FOR THESE CHILDREN,

- *Thuya occidentalis* **5CH** or **7CH** daily is usually more effective than a weekly **15CH** dose, simply because, as mentioned, the Sycotic process in children is almost always superficial.

I have encountered five “thin” *Thuya occidentalis* children. These were children who had started the Sycotic process in utero, classically hereditary *Thuya* types. They were frail, hypotonic, often small for gestational age, with fine bones and delicate features. Three of them had excessive hair on the arms and back. All had wavy or ridged fingernails. They resembled *Silicea* or *Lycopodium* types. In these cases, a preventive treatment during pregnancy is especially valuable. (R1)

GENERAL AND PRACTICAL REFLECTIONS ON THUYA OCCIDENTALIS

R1

■ **PREVENTIVE TREATMENT** during pregnancy—administered to the mother—aims to “cleanse” the unborn child of potential toxic influences passed down from the mother.

- You're drinking two glasses of whisky a week and can't stop, I'll prescribe *Luesinum* **15CH**, one dose per week.
- You test positive for HPV at three months of pregnancy, I'll prescribe *Medorrhinum* **15CH**, one dose per week.
- You're taking corticosteroids for severe asthma attacks, I'll prescribe *Thuya occidentalis* **15CH**, one dose per week

Where are we headed with Sulfur and Thuya?

R2

Like *Sulfur*, *Thuya occidentalis* is a universal medicine — because we all need it at some point in our lives. Prescribing it preemptively can delay the onset of Sycosis, or at the very least, reduce its impact.

R3

Thuya occidentalis does not cause or trigger cancer. Whether given in low or high dilutions, it may — under certain conditions — help reveal a preexisting cancer earlier, which is actually a benefit.

In people already diagnosed with cancer, *Thuya occidentalis* should not be prescribed at the beginning of chemotherapy. However, after the intensive treatment phase, *Thuya occidentalis* 7CH can be given once per month, and then gradually increased in frequency based on clinical follow-up—every two weeks, then weekly.

The main clinical indicators of progress on the Sycotic terrain are improvement in nail ridging, reduction in excessive sweating, The duration of treatment depends on how well the “reversal of the Sycotic process” is progressing. This effective protocol was developed by Dr. Roger Stébet.

R4

Sycosis isn’t limited to benign growths. It also generates malignant tumors. This is why anticipation is so important.

R5

As discussed earlier, the dual dilution technique is highly effective for stimulating, awakening, and rebalancing Thuya patients who struggle to react.

R6

Sulfur and *Psorinum* help restart the “human machine” at different energy levels — but only after *Thuya occidentalis* has first detoxified it. In this way, *Thuya occidentalis* plays a major role in preventing acquired immune deficiencies, as well as in treating “pollution-based allergic pathologies”, such as asthma.

CLINICAL CASE

One of my first patients.

JUNE – Sophie, age 20.

Height: 1.75 m. Weight: 50 kg.
Measurements: 88-63-89 cm.
A future architect. She consults for heavy legs, worsened by heat. Raynaud’s syndrome. Scanty menstruation, started at age 15. History of rhinitis and ear infections around age 5; nothing notable since.
“And I was elected Miss Y of region X.”
She is a true *Pulsatilla*

INITIAL PRESCRIPTION:

- *Hamamelis compound*, 5 pellets daily
 - *Pulsatilla 15CH*, one dose weekly for four months
- Treatment to be renewed as needed

OCTOBER – Sophie is now 26.

Weight: 85 kg. Married at 21.
Did not finish her studies at her husband’s request—he wants children. Has a son, Thomas, now 10 months old, after two IVF attempts. Gained 15 kg during pregnancy.

PRESCRIPTION:

- *Thuya occidentalis 5CH* daily
 - *Pulsatilla 15CH* weekly, for 6 months
- Instruction: Stop eating when still slightly hungry

MAY – Sophie, now 26½.

Weight: 75 kg. On oral contraception for 5 months. Feels better mentally. Beginning to love herself again—“because he loves me, and I’ll do anything for him.”
Following WeightWatchers®, encouraged strongly by her husband.
Same prescription continued for another 6 months.

Where are we headed with Sulfur and Thuya?

For about three years, Sophie follows her homeopathic treatment irregularly. Her weight fluctuates between 67 and 70 kg. She has a daughter, Amélie, now 2, born without medical assistance. Lost 8 kg after pregnancy. Still on contraception. She exercises with her husband. A happy time!

JANUARY – Sophie, age 32.

Weight: 82 kg.
Underwent a cervical conization due to HPV—likely contracted from her husband, who has been unfaithful for two years. She's devastated but wants to keep her husband. Sees her gynecologist every two months due to fear of cancer.
Struggling with her six-year-old son, who is "unmanageable."
Tries diets from TV shows, magazines, and a professional nutritionist. Weight fluctuates. Withdrawn. Only wants to see her husband, "who is everything to me."

TREATMENT:

- **Medorrhinum 15CH** – one dose every Thursday
- **Pulsatilla 15CH** – one dose every Sunday
- **Staphysagria 9CH** – daily, with herbal treatment for anxiety.
- We keep **Thuya occidentalis 5CH** – daily for 15 days each month, for 6 months

MAY (4 months later):

Her husband has filed for divorce. She's coping relatively well: "But I'll bleed him dry with alimony and child custody."
Weight: 76 kg without dieting. Stopped contraception.

PRESCRIPTION:

- **Staphysagria 9CH** – daily
 - **Pulsatilla 15CH** – weekly
- Duration: 6 months

SEPTEMBER – Sophie, age 36.

Weight: 67 kg. "Still dieting." Continues taking Pulsatilla occasionally.
In a relationship for 4 years. On contraception, does not want more children — unlike her partner. Fears uterine cancer due to persistent, yellowish, non-infectious vaginal discharge for 2 years. Medical exams are normal. Multiple conventional treatments were ineffective.

TREATMENT:

- **Thuya occidentalis** using the dual-dilution method for 2 months (**5CH** daily, **15CH** weekly)
- **Pulsatilla 15CH** – weekly for 4 months

JANUARY (4 months later):

Discharge has stopped. She plans to stop contraception at her partner's insistence.

MARCH – Sophie, now 40. Weight: 77 kg.

Has undergone ovulation-stimulating treatments again, but no pregnancy. Relationship is deteriorating. Severe anxiety about separation, fear of being alone. Vaginal discharge has returned after a one-year break. Irregular periods. Mild hypertension appears.



Where are we headed with Sulfur and Thuya?

TREATMENT:

- *Pulsatilla* and *Lachesis mutus 15CH* – alternated weekly on Sundays
- *Staphysagria 9CH* – daily
- *Thuya occidentalis 5CH* – maintained for 15 days each month

Duration: 6 months

JULY (5 months later):
She calls: has moved 600 km to follow her partner. The relationship is still troubled. She asks to continue her treatment, which she says helps. Approval given.

MAY – **Sophie, age 43.** Weight: 67 kg.
Returned to the region. Separated for one year. Multiple gynecological treatments, including for chlamydia. Stopped homeopathic treatment two years ago.

JUNE (1 month later): Routine mammogram prescribed out of clinical concern, given her history. Result: Right-sided ductal adenocarcinoma of the breast. Lumpectomy + radiotherapy. No chemotherapy, but hormonal therapy.

HOMEOPATHIC PRESCRIPTION:

- *Thuya occidentalis 7CH* – weekly for 6 months, then *Thuya occidentalis 15CH* – one dose per month for 12 months
- *Pulsatilla 15CH* – 1 dose weekly for 12 months

OCTOBER – **Sophie, now 53,** is doing very well. Weight: 57 kg.
Has met a new partner, “*who has also suffered a lot.*” “*We love each other tenderly, and he respects me.*” She has become a grandmother.
She now helps others in need, passing along the love she receives. “*In my family, we say ‘Pruch’ella duri!’ (Let it last!) And it will last, Doctor.*”

JULY – **Sophie, age 65.** Weight: 59 kg. Still doing very well.

She has continued to take monthly 1 dose of *Pulsatilla 15CH* since she was 43.

THREE REFLECTIONS ON SOPHIE’S CASE

1. DOUBT:
Did *Thuya occidentalis* actually work? Sophie still developed breast cancer despite our “preventive” approach. Did *Thuya occidentalis* simply reveal the cancer earlier?

2. QUESTIONING:
Was this an expression of her person’s medicine, *Pulsatilla*, in a “destabilized” form, expressing itself via the cancer? Did *Pulsatilla* ultimately restore her?

3. SATISFACTION:
After all, Sophie is still well at 65. As her doctor, I did what I could.

LET US REMAIN HUMBLE.
Homeopathy doesn’t make us “superheroes”.

But by learning to prescribe to anticipate pathology, our patients can grow old — and even die — in good health.

QUIZ / ANSWERS (SEE PAGE 6)

Question 1:

- ☐ A Aconitum napellus

Question 2:

- ☐ C Ambra grisea

Question 3:

- ☐ D Jaborandi

Question 4:

- ☐ B Usnea barbata

Question 5:

- ☐ B Ledum palustre

Question 6:

- ☐ A China rubra

Question 7:

- ☐ C Causticum

Question 8:

- ☐ C Plumbum metallicum

Question 9:

- ☐ D Raphanus sativus niger

Question 10:

- ☐ C Intermenstrual syndrome with hemorrhagic ovulation