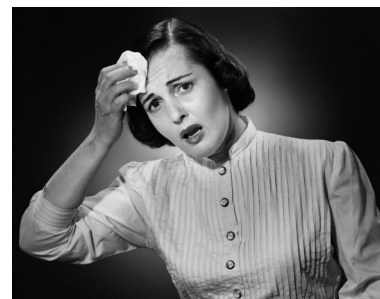


# I Can't Help It – It's My Hormones



Anne Vervarcke, Christel Lombaerts & Ronen Levy



**Anne Vervarcke**, Classical Homœopath, trained at School for Homeopathy in Bloemendaal and Amersfoort in The Netherlands. Established 'The Centre for Classical Homeopathy' (CKH) in Leuven, Belgium. She created the programs and was teacher and director for 15 years. Practising since 1989.

Wrote several books in Dutch and English among them *'The Charm of Homeopathy'*, *'Behind the Glass Screen, a Homeopathic Survey of Ozone'* and *'The Vital Approach'*.

E: [annevervarcke@thewhiteroom.be](mailto:annevervarcke@thewhiteroom.be)

**Christel Lombaerts**, ProfHom, CKH; MSc Homœopathy, UCLAN

Practising homœopathy since 2003. Principal of the CKH from 2005 till 2013. Teaching at the CKH and abroad. Practising according to the Vital Approach.

E: [christellombaerts@gmail.com](mailto:christellombaerts@gmail.com)

**Ronen Levy**, RCHom, IACH Greece

Practising homœopathy since 1994. Teaching, supervising and guiding homœopathic groups for the past fifteen years. I believe that the various disciplines in homœopathy are complementary to each other in finding the way to cure the patient, and practice this approach integrating various disciplines such as Vithoulkas, Seghal, Banerjee, Vega Rosenberg and more.

E: [homeopathy.levy@gmail.com](mailto:homeopathy.levy@gmail.com)

## Abstract

In this article we explain our shared findings about the common themes of a specific type of sarcode, namely hormones, illustrating with a few cases the themes we have identified: functioning, having a role, having a voice, balancing, juggling, sexuality, activating health, stimulating, suppressing.

**Keywords** sarcode, hormone, *Corticotropinum*, *Cortisonum*, *Folliculinum*, *Thyroidinum*

## Introduction

In the last fifty years the medical use of hormones has increased immensely, where medicines produced from hormones are used as stimulators, suppressors, painkillers and more (H. K. Ziel et. al., 1975, R. K. Ross, 2000). This vast usage requires us, as homœopaths, to study the medicines produced from hormones and to use them today more than in the past. Additionally, the complex pathologies e.g.: autoimmune diseases, cancer and Alzheimer's, which have increased in recent decades, invite the use of homœopathic medicines produced from hormones, as acute, constitutional and intercurrent medicines. In this article we have chosen to present a few hormone cases as well as a few ideas stemming from our clinical experience.

Whereas in some hormone medicines the accent may be on function and role, and in others on sexuality, or on balance, in all cases we found as a common issue that patients feel victim of, surrendered to or helpless in the face of their circumstances. These circumstances are indeed bad and often hopeless; however, the rare, strange and peculiar in these cases is that patients seem to be unable to take action to change them, e.g. ask for a raise, quit their job, or discuss the relation with their partner.

First *Anne Vervarcke* explains how we came to this common ground. Next we will illustrate with a few cases the themes we have identified. In our conclusion and discussion we summarize our findings.

*Anne: For ten years I have been a member of the International Teachers Workshop that gathers once a year in a home country of one of the participants. Every contributor has about one and a half hours lecturing time for whatever he or she thinks is worth informing his colleagues. Afterwards time is*

*left for discussion. Participants come from different countries, schools, philosophies and approaches and yet there is an atmosphere of respect and friendship that unfortunately otherwise is sometimes hard to find.*

*The same idea of respect was one of my motives to go on a Walk for Homœopathy. When we homœopaths ask for the respect we deserve as healers, we should give the example by showing respect for each other. Sometimes it seems difficult to appreciate an approach and philosophy that is divergent from our own. It may help to ponder over this analogy: when a dedicated musician learns the piano and practises day after day for many years, he will become a master. According to his preference he can then play Bach or jazz on his piano but both will be high level quality music. The kind of music he prefers is only a matter of different styles, not of value. The one is not better than the other, both have similar virtuosity and artistic ability. The yearly Teacher's Workshop gives me the proof it is possible to actually live this truth and that's why it is such a unique meeting.*

*In another workshop, one I initiated under the title: 'Bridge the Gap', we concentrated on the lesser known or so far unknown kingdoms and groups, for instance the Rocks, Ores, Crystals, Medications, Water plants, Hormones, Enzymes, Sarcodes and Imponderables of which the group characteristics are so far unidentified.*

*Was it coincidence or not? Christel and I sat in together with a few hormone cases and discussed possible group characteristics. Hormone and sarcode cases aren't rare at all, they are –in the same way as crystals and rocks- overlooked because we have no clear pointers to them. And as Christel prepared for the Teacher's Meeting, coincidentally Ronen Levy had prepared a lecture on Hormones as well! Could there have been a better way to bring invaluable information together? And wouldn't it be of tremendous benefit for our dear profession if we all managed to work together like*

this, bring our ideas and findings together and make progress pleasant and fast? Consider this a plea and an invitation to work respectfully together.

## The cases

Anne and Christel practise according to the Vital Approach, a method Anne developed from her twenty years of experience, especially with the sensation method. Great importance is put on the language the patients use, hence in these cases the words of the patients are quoted at length.

Ronen practises integrating various disciplines such as Vithoulkas, Seghal, Banerjee and Vega Rosenberg.

## Sarah the project manager (Christel's case)

Often a difficult case is the trigger to the learning process. Here it all started with Sarah. She has been a patient since 2008. She was an elegant, neat young woman, dressed soberly and tastefully, rather more masculine than feminine, which I linked to her job. No relationship. At age 36 she still lives with her parents. I wondered if she were a lesbian. [See later notes on Mannish habits of girls.]

Intake July 2008

**Main complaint:** intestinal burden, spasms, sensation of hardness, menstrual problems (previously treated successfully with osteopathy). Her belly has always been a weak spot. She had thyroid problems also and suffered from palpitations while feeling rushed, for which she takes Emcor™ (bisoprolol). Never well since illness and death of family members.

## Mind:

About the death of her grandmother:

*'Fear, of how it is going to be, of the illness, of the process, of not knowing how the situation is going to develop. I like to keep things under control, not escalating; am I going to be able to manage?'*

Conflicts in general are not too bad when discussed. *'I run away from decibels, I cower; two people shouting at one another; I feel the pain of the one being shouted at... one has power over the other...'* She tells the story of being bullied at school and not being able to stand up for herself. She says she has not acquired enough technical knowledge during her study for her current job and feels inferior in

some skills. *'I'm conscious of my qualities... coordination of projects... organising... But I feel still uncertain; I'm frightened of not being appreciated fully.'*

Dreams? She has many, among which are prophetic ones. She's in a hotel, like in a maze, a chaos of rooms, she can't get out, has to take a lift to another building. Feeling: relieved to be out. It was frightening, a feeling of not being able to get out.

From July 2008 till January 2011 she was given a range of mineral medicines, in line with the treatment of her previous homœopaths: *Magnesium carbonicum, Beryllium, Manganum, Technetium, Ferrum and Niccolum*. She reacts to every medicine with an improvement in one or the other area, either physical or emotional, but nothing holds. So I decide to revisit my case notes and retake the case.

Reading carefully through my case notes, I find repeated over and over again:

- I felt I didn't count, I was not heard...
- I can't say no loud and clear; I look for another constructive solution.
- Not being understood while one wants to help.
- Not seeing the result of what I do.
- I don't want to be influenced.
- Your own truth.
- No voice in the discussion.

For a very long time, I saw her manager's parlance as a part of her profile and job, but in the end it's the only thing that it was ever about – even at home, her parents counting on her during weekends, without consulting her, without 'giving her a voice in the discussion'. On repertorisation of her complaints *Corticotropinum* came up.

January 2011: *Corticotropinum* 200C

Follow-up February 2011

Suffered very much from intestinal rumbling, *I always had this sensitiveness, since 13-14 yrs.* The heartbeat has been better for a long while. Pain in sinus (not too bad), mucus, these are issues from when she was 15 – 16 years old; a cold didn't really come through. Monthly periods went well.

**Mentally:** Irritation about everything. The intestinal rumbling is a physical representation of that irritation... I was able to say quietly: *'I have to say something'*. *It's a new process, I have to adjust.'*

**Placebo,** saying: same medicine, same dilution.

Follow-up April 2011

*'It's been alright and it still is. Was at camp in the Ardennes with management team, gained confidence in the team, ...Negative talk strikes me very much...'*

About her new boss: *'Everything depends on who's sitting opposite... Sometimes they don't want to hear you, you can't say what you would like to say, can't communicate, something personal, they don't listen to that, I can't make it go in the direction I want it to be.'*

About the situation at home: *'My parents and I had some conflicts. My voice faded... about planning things... it affects my voice. We don't understand each other, I feel being taken over, I feel patronized, between two fires and have to keep the church in the middle; don't get the chance to come to a conclusion.'*

She had to do a presentation for her job. *'All went well, I felt very good. I could have been very nervous but I had no need of Emcor or Rescue Remedy. I haven't been the little wallflower, I addressed other people.'*

		cortico.	kola	sulph.	op.	sil.	h.c.	puls.	thui.	nat-m.	sep.
		1	2	3	4	5	6	7	8	9	10
		8	5	4	4	4	4	4	4	4	4
		8	7	9	7	7	6	6	6	5	5
1. Clipboard 1											
▶ 1. MIND - DELUSIONS - people - hear...	(1)	1									
▶ 2. MIND - HURRY - occupation, in	(37)	1	1	1			1	2		1	
▶ 3. MIND - IRRESOLUTION - projects, in	(12)	1									
▶ 4. MIND - ORIENTATION; sense of - d...	(65)	1	1	1	2		1	1	1	1	1
▶ 5. DREAMS - JOURNEYS	(96)	1	1	2	2	2				1	
▶ 6. DREAMS - CLAIRVOYANT	(36)	1	1	2		1	1				
▶ 7. ABDOMEN - RUMBLING	(374)	1	1	3	2	3	3	3	2	2	2
▶ 8. CHEST - PALPITATION of heart - a...	(54)	1	1	2	3		1	1	1	1	1



Still much pain in neck and headaches, because of stress situations at the office.

The medicine is repeated three times in 200C over the year 2011. In the follow-ups she keeps using the same language but with less intensity and there remain ups and downs:

'I'm not taken in account'... 'I have the feeling of being noticed a bit more. I have taken steps...told him 'you forgot to invite me,' 'don't I exist for you?'... I made it clear.'

*Corticotropinum was repeated once more at the beginning of 2012. The time between consultations became longer in spring and she called me during the summer telling she was going to try a different approach, thanking me for the road travelled.*

#### **Inge – (Anne's case)**

Woman 45 years old. Divorced. One child. Runs a health products shop.

Consultation Feb. 2011

**Complaints:** Fatigue. Early menopause. Symptoms: pressure on chest, pain in abdomen, warts on hands and face (also when young).

#### **Mental-emotional:**

I want to come back into my position of power/strength. Crashed after getting a degree in 2010. Felt no support from my father, felt no-one loved me, felt I would end my life.

She complains mostly about the relationship with her father: 'I cannot understand that a father rejects his child in such a way... it goes very deep. It has to do with a feeling of being unsafe, from my youth. Not being in my power: I almost was run over; lost my wedding ring, and cannot assimilate it. My grandma died one year ago. The way her funeral was arranged: fast and cheap. No time to really say goodbye.'

How was this for you? I lost my basis. I've been undermined. You can't trust anyone anymore.

There is a story about the father she keeps telling again and again: it is about arrangements about his money, about him making all kinds of excuses not to meet her, but at the same time visiting other family members. 'If my father disinherits me than I am not his daughter any more' (cries). About the father's girlfriend she says: 'She is not transparent, does not want to speak to us...

*There is confusion and I always have to defend myself. It goes via via (round and round) and nobody knows what the reality is any more. It goes from here to there (HG). I don't want to beg anymore.'*

*When the patient was 30 she still had to go through him to take money from her account. 'He still was above me. He does not support me. If your father doesn't support you, no-one will. It goes very deep into my being. You're alone; I'm always alone. I've always felt different...'*

*What about the pain: 'it is in my stomach... because I cannot be who I am... It cuts through your soul. It affects your deepest being. It is overwhelming. As a child: feeling of not being important. Not being understood. Not supported in the parts where I was lonely. Sad, wish not to be here.*

There are so many people around; still I feel I am not important enough. You need someone who likes to be your friend, to do things together. I always go after people, why don't they go after me. Not many people with whom I 'click', I feel like I am an alien. Do I want to belong? No they are on a different wavelength.

#### **Dreams?**

*Can sleep for days when my energy is flooding from my body. Like a coma. I can be in bed for days, can't stand on my legs. Not apathetic, I don't realise what is going on. Nothing matters anymore. Same with Pfeiffer (glandular fever / mononucleosis): I did not hear the fire alarm – fireman was knocking on the door and I slept through it all.*

**Dreams:** Canary bird died because I forgot to feed him.

Now: always arranging things; always behind; chaotic situations that I try to get into order. Same in real life: so much happening, I cannot assimilate, cannot cope. Busy and forgetting things. Juggling and letting things fall. Being judged for that.

The final discussion will provide the key to the reason for the prescription.

**Rx: Cortisonum 200C**

#### **Follow-up April 2011:**

*Old symptoms coming back. 'A tremendous load fell off me, already the next day. My dreams are still chaotic. Have been coughing for weeks, a feeling as*

*if food was wedged in my throat but it is gone now. I have been extremely angry but I didn't have the feeling of being left out anymore.*

*Better emotionally but I have a relapse now, very destructive towards myself. I am still functioning, nobody notices.'*

**Any trigger?** *'My father again... A family gathering, but my father didn't talk to me... I went after him, what is going on? I want to be treated as a normal human being... It hurts tremendously... That they turn their back on you.. You're not accepted... it all is so fake, he is not interested... you don't matter...'*

Chaotic dreams, sorting out all kinds of things etc.

**Rx: Cortisonum 200K**

**Follow-ups** in May (SL) and June (Cortisonum MK). She doesn't follow up after that but reports that she's doing very well.

#### **Miriam (Ronen's patient)**

A forty-five year-old woman, mother to two children. Main complaint: Lichen Simplex on both hands.

**Observation:** Strong masculine energy. Immediately takes control on what is in the clinic and starts giving me advice, as if wanting to dominate and conquer, yet in a pleasant and friendly manner. Speaks and acts vitally and happily, giving a lot of advice, as if trying to direct and guide me. Very obese.

**Skin:** 'I have these things over my hands. The hands are extremely swollen and reddish with itching eruptions. I'm embarrassed because of this... It's itching, extremely swollen and spreading. The eruptions are symmetrical on both hands'.

**Mind:** 'I'm not doing what I want to do, and not living the way I want to live. There's terrible self-hatred. I'm eating like a beast, getting fatter day by day. In the last two months I live in a place I don't like. I'm missing the view of my previous home, and this makes me ill. I carry a great sorrow because of this. I like to dress up with everything open up, loose and free. Ninety per cent of my life is not the way I want. I have no control over life's circumstances, and I feel self-hatred from being fat. I feel aggressive and I have a drive to quarrel with other people. I also feel detached from the place where I now live.

*I have a lot of humour with my husband and this helps me. Family life and being in a partnership are very difficult for me, I feel suffocated and very attracted to problematic people. I have strong headaches from heat and from the sun and must wear a hat and use sunglasses. The eruption on my hands feels hard. My entire hand itches terribly and I scratch it until it bleeds. The sun makes it worse and so does wearing clothes on it.*

### Sleep:

- 'I dream of war and of terrorists trying to attack while I'm escaping through a tunnel. There's fear and terror in the dream. I sleep like an animal: a long deep night's sleep.'
- 'Two chimps cling to me and I cannot free myself from them. I want to get out but I can't.'
- 'Underground tunnels where I'm stuck in and cannot get out.'
- 'Houses with lots of windows, constantly looking for a way out.'

Had been given the following medicines by other homeopaths: *Baryta carbonica*, *Nitricum acidum*, *Secale*, *Graphites*, *Arsenicum*, *Pulsatilla*, *Natrum carbonicum*, *Aconitum*, *Sepia*, *Chamomilla*, *Coffea*, *Carcinosinum*, *Antimonium crudum*, *Medorrhinum*, *Sulphur*, *Bovista*.

### Repertory:

	Total	Cortiso.	Hys.	Nat-m.	Sulph.	Nat-c.	Cruc.	Sep.	Cham.	Carb-u.	Carb-v.	Merc.
generalities; OBESITY (195)	4	4	11	10	10	8	7	7	3	3	3	3
mind; MANNISH habits of; girls (12)	4	3	3	3	3	3	3	3	3	3	3	3
mind; TALK, talking, talks; vivacious (21)												
generalities; SUN; agg. (396)												

When I was taking the symptoms, I didn't have a clue about the medicine. While trying to identify the kingdom to which the patient's medicine may belong, I noticed no kingdom seemed suitable. The animal kingdom was the best match yet only partially. Observing the first twelve medicines that came up in the repertory, I noticed *Cortisonum*, which is also characterized by living not the way one wants to live, as if being triggered by something; this is similar to how bodily processes are triggered by hormones. I decided to choose *Cortisonum*.

**Medicine:** *Cortisonum* 15c for three days. After a month three more doses

of same medicine. After two more months three more doses.

### Follow-up:

After two weeks there was a significant improvement. After seven months her hands became clean and smooth. There was also a significant mental improvement. She became relaxed, stopped wanting to move from her home, and became significantly more satisfied with life in general. The dreams of escaping and looking for a way out stopped. She became much more feminine. Within a year she had lost fifteen kilograms in weight.

### Alice (Anne's patient)

49-year-old civil servant – with a partner, no children

Intake August 2012

**Observation:** patient is not wearing make-up, soberly dressed, neat but no sign of make-up or feminine touch; she wears her hair in a ponytail.

**Complaints:** Predominantly left sided. Little warts on both feet, they keep coming. Pre-menopausal complaints, hot flushes. Itching, rash, when cycling (on home-trainer); nettle-rash or pressure-eczema, rubbing and scratching makes it worse. No treatment, it disappears by itself. Cysts in breast. Varicose veins.

### Mental-emotional:

Gloomy thoughts. 'No nice colleagues... no real match. I'm different, no keeping up appearances, no ostentation, I don't fit in, I remain an outsider... I'll be 50 next year, imagine I'd end up alone... Cysts in my breast, one hurts, imagine I got cancer... no children (no need), one brother, little contact... time passes too quickly. Mixing with people doesn't always work out well, there are sometimes trivialities... I feel remote, how to behave? People are not on a par, we don't understand each other, I prefer to be on my own...'

Dreams: A witch is coming at you. Dream of deceased family members, recognisable situations that don't actually fit, conflicting issues. I finish my nightmares myself.

Annoying things:

When people lie, pretend.

Aversion to coffee.

When my house is a mess, or when it's dirty, brink of toilet seat.

Killing an animal, to eat it, is revolting; to ill-treat a pet.

Matters going wrong, poverty, misery, war, wasting money; it brings bad feelings, one takes equally part in it; one buys things, one doesn't act by going a different way.

Rx: *Folliculinum* 200K

Follow-up September 2012

Sweating stopped after a few days and has not recurred. Had monthly period again, last period was in May. Itching problem got worse. The warts are still there. Itching of hand palms, arms, eyes. Still painful cysts in breast. Gloomy thoughts are better now, but still feeling uncertain. 'I would have cried for nothing, this is less now. I tend to isolate myself, it's in my character, to retreat... there was more stress then, it was a burden, I couldn't let go. Thinking... how does life end? How is dying going to be? One has no answer anyway.'

Rx: *Folliculinum* SL.

Follow-up November 2012

Good news: a small wart has gone. Sweating has not recurred. I had my monthly periods once or twice again. Nettle rash evolves from bad to worse. Itching belly, arms, painful fingertips, arthralgia in shoulders, myalgia in both arms, everything swollen, oedema and red.

Gloomy thoughts? Trouble with her brother. 'I don't trust him anymore. He's not straightforward. He starts talking about money, acts mysteriously to provoke a reaction in me, to put words in my mouth I didn't say: it's stressful, I feel very uncomfortable, I have no contact any more. I've got enough. The brother as well as the blouse may be the cause of the itching problem.'

Still stupid issues at work. 'It grows and grows, one is in it, one can't get out any more, I can't cope any more, I don't want to show... if I were more assertive, with more confidence, I would do something, they would see me differently... I can't get out, I rolled into it. It's always been like that: I wanted to leave home, study Art History at university; but it didn't happen. If only I had had it my way, things would have been different... After my divorce, I wanted to buy some old furniture in



an antiques shop, but my parents said: you can't choose, we pay, you get it from us, and some furniture was delivered I didn't choose, I didn't want. Even more remarkable! When I built a house, it was designed in accordance with the furniture I didn't want in the first place, and it's built in a place I don't want to live in ... It bothers me every day again. These may be futilities, but it adds up.'

#### **Folliculinum 200K**

In December at last the nettle rash improved and also the warts on both feet are less deep, but not less in quantity. The cysts need an operation. At work: 'I keep silent and listen, I've never learned to stand up for myself... What I really want is to understand one another.'

**Folliculinum MK** to be held in reserve (if necessary after the operation).

After the operation in January, a strong allergic reaction to the adhesive plaster, itching all over, nettle rash again. The warts remain unchanged. At work things have changed: 'There's a new boy at work; the atmosphere is better, no more secrecies. The most annoying colleagues have gone; they work somewhere else, in a different department.'

**Folliculinum MK** (previous dose was not taken).

Telephone call (halfway March): starts itching again. SL was sent.

#### **David ~ The Romantic Type (Ronen's patient)**

39-year-old male. Married with two children.

Familiar Medical History: mother – **Psoriasis**, diabetes. Father – hypertension.

*'I came because of Psoriasis at my fingertips. I feel there is no flexibility in*



*the fingers, particularly in the fingertips. I have bleeding cuts in the fingertips. I feel a strong pain even at the lightest touch. The skin is kind of stiff. Occasionally it itches.*

I'm having premenopausal symptoms (smiles). There are breakdowns in the family and with my wife. We don't know where we're heading. Not having sexual intercourse. I used to be very sexual, but in favour of domestic peace I reduced the dosage. My wife does not want any sex at all. She is rather frigid. I, on the other hand, am romantic. I want to kiss, I want to go out with her, and she is a kind of a man who wants to sleep and watch TV. I love her very much and she is the woman of my dreams. I sleep next to her in my bed and I stop myself from touching and kissing her. Additionally, I don't always get an erection, and I feel it's psychological.

This crisis has been with me for a long time and it gets worse. My sister got cancer a year ago. I felt stress wanting to help her. My hair started falling out.

I'm having fears from the possibility of leaving home and I've been thinking about it quite a bit. She earns more than me. She is the economical brain in the house and I take care of the children, the cooking and the entertainment. Fifteen years ago I wanted to divorce. For her, career is first, not partnership. I'm a person of high flexibility and adaptability. Every time I adjusted myself. I wake in the morning, open my eyes, and I'm lonely. I feel loneliness and rejection from the person next to me. One of my fears is that I won't be able to prove my sexuality. As if I'm not enough of a man. This frightens me.

My wife doesn't care about asking me how I am and saying 'I love you'. She doesn't kiss me or anything else. I'm a person who likes to help others. I'm not ambitious. I had to tame myself to not having erection when I see her in her panties. And eventually it just remained this way.

The psoriasis in my fingers started a year ago. Two years ago my sister got lung cancer. I visited her every day in the hospital and brought her food I cooked for her. Gradually she and her husband became very demanding, and I felt exploited. I always feel I'm doing

too much for others and not enough for myself.

I'm not a typical man. I can give a girl everything, and do everything in the name of love. I need to be loved and to have my love appreciated. Before I married I had a girlfriend for whom I picked a different flower every time we met, and this touched me and moved me.

I used to dream about sexually attractive actresses, having a romantic fantasy of making love. Also dreams of falling into an endless abyss.

#### **Repertory:**

	Lyc.	Sep.	Staph.	Fall.	Calc.	Carb-u.	Chin.	Graph.	Kali-br.
Total	7	6	4	4	7	7	7	7	7
Rubrics	3	3	3	3	2	2	2	2	2
Kingdoms									
generalities; CLIMACTERIC period agg. (236)									
mind; DOMINATION by others agg. (60)									
mind; FANCIES; lascivious (104)									

**Medicine: Folliculinum 200C**, one dose, followed by SL daily.

The **Folliculinum 200** was repeated after four months and again after four more months. After one year he got **Folliculinum 1M**, one dose.

#### **After 14 months**

**Follow-up:** The eruption started to shift after five weeks. At first it became drier and the bleedings stopped. Eventually, after fourteen months, the fingers are clean, smooth and remained so until today, five years later.

Additionally, there's a significant change his attitude: he is more active in life; he changed his workplace, and says he's enjoying good sex with his wife. No more talks about separation or divorce.



**Comment:** a few years later there was frustration in his job followed by sleeping problems and genital warts.

He was given *Aurum muriaticum* 1M, and the problems were resolved.

## Conclusion

Throughout the cases the following observations, themes and expressions reappear again and again:

Gender is not clear; dressed nun-like or neutral, not clear about their preferences for sexual relationships, confusion of gender roles

Feeling of being odd, alien, outsider, otherworldly, unimportant

Communication is difficult, frustrations about gossip and confrontations

Juggling, sorting things out, balancing, co-ordinating

Having no voice, no say

Fascination with process of dying

Being aware but being unable to act/react

In a comparison with bacteria and viruses, we could differentiate as follows:

## Bacteria

Submissive, docile, slavish, no personal opinions, no individual life (Louis Klein/ Anne Vervarcke).

## Viruses

Dominant, compulsive, want to manipulate others in accordance with their own shallow ideas (Louis Klein\* and notes of Jenni Tree and Anne Vervarcke).

## Sarcodes (Hormones)

They know what they want; to carry out their own ideas but don't succeed in messaging ideas, plans, and solutions to others. Arranging and receiving information / passing through. Having a vote/voice. Loss of control, of balance.

## Discussion, Thoughts and Suggestions

Hormone medicines are sarcodes. Hence it is important to differentiate between sarcodes and nosodes. Sarcodes and nosodes are medicines produced from living organisms. The nosodes are produced from a discharge of an organism that is in a state of disease, hence this ill state is also the essence of the produced medicine. A

nosode-patient is greatly concerned with himself and particularly with his malady. He feels there's something abnormal and unhealthy going on in him. Observing the healthy others and knowing something about him is wrong, he wishes to become healthy and normal, yet he feels as if diseased state is in his or her essence and hence can never be cured. For example: *Medorrhinum*. In many *Medorrhinum* patients we observe the feeling of something wrong going on within them. Something in their sexuality feels distorted and ill. They see others as healthy and feel that their essence is ill and hence they can never be healthy and normal.

In the diseases from which nosodes are produced there is a final stage that is syphilitic. This stage is the *destructive stage*. The organ's or tissue's activity is significantly disrupted, as if gone crazy, and the process cannot be stopped. Hence, part of the essence of the nosode is a never-ending obsessive activity; being destructive either towards oneself or towards others. Another variation to this destructiveness is the desire to infect others, e.g. in gonorrhoea and syphilis (Louis Klein).

For example: in *Tuberculinum* we observe a significant need for air to breathe and a need for freedom which becomes an obsession, where one becomes destructive towards others on the way to achieving freedom. *Carcinosin* is another example: the healthy feeding functionality of the breast becomes a state of pathology ~ an obsession of feeding and nurturing. Such over-giving, not knowing when to stop and striving for perfection eventually leads to self-destruction and to the strangling of others.

As opposed to the nosodes, which are produced from a diseased organ or tissue, the sarcodes are produced from healthy tissue. This tissue is related to a healthy, natural and harmonic functioning of the organism. Hence, sarcode patients are concerned with their **functioning**, focusing on how good and well they function. For example: *Cortisonum*. In the aforementioned case of Miriam, a forty-five year-old woman, from the moment she entered the clinic she started to 'activate' me, giving me advice on

how to improve my clinic. This is typical behaviour of people who need medicines from hormones. Another example: *Thyroidinum*, where the patient takes the role of a coordinator by making sure everyone around him or her is functioning harmoniously, like a movie producer whose job is to coordinate between everyone (Louis Klein\*). The aforementioned case of David, a thirty-nine year-old man, is another such example. David was prescribed *Folliculinum* when what was important for him was to function well, particularly sexually.

The **hormones'** activity is either stimulating or suppressing, constantly focusing on creating a balanced state. Nothing should be out of balance, neither too much nor too little. Hence, in medicines produced by hormones, the name of the game is balanced functioning and harmony. It's a kind of "how can I function optimally?" Patients will focus on describing how their functionality has become unwell and out of balance. They will find it important that an injured organ should function optimally, describing again and again how it does not function well. For example, a patient with a problem in the thyroid gland who repeatedly focuses and talks about the malfunctioning of the gland, may often be prescribed *Thyroidinum*.

Hormone patients should have a **role**, some kind of a job or a function they need to fulfil. It will be very important for them to fulfil this function or role in an optimal manner. They will emphasize not only the importance of this role or function for themselves but also on how fulfilling it optimally enables the easy functioning of the system as whole.

Hormone patients want to **activate others to be healthy and balanced**. For example: patients for whom *Thyroidinum* or *Cortisonum* are suitable will often emphasize how important it is for them that their child should function well and optimally at home and in school and that everything in general should flow and be well balanced. On the other side, nosode-patients want to **activate others to an ill and extreme state**. Here, a *Carcinosinum* mother will also discuss her child but will want the child be the *best and most successful* in class.



The essence of Hormone patients is the **need to activate**. Hence, common phrases used by these patients are: *to activate, to produce, to flow, to pressure, to influence, to motivate, to balance*.

Although the need to influence may be seen as a 'viral' characteristic, Ronen has also observed the need to influence in hormone cases.

Because hormone activity is related to **stimulating** and to **suppressing**, in some cases we can observe a hormone patient as being the **hypo type** or the **hyper type**. At times a hormone patient can be one type in one period of his life and the opposite type in another life stage. For example: in *Adrenalinum* we can observe two types: the first type is as if full of adrenalin; active, activating and energetic, helping others, solving problems and finding satisfaction and joy in effectively facing challenges and crises, while the second type is afraid of the unexpected, despondent, lacks energy, cannot think or function, and what characterizes him most of all is the lack of grit (Julian\*).

Another interesting theme related to hormone-medicines is the issue of **sexuality and particularly masculine and feminine energy**. The symptom which represents this theme is: Mind: Mannish Behaviour of Girls. In patients who require a hormone medicine as a constitutional medicine, one will often act opposite to their gender, as we have seen in two aforementioned cases: David in effect takes the feminine role in his marriage, being romantic, looking for intimacy, giving flowers, taking care of the home. He started the session with joking about himself as if being in the climacteric period. Miriam, the other case, expresses masculine and dominating energy. Mistakenly we often prescribe *Sepia* or *Pulsatilla* (for men) in such cases, instead of giving a hormone medicine.

In this article we have described major themes related to medicines produced from hormones along with clinical examples, hoping to expand the knowledge and the skills in this area. In this spirit we shall appreciate and

be glad to receive from you via email further information regarding your clinical experience of using medicines produced from hormones.

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