TALKS
ON
CLASSICAL HOMOEOPATHY

PART III
DISCUSSIONS

by

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The Science of Homoeopathy; Homoeopathy -Medicine of the New Man etc.

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PUBLISHER'S FOREWORD

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.

Contents

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.

Answcr: This was a patient who was basically treated for a petit mal epilepsy. [gave her Nat-m. and the petit mat epilepsy went away. I didn't see her again for about live 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 gravi*ty *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 mela-noma?

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 l doubt whether it was just simple petitmal, 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 l 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, grandmal 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 l 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.* Everybody has seen these cases. Every Specialist, if you ask him, says, "Yes, I had a case and I told him to take it away and then I lost it". Then you get some younger doctors with less experience and they say "Oh, you must take it away." When he walks out of the hospital he is fine: Telephone him and find out whether it is fine after five years. If you telephone, you find no person.

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.

Response : Also the statistics indicate that the ones who are taken to surgery and given chemotherapy have a greater survival of a greater percentage. It is a long, complicated subject. The best statistician l know says that these statistics are artefacts and that the mortality rate from cancer has not changed since they started keeping records. The way that the statistics are collected, has changed.

Response : That is absolutely false for leukemia in children. There is a 75-85% survival rate now. Grade I Hodgkins is like that too.

George : What did you say?

Response : In leukemia in children, right now with the techniques that *they* are using, the ten year survival is very high. They may be wrecks mentally. I am not saying anything about the quality of their lives, but they are alive after ten years.

Response : Very few - but now it is 8% or more.

Question : The dogma is to treat. So how are you going to find patients who are not treated who have a melanoma nowadays ?

How can they do a double-blind control study?

Response : There is surgery. There is just excision. There is chemotherapy.

Question : But how do they compare that with untreated patients? That is the ultimate quest*i*on. What you are saying is that there is intervening and that there are ways that you can intervene without killing. I would think that even the ethics committee would not go for a study like that now, where you leave somebody untreated when we have such means. I think that that is where we go confused.

Question : I am interested in the remedy *Abrot.* in a case where the melanoma is excised and it moves to the petit mal and then comes back, or it is excised and the melanoma is subsequently found in the lung. Would *Abrot.* bring it to the surface?

George : No. Abrot. is the remedy which is considered with metastasis. The metastasis of a rhetunatic condition from the heart. There is only one right remedy if you go according to the symptomatology. In this case, stopping the petit mal syndrome and allowing it to come to the skin, contained a good prognosis. They did not have to take it away. Now I would be more afraid - the melanoma is not there.

Question : Is it possible that the melanoma could recur on another dose of *Nat-m.?*

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 an*o*ther 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, l* haven't treated melanoma that way - that have been removed, like squamous cell carcinoma, and instead they get a skin eruption or pimples in that *ar*ea.

George: This is usually a soft melanoma. It is wha*t i*s 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 pa*ti*ent who had a squamous cell c*ar*cinoma on his forehead. *They* were able to excise it and he had a scar there when I saw him. When I *tr*eated him, it sta*rt*ed growing again. He had it excised and then relapsed. He was a healthier person to *be*gin 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 l 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 ?

Response : Lye. *Nux-v.,* Agn., Arg-n., Graph.

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 Lye.* 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 Lye. 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 along 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 ty*pes 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, bumf 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 *ye*ars 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 unmar*ri*ed because they find that life is good and ve*ry* nice without the responsibilities of mar*ri*age. That is why high living is associated with liver drugs, and there is a p*ar*ticul*ar* face which you wi*l*l see in high livers. It is a particul*ar* face, with deep furrows, and skin which is d*ar*kish. There *ar*e few furrows, but they *ar*e deep.

Question: When he felt a lit*tl*e 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 bes*t.*

George : Sure. You see *th*e 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 ve*ry* much concer*n*ed. He does not tell a sto*ry* that he *t*ried outside of the mar*ri*age. That, for me, is a Staph. case.

I don't know if these things make sense to you. When it comes to trea*ti*ng pa*ti*ents and you miss them, *you* will see that you will need that informa*ti*on. You are desperate and you don't know what to do. And so you w*il*l need that informa*ti*on. 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 distor*t*ed the case after that.

Response : We want them the *way* they *ar*e.

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 prescr*ipt*ion - like you have been doing.

George : This *was the* real thing,what l did yesterday. It was given at the end of the inter*v*iew. I led you into e*l*imina*t*ing *Plat.* I led you as*tr*ay because someone would have spotted it f*r*om the ve*ry* beginning and spo*il*ed the whole thing. Usually what would have happened without the last informa*ti*on? We have repertorized, but some of you- all of you -must

leant *;o think* and *telly* that *information with that information.* I have been doing that because rhey give me s*tr*ongest 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 ve*ry* sympathetic. I am ve*ry* easily moved." You have to sit back and pene*tr*ate and take the rest of the case and sec whether *this information you see tallies with what he says.* So what is *ri*ght and what is wrong? You may discover for the moment by put*ti*ng different questions to the person but you *must find out which Is the REAL information.* It is ve*ry* usual for a human being to give false information. But ask his wife, or his children, or the people *ar*ound him and they will tell you. *You still* have *to "know" in order to confirm which remedy.* This element of self and ego is p*ro*minent the*re*. You must become shrewd observers. VERY SHREWD!

Question: While you *ar*e talking about that l wanted to point out that when we learn to take cases deeply and thoroughly, we end *up filling* pages and pages and talking hou*rs* and hours and there *ar*e 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. Ile distills it down.*

George : Both *ways* ser*v*e a different purpose. Your cases, which *are* taken so thoroughly, can be used later for adding up informa*ti*onal details. There is a lot which is useless in that informa*ti*on -a lot! But otherwise you might have left out something useful. Now you have it because you have recorded eve*ry*thing. But at a certain period *of my* presc*ri*bing - in the beginning I had two ho*ur*s for ev*ery* pa*ti*ent. Then it became one hour and then it became three quarters and then half an hour. Then the*re* was a time when I had to see four pa*ti*ents at the same *t*ime. *Four doctors were taking* a case *at the same time andI 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 pa*ti*ents at all.

Question : Do you do all of the prescribing ?

George : No. In the cases which I present, half of the presc*ri*bing was done by me and half by the doctor. But there *ar*e doctors who do not give me any cases at all. They keep on going but once they have a problem, maybe when the pa*ti*ent 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.

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Question : As far as writing down the cases, it would make logical sense to me to make the error on the side of writing down too much information initially. Then with more experience, then you can see how much you have wasted, and leave this out in later cases.

George : Exactly. I was writing to the same degree in the very beginning. I would still find when I would go to the materia medica that I had left out something. There was information that was told by the patient, but I did not take care of that. I said, "this is the whole thing", and there I was, I had left it out. With the experience that I have in teaching, this is an exceptional group. I really hope that it will keep on. It seems to me that everyone of you has an exceptional personality and abilities which are also exceptional. So, *we* ar*e* going to change the world,you know. (Laughter)

CHAPTER 3

CONSTITUTIONAL REMEDIES

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 SAY *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 CONSTITU TIONAL 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 : lust 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

cle*ar*-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 an*ti*bio*ti*cs for *t*en or twen*ty* days and the organism g*oe*s down for a while, then you may see that it is recovering. But give that same individual 30 days of antibio*ti*cs and you will have this predisposi*ti*on of Nat-c. come back. It is a *matter of* how much it wi*ll* relapse into its previous state, but it is going to relapse. They will retu*rn* to the state of the last *re*medy. 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 an*ti*bio*ti*cs or he has another stress. He may wi*th*dra*w* even *further* amigo back to Sulph. *or Med.*

Question : SO *HI*S CONSTITUTIONAL RESONANCES OR WEAKNESSES ARE BUILT INTO THE ORGANISM ? WE DONT EVER CURE A PERSON OF THAT ? If they tend to have *ri*ght 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 s*t*resses they will come back *to* that? The organs and the organism and the cons*ti*tu*ti*on d*oe*s *not* ever come to a place where it has wiped 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 *DISEASES, 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 par*ti*cul*ar*. *That* is all *we do and* this *is plenty.* But we say that this person cannot undergo any more stresses which *ar*e 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 l*ar*ge quantities. And n*ar*cotics *ar*e within this same class. So you cannot be *treating a person and letting* him *have narcotics at the same time.* He will demand that he must s*ta*y healthy. He cannot stay healthy. I *t*reat him and get him in*to* a healthy s*ta*te and he wants to take narcotics, perhaps not the first day or the second, but on *th*e *fifth* he will get it. Some w*ill* get it immediately because *th*e organism is weak.

Question : I had a sense *th*at when you *th*ink of Hahnemann proving 99 remedies,and he took on all these different diseases. Each *ti*me he didn't ting his par*ti*cul*ar* consti*tuti*onal remedy, each time he proved a remedy, he took on *th*e remedy diseases, whatever *th*ey 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 Cale.* 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 *Nat-c.* state on 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 acted 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.* primarily, 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 catarrah. And the right side has subsided completely, because after *Lyc.* he had taken *Merc.* and now the discharges from the mucous membranes and the cars 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[e] difference is that even though you have already given Nat-m., *th*e grief that they can take now is of a greater–much greater

—p*ro*portion. And this is without falling back into the previous state. And *what the* patient will usually *say* is, Now i*f t*his had happened before with that s*tr*ess I would be totally broken into pieces. Now l can cope." But if there is a bigger s*tr*ess with exhaus*ti*on, lack of sleep, he will definitely eventually ... So *a Nat-c.* with a s*tr*ess 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 ve*ry* young, you were sick, right? Is there any possib*ility* that you could be so s*tr*essed that you could revert to that condition the way you were 30 ye*ar*s ago?

George: This is a good question. It is interes*ti*ng because' have been trea*ti*ng myself for 21 *years* and I cannot ... I never had, in spite of having a lot of s*tr*esses, I never had something which I *had* 21 years ago. The pain and the suffe*ri*ng which I had 21 ye*ar*s ago I have never had again, though sometimes, if I am in a ve*ry* wet climate I may have lumbago. But at that time it was a continuous s*ta*te. There was no *day* that I was not feeling pain in my back since I was 16 *years* old. Now I have to s*tr*etch myself. This c*li*mate is not conducive for me - it is quite we*t.* S*t*ill 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 civ*il* engineer and I was responsible for a whole plantation.

Everybody was trembling at the mere sight of me. I was just t*ry*ing 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. SometimesI 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 *th*ey were supposed to do. This was ve*ry* in*tr*iguing. I would he*ar*, "This remedy can have an effect on *th*e human body." So I st*ar*ted taking one remedy after *th*e o*th*er to see what its effect was. I remembered *th*at I liked eating fat. Then I took *Nat-m.* and I went to eat my eggs wi*th* olive oil and I could not. I *th*ought, "What happened", and then I remember, I took *Lyc.* and I went to *th*e thea*tr*e in Johannesburg. I was in *th*e thea*tr*e and the rumbling was so much *th*at I had to walk out. It was ve*ry* interes*ti*ng. Of course I got informa*ti*on, but I should have waited and taken one remedy, wait six months to take another, and take it *easy.* Not *tr*ying to prove 25 remedies in six mon*th*s. 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 s*ta*y 90 *years.*

Question : Graphically could you show what happens when you take the drug and there is still a little bit of it letf. lt 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 lgn. 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, th*ey* 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 th*e 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 am 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 : Coffee is our greatest enemy because it is drunk every day, sometimes 2-3 times a day. Coffee disrupts a case if it gives the person a sense of well being. If you drink coffee and you say, "Oh, I am sleepy, so let's have some coffee." And you take coffee and you wake up. That is the time when you will definitely antidote the remedy. But certain people are not affected at all by coffee, and these people can drink coffee without antidoting their remedy. I don't know how many have such good health - very few. ALL OF US HERE HAVE WEAK HEALTH. IF WE *WERE* TO MAKE A PROVING IN A CLASS LIKE THIS, WE WOULD HAVE A VERY DIFFICULT JOB. WE WOULD WRITE SO MANY SYMPTOMS BEFORE THE PROVING WOULD START. THIS CONDITION IS THE PRODUCT OF OUR CIVILIZATION. BUT IF YOU GO TO A VILLAGE *IN GREECE* WHERE THIS KIND OF CIVILIZATION AND THINKING AND ANXIETY AND DRUGS HAVE NOT INFILTRATED, AND THERE YOU WILL GET BEAUTIFUL CASES. THE MOST SUCCESSES WE HAVE, ARE WITH PEOPLE WHO COME FROM THE VILLAGES. *They* have kept their health up. We have much *more* disease suffering and we have become more refined. I don't know whether we are better or worse,but we have made our health very sensitive. Therefore coffee for all of us will be bad.

Question : Tea has the same effect on many people. *They* feel much better after drinking black tea.

George : Black tea also,if that black tea has an effect. They will have to stop it. It is the stimulation of the body every time That brings about the relapse. The same thing will happen to *Valium* and all the pain killers. Cigarettes also. Alcohol also in big quantities.

I have not seen alcohol or cigarettes antidote. I have seen coffee and this I can be absolutely sure of. *I have* not *seen lea.*

When I say that "I have seen" I mean that a person took coca cola, relapsed, and I gave the remedy again. I said for him to stop the coca cola and he did not relapse. This I have seen. *We conjecture a lot but the facts are this,* that *coffee antidotes*. Cigarettes, alcohol, tea do not, but maybe somebody someday will be sensitive to Ginseng or spearmint tea or...

Question : What if the person has done well for ten years and decides that he would like to start drinking coffee ?

George : Yes, they can do that.
Question : They can drink coffee, or they will relapse ?

George : After many years, yes.

Question : Is there a cut off point?

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.

George : I don't know. What fear ? I don't remember. Op. has particular fears? Peculiar fears? Where did you find that?

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 l 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. Ina 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 sec 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.

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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 thar 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. T*hey* a*re* 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-l0 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, its not yours", and there is a big commotion inside. Whoosh! 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 Cale. You may see Ign. 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 person. He will need stimuli. And so on top of the layer which *is Sulph.,* you can put *a Nux-v.* 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 possibili*ti*es here.

Question : So you might see a person who has been treated even with *Calc.,* who gets better, then g*oe*s into *an*other remedy, *an*d suddenly you will *see Calc.* again ?

George : Yes. That per*s*on was given *Calc., an*d then you see Calc back again, and then you *see Cor-r., an*d then you see *Nux-v., an*d 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 *an*d it was Calc., *and* then you see him later *an*d it is *an*other remedy, it is not that he has become better, it is because he has become worse. There is a layer of *Cale. an*d there is the layer of *Ma-v.* That is the way I see this ques*ti*on.

Actually I w*an*ted to talk to you today about the changes from one remedy to *an*other. What is that? This changing? We say that a person is Nat-m. *an*d then *we go after one* or two *year*s and we w*ill give Rhos.* Now what is that per*s*on? *Nat-m.* or *Phos. ?* And what is the me*an*ing of that ? Has the person become better or worse ? When is a person better and when is a person wo*r*se? What is complementary ? When do we say that we have given constitutional treatment ? What is constitu*ti*onal treatment? Is it to give one remedy only?

And also to be able to evaluate the p*r*ogress of the pa*ti*ent ... So you will have to do some thinking on that in rela*ti*on to these lives as well. An experience comes, *an*d you see more *an*d more cases, you w*ill* have to put some thinking into that *ar*ea You see, you have a case which is Nat-m. *an*d we know in our exposi*ti*on 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 *t*reatment ?

George : It is possible that it might be both. But you don't have the sense that this per*s*on is be*tt*er now. He needs *Phos.* to feel be*tt*er. 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 in*to an*other remedy such as *Lyc.* or Phos. or Sep. or Apis, but the typical one will have the ch*ar*acte*r*i*st*ic*s* of the next layer or remedy which do not go deep into his ch*ar*acter. He will have either characte*r*i*st*ic*s* which *ar*e physical or he w*ill* have certain

mentalities 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* a*re* 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 Lyc.*

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 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 fear of death or the mental anxiety about health, which is a deeper level in *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 this together and what do we mean by that ?

We mean that when we give Caust., the person at that time was relieved of the *Caust.* traits and now he is going into more sensitive states where he is more concerned and more sympathetic. He goes towards a pathology, of course, and becomes too much of that, so he comes into a state of Staph. You will not see the typical Staph. of which we spoke in that case. If underneath is Caust. and a person comes into a state of *Staph....* If a person is Cause and we have not treated him, and the situation in his family develops in the *way* that I will relate to you. She is fond of her husband and they have a nice family. And the mother of the husband comes to stay in the house. The man shows some affection to the mother, which is a natural thing. The Caust. feels that she is put into second place. Then there is a commotion and she will not talk, because *Caust* .will not bring things out into the open, so they keep it all inside and more and more inside, until they reach the state that when she comes to you she will say, "I have vertigo", or whatever it is, but when you probe into the matter she will break out into crying and tell you that the situation which has been developing in the house is impossible. She will tell you that as soon as the mother-in-law comes into the room she feels suppressed and that she cannot breathe. It is impossible for them to live together in the same house. The mother-in-law has not said anything to this person and she wants to help. But the person does not allow her to help.

By the mere presence of the mother-in-law the woman is completely suppressed. The real remedy is deeper in this case, and it is *Coast.* On Caust. is a layer which has been put thereby the situation in the home and the *way* she faces things. And of course the *way* that she understands things. She will not speak. She will not say one word to the husband about the situation. And then what do you see? Vertigo. The symptomatology has changed. Instead of complaining about the mother, she complains, about the vertigo

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

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 orgasm wouldn't come. There was a closed up feeling and a feeling of being hurt. These people will say that they war t 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 ingrafted 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 *tr*ue. When you have a basic and primitive organism ... if we we*re* to *tr*eat the Brazilians, the South Americans, the Af*ri*cans, basically they have physical bodies which *ar*e healthy, we would see much more stable results. You see, you give a Phos. , and it is finished. Ch*r*onic inflammations and terrible things like *that* will vanish. But natural man is not sa*tis*fied with things. There may be five or six gener*at*ions that *ar*e happy and the tenth is going to stop being happy.

Question : Are you implying that these *re*medies 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 *ac*cording *to* our decision - our free will. Free will for me is absolute. Nobody will interfere *with* the will. And if somebody interferes with free w*ill*, 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 evolu*ti*on. That is why people with weak wills come under the influence of a person with hypno*ti*c powe*rs* who can say, "No, you will do this and it is the *ri*ght thing", and they do whatever he thinks is the *ri*ght *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 *ar*e 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 *tr*eated and be cured at the moment. And if their karma is not *to* be *tr*eated- this is not an excuse for you *to* pr*ac*tise bad homoeopathy - but if their *karma* is *not lobe well,* you wi*ll* 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 c*ri*minal way. And they were cured. If I had said, "No, I am not going to *tr*eat 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 *ri*ght 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 real 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 rem In 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.

Ques*ti*on: 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 ?

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*George Th*at is a good ques*ti*on because 1 would not have talked to you about *th*at. *You see I* feel that this information which I am now giving to you is only for you and for nobody else.

If it was meant for somebody *else,* they would be here. *If* thet *informetion* again is *going* to be *repeeled, it will lose its validity and power*.

You see, there is something -I *am* giving you words, but in addition I transmit something into *you* which is a knowledge which is beyond words. I use very few words. I try to describe something and I cannot. I *transmit my experience.* Now this is another thing than *ta*king big words and *tr*ansmitting *them* as well. It is a completely different thing -a different effect. And so I *don't* fe*e*l that the time is ready for you to use this informa*ti*on unless you have the exper*i*ence behind you to back it up, and the convic*ti*on. You sec, it is my conviction which *teaches,* not because I want *to* be convincing, but because I have "seen" and I know these things to *be* so. That is what I transmit to *you!* Toge*th*er with the knowledge! But if you transmit only *th*e knowledge, people will only shake their heads and say it is nonsense. "W hat is *th*at, what is he *ta*lking about ?" So it is better now *th*at we give out a level of homoeopa*th*y which is basic. That is most needed at *th*e moment on a bigger scale. *If I was going to write ro the W.H.O. about all of these* things, *they would never publish the material,/* am *sure of* thet. So what *I* give *them* is thet which *is up to the* level *of their understanding.* If I was flying outside in the clouds I would give *th*e potencies and so for*th*... .

Question : A man at dinner last night who has been doing *th*e recording of Karl's talk and yours was complaining about *th*e way *th*at homoeopa*th*y is being explained to the public. His phrase was *that* "It is not being explained in terms of contempo*rary* reality", so *th*e people get lost in the stuf*f.* We just have to go into o*ur* own language where nobody really understands. He was talking about *th*e *way* ...homoeopathy itself, in his feeling, is *th*at *th*e *th*eo*ry* makes good sense but when you t*ry* to explain *th*at *th*eo*ry* we use ideas which don't really necessa*ri*ly make sense to ever*y*one else. *They make sense to us, but we do not convey* that *to their* way *of understanding.*

Ques*ti*on : The vi*ta*l force, or ...

Answer: Right.

Response : He was *th*inking about the sto*ry* of *th*e house and *th*e b*ur*gl*ar.* He *th*ought that was kind of boring, but he was not talking about the whole picture.

Response: Not the over-all 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 ?

Gcorge: 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 he 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.*

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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.

B : It was terrible. (Laughter)

Response : But that was only the first try. You have to give yourself more credit.

Question : How about if we take 10 days to train you ?

George : It is difficult.

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)

Response : Most of the Greek doctors know *English,* so *why* not record in English ?

George . If l would do that, it would cause an upheaval. There would be a revolution. You should sec how many grudges they have now because I am gone.

CHAPTER 5
TREATMENT OF BABIES

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 area 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 ing is the wrinkles. I will give you examples l a t e r 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 E 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. 1 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 catrying it.

The crying may become shrieking type and occur during sleep. That may *be Bor., Lyc. or Zinc.* 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 jerkings 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 *e*ar 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. Croth.* 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? *Bapt., 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., *Chan., Caust.,* and *Lyc.*

Usually this here (indicates on the board) affects mostly 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-n.* 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 skinny. 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, 50m or* cm as *long* as *you are sure about the remedy.*

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

George : I don't know. But with this characteristic I have confirmed *Thuj.* It has worked beautifully when you have a few symptoms only and the way of talking is a big confirmatory thing. If the skin is dry, that *is Bell*, and *Bry,, Cale., Cham., Kali-c., Lye., Petr., .Sulph,, Strom,,Teucr.* That is for dry skin. But if the skin is dry and rough, *the* first remedy you think of is *Petr., Cale.,* Sulph., and Sep.

Question : Is the skin rhat 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, jusr 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 a lot like vitiligo and they 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 on the baby 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. , Tub., Phos.,* and *Sulph.* These can be in acute cases.

Hysterical children would tend to need *Nat-m. or lgn.*

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 lgn.

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 he inflammation on the margins of the lids and you will use *Clem,, Graph.* and *Sank.* 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

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 *fl*esh and have left it exposed.

Question : Is that the whole scleral part of the *eye?*

George : No, *not the* scleral *pan* of the eye, it is a patch. It is a kind of haemorrhage of the capill*ar*ies, superficially. This is the appe*ar*ance; I cannot tell you the exact pathology involved.

Response : It would be nice to have photographic desc*ri*ptions.

George : Yes.

Question : That is not an infection you *ar*e descr*i*bing ?

George : No, it is not an infection. *1 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 ve*ry* much. That is not the ch*ar*acteristic 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 lam *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 *th*e lids at this point (demonstrates) on *th*e back, it appears like a sac of water here. If *th*ere are little sacs of water here, it will be Kali -c.

If *th*e margins of the lids *ar*e swollen, equally swollen, *th*en *th*e main remedy will be *Euphr.*

Black lips - VERY DARK - in children and also in grown-ups, especially *th*ose who *ar*e suffering from stomach *tr*ouble, 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 tow*ar*ds death. In the *last momenrs 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 m*e.* I *don't car*e 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) You expect an amelioration and a peaceful death and it suddenly p*ro*duces an aggravation and his final vitality is still inside. Then you look for the next remedy quickly.

The face which is bluish *ar*ound the lips is Cina. When the face is bluish in general - especially in respirat*or*y troubles - you w*il*l come to *Stram., Tab.* and *Cupr*

Question : What about d*ar*k *r*ings under the eyes ?

George : Often that is Sec.

There *ar*e a lot of *remedies* that may have d*ar*kness *ar*ound the eyes. *Ph-ac.* w*il*l be d*ar*k blue under the *eyes. Ars.* and Sulph-ac. also.

Persp*i*ration in the ce*rv*ical region, especially during sleep, the first remedy you w*il*l think of is *Calc.* I am not talking about general perspiration, but in the ce*rv*ical 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 sto*ry* that the baby is perspiring a lot, but dur*i*ng a crisis of, say somet*hi*ng like dyspnea, the baby is really d*ry.* We would expect the perspiration to be more wi*th* the effo*rt* to breathe, but at that moment *th*e perspiration subsides. Most of *th*e persp*i*ration is not wi*th* *th*e c*ri*sis. The remedy you will need to remember most wi*th* bronchial as*th*ma in babies is *Samb.*

Question : For the crisis or cons*ti*tu*ti*onally ?

George: Constitu*ti*onally. They perspire a lot in general. They will run a little bit and come out in full persp*i*ration. There is ex*tr*eme perspiration at th*e least* exertion. But during *th*e c*ri*sis *they do* not perspire.

Sometimes *the perspiration* continues or becomes less and so forth during the crisis, *hut* 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 appe*ar*s 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 : No. You have the impression that it is thick and it does not glisten. Which is the remedy? The books even call it snow-white.

Response : Ant-c.

George: Yes, ve*ry* 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 *Caast.* If the tongue is white on ONE side, think of Rhus-t.

Now here is a rub*ri*c that everybody will know "great salivation".

All kinds of *Mercuries - Merc-c., Merc-br-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 p*r*ofessors would go to the out-patient clinic eve*ry* 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 exper*i*ence with these things, like prescribing on keynotes. Usually we would all be tight behind him t*ry*ing to get some infotmation.

He would NEVER tell us why he gave a remedy - NEVER! He said that one or two questions would give the remedy. Of*course* l 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 w*ri*tten

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 oveF the child. He was given *Mere.* of cou*r*se. 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 *t*old you this sto*ry*. 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 si*tu*ation 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 we*re* on "this side". Typhoid fever is common in India and so they would t*ry* 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* prescrip*ti*ons. So this typhoid patient was getting worse and worse and he was going to di*e.* He was ve*ry* 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.* But is *Sulph.* so cold ?" But they gave him *Sulph.* and the next day he is warm and he wants air, and finally they had to bring 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 cannnot say that he should not do keynote presc*ri*bing. He knew the type. He saw the person. He had had 50 years of experience. He had s*tu*died 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 ir*ri*table. 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 th*r*ough the examination. Kent was ve*ry* critical and ve*ry* ner*v*ous. So he made a lot of enemies of course. *Maybe he had made too many provings* on *himself*

Question : Did Kent prac*ti*se in Montana?

George ' No, he went there to die. He prac*ti*sed in Chicago, Philadelphia *and* St. Louis.

Question : What did he die of ?

George: Pneumonia, I think.

Question : Did he try to get well ?

George : I think he had a b*r*onchitis and he was ve*ry* exhausted with his vitality. He was very exhausted. It was proposed *th*at he go to *th*e 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 ve*ry* important. If a child lies in the kn*ee*-elbow position, what will it need ?

Response : Med.
George : Yes, ve*ry* good, What else?

Response: Calc-p.

George: Kali-c.

You see a child *th*at is c*ry*ing while he is lying down. So you prop *th*e child up and then it stops c*ry*ing. This is true especially in dyspnea. What *ar*e the remedies ?
Response : Ars.

Question : I don't understand what *th*ey *are* doing with the child – just holding it up*r*ight ?

George : It was lying down and *they* propped him up and put him up in bed. *He is better when ,sitting up in bed.*
Response : Cale., *Ars., Lach.,* Spo.

George : Right.

Lying on *th*e 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 *th*ey *ar*e better, you have to think of *th*ese remedies. This is pressure on *th*e 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 *re*medies. When *th*e child lies with its *ar*ms over its head, it will be *Puls.*

Again, the reaction to food and to milk should be noted. If you s*ee th*at *th*ey bring up *their milk* ten minutes af *ter th*ey 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 *th*em

back to taking milk. This is any kind of milk-mo*th*er's milk or a product from *th*e. store.

When *th*e urine is greenish in *color, Merc-c.* is indicated and Camp*h.* When *th*e urine is d*ar*k br*o*wn. *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 *re*medy indicated. In urine which smells like fish, Sanic. and *Bufo ar*e indicated.

In urine which smells like *th*e sweat of a horse. *Nit-ac.* is indicated and also Nat-c.

If the stool is like rice-water, *th*e main remedies *are Cupr., Camph.* and Verat. There *ar*e o*th*er *r*emedies of course, but these *ar*e the main ones.

Question : What does *ri*ce-water look like?

George Whi*t*ish and VERY liquid. It is a pale white.

When there is a stool which has *th*e appe*ar*ance of white chalk, Calc., .Sanic., *Ign., Podo.* and *Mag-c. ar*e the remedies you should first think of.

When the stool is wate*ry* and green, you should *th*ink of *Cham.* and *Grat.*

I am making a specific study of *th*ese remedies to b*ri*ng out the ch*ar*acte*rist*ics. I hope one day I will be able to do *th*at.

Question : Hasn't *Puls.* got a green stool too ?
George : Sure. There *ar*e MANY remedies. If you open *th*e 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 wi*th* great fever ar*e* usually *Hyos.* They will make gestures as if they *ar*e playing wi*th* someone and doing *th*ings with *th*em. Hyos. will also direct hands to the genitals. *Pete.* and Bapt. *ar*e also indicated in gestures such as picking at *th*e bed-clothes. *Taren'.* has a restlessness *rath*er than ges*tu*res. That is ano*th*er thing.

Question : Stram. ?
George : Yes, all of *th*e violent remedies.

Question : Is Agar. more of a violent *type* of gesturing ?
George : It is a kind of gesturing which comes *fr*om the ner*v*ous system being ir*ri*tated.

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 1 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 thar and what type of people he is taking through such CRISES.

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 inter-personal 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 firsr hospitalization they had done fairly well. Now I am not ralking of the childhood schizophrenia. I am talking about the person who functions okay from 13 to 16 years and from thereon in there was a break. If you got them early, you would find this happening: if you gave them the medication and the hospital routine of bringing them in fast and getting them out fast, the ones without the medication didn't look *nearly* as good at that point. But then a really remarkable thing would happen.

If you look at them three to *five ye*ars later, they will look worse on release for six months and then them is a cross-over point which is almost diametrically opposite. There are about 80 percent in that sample who would come back to the hospital and in time would be considered chronics. After the Agnews 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 his*tory.

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 did not 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.

I think that the options were depressions, possible suicide because there had been suicide in the family, and I think that madness was a real alternative for her. That alternative in a sense precludes or prevents her from suicide. It is an option that negated the possibility of suicide. With her, it is almost too simple. With those roots, you can almost predict day by day what she is doing and what she is going to do. She is prime. She is easy. I can watch her and she is almost classically the someone who will go through the process, and I can tell almost to the day when she is going to start to stabilize and when she will tell you this and that, and when she will go in and out of it.

She went into the acute part and she went as far as she wanted to go with that. She lays out the single issues and during the acute phase those issues that she is going to deal with will be laid out. "Who am I" in relationship to mommy and daddy, and in the world as a woman, and as an individual person. The Jungians call it an individuation process. I think that is a good term. It is a key term to use -"How do I separate myself out?'

But at the same time you separate yourself out, you cannot deny those parts that are like your mommy and daddy. So with B., she would fit in this category 1. She is phase 1 of the acute phase of the process. She lays it out. *It seems like* a maniac *stage, but* it *really isn't.* If you look at a true maniac, they don't project and they don't connect or have the identification or stay close. That is hard for them. But they don't do the projections that well.

With B. you will see that she will connect with it and stay with it. So she is not a true maniac. Now a lot of times she would be diagnosed as maniac under usual conditions.

So, *she looks a* maniac and *that is just phase I. If we were to continuously medicate her and continuously stop that process, we* would *start to see her emerging* with *paranoid elements.* And so, oh boy, we can diagnose her as a paranoid schizophrenic, or as a true manic-depressive. She would continuously try to connect and would be told, "No, no, that is too extreme", and stop. So you get this touch-go, touch-go, touch-go, like you will see most manic-depressives do. They don't stay. There is a critical difference. *So they gave Lith.* and by and large interestingly enough I have seen enough people after one day come down through *Lith.*

We also gave placebos at one point and those people also came down. You learn that process and you learn to come down with it. There is a real effect with *Lith.* but again *I think* that *years from now, and on* down the *line, we are going* to *find* that it *is* another *toxic substance. Everybody will disagree with* me on *that.*

Comments : Not in this group.

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 fora 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 fora 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 emount 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?

Sten : 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

At certain developmental points in this person's hie if they were given ECT a lot, *they will never come together.* At that critical period, anyone who has had 15-20 shocks, they will never come together. I have had maybe a couple of dozen that I have tried to work with. They almost get closure and then they pop. I don't know what goes on. There is some major damage done if they have had shock treatments at certain critical periods in their life.

There was a 17 *ye*ar old honors student brought into Langley-Porter. I got her a year down the line. She had been pregnant. She was in an Irish-Catholic family. She had had a break. They aborted her and shocked her. A year down the line she was capable of functioning with minimal tasks and maximal supervisions. That was what was expected and that was what happened one *ye*ar later. That was as far as she got. I worked with her for almost a year and she didn't do much better. There was a permanent lock-in. Except for those situations, if I have anybody ... let me give you who we can work with.

Question : Do you feel that if you had gotten her before the ...

Stan : Oh, she would have been easy. Somebody that has been functioning that well up to 17 years old and then they have a break, *almost* routinely I *would take 95 percent of those people through, do the follow-up for* a year, *and do the family work as well. We would* never have to see *them after* that. If they make *the ye*ar to year and a half, there will be a lot of fluidity. That is part of the reconstitution phase. *They* would make it at that point. *They* would be home free.

Question : Do you follow the work of anybody else in particular ?

Stan: No, I don't have a place where people are encouraged to be crazy and produce a mad house. That is not where l am. I believe in functioning in the world. I believe in one's ability to manipulate the world for one's needs and that you have to learn that.

I believe that in the acute phase, you deal with a lot of inter-psychic and inter-personal issues have to do with relationships, intimacy, nourishment and functioning and then you start to stabilize and deal with how you want to be and can be in the world. You can manipulate it to your own end. One of the biggest problems that we have now, is *that we* have *professional mental* health which *may even take the first phase. but then rhar stick them* in *the resident phase where they le*arn *to be* crazy in-house.

That is okay, hut they don't provide a work-out outlet or training. In the people that [have, within 3 months after the acute phase, you had bloody well better be in training in *a program* in which *you are not being*

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 *ar*e you going to do then?

Stan: By and large we get people who ... we get two kinds of people who *ar*e catatonic. These *ar*e people who have been coming into it for a long *ti*me. They may be in the house fora year or so. *Th*ey 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 *th*e cat*a*tonic states.

Stan: Usually *th*ey have started to pull back e*ar*ly. We get them after *th*ey have pulled back a ye*ar* or two in *th*e home. They have been allowed to withdraw fr*o*m school and *th*e family has protected *th*em. There *ar*e a lot more of *th*ose people *th*an we want to realize who *ar*e being held in homes now. I got a chance to really look at *th*at at Turlock.

This Turlock is in Central California and it is a farming community near Modesto in Contra Cos*ta* County. There is a real hos*tility* towards hospit*a*ls 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 *th*e homes, but a lot of *the catatonic th*at we see in *th*e hospital is only a fraction of what is being held in *th*e homes. They usually have a history of building up *to* that and it is interesting.

The second group of cat*ato*nic that 1 see are *th*ose *th*at go through a lot of phases. They *ar*e in*iti*ally very active or paranoid. They almost give up in a sense. The second group almost gives up and regresses. This is a *regressive* cat*ato*nic. Wi*th th*em you have *th*e best prognosis. You can bot*tl*e feed *th*em, wash *th*em and like *th*at and *th*ey will come out if you *ar*e rea*l*ly c*ar*eful about *nourishing them and seeing that they do not get into* a catatonic *exhaustion.* But *th*ey will come ou*t.* That is *th*e reressive cat*a*tonic.

There is another brand of cat*a*tonic *th*at I have no magical insight to, but th*ere th*ey ar*e.* They just lie there. You can *give them all* you have and any*th*ing *th*at *th*ey might want, but they *will just lie there.*

I have had mixed success with *th*is group.

Ques*ti*on : What is their his*tory ?*

Stan : Most of *th*ose people have had mul*ti*ple breaks in homes in which they were p*r*otected. But *th*en *th*ey 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. The*y* 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 active 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* th*e* 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 l 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 thereat 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 their 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?

3

Stan : Oh *yes.* Regardless of what state. If I have a catatonic, as long as I can keep them alive, 1 will find *a way* to reach them, one way or another. T har system is re-doing *itself. There is an active process going* on *inside* that *person.* It is not *stati*c. It is not, "Klunk!" I don't even know any more what ch*ro*nicity means, except with some of the people who *ar*e given shock *t*reatment or brain surge*ry.* 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 ar*e not going to *get better, can get* better. He has been in this process for thi*rt*y years and he will just sit *there,* after this, afraid *that* he is going to die. There *ar*e 8 houses in the Peninsula that you cannot find. They *ar*e unknown. *They ar*e full of people who were pulled out of Menlo Park. They have janitorial ser*v*ices, cooks and it is a ve*ry* closed corporation. They *ar*e functioning in these houses. They need the stimulus of a kind of encounter with the pr*o*jected images. It is pa*rt* of the system. They have an encounter with that image. You have the mechanism for st*ar*ting to feed back. In a sense, they recons*titu*te themselves. We just p*ro*vide 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 inte*rn*al st*ru*cture.

Then you have people with good histories. They have done well in the*ir* histo*ry* up until the *ti*me of the break and you have them *early* on. You have gotten them after a sho*rt* period *in the* hospital or maybe even a couple of ye*ar*s. We have gotten them in and have been able to do the follow-up. You can't detach *th*e follow-up f*ro*m *th*e work itself. It has to be. I t*ry* 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 st*a*y out *th*ere.

George : Can *th*ey work ?

Stan : They can work and *they* do not need to be in a mental heal*th* system. They *ar*e not professional pa*t*ients. If I had *th*ose condi*t*ions for that *gr*oup of people, comprising anywhere between 15 and 20 pe*r*cent of *th*e popula*t*ion *th*at come into *th*e hospital, *th*en 1 could work wi*th th*em. *Part of my system is to* try to *get them* as *early* as *possible.* People wi*th* childhood histo*ri*es we were MUCH LESS successful wi*th*. There are people who have a histo*ry* as far back as *th*e person can remember of not being able to relate, not being able to func*ti*on in school and so *th*e symptoms went a long *ti*me.

It is *th*e same wi*th* an au*tisti*c child. We are just beginning to get some sense *th*ere.

Question: Do many of *th*ese people get physical illness? Particularly in *the years* following *th*e major men*t*al 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 ve*ry 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 man-power 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.* You have to understand that a psychiatric hospital absorbs the costs so that each department gets a fair share of all the costs - surgery, laboratory, medical records and all of that.

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 S 100 per *day.* Again, we do not 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 ,o 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 S 300

figure. And thar 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.

S*ta*n : 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, which is 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.

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

S*ta*n : 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 count*ry that *prepares people to deal* with *this kind of crises, the kind of acute emergen-*

des. There is no training. General purpose psychia*try* d*oes* 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 treining. If you are* not stuck *in your professionelism 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 speciality unto itself. That has been my experience. Even with the speciali*ty*, people who deal with the acute phase *are* not necessarily good in the follow-through p*ar*t.

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

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

Question : But *afterwards*, what d*oes* 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. He 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 speciali*ty*. A good continuing c*are* 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 si*tu*ation. Ini*ti*ally the person is going to he ve*ry* shaky and you will need pe*ri*ods of *ti*me 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 psychia*tr*ists ?

Stan : Oh yes. Let me tell you what I was also involved with. Two bills: The Bates which is the State Mental Health Alte*rnati*ves Act, and the Kennedy Waxman bill, both which have been passed. So there is money and recogni*ti*on 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. Ever*y* time when I hear an axiom I break it. *No hospitals, please.* So there is recogni*ti*on and there is a growing kind of concern that we *are overusing* medications.

Incidentally, I have copies of the Willie Brown repo*rt* on medication use in the state and I-w*ar*d statistics. These *are mentioned as good alternatives.* There is a whole study on tha*t.* It is really becoming kind of recognized that we *ar*e on a track which is presen*tl*y 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 abetter program than almost any *ar*ound, and that was a hospital.

Question : What would you say *ar*e 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 l don't know enough ye*t.* Traditionally one of the problems with allowing this p*r*ocess to go on is that *people will not deal* with aggressive *behavior*. It is the *same* problem ever*y*where. A person can act seduct*i*vely 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 *ra*ge and that is *frightening. If a person* is *completely out of control I am going* to sey "uncle" *and* use *medicetion if I do* not have *the wherewithal to provide safety - physical safety - to that person and the people eround him. I* am *going to* use what I have *to put a lid on* that *until I can get lnformation.* That is a real danger because some*ti*mes something comes out that we *can't deal* with and l don't want anybody to get hu*rt* so we have to put a lid on i*t.* 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 c*are*ful of. That usually happens when the patient takes the symbol and *acts* as if it was re*al*. 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 i*t* real. The pe*r*son 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 re*al* and we stop it.

George : Thank you ve*ry* much for coming.

Sten : Becky has been working with mc. Give Becky sometime. This is the first time we have worked together.

Becky : Mostly I think what I *provide* in the si*tu*ation is a female who does not back off from B. or Stan or the family. Our work s*ty*les *ar*e compatible. He is ve*ry* aggressive and he is comfortable with tha*t.* B. is get*ti*ng into the process that I think you talked of today. She is re*al*ly examining suicide and *her* alternatives. Going crazy I think was a way of avoiding the decisions. She has been *ta*lking about that kind of issue *to*day.

Question : She was looking good, so to speak for a while?

George : Yes, as *they* come out from the crisis, usually they consider these possibilities.

Becky I feel that we *ar*e past that at this point. The fact that she is able to be cle*ar* 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 cle*ar* why he killed himself.., but what is relevant is that she was fee*li*ng guilty and was talking about letting go of that. She said, "I don't want to be a masochist". That is *a very* cle*ar* statement

Stan : I am not so wor*ri*ed 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 *ri*sks in this group - signi*fi*can*tl*y ?

Stan : In 12 ye*ar*s I have had one suicide in a person who had had a long histo*ry*. They had taken a c*ar* with a woman, jammed the accele*r*ator down, aimed it at a pole, and I got that person after *they* had hit the pole. So there was a whole histo*ry* of that kind of behavior. That was the only one I had in 12 ye*ar*s.

Question : No a*tt*empts ?

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 *ar*e depressed. They are psychotic, and they *ar*e act*i*ng 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 ve*ry* much for coming.

CHAPTER 7

SOME REMARKS ON *ARNICA, CACTUS* AND *GELSEMIUM*

George : Do you *remember* fr*o*m the conference last year where the man was desc*ri*bing that he had an accident and took Ara. It was interesting. He said that it affected him ve*ry* much. After two days he started to have a *severe,* constricted pain in the chest. Arn. 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 Arn. because he had b*ru*ises and the pain went away. But then this constriction developed which was ve*ry* severe and he had to take painkillers. Arn. is not indicated anymore, of course, but Cact. *will act like magic.*

Al has shown me a ve*ry* interest*in*g desc*ri*ption of what is going on in *a Gels.* case. There was inter*n*al *tr*emb*li*ngs and pleural symptoms. The *tr*embling 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 inter*n*al *tr*embling and loose bowel movements. Didn't I have that 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 inter*n*al *tr*embling.

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 *ye*ars old. One year ... no, two *ye*ars 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 *ye*ars 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 hem. I had to work, but what could I do? I was ten and a half years old. I thought that l 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 l was going,' could not see because l 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 warer in it. But l went inside and my disc hit the edge and everything was scattered. Them 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 already 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 pain-killers — 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 on 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 to work at different jobs - heavy jobs and light jobs-and I paid my aunt for staying at the house. Those were very difficult times because jobs were very scarce in Greece. Eventually one *day* I bought a book "The Autobiography of a Yogi". Many of you may know that. I remember that 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 auxilliary. 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.

He said that I could get it from Johannesburg and I was given the address. So I took the bus and went to Johannesburg and bought the *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. *ganon* of *Medicine,* and with Kent's *Materia Medica* and *Kent'sRepertot*y. 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 l would give an answer, but I would keep on reading. I would go on into the night, after ten how's 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 *ve*ry 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 sec 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 *te*ll you some more.

CHAFFER 9
ABOUT HEALTH AND DISEASE

George : I am not going to give you a lecture. I would like to communic*ate* 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 *ar*e concerned with today is *to* find out what that system is. Unfortunately you cannot experience it on a purely theoretical basis.

Behind the theo*ry* of homoeopathy *there is* a logic which *anybody can* comp*re*hend 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: V*ery* 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 *te*ll 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.* So 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* afire in the *next room* or the*re ar*e burglars in the *next* room and *they* are stea*l*ing something that belongs to us, and there is an al*ar*m. And then what you sec is a big commo*ti*on - 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 rhe burglar in the next room.* We see the upheaval in the body, but there is a burgl*ar* who is going to steal something in the back room and this has caused the body to be alarmed and *to produce* a reac*t*ion. 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 en*te*r the body ? Because the body was not gu*ar*ded 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 then 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 again 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 bum 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 l know you have a lot of questions.

EVERY symptom is a defense mechanism in homoeopathy. It is the result of a defense mechanism. Therefore, it is useful. And immediately you will ask me, "Do you mean to say that my anxiety which I have, my depression, is NEEDED ?" or the epileptic fit is needed? Do you need sadness? Do you need headache? Do you need a headache which comes at 11 O'clock every morning 2"

Okay, the fever we understand because the *fever* brings up the temperature of the body and then creates a perspiration and the toxins come out. This we can understand. But why do we need a headache? *Why* do I need an epileptic fit ? *Why do I need* the sadness *and the depression ? Why do I need the anxieties and the fe*ars*? How do* you say that we *need* them? Can *anybody answer* that *question?*

We maintain something which is a paradox almost. Fora certain level, on the physical *level,* we may understand that. But what about our symptoms on our *emotional level* or on our mental level ? Here you have to understand a little bit, that YES : this body needs the symptoms which appear at a certain moment because through that symptom, through this anxiety, something worse that was going to happen if the body did\ not rise up and bring forward that particular symptom, would happen.' That means a headache may reasonably be necessary because a headache means a spasm or a relaxation of the vessels. The more that the arteries and vessels relax, we feel it as a pain. If the body did not bring about that relaxation on the artery, what would happen ? *The pressure on the artery would remain high and we might* have *a brain episode. We* might *have a damaged brain permanently. So the headaches really are* needed. *Be-cause our body is not yet* in *perfect balance. It* is *disturbed in some way.* And it produces certain symptomatology in order to prevent something which is much worse. *So ever*y *symptom must be regarded as an assistance for our battling of our bodies,* in order to counterbalance-in order to bring out a fmal balance ... a final equilibrium.

Question : What about symptoms that would kill?

George: I will talk about that. So what we have as a final result is that each organism has a kind of capacity, a kind of unbalance. So put this together... *the* capacity, or the possibilities which he has as an organism, and the imbalance on the other hand - put these two together and it gives a symptomatology. That symptomatology can be in chronic conditions repeated every day, or a very few days, or every ten days, and it is nothing else but a constant effort of the organism to bring about a balance. *Now if the* organism cannot *do that, then eventually there always* comes a time *where* the organism *cannot do* that - *cannot produce* symptoms *to prevent the final damage and* collapse - *and death ensues.* But if we had

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 symptomatologies. 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 patient 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 and then I will be bloated up and I have dyspnoea."

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 answerin[g] 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 That is aggravated. Perspiration is aggravated. The headache is aggravated, because it is not dangerous. But at that point at which there was danger, the organism has the intelligence not to aggravate it but instead to relieve it immediately. And if the coughing is really going to be destructive for that particular person, then the cough will be relieved and other symptoms will be aggravated.

The human body is infinitely complicated. We do not know today even a millionth of what is going on inside the human body. Therefore *it is very difficult to decide logically* which *is good* and *which is bad.*

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 homoeopethically 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 homoeopathy is *also something more* than *just* curing *a disease. Because you know what a disease involves and how* we eventually *become* diseased by w*r*ong doings and by wrong actions and things like *that as* we go along in our lives. For a person to say, "Come, l shall cure you" is a big thing. And this science is ve*ry* difficult to be understood and to be thoroughly mastered at this moment by the doctors. Why? Because every disease ... you sec bronchi*t*is and it has for every individual a different expression. There is b*r*onchi*t*is here in this person and bronchitis in that person. A homoeopa*th*ic physician will not give *th*e 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 homoeopa*th*y we have what we call *th*e "drug picture". In *th*ese drug pictures we have ... It is late and I will give you just one drug picture. *Sepia.* Sepia is from *th*e sea, from cuttle*fi*sh. This medicine is produced from that. It is interes*t*ing *and I shall* describe to you the psychology of the *person who may need the remedy.*

In *th*e beginning *th*e child feels happy and is okay. As it goes into *th*e world, he starts going into different ideas, groups, cultures, e*tc.* and he or she goes and has some relationships wi*th* people and sexual relationships. These are expe*ri*ences. But *th*is is a sensi*t*ive, excitable person. She is usually a can person who is ve*ry* excitable and sensitive. So *th*en *th*ere is a girl who is 14-15 ye*ar*s old and she has a relationship with somebody. And this sensitive woman comes into contact with a man of 22-23 yea*rs* old who is kind of brutal. And as our culture leads her to have sexual intercou*rse* wi*th* that man, what happens is that *th*ere is a big trauma in *th*at woman. She is handled ve*ry* badly. Then what do we see immediately after *th*at *?* 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 *th*en she finds from one man to ano*th*er *th*at she cannot have a real excitement in sex. Then she goes into so-called spi*r*itual groups. This is a usual pa*tte*rn. In *th*e spiritual group which she joins, there is *a guru* who is insensitive and who d*oe*s no*t* really understand *th*e make-up of *th*e person and he tells *th*is person *th*at she should do *th*is and do *th*at and there *ar*e ve*ry st*rict disciplines. The woman starts to res*tr*ict herself and tries to apply *th*e disciplines. In *th*e mean*ti*me,from inside, there is something which says, "No". But she tries to apply it and more and more she applies it and *th*en more and more she becomes dull in the mind. You sec how *th*e 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 ve*ry *sensitive woman* and was *ve*ry *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 qui*et. Why? *Because it does not work any more.* In such *a person it is strange that she* understands *ve*ry *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 Ieucorrhoea. 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. B ut 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 cafeine 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 homoepathic 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 the*re* is some damage to the a*rteri*es, and you feel ve*ry* depressed. *You have a symptomatology. You* may an*ti*dote *this symptomatologyby taking* a high *potency of that particular drug that you have been using in material quantities.* That do*e*s not always work. You need to have a doctor who will decide what you need *ac*tually. In order to an*ti*dote 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 sor*ry* that the lectures ended with such a depressing statement (Laughter). I have to tell you the truth.

I know that you are ve*ry* 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 fi*r*st person was who squeezed the cuttle*fi*sh and got *Sep.?*

George : Hahnemann was the o*ri*ginator. He was a German doctor who was the o*ri*ginator of that.

Question: When we were in Europe, my daughter cont*ra*cted spinal meningi*ti*s. When we w*e*re in the hospital ge*tt*ing Penicillin I wondered what you would have done.

George : I had a similar case wi*th* the child of a doctor. I just *re*lated that case to my pupils when I first came here. The child did beautifuly with homo*e*opathic medicines. In 3 days, *th*e child was out of *th*e hospital.

Question : What did you give ?

George : What I gave do*e*s not matter. I gave *Phos.* but in ano*th*er meningi*ti*s case it may need Sep., or it may need Sulph., *or Lye.* Don't go and give *Phos.* to ever*y* case of meningitis.

Question : Would you go through ano*th*er remedy picture ?

George : I *th*ink *there ar*e certain people over 30 here who *ar*e tired. (Laughter).

We have to *take* into consideration that l have been speaking continuously today fr*o*m 10 O'clock on.

Who is an astrologer *here ?* A good astr*o*loger ?

Who can te*ll* my sign ?

Dick Price : Leo with Sulph . rising (Laughter).

George : A ver*y* good student in both hom*oe*opathy and astrology.

Question: Would you be willing to speak with us another *ti*me before you leave?

George : Are you *re*ally interested ?

Response: Yes.

George : Sure. *You don't of course think that you are going to learn homoeopathy by listening to a lecture.* I am sure this can be arranged. I am feeling some st*r*ain with the prog*ra*m and my voice. If we could do it on a Saturday or Sunday whe*re* I shall be mo*re* free and rested. I need more relaxation *before* I speak so I can do justice to the interest.

CHAPTER 10

GENERAL QUESTIONS AND ANSWERS

Question: Cana 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 *Thuj.,* 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 you 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 he able to experience and understand

that The difference is not so much the first month, but in the third month they come and tell you that it was the right remedy. You will then repeat the remedy.

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 you talk about the relationship of acute and chronic diseases? If you *give* someone an acute remedy for an acute condition and they have a chronic problem?

George : Okay. We will talk about that. There are different possibilities. The question is, "If you treat somebody constitutionally and an acute crisis comes on, are you going to give a remedy or not.

Question: And also, what does it mean?

George : What does it mean?

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 thar the first case was easy to *tr*eat *an*d that you have given a remedy which has acted constitutionally. This is a remedy which has acted *an*d *an* acute c*ri*sis develops. We presuppose that the remedy has acted, no? If this acute condi*ti*on comes immediately, the *fir*st or second day of yo*ur* 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 cys*ti*tis, a nephri*tis*, *an* influenza, or *whatever* it is - *an*d this breaking out of *th*e acute c*ri*sis coincided, but we suppose that the remedy is *correct.* We take the presuppos*it*ion that the remedy is correct. In this case we cannot know whether it is correct or not, but we want to give it a ch*an*ce.

Now this is a rather unfo*rt*unate thing that has happened. So what you *ar*e doing is that you are allowing yourself to obse*rv*e how much that has acted, depending on the obse*rvat*ions, the *ti*me, and the sever*i*ty. *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 sever*i*ty will slow down *an*d the person will become better without taking *an*other remedy. You wait then to see what is going to happen. The ailments for which you presc*ri*bed chronically may eventually be gett*i*ng better. There is a possibility that because that coincided, the *remedy* has exhausted itself due to the acute st*at*e *an*d you *ar*e going to see *an* amelioration for a sho*rt* time. The ameliora*t*ion is only for a sho*rt ti*me. *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 p*ro*bability. In that case there is also a probability that the case will do well for a long *ti*me *an*d it is not necessa*ry* 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 c*ri*sis that yo*ur* remedy is an*ti*doted and that you mus*t r*epeat the remedy. DONT 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 amelio*rat*ion, but the appearance of a new layer. You may see that when the perso.' comes out of that acute crisis that they w*i*ll be *worse* for one month or maybe better f*or* one week, depending on how short the

amelioration was, and when they return ir does not have to rerurn 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 had 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 *ye*ars later ?

George: The Bry. is underneath. You takeaway 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 Rhust. 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 also 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 you are 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 *str*ess can br*i*ng 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 w*ere very* unfor*t*unate 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 perica*r*di*t*is, endoca*r*ditis, etc. You don't sit back and wait, wait, wait, and see what happens with the remedy. So the seventy of the case w*i*ll 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 the remedy is. *Don't get excited that there is fever and* thlngs *like* that *and then jump* and give *a remedy.* No. *Nobody dies* with *a fever within 1* - 2 days. *Who* can tell wh*at* 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 tow*ar*ds recov*ery*. 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 condi*t*ion.

The assesment is that yo*ur* 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 s*tr*ess 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 *t*reat the acute situation, but that does not mean that the remedy has not acted. So here we suppose that the stress is a normal circums*tan*ce. He develops an acute c*ri*sis 7 - 20 days a*ft*er the constitutional remedy. Most probably the remedy has not acted in this case. *Otherwise it would* have *protected and mede 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 s*tr*ess as I used *to* when I was get*ti*ng a cold, and now I did not get a cold". If that is *the* case where he put himself in a situa*ti*on which was normal and he still got a cold, then your remedy has not acte*d*. 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 he needs Ars. and not *All*-c. If 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 : l am not 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 l have seen it...

Question : I have this case where afrer a vaccination they were not well fora 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* tteating 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 salivation 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 Cauct. 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* have *the aggravation for little things like that.*

See Lecture, I.T. Kent : *"Lectures on Homoeopathic Philosophy "* (B. Jain Publishers (P) Ltd., Book Code 13-2334.

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.*

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 !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 *ar*e already taking medicines. We say to them that if it is absolutely necessa*ry* 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 *lake the case.* If he has been taking Cortisone for the last six months or last six *ye*ars, 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 topical Cortisone? Do you find that that is equally as disastrous as 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 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.*

Quest*i*on : 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 OT even the next day - and that is the next layer. Then you give it, and the recovery will follow.

Question : But it is not an aggravation as such? It is just a new layer?

George : From appearances, it will be an aggravation of your remedy. They 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 *Ans.* 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 *t*reat a per*s*on w*ith* a chronic degene*rat*ive illness of some sort and in 7- 20 days, *th*ey get a severe cold, but *th*ey have not had a cold for 10 ye*ar*s ...

George : This is *th*e next observa*ti*on *th*at I am going to give you. I will tell you when *th*ey will get a cold. So we went too far, I think. *Th*ere is an assumption *th*at *th*e remedy is not correct, and you have to consider a new remedy. Your remedy has acted. You don't just THINK *th*at it has acted. And after ano*th*er two months or six months or even a ye*ar*, *th*at person develops a ver*y* severe bronchi*ti*s or pneumonia, or a seve*re* kidney infec*ti*on. *Th*is is ver*y* severe. This is after a period of *ti*me - quite a long one - in which he was quite well. Usually what you will he*ar* is *th*at "I used to have *th*at type of *th*ing for *th*e past ten years".

"I used to get *th*is severe bronchi*ti*s, 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 *th*e acute c*ri*sis is really a bronchopneumonia, *you* MUST *treat* it. Most probably in such cases you will see *th*at if you have given Sil., in *th*is stage you w*ill* need *Puls.* If you have given *Lyc.*, in *th*is s*ta*ge 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 *th*en, having *t*reated *th*at acute, do you presume *th*en that it w*ill* be *ti*me for ano*th*er chronic remedy or *th*e acute remedy again?

George : Now, *th*e further obse*rvati*on that you will sec from *th*at treatment onwards, the patient really will not bo*th*er you anymore. From that moment onw*ar*ds you will he*ar* perhaps if you meet him by chance a*ft*er a ye*ar*, or somebody else tells you *th*at he is absol*ut*ely well. It will run *th*eore*ti*cally to Si!., *Puts., Kali-s.* These *ar*e *th*e layers which exist. So you took away quite a lot and *th*ere you have a flare-up of *th*at layer which most probably is based on *another one,* but *t*he person on *th*at layer is quite happy. *Th*e acute c*ri*sis actually ... what *th*ey will tell you is, "1 used to get these colds and influenzas easily." That means *th*at there is a predisposition *th*at was b*r*inging about *th*e colds. If you give a *re*medy which is connected w*ith th*is one and *your t*reatment during *th*e acute c*ri*sis is really good,*th*en you *ar*e going to see a deeper ame*lioratio*n. There w*ill* be fur*t*her amelio*rati*on after *th*is acute crisis. But if, *instead* of giving *Puls.,* you do not seethe remedy and you give Bell. and *Bey.* and Ars. and Acon. , you will not s*ee* the ame*lio*ration go any further. And the person, after some time is bound to have ano*th*er crisis. Until you are able *to* s*ee th*e connection and w*e give* tee right remedy *and th*en *it has* really worked well, that state can be *very* dif*fi*cult.

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 l $_{h}$ad 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 puts 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 Si!. was there. Okay, so th*e Sit.* 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 !

Question : If they had not been having colds and then after three weeks they get a cold ...

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 cam of itself without *any* further remedy.

Response I suspect thar he is going to be needing Puls. at some point. So is it all right to wait

George : It is all right. It is okay to give it and it is going to help him further.

What l talk about here is 2,3, or even 6 months. There is a time space between the mishap and what comes. There is another situation where your remedy has acted and on the 6th day or the 7th day, or the 25th day, an ailment from which he was suffering in the past, has come back. Don't treat a good aggravation in the beginning. There will be an amelioration and then whatever symptomatology was there before it is going to cure itself. You don't need to give another remedy.

Response : Of course it may stay.

George : If it stays - you will usually see this with leucorrhoea, sinusitis, skin eruptions, fissures, warts, arthritis - just wait. Again I will say that it depends on the severity of the case. Of course if there is a big skin eruption which covers the body, you will try to find a remedy quickly. That person is going to need a remedy for this strong condition. *The intensity will* show you. Therefore you wait. Give them a placebo and ask them to come back after ten days.

Question : What is the timing ? The symptoms come and they have had an aggravation and they had had an amelioration and then when does the symptom come ?

George : Within the fifth and the *twenty-fifth day.* It comes back around the fifth or the twen*ty* fifth, more or less. A return of an old symptom can come the third day but usually...I just give you indications.

Question : Can it come much later then ?

George: Yes.

Question : Three or six months later, or a year later ?

George : Yes, even after five years. The patient will not bother you all these years. One day he will come and say, "I have an eruption now". They might say that it started two years ago and then became a little more and a little more and then he comes after quite a good eruption, after 3-5 years. This is after the initial remedy. The indications of the eruption may start one year after your treatment, or two *ye*ars after your treatment.

Question : Becoming worse all the time?

George: Yes. And then he will come to be treated for these eruptions. You will see haemorrhoids which were suppressed initially coming back.

Question : I saw a patient once last *ye*ar and gave her Phos. She improved for six months and then she became pregnant. Then she came

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. Sol 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 9

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.* th*ere* 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

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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 generalized 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 inflamed 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 *Sul ph.* 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 *Sul ph.* 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.

Response : But there 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 or whatever it over takes 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 *everywhe*re. 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.

George : 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 ow' 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 mate*ri*al 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 Iwo. They ta*ll*y. *These are things which are going to be discovered over* the next *thirty or forty years. It is not nonsense. So sleep ties* in ve*ry* 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 eg*o*-consciousness in sleep, and therefore *ti*me 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 *ar*e we talking also about rest*i*ng 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 *ar*e 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 eve*ry* day of o*ur* life. But the man who is REALLY selfless d*oe*s not have to go into that state. Therefore he is the one who is going to live in eternity as a being on the as*tr*al plane, or whatever it is.

Question: Why is *ti*me involved?

George: That is a good ques*ti*on. The better is *th*e health in the terms we are talking about, the less sleep we need. We need to func*ti*on. I have to have five hours of sleep or I cannot function. If my heal*th* was better , *th*en *fi*ve hours of sleep would give total energy. Another person who is better than I am would need th*ree* 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 *th*at you *ar*e in good health. You re-charge quickly and quite a lot.

Question : Do you mean heal*th*y men*ta*lly, emotionally and physically and not just physically ?

George : Balanced.

Question : So with people who have dif*fi*culty get*tti*ng to sleep, does this imply an intellectualizing, ego*ti*stical per*s*on who does not surrender to the universe ?

George : The way that *y*ou put it is correct. On the surface, it appe*ar*s to be an anxiety, a worry, a fe*ar*. A person will say, "I am anxious" or "I am worried", but underneath there is fe*ar*. What is fear? If you dig down in this idea, you will see the ego*ti*stical energy that is there in one form or another

Was this clear? Was it too fast?

Question : What I don't understand is how the remedy acts.

George : What we do with the remedy is ex*tr*act something from the plant or f*r*om the mineral which is the same that comes out from the body. That which is ext*ra*cted du*ri*ng sleep is the place on which we *ar*e ac*ti*ng with our remedies. This is the vital body. So the vital body from the plant or from the mineral is that which we have in the remedy.

Question : I have under*s*tood that there *ar*e four bodies and which part is that which is connected with the vital force ?

George : That is a good quest*i*on: I don't *know if there are four,* but definitely *there are levels of energy which are different.* I say that because ... we have some phenomena, for instance, that one can reach through sleep. The second phenomenon is catalepsy. What is the difference between sleep and catalepsy ? Then we have another phenomena - fainting. So what is the difference between sleep, fainting and catalepsy ? Then there is st*i*ll another phenomenon - the medita*t*ion state in which *we lose a little bit of consciousness and the five senses are withdrawn and we do* not *hear or see.* But there is another state of meditation which we *ar*e told is the exte*r*naliza*t*ion of the body. That is a deep medita*t*ion in which the body stays immobile. The body d*oe*s not move. So what is the difference in energy levels between all of the states? It must *be a difference in energy level which the body exudes.* It may be more energy and more energy and more energy at ano*th*er level. So most probably what we see is a complex of energies. I don't know how many; perhaps 5, 6 or 7. There *ar*e 7 basic realms *of energy* or vibrational frequencies or whatever you call it. *The defense mechanism, if we are balanced, is a part of the viral force which* is *moved as soon as rhere is stress.* Then we have an appe*ar*ance of the different mechanisms. Otherwise the vi*ta*l force is there and it is working, and is doing its job.

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 deaf 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?

Response : Conflicts probably arose.

Response : Something he is net able to let go off.

George : It brings the issue into more vivid focus. Something happens - anything. It might be a stress.

Question : In the rubrics there is no mention of ailments from child-birth.

George : You will see it in the sub rubrics.

Part III