Within a year of the publication of GEORGE VITHOULKAS’ "Addition to Kent’s Repertory of the Homoeopathic Materia Medica", we are pleased to bring out this long awaited work of the great Greek guru of Classical Homoeopathy. "Talks on Classical Homoeopathy" was compiled from the cyclostyled material of the transcript of the recording of the Esalen Homoeopathic Conference held in California, USA, in 1980. The work has been divided into three parts. The first part, "Part 1 choice cases" contains Ole presentations of select thirty three cases from his vast repertoire, specially chosen by the eminent author.

In Pau II, Materia Medica forms the major subject are twenty seven of the well known remedies and their essential symptomatology mostly verified and identified as what he calls "essence of a remedy".

The rest of the material will be found to be mainly discussions on diverse topics and is put in the ten chapters of Part III, Discussions. The reader should be prepared to be exposed to a number of novel and brain racking "jolts"; from the opinions and observations of the great master of the Healing ATt.
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Introduction

Part III — Discussions

The ten chapters that follow are talks in the same vein — "conversational style", so to say — on various subjects. In fact, the last happens to be a reproduction of a question and answer session on miscellaneous topics that might have cropped up extempore. The learned author in his answers has displayed therein his sparkling opinions backed by his vast experience in the modern clinic, that then boasted of a repertoire of 60,000 cases!

Incidentally Chapter 8 happens to give some glimpses into his early life, till the time he started taking homoeopathic remedies for his own ailments.

Sub-titling has been purposely avoided lest it distract or interfere in the "conversation".

Wherever a sentence(s) happened to highlight an important observation, it has been italicised or bold typed in the print.
CHAPTER 1

MELANOMA

Question: There is a very interesting case which I wonder if we could bring up about melanoma.

Answer: This was a patient who was basically treated for a petit mal epilepsy. I gave her Nat-m. and the petit mal epilepsy went away. I didn't see her again for about five months. She came back in and said that a friend of hers had seen a mole on her skin. She went to a dermatologist and had it taken off; a biopsy revealed a melanoma. The mole had been there for a long period of time. Then they did a very wide excision of this melanoma. The petit mal epilepsy came back. What would that mean as far as direction?

George: This is what usually happens. She would be feeling better if she was taking milk. That is an interesting question to ask. In those cases that get better with milk, they have a great desire for milk. When the gravity of the disease goes to the physical body completely and that is not allowed to the skin - it is suppressed. The melanoma is not a cancer. It is a malignant ulcer which if it is operated upon might cause a metastasis, usually to the brain.

Question: The fact that she got her petit mal epilepsy back is a good sign for her then?

George: Yes, that is a good sign. It shows the relationship between how serious the melanoma is. All melanomas are of the same intensity of malignancy; that is why doctors excise one melanoma and within three months the patient will have metastasis to the brain. They excise another one.

Question: Would you have recommended not to excise the melanoma?

George: Yes.

Question: How would you perceive that?

George: I would treat myself. There is no difference between petit mal and melanoma. The idea is that malignant melanoma is a cancer and metastasis is evident. In this person, the petit mal and the melanoma the same thing. How long had she had it?

Answer: A long time. About 12 - 14 years. She is now in her late twenties. She has had petit mal since her teens. She got it when she was about 14 or 15, and she never had a grand mal.

George: And what source said that this was petit mal. Was it the diagnosis of a doctor only?

Answer: It was a neurologist.

George: Okay. Did the neurologist say that she had a scarring of the brain or what?

Answer: Electroencephalogram. CAT-scan was not done.

George: Was the diagnosis only by the symptomatology?

Answer: She had the electroencephalogram. And this did not show any disturbance.

George: You see now this is a case which I doubt whether it was just simple petit mal, unless I had this tomography showing exactly. An encephalogram is not enough to confirm a diagnosis. I suspect a tumor. The melanoma which presents now on the skin is related to a tumor situation which was a predisposition, with the tumor slaying in a boxed sort of situation, not exploding.

Answer: It must be a benign tumor.

George: Not necessarily. Not the way we see things. I know the way that you have been trained to see, but it is not the way I see. So this person, (and we will discuss it in a few years if we meet again) has a great possibility now of having petit mal, grand mal and then death, because the melanoma was removed. Now there is, of course, the fact that you have treated her with Nat-m., which interferes with the whole process. This would limit the possibilities of cancer and metastasis, but now comes the excision and perhaps antibiotics which would make the situation even worse. I am not talking about chemotherapy. They might have given antibiotics just for the inflammation. After a skin graft, you would not give antibiotics. But in this case they did give antibiotics. How long after the excision did she get the epileptic seizure?

Answer: She had the fit after they did the biopsy — right away.

George: That tells me that this case may be in trouble. If you again prescribe Nat-m., you may find that the melanoma appears again in another spot.

Question: Should that occur, how hasty are you going to be to say, "Oh, my God, there is this thing that has potential: I'd better prescribe fast now." How urgent would your need to prescribe be now that a melanoma had appeared. Would you wait for the image to change?

George: It is a different thing if the melanoma appears after your prescription. Then you wait, you do not prescribe.
Question: Are you saying that the melanoma on the skin was a change in direction of health for her?

George: Definitely!

Question: You are saying that the brain lesion was being removed and went to the skin.

George: Sure. In spite of this being a melanoma. And I do not believe that all melanomas have the same prognosis. I do not believe that.

Question: So you think that that would not have spread?

George: Yes. That would not have spread. Question: What do you think would have happened?

George: It would just develop to a certain stage and then disappear. If this was my patient, I would say, "This is a case for surgery." If it is myself, I would not. For legal reasons only I would say surgery. I don't believe at all that surgery would ever do anything for melanoma. I have seen cases where they have gone for surgery and in three months they are gone... And I have seen other cases of melanoma where the melanoma has stayed on and nothing has happened. I still have seen cases where a melanoma has been present for ten years and some skin specialist would want to remove it. The patient would say: "But I have had it for so many years". And they take it and they take biopsies and within weeks the patient has gone. He was balancing for ten years and within three weeks after the excision he went to the next world. This is exactly the same situation. But we don't have the courage to do it, not because of our convictions but because of the law.

Question: I would like to comment. I think in our allopathic training we are taught that these are statistical things. In a whole population of 100 melanoma cases, a high percentage is going to die within two to three years, but there is always a percentage who will not and these are the ones with the stronger vital forces. What we do homoeopathically, I think, is that we pull people out of the range of death into the range of health. We have to remember that it is not inevitable that every case of melanoma is going to die. This is a statistical statement, so we become absolute about it.
George: You may try to give her Nat-m. again. Don’t tell her that she may have a melanoma because she would attribute the melanoma to the Nat-m. Most probably that is what would happen. She would develop a melanoma at another spot.

Question: It is also possible that what comes back on the skin may not be a melanoma at all. I have seen other kinds of cancer, that have been removed, like squamous cell carcinoma, and instead they get a skin eruption or pimples in that area.

George: This is usually a soft melanoma. It is what is called the basal cell melanoma. It is less serious.

Response: But with a melanoma it would not necessarily do that.

Response: I have a more healthy patient who had a squamous cell carcinoma on his forehead. They were able to excise it and he had a scar there when I saw him. When I treated him, it started growing again. He had it excised and then relapsed. He was a healthier person to begin with and so it came back as a squamous cell carcinoma. I didn’t feel comfortable telling him to leave it there.

George: What we are actually doing is blocking ourselves with the patients. We take them up to a certain extent and then we send them back again to where we started. This is natural. You cannot take the responsibility for such things, especially in America, where you have so many law suits so easily.

CHAPTER 2

IMPOTENCY

George: I think somebody asked yesterday why did I prescribe Staph. The reasons why I prescribed Staph. in that case … you see, from the impressions that the interview gave, would you say that this man was preoccupied with sex quite a lot?

Response: Yes.

George: Therefore, he has a heavy (strong) desire but there is no capacity. What was interesting is that feeling of the brain not taking part in the sexual act. The feeling was mostly on his occiput. It was one year before I decided to give a second remedy. The reason I waited was because we did not have a complete picture again. The picture would not be developed. What I found out was that he had desire, but no erections, but at the same time there was something which was not moving behind the brain. Can anybody remember from Staph. “a feeling in the occiput how it is described? There was a solid feeling in the brain, and it was not “moving”. This was behind - inside. Staph. gives a sense of weakness in thinking, in performing, in his feelings, weakness generally. It is a feeling that “something is holding the brain” and it is on the occiput. Staph. is one of the main remedies for impotency. What are the others?


George: But this one has a certain type of impotency. This sort of impotency, if we didn’t have anything more to go on, would suit one of these other remedies. The person was not aggressive. He cried because he could not have sex. We have to take all this into consideration. The feeling that the brain was not moving along, “the brain did not take part”, gives you the idea of how he felt. One does not always have to say the word. One will say there is a stiffness in his leg. Another will say that something is holding the brain, mostly on the occiput. Another will say that a hand is holding the brain and it cannot move. Another will feel as if there is a ball in his brain. It does not matter so much how he describes it. Here is that immovable feeling of the brain as though something material is there - something absolutely solid. You are entitled to take a chance. In this case we took a chance and it worked. Otherwise how long are you going to wait? Of course the man was so well that he came for one year without seeing any difference. Every month he came and there was no difference in the sex apart from the initial expression that he was about 20% better in regard to sex. He felt so well otherwise that he kept on coming. We kept
him a long time. This is to show you how careful we are in prescribing a remedy.

**Question:** In that situation here, why rule out Lyc.

**George:** Why?

**Question:** He has the anxiety, apprehension about sex....

**Question:** But wouldn't you expect to see some other confirmatory signs?

**George:** Not even that. With the Lyc. it would be quite a different story. The impotency of Lyc. is quite a different story for quite different reasons. A Lyc. is usually a man who has had a lot of sex with a lot of women.

This is typical of Lyc. When he has a lot of sex, then he usually finds out that a marriage has with it all the responsibilities and all the bad things of life, together with the possibilities of having sex any time. In Lyc. the psychology is, Oh my God, now I am going to have sex all the time with that woman', and that takes away all of his energies and all of his urge. We can expect to find this in the previous history of the Lyc. He wanted his own wife and he had the desire, but he could not. This is a wide difference. For me it is quite clear. I would immediately rule out Lyc. from the story. It is not just the same impotency - the story is telling you the whole thing. It tells you so much, that for me, you cannot mix them up. For me it cannot be Lyc. for the first prescription. It cannot be Agn. It would take a long time for me to explain that. I can give you the whole picture, otherwise I will leave it in half. You will say, "Why not Graph, or that, or that or that? Why not Ma-v?" If you have these pictures in your mind, if you have the constitutional types in your mind, and you say, "which one would you prefer?", it is a matter of colours. You will see the color of Staph, more easily than anything else. But of course you have to know the colors and the other colors as well.

**Question:** Is Staph, postulated on the fact that there were months and years of frustration and dissatisfaction?

**George:** Yes, bumph course, if there was no frustration and there was no... we would not know the case about his life. Did he say anything?

**Answer:** No.

**George:** He said that for seven years he had lost his potency, ability and things like that. He did not give the details of his life. Also, if you see the type... he talks about his wife. A Lyc. would say, "You know, I tried with my wife and it didn't work. I thought then that perhaps I was tired of my wife and I tried some other woman." You would hear that story in 90 percent of the cases. They will not stay too long without having sex. He has been enjoying it in a fairly superficial way. They are the high livers, these Lyc. - they remain unmarried because they find that life is good and very nice without the responsibilities of marriage. That is why high living is associated with liver drugs, and there is a particular face which you will see in high livers. It is a particular face, with deep furrows, and skin which is darkish. There are few furrows, but they are deep.

**Question:** When he felt a little better he said, "You can prove this by my wife," so that maybe his wife was a little concerned about it too and he was feeling somewhat humiliated by it. May be that was why Staph, was the best.

**George:** Sure. You see the man tries for seven years to be with his wife and he cannot. He likes his wife. He thinks about sex and he likes sex. He is very much concerned. He does not tell a story that he tried outside of the marriage. That, for me, is a Staph. case.

I don't know if these things make sense to you. When it comes to treating patients and you miss them, you will see that you will need that information. You are desperate and you don't know what to do. And so you will need that information. For a good homoeopath it is 95% correct and 5% incorrect. From there we go down to 80% and 50% and so forth. 75% is about normal. When they give me a case like I gave you yesterday, if I reach 75% with that, it is quite high I can tell you. I really wanted to ask you something. I brought out a lot of files and I brought out the most difficult cases. They are difficult for a particular reason, you know. Sol was thinking with your permission that we should talk a little bit about the cases and make them more easy. Then I may tell you where I distorted the case after that.

**Response:** We want them the way they are.

We want the real world!

**George:** I could give you the personality of the doctor who took the case and their experience.

**Response:** If you could give the case as it is, then we would all start tearing our hair out, then you could say, "Well, what if you know this", then maybe we would change our prescription - like you have been doing.

**George:** This was the real thing, what I did yesterday. It was given at the end of the interview. I led you into eliminating Plat. I led you astray because someone would have spotted it from the very beginning and spoiled the whole thing. Usually what would have happened without the last information? We have repertorized, but some of you - all of you - must...
leant to think and tell that information with that information. I have been doing that because they give me strongest problems. The moment you can solve such cases and you do not have the discrepancies of the different prescribers, you can get a much better case and it becomes much easier for you. Once you have learnt the way to think, this will happen, and you will learn not to trust immediately. He says, “I am such a nice man. I am very sympathetic.” You have to sit back and penetrate and take the rest of the case and see whether this information you see tallies with what he says. So what is right and what is wrong? You may discover for the moment by putting different questions to the person but you must find out which is the REAL information. It is very usual for a human being to give false information. But ask his wife, or his children, or the people around him and they will tell you. You still have to "know" in order to confirm which remedy. This element of self and ego is prominent there. You must become shrewd observers. VERY SHREWD!

Question: While you are talking about that I wanted to point out that when we learn to take cases deeply and thoroughly, we end up filling pages and pages and talking hours and hours and there are massive amounts of information, but if you see the cases that George has taken personally, most of the cases are done on one side of one page, maybe a full page or a page and a half. He distills it down.

George: Both ways serve a different purpose. Your cases, which are taken so thoroughly, can be used later for adding up informational details. There is a lot which is useless in that information - a lot! But otherwise you might have left out something useful. Now you have it because you have recorded everything. But at a certain period of my prescribing - in the beginning I had two hours for every patient. Then it became one hour and then it became three quarters and then half an hour. Then there was a time when I had to see four patients at the same time. Four doctors were taking a case at the same time and I had to go in, quickly review the case, look at the patient and ask one or two questions each time. That whole thing could take ten minutes. So in ten minutes I would see a patient. Now I don’t see patients at all.

Question: Do you do all of the prescribing?

George: No. In the cases which I present, half of the prescribing was done by me and half by the doctor. But there are doctors who do not give me any cases at all. They keep on going but once they have a problem, maybe when the patient has come 3-4 times without any change, then they ask me to see the case. The older ones do not want to tire me.
George: Yes, you are asking how long we take with a homoeopathic treatment to wipe out a predisposition? There is no such thing. If the predisposition can be wiped out, perhaps immediately. But always there is a possibility that it will come back. This question involves a lot of thinking to see when a predisposition can be wiped out. When we have a case where the person is said Nat-c. constitutionally, so he comes one year ago and takes Nat-c. and goes away. Then there is a relapse after two years. Again Nat-c. is given. Then after five years again Nat-c. is helping him, that is his main remedy and Nat-c. is supposed to wipe out the predisposition to whatever he has immediately. There are other persons who need two or three remedies before they come into a balance. Then we say after the three remedies that the predisposition has been wiped out.

So the one person with the Nat-c., the person who is a clear cut case and the constitutional remedy is clear. His predisposition we can say is wiped out immediately after giving the remedy. Another one will need three remedies before the predisposition is taken away - or one layer we call it. There is no such thing as wiping away all of the predispositions for human illness in the human body. But it is a possibility that you can take away one layer of disease.

Question: But if you give the Nat-c. again after two years later and five years later, then you haven't wiped out...

George: Just a moment, I am going into that. So this is the Nat-c. patient and this is his layer. And after you have given it, you have created order. And here is another one of Med. first, and then Sulph., and then Acon. And then this person takes antibiotics after a year or two, or three, or undergoes very intense stress - it does not always have to be antibiotics, but narcotics, LSD and things like that will definitely bring a relapse.

Question: Will coffee?

George: Yes, coffee. How much the quantity is needed in order to bring a relapse is also of interest. Here in these cases where we have one clear-cut remedy, you will need a lot of quantity to bring about a relapse. So in these people here you find that they have taken a series of antibiotics for ten or twenty days and the organism goes down for a while, then you may see that it is recovering. But give that same individual 30 days of antibiotics and you will have this predisposition of Nat-c. come back. It is a matter of how much it will relapse into its previous state, but it is going to relapse. They will return to the state of the last remedy. So in this case where we needed three remedies to wipe out a predisposition, if he had narcotics or antibiotics he would most probably come to the state of the last remedy. But it is possible that this person again takes another series of antibiotics or he has another stress. He may withdraw even farther amigo back to Sulph. or Med.

Question: So his constitutional resonances or weaknesses are built into the organism? We don't ever cure a person of that? If they tend to have right sided liver complaints and let us say a sort of Lyc. picture, then this is what the person is for the rest of his life and wider certain stresses they will come back to that? The organs and the organism and the constitution does not ever come to a place where it has wipe out completely the weaknesses?

George: When you say, "wiped out completely", you may mean that the person cannot be sick anymore. If we admit that we wipe out completely the predisposition then we say that we make up the person immune completely to disease, which is a fallacy definitely. What we do is to keep the person in his best possible condition. The best possible condition for that person is particular. That is all we do and this is plenty. But we say that this person cannot undergo any more stresses which are unnatural. That means that if I go and poison myself, it is not natural. If I take Ars. and then poison myself, I am not expected not to be sick. It is the same way with the chemicals which we use today in large quantities. And narcotics are within this same class. So you cannot be treated a person and letting him have narcotics at the same time. He will demand that he must stay healthy. He cannot stay healthy. I treat him and get him into a healthy state and he wants to take narcotics, perhaps not the first day or the second, but on the fifth he will get it. Some will get it immediately because the organism is weak.

Question: I had a sense that when you think of Hahnemann proving 99 remedies, and he took on all these different diseases. Each time he didn't ting his particular constitutional remedy, each time he proved a remedy, he took on the remedy diseases, whatever they were. Yes? I would assume
that "cure" means "coming to a place of health" and then you respond not with your individual weakness but with the response to the peculiar stress that is imposed on you by what is equivalent to a remedy disease. And you are proving something.

But now you are saying something different. You are saying that you retain your individualized resonances through life, so to speak, but you become more flexible.

George: No, let us say that this individual needs Calc. and we cannot see it. We took Nat-c one, two or three times. Then the forth time he does not need Nat-c any more, but there are indications for Calc. If we give it, then we have to go further in establishing a better state of health. If we don't give it and we leave him in this resonancy, so whatever this person will do to spoil his health, he will come back to that state. But this particular person, if it is stimulated by streptococcus and particular stresses, will develop an acute exacerbation. He will develop a bronchitis which can be of a Bry. type. That means that the stress in Nat-c can receive and may give out another remedy which will now fit. This is the chronic state.

Now streptococcus is affecting that person and that chronic state changes and becomes Bry. You give Bry. and the acute state subsides and back he goes to the Nat-c. You give the Nat-c and the state subsides to where everything is natural but for this point here. That indicates most probably Calc: because you have a few symptoms that you cannot see yet. If you can see it and you give it, the person will go into a better state of health. If them is a new stress now in that person which brings back its predisposition, it will be the predisposition of Calc: and not Nat-c. So, when you say that this is a Lyc., it is a Lyc. primarially, but he may change at a certain level if we give the following remedy at the right time and then he will not be a Lyc. He will cease to be right-sided completely. Now he gets ear infections and nasal catarrh. And the right side has subsided completely, because after Lyc. he had taken Merc. and now the discharges from the mucous membranes and the ears are prominent and when he gets a cold he gets that symptomatology now.

Question: So when you have someone who is quite healthy but they tend to be Nat-c and then they suffer a grief and develop a whole symptomatology and you give them Nat-m. and they are quite healthy for several years. Then they have another bad grief, would you expect the whole symptomatology to come back again?

George: Yes. Th' difference is that even though you have already given Nat-m., the grief that they can take now is of a greater--much greater proportion. And this is without falling back into the previous state. And what the patient will usually say is, Now if this had happened before with that stress I would be totally broken into pieces. Now I can cope." But if there is a bigger stress with exhaustion, lack of sleep, he will definitely eventually ... So a Nat-c. with a stress of A-intensity will react differently after taking the remedy. A-stress again in Nat-c. after the remedy will not affect him. You need 3 As now.

Question: Now what about someone like yourself. When you were very young, you were sick, right? Is there any possibility that you could be so stressed that you could revert to that condition the way you were 30 years ago?

George: This is a good question. It is interesting because' have been treating myself for 21 years and I cannot ... I never had, in spite of having a lot of stresses, I never had something which I had 21 years ago. The pain and the suffering which I had 21 years ago I have never had again, though sometimes, if I am in a very wet climate I may have lumbago. But at that time it was a continuous state. There was no day that I was not feeling pain in my back since I was 16 years old. Now I have to stretch myself. This climate is not conducive for me - it is quite wet. Still I don't get it. And if I get it, it will go away much more easily than it used to. I used to have tremendous irritability like Nux-v. I remember myself because I was a civil engineer and I was responsible for a whole plantation.

Everybody was trembling at the mere sight of me. I was just trying to remember what I have been. Of course I have taken a lot of remedies all this time and I didn't take the right ones. Sometimes I have taken the right ones and sometimes the wrong ones. What I did, I was so enthusiastic in the beginning that before I read all of the books carefully, I started proving the remedies to see whether they would do what they were supposed to do. This was very intriguing. I would hear, "This remedy can have an effect on the human body." So I started taking one remedy after the other to see what its effect was. I remembered that I liked eating fat. Then I took Nat-m and I went to eat my eggs with olive oil and I could not. I thought, "What happened", and then I remember, I took Lyc. and I went to the theatre in Johannesburg. I was in the theatre and the rumbling was so much that I had to walk out. It was very interesting. Of course I got information, but I should have waited and taken one remedy, wait six months to take another, and take it easy. Not trying to prove 25 remedies in six months. So I learned the hard way. Kent also did then same thing. He messed up his health completely and he went for the next world at the age of 62. Hahnemann was okay. He knew what he was doing. He said it was nice here and he was going to stay 90 years.
**Question:** Graphically could you show what happens when you take the drug and there is still a little bit left. It has not all been antidoted.

**George:** There is this category where you need a series of remedies to really wipe out a layer. A correct series of remedies. I do not mean just any remedies. You may have taken Med. and then you thought it was Ign. and so you took Ign. Then nothing happened and so you took Elaps., and nothing happened. Then Sulph. and nothing. Not the remedies which you took but the ones which have acted. You might have taken lots of remedies in between.

**Question:** And that would take care of one layer or two layers?

**George:** One layer. One layer may be taken away by three remedies. When you feel a lift in your health, then you change the layer. You have been living for years in a state of health and then you take a remedy that lifts you up. Before that happens in certain people, they need three remedies. You say, "Now I really feel much better."

**Question:** It could occur in that sequence of wrong remedies before the Sulph., that a relapse back to the Med. would happen?

**George:** Yes, sometimes. You may need another remedy which is complementary. A remedy can do certain work and then maybe you need another one. It is very peculiar to antidote a remedy or to have a relapse after the indicated remedy. It is very peculiar. There is something wrong with what you are doing. You are taking a drug like the T-square cases.

**Question:** How about eating onions?

**George:** No.

**Question:** Another wrong remedy generally won't do that?

**George:** No.

**Question:** What about a disrupted case?

**George:** You can have it sometimes, a full relapse out of one remedy might happen sometimes but is not usual at all.

**Question:** What are the symptoms then after a disrupted case?

**George:** Relapse. You have been doing well and then...

**Question:** One of the most difficult questions that I seem to get is that if homoeopathy really works as well as you say it does and all this happens, then why would something like coffee, which everybody all around the world drinks every day, why would this disrupt this great work that is done by the homoeopathic medicine?
George: It is very important for a person to stay well for ten years. He has a very strong vitality. A very good constitutional ground. So therefore coffee will not antidote.

Question: Oh, so it has more to do with their vitality than it is the length of time involved?

George: That is what I said in the beginning. If you get a strong person and give him one cup of coffee every day, he will not relapse. But we have weak constitutions and we would all relapse. ALL OF YOU. I do not see anybody, who would not relapse with coffee.

Question: Some of us are not in a position to relapse because we don't have the right remedy.

Question: To go back to this Aeon. case, what is... would you describe the fear of Op.? I wonder sometimes about it. I always use Acon., but I don't have any feeling for the fear of Op.


Question: I have read that in various materia medicos.

George: I don't remember.

Question: I would like to add one more question about the antidoting thing. Did I misunderstand you or did I understand you correctly to say that if a case antidotes that it always goes back to the previous remedy?

George: Not always but USUALLY.

Question: So we must be careful to take the case again if the remedy has been antidoted.

George: What will happen is this, that after you give the first remedy and you are seeing a little bit of that remedy, if you wait long enough, this remedy will develop - that means that more symptoms will develop. Now you can bring about that situation - the second situation remedy - by stimulating this phase. That means that the stimulation is not so big, and it will bring about the next stage that you suspected. You suspect a Calc. case. Why? Because he starts to have more feelings for the cold, the nails are a bit brittle and there is a desire for sweets. They like the eggs a little bit more. With all this information, this should have given you the remedy, but you didn't give it and you wait. And there is a stimulation here and the arthritic condition starts. You see lumbago. You see arthritis. This will start after the stimulation on that phase. So you bring about that state.

Question: So that is not really a relapse. It is an exacerbation from the stress.

George: Yes. Because this organism will go to a new place when it is stressed. If it is not stressed, it will remain for years in that little bit of disorder.

Question: When we talk about that, is it something that we will remember? I am wondering as you move back through images if possibly because somebody is born with a predisposition to disease, perhaps there is something underlying that he may not remember having experienced. There maybe a new set of symptoms that he can not in his memory recollect having had. I wonder if that can develop a new image with totally different symptoms, in a process of correct treatment. You get the impression, by reading Hering's laws and so forth, that..........................

George: I can't follow.

Response: If you go back to a layer that you can't remember in your early life, with no past history; with a hereditary predisposition.

George: You can go backwards? After the right treatment, if you may go backwards to earlier symptoms?

Response: Yes, can you get your father's disease? Can you essentially go past that to a remedy image and symptoms that you have never had in your chronological life? Like in the Calc. image, if the person said that he was never arthritic, but now he is; can that happen and be a sign of correct treatment?

George: Oh yes. Because age comes here as well; deterioration from the aging process will come with certain symptomatology.
CHAPTER 4

CONSTITUTIONAL TREATMENT

George: If you are not able to see underneath to the next remedy, you cannot call it a disruption. A disruption is always when there is no improvement. When you see a general improvement, you cannot call that a disruption. What is a cure? What is better? You call better something which is better. It may mean something like he was using 10 handkerchiefs, but now he is using one or two. So you would say that his catarrh was 80% better. In a disruption they might say that the catarrh is the same.

Question: So when you clear a case, you will always see some improvement?

George: Yes. Sure. Improvement Definitely. You may see an aggravation in the beginning, but definitely an improvement later.

Question: How about so-called one-sided cases?

George: One-sided cases? We have some cases like that. Haven't we had some already? This is where we give a remedy with very little improvement, but the next remedy is very clear.

Question: There is improvement in a one-sided case?

George: There is some kind of improvement, yes.

Question: You said something about the remedy bringing them to a certain state of health that then gives them the freedom to make choices. Then as they make choices and gain experiences in life they go through crises which would then bring up a remedy picture that was not there previously.

I asked on this question before, but I thought it might be good to bring it up within the group. Is that new layer just brought up?

The second part of the question is, "Do you see new layers being laid on in the course of treatment?"

George: Yes. That is a good question. I think I will try to answer it as quickly as possible. What happens actually is that once you bring a person to a certain level, the person considers himself cured and he goes on in life and has his experiences. What you will usually notice are two possibilities: the one possibility is that people will gain experiences which will be useful to them. They will come into crises and come out of them, sorting things out inside themselves. Later they may come with some physical symptoms which are brought about then because of the crises.

Now if the experience was useful and the person has really solved the related issues inside himself, we shall see that the next layer which was not apparent at the time we were originally treating the person, is coming into view. That means that there were three layers, and we treated these two. The third one was not showing clearly. The person goes on into life with experiences which are finally of a type that involve losses through death, illnesses etc. - these are experiences that are evolving the person and experiences that finally bring some kind of extended freedom to the person. What we find from that experience is that the defense mechanism has been strengthened and now he brings out symptomatology which is clearly showing the next layer. Where it was weak before.

You see now how you will notice that and know that. Usually what they will tell you is that you bring them to a state where there is not much symptomatology and they have been relieved and are quite satisfied, but they will say, "There is not enough energy." This is one question you will get. They will say that they are not happy with something. They want to be excited and living fully all the time. So it will give you the impression that there is something which is holding back the conflicts usually.

So there is a conflict which is keeping back the energy. Now if that conflict is resolved - and of course conflicts are of many, many kinds - a conflict can be at the moment that you charge your patient. Anything! The emergencies that you have with your parents. Maybe they are too dependent on you. Yet you love them. Or it can be the relationship that you have with your children. They are too independent and you are afraid and want to pull them back, but you think that you are very authoritative and have spoken to them badly, and so there is a conflict. A conflict can be that you are in a relationship which you have been in for a long time and in which you are now bored, but you don't want to cut it off because there is insecurity. You don't know what you are going to do next, because you don't want to have the other person any more.

The more we advance in the ritual spiritual level, the more these conflicts take the form of not hurting others. In order not to hurt others, you keep up a situation which is taking energies from you. It is a deep conflict and it really takes energies away.

So you see this person and he has colitis and arthritis and skin eruptions and whatever it is, and he is quite okay. But now he is left with these kind of choices and conflicts. When there is a choice, there is a conflict. So what happens? The person goes on in life and resolves the conflicts. As soon as the conflict is resolved, there is a sense of freedom and an energy rush, and symptomatology.
During that state you will see the next layer coming up. So he may come with a beautiful Calc. So what you saw in the child so quickly, you will see within 5-10 years of right treatment in a grown-up. So they come and you prescribe and then he goes into a fuller life, more free, making new choices and conflicts. You are never going to finish with the conflicts.

Now this is the one case. This is the case where experiences of life are conducive to health. But there is yet another kind. There may be one or two or three layers. You make him more free and you give him more possibilities which he can work with, more abilities, and he is ambitious. He now wants to use this ability quickly. To use these abilities for his own ends - for his own absolutely personal gain. And then he goes into life and meets stresses. These stresses are going to be distracting the destructive to his health. So when he comes into a clash and says, "It is mine", somebody will say, "No, it's not yours", and there is a big commotion inside. Whooosh! DISEASE In those cases you will not see the next layer coming up. You will see the layer on top.

You will see the picture of a remedy which will not be Calc. You may see Ig. or Ph-ac. You may see remedies which are not so deep which were not showing before.

So actually the energy that was given, was used wrongly and added a layer. Now during this stage you will see the person working for his own ends. A person can work in two directions - to attain money and power. The person is working towards this direction all the time and it brings about a state in which the person is very vital, working very efficiently, but behind it all is a kind of lack or vacuum. There is a lack of deeper serenity, calmness, because he is pushing too much, while actually ignoring his real self. There will be a kind of exhaustion after he has done this. Then you will see qualities coming up which will take more and more space in that layer. Stimuli, stimuli, stimuli - coffee, drinking alcohol, sex and then there comes a kind of confusion. Then you become sick and with a new layer. It depends upon how sensitive you are. You may not be sensitive still and you will go deeper into another state eventually - this is much more basic and confused. So there will be Sulph. Ma-v. and then Am-c. In five years you may add up two layers, instead of going under one.

So with the wrong application of ourselves we empty ourselves of the positive qualities and give the upper hand to the negative ones. And there will be a need for stimulation. The organism has to work. We will degenerate. So in this process of going down, we meet a good homoeopath.

So he takes a remedy and again there is a choice for that person. We are giving choices. We are giving possibilities here.

Question: So you might see a person who has been treated even with Calc., who gets better, then goes into another remedy, and suddenly you will see Calc. again?

George: Yes. That person was given Calc. and then you see Calc back again, and then you see Cor-r., and then you see Nux-v., and then you see whatever it is that is on top.

That is why you will see cases where they will relate symptomatology to you at the age of 20 and it was Calc., and then you see him later and it is another remedy, it is not that he has become better, it is because he has become worse. There is a layer of Calc. and there is the layer of Ma-v. That is the way I see this question.

Actually I wanted to talk to you today about the changes from one remedy to another. What is that? This changing? We say that a person is Nat-m. and then we go after one or two years and we will give Phos. Now what is that person? Nat-m. or Phos.? And what is the meaning of that? Has the person become better or worse? When is a person better and when is a person worse? What is complementary? When do we say that we have given constitutional treatment? What is constitutional treatment? Is it to give one remedy only?

And also to be able to evaluate the progress of the patient ... So you will have to do some thinking on that in relation to these lives as well. An experience comes, and you see more and more cases, you will have to put some thinking into that area You see, you have a case which is Nat-m. and we know in our exposition of the materia medica that we have put apart Nat-m. from Phos. Yet you may see a typical Nat-m. going into a typical Phos. case.

Question: Are you talking about adding on a layer or uncovering a layer after treatment?

George: It is possible that it might be both. But you don't have the sense that this person is better now. He needs Phos. to feel better. So he is worse because he needs Phos. again, but in general he is worse.

It is interesting to see Nat-m. going into Lyc. - and I have seen this several times. What you will see in such cases, if you had a typical Nat-m. that you have treated, would go into another remedy such as Lyc: or Phos. or Sep. or Aphis, but the typical one will have the characteristics of the next layer or remedy which do not go deep into his character. He will have either characteristics which are physical or he will have certain
mentallities of the remedy or the essence of the remedy on a lower level, but not on a deep level, I will explain.

You have a typical Nat-m. and one day he may come and tell you after 6-12 months that he has become quite bloated with a lot of gas, that he has difficulty with digestion, for the stool is unformed, and that he now wants to turn to the right side to sleep. In the mornings he is quite tired. You see digestive and liver disturbances with the characteristics of Lye. Now if a person gives me that history, I will give Lyc. Why? Because I know one more symptom and that Lye complements Nat-m.

Mother one will want to say that he feels worse between 4 and 8 O’clock. We don’t need to have that because we know that one remedy can run into another and these two are complementary. But the things that he is giving me are not on a mental level. They are mostly on the physical level only. So I would not have the typical Lye. that I have described, because underneath is Nat-m., underneath is Nat-s., underneath Sulph. So at the moment when his liver crisis comes, he may need Lyc. But the real constitution behind that is not Lye.

So do not be misled to think that the person who needs a certain remedy at a certain moment that this is his remedy immediately; that this is a Lyc. No. We gave him Lyc. because of the aggravation of the digestive system, but this person actually behind all this is a Cale or Nat-m.

We give a typical Nat-m. and he develops ...if we want typology we would say that this person typically is still a Nat-m. But at the moment he goes through Lyc., the traits of Nat-m. in his character may be minimized. So we consider that these levels are normal. So we have in that case a Lyc. with a normal mental-emotional level.

This does not always come out true. You may get a Nat-m. who would run into Phos. And he will start having thirst and eating ice-cream, having more bronchial troubles, or he gets colds more easily or he may have upset stomach and gastritis, or whatever is the ailment. Together with this ailment you may see some traces of Phos. Like what? Not so much the Phos., but you will see that he becomes very sympathetic. He cannot see people suffering. Where he used to be rather cold towards that when he was a Nat-m., now he will be affected. He used to be able to face that, and now he cannot. And together with the physical ailment, you get some hints on the emotional level of Phos. You give Phos. and the patient becomes more healthy. But basically the person is a Nat-m.

You will see that with Caust. Caust. is a remedy that is also sensitive. It is a remedy that wants justice. A revolutionary. If something is not just, then take off his head. This the attitude of the Caust. Okay? Now you will get Caust. going into a state of... what?

Response : Sympathy.

George: Staph. That is complementary to Caust. How can you put mentalities of the remedy or the essence of the remedy on a lower level, but not on a deep level. I will explain.

We mean that when we give Caust., the person at that time was relieved of the... what?

Question : Seeing that and treating it with Staph., would there be a more clear Caust. picture?

George : Yes. This is what has happened. I treated her with Staph. As soon as that went away... she felt that it was much more natural what was happening... then the Caust. state came in. There were repercussions. All of these things are so inter-related. There were severe repercussions.
TALKS ON CLASSICAL HOMEOPATHY

during that period of Staph, about the husband not taking care of her and so forth, and becoming indifferent to sex. There was indifference to sex and the organism wouldn't come. There was a closed up feeling and a feeling of being hurt. These people will say that they want to be just but they also want justice from others. Impossible! We translate justice in our own terms. It does not mean that we are always right.

Question: Sometimes I see someone who appears to be a typical Nat-m. - a really solid Nat-m. So I give them Nat-m. and they go into something like Phos. And it appears that that is what they were when they were younger. But even when they are in that Phos. state] can still see that they are basically a kind of Nat-m.

George: Yes, that is what I say. On the other hand, you may see a typical Phos. that may go to a Nat-m. because it is more open and expressive.

Question: But why is it that they will seem to be a Nat-m. when they started out being Phos. ? Why didn't they really change?

George: Probably because of ingrained ways of behaving in the world which are quite deep and have put a stamp on that person.

Question: Do you mean more than habit?

George: Yes, more than habit.

Question: You say that Nat-m. can go into Phos. or Lye. and that those are towards health?

George: It can be, or it can be a new layer. Either of the two.

Question: If it was a situation that D. was describing, where there was a Phos. child, but it then became an adolescent and they had disappointments and love relationships and became a Nat-m. the symptoms that come up from Phos. should be quite on the physical level and not very deep?

George: Oh yes. On the physical level and Phos. is going to give a boost to their health to a great degree.

After that you will see a person who will feel quite strong for years. But then they have the choices that I was talking about. They go out into life and have choices. They can fall back into Phos. or fall back into Nat-m. by covering themselves.

Question: It seems to me that the less healthy a person is - the less vital he is - the more drastic the change would be from one remedy image to another and the less stable that Nat-m. would be when he became Phos. and the more like Phos. he would become.

George: That is true. When you have a basic and primitive organism ... if we were to treat the Brazilians, the South Americans, the Africans, basically they have physical bodies which are healthy, we would see much more stable results. You see, you give a Phos. , and it is finished. Chronic inflammations and terrible things like that will vanish. But natural man is not satisfied with things. There may be five or six generations that are happy and the tenth is going to stop being happy.

Question: Are you implying that these remedies do not really work on the will power? That you are given a choice and the choice can be either towards health or disease and that the vital force is separate from the discriminating, choice-making will power of the human being?

George: Absolutely! We have energy and we can use it either way. This is used according to our decision - our free will. Free will for me is absolute. Nobody will interfere with the will. And if somebody interferes with free will, I feel it is a bad interference. It keeps somebody from evolving.

If I can tell somebody to do that and impose it upon them, I am withholding their evolution. That is why people with weak wills come under the influence of a person with hypnotic powers who can say, "No, you will do this and it is the right thing", and they do whatever he thinks is the right thing. Actually that person is withholding their evolution. That is according to my understanding.

Question: This comment on the question which is commonly asked about whether we are interfering with somebody's karma by taking away that layer. Because we cannot affect the free will, we are not truly affecting their karmic patterns.

George: You see, THEIR karma is to come to us and be treated and be cured at the moment. And if their karma is not to be treated- this is not an excuse for you to practise bad homeopathy - but if their karma is not lobe well, you will never find the right remedy! Never mind how much you may be trying. This is not an excuse for having failures! (Laughter)

You must try hard because he was sent to you to be cured. You have to apply whatever you know. You cannot judge. I have seen cases of really horrible men who had killed people and behaved in a criminal way. And they were cured. If I had said, "No, I am not going to treat you", never! Placebo, placebo,placebo. It is not for me to judge their faults. Either they will be cured or not.

You get somebody and you give him the right remedy and after three months he feels so well that bethinks coffee. It counteracts the remedy and after a month he is back. He does this maybe four times and the picture is
confused. You cannot see anything to prescribe on anymore. The remedy that was working has no effect anymore.

He then goes away from you. After a few months you find that that person is in hospital. And that is for the next world or maybe the crisis of the hospital will make him feel better and solve all of his problems. He may finally come back to you.

I am relating my experiences and I am not making this up. I was sorry to see that I could help a person and yet he behaved in such a way that he ended up in hospital. He could have avoided that. He took antibiotics and then saw another doctor for another opinion.

Onassis, in order to be killed, had 75 doctors from all over the world. That is true and was told to me by one of his best friends - a patient of mine. He had 75 doctors - some from Japan, from America, from England etc. Some would say to take out the gall-bladder or the spleen or the liver. What was left but to die. Now it is interesting for Onassis that this friend of his - Onassis was suffering with myasthenia. This friend of his - a prominent man in Athens, made an appointment for Onassis a month before he got the flu. The flu went into pneumonia and then he flew to Paris where they have better doctors. It was just one month after this appointment that this man told him, "Go and see George". He said, "Yes, I must go", but he was always busy going and coming to Athens. Okay, finally he said to make an appointment in a month. So we knew that Onassis was coming. Then I read in the newspapers that he got the flu. I did not say that I could have cured him, but Onassis had a TREMENDOUS vitality. You remember how the man looked. This is the kind of person that Hike to help. It is good material to work with. And yet his karma was going another way. We am not in the place to ...

This reminds me of before the Greek revolution took place to getaway from the Turks, there were schools where people were educated before the revolution came. So in these schools - they called them secret schools - nobody knew about them or gave any money. We are like that. We are preparing for a revolution. The time will come soon. We are not to expect favors.

Question: This is pretty much off the top or what we are talking about. It has to do with homoeopathy and the revolution that is taking place. In a practical sense, what do you see is to happen with the information that you are giving us right now that is being taped and transcribed? And in terms of what other people need to know about homoeopathy, what do you desire in this ?

Answer: Right.
Response: Not the overall picture of homoeopathy, no, but just the way it was described.

Response: He did not do a whole lot of elaboration or exactly where he was left behind. He also thought that you were a much more vibrant person than you were on tape. He was commenting on that.

Response: So that is a lot of what you were just saying about your gestures conveying.

Question: What do we say to those then who hark and pound at our doors saying "Hue you have been exposed and we want to know. We are committed to homoeopathy and we want this information." What can we say?

George: Give them information which is at their own understanding.

Response: And our own understanding. George: Yes.

Response: Yes, that is one thing I can talk about from my experience. You don't get into too much trouble if you don't speak beyond your own level of knowledge.

George: Also it is important ... for instance, we can make that experience. We give a case to a group of people. And they understand it. Select another group and give a case. They will say, "Yes, maybe." Select yet another group, and they will say, "It is over my head." They will say that I am crazy.

So the knowledge given is related to the level in which they understand. But before they have bridged that knowledge and understanding, how are they going to understand? So we have to take it step by step. So give them more of the basic things. Do not give them this kind of information - I advise you not to. It is not the kind of materia medica which is needed for the novice. It is not the case analysis that is going to be enjoyed by these people. Before one can appreciate, one must have knowledge.

People must be sceptical and they have the right to be sceptical. We have to prove to them step by step what we are talking about. If we say that we don't care that this is the only truth, the absolute truth ... then that is no good.

Question: Do you plan to publish these talks? Or maybe put them into a materia medica?

George: These talks? When the time is right, maybe. Not if it is not right. I will work on them and put them in a shape which is readable.

Question: Three years, five years?

George: I don't know. I was planning to publish the first volume about 6-7 years ago. And all of the Greek doctors would ask me when the book was coming. Every time I saw them, they would ask me to talk, talk, talk. (Laughter) I almost got a nervous break-down from it. They wanted more and more material. Really, I almost broke down. I had to declare myself sick for about a month to recover.

Question: Did you take a remedy?

George: A remedy? Yes.

So I had planned today to talk to you about the acids - the Phos-ac., the Mur-ac. and the Pic-ac.

Response: Let's take a break.

Question: Before we take a break, George, there is an assumption of some of the people in the group and a desire by everybody, that while you are in Athens over the next year, that you would dictate into a tape recorder the essence of a remedy once a month or something like that, so that we could hear that and learn more and more materia medica. Would you speak to the group about your feelings on that?

George: You see, it is very difficulty for me to speak to the tape. We tried to do it once when B. was there and it came out a lousy project. People must be sceptical and they have the right to be sceptical. We don't care that this is the only truth, the absolute truth ... then that is no good.

Question: But everybody has trouble when they first start doing that.

George: The trouble is that I function on a certain level. If I give a talk again on what I have already talked about, I don't give the talk exactly the same way. I cannot do that. That is the trouble. Whenever I give a speech, say something which I think is valid for the moment. I look at faces, and I see whether those people are attending or not attending, and I make it as contemporary as possible. So what will happen with that on tape? Again I get excited. If I see more interest, I will say more things. If I see that you are not interested, I will keep it to myself and become flat.

Response: You could record your material to your Greek doctors and send them to R. and he can translate them. (Laughter)
George: If I would do that, it would cause an upheaval. There would be a revolution. You should see how many grudges they have now because I am gone.

George: Today I want to give you some information concerning the treatment of little babies. When you come to the point of treating babies, you wonder what to look for, especially when you are treating over the telephone. (Laughter) There are a few things that we can look at. We could first look at the mood of the baby - the psychological state - weeping, laughing and so on. We also look at the expression of the face. The second thing that we observe is the color of his face - red, pale, vesiculated, blue.

Question: Are you talking about acute situations?

George: Acute or chronic, the first thing is to look at the gestures. The next thing is the wrinkles. I will give you examples later on, but first I want to give you some definite things to look for. These are hints. The next thing is the texture of the skin. And the next is the perspiration. Check the tongue. Look at the way in which he stands, sits, or lies down. Check color and odor of the urine. Check the color, odor and texture of the stool. Check his reactions to milk and food in general. And investigate the salivation. These are the main points you should have in mind during the examination of a case.

But the first thing you have to observe in a baby is whether he is properly clothed, properly nourished and the type of food he is taking, because there might be external causes for his condition. If they dress the baby too much and there is too much heat, he will become irritable and cry and cry. And look for mechanical causes that might make the baby cry.

Question: Is general odor under perspiration?

George: Yes. Check the perspiration and the odor of the baby in general. An old looking infant may need Arg-n., Calc., Nat-m., or Op. Question: Old looking?

George: Yes, like an old man or woman. When the first thing you see is that the baby looks old, you have to think of these remedies. Also Sec. If there is a frightened face, we need Acon. or Stram. A very sleepy baby may need Cann-I. or Op. This is sleepy rather than actually sleeping. The whole idea is sleepy. Your mind should go to these remedies when such a condition exists.

Question: With a sleepy baby with fever, someone might think of Gels. or something like that.
George Sleepy is a general characteristic of the baby. I don't talk about fever or if the baby has remained awake the whole night and then is tired and sleepy the next day. The sleepiness will be a general characteristic of that baby. They never make up entirely or look bright.

The crying will also give you certain keys. For instance, you may have a baby that cries the moment you put it in bed. Here you have to differentiate. In Bor. the child cries the moment the mother puts it down.

But the moment that the child cries and you take it in your arms and walk with it, then it will be Brom. or Chan. That would be so if it is relieved by carrying it.

The crying may become shrieking type and occur during sleep. That may be Bor., Lyc. or Zine. If there is a shrieking and then convulsions, you may need Cupr., Cic. or Lyc.

Question Do you mean trembling or actual convulsion?

George It goes like this (demonstrates). It is Cupr. if it is mostly in the extremities. But if you see that the trembling starts from the solar plexus and goes into the whole body, then that is Cic.

Do you know what is called a "brain cry"? A brain cry will wake the child in the night, especially if it is accompanied by jerking in the sleep. Then suddenly the child will wake up and have a shrieking cry. You think that something is going on there in the brain. It is not a cry that comes from the chest. It comes from the brain. It is a cutting shriek. The sound will give you goose pimples.

Apis is when there is this cry in the night but it is accompanied by convulsions which come after a warm bath.

Question They have this "brain cry" too?

George Yes. The convulsions will take place after a warm bath. What pathology would be indicated in a child that cries continuously?

Response Colic

George : Ear pains. And then you will need to use medicines like Graph., Psor., Merc. This is another acute remedy. An earache will keep the baby crying and shrieking and nothing can please him or quiet him. You would suspect ear trouble, and so you would have to differentiate between Merc., Graph. and Psor. most probably.

Question I would think of Puls. and Cham.

George : No. This is crying from pain. It is not moaning. It is a shrieking and it is constant. That will most probably indicate ear trouble.

If there is moaning and groaning in the child, remedies like Acon., Bell. or Hell. should be thought of.

The color and odor of the ear will differentiate the remedies. Discharge from the RIGHT ear would make you think of Merc-i-fl., Lyc., Sit., Thuj. or Nit-ac. Discharges from the LEFT ear would include Graph., Psor. and Merc-i-r. Discharges which are MIXED WITH BLOOD would be Calc-s., Merc., Psor or Sit. But if there is PURE BLOOD FROM THE EAR, then you would think of Phos. of course and Crot-h. Crot. you will remember has a lot of retinal haemorrhages. OFFENSIVE DISCHARGES in general could be Merc., Sil., Aur. and Lyc.

These are not all the remedies that you will have to work with.

I give you hints where your mind can go.

If the discharge SMELLS LIKE FISH, the first remedy you would think of is Graph. also Sank. and Tell.

I am talking about ANY discharge which smells SOUR - perspiration or any discharge - would remind us of Sulph. Sulph. and Calc. are correct remedies for sour children, but the main one is Rheum.

Question : At some point in there you shifted from ear discharges to discharges in general.

George : That was at the time we talked about bloody discharges.

Offensive discharges in general would be Aur., Lyc., Psor. or Sil.

Now if you have an infant who has a high fever and enteritis and the stool is very offensive and the fever is going towards a kind of typhoid fever, it will bring the child down, and that means a serious condition. When the intestines are involved and you have a stool which is VERY offensive, then what remedies would you think of? Bap., Ars., Merc. and Sulph.

Another interesting thing that I have noticed is the wrinkles. Vertical wrinkles that are not straight would indicate brain and meninges troubles. You would need remedies like Hell., Stram., Cham., Caust., and Lyc.

Usually this here (indicates on the board) affects mainly the brain. But if the wrinkles are on this side of the face (indicating), on the ears and zygoma, and these parts of the face, there is trouble on the chest which is chronic and quite deep. If it is here, down on the chin, the wrinkles would indicate intestinal problems.

If there is a line here, very close to the margin of the lower lid, another second line would indicate a predisposition to hysteria, children who will go into tantrums easily, and they will need remedies like Nat-r. and Ign.
It is an intelligent child, highly strung and there is something in his face which is dry. There is a dryness of the skin like on our friend who does the meditation. No, it is not a dryness, it is a skin. He has a typical Nat-m. appearance. There is a kind of ... I wish that I could give you this feeling, but it is very difficult to describe. There is something ... you see a face and you see that it is highly strung. Another one will be more relaxed or another one will appear sour or another one will appear sleepy or another one is frightened. There is a kind of fright you will see.

Question: I have trouble with those lines. Are the lines that Laurin has the same?

George: It is under the lower lid margin. It is a VERY fine line. It gives you the impression that the lower lid is inflamed.

Response: I will try to take some picture of children.

Question: George, Is there any chance of using video equipment in your office where classic types like that could be recorded on video or camera? Would the Greeks go along with that?

George: Everybody would want you to take him as a model in Greece.

Response: We could pick classical types, but we do not have the knowledge. It could be best for you to do this first.

George: You see Stan, who was talking to us, is a constitutional Graph. This the appearance, not his behaviour. Have you heard how Haney talks? Can you tell me the characteristic?

Response: The voice trails away.

George: The last syllable is up. It is an idea that will not come out - Thuj. George has a trace of Thuj, and may be after 2-3 remedies the Thuj will come up. Don't go by these keynotes to give Thuj.

Question: On these children, when you have so little information and you make some decision on one of them, what potency can you give?

George: 200 is the best potency for babies. If you are sure about the remedy then you can give as high as you like, 5th or cm as long as you are sure about the remedy.

Question: What about people whose sentences end with a question?

George: Yes. There will be inflammation on the margins of the lids and you will use Clem., Graph. and Sulf. With swollen meibomian glands, which appear on the glands of the margins of the lids (they are like styes, but it is an inflammation), and you will use Clem. and Staph. With conjunctivitis, red eyes, you will use Apis., Arg-n., Euphr., Rhus-t. and Sulph. If one eye is VERY red and it looks like a piece of meat that has

**TREATMENT OF BABIES**

**Question**: Is the skin that has small, almost papules in the upper arms in children characteristic of any remedy? They are multiple and hard little papules. There is no discoloration, just dry.

George: Like haemangioma?

Response: No, they are goose pimples, but they are always there and they are rougher than goose bumps. Goose bumps are when you get cold and you get little bumps on the skin.

George: Oh yes. So it is constant and it is very dry and rough. No, my mind does not connect a remedy to that now.

Question: What about little white knots that are in boys who are 7, 8 or 9 years old?

George: So there is a discoloration?

Response: It is very light as though they had not washed the soap off after washing.

George: Mostly Sep. There are white patches of discoloration. This is in young children.

If there is a history of skin eruptions since birth and they keep on with different types of skin eruptions, you have Psor., Sulph., and Graph. as prominent remedies.

A red color of the face will be Bell., Ferr., Cham., Apis., Puls. The face will be red and circumscribed and the remedies will be Chin., Ferr., Tab., Phyt., and Sulph. These can be in acute cases.

Hysterical children would tend to need Nat-m. or Ign.

**Question**: Could you describe exactly what you mean by that?

George: Hysteria, yes, (cries like a hysterical child). There are tantrums and you wonder what he has or what is wrong or what he wants. And they are totally out of control. The children who are going towards that, the first remedy that you will think of is Nat-m. or Ign.

If there is swelling around the lids, above and below, the first remedy you will think of is Apis.

**Question**: Do you see Kali-c. in children?

George: Yes. There will be inflammation on the margins of the lids and you will use Clem., Graph. and Sank. With swollen melobian glands, which appear on the glands of the margins of the lids (they are like styes, but it is an inflammation), and you will use Clem. and Staph. With conjunctivitis, red eyes, you will use Apis., Arg-n., Euphr., Rhus-t. and Sulph. If one eye is VERY red and it looks like a piece of meat that has
just been cut and the blood is running, you will use Arg-n. Sometimes you take more credit for curing a thing like that, because it is so obvious - it is not like curing cancer.

Question: Would that eye be swollen and oedematous too?
George: No, it will not be swollen. It will be smooth but very red, as if you have cut the flesh and have left it exposed.

Response: It would be nice to have photographic descriptions.

George: Yes.

Question: That is not an infection you are describing?
George: No, it is not an infection. I cured a case of asthma by looking in the eye and the person was warm. He did not care about his asthma as much as this condition was bothering him, because everybody could see it.

Question: Is it painful?
George: It can be painful, but it is not very much. That is not the characteristic of this condition. I am talking about a chronic condition. It will stay there for months, but it can easily stay for 5, 6 or 7 days or even into 10 or 15 days as well - it will not absorb.

There will be swelling around both the upper and lower lids and so we have Apis., Calk., Ars. and Kali-ar.

If it is especially the lower lids, it shows a wrong kidney function. It is upper and lower, but mostly the lower lid will be swollen. It will be mostly Kali-c. and Apis. You will get Phos. and Med. and things like that, but I am just giving you the more prominent remedies. Ars. has upper and lower lid involvement.

But when it is the lower lid only, the first remedy you should think of is Kali-c. [Kent Rep. P.267, it is Kali-ar...Ed.l. And you will not see this in babies. On the lids at this point (demonstrates) on the back, it appears like a sac of water here. If there are little sacs of water here, it will be Kali-c.

If the margins of the lids are swollen, equally swollen, then the main remedy will be Euphr.

Black lips - VERY DARK - in children and also in grown-ups, especially those who are suffering from stomach trouble, will be Ars. It is interesting how much Ars. has to do with death. You will see the death picture, the fear of death, the person who is going towards death. In the last moments before death, many times if you want to relieve the person, Ars. will be the indicated remedy. The poison in Ars. will bring death. This whole idea must be in the mind. They will say things like, “Save me, I am going to die. I am dying. You do not understand how serious I am. Save me. I don't care about others. I want to care, but I cannot.” It is death.

Question: In these last moments would you give a high potency?
George: Yes, a high potency - 10m or 50m. But if you see an aggravation after that, you will have to run for the next remedy. (Laughter)

Perpiration in the cervical region, especially during sleep, the first remedy you will think of is Calc. I am not talking about general perpiration, but in the cervical region. Sank. also has that.

Question: That does not include the back of the head but just the neck?
George: Yes. The occiput and cervical regions. It will make the pillow wet.

You will use Lach. and Ph-ac.

Now you sometimes get a story that the baby is perspiring a lot, but during a crisis of, say something like dyspnea, the baby is really dry. We would expect the perpiration to be more with the effort to breathe, but at that moment the perpiration subsides. Most of the perpiration is not with the crisis. The remedy you will need to remember most with bronchial asthma in babies is Samb.
Sometimes the perspiration continues or becomes less and so forth during the crisis, but the parents will not tell you that the baby perspires more during the crisis.

It is only perspiration when it is Thuj., Merc., Chin., Nat-m. Sometimes the tongue is coated white, but in a color which appears as if it had been snowing on the tongue. It is completely white, but is not glistening.

Response: There is no ice on the snow? George: (Laughing) No, no ice on the snow. Question: Do you mean that it is powder-like?

George: Yes, very good, Ant-c. But if the tongue is as if it had been painted white with oil paint, then it becomes Ars. The textures of the two conditions are quite different. When the tongue is yellow at the base, it is Nat-p., Merc., Tarax., Iod. If you see a geographical tongue, you will think of Tarax.

Question: That is not the hereditary type?

George: Yes, you will think of Tarax.

Question: Isn't that pretty common?

George: No, it is not so common. If the tongue is white on two sides, you should think of Caust. If the tongue is white on ONE side, think of Rhus-t.

Now here is a rubric that everybody will know "great salivation". All kinds of Mercuries - Merc-c., Merc-hv-r., Merc-i-r., Merc-i-f, also Bar-c., Bor., Nit-ac., Nat-m.

I remember in the college in Calcutta when one of the professors would go to the out-patient clinic every day. You know the Indians come by the tens and hundreds. So he was doing the out-patient clinic for one hour and he had much experience with these things, like prescribing on keynotes. Usually we would all be tight behind him trying to get some information.

He would NEVER tell us why he gave a remedy - NEVER! He said that one or two questions would give the remedy. Of course I did not know Hindi or the different dialects which they speak. Sometimes they would explain something and sometimes they would not. There came a child. The mother was holding the child. I tried to look and see what was written and he covered it with his hand. He had a very strong voice and he said, "WHAT HAVE I GIVEN?" I looked at the child and I said 'Merc.' There was saliva, running all over the child. He was given Merc. of course. He would not tell us ANYTHING/NOT A THING! He would prescribe this or that remedy and then you would ask, 'Why did you give that remedy?' He would look at you and say, "GO AND STUDY".

I have told you this story. He was very observant, you see. He would look. He was 82 or 83 and his mind was scattered, but he was shrewd and he would work for signs. The hospital was in a terrible situation and dirty. Certain professors would have this side to work with and others would have that side. So he would come in and he was not supposed to look at the patients on "that side". His patients were on "this side". Typhoid fever is common in India and so they would try to give different remedies to the people suffering with it. And so this was set up so they would not interfere with each other's prescriptions. So this typhoid patient was getting worse and worse and he was going to die. He was very cold. So they prescribed Ars. etc. etc. So they reached the point where they asked him for his opinion. He goes to the bed of the patient and he said, "What is your name?" And he said, "Sundaram" and he gave him Sulph. "Is it Sulph." He gave him Sulph, and the next day he is warm and he asked him a fan.

He had noticed that. All the time he knew the remedies they were giving. And he said, "Oh, you have not given Sulph. Okay, what is your name? Take Sulph!" (Laughter) It was keynote prescribing, but of course he had had experience. You cannot say that he should not do keynote prescribing. He knew the type. He saw the person. He had had 50 years of experience. He had studied with Kent. He was one of the few direct students of Kent. He would tell me interesting things about Kent. He said that he (Kent) was so irritable. He said a student would go and ask something which was outside the theory. That meant that he had not understood the theory. And he would ask a question and there would be no chance that he would go through the examination. Kent was very critical and very nervous. So he made a lot of enemies of course. Maybe he had made too many provings on himself.

Question: Did Kent practice in Montana?

George: No, he went there to die. He practised in Chicago, Philadelphia and St. Louis.

Question: What did he die of?

George: Pneumonia, I think.

Question: Did he try to get well?

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George: I think he had a bronchitis and he was very exhausted with his vitality. He was very exhausted. It was proposed that he go to the mountains of Montana and he was not able to recover. He was 62. Either a homoeopath dies either too early or too late. (Laughter)

So the position is very important. If a child lies in the knee-elbow position, what will it need?

Response: Med.

George: Yes, very good, What else?

Response: Calc-p.

George: Kali-c.

You see a child that is crying while he is lying down. So you prop the child up and then it stops crying. This is true especially in dyspnea. What are the remedies?

Response: Ars.

Question: I don't understand what they are doing with the child – just holding it upright?

George: It was lying down and they propped him up and put him up in bed. He is better when sitting up in bed.


George: Right.

Lying on the abdomen ameliorates are Bell., Coloc., Steam., Med., Tub.

Question: Doesn't Cina want to be held by the belly?

George: The same remedies. When you exercise any kind of pressure and they are better, you have to think of these remedies. This is pressure on the abdomen. Of course, it is not always pressure: it can be the position of lying on the abdomen.

Question: What about Cina?

George: I gave you the main remedies. When the child lies with its arms over its head, it will be Puls.

Again, the reaction to food and to milk should be noted. If you see that they bring up their milk ten minutes after they have taken it, it is Aeth. They will vomit in curds. The milk has already changed. If the child develops a sudden aversion to milk, the usual remedy is Lac-d. This so when they do not want to touch milk - it is a sudden aversion. Lac-d. will put them back to taking milk. This is any kind of milk-mother's milk or a product from the store.

When the urine is greenish in color, Merc-c. is indicated and Camph. When the urine is dark brown, Chel. or Sep. is indicated. Of course you will see dark brown urine in liver infections. Therefore Lyc. will also be indicated. In urine which is DARK yellow, Chel. is the remedy indicated. In urine which smells like fish, Sanic. and Bufo are indicated.

In urine which smells like the sweat of a horse, Nit-ac. is indicated and Camp. If the stool is like rice-water, the main remedies are Cupr., Camph. and Verat. There are other remedies of course, but these are the main ones.

Question: What does rice-water look like?

George: Whitish and VERY liquid. It is a pale white.

When there is a stool which has the appearance of white chalk, Calc., Sanic., Lyc., Sanon., and Mag-c. are the remedies you should first think of.

When the stool is watery and green, you should think of Cham. and Grat.

I am making a specific study of these remedies to bring out the characteristics. I hope one day I will be able to do that.

Question: Hasn't Puls. got a green stool too?

George: Sure. There are MANY remedies. If you open the repertory, you will see many more than just one or two, but I am giving you the most characteristic ones.

Question: Could you say something more about gestures?

George: Gestures which are associated with great fever are usually Hyos. They will make gestures as if they are playing with someone and doing things with them. Hyos. will also direct hands to the genitals. Pete. and Bap., are also indicated in gestures such as picking at the bed-clothes. Taren’., has a restlessness rather than gestures. That is another thing.

Question: Stram.?

George: Yes, all of the violent remedies.

Question: Is Agar. more of a violent type of gesturing?

George: It is a kind of gesturing which comes from the nervous system being irritated.
CHAPTER 6

PSYCHIATRY AND PSYCHOTIC DEPRESSION:

Experiences of Stan Mayerson

George: I want to make a small introduction. It is interesting for us, because in some cases we will have to deal with hospitalization of cases of mentally ill people during a crisis. It will be very interesting to hear of the experiences of Stan.

We saw that case and prescribed a remedy. Somebody said that “George was very sure of what he was prescribing” and yet I saw you talking with Stan and he was not so sure and he wanted to know what was going on. I want to make a point clear here. I was not sure at all what was going to be the outcome of such a case. We do not allow such experiments in Greece because of the Attorney General. In case something happens, the doctor who is in-charge of the case is going to run into trouble, whether he is a psychotherapist or not. If something happens to the patient or the patient dies, then he would run into big trouble because we had not hospitalized that individual. We are allowed two days at the most in such cases before they are taken to the hospital. And so my experience in such cases has been very limited.

Actually once or twice I found myself in a position to prescribe in such cases which were in very acute psychotic crisis. But here is another view of the whole matter.

Stan says that he has been through such cases two or three hundred times personally. His experience is very important. He described certain support that the patient needs, and then after they go through such a crisis they seem to come out stronger than before.

Stan: Under the right conditions of follow-up.

George: This is a very interesting thing for us that we believe that the symptoms are exactly the means through which the organism tries to recover. So we leave the symptoms alone and the patient recovers. It would be interesting to understand the types of people he has worked with. So we do not much care to leave somebody 10 or 15 days in such a state - then we will have the time to prescribe and perhaps a crisis which might take one month may now take 15 days. This would be through homoeopathic prescribing. I will ask Stan to give us in a nut-shell the conditions under which he is doing that and what type of people he is taking through such CRIOSES.

Stan: I'll give some general background. Most psychiatrists or psychologists when they work with people who are psychotic only get a very small slice of the picture. The doctors get what is almost like a still picture. They go in, they do the intake, they make a diagnosis and it is almost a freezing in time of the symptomatology, the functionality and how the person relates. That is what most psychiatrists see first. Then they pull back and write their orders. Of course, they want to get rid of the symptoms and of course they ask the person to relate to them and of course they want the person to take care of themselves. They want all of this as fast as possible - that is the unspoken ground rule through which all psychosis is dealt with.

We have something called PSYCHOTROPICS which in a sense puts the patient in a biochemical straight jacket. We can put a ceiling on the symptomatology to a certain extent. Sometimes we can even get the person to relate to us in a conditioned way - the way we want and train them to do.

Patients learn very quickly how to confess and admit their sickness and learn how to depend upon doctors to tell them what to do. As soon as we start a process in which we do not allow symptoms, we will also have to say, “Hey, I can tell you what is good for you.” And we tell them, “Here is what you have to do to get out of it.” Normally, for the first period of time, the individual looks much better. You give them the drugs and their symptoms appear better and they seem to relate. They are “good patients.”

What happens though is that statistically 98 per cent of the people walk out of that situation, they will not take that medication. “No Phenothiazine is the role of the streets.” It is the one drug that no one will take. You can't even give it away. The answer is, “Keep going and push it.” That is the symptom reliever. Since they won't take it, even if it did work, you would have to come down strong on everybody to do it. But there is some inner body wisdom in the 98 percent who will not touch the medication. They reject it.

This is a graph that was developed in the Agnews Project and verified with the double blind studies and subsequent program in 1967. You can take this in the three areas of functionality, symptomatology and interpersonal relationships.

So if you gave people medication and worked with them in the usual way, if they had a reasonably decent history, they would function.
Even if they had had a couple of hospitalizations up to the point of the first hospitalization they had done fairly well. Now I am not talking of the childhood schizophrenia. I am talking about the person who functions okay from 13 to 16 years and in time would be considered chronic. After the Agnew’s Project, I followed them in the Contra Costa Program. And I found that if they had gotten into this cycle of looking real good, they would tend to appear degenerated over this time. And what we never see is that long-term history.

What I want to relate to you is that the best experiences that I have had over the past 10-12 years is that the whole psychotic history of a variety of different people, with pre-morbid backgrounds in functionality... For example, B. is an example of a very exceptional pre-morbid. She has functioned well and the genetic family history is stable.

The mother was probably very depressed and suicidal, but by and large, B. has had a good history. Now she is one that is a prime candidate forgoing through this. She was in hospital during her first break. Five days later she got out and ripped. She pulled herself together, she was medicated and she went there. She was wobbly, but she didn’t look bad. If you had looked at her after she got out of the hospital you would say that she sure looked better after five days than she looks now after two weeks. But if you keep following it, you see those changes down the line. She was in the hospital in May. So there was that need to re-do the material that she didn’t get to do then. Rarely do we get this nice match of procedures. There is one process one way and here we are doing another process.

I think this is much more congruent to what you are saying in letting that process go. This is within a structure, however. It is a really tight structure. It does not look like that, but it is a matter of sitting and saying, ‘Okay, let yourself go.” But it is a structure in which we are dealing in both symbolic form - labelling the issues. So this is a crisis and it is not a degenerative process at all. She has reached a point in her life where she is unable to deal with what is usual any more in the same way, either consciously or unconsciously. The world is not any more predictable in that same old way. It is not working. I think that suicide was a real threat.
George: This group, Shan, is a group that believes exactly what you are talking about. If we medicate a person, we are going to degenerate their abilities to heal themselves. That is why we are here. We give a remedy which stimulates and makes the individual worse for a while, so that they go through the process quicker. This is the idea. It makes the crisis situation even stronger for a time, and then what we see is a recovery. This is exactly the same thing that you do by supporting the process with your group.

Stan: Exactly! Let me just give you the parallel. You would deal with it homoeopathically. I have what I call a treatment system. You may not like the word treatment, but I don't play games. It is a program.

The way I will work with somebody is that I don't just stay out of the way. In some ways I grease the skid so they go down in it further. I don't want to stop the symptoms. I have a process in which I don't mind those symptom getting really more extreme. Let them get very extreme. You find that if you do the session right, and if you have good surrogates there that she can relate with what can be labelled mommy or daddy or whatever, the symptoms will get worse for a short time. Then you can pull back and she will integrate some more material. So the things I do in terms of interacting is a certain kind of exacerbation and increase in symptoms.

George: What we do is to let hundreds of patients like that going through such a crisis and we do not know exactly what is going to happen. I have never seen somebody left to go through that state in the way they need to. So what we would actually like to hear from you is what types of people are manageable with this kind of approach and to what extent can you go, and with what kind of people. That is what we would like to hear.

Stan: Okay, let me give you a description.

George: You said before, for instance, that the real manic-depressive is one who does not relate at all. Now if you have a case like that, would you follow the same procedure?

Stan: Up to six weeks is the amount of time that I am willing to give that person. Basically what I am doing is that when I look at the history of the person and they have not had neurosurgery or shock - those are two major crippling procedures that I do not think you can reverse the effect of.

Question: Are you talking about ECT?

Stan: Yes. If they have had ECT at certain developmental periods of their lives, that is almost the most important point... there are developmental crises in which you are more or less open during the course of your lives.
treated as a mental patient. I don't believe in that. Go it any way you want, but function in the world and be there.

George: I would like to know how many of your patients reach a catatonic state, where they just go rigid. What are you going to do then?

Stan: By and large we get people who...we get two kinds of people who are catatonic. These are people who have been coming into it for a long time. They may be in the house for a year or so. They pull back from school...please interrupt me if I am not clear. I am used to working rather than describing.

George: You were saying about the catatonic states.

Stan: Usually they have started to pull back early. We get them after they have pulled back a year or two in the home. They have been allowed to withdraw from school and the family has protected them. There are a lot more of those people than we want to realize who are being held in homes now. I got a chance to really look at that at Turlock.

This Turlock is in Central California and it is a farming community near Modesto in Contra Costa County. There is a real hostility towards hospitals and any sort of program. So they were put to work and told that they could talk to the wind. If they wanted to as long as they could splice right or hoe right. So I saw a lot of people being dealt with in the homes, but a lot of the catatonic that we see in the hospital is only a fraction of what is being held in the homes. They usually have a history of building up to that and it is interesting.

The second group of catatonic that I see are those that go through a lot of phases. They are initially very active or paranoid. They almost give up in a sense. The second group almost gives up and regresses. This is a regressive catatonic. With them you have the best prognosis. You can bottle feed them, wash them and like that and they will come out if you are really careful about nourishing them and seeing that they do not get into a catatonic exhaustion. But they will come out. That is the regressive catatonic.

There is another brand of catatonic that I have no magical insight to, but there they are. They just lie there. You can give them all you have and anything that they might want, but they will just lie there.

I have had mixed success with this group.

Question: What is their history?

Stan: Most of those people have had multiple breaks in homes in which they were protected. But then they have been dumped back and forth. If we found one word which can characterize their stance with the world, it is the word "NO!" There is extreme stiffness. So your success lies in just being there and making sure that they don't die. In some cases they have gone on in this state for four to five months.

George: Four or five months in that state? You are talking about feeding them with a bottle and taking care of them?

Stan: And every day somebody is connecting with them and checking in with them and being there in whatever way.

We have had really good success that way with those people. They have come out. They come out angry - totally angry. And they take the longest time. Those people, if you can work with them in a program for six months, will come out. Almost everyone I have had has come out when worked with in this way. I have seen two Wilsons - it mimics catatonic - but they were not diagnosed that way. A psychic told me.

Question: You say that they had Wilson's?

Stan: Yes, I had a full time psychic working at Turlock. They can point to something going on at a point in the body and say that there is a storage of copper. I had then checked out at Stanford too, but we don't talk about that stuff. The catatonias are really the most difficult because in some ways they are further along.

I don't believe that people begin off catatonia, they are usually catatonic and you have to beat them at it. I saw a 17-year-old boy become catatonic. I watched that progress in a program. People would start dragging on him and say, "Hey, wake up, wake up!" I watched him close down, down, down. The system closes down. Julius Silverman has done some of the work in evoked response and some of the reducers who do not take the stimulation well. The system closes down when there is more input. These are more vulnerable to the catatonias. I am not sure.

There is usually a history of someone having become disgusted with them and gotten rid of them. They are trying to hold on until they can get back. Family work is absolutely critical with them. When I say "surrogate work", every person who comes into the program recreates the nuclear family system. It may be a wife or a mother-father relationship, but they recreate it. When I say "surrogate", I mean that they pick the family system that makes sense to them and you let that happen. You provide that structure. You let them draw you in and allow them to project that thing that they need to. You work in surrogate, but then you also interject the real family if it is available. It is a very powerful interacting back and forth.

We are doing that with B. now. Her sisters are up here. We will have all of the parts of the family together by the weekend. There are some very
powerful things going on with her. She did a lot of stuff with her father and has become a father lover. She really lays it out there. Dad came in and that is how he was relating to her. He was really letting himself do that with his three daughters.

George: I would like to ask you something. There are some things with epileptics which are quite advanced. You get psychotic symptoms. Have you ever worked with epileptics and have you let them go through a crisis?

Stan: I have never seen someone who was very psychotic become epileptic.

George: Yes, this is a completely different group that I am talking about now in the epileptics. I am asking you if you have had any experience with them.

Stan: Not really.

George: They can have a grand mal which can go into a sort of catatonia.

Stan: If they come into catatonia, then I have worked with them and have not known about the epilepsy. I get them AFTER the doctor has said, "Hey, this guy is really catatonia."

George: Yes, the epileptics are much more easy to manage because all of them have contact. But if they go into a crisis, it will last five or ten minutes, and then they will come out of it. Sometimes they will go into a deep crisis and just stay there. Usually such cases are hospitalized and I do not know how long they stay in that condition.

I would like to know if you have had experience without the being hospitalized and drugs being given.

Stan: I get them if they have been epileptic and have not come out of it I get that group, but they have already had Dilantin and Phenobarbital and all that stuff. They have already had all that and they have not come out of it. When I get them they are usually diagnosed as catatonic. So I discontinue all of these medicines and work along with that. I have maybe had a dozen of those.

I followed about four people who had a seizure history. They had no history after that. Somehow it is too small a number to say—but the ones than have seen haven’t become epileptic afterwards. This is a sort of check mark in my mind that I do not know the meaning of yet.

Question: But do they recover?

Stan: Oh yes. Regardless of what state. If I have a catatonic, as long as I can keep them alive, I will find a way to reach them, one way or another. That system is re-doing itself. There is an active process going on inside that person. It is not static. It is not, "Klunk!" I don’t even know any more what chronicity means, except with some of the people who are given shock treatment or brain surgery. I feel that even the so-called burned out 30 year Menlo Park, Veterans Hospital patient, who has been shoved into a house with a check book that has to have five signatures on it and who have been told that they are not going to get better, can get better. He has been in this process for thirty years and he will just sit there, after this, afraid that he is going to die. There are 8 houses in the Peninsula that you cannot find. They are unknown. They are full of people who were pulled out of Menlo Park. They have janitorial services, cooks and it is a very closed corporation. They are functioning in these houses. They need the stimulus of a kind of encounter with the projected images. It is part of the system. They have an encounter with that image. You have the mechanism for starting to feed back. In a sense, they reconstitute themselves. We just provide the structure for them to hit off of. Sometimes people get stuck and we get uncomfortable and we push a little. People re-do this internal structure.

Then you have people with good histories. They have done well in their history up until the time of the break and you have them early on. You have gotten them after a short period in the hospital or maybe even a couple of years. We have gotten them in and have been able to do the follow-up. You can't detach the follow-up from the work itself. It has to be. I try to do the network as well. If I can do that, between 70 and 90 percent of those people don’t come back. They really stay out there.

George: Can they work?

Stan: They can work and they do not need to be in a mental health system. They are not professional patients. If I had those conditions for that group of people, comprising anywhere between 15 and 20 percent of the population that come into the hospital, then I could work with them. Part of my system is to try to get them as early as possible. People with childhood histories we were MUCH LESS successful with. There are people who have a history as far back as the person can remember of not being able to relate, not being able to function in school and so the symptoms went a long time.

It is the same with an autistic child. We are just beginning to get some sense there.

Question: Do many of these people get physical illness? Particularly in the years following the major mental crisis.
Stan: I never saw a healthier bunch. Sometimes they will go up to seven days straight without eating, they are exposed to everything, they don’t exercise and yet they are a healthy bunch of people.

George: Yes, they are very healthy while they have the crisis, but later they get stomach troubles or liver troubles or arthritis or any other chronic disease.

Stan: In Contra Costa I had the records - the medical psychiatric records - of about 150 people. These were actually taken from one to three years later. I don’t see any major physical problems. They had run off the mill stuff. That is a few hundred people.

Question: Did I understand you to say that if you have somebody in a crisis like this and you can work with them for up to six weeks, they should be showing signs of improvement within that time or, on the other hand, if they were not improving in that period of time then...

Stan: I have learned not to count time. People are really different. B. is easy and so she will be in a 3-4 week person. She has a fairly clean history and she will be easy. That is the acute part of it. She is still very shaky underneath and will be almost a year later. You can’t ignore that. That is why I keep emphasizing the follow-through work.

Question: What are the manpower needs and the cost-effectiveness of such an approach? I agree that it cannot be measured in dollars and cents, but how many people and how much time is involved?

Stan: That is a question that I have to deal with all of the time. A hospital bed costs between $5300 and $400 per day; these days. It is about $250 per day, as opposed to a half-way house which is $37 per day.

Dick: Stan, let me just give the figure here in Community Hospital in Carmel. I think it is $250 per day, as opposed to a half-way house which is $37 per day.

Stan: That is not acute work.

Dick: No, he is beginning to do acute work.

Stan: To do the acute work, even to do it optimally, like we are doing it here, you could do it for maybe $80 to $100 per day. Again, we don’t throw a lot of money into bricks and mortar. I have three modes. I will put the money into a team, including a family practice doctor, and a 24 hour team of about six people, and right into the home and work there. That is if it is appropriate. If I can use a residence of four to six beds, then it is even easier. At any rate, the costs do not run anywhere near that $300 figure. And that is better care than you will EVER get. I am talking about 24 hour care.

Question: Can you also describe that cost in terms of the length of time that it takes before the person is functional?

Stan: Do you mean comparatively?

Answer: Yes, I realize that after a year or two that things cross over and start getting better.

Stan: Well, I could give you the figures that we had at Contra Costa, but that is really not true everywhere.

Dick: In terms of cost-effectiveness, the biggest thing is hospitalization.

Stan: If you take a six month period, the hospital works better. For a short period, a hospital almost works better. 95 percent of the people hospitalized never get follow-up. So for short term people it appears almost cheaper. But after six months it drops dramatically. This is the cost per day of working after the acute phase. Over that period it starts to drop down to a third of the cost of hospitalization and re-hospitalization. You can predict re-hospitalization and within a year they will be coming back. If you take a three year period when, the only way to take it, it is about 40-60 percent of what it would do to go back and forth.

Question: How many patients are you able to work with at a time?

Stan: In acute care per 50,000 population, you will need 10 beds. In a county with 100,000 people, if you have 10 beds and 10 teams for the acute phase, that would cover it.

Dick: Would that be 10 teams of 6 people each?

Stan: No, some teams would not need to be present 24 hours. I can usually do 6 teams for 24 hour care. With 10 beds, I have found that I do not need to turn anybody away and can do the other short-term crisis work. I can take 60-70 percent of the people who would ordinarily go into a hospital for long term care.

In 72 hours I can parcel out the drug-related stuff, the short crisis experience stuff where people will come down quickly. Those constitute 60-70 percent of what are called acute breaks.

Question: What is the size of your staff for 10 beds?

Stan: About 18 people for full 24 hour coverage and the acute teams.

Question: These are 18 trained psychologists?

Stan: No, they are not. There is no training in this country that prepares people to deal with this kind of crises, the kind of acute emergen-
There is no training. General purpose psychiatry does not prepare people to do this. It took a year for me to develop what was needed. Whatever your credentials are, if you are willing to come in and to do the work, it takes a year of extra training. If you are not stuck in your professionalism ro learn how to do this kind of work. A year. It is really hard because most people think that they have been trained when they receive their degree. Everybody begins right at the beginning. It is a specialty unto itself. That has been my experience. Even with the specialty, people who deal with the acute phase are not necessarily good in the follow-through part.

Question : How long do you usually work with people? I know that there must be wide variations, but could you give us an average length of time?

Stan : The range is from 3 days to 6 months.

Question : But afterwards, what does your follow-up consist of?

Stan : Okay, first there is part of the team that is working in the acute phase. With B. I called the county and got someone to do the follow-up work. They will assign someone to her to be part of the acute phase. They will follow that person outside. I hate to use the term "continuing care", but that is the nomenclature of the speciality. A good continuing care worker who has a small case load for these people is available almost 24 hours at first. Believe me they do not get abused if they have connected in the hospital, or in the acute situation. Initially the person is going to be very shaky and you will need periods of time when it is okay to have a member of the team sleep in the person's house or have that person come in overnight. For the first 6-8 months you are going to be fairly available to go out or have them come in, but you have to be persistent. Then it drops back. Usually I have found that 6-8 months later they will ask the people not to call them up. They will call.

Question : Are you getting any recognition from the state or other psychiatrists?

Stan : Oh yes. Let me tell you what I was also involved with. Two bills: The Bates which is the State Mental Health Alternatives Act, and the Kennedy Waxman bill, both which have been passed. So there is money and recognition at this point. I am almost scared that it is recognized because I am afraid that it is going to end up becoming a folklore because the data does not stand behind it at this point.

We don't want hospitals. We have another axiom. Every time when I hear an axiom I break it. No hospitals, please. So there is recognition and there is a growing kind of concern that we are overusing medications.

Incidentally, I have copies of the Willie Brown report on medication use in the state and I-ward statistics. These are mentioned as good alternatives. There is a whole study on that. It is really becoming kind of recognized that we are on a track which is presently reaching a dead end. All of you had a lot of experience, so correct me if you had other experiences than what I am describing. I think the field has reached a dead end in the psychotropics. I ran a ward that was a better program than almost any around, and that was a hospital.

Question : What would you say are the most dangerous kind of patients to not bring into a hospital?

Stan : People who confuse the symbolic for the real. I am willing to use medication on because I don't know enough yet. Traditionally one of the problems with allowing this process to go on is that people will not deal with aggressive behavior. It is the same problem everywhere. A person can act seductively or a lot of different ways and that is okay, but you can't act aggressively. There is the great big guy who is in a rage and that is frightening. If a person is completely out of control I am going to say "uncle" and use medication if I do not have the wherewithal to provide safety - physical safety - to that person and the people around him. I am going to use what I have to put a lid on that until I can get information. That is a real danger because sometimes something comes out that we can't deal with and I don't want anybody to get hurt so we have to put a lid on it. May be the next time they won't act things out this way. I don't know. It is physical damage that we are really careful of. That usually happens when the patient takes the symbol and acts as if it was real. When a person projects... when B. projects sexually onto somebody, I don't want to follow through on that. Don't fall into that and reify that. Don't make it real. The person will stop at that point and won't be safe any more. That is a major situation where there is a physical chance that that symbol is real and we stop it.
George: Yes, as they come out from the crisis, usually they consider these possibilities.

Becky: I feel that we are past that at this point. The fact that she is able to be clear enough with her own process and how painful life had been is valuable. In fact today she said... she is concerned about her son and it is not clear why he killed himself... but what is relevant is that she was feeling guilty and was talking about letting go of that. She said, “I don't want to be a masochist.” That is a very clear statement.

Stan: I am not so worried about suicide in her case.

George: You would let her go by herself?

Stan: Right now?

George: Yes. Even after a month or two?

Stan: Sure.

Question: Are there any suicide risks in this group - significantly?

Stan: In 12 years I have had one suicide in a person who had had a long history. They had taken a car with a woman, jammed the accelerator down, aimed it at a pole, and I got that person after they had hit the pole. So there was a whole history of that kind of behavior. That was the only one I had in 12 years.

Question: No attempts?

Stan: Yes. There was a psychotic depression which she didn't get into. I think homoeopathic approach has a lot of relevance in psychotic depression. In some ways it feels like we could do something different there. They are the toughest to work with. They are depressed. They are psychotic, and they are acting out.

George: We can do a lot as long as the person is not medicated. With homoeopathy, we can shorten the periods they are being involved in.

Becky: I want to say to Stan that the most exciting thing for me about his work is that he helps the whole family to do this. The family becomes a client-system. I saw him doing a lot of prevention work with the two sisters today. There was a 70-year-old father who is about to get married again. So he was touching several systems - four other systems - in the way in which he has been working. So that has been exciting and I have enjoyed that a lot.

George: Thank you very much for coming.

 CHAPTER 7

SOME REMARKS ON ARNICA, CACTUS AND GELSEMIUM

George: Do you remember from the conference last year where the man was describing that he had an accident and took Ara. It was interesting. He said that it affected him very much. After two days he started to have a severe constricted pain in the chest. Ara. did not work any more and he took some Chinese acupuncture which caused improvement. What was the remedy which he should have taken? First he took Ara. because he had bruises and the pain went away. But then this constriction developed which was very severe and he had to take painkillers. Ara. is not indicated anymore, of course, but Cact. will act like magic.

Al has shown me a very interesting description of what is going on in a Gels. case. There was internal tremblings and pleural symptoms. The trembling was "up and down and around".

Responses: Gels. is not listed under "internal trembling" in the repertory.

George: Yes, it is interesting.

When I described Gels. I told you about how he would be before going to court. There would be internal trembling and loose bowel movements. Didn't I have that impression for you?

Responses: Yes.

George: It is not necessarily external, although sometimes you can feel it if you take the person's hand. It is an internal trembling.
CHAPTER 8

SOME FACTS ABOUT GEORGE’S EARLY LIFE

George: So I will get away from this a little, and give you some of the history of my life.

The highlights are that during the German occupation during the Second World War both my parents were killed. My father was killed when I was ten years old. One year ... no, two years later my mother was killed. That was 1942 and 1944. During that time, of course, we were going through great stress. We did not have anything to eat and we were starving, especially the populations in the big towns. The people in the country had some food they could prepare, but there was nothing that we could do in the towns. There was undernourishment. Due to that I believe later on I developed a disease on the vertebrae of the spine. Due to the griefs that I had been through also. My father made furniture of high quality. I remember in 1939, when I was 7 years old, he took me to the Palace of the Royal Family where he had made some furniture. He was very good and very much interested in what he was doing. During the school break - I started going to school at age 6 - I would go and help him during the summer. So I was quite attached to the work he was doing. In 1942 he was killed. The first thing I thought was, "What are we going to do with the factory?" We had a small factory. This was eventually completely lost. I saw that my mother could not find anything to feed us and so I had to work. It is an interesting story here. I had to work, but what could I do? I was ten and a half years old. I thought that I could sell cigarettes and candy in the streets. So I had a big disc in front of me with two things here and all kinds of cigarettes and matches and candies. I would go around to sell them. But these were difficult times during the German occupation. In the streets where the water goes down into the sewers they had big metal covers with holes so that the water could go inside. But everything was taken away. Metal always was kept. Everybody was stealing everything that they could find. As I was going, I could not see because I had this thing in front of me. So I fell in that hole. But fortunately the sewer had broken further down and the water was not coming through. It was summer time and so there was no water in it. But I went inside and my disc hit the edge and everything was scattered. They were a lot of people passing by but they did not think about pulling me out. So I was trying to get out to pick up whatever was left and finally I went to my mother. I was full of scratches from falling down. But I was crying - not because it was painful but because I had lost the merchandise.

Then after that episode I had a small table where I put things and I was saving things. And I was on the street selling things to passersby. I remember I was also selling little toys for other children. Sometimes they would come and we would play together. Then a customer would come and I would sell him whatever it was.

My mother finally was also killed during the last days of the war and another seven people in the house where we used to stay died while I was there in the house. So I met quite early with death.

All these were shocks. I believe that this accounted later on. At the age of 16, I started having severe pains in my back. I was preparing to go to the university as a civil engineer. I was staying with my aunt, for everybody of the family was gone now. Everybody would say that I should find what is called a profession that could make money. At that time civil engineering was the profession that was making most of the money. For after the war we rebuilt Greece and civil engineers were very much in demand. They could make money easily. So I was preparing and I had to study sitting for many hours. In the meantime I had a scholarship and I was going to the best school of Athens. They gave me a scholarship, of course, because my uncle and aunt were poor and could not pay the school to which I went. And the people of the high society of Athens were there. Perhaps that accounts for my kind of aversion to high society. (Laughter) They were quite degenerated socially at the age of 14 or 15. For me they were completely degenerated. Eventually I developed these severe pains. I had X-rays taken and it was found that in the fifth lumbar region there was a piece cut off like that (demonstrates). This area, right here, showed signs of degeneration.

So with every change of weather, or any exertion, and even without any reason I would have severe pains, especially when sitting. I could not sit for long time and I would have to get up and walk. I believe that this was the result of undernourishment which took place for 4-5 years during the German occupation, and the many shocks which I had during that time. I went to some doctors because it was so painful. They looked at the X-rays and said, "We don't understand how that is". I asked them what could be done and they said, "Nothing". There is no medicine which you can take. If you want to do surgery, maybe something can be done." They would fuse it I asked them the percentage of success in these cases – this was at age of 17 that all of this happened – and they said "it was good enough", but some of the side-effects were that I might have paralysis following this. So
between paralysis and their successes. T would prefer to stay with my pain. I did not do anything. They gave me painkillers and it is interesting that I never took any painkillers—not even aspirin, because they told me that this was not curative and was just to relieve pain. But I would prefer to have the pain rather than the side-effects. From all of these experiences I made my own conclusions that perhaps at the age of 25-27, I might die and that it was okay. I decided that in one night I had no option. But it was okay because I was going to die anyway.

MI this history is interesting for what happened later on. It is interesting how disease actually appears. And all of these years, after the death of my mother, I was living with my aunt who was a spinster. I was not allowed to talk in front of the grown-ups until the age of 17. At that time I rebelled. But until that time I was not allowed to express any opinion when grown-ups were present. So I was quite suppressed. Then one day I went into a strike and I did not eat for several days. I went to school in the morning and in the evening I would come at dinner time but I would not eat when meal time came. There was a big commotion in our house and eventually this had an effect on my aunt for about a week. Then she forgot and I started again. She was nagging after me about why I did this and then that. Now I am the opposite of fastidious because my aunt was always telling me that I did not handle this properly or I did not do that properly. I would say something and then she would say something, and we would have a quarrel. Until one day I decided that the best thing to do was not to answer her. So if she talked I said to myself, "Don't answer." That was the medicine actually. She started nagging after me and there was no answer. She would continue and there was no answer. She said, "Oh, you are not answering now, eh." I kept quiet and said (to myself), "George, you must not talk. Read a book or something. Don't talk." It took another day before the whole argument between me and my aunt ended. From then on I was allowed to speak and express my opinion and say what I thought. But pain continued, of course, and all this time I had just enough money for the month which was just enough money which was needed for the book. I was serving in the army as an auxiliary. They don't take a gun.

Response : Reserves ?

George : Something like that. I don't know. I had very little money but I got that book and I became very much interested in India and what was going on there. I decided that I MUST go to India. As soon as I got out of the army, I made plans to go to South Africa in a construction firm where the salary was about 3 times what I was getting in Greece and the cost of living was half. I thought, okay in four years I would have enough money to go to India. I wanted to stay in the Himalayas and live with the yogis and gurus. That was my original plan. So when I left Greece, I was leaving with the idea of never coming back. Another big shock. I said, "Greece, forget it! It is finished." Of course in South Africa it was very bad. It was absolutely desert and I was alone. That was the state of things. I was going with my car to work one morning. I had to supervise. I was alone there. I was the boss and I had no control about anybody. I had a house where I used to stay in and work. The work was not much. I had to give directions, etc. and I could stay in the house and do whatever I liked.

So one morning, as I was leaving the house, it was raining very much and the situation came where I had a big accident where I had to cross the national mad. I had a BIG accident and I came out of it without a scratch. Nothing had happened. Because I could not visit a friend that I house to visit in Pretoria, it was quite far, I telephoned and asked him what the book was that he had in his toom - that black one? It was a Boericke's Materia Medica.

And there was a preface. I started reading this materia medica from the first page right through from Friday to Sunday. I had finished it and read it right through. It was like a fever. On Monday I was back in Johannesburg and I went to the same pharmacy and said, "I am a novice and I would like you to suggest to me certain good books that I should read". He said, "Yes, we suggest the tissue salts". I pulled the book out and looked at it and then put it back. I went through all the library they had. One by one I pulled out the books and I would read a little bit and then put them back. I would pull out another book and then put it back. Then I came out... I had just read Boericke's Materia Medica and I did not know anything about homoeopathy... with Kent's Philosophy, with the Or. gannon of Medicine, and with Kent's Materia Medica and Kent's Repertory. I went to the pharmacy and said, "I want this." They said, "This? Your are not going to understand." I took the books and went home. From that day onwards, what happened? It was something like a fever. Really, it was a feverish state in which I was reading and in an exalted state where I would read it just once and I would understand and remember the whole thing. And I would go to the job, work for two hours and then while on the job
I would read and read and read. Somebody would come and ask me something and I would give an answer, but I would keep on reading. I would go on into the night, after ten hours of work, and I would read. The weekends I would read. That was going on until the Italian with whom I was boarding and rooming said that something was wrong. I had changed completely. I would not go out at night. I would not go anywhere. So one day he came to me and he said, "Mr. George!" I opened the door and asked, "What happened?" He says, "I see that you stay in your room too much". I said, "Oh, is that so? I am reading." I think I have told you this story. He said, "You know in the village where I was in Italy there was a man like you who was studying, studying and studying, and then eventually he became insane and they put him in the asylum," He said, "Why don't you go out a little bit?" I told him "Don't worry, it is all right." Just to show you the time involved in the studying.

Of course, eventually I went back through all of these books and read them very quickly from one to the other. In less than one month I had read everything and I took more and more, and eventually I was even taking any rubbish I could find to read.

And the four years which I stayed in South Africa involved a ten hour a day schedule. This was in studying. I never felt tired or that I did not like to study. The interesting thing was that after a few months of studying I started treating people. First I started treating myself. But before starting to treat myself, what happened was that this friend of mine who was working with a guru said that he had hay fever. He told me to see his guru too and tell him that I had hay fever. He would give me medicine and the trouble would be gone.

So before I ever started looking at the books I had taken a medicine from him. The medicine was in three bottles. Each bottle had about 15 remedies in different potencies from 6x to 30. And I used to take all these bottles, and my sinuses were cleared up. I have a stiffness here (pointing) which has never left me since. I felt that there was actually a local suppression, and that is why you see me now ... you see, some people in the international family where I speak sometimes feel that I am fanatic. But I have my own experiences and I know what it feels like to take these mixtures and give it just like that (snaps fingers). Of course then I started reading more books and I went to school there. Eventually I went to India, and another time I shall tell you some more.

George : I am not going to give you a lecture. I would like to communicate definite ideas to you concerning health, and I would like for you to discover homoeopathy together. Homoeopathy is a therapeutic system - one of the many systems which are outside of the orthodox ideas of medicine. What we are concerned with today is to find out what that system is. Unfortunately you cannot experience it on a purely theoretical basis.

Behind the theory of homoeopathy there is a logic which anybody can comprehend and I believe anybody can discover. So the first question that I would like to ask you is, "If you have a fever and a cough, you have a disease". Is that correct?

Response : You have symptoms.

George: Very good. I can't catch you. So something has gone wrong in the organism. Where? We don't know. What are the fever and the cough? What do they represent? Can anybody tell me?

Response : Stress on the vital force.

George : I want to make it more understandable. You see, they don't know what the vital force is. We have fever in the body ...

Response : An Alarm?

George: Why is there an alarm?

Response : Imbalance.

George: We don't know yet there is an alarm. It could be either because there is afe in the next room or there are burglars in the next room and they are stealing something that belongs to us, and there is an alarm. And then what you see is a big commotion - a big upheaval. And we say that the big upheaval is the cause of what is going on? No. The cause of what is going on is the burglar in the next room. We see the upheaval in the body, but there is a burglar who is going to steal something in the back room and this has caused the body to be alarmed and to produce a reaction. So in the body there was an intruder. There was a bacillus, there was a violence, there was a microbe, which entered the body? Why? Why did it enter the body? Because the body was not guarded So the cause of the alarm, which we see through the fever, the cough, the rest of the symptoms, is because there is an intruder - a virus, etc. This is the cause. Yes, to a
certain degree. If the doors were well locked and barred, the intruder could not enter. So therefore what we see is a symptom and nothing else. But the reaction of our organism to prevent something which is dangerous for the time being, at this moment, is taking place. So with this upheaval, we get up and go and fight the intruder, but the intruder is quite strong and the battle is going to demolish us. We left too many doors open and there is a lot coming in. And we need ammunition. We bring more and more and we call our friends and all of the defenses we have in our body.

The fever goes on for 3, 4 or 5 days and we bring more into action, and there is a great perspiration which comes out in order to bring out some of the toxins of burglars which are in the body. More are produced and then the fever comes. There is more ammunition. And in this fight there are two possibilities: The one is that we shall win and knock them out, or they are going to win and we are knocked out. So, therefore, it is either death or life. Victory for the time being at least.

Let us imagine now that this symptom which this defense mechanism brought in order to fight, these very symptoms are gotten rid of instead of helping them to fight with more vigor. We suppress them. What happens? If we have a high fever and we give an antipyretic, we don't respect the fever. We logically say that the fever is not needed. "It is going to burn my body". This has been the attitude all along and it is still so in the orthodox medical profession. They try to bring down the fever. The fever is absolutely necessary for this battle between the virus and the defense of the body. IT IS OUR INNER INTELLIGENCE WHICH HAS DECIDED TO CREATE THE SYMPTOMATOLOGY IN ORDER TO FIGHT IT. NOW THERE IS AN INTELLIGENCE INSIDE US WHICH IS MUCH HIGHER THAN THE NORMAL INTELLIGENCE WHICH WE USE IN OUR DAILY LIFE.

The whole body is a kind of very complicated computer which, under stress, will give the best possible answer. So the best possible answer for the body is to raise the fever, to have cough and to have mucus coming out in order to kill the bacteria. Then to have cough to bring out the mucus so that the lungs will not be congested.

There is a whole syndrome of symptomatology in the defense of the body which we should respect and if it is possible to encourage it and strengthen it in order to fight the intruder rather than to suppress it.

So in this very argument the whole difference between homoeopathy and allopathy lies. In homoeopathy we suppose that EVERY symptom ... we must be careful. I shall give you a small exposition and then there will be time for you to ask me questions, for I know you have a lot of questions.
a better defense, we could postpone death. So on this assumption, the whole of homoeopathy is based. What we need is not to suppress or make a symptom disappear or a group of symptoms disappear, but rather to find a way to strengthen the organism and produce a better defense for the body. Actually with homoeopathy we don't do anything else like this. We respect every symptom which comes about in an individual and we are guided by these symptoms and we see how his defenses are working. Don't be misled to think that everybody has the same defenses. No. Everybody has his own peculiar defenses. And then what must we do? We must strengthen it. By what means? How? And this is the big question. How can we strengthen the defense mechanism? Can anybody tell me? We have different organisms producing different symptomologies. Yes? And we want every organism to strengthen the defense mechanism. What should we do?

Response: Give them a little bit of the bug so they can fight it off and build up antibodies.

George: I can't understand.

Response: Immunize it.

Response: Give them a little bit of the organism that is invading.

George: That is one idea. Buff we want to put it more precisely, what we should do, is find a way to augment, to make stronger the symptoms. The existing symptoms, the organism is trying to bring about balance, and it cannot. And every now and then he has a headache. Every now and then he has a stomach pain. Or he has diarrhoea, or he has this or he has that. There are all of these different chronic diseases which he has. Why can the body not recover finally from this chronic state in which the body finds itself? Because there is not enough strength, enough defense behind. If we find a way to strengthen that, which is to make the symptoms for the time being stronger, then actually what we are doing is strengthening the defense of the body.

The patient has a high fever of 104°F. If we can make the fever 105° or 106°F immediately, maybe this is what the body needs to recover.

Question: Isn't that dangerously high?

George: We will discuss that during the question time.

I want you to get the idea of what we are doing in homoeopathy - we are strengthening... We are taking a picture of the defense mechanism and we try to find a herb or a mineral or an animal product that can produce the same symptomatology. And we have tested the different drugs on the human body and we have seen that the products imitate the diseases. Each

drug imitates a certain group of diseases. So if we give that drug to the organism that we know already is producing a group of symptoms which are similar to those which the organism has, what is going to happen? If I know that Bell produces a pain on the right ear which extends to the back, and you come and say to me, "I have a pain on the right ear which extends to the back", and I give you Bell. On the provers, the humans in which this remedy has been proven, it has produced this pain exactly: what is going to happen? Your headache is going to disappear, or is it going to become worse?

It is going to become worse. But at this very moment, we strengthen the defense of the body. There is more energy now to fight the disease and it is energy which we did not have for so many years because you have been suffering with chronic ailments and you have not been able to find that extra energy which you needed to fight. Now take that very energy that you need - that specific energy that produces EXACTLY the symptomatology which you have as an organism. And what happens? There is an aggravation of the symptoms and then there is an amelioration which now lasts. We have the body brought into a state of balance.

So this idea is a bit strange. No? What do we do? Instead of cutting down symptoms by finding a remedy, when you have diarrhoea, take a drug that produces an anti-diarrhoea effect. If you have a cough, take a drug to stop the cough. If you have anxiety, take a drug to stop the anxiety. But yes, I stop anxiety, but what about my liver? "But I have a pain in the liver, and if I take this drug the pain in the liver will become much more...

We don't care about that. With homoeopathy and in general with the new approach to medicine which you all know of by now ... a new medicine is coming up ... this idea is not accepted any more by the majority of the individuals. But they don't know any better. And homoeopathy, together with the other therapeutic disciplines, is bringing a new light to the medical problems of today which are enormous. Enormous!

Who can say that we have been applying a system so far that was giving us health? We would all have been healthy by now if that was so with that existing medicine. Who is healthy? Most of you are under 30 years.

You have been led to come here to Esalen because sometimes you have had problems. You were led to find special diets because of health problems. And if we had a real curative system all along, we would have been much more balanced in our lives than we are today. We have seen a lot of imbalance these days. And we need desperately a
therapeutic method, a discipline, which can give us back our lost equilibrium. And this lost equilibrium is not only on a physical level. It is not when I have a duodenal ulcer or a heart problem or a liver trouble; it is on the emotional and mental plane as well. See the anxieties, the fears, the depressions. See how sensitive we have become in our lives and our health gets upside down quickly. Why? We have lost the idea that the door is open. We did not take care of ourselves to keep in a good state, and that is why the intruders - the bacteria, the microbes can get in.

Now is there anybody who has not understood what has been said so far? Do you want to ask something?

Question: I followed you basically with regard to symptoms being a manifestation of the body's attempt to correct an invasion. In fever there is a direct correlation between an increase in the body temperature and the demise of a virus or bacteria. I am thinking in terms of coughing as a symptom in this sense and it would seem that coughing, at least the way I imagine it, is an attempt to rid the lungs and the respiratory tract of an accumulation of mucus. Now it would seem to me that rather than that could become very tiring to increase the coughing. It may be cheating a little bit, but it seems like it would be better if you could somehow cause the mucus to become more easily detached. And so with the same amount of coughing you could then get rid of more mucus.

George: Yes. (Laughter) That is a good point.

But you must remember that we do not decide how the organism will react. When you have the symptomatology you don't decide and say, "I want a little bit of fever, a little bit more of a cough, and maybe not so much mucus." The body decides. So we go according to... we have to respect the reaction of the body and we have to go accordingly, together with it. It is like judo. We are using the force of the enemy - the same force-in order to counteract the enemy. By strengthening his own attack, we can do this. You see that boxing is allopathy. In judo, or akido, you are using very subtle energies to bring about the other fellow, to bring about victory.

This is the idea. We cannot give you the remedy and decide that the remedy is going to give you only a certain amount of cough, or bring down the cough so that you don't suffer. But if by chance one of your symptomatologies is dangerous for the moment, and if that is increasing, then that symptom will become dangerous. Then the body has the intelligence not to aggravate that symptom but to bring it immediately down. I am answering your question now. If a symptom is dangerous, the body has the intelligence, when you strengthen it, not to aggravate that symptom, not to make it worse. Say that you have high blood pressure of 240 or 280 - it is the limit. And I am going to treat you and I give you a remedy which is going to take your blood pressure to 300. Most probably you will have a brain episode. That will be the end then. If I give you the right remedy, what is going to happen? It is like a computer that decides that at that point it is very dangerous and so it brings it down immediately. And it makes an excessive urination and you run all the time because of the diuretics.

Yet the whole assumption of allopathic medicine lies on that. They tell you that anxiety and depression are not good. They will tell you to take an antidepressive or take an anti-anxiety drug. But who says that that is good? Because you are telling me, I must believe it? There is a reason and I want to find out why I have anxiety. And either the anxiety will go away in a considerably healthy person by an inner understanding of the conditions that brought about the anxiety. And you know very well that once you will see and understand the conditions, then the anxiety will vanish. But in homoeopathy we are not talking about or concerned with symptoms which are superficial and which can go away easily. We are concerned about diseases which are chronic and permanent. Here we have another way of treating the human body in an intelligent way. The doctor who treats you homoeopathically does not interfere with your mechanisms. He does not interpret them. He does not say, 'This is good and this is bad'. But he takes the picture of your defense mechanism and tries to find which is the drug which has produced a similar picture. And once you give that and you strengthen the defenses, you will see an initial aggravation and then an amelioration.

So on this assumption a whole science has been developed over the last 150 years. It is a science which has remained alive, but unfortunately with a few individuals in the world. This knowledge is not a common knowledge of our medical profession today.

That is why and perhaps you know, that there are doctors from all over America and some from Europe, who have come to listen to these lectures.
And homeopathy is also something more than just curing a disease. Because you know what a disease involves and how we eventually become diseased by wrong doings and by wrong actions and things like that as we go along in our lives. For a person to say, "Come, I shall cure you" is a big thing. And this science is very difficult to be understood and to be thoroughly mastered at this moment by the doctors. Why? Because every disease ... you see bronchitis and it has for every individual a different expression. There is bronchitis here in this person and bronchitis in that person. A homeopathic physician will not give the same remedy to both. They will see how the defense mechanism is acting on that person and they will give the indicated remedy for that person and then will see how it is acting on that other person and give another remedy. And there is where the difficulty comes.

In homeopathy we have what we call the "drug picture". In these drug pictures we have ... It is late and I will give you just one drug picture. Sepia. Sepia is from the sea, from cuttlefish. This medicine is produced from that. It is interesting and I shall describe to you the psychology of the person who may need the remedy.

In the beginning the child feels happy and is okay. As it goes into the world, he starts going into different ideas, groups, cultures, etc. and he or she goes and has some relationships with people and sexual relationships. These are experiences. But this is a sensitive, excitable person. She is usually a can person who is very excitable and sensitive. So then there is a girl who is 14-15 years old and she has a relationship with somebody. And this sensitive woman comes into contact with a man of 22-23 years old who is kind of brutal. And as our culture leads her to have sexual intercourse with that man, what happens is that there is a big trauma in that woman. She is handled very badly. Then what do we see immediately after that? That this girl cannot have sex anymore because she does not feel anything at all. Actually she develops an aversion to sex.

She continues in life and then she finds from one man to another that she cannot have a real excitement in sex. Then she goes into so-called spiritual groups. This is a usual pattern. In the spiritual group which she joins, there is a guru who is insensitive and who does not really understand the make-up of the person and he tells this person that she should do this and do that and there are very strict disciplines. The woman starts to restrict herself and tries to apply these disciplines. In the meantime, from inside, there is something which says, "No". But she tries to apply it and more and more she applies it and then more and more she becomes dull in the mind. You see how the symptomatology now develops.

There is an aversion to sex which is an already established situation. Already there is one big system which is connected with the hormonal system of the person. Then we have the spiritual practices which the person tries to force herself to do properly, but she does not REALLY want it.

Then the mind becomes more and more dull. Then the woman finds herself losing the natural joy that there is in life. Eventually then she goes out and walks in the streets. She sees the trees and the ocean and nothing affects her anymore! The emotions become dull. She is not interested anymore. She thinks, "I am interested in getting a ........ and that is all. In the meantime she loses more and more life, more and more the touch of life. And she becomes dull, sitting there and wondering, "Oh, what is this lecture? I don't understand". And within that dullness, which she understands she has, she develops a talent for telling people something which really hurts them. Why? Because she was a very sensitive woman and was very observant in the beginning. Now she has no life at all - she has no sex life, no real life, no communications, no emotions, and this is a kind of negative nirvana. In that negative nirvana, the mind is really quiet. Why? Because it does not work any more. In such a person it is strange that she understands very well the weakness of other persons.

And there she develops a knack for telling, something which REALLY hurts the other person. And there we have Sep. and say that it is"spiteful." You see how the psychology of Sep. is slowly produced. Then we see that the menses is minimized in quantity and eventually it will disappear. And in the place of menses there is a leukorrhoea. It is a discharge from the vagina which is yellowish, whitish, but there is no menses because the hormonal system has been destroyed completely. And there the person develops colitis.

She comes now to the doctor and says, "Now I have colitis". The homoeopaths will take the WHOLE history. They will not give a remedy for colitis. They will give a remedy for this whole person. This is an expression of disease. She says, "I am a very spiritual person", but instead of joy and enjoying what she is doing, she has been reduced into a half individual. And there is depression - TREMENDOUS depression - which is relieved only as the day passes and the night conies. She is relieved during the night from the depression, but come the daytime again, then again there is the depression and the dullness, the lack of emotions, and the emotions are different. She sees somebody there and she is indifferent because she does not feel anything. Now all this is a picture of a diseased individual who will need Sep. and ONLY Sep. You can call that depression. You can call that indifference. You can call that a menstrual
disorder. You can call that a colitis. It does not matter. The remedy which will bring life back into that individual is Sep. Sep. has produced a similar state of mind - a similar state of emotions - and such physical ailments.

This is a touch of homoeopathy. Homoeopathy is something which really is needed at this moment of evolution in the human race. It is going to spread definitely and it is going to attain more and more momentum in the field of medicine. But it needs persons who are very dedicated. There are hundreds of such drug pictures. And the difficulty between discriminating between one and the other is tremendous. But I believe that we will have today enough individuals who will take up the matter and attain this knowledge and then give it to their students.

Here at Esalen, you have a very excellent person. You are very fortunate to have this person.

Do you want to ask something?

Question: You were talking about the body being able to discriminate between the very dangerous, life-taking symptoms, and less dangerous symptoms and stopping the very dangerous symptoms; what if the symptom is not life-threatening, but it threatens to disable a limb or something like that?

Would you ever consider using an acute kind of remedy as opposed to a constitutional kind of a remedy to reverse that process, which may not be life threatening, but which may be maiming or disabling in the long run?

George: Sure, yes, of course. While you are treating a person constitutionally for his chronic ailment, he may develop a bronchitis or a pneumonia. So what are you going to do? Are you going to treat it? Yes. We are going to treat it as an acute exacerbation of that organism at a certain period and you are going to give a remedy to reduce that. Definitely.

Question: Would that lie in the potency given?

George: There are big questions. In order to understand, one needs to attend many many seminars. This is not even a seminar, we have only touched the rudiments.

Question: Do you advise meditation or something like that?

George: No, we do not direct that. But fasting, yes. In certain cases, yes. Not meditation, because a homoeopathic doctor has nothing to do with the spiritual elements of the person. If he is spiritual, all the better. If he knows in depth the human mind and soul, it is all for the best. But he is not supposed to be a spiritual teacher at all.

We do not decide whether a particular symptom will be aggravated, but the organism decides. If the organism decides, then it is good for the system. You don't oppose. You go together and become friends with the system. And you give support. So the intelligence of the organism decides to augment or aggravate a symptom, and then this is good for the organism.

Question: I wanted to talk about antidoting a remedy.

George: What antidotes a remedy?

Question: How does that happen and is it possible to do just a little bit of it if you are conscious of how much you can handle?

George: We will talk a little bit about that. Anything which excites the organism can antidote or depress the organism and the remedy. That is why you are not allowed coffee. Coffee with caffeine if it is taken for a few days, depending on the strength of the individual, is going to antidote his treatment. It is going to bring about a relapse of what they had before the remedy. Also taking drugs as marijuana, LSD, hashish - all of these drugs antidote the homoeopathic treatment. There is no possibility that you may be taking a constitutional homoeopathic remedy in order to bring about the balance in your body and at the same time, or even after the homoeopathic treatment, to take other drugs as well.

Once you decide, "I want to fix up my health" and "I want to be healthy," then you have to make some arrangements with yourself and establish some kind of contractor promise.

Question: What about alcohol?

George: Alcohol can be taken. Of course, do not become an alcoholic, but to have a glass of wine or a glass of beer a day means nothing, because this is a kind of food. In Greece they used to take wine as a supplement of food. It is a kind of food, any kind of food can be taken.

Question: What constitutes the difference between a food and a herb and a drug?

George: I still have to see the person who has been existing on drugs only, without taking anything else. If there was no difference, then you could exist on drugs. I say there is a difference. If you say there is no difference, then do it. If there is no discrimination between food and drugs, then do it, and see what happens.

Response: Well, I don't know anybody who could exist on any one thing.

George: We see from experience and we definitely know the difference between drugs and food.

Question: Assuming someone took a bit of an hallucinogenic and potentized it, it would theoretically deaden the person. If you took...
something that deadened the body such as Thorazine or Navacaine, and potentized it, would it possibly produce an hallucinogenic effect?

George: No, you may antidote the effect of the drug. If you are having the effects of the drug. You may antidote the effects by taking a high potency of the same drug. Say for instance that you have taken Cocain for a certain time and you now find yourself unable to think and there is some damage to the arteries, and you feel very depressed. You have a symptomatology. You may antidote this symptomatology by taking a high potency of that particular drug that you have been using in material quantities. That does not always work. You need to have a doctor who will decide what you need actually. In order to antidote that, do you need Cocain in high potency, or Sep. in high potency or Cale. in high potency? It will depend. You will need an expert to decide.

I am sorry that the lectures ended with such a depressing statement (Laughter). I have to tell you the truth. I know that you are very experimenting individuals, but one must be careful behind these words experimental and experimenting and all that, that there is not some kind of weakness which is really going to have a permanent damage to your system.

Question: I would like to know who the first person was who squeezed the cuttlefish and got Sep.?

George: Hahnemann was the originator. He was a German doctor who was the originator of that.

Question: When we were in Europe, my daughter contracted spinal meningitis. When we were in the hospital getting Penicillin I wondered what you would have done.

George: I had a similar case with the child of a doctor. I just related that case to my pupils when I first came here. The child did beautifully with homoeopathic medicines. In 3 days, the child was out of the hospital.

Question: What did you give?

George: What I gave does not matter. I gave Phos. but in another meningitis case it may need Sep., or it may need Sulph., or Lye. Don't go and give Phos. to every case of meningitis.

Question: What do you give?

George: I think there are certain people over 30 here who are tired. (Laughter).

We have to take into consideration that I have been speaking continuously today from 10 O'clock on.
CHAPTER 10

GENERAL QUESTIONS AND ANSWERS

Question: Can a person's own intention prevent or facilitate the action of a remedy?

George: That is good one. The answer in no. What they can do is not let you know what they are doing. The action will be there but they do not want to acknowledge and they will not let you know it. I have seen cases where we have treated with Lyc. She comes back next month and says such and such and so we wait with a placebo. She comes the third month with Nat-m. and says, "I am the same." She comes back and is Calc. and says, "I am worse, really worse." She is given Thuja, and she says still that she is worse. She will tell you, "In the beginning I was perfect." You say, "Perfect?" and she will say, "Yes". She will say, "The first remedy gave me was the right one." You can go crazy. There was no clue because she went through the months always saying she was the same. So eventually we will have antidoted the case and she says, "Oh, now I am back again to where I was in the beginning".

What can I do in these cases? If I see a slight hesitation, it might indicate that she may not tell the truth exactly. I said, "Yes, I understand that you are exactly the same, but I must tell you that in homoeopathy there is one remedy out of 2000 which will cure you. So the remedy might have started doing something. Or it might not. I don't say that in your case, there has been any change. No, you are the same. But if it has started and you are 20 percent better and you do not tell, then I am going to give you another remedy, which is going to be wrong of course, because the first has started a cure and you will feel better and better. So I would try a third and a fourth remedy until the end of 2000 months that you will be coming here until we find a remedy and still we cannot find it, and so we will have to go back to the first one and start all over again. Now, how are you really?" (Laughter) Then they might tell you that they are 4 percent better. (Laughter) Give them a placebo and let them go. This is a big trick for those who try to play a trick. They play this with me once or twice. So to tell them what I have said works all the time because they will understand their responsibility in the matter. "I don't want you to tell me that you are better, because if you tell me, then I am going to make a mistake. Just tell me the truth about whether you are the same, better, or worse". And so then they will say, "I am better". That is usual. You feel that there is something there when the remedy has acted. You may be able to experience and understand

Question: What if someone attends a spiritual group or practises some kind of discipline? And you give them the remedy and all sorts of things which they have been suppressing start coming up. Yet they have this practice with which they control such things coming up. They squelch the reaction.

George: It is a problem. They may have a very rigid discipline and the spiritual leader is not aware of those changes, there is possibility that you will not be able to get the truth. They don't really know themselves what is happening. They will attribute this and that, and say, "Yes" or "May be" and they will start to mix you up. It is not that the remedy will not work. It will work, but they will mix you up because of the practices. You expect for instance to have ... Okay, you give Sep. You expect that the sex level will rise. They will never let you know. They have a kind of seminal emission during the night and they will consider this a sin. It is not allowed. They will say, "What do you care about that?" In the meantime during two months of treatment he had five seminal emissions in the night which he did not have before. The sex level is working, but they may not tell you, or they will tell you that things are the same. It is difficult also with spiritual leaders. I was treating some of them and trying to get symptomatology on the emotional level. Unless you have a case like Don brought, where he has broken down completely and is under a tremendous fear.

Question: Do you find this problem to be associated with some remedies more than others?

George: I would not be able to say. Bring whatever questions you have tomorrow and we will cover them as much as possible.

Question: Could I elaborate the question a little further? If the acute disease occurs right after you give the constitutional remedy as opposed to say 3-4 weeks after the constitutional has been given, what should be done?
George: So let us say that the first case was easy to treat and that you have given a remedy which has acted constitutionally. This is a remedy which has acted and an acute crisis develops. We presuppose that the remedy has acted, no? If this acute condition comes immediately, the first or second day of your remedy, what does that mean?

Answer: They were already predisposed to it, according to Kent.

George: What it means is most probably that the person was going to have an acute crisis the next day - a cold, a cystitis, a nephritis, an influenza, or whatever it is - and this breaking out of the acute crisis coincided, but we suppose that the remedy is correct. We take the presupposition that the remedy is correct. In this case we cannot know whether it is correct or not, but we want to give it a chance.

Now this is a rather unfortunate thing that has happened. So what you are doing is that you are allowing yourself to observe how much that has acted, depending on the observations, the time, and the severity. You have to observe that condition which is acute and has come on closely. You will be in touch with the person every day. And you say, "Wait!" If the crisis goes to a dangerous state, according to your estimation, whatever it is, you must prescribe a remedy, depending on what you have done in the beginning. There is a possibility that the severity will slow down and the person will become better without taking another remedy. You wait then to see what is going to happen. The ailments for which you prescribed chronically may eventually be getting better. There is a possibility that because that coincided, the remedy has exhausted itself due to the acute state and you are going to see an amelioration for a short time. The amelioration is only for a short time. You prescribe and then most probably what you are going to see is a short amelioration and a return of the symptoms. This is the most likely probability. In that case there is also a probability that the case will do well for a long time and it is not necessary to examine it from the beginning again. If the acute condition was slight and it did not withhold the energy of the remedy, then wait In any case, either you prescribe on the third or the fourth day or you don't prescribe until afterwards. Do not suppose that because the person had that acute crisis that your remedy is antidoted and that you must repeat the remedy. DON'T PRESUPPOSE THAT THE REMEDY HAS BEEN ANTIDOTED by the acute crisis and the acute prescribing and that you have to repeat the remedy. There is a possibility that what you may see is that after the acute prescribing or not prescribing there is a kind of amelioration, but the appearance of a new layer. You may see that when the person comes out of that acute crisis that they will be worse for one month or maybe better for one week, depending on how short the amelioration was, and when they return it does not have to return to the same remedy. It might become then ... may be you gave a dose of Rhus-t. or Bry. Here in this case.

Question: Is it a person with a weak vital force who would do that?

George: Yes. So we have examined that ease and we go to the second possibility where your remedy has acted.

Question: In that situation where you say there may be a brief amelioration and then there may be a new remedy, are you presuming that this is a worsening of the pathology in the new layer?

George: No, it is definitely a better pathology, but the new layer... You see a new layer when it will come up with some disturbing symptoms will come up ... No, I will give you a different case.

You give Rhus-t. Okay? And the person is doing well, but he is getting tired and does not get enough sleep. He is in a stressful situation and then you see that he develops a picture of Bry. That means that the picture of Bry was produced by the stress and because it found the organism in a bad situation.

If that was not happening and we had an ideal situation after the Rhus-t, it might have taken two years before the organism will present the next symptomatology.

Question: Meaning a Bry. state two years later ?

George: The Bry. is underneath. You take away that, and the person remains in an ideal situation. It is not going to present real Bry. symptoms to you. After two years, because of the tiredness of the organism, he will give out the next layer. But if that person is under stress only a month after Rhus-t, this layer will spontaneously produce itself. If that stress is not antidotal to what we have done so far, this case would rather return to Rhus-t. It that person with Rhus-t, takes dental treatment, takes drugs, takes antibiotics, most probably that person will return to the Rhus-t. state. But there is a probability that we will return to the Rhus-t. state, but the underlying remedy which he is next. That means that after Rhus-t. his organism became quite strong, but then the organism was suppressed with antibiotics etc. Then the next remedy comes.

Question: What are you saying right now is not necessarily relating to the earlier panorama of having an acute development in 1 - 2 days?

George: The acute condition is a stress.

Question: So what could speed it up?
George: It can speed it up to the next layer. But this stress can bring about the same condition and that means a repetition of the remedy. You have to be very conversant with these theories. It is absolutely necessary. otherwise you are going to mess up the case and you will not understand what is going on.

So things are not so simple. We just examined one case in which there were very unfortunate and rare situations which happened to come together. You give a remedy and then chills start, and the next day you have a fever. You do not say, "This is a reaction from my remedy," and you wait, because the chills and fever may foreshadow a bronchitis or broncho pneumonia, or a severe kidney infection, or a pericarditis, endocarditis, etc. You don't sit back and wait, wait, wait, and see what happens with the remedy. So the seventy of the case will show you whether you have to jump into the picture and give a remedy. And the more you watch and wait, of course, the better it is in that case - the more clear to see the remedy. Don't get excited that there is fever and things like that and then jump and give a remedy. No. Nobody dies with a fever within 1 - 2 days. Who can tell what kind of fever it is, and all of these things you can judge.

And as you wait, you will see the picture of the remedy. Maybe on the fourth day, you can see the picture, and can see that it is not going towards recovery. It may go into something which is going deeper.

But now we have the possibility that we gave a remedy here which we think has acted. And after ten days-actually between 7 and 20 days-this person (we suppose that it has acted)develops an acute condition.

The assessment is that your remedy has done nothing for that person. And therefore you must treat the acute condition. A remedy which goes deep will not allow an easy breaking out of an acute crisis.

An acute crisis occurs when the organism is weak and the stress is great. So if the stress included a situation where the child was dying or his wife was ill and it was an emergency, and then three days later he has pneumonia. You would have to treat the acute situation, but that does not mean that the remedy has not acted. So here we suppose that the stress is a normal circumstance. He develops an acute crisis 7 - 20 days after the constitutional remedy. Most probably the remedy has not acted in this case. Otherwise it would have protected and made him stronger. What he used to think of as a stress would not now affect him. That person will say, "I put myself into the same stress as I used to when I was getting a cold, and now I did not get a cold". If that is the case where he put himself in a situation which was normal and he still got a cold, then your remedy has not acted. Therefore you have to treat the acute only if the acute is severe enough to require treatment. This is a general rule I am giving you.

The general rule for acute ailments is not to give any remedy for acute conditions if they are simply bothersome and not dangerous. Let the body react to the basic constitutional remedy and recovery by itself takes place. The body must learn to bring about its own defenses. So watch and wait. Many times they come and say, "I have a cold and it is going to be terrible for me. Please give me a little bit of the remedy". If you want to give something, give a placebo. Let it develop unless he gives you a very clear case of another remedy - an acute remedy. But never prescribe for these little things. You are succumbing to the patient's demands at that moment. But you may be confusing the case. I have seen in asthmatic patients where they could be doing fine. Then he comes and says, "I have a cold. I know that if I have a cold, I am going to have an asthmatic attack." Their nose will be red, but nothing else. So you suppose that the charge is accurate and say to yourself, "I will give you All-c. in one dose of 30." With that prescription, he may have the asthma the next day. You may become over-excited by thinking that you had cured that case and now it is relapsing and so you jump and give the previous remedy. It does not act and so you give another. It may take another 1-2 months before you can bring him back again. Especially in that case be careful never to give a remedy for that little bit of nose running. You may cure many and the cold will go, but may be the tonsils flare up. And now you give All-c. and it is close to the case, then it will immediately go into the bronchial system. If you let this alone, most probably it will not go anywhere. Sometimes it will, but most probably if your treatment was good these people can go through minor colds without the cold going into the lungs.

SO HERE IF THE CASE NEEDS TREATMENT BECAUSE OF A SEVERE CRISIS, YOU GIVE IT, AND THEN YOU START ALL OVER AGAIN.

Question: I am sure if you would include everything in your acute illness. For example, if you have someone who has recurrent tonsillitis and they get a flare up.

George: You are asking if after you have given treatment for a chronic condition and there is a great swelling of the tonsils? If there is no fever and there is a sudden flaring of the tonsils, then it is an aggravation. If there is no fever, invariably you will see this happen in children that there will be an improvement of their appetite. The child will start eating well. There is a general improvement because of this element, and the tonsils are going to burst out. If you are experienced and you want to help a little, you can just press them a little and it will come out. But I have seen it...
Question: I have this case where after a vaccination they were not well for a long time and there was a tremendous aggravation. The child had all kinds of glandular swellings as well and all of that subsequently sort of settled out. I was quite frightened by it all. It might have been a reaction and it was amazing. There must be situations where it is not clearly an acute thing or some sort of aggravation.

I have also had people with a sinusitis with a very sudden and drastic discharge. In general, I have tried not to treat this. I have had this happen in the 7-20 days range and wondered which are the acute and which are not. I supposed you just have to interpret on the basis of what they say.

George: With your experiences as doctors, you know what is going on and you can interpret things. If there is only swelling of the tonsils, it does not mean anything. It is a normal situation in 6 percent of the children. They have chronic, swollen tonsils, which they have had for years, may be. But if there is a bigger swelling which does not produce fever, and does not indicate an inflammatory process but rather a process of pleural illumination...

Question: You don't think there will be inflammation with it?

George: Not always. If there is an aggravation from the remedy, it is not going to be associated with fever.

Question: You are saying then that acute illnesses, acute infectious illnesses, are not aggravations and that aggravations are always just discharging without infection? Like people are not going to get a urinary infection or tonsillitis or ear infection as an aggravation?

George: Yes. Another thing that you must understand is that chronic and acute stages are a series of processes in the health of the patient which suggests when and where we shall prescribe a remedy. In an aggravation, you may be forced to prescribe a remedy during the aggravation. It is a series of processes. If the aggravation is really dangerous and it is an aggravation, you have to prescribe the remedy which is indicated next.

Question: If it is an aggravation?

George: Yes, if it is an aggravation. And if it is very threatening.

Response: I thought that you had told us that you had never seen a really threatening aggravation.

George: No. I told you that there are aggravations... Okay, you are treating an acute colitis (ulcerative colitis), and you prescribe Nit-ac. and the person starts having 25 stools instead of 5 per day, with blood. Now this is not going to last long if you will wait. There is definitely an aggravation from your remedy. You have given it and the stools went from 5 to 25. You

wait one or two days, and on the third day he has been losing blood and I can see signs of anaemia coming. But if you wait and watch, what you will see is an image of a new picture rising during the aggravation. And there you have the salvation starting. There is constant urging, with pain, and before you are out of the bathroom you have to be back again. With this symptomatology, you have a picture of Mere., Mere-c. If you don't give it, the person may die. But whose fault is that? Is it our fault that we were not able to see the remedy which was indicated at that moment. These are threatening cases. I have seen that.

I explained to you why Kent says, "If you have a severe case and you give a high potency, and you see an aggravation. You must antidote, because you are going to lose the patient." These are his observations. What he had seen was what he observed also. But what I say which is different from what Kent says is that whenever you see an aggravation, never mind how big it may be, you can save the patient. You can bring him around. There is the possibility for him to be cured. But if in that same case, we give Nit-ac. to a severe situation; that person has been exhausted for years and you give 200 and he goes immediately into recovery, lie feels better and will do so for 14 days or so, and then he goes into a relapse. This is not a good aggravation. Supposing that your remedy is correct, this shows that the case is incurable. Most probably you have a cancer case.

So immediate amelioration in a very severe case should be suspected as cancer. In a very severe case I don't like to see this reaction. Kent also said that incurable cases will show an amelioration. But he was contradicting himself when he was saying that the aggravation was necessary and that the person would do well. Then in another observation he says, "You give a remedy and it is too deep, you are going to kill the patient". That is a contradiction for the observation. The solution of that is that whenever you see an aggravation and an amelioration, you must observe to give the next remedy, even during what you think is the aggravation, as long as the health of the patient is certain at the moment. Just to make it clear for you to remember that.

Question: So is what you are saying, "If there is no aggravation, it indicates a very bad sign."

George: Not when somebody says, "I have a pain here in my joints" and you give Caut. and the pain goes away without an aggravation, or has a little arthritis etc., and you give a remedy and he has been well a lot. You do not have to give the aggravation for little things like that.

It can be an amelioration with imperceptive aggravation for a few minutes or one hour, which the patient does not even take notice of, and he goes on to recovery. I am talking about severe - really severe - conditions. You have a tuberculosis which is active at the moment and you prescribe Sulph. Immediately you have to search for your next remedy and give it. Later on when you are more confident and you have treated asthma cases and see how they are managed and how they get along. You can gradually do it. 

**Question:** Say that you are treating an asthmatic and you have used the right remedy. Then they get a severe asthmatic attack which is so severe that you must treat it, or do you know that they are going to recover in 24 - 36 hours?

**George:** As I told you yesterday, I started treating patients after a few months of studying homoeopathic remedies and philosophy, and so in the beginning I did not know what asthma really meant or what it meant to have acute asthma. I would just give the remedy and wait. The information which I got back was, "Yesterday I almost died" ALMOST. They will say, "I just made it". (Laughter) They will ask if it was the remedy. No, it was not the remedy, it was an aggravation. This was invariable. Now that we have a center where we are treating thousands of people, we cannot go through all of that. So what we say is, "Try not to take any remedies". People with asthma will come with the medicines they are taking. They are already taking medicines. We say to them that if it is absolutely necessary to use the inhaler or the medication which does best for the person. That is important. Do not prescribe another allopathic drug for emergency crises from the one that has been used and which the individual knows helps him.

**Question:** Even if it is Cortisone?

**George:** No, if it is Cortisone, don't take the case. If he has been taking Cortisone for the last six months or last six years, you are going to have a lot of trouble in bringing about such an answer. You will have a lot of trouble. I have done it a few times, but in the beginning I did not have too many patients and I could tend one patient very carefully, and I could do it.

**Question:** I am looking forward to your finishing your statement. And I have two questions: One is that do you find that the same is true of the people who are on systemic Cortisone?

**George:** There is ...

**Continuing:** It seems useful for getting them off Cortisone - as an interim step?

**George:** Maybe. This is your responsibility. If you want to undertake cases like that and you want to try to see what happens, then do it. But I suggest that you do not try it at this stage of your experience. You can try it later on when you are more confident and you have treated asthma cases and see how they are managed and how they get along. You can gradually do it. Asthma which has been managed only by Cortisone is going to be severe and you may need a hospital.

**Question:** Say that in this ulcerative colitis case I am unable to see that the next Merc-c, or whatever it happens to be, then the thing to do would be to give blood or something and try to avoid all of the other allopathic stuff. How would that...

**George:** If you hospitalize the patient and you have privileges in a hospital and you have the possibilities of giving oxygen, blood, and the support he needs, then that is the best.

**Question:** My question though is whether it is better to just give supportive therapy, even including blood, and not including enemas and stuff, and let the Nit-ac. sort of go through, or is it better to give them Cortisone for relief?

**George:** No. Merc-c. is going to be needed, even with the supportive therapy. It is going to go into a state where his symptoms will call for Merc-c.

**Question:** So that will be the remedy which effects the chronic cure?

**George:** That next layer will appear very soon - five days later - and that is the next layer. Then you give it, and the recovery will follow.

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**George:** There is ...

**Continuing:** It seems useful for getting them off Cortisone - as an interim step?

**George:** Maybe. This is your responsibility. If you want to undertake cases like that and you want to try to see what happens, then do it. But I have had 5 stools and now they are having 25 - that would be an aggravation. And I believe that is what Kent was saying. Because then he talks about a pharmacide. You give a high potency and you give it to a dying patient. In "Lesser Writings" there is a chapter in which it says,"You have a cancer or asthmatic patient who cannot breathe, you can give Anus. 50 m" He says that you will see an immediate amelioration. The person will last another five days instead of dying after 3 days, but he will be ameliorated and he will die with less suffering. And that is an observation which I don't like to see. Of course there are homoeopaths who say that they never saw an aggravation. We don't. (Laughter) They don't know themselves what they are doing.
**Question**: I wonder about this exception. What if you treat a person with a chronic degenerative illness of some sort and in 7-20 days, they get a severe cold, but they have not had a cold for 10 years...

**George**: This is the next observation that I am going to give you. I will tell you when they will get a cold. So we went too far, I think. You are not just THINK that it has acted. And after another two months or six months or even a year, that person develops a very severe bronchitis or pneumonia, or a severe kidney infection. This is very severe. This is after a period of time - quite a long one - in which he was quite well. Usually what you will hear is that "I used to have that type of thing for the past ten years".

"I used to get this severe bronchitis, and now it has come back." Now the observation is that the remedy has acted beautifully, but the patient is going back to an old symptom. If the acute crisis is pneumonia, you MUST treat it. Most probably in such cases you will see that if you have given Sil., in this stage you will need Puls. If you have given Lyc., in this stage you will need Nat-m. Or you will need a complementary remedy of your first remedy in general. You will need a remedy which is closely related to the last one that you have given and it has acted.

**Question**: And then, having treated that acute, do you presume then that it will be time for another chronic remedy or the acute remedy again?

**George**: No, the further observation that you will see from that treatment onwards, the patient really will not bother you anymore. From that moment onwards you will hear perhaps if you meet him by chance after a year, or somebody else tells you that he is absolutely well. It will run theoretically to Sil., Puls., Kali-s. These are the layers which exist. So you took away quite a lot and there you have a flare-up of that layer which most probably is based on another one, but the person on that layer is quite happy. The acute crisis actually ... what they will tell you is, "I used to get these colds and influenzas easily." That means that there is a predisposition that was bringing about the colds. If you give a remedy which is connected with this one and your treatment during the acute crisis is really good, then you are going to see a deeper amelioration. There will be further amelioration after this acute crisis. But if, instead of giving Puls., you do not see the remedy and you give Bell. and Bey. and Ars. and Arsen., you will not see the amelioration go any further. And the person, after some time is bound to have another crisis. Until you are able to see the connection and we give the right remedy and then it has really worked well, that state can be very difficult.

**Question**: Aren't there also times when you would give a lower potency of the original remedy at that time, if it fits?

**George**: Most probably it will do nothing. It is gone. It is a good observation, but it is gone. That stress did not bring back that level. She needs the correct remedy here.

**Response**: So it is really a different remedy picture?

**George**: Yes. I had a case, a terrible case, in which I had given 3-4 remedies which had all acted, but she was not quite happy. At a certain moment, one month or six months later, she developed a bronchitis which was severe and she had a tremendous cough. There was no appetite, she had to stay in bed, and she was exhausted. What are you going to do? You think maybe it is a tuberculosis. Then I prescribed 3 remedies before I could see the one following, which was complementary to the last one I had given. I said to myself, "Oh, this is a Puls. case." We gave it and there was an immediate recovery. Since then, this patient has not asked me for any other remedy. It has been 3-4 years now. She used to say, "Help me, help me. I have headaches, and nausea, and I cannot lie down. I have to be propped up in bed." There was arthritis and all that. She had this weak constitution. She was nervous all the time. She had been taking homoeopathic remedies from Paris and so on. It is a doctor who posts about 50 needles and 50 homoeopathic remedies into your treatment - who had a very good reputation. (Laughter) He is very famous. There had been a lot of suppression and that patient was really a wreck.

**Question**: What happens if the acute illness is not so severe? You said "terrible" bronchitis and "terrible" pneumonia. What happens if they start getting colds again? You are not going to rush in and treat it then?

**George**: No. If it is acute, wait, wait, wait. This is the best advise I can give you. Wait, wait, wait. (Laughter)

**Question**: If this acute crisis indeed represents a previous predisposition that was suppressed by whatever happened and then Sil. was there. Okay, so the Sil. was given and the person was cured at that state. Then this acute question comes up and antibiotics are given, could we assume that it would not go back then into the Sil. state but rather it would come back with another acute crisis and another acute crisis?

**George**: Most probably. There is also a possibility that it would fall back with antibiotics. The stress is a lot!
George: After three weeks ... you see this kind of observation I gave ... in seven days you cannot evaluate your remedy really. Neither in 10-15 days, although sometime, rarely, you can. But if an acute crisis comes with a little stimulation and it is a severe one, your remedy most probably is not acting. You see it is a case of judging how exposed the person was.

**Question:** I am saying that a person years ago used to get colds and then when he got sicker, he went down to a worse level, and now the remedy seems to be acting and he is starting to get colds.

**George:** That is a case where the colds will be of a minor intensity. You wait. You have indications already that the remedy has acted. The cold is minor. The organism now must act better than before if your remedy has acted. So if you used to get severe colds, now these colds are going to be minor and support the organism. Your remedy has acted, because you have seen an aggravation and then amelioration. In this case you wait and don't do it. When you see a severe aggravation and then immediate amelioration for up to two days, then this is a case which is the best. And this is a case which will not be disturbed. If that case gets a cold, it is going to be minor. The answers are not simple. You have to have this information. It is absolutely necessary. Otherwise you cannot judge your case or the case of somebody else. A patient will come from another doctor, say, and you have to judge what actually happened.

We are disposed to say that the other has done wrong, but that is not always so when he comes with a crisis. The crisis may now be another layer and you have to admit that this doctor had hurt him. Likewise, we can say for sure if he has been helped. All of this would depend on the ethics which you are following you know for yourself what has really happened. Again an amelioration ... he says, "I went there and I had constipation and desires for this and that, and this is a bit better". He may say, "It has helped me a little bit". Most probably it has done nothing because of the level of the irritation and depression being perhaps a little worse now.

**Question:** I had a patient who was like that, with asthma, and I gave Sil. to him. There was an aggravation and then the person became better. Then 3 years later, there was testicular swelling. I did not understand well and I gave him a placebo. I understand now it should have been Puls.

**George:** This can be an aggravation and we can wait. He has some pain and swelling, but it is not a threatening situation where you have to act, and so you can just wait. And your asthma has been beautifully ameliorated after an aggravation. So this is going to take care of itself without any further remedy.
back with the skin on her forearms swollen and cracked, very red, and very painful. She had taken Cortisone for this many years ago. This all started coming out again when she was pregnant. I took the case again and gave her a dose of Sulph. 10 m. It was a very clear case. She left the office and within an hour her hands were suppurating with pus coming out. She got a fever and she became very very upset. So, have two questions in regard to this: One is what is the effect of pregnancy to chronic cases? Do new layers come out with the effects of pregnancy? And is that kind of situation where there is a direct result from the remedy and it gives the same picture as the remedy...

George: What happened after Sulph.

Response: I didn't hear. We just kept trying to wait and gave her a placebo.

George: Oh, you waited with that.

Response: Yes, we just kept waiting and waiting. She was in pain and she was extremely upset about it.

Question: Did she have a fever?

Response: Yes. She had fever.

George: She had fever and then you gave her Sulph.

Response: No, we gave Sulph. and then she got the fever and pain.

George: And then you waited?

Response: Yes, we have been waiting.

George: When the eruption came after Phos., you waited or you immediately gave another remedy?

Response: Six months after she received Phos., she became pregnant. After she became pregnant, she began having these symptoms. She was probably three months pregnant at the time.

Question: How long did you wait before you gave the Sulph.?

George: I understand now. As soon as he saw the case, he prescribed Sulph. After Sulph, there was a further aggravation.

Response: She had had the eruptions for about three months at this point.

George: Okay, you saw the picture and it was Sulph. This woman is cured now. If there is an aggravation of the eruptions after your remedy and there is an immediate further aggravation, it is going to be cured. Now how long shall we wait for that? We cannot wait for very long if she has

3 fever. Fever means that there is an infection there. For how long has she had the fever?

Response: When I left, we had been waiting for four or five days.

George: How much fever?

Response: 101°F

George: Were there any indications other than for the fever?

Response: I was not thinking of it in terms of a case. I was not prescribing at that point. I was either going to wait or give her antibiotics.

George: What you have to do in such cases is be sure that there is no possibility that they go into...

Response: Nothing like that. It was all local. It had not gone into the extremities at all.

Comments: The fever would indicate a generalization reaction.

Question: It seems like what you said before-about the tonsillitis and the fever. You said that when you get an aggravation you usually do not get a fever, in that kind of inflammation.

George: No. This is inflammation from an infection. You see, she got an aggravation from Sulph. the skin broke open and it was sensitive to infection. She may go and touch something or wash something and then there is a staphylococcal infection.

Response: I realize that, but if this is a curative response, she should be stronger. She is a young, healthy woman and would not expect her to get this.

George: Not necessarily. If she gets the staphylococcal infection because she is exposed, she must protect herself there. She should wear gloves. It is a very sensitive period where she can have an infection. It is like leaving the most sensitive part of your body open to stress. So you have given a remedy and an eruption breaks out, many times it will get infected and infection will occur and fever comes on. In this case you will have to treat it and in this case it most probably would have needed another dose of Sulph. A high dose.

Question: Within two days?

George: Within five days, yes. If the fever is not high, that means that the organism responds and can cope with that infection. The infection does not spread upwards. You will not need another remedy. That person is going to be cured.
A dose of Sulph. will he needed. When? You must learn to think by yourself, because you cannot possibly remember all of these things. You must see the underlying principle.

You have an infection. You give Sulph. and it has acted. Okay. But that person goes and touches something with her hands which is infectious and gets an infection.

And the infection gets bigger and bigger and you see this spreading and there is a swelling of the glands. What does that mean? You have to think. You have given Sulph. and there is an infection which the organism does not want and does not keep. There is a low fever. It means that the boost which you have given with Sulph. is not enough and therefore you imagine that it has been counteracted by the new force of the disease. It is as if you have a new case at that point. Do not expect that because you have given Sulph. that it is warding off the ease. The reaction of the patient is towards the center. The Sulph., inspite of having acted only five days, has exhausted the reaction and the person relapses under this severe stress. Then you repeat the higher potency. This is the idea.

Response: The response that I would have is that the remedy was not the right one.

George: No. It can be the right one, but there is a big stress, exposing the organism to a great stress. A big stress will counteract your treatment.

Question: What are you calling a "big stress"?

George: The infection.

Response: Having the sores and having them exposed directly to bacteria. But are those who will have sores and get an infection and keep it right there.

George: Then you don't need a remedy. In Lauren's case, he said that the fever was there but the infection remained local. Then my tendency would he not to give another remedy but the action of Sulph. is warding off the infection and that he is going to be cured. But you see that the infection is being counteracted by the defense mechanism and it is going towards the center. But of course it can be that you have not given the right remedy. Or we can presuppose that the remedy is correct. Why? Because it has aggravated.

Let us suppose that we do not have enough time to see whether it is going to be ameliorated after the aggravation and the day he gets an infection. I presuppose that the remedy has acted and that the stress (infection) is so severe that it counteracts the remedy and so the patient needs another push.

Question: Would it be likely in that situation that he would need Bell. or another acute remedy for that infection?

George: It is possible. But it is most probable that you will need the deep remedy and he has given Sulph. And especially because Sulph. is a specific remedy for these conditions. Of course you may see Bell., or Bry., or Calc., or whatever it is.

Question: What are the possibilities of his giving her Sulph. and she had a proving of the Sulph. which broke open the skin and then she got an infection? It seems to me that if it was the right remedy that Sulph. would have strengthened her system. Everybody comes into contact with staphylococci. It is everywhere. It does not mean that they get infections every time.

George: Sure. But you see I have seen, after giving a remedy for a chronic asthma, the breaking out of an eruption. Okay? I have seen that several times. And we wait. We wait to see what happens with that. The remedy has acted definitely, because it has brought the asthma to the surface. And many times we see that this will go to a staphylococcal infection. This is SEVERE. And then this needs another remedy. We do not have proof for that case that it was right. But if we suppose that it was right it can happen that a STAPHYLOCOCCAL CASE CAN OVER-TAKE THAT PERSON AND ANTIDOTE IT.

Response: Who sleeps against the wall?

Response: Bry.

George: Who sleeps to the left?

Response: Nat-m.

George: The muriaticums and Calc., Dry., and sometimes Sulph. Which is the remedy which is impossible to sleep on the back? It is IMPOSSIBLE.

Response: Acet-ac.

George: Which are the remedies which sleep on the right side?

Response: Phos., Lyc.

Response: Lach.

George: Lach. and Sep. because of the palpitations. Not Phos., Phos., is on the right side. If that is my observation, then it is out of cases.

Response: Sep. is a one on the left and Phos. is a two.
George: Why are we rejuvenated when we sleep?
Response: There are philosophical religious speculations that it is in essence a return to the cosmic source, being bathed in cosmic energy and being renewed that way.
Response: Also we shut down a lot of the things that take energy by not moving or thinking in a conscious way and not worrying and we don't have to work as hard.
Response: On a physiological level, all metabolic processes slow down during this time.
Response: That doesn't explain to me why I could feel better in the daytime when I just fall asleep and then wake up again. In just five minutes, I feel a lot more energy, I don't know why that is.
George: In sleep, what happens in a mechanical way, we say that the body - the astral body or the vital body - leaves and goes outside. This is speculation. Okay? How do we have a confirmation for that?
Response: There are some sporadic accounts of people having dreamed of situations that have actually occurred.
George: That is one. The second is that during operations people have recorded that they were seeing. So the consciousness comes out and they are observing their own body being operated upon.
But them is a thing which everybody knows.
Response: One thing is that when you have moved from your usual place of sleep to another one, you will sort of have trouble getting back in because you don't know where you are.
George: There is a confirmation that the body is out by a process which happens to all of us sometimes. Haven't you ever dreamt that you were falling and then there was a jerk and you would wake up. This consciousness does not enter smoothly into the physical body and there may be a jerk because there has been a loud noise or because of a dream and there is a jerk on the whole body the moment that it re-enters. That is one thing that we fall know. And that is in the process of falling (down).
Now what is the second observation about sleep? We speculate. Why do we get re-charged? What do we lose?
Response: Consciousness.
George: Consciousness. So if we leave consciousness, there is a mechanism that we can leave consciousness and we can eliminate the logic which goes with the consciousness, then there is a process of re-charge which takes place. Now, we leave out out personalities in sleep.

We are giving up ourselves - our egos. We are not ego conscious. Therefore, at that moment it becomes possible to give a chance to the universal forces to be united with us. It is our ego action - our ego consciousness - which separates us. If we want to see how much we are separated, we can take two people in society and observe that they are, every egotistical, and each one has each point of view. They are like two poles and they won't move. Therefore, they will always be separated. But if they give up their ego and come together, they will feel much better and more re-charged. They have energy which is not flowing between them. Actually we can be separated from the universe by coming into an ego-centered place. That is how the idea of space is created. If there is a thing which has no form, we are dissolved into a kind of mass. There is the idea of space. Imagine that you are dissolved in the universe. Where then is the idea of space? You are a point in the universe and the whole universe together. As soon as you come up with a kind of ego consciousness, it is like putting a post in this space and then you have the first post from which you can measure space. To my right there is so much space and to my left there is so much space. If another ego comes up, then there can be measurable space. That is where the idea of space comes from. Then we live in space and we live in time. The idea of space and time is something which we have here in this world.

In sleep we give up this position - this I - the ego consciousness, and we don't stand up against the universe as ego-centered individuals. And we let the universe come through us. Due to the re-charging forces of the universe, we get this energy during sleep. So if we wanted to have really good health and in this case we would not need the slightest portion of sleep, what we have to do is to give up our ego.

Then we would be united with these forces all of the time. We would be re-charging ourselves all the time, because we would not be spending energy against the universe. That is what happens in sleep because we cannot do it in the waking state. That is why we are sick. WE ARE SICK. That is why I said selflessness is the highest state which we can attain. Then we shall really become healthy. Only then will we become healthy. Until then we will need sleep and we will need the remedies, and this and that. So you see how the idea of sleep ties in with the definition of health on the one hand, but also it ties in with something else - that our remedies act on our bodies. If you get deep into that idea, you will understand why our remedies act upon our bodies. Because that which is the remedy and that which is the body on a sub-atomic level, actually is the same level. It is the universal force that goes through us. The energy within the atom is nothing else but that universal force which sustains us. Therefore,
the stone can affect me. You take Sil. and it can affect me. The plant can affect us. If my body is in that material state and the remedy is also in that state - the ethereal state - we actually take the ethereal body out of the medicine, out of the plant, and then we match the Two. They tarry. These are things which are going to be discovered over the next thirty or forty years. It is not nonsense. So sleep ties in very much with what we were talking about.

Question: Something goes wrong with my logic. Maybe you can help me. I followed what you were saying about ego-consciousness in sleep, and therefore time and space really have no meaning and therefore we can be re-charged. What I don’t understand then is why there is a difference between having a half hour of sleep and having eight hours of sleep if in the state of sleep time is not really relevant, or are we talking also about resting the physical body as a part of that?

George: I thought you were going to ask why the person who has the full consciousness - the selfless man - the realized man, the Mahatma, etc. is re-charged without sleep while he is conscious and able to talk and so forth, where we have to go to sleep. Why we knocked off here (indicating) and he is not? The process is the same. We are knocked off because of our ego. We cannot do otherwise. In order to re-charge ourselves, somebody knocks us off for the moment. Otherwise, we cannot be re-charged. But the one who is self less does not need to go to the process of death. We are going through the process of death and rebirth every day of our life. But the man who is REALLY selfless does not have to go into that state. Therefore he is the one who is going to live in eternity as a being on the astral plane, or whatever it is.

Question: Why is time involved?

George: That is a good question. The better is the health in the terms we are talking about, the less sleep we need. We need to function. I have to have five hours of sleep or I cannot function. If my health was better, then five hours of sleep would give total energy. Another person who is better than I am would need three hours.

So a really healthy individual is re-charged much more easily because his body does not put obstructions in the way of the re-charging process.

Question: Do you mean healthy mentally, emotionally and physically?

George: Yes. That shows that you are in good health. You re-charge quickly and quite a lot.

Question: Do you mean healthy mentally, emotionally and physically and not just physically?

George: Balanced.
As soon as there is stress, there is a mechanism which is put in action which actually says what to do. The sympathetic system contracts. The hormonal discharge is more. There is an order which is given by a specific mechanism which we call the defense mechanism. This is a part of vitality of the person, of the force or the energy of the person.

**Question**: Would a person have less dreams as they are getting healthier?

**George**: No. I have found in my experience that persons who are suffering emotionally very much, but are not really psychotic or completely broken down, will usually say that they have no dreams. Once they get better, they start seeing dreams. Tome, it is that they are seeing dreams but they cannot remember them. And dream states are necessary. There have been experiments with cats. What they did was to find out the dream state by EEG tracings, and when the cat was dreaming they would wake it up and not allow it to go into the dream state. The cat died within 20 days. It was getting sleep, but as soon as it would get into the dream state it would be awakened.

**Question**: Isn't it true that Valium and other sedatives tend to prevent the dream state also?

**George**: I have found that people need Valium and this type of medicine and I believe it is because they cannot cope. Dream state is the subconscious coming up and you have to deal with it. And they are not in a position to deal with it. Once their health becomes better, then they can deal with life better.

**Question**: I have a theory that diurnal temperature goes down at night and if a person uses an electric blanket, that is prevented. Most people find that if they use a down comforter and allow the temperature to go down they will get a better sleep.

**George**: Yes. These are the mechanisms of sleep. There definitely is a change in circulation. There is a change in temperature. That is why we perspire in sleep. So there is a change in temperature and in the intensity of circulation. Circulation is sedated.

**Response**: And if the body is working fast, then that might prevent your going into this state.

**George**: But what is really underneath is that the egotistical level prevents you from being asleep.

Of course, you may ask why a person sleeps one day and does not sleep on another. Would you say that he was not egotistical one day and the next day he became egotistical? What is the answer?
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