

**Dr Massimo  
Mangialavori**

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Postgraduate Course

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**“Unreliable Support”**

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## Case Taking

There are as many ways of case taking as there are homeopaths. It is therefore an art. It changes over time according to our own experiences. We all have special, individual qualities of relating to people.

### Art

- *Creativity and technique*
  - the creativity may be a ‘gift’ or in the person’s DNA, but the technique has to be learnt and developed. When you know the technique so well, you can forget it, but you must learn it first.
- *Skill and improvisation*
  - it’s not possible to suggest that there is just one way of working. The way we relate to people changes according to each case. Each new patient requires elasticity on the part of the homeopath – we have to be open to the situation of the person. We have to openly consider what is happening in each moment between the practitioner and the patient. It’s not about fitting the person’s information into a box of remedy information.
- *Analogy and logic*
  - the analogical approach is as important as the logical approach. Theoretically, ‘old’ science must be repeated and observed in the same way every time. This is not true in medicine because it is too restricting. Even a surgeon will use intuition and feelings according to what happens in the moment. Every situation, every relationship, every patient is different.
- *Subjective and objective*
  - we mustn’t be ‘stiff’ by saying that something has to be objective. Of course there are certain facts that we need that are objective. But these are just a part of the observation; not the most important. It is tremendously important that there is *something* objective as it is important that there is *something* subjective. When we need a consensus, it’s important to focus on the objective material → other people can’t feel what we feel and perceive. In our own personal work, we must give a lot of importance to our own subjective perception: this can allow us to recognise something and is therefore as important as objective information. You will react the same way to one *Phosphorus* patient as the next, for example.
- *Female and male*
  - this is the Moon side versus the Sun side of perception.

*“Tristo quell’allievo che non supera il maestro”*  
Leonardo da Vinci

The real master will try to teach his students to be much better than him. This should be the sense of science, not of trying to be the best in every field. Otherwise, it’s a loss for everybody.

Case taking is the relationship in which the therapist tries to work out which path the patient follows. It is the attempt to understand what the system is doing. The system has its own intelligence, its own vital force that knows much better than the therapist how to work out and re-adjust to a homeostasis of the system. We have to recognise and respect what the system is doing and assist it in this process.

We must be able to perceive what the system tries to do to re-arrange, to re-set to re-balance the system and help it continue it in the path. If we don't perceive this, we are not respecting the individual's path and we will suppress their symptoms.

*Therapy is a way to accompany the patient in his journey.*

*It is like accompanying a horse back home who knows his way but is sometimes distracted.*

It is not our job to say, "I know your path and this is the way". We must respect what the system is doing and try to help it do it in the best possible way. We must follow the horse on his path and respect his way of walking.

Case-taking is about looking for the strategy used by this system to relate with his environment. This leads to the fundamental elements, which can be used to formulate a hypothesis of the structure of this system. Each animal or plant has the best possible way of relating to its environment. It has the best way to live when it is healthy and another way to live when it is unhealthy. It's the difference between physiology and pathology. It becomes pathological when the first strategy does not work and the animal or plant becomes unable to cope in this way.

There are two elements:-

### 1. *Observation*

- This is a quality that grows with experience
- An ability to relate with people
- A personal path of the practitioner and the model that they are using<sup>1</sup>
- The observational model changes according to the observer
- Observation can be positive and negative – when we observe something, we consider mainly what we see. It is as important to consider what we *don't see*<sup>2</sup>. This is a negative observation.

The homeopathic approach involves observing phenomena. This is very important. This is the principal reason why we make so many mistakes. We need to know the genetics, the history of the problem, if a swelling is a cancer or an abscess, if the person has high blood pressure from serious pathology or from strong emotion – otherwise our prognosis and diagnosis is not good. BUT the homeopathic model was not created like this. 95% of information in *Materia Medica* are just observed phenomenon. Good prescriptions can be made in this way, but without understanding the system. Without this, our model of prescribing is very limited.

You need to know the story → with this understanding a remedy can be prescribed in any stage of the illness, not only when the keynote symptoms are present.

Normally prescriptions are made on the basis of a 'still shot' rather than the whole movie<sup>3</sup>. We must move from observing the phenomena to observing the process behind the phenomena.

### 2. *Creation of a 'therapeutic field'*

<sup>1</sup> Even in basic science it is observed that what is observed depends on the observer. According to who you are, the observation changes.

<sup>2</sup> If, in a two hour consultation, somebody doesn't mention their lover or their family or their children, then it is unusual and needs to be noted.

<sup>3</sup> This is often sufficient for acutes, but we should be able to look at the bigger picture.

This is the awareness of being in relation to another person. The therapeutic field will differ between doctors, which is why one patient will tell different things to different observers. The story changes.

There is a significant difference between a list of symptoms and a coherent organisation of theories. This is not only a problem for most therapists, but also the way in which our provings are conducted and recorded.

We must be open to observe what the system wants to tell us (in a proving and in a patient) otherwise we just end up with lists of symptoms that fit into categories that we have defined.

Two of the main ‘delusions’ of homeopathy are *objectivity* and *totality of symptoms*<sup>4</sup>. It is more realistic to take a fractal approach to life. It is not important in the first consultation to know everything about the person. It is not true that the more you know or the more symptoms you have, the better. Likewise with a proving; you don’t have to know everything. By trying to learn everything, you can lose the most important aspect. A fractal is a little observation that is so well refined that it becomes a reflection of the whole, more complex concept or system. A leaf is a part of a larger system that tells you so much about the whole system. It is more important to have this one small piece of information like this rather than a list of a thousand symptoms.

Case taking is like a journey in a new universe. You have to observe what is around you and perceive what is going on.

### Case Analysis

- Look for what happened in the therapeutic field. This is not only what is seen, but what happens to the observer. Why do you want to hug this patient? Or punch them?!
- Recognition of the most significant elements (themes and symptoms). This is the translation of what happened.

Something is ‘significant’ according to the model of observation. We can each observe symptoms but we have to make a choice of which are more important than others.

- A strategy, not just a symptom, existing forever or since a long time ago (a ‘small’ or ‘local’ symptom can be an expression of a deeper state and part of the theme)
- Themes and symptoms expressed in a clear context (e.g. “I scratch when I talk in front of people” is very different to “I scratch after a shower” – the conventional prescription would be the same, but the context is hugely important to us) – these tell us more about the strategy of the person
- Themes and symptoms related to the basic need of the system

There can be two possible moments: (1) Spontaneous report and (2) Direct investigation. Direct questions of the right kind, in the right context and at the right time are important. We might need to ask the patient to give a context and to further explain what he means.

#### 1. Spontaneous Collection of Symptoms

- As fluid as possible (don’t be anxious about the answer; if he doesn’t find the right word, that’s OK – just observe that he didn’t find the right word). Try to do as little as possible to help the person be spontaneous.

<sup>4</sup> Only someone with a very wise and wide perception of the world can really perceive a totality. Maybe the Buddha could do this!

- Help the patient find a context – in an indirect way if possible. It is very helpful to give a name or a context to the situation.
- Invite him / her to follow the previous topic when he stops. If he wants to talk about Formula 1, then remember that he will tell us about his *own way* of experiencing Formula 1. This shows us the spectacles with which he views the world.
- Invite him / her to evoke a narrative answer rather than an explanation. We don't want to know only what is in front of us now, but rather we want to know the story. We want the story, not just the rational description. Patients are accustomed to give names of pathology and explain to us 'why'. Try and forget this completely and help them to use their own words.
- Induce confidence in what is 'inside' – it's important that he knows that his way of survival, his way of living with his symptoms, his way of dealing with life is important. This encourages development of a positive therapeutic field.
- His / her point of view about his / her problem – they will tell you what the Doctor said in the hospital, etc. Ask them about their own impression of it.
- Your interest about him / her

### 3. **Direct Investigation:** Basic Needs

There are basically two things. This person has a

- Relation with his environment

*and*

- Relation with himself

We might need to get more information. According to the school that the homeopath follows, (s)he will start to formulate direct questions<sup>5</sup>. Try to get something that is important for every system:-

- *How to get energy* (this can be easily related to food habits but also non-physical ways of getting energy and 're-charging our batteries'). This gives us a basic idea of how this system works.
- *How to keep energy* – how this system handles and spends his energy / how much does he feel he needs to keep the energy in?
- *How to consume energy* (this is not just about survival, but what they do beyond what is necessary to survive). How is energy used for pleasure? This varies from sex (with different aspects of sexuality) to whatever they use to have fun.
- *How to perpetuate the species* (what you do to make your existence important). You can do a lot of things to perpetuate the species without having children. It is the contribution you make to the world that exists after you die. People give different levels of importance to this. It's the idea that something is transcending the self.
- *How to compete* (what kind of strategies are used). This does not belong only to animals; it belongs to every structure and every kind of substance (including stones). There is a level of physiological competition to defend ones' own space. It's important to understand the sense of competition – it can be pathological or physiological.

Try to grasp the information that we need as spontaneous as possible. The points above are the most essential items that a system needs to exist and relate.

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<sup>5</sup> This is not referring to the type of questions used to make a differential diagnosis.

From this point of view, there are no degrees of symptoms. We need to see how important a symptom or theme is in the patient. (The degree at which a symptom is written in the Repertory means nothing<sup>6</sup>.) We should reverse this concept. The symptoms should have the degree, not the remedy → how important is that symptom in that case? Traditionally, the mind symptoms were always the most important. But these can actually be expressed in many other levels, so often the local symptoms are extremely important. Symptoms that can be related to the points above are the most important because they are *fundamental* to the system.

Another important characteristic is that we are moving to **clinical** information from the **proving**. Even the best proving in the world cannot give you such good information as a case treated successfully with the remedy<sup>7</sup>. The patient will tell you the truth of the symptom because they experience it – this will be much more accurate than the information from the homeopath or the prover, however good they are.

A proving is a fundamental part of the study of a substance according to the homeopathic model but a *'remedy' is a therapeutic tool only after its clinical application*.

According to this perspective, the analysis of a case *is like* the analysis of a proving, which *is like* the analysis of a substance. They are exactly the same thing. We need to find a coherent approach. A good analysis of the substance is not enough if there is not something coherent with what we know about the proving of the substance.

### **Analysis is not Analogy**

But they are both very important and fundamental to access and unfold the secret of nature.

*Analogy* is not shareable because it's an experience. However it is possible to communicate some of the tools which allow you to have the experience. *It's important to consider that analogy exists and is a part of our daily life* but by definition it cannot be described<sup>8</sup>.

Therapy is a way to follow and respect the patient's path even when it seems to be a failure. This is often hard to transmit to the person you're treating – usually they want you to fix all their problems. (Often to keep suffering is the best way for a patient to continue to live in a particular way.)

*Consider...*

The forest and the garden / the forest ranger and the gardener. A garden is a piece of land where someone artificially did something beautiful. However, you almost never see dead leaves on the soil, twigs that fall from the trees, etc. These kind of things are usually taken away leaving the garden as a clean environment. If you are a forest ranger, however, you have to respect all the rotting leaves, the fire that is sometimes destructive, and you have to leave many dead pieces of wood in the soil because it's not possible to clean everything. And these things are all part of the beauty of the forest. This can be an even more beautiful experience than walking in a well-kept garden.

Often our approach is closer to that of a gardener. We have to be wise like a gardener and be able to endure a piece of wood in the wrong position or a dead leaf on the floor, for example.

### **Case 1**

<sup>6</sup> It's mostly unclear how these degrees were formulated. And small remedies are mostly recorded at the 3<sup>rd</sup> degree.

<sup>7</sup> We need a consensus about what a good 'cure' means.

<sup>8</sup> Writing something down reduces an experience. It is the difference between tasting a good wine and describing the wine.

43 year old female. She is a physiotherapist. You can easily see that she looks weak and fragile. She's underweight, lean. When she speaks, her voice seems weak, even if she tries to give the impression of someone who really knows what she wants. Like a little mouse declaring war on an elephant! She sits with her legs and arms crossed. She seemed like a rigid person throughout the system. It was as if she was constantly on defence. She constantly had to relate as a person who has to defend against any possible problem. Massimo perceived a bit of resentment, anger and challenge from her because she is a physiotherapist and Massimo is a Doctor. It was not easy for her to talk about herself to a Doctor. Usually she is in competition with Doctors<sup>9</sup>. She was always defending. She had a frown for nearly all of the consultation.

\*\*\*<sup>10</sup> *I decided to come for a consultation because of my gynaecological problems. When I had my last ecograph they diagnosed a uterine fibromastosis. The gynaecologist told me I have an age-related condition and that there was urine retention in the bladder. However I hadn't gone to the bathroom first, and I was sure my bladder was not empty, but he didn't want to listen to me. DOCTORS NEVER LISTEN TO YOU.*

\$<sup>11</sup> *My mother had a hysterectomy because she had heavy bleeding... I only had one haemorrhage, after I gave birth. There was more than one litre of urine in my bladder and then I had to catheterise myself for two weeks because I couldn't control it any more...*

*When I was growing up I had to urinate frequently. Although I had tests and urographs they never found any particular reason for it... I went to the doctor's very frequently when I was little because I often had to go to the bathroom and the teacher used to make fun of me about it.*

\$ *I used to wet the bed up until I started menstruating... I even get it sometimes now if I have strange dreams... and now I also have uterine fibromastosis.*

\$ *My periods started when I was 13. They were always very heavy, and my cycle was less than 20 days. Ovulation was always painful. I had a cyst 6cm large on my left ovary. I always had a headache at the time of my period. My temple would begin to throb near my right eye and then it would go to my forehead. It was almost always connected to my period – either before or during it.*

\$ *If it's bearable I just hang on: I don't like medicines and doctors.*

\$ *It gets worse from the stress of travelling or if I eat between meals: I'M A VERY PRECISE PERSON AND ANY CHANGE IN MY SCHEDULE CAN BRING ON A HEADACHE OR SOME OTHER PROBLEM. But if I am in my own environment then it doesn't lead to a worse crisis...*

\$ *I can't go out of the house, first of all because the slightest draught of air makes it an awful lot worse. I have to cover my forehead... and then the pain goes to the nape of my neck and down into my shoulders, which turn into two pieces of frozen, lifeless marble. I cover up and wait... sooner or later it passes... Everything passes...The worst thing is the feeling of keeling over... as if I was in a boat during a submarine earthquake.'*

\*\*\* *'Well, I was told that you have to tell the homeopath everything... I had a difficult childhood: my father used to beat my mother or he came home drunk. We children grew up in an atmosphere that wasn't very tranquil. My mother was unhappy with her life; we were together just because we were a family. As soon as we could, we children left home. I have no relationship with my parents or my siblings. There were several suicides in my family.*

*What affected me most was my uncle. He slit his wrists, and then he spent more than thirty years in a lunatic asylum. Then he came home and he got on well with me. I often used to take him out for a walk. When I got married he tried to return to the lunatic asylum but they wouldn't have him back. I HAD A FEAR OF GOING MAD WHEN I WAS LITTLE, I ALWAYS USED TO TELL MY MOTHER ABOUT IT.<sup>12</sup>*

<sup>9</sup> This is common in Italy.

<sup>10</sup> Indicates spontaneous talk.

<sup>11</sup> \$ indicates that Massimo asked a question.

<sup>12</sup> The only person that she had a relationship with when she was younger, was this crazy man. She could relate to him in a way that others couldn't.

\*\*\* *When I was little I always had problems with my throat. They operated on my tonsils twice and then on my adenoids, but now I always have swollen lymph nodes under my jaw. Every spring I get bronchitis and then cystitis.*

\$ *As a rule I finally always give in and take antibiotics... I don't know if I got worse because of the bronchitis or the cystitis, but I am always very weak in those parts.*

*I had cystitis when I was in hospital giving birth, but I blamed having to use the bedpan. I had another bout after my first sexual relations, and every time I had sex for more than a year after my wedding.*

\$ *The pregnancy was a very difficult time from that point of view... the vomiting apart.*

\$ *As I told you, I always had urinary problems...*

\$ *I always have to urinate very frequently... I'm not very good at holding it, and I wet the bed for years. Even now I can't retain it very well... and as soon as I get the urge I have to run to the bathroom, even if it's only to pass a few drops.... [she is very embarrassed].*

*I had many problems at school because I was often absent due to illness and this had a serious effect on my self-confidence...*

*When I had my first son I had alopecia and then I also had it afterwards when he wouldn't take the breast. I had it at other times too... \$ I took it very badly and it was lucky that the dermatologist held my hand and said it was just a psychological problem. Then my hair grew back...<sup>13</sup>*

\*\*\* *I NEED REGULARITY IN MY RHYTHMS... if I eat a sandwich in a hurry or when I'm coming home in the afternoon I always get a stomach ache.*

\$ *I have cramps, with the feeling as if my stomach is swelling... I feel wind going into my intestines, and I would like my stomach to be pressed...*

\$ *I feel like a very insecure woman. I don't feel steady on my feet, and I think it's due to how I feel inside. I have had so many tests for that. It's true that I am weak... but I don't think it's just that... I have gone on so many courses in which, when we looked into it, they showed me that my postural problems were only due to how I see myself...*

\$ *It's difficult to explain... I was born old, an adult... I never had a childhood, and when I had to give birth, I felt as if I had already given too much, and I didn't have anything more to give to anyone... I don't have any energy of my own and I can't have any for anyone else... I find it hard enough to look after myself.*

\$ *I have to look after myself, life taught me that... I do this work to help those who can't stand on their own two feet [cries]. You don't know for how long it was a real nightmare for me... I even dreamt at night that I was falling... I couldn't stand on my feet because my legs felt like breadsticks... or sometimes like tubes of toothpaste or cream... and if I wanted to make myself look nicer and use those beauty products then my legs got weaker and I... \$ They saw me walking like that and I couldn't manage it and no-one could help me... I woke up in the morning and felt exhausted... and my legs were really hurting me.<sup>14</sup>*

\*\*\* *I don't have much self-esteem... managing to do this work has been quite a feat. I really sweated bucket-loads... it was very exhausting. \$ I have always sweated a lot, and in summer I have to drink lots of mineral water because my blood pressure goes down. In winter I'm very scared of the cold. My hands and feet are always icy cold.*

\$ *I know I was born a weakling... my mother always used to tell me that I was the most frail of all my siblings and that they kept me alive just because she wanted it. But it's very difficult with the way I am...'*

<sup>13</sup> When she had to take care of the child, it was seriously difficult for her resulting in hair loss. The only success with treatment was when the dermatologist said that it was psychological. She felt understood by this man.

<sup>14</sup> These nightmares were common for her for a long time.

\*\* 'I'm a very precise person... I'm very disorganised inside, and if I don't keep everything in perfect order, then I can't find anything. At work they tell me I'm a maniac... but the results are there to see... it's the others who see them though... I can never be satisfied with myself... I just can't do it.'

Massimo has also treated other members of her Physiotherapy Department. Her colleagues have said that even if she looks weak, she's well-known for excellent results with big, stubborn people and those who are really depressed, especially after strokes. They say that she's a kind of dictator. She has such a strong energy and she's good at convincing others about what they *must* do. She's a really little person who is able to oblige and push other strong people to do what she wants.

*What is important for us now?* It is not to consider remedies at this stage. What is your point of view / your idea of this lady?

*(Ideas from the group.)*

- Insecurity<sup>15</sup> leading to a need for fixed rigidity and stability / lack of self-esteem
- Perfectionism to compensate for the insecurity
- Sensibility to coldness
- Rigidity and stasis – she needs structure and can't adapt to change (this is a way to compensate for the weakness and insecurity)
- Weakness on all levels – almost like a child: she can't control her bladder and she has dreams of not being able to walk / as if she has by-passed developmental stages, and yet she said, "I was born an adult"
- Dream of legs like breadsticks or toothpaste (in her job, she tries to help other people stand on their own two feet)
- Poor adaptability
- Loss of urine, loss of hair, loss of sweat and loss of warmth
- Dependent on state of the environment (she can't react positively to changes)
- Fragility (in body and psychology) – "I was born a weakling"
- Lack of self-esteem and sense of worthlessness
- Urination (can't retain / involuntary)

Which of the above can be put into concepts?

- Rigidity + Poor adaptability = it is the same concept
- Fragility + Weakness + Cold + Stands on breadsticks<sup>16</sup> = this is a vertical concept that goes through all the systems. She said herself that she is very aware of her fragility.

*How does she compensate for this problem of weakness?*

The weakness of *Calcarea carbonica* and this case:- *Calcarea carbonica* needs support – they need to know someone is there / they need the house, etc. They both produce a lot of 'weakness' pathology. In the system of this case, the characteristic thing is the awareness of being weak and that there is no-one there to support her, but it has to be done by herself. This patient feels unsupported from the beginning and can't easily trust someone else who wants to support them.

*Silica*-like remedies often have problematic relationships because they need to find someone who is weaker than them, so that they feel strong enough. They support themselves by taking care of someone else who is weaker.

<sup>15</sup> Probably 50% of the *Materia Medica* is insecure, so it must be qualified.

<sup>16</sup> One cannot add 'Insecurity' because it is possible to feel insecure without having fragility (e.g. in *Ambra grisea*).

It is common to see this contradiction between looking extremely weak and looking very strong in other situations.

The most common strategy is to cut off what they can't cope with. *Instead of watching the world around me, I'll just pick one spot. Instead of eating this big pie, I'll take one slice and cope with that. In this little environment, I can be the best. Outside of that, nothing exists.* This is like the silicon chip! The concept of yes and no / black and white / zero and one, is a common *Silica* way of thinking. The things that are 'no' are outside the system; the few things that are 'yes' are in the system. It gets into a panic if it's something that cannot be controlled.

However, this patient DID NOT receive *Silica* because of the attitude of being dictatorial in someone who wants to appear strong even though they are shy.

Try to translate this concept in nature → *Silica* is used for many of these purposes. In plants, *Silica* is used as a defensive mechanism. It gives rigidity, stiffness and a skeleton to the plant. Many animals don't eat plants rich in *Silica* because it damages their teeth. This is a survival strategy of the plants.

Consider *Lycopodium* and the tale of it being a gigantic plant but that during evolution has become a little fern. This is not true only for *Lycopodium* – many other plants followed this pattern. It is the same with this substance. It's a very common plant, and it's full of *Silica*.

Ever since she was a child, her suffering has affected her bladder in some way. She's always had difficulty controlling this part of her function. The concept is control – it doesn't matter if it's bladder or rectum, for example. She is over-controlling in the areas that she can compensate → she reduces her relationship with the environment as a result of this.

In the repertory, there are 53 rubrics for *Silica* in bladder. This is much less than we would expect. There are other *Silica-like* remedies that have a much greater affinity with the bladder (MacRepertory can demonstrate this in a bar chart).

*Equisetum hyemale* is the remedy.

In the range of remedies where *Silica* is clearly represented, the one that has a clear decompensation in the bladder is *Equisetum*.

It is very interesting substance to study. It is known as 'horsetail'. It has a large content of *Silica*. Most plants rich in *Silica* are very ancient. From a philo-genetical point of view, they belong to the most ancient groups of the first age (close to the conifers). Most of these plants don't have any branches or flowers. They are very simple. They have the characteristic representation of horizontal lines (as in *Bambusa*). *Silica* is the plant equivalent of *Calcium* in animals.

*Equisetum* was proved because it was used a lot in traditional medicine. It was used mainly in the old time to treat 'water problems'. It was also used to treat children with rickets, and problems of losing minerals in the body. For patients that perspired a lot and were weak and lean. It was used in cases of bad nails. All the known symptoms of a poor amount of minerals in our system. It was a common remedy used a lot in traditional medicine, but it has been largely forgotten in homeopathy.

It is very old like *Lycopodium*. Similarly, the attitude is of someone who is very weak and who tries to be dominant and appear strong.

Most *Silica* patients are shy and want to make the relationship between Doctor and patient clear – they want to stay in a 'lower' position. The attitude of trying to fight with the Doctor,

of coping with other people in a competitive attitude, of speaking loudly, is not typical of *Silica* but is a common characteristic of *Equisetum*.

### Equisetum hyemale

*What information can we find in the books about Equisetum relating to this case<sup>17</sup>?*

MIND; CONFIDENCE; want of self (112) \*\*  
 MIND; CONSCIENTIOUS about trifles (85) \*\*  
 MIND; DELUSIONS, imaginations; falling; he is (33) \*  
 MIND; DICTATORIAL, domineering, dogmatic, despotic; children, in (4) \*\*  
 MIND; DREAMS; disconnected (24) \*  
 MIND; DREAMS; exhausting (48) \*  
 MIND; DREAMS; tiresome (8) \*  
 MIND; FROWN, disposed to (16) \*  
 MIND; FROWN, disposed to; angry (1) \*  
 HEAD; HAIR; affections of; falling out, alopecia (166) \*\*  
 HEAD; HAIR; affections of; falling out, alopecia; spots, in, alopecia areata (34) \*  
 HEAD PAIN; GENERAL; extending to; occiput (46) \*  
 HEAD PAIN; LOCALIZATION; Forehead (430) \*  
 HEAD PAIN; LOCALIZATION; Forehead; morning; agg. (136) \*  
 HEAD PAIN; LOCALIZATION; Temples; air; open; agg. (11) \*  
 STOMACH; PAIN; pressing; eating; agg.; after (98) \*  
 ABDOMEN; DISTENSION (403) \*  
 ABDOMEN; PAIN; dragging, bearing down; ovulation; during (1) \*\*  
 BLADDER; FULLNESS, sensation of (67) \*\*\*  
 BLADDER; PAIN; General; urination; during (56) \*  
 BLADDER; PAIN; General; urination; after (16) \*\*  
 BLADDER; PAIN; General; urination; after; not amel. (2) \*  
 BLADDER; PARALYSIS (87) \*\*  
 BLADDER; RETENTION of urine (162) \*  
 BLADDER; RETENTION of urine; delivery, parturition; after, puerperal (20) \*\*  
 BLADDER; RETENTION of urine; pregnancy, in (24) \*  
 BLADDER; URGING to urinate, morbid desire (330) \*  
 BLADDER; URGING to urinate, morbid desire; forenoon (4) \*  
 BLADDER; URGING to urinate, morbid desire; forenoon; ten am. (2) \*\*  
 BLADDER; URGING to urinate, morbid desire; afternoon (13) \*  
 BLADDER; URGING to urinate, morbid desire; night (119) \*  
 BLADDER; URGING to urinate, morbid desire; constant (130) \*\*\*  
 BLADDER; URGING to urinate, morbid desire; frequent (236) \*\*  
 BLADDER; URGING to urinate, morbid desire; frequent; afternoon (2) \*  
 BLADDER; URGING to urinate, morbid desire; frequent; desire increases as the quantity of urine diminishes (1) \*\*  
 BLADDER; URGING to urinate, morbid desire; sudden (94) \*  
 BLADDER; URGING to urinate, morbid desire; sudden; hasten to urinate, must, or urine will escape (62) \*  
 BLADDER; URGING to urinate, morbid desire; urination, after (66) \*\*  
 BLADDER; URGING to urinate, morbid desire; women, in (18) \*  
 BLADDER; URINATION; dribbling by drops (165) \*  
 BLADDER; URINATION; dysuria; delivery, parturition, after (2) \*  
 BLADDER; URINATION; dysuria; urine, with profuse (1) \*  
 BLADDER; URINATION; frequent (273) \*  
 BLADDER; URINATION; involuntary (255) \*\*  
 BLADDER; WEAKNESS (80) \*\*  
 FEMALE; DELIVERY, parturition; after, puerperal, complaints during childbed (75) \*  
 FEMALE; TUMORS; Ovaries; left (7) \*

<sup>17</sup> Using the Complete Repertory and Massimo's additions.

FEMALE; TUMORS; Ovaries; cysts (49) \*  
 FEMALE; TUMORS; Uterus; fibroid, myoma (94) \*\*  
 EXTREMITIES; WEAKNESS; Knee (193) \*  
 EXTREMITIES; WEAKNESS; Knee; exercise (2) \*  
 GENERALITIES; DELIVERY, parturition; after, puerperal (79) \*  
 GENERALITIES; INFLAMMATION (402) \*  
 GENERALITIES; INFLAMMATION; internally (144) \*  
 GENERALITIES; SENSITIVENESS (187) \*  
 GENERALITIES; SENSITIVENESS; internally (107) \*\*  
 GENERALITIES; WEAKNESS, enervation, exhaustion, prostration, infirmity (760) \*

In comparison to *Silica*, the most characteristic thing is more congestive symptoms in the head. It is common for this group to have headaches. Clinically speaking they are tension headaches. This is common for *all of the Silica-like* remedies. In *Equisetum* there's also a huge amount of blood in the head – there is a lot of congestion – it's not just the tension in the cervical region.

It's common to have bleeding symptoms, especially in the female organs.

Another interesting point is the '*Delusion of falling*'. In Massimo's case, this was more common in dreams of falling down. It's the fear of falling down from their false elevated position.

There's also '*Dream of a lot of people or crowds*'. Massimo can confirm this but more precisely the cases describe a kind of crowd that was in some way a threat. It was a threatening situation for them. The problem was that they could hardly do anything to differentiate, to distinguish or rise above the crowd. As if the anguish was to be one of the many other members of this large amount of people.

It's not only the tendency of over-controlling or the fastidiousness of *Silica* but the fastidiousness related to the difficulty of controlling the urinary system. (It's a remedy often used symptomatically for children<sup>18</sup>.)

Alopecia was another common clinical observation (it's not represented in the Repertory). Massimo has three good cases of this in children.

The other common thing is that the person feels like a victim of society. They feel like somebody is kicking them down or damaging them, and yet they are unable to react. This is a common reaction for *Silica-like* remedies. It's mainly observed in kids. The common reaction is to try and do their best to stay in a high position. The typical *Silica* child has good consideration at school but is still in anguish anticipating the test, etc. Even if they have a good result they don't trust enough in what they're doing. They more or less always give the impression that even if they have a good result, it was by chance, not because they deserved it. They don't think it can be repeated. The reaction of *Equisetum* is much more proud. They are less able to overcome any kind of frustration; it's not so much a stimulus as it is in *Silica*.

Another common thing with *Equisetum* is that they rarely tell all their symptoms in the first consultation. It's a sign of not really trusting the Doctor. The main injury is not receiving support, so it's difficult to trust completely to another person.

Follow-Up 3 months later

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<sup>18</sup> It's common to see kids trying to overcome their lack of self-confidence and trying to appear more than they are.

She had *Equisetum QI* daily. After 14 days, she had a strong burning pain in the bladder. Massimo advised her to stop taking the remedy and she said, "Of course! I stopped as soon as I got the pain!" Three months after the first consultation:-

*I must confess that I was wondering how I'd react with not such an anger and not worry so much about my pain. \$ I thought that if I would ever have had such a reaction with such a burning pain following treatment, I would never come back to see that Doctor! \$ I came back because you told me that I could have a reaction. I have to confess partially that you look like a nice guy to me! You should take this as a big compliment because I have a very bad relationship with Doctors. I see many every day and I don't like them at all<sup>19</sup>.*

*My menses are less than before, as I was hoping. I felt better without these tremendous clots that I had before. Then I started again to feel some smell. I forgot to tell you that after my hysterectomy, I almost completely lost my sense of smell<sup>20</sup>. Every Christmas for me was a very depression moment. This one was the first Christmas that I really enjoyed. We never had a nice Christmas in my house and it was a serious problem between me and my husband. He wanted to make fun, but I never did.*

*I had a lot of energy in my work and I had beautiful results. They told me that I look quite different and I don't behave always like the 'old spinster'. Everybody at work told me I used to behave like that. They say that I'm even more calm, kind and nice with my patients. And not only with my patients. \$ I have to tell you that I am the harder of our group and they always send me the most difficult patients because of my sense of authority that none of my colleagues have. I do very few things but the ones that I do are really very well done. They send to me all the patients who need a very solid and clear relationship. \$ Some patients need a kind of strong boss and in my work, I can be quite strong and precise but only there.*

*I forgot to tell you that after my vaccination for Hepatitis B I had a lot of swelling in my lymph nodes, mainly in my arm pi<sup>21</sup>. They've never gone back completely. The specialists were never able to sort this problem. Since that vaccination I have had several problems with my liver enzymes. I don't know how it was possible, but after I took your treatment, my lymph nodes got much better. I thought to myself that even my liver was working much better. I decided to test my blood by myself. Now my liver enzymes are quite normal.*

*I can tell you that I think it was because of your remedy.*

*\$ There is something else I didn't tell you. I always have to sleep with the light on outside my door. Since I was a girl, I often have the same dream of mud that is overcoming me. They leave me without any light. In the dream I try to scream but I can't. I was always woken by someone else because I'm not able to come out of the dream by myself. I scream, I shout like a crazy person. They tell me this because I don't remember anything. There is a huge river that overflows and becomes enormous – it becomes a kind of lake or sea. It's not possible to keep it in. Then a huge and tremendous amount of mud comes over everything. I look around myself and I realise that I'm living like a primitive man who lives on wooden houses over the water. The house is destroyed by the mud. I have the impression that my house was built by glass and even that this glassy wood was crumbling very easily. At the end, I get very angry with my husband because he built such an insecure and fragile house. I've had this dream since I was a child, even before I met my husband. I always wake up completely wet, perspiring a lot as if I had been swimming for days in that huge amount of mud. What is really bad is that I'm not able to wake up by myself and I cannot control what I'm doing – I scream, I shout and I cannot control that at all.*

*\$ Of course it has something to do with wetting the bed as a child. Every time I had that dream, I would wet my bed.*

*It is sure that I wet my bed every time I was reproached. I was ashamed to confess this last time but this happens even now. Every time I have a quarrel with my husband, I wet my bed.*

*\$ My husband is not such a patient man. And I'm not a warm woman. I'm not that interested in sex. I can understand that he is fed up with me. But what can I do?*

*Oh I forgot to tell you something else! I suffer a lot from a serious back ache. This is my work and it's a shame for a person like me to suffer this much from back ache. But in these last months, I've felt much better and*

<sup>19</sup> She starts to take the reigns of the consultation and has her own agenda.

<sup>20</sup> SMELL; DIMINISHED (59) \*\*

<sup>21</sup> A common problem for Silica.

*probably this is the reason why I haven't had any headaches in these three months. Before I always had a very stiff, tense headache. Even during my period, I didn't have any kind of headache.*

Four months later she called with a serious lumbago. *It came out after a serious discussion with my husband. Massimo went to examine her at home. It was really, really stiff. All the back was hard like a piece of wood. It was almost impossible for her to move. She'd taken a lot of pain-killers and anti-inflammatories with no result at all.*

*I cannot describe my pain. It's so strong. As if someone put some nails in my flesh<sup>22</sup>. Every time that I try to move, it's like a stiletto knife is entering my flesh. The more I feel rigid, the more is the pain. I am perspiring like crazy and I'm unable to move. It's a very old pain that I had many years ago. It disappeared after osteopathy. It is exactly the same kind of pain.*

*What's the point of being married if the person doesn't help you at all<sup>23</sup>? At the end it's my fault if I choose a man like this. At least I was hoping that I could be supported by someone when I need it. But he was just thinking about sex; nothing else. I'm having a very difficult problem with my work. I had a severe quarrel with the boss of the hospital. I am considering leaving. I can't understand why I'm studying so hard and yet I can't use it in my work. I've always wanted to leave, but I've never had the courage. I'm a very insecure person.*

*I wanted to leave my work and I went away. He (husband) told me that if I did this, he'd leave home<sup>24</sup>. At the end, I decided I really had to change something. I changed my work and I changed my partner<sup>25</sup>! I'm not changing my husband, to be honest. I'm just leaving. I don't want to have anything to do with men.*

After 6 months of separation they had a serious talk and were able to start to live together again. Little by little the situation improved.

For more than 4 years, the remedy has never changed. She now has her own physiotherapy centre and she is highly regarded. The hospital sends patients to her! She was able to grasp a greater sense of security and find it within herself.

The most important problem is unreliable support.

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<sup>22</sup> This is a common perception of pain for *Silica*-like. Like a nail entering the system.

<sup>23</sup> He's probably always been like this, but just now she's noticing it.

<sup>24</sup> The husband doesn't work much, so she had been supporting the family. She felt that at least he could support her in this decision.

<sup>25</sup> She had an affair with a man at work.