

Monera: The Vital Approach



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She is the author of: "The Charm of Homeopathy, second edition and revised" and "Behind the Glass Screen, a Homeopathic Survey of Ozone" (2009) both published by BJain. The White Room released a "manual" of her method under the title "The Vital Approach" (May 2010) followed by "Voorbij Lichaam en Geest" (September 2010, Dutch) with a selection of cases and explanation of the method used. Email: annevervarcke@online.be. Website: www.thewhiteroom.be

Abstract: The Vital Approach to the Monera Kingdom.

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Traditionally we used to give nosodes as an intercurrent remedy to our patients in case the healing process stagnated, to make an unclear remedy picture clear or to 'finish' a case. Although all this is still valid, we have been able to expand the knowledge and use of nosodes dramatically in the last decades. First there was the understanding that remedies could be recognized by their group characteristics, which increased our catalogue of remedies enormously, at the same time simplifying our analysis. At about the same time publications on the Monera kingdom by *Frans Vermeulen*, *Louis Klein*, the *Joshis* and *Filip Degroote* and others, allowed us to know and use species until then unknown.

Working with the **Vital Approach**¹, a method that is a blend of classical and contemporary homœopathic knowledge and my own clinical experience, I can add some of what I consider useful information to aid the recognition of these remedies in patients.

I have explained The Vital Approach in several books but it comes down to the idea that there is a vital disturbance in each patient, expressed with signs and symptoms in mind and body. This is the simplified reading of the elaborate and sometimes

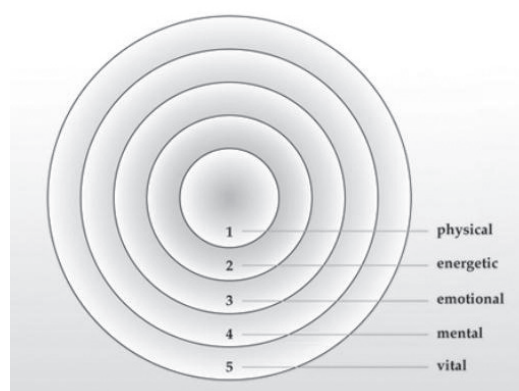
obscure language of the *Organon* aphorisms. *Hahnemann* considered disease as originating in a disturbed dynamis and my interpretation is that this means a disturbance on level five, the other four being physical, energetic, emotional and mental levels.

The vital level is beyond those four and expresses itself in the same, though encoded, way on all levels. The concept of the vital level is similar to the sensation level of *Sankaran* but my 'good news' is that the patient doesn't have to be taken to the fifth level to have a sure prescription. If one is able to discern the vital expression on all levels and to spot the coherent pattern in it, the prescription is just as solid. How to do this is explained in my books and seminars with live cases.

Looking for this vital disturbance in every patient, the picture emerged of the **vital sensation** of remedies from the bacteria and virus kingdom, hence the **Monera**. Since these remedies are under-represented or even completely absent from our repertoires so far, we have to rely on general features of the group. This means that the kingdom features are, for the time being, the most important help in finding the Monera your patient needs.

Often these remedies were overlooked because the patient who needs a Monera talks about his disease at great length and sometimes is not even willing to discuss anything else. Those patients were frequently labelled as 'superficial,' 'not in contact with their feelings' or the case was considered to have stuck on the 'fact level' and was considered worthless. Even now, in virtually every public case, I am asked if the Monera remedy that participants saw with their own eyes having wrought a total transformation

Levels of Experience



in the patient was a 'Sensation' prescription or 'just a clinical remedy!'

If we keep in mind that the vital disturbance is always there, **on all levels, all of the time**, we can't miss it; that is to say if we know what we are looking for. All we have to do then is to listen to our patient. My approach is to let the patient tell whatever he wants to tell in the first round of the consultation. He will, by telling his complaints, define where the problem is: I call this '**defining the territory**.' This signifies that there is no need to explore other topics than the ones mentioned and that we only have to dig for the treasure now!

Now, if the patient talks half an hour or an hour only about his **physical symptoms**, and he reports in every detail how long he is sick, how many and various symptoms he has and what measures he undertook to get cured and what this doctor and the other doctor said, we have the choice of getting annoyed because he doesn't go deeper and give us useful information or a sensation, or we can discern the picture of a Monera in his report.

The Joshis stated that the polarity in the Monera kingdom is 'health and disease'. The patient feels abnormal because he is sick and others are normal because they are healthy. We can spot this in many patients. They will talk at length about all their ailments, their limitations, and their reactions to external things. Often they will say they have always been sick, their body is weak (while having a healthy mind) and they accumulate more and more problems as they become weaker and lower in energy. They might ask what is wrong with their immune system, with their diet or something else, because they have so many diseases and they are so often sick.

If you have a case like that, your mind should go to the Monera kingdom right away. It means the similitum is a Bacterium or Virus and it is understandably most clearly expressed on the physical level (1 and 2). **But** some of those patients had a lot of therapies and learned that they should talk about their emotional life as well. Some will do it reluctantly; others manage very well.

Those are the cases where we might overlook the remedy! We as homeopaths are so eager to explore the deeper levels because of our conviction that here is the most individual part of the patient, while in fact the vital sensation is always on all levels. But sometimes the centre of disturbance is more outspoken on one level.

The Monera mind, I found, is often characterized by the words: 'submissive', 'servile', 'obsequious' but again remedies are under-represented in the repertories. Belonging to the **second dimension** (this is the dimension between the first, the centre of the planet and the third, the surface (where plants, animals and humans live) they share characteristics with the minerals. Indeed elements, ores, crystals, stones, rocks, and bacteria and viruses all lie in the second dimension, the laboratory of life under our very feet. This means they are two-dimensional cases, simpler than the more complex Plant and Animal cases. The second dimension that resonates with our second level is underestimated as a source of health, vitality and prosperity or disease, poverty and depletion.

Being a simple organism the case tends to be **simple and straightforward**, which doesn't mean anything about those patients' intelligence. It's only that a mineral case and a

Monera case mostly can both be boiled down to one sentence. I'm sure a lot of patients, needing a Monera got Minerals so far from their hard working homeopaths, to no avail.

A few more words need to be said about the **context in case taking**. On the one hand we have the content, the words the patient says and the homeopath notes down. On the other hand there is the way these words came to you: that belongs to the observation or the context. It's the totality of the mostly implicit information: the impression the patient makes on you, the way he talks, moves, behaves and interacts. There is an abundance of information in the body language, the facial expression, the tone and rhythm of his voice, the way the interview evolves. I think the information that comes this way is often subliminal and the homeopath uses it or not, but it is hardly ever taught to students. In analysing a case together we would always pay special attention to this aspect because it will often determine the choice of the remedy.

We can say the **mind of the Monera** patient is: 'submissive', 'weak willed' or even has 'no will'. At first the patient gives a yielding impression but as the consultation goes on you might be puzzled because you can get no clear idea of the patient's footing. You don't get his ideas on things, and if you do he will contradict them, or they don't seem to fit together as if he picked them up randomly. He will talk about his work and relationships, because that is daily life after all, but it sounds like a collection of 'things that people say', rather than something genuine. If you confront him with inner contradictions he won't be able to clarify, and will give you another incongruous answer. Or he will say: this person says A and the other B. Then you wonder whether he has any ideas of his own. It is as if he has no centre himself. But of course he can mimic very well what is going on in his surroundings.

Some Monera with parasitic tendencies are super yielding; in fact when you delve deeper into the compliant disposition, you'll understand that again they have no say in what is happening, because they live through somebody else.

Viruses in general focus more on learning and getting information from the outside world. This makes them inquisitive, curious, broadly interested, liking a lot of different input: people, places and especially ideas from others. They are fascinated by or afraid of change and their basic endeavour is to be adaptable to any circumstance. Again we can hear the voice of the substance speaking through.

Since we're dealing with primitive organisms their basic needs or interests in life are very simple as well: food, eating, sleeping and procreating. But most patients will talk about the first aspect, in all possible ways: enough food, good food, the right diet, food supplements, food intolerances, etc. Their main hobby might be cooking.

When you have the Monera picture together, the next question is: **which one?**

It is possible that the patient helps you out because he has a golden 'never well since' symptom. It may also happen that he had an episode of a very intense acute. But that help might be missing and still we came by analysis to the conclusion of the kingdom.

We have to remember that **homeopathy is symbolic and always prescribed on 'as if'**. We have to remind ourselves that in Monera cases the patient doesn't need to have had a

particular disease to need the connected nosode (although he sometimes had suffered it, because of the tendency. It's similar to, for instance, a fifth row mineral: they don't have to be performers on stage, but for one who needs to be special to feel ok, it is a good way to meet these needs). But he then will display a disease picture that looks like the chronic version of it. For instance: a patient of mine never had smallpox but she lacked energy, felt weak, had a sore throat on the least provocation, sensitive ears and a special rash that came and went, while nobody really knows what it is. She recovered from these lifelong weaknesses after *Variolinum*.

Another patient with a CFS picture of sudden prostration, the need to lie down immediately and amelioration from it, severe muscle pain, especially in the shoulders and arms, bad digestion, food intolerances and severe bloating and alcoholism saw doctors and therapists for over fifteen years. She had a dramatic life with accidents and suicides in the family, rape and divorce; longstanding illness of a close family member who eventually died; alcoholism and degradation at work. Her life story was like an encyclopaedia of disasters and her many therapists concluded that she was physically exhausted by all the long term grief and stress. She did her utmost to deal with all these problems and in fact she reacted in a comprehensible, logical and appropriate way. One could say she reacted healthily to the adverse circumstances. But her body was sick; had always been sick, she said. She'd always been weak, and in hospital several times. Often the doctors couldn't find the cause of the problem.

In analysing the case, I dropped all the mental/emotional stuff, which took three-quarters of the consultation and looked at what was left. The way she submitted to all these disasters and the physicals made it Monera. The whole pattern of the symptoms resembled botulism, even the lack of facial expression while telling all these disasters. In the book on *Miasms and Nosodes* from Louis Klein² the pain in the shoulders and upper limbs was noted, and in Vermeulen's *Monera*³ I found the need and amelioration from lying down. She got *Clostridium botulinum* and improved dramatically. Within a few months she came in broadly smiling and stated: "I'm no longer ill!"⁴ She had never suffered botulism or food poisoning, yet her vital expression was that of *Clostridium botulinum*. In working with the signs and symbols she gave me, the 'as if', the Monera kingdom was perceived and this susceptibility met. This is the vital Approach to the Monera kingdom.

(Endnotes)

1. Vervarcke, Anne, *The Vital Approach*, 2009. The White Room Publishers, Leuven, Belgium.
2. Klein, Louis, *Miasms and Nosodes, Origins of Disease Vol 1*. 2009. Naryana Publishers, Kandern, Germany.
3. Vermeulen, Frans, *Monera: Kingdom Bacteria and Viruses: spectrum Materia Medica Vol 1*, 2005. Emryss Publishers, Haarlem, The Netherlands.
4. The full case with analysis and follow-ups can be acquired in Opus® under the title 'Rare remedies for Difficult Cases.'

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