



UNIVERSIDAD CANDEGABE DE HOMEOPATIA

DISTANCE LEARNING UNIVERSITY

The Use of Classical Homeopathy in Veterinary Medicine

Dr. Andrea Brancalion

Translated by Helen Kimball-Brooke

Summary

The 18th annual Liège Homeopathy Centre (LHC) Conference in March 2007 featured a presentation of the *Pure Homeopathy Method* (PHM), concluding with the statement that the PHM represents great strides in the development of an approach true to Hahnemannian doctrine, but that there is still room for improvement.

Today, in an effort to minimise both practitioner subjectivity and the influence of personal prejudice, further development of the method, based on two clinical cases, has been proposed. This modification, called the HUMA Method, would replace the Second and Third Steps of the PHM. Still in its experimental stages, it involves the innovative use of the so-called Candegabe Algorithm.

Key Words: Veterinary Homeopathy – HUMA Method – Candegabe Algorithm

Introduction:

During the first half of 2008, I had an exchange of emails with my colleague and friend Marcelo Candegabe, who revealed to me that he had obtained impressive results using a new system, an algorithm, formulated by himself but which he had then delegated for development to a team of scientists: a quantum physicist, a mathematician, a computer scientist and a linguist, among others.

The Candegabe Algorithm was officially presented to the homeopathic community in September 2008 at the 29th Brazilian Homeopathy Conference in Sao Paulo. I attended this conference so was able, at that time, to discuss with Dr. Candegabe himself, the scope for application of this method to Veterinary Medicine.

In October 2008, the Algorithm was presented to the European homeopathic community in Treviso, Italy. This gave us the opportunity to complete the

experimental phase of its use in veterinary medicine and to start collecting clinical evidence.

HUMA Method – Candegabe Algorithm

By this time, the basic 8 steps of the PHM consultation had been established, and were as follows:

1. Anamnesis (patient's story, medical and family history); systematic case-taking
2. Description of the Presenting Complaint and timeline
3. Intelligent repertorisation
4. Matching this with the Materia Medica
5. Further focused case-taking
6. Diagnosis of the Patient's Energetic Level
7. Energetic Prognosis
8. Judicious Prescription

There is no doubt that the patient's story and timeline are the basis for all our conclusions right through to prescription of the remedy.

Steps 2 and 3 are the most problematic because they are the most open to interpretation and as such to our own subjectivity: if we consider one symptom to be more important than another, whether or not time-space ranking is used, it is still a form of interpretation governed by a variety of factors including the practitioner, the patient and the relationship which develops between the two.

The subsequent steps are the ones which fine-tune the diagnosis and lead to the most accurate prescription possible. It is therefore most likely that Steps 2 and 3 are the weakest links in the PHM process.

The purpose of the Candegabe Algorithm is to improve the Process by using an intermediary step synthesising and replacing Steps 2 and 3. This new step takes us directly to Step 4 with a short-list of remedies for each particular patient.

Results obtained to date with the HUMA Method are very encouraging, even if we are not yet in a position to produce a very significant casuistry.

The most intriguing aspect is that remedies are all considered in the same light and their selection is not influenced by the weight of their symptomatological baggage in the Materia Medica, i.e. the probability of *Carboneum oxygenisatum* for example, being included in the short-list is just as great as that of Sulphur, and *Oleum animalis aetereum* stands the same chance of being selected as *Lycopodium*.

The Algorithm works by matching up patient data with information in the Homeopathic Materia Medica through the use of a phonetic-numeric code based on Latin, the mother tongue of all remedy names.

The intuition behind this application takes its inspiration from in-depth studies ranging all the way from Pythagoras in 400 BC to present date, as well as from Quantum Physics. It was born of the need for accuracy, preferably mathematical, based on objective, invariable and irrefutable patient data.

The best resources for illustration of the principles of the HUMA Method are the *Universidad Candegabe de Homeopatia* website <http://www.universidadcandegabe.org> and the works of Marcelo Candegabe.

Case: Lola

8-year-old female pointer, intact.

Healthy until November 2005 when she started limping on her right rear leg. This was observed by the owner's regular vet who told him that Lola must stop hunting. She was treated with Carprofen©, with no significant results, so was unable to go back to work.

When reconstruction of Lola's cruciate ligament was suggested, the owner decided to seek a second opinion.

Consultation

On the 17th of December 2005, we visited Lola in our Treviso Hospital. From the orthopaedic standpoint:

- Pain in the right haunch when pulled
- Limp accentuated after bending of the right knee
- Drawer test negative
- Suspected sciatica

MRI revealed:

- Rx: greater opacity of the right cruciate
- Rx: swelling of the deep inguinal lymph nodes (photo 1)
- Ultrasound: 3.71 2.33 cm mass running the full extent of the right sciatic nerve (photo 2)

The cytological examination of the mass indicated the presence of a malignant mesenchymal neoplasia (malignant Schwannoma, neurofibrosarcoma, etc.) which could only be more accurately diagnosed by immunohistochemical investigation.

Anamnesis and Systematic Case-taking

Nothing really significant in the medical history, other than a small operation in 2004, to remove a benign follicular cyst from the skin on her back.

Lola had been vaccinated regularly, even against rabies, because she was a working gun dog. Like most hunting dogs outside their normal environment, she appeared shy and reserved but her tail, the only part of her body which moved, swung from side to side. The rest of her did not move, as if resigned, like someone waiting to see the doctor, or perhaps out of blind obedience when faced with a man instead of experiencing the joyous days of the hunt.

Question: "What can you tell me about this dog? What springs to mind when you see her?"

Answer: "She is a lively, intelligent and strong-willed dog, a good guard dog and she barks at night... "

Observation: I was expecting him to speak of the hunt, of how she would point at game, how well she would run, etc.

Question: "Oh? A gun dog who also guards the home... Maybe, like all dogs, she just barks when she hears someone, out of boredom?"

Answer: "Well, I wondered about that myself, but she only barks at night, when we're all asleep, and not in the daytime. I get the feeling this dog is endowed with something more, a kind of logic."

Question: "Can you tell me a bit more about that?"

Answer: "Take the hunt, for example. She is better than all the others, i.e. she leads all the other dogs and always gets there first. She is clearly the leader of the pack. I have never seen her fight to impose her supremacy; she is just simply always out in front. It could have to do with the fact that she has a very fine nose, better than that of any other dog, but my feeling is that it would be more appropriate to say that she is a natural leader."

Question (delving): "They say that obedience doesn't really go hand in hand with intelligence..."

Answer: "Look, for me Lola is intelligent and also very obedient. I don't care what others say. She is the very first to get to the prey and the first to come back to me when I call the dogs in. Now that I think of it, even more than obedient, I could say that she is diligent: whatever needs to be done, she does. There, I think that is really Lola in a nutshell."

Question: "Is there anything else you can think of which makes her stand out or makes her different?"

Answer: “One thing which strikes me is that she still loves to play, even more so than all the other dogs much younger than she... Another thing is that she has an enormous appetite, but stays slim and never puts on any weight.... and now, I really hate to see her in this dreadful state, especially knowing that she is desperate to work as she always did.”

Question: “Has anything in her behaviour changed now that she is unwell?”

Answer: “I don’t think so.... One thing however, for sure: can you see? You can actually see it yourself: she needs to stay close to me, almost as if she were afraid of losing her position. I have seen this before in other dogs in similar circumstances.... One other thing which I had never seen her do before: the other day she attacked one of the other dogs who work with her, bit it in the neck, for no apparent reason. It wasn’t dinner time, there was no water or anything else to fight over, no other reason.”

Totality of Lola:

Symptoms with relevant modalities:

- Strong sense of duty [DUTY, too much sense of] h9 (hierarchical ranking as per PHM)
- Desire to be held tight [HELD, desire to be] h3
- Concern over the consequences of losing her position [AILMENTS FROM, position, loss of] h3
- Sciatic pain [PAIN, Lower Limbs, sciatica, motion, agg.] h4

Characteristic Symptoms:

- Great determination [OBSTINATE]
- Sure of herself [POSITIVENESS]
- Full of life [VIVACIOUS]
- Competitive [AMBITION, increased, competitive]

Auxiliary Symptoms:

- Slim, in spite of a hearty appetite [LEAN people]
- Lymphadenitis [INFLAMMATION, Glands of]
- Neoplasia [CANCEROUS affections]

Homeopathic Diagnosis and Prescription

Repertorisation and the successive steps in the PHM result in the prescription of Nux Vomica LM1, one dose per day plussed as specified in the Sixth Edition of the Organon.

Follow-up on the 23rd of February 2006

The mass had shrunk considerably: its diameter was now only 1.57 cm.

Lola has started walking again, running on a regular basis and even hunting! Her character is the same as always and she seems to be in truly good health.

She is now on Nux-Vom LM3, one dose daily. As she finishes each bottle of drops she moves on to the next potency.

Conclusion of the Case

Towards the end of November 2006, while I was in Buenos Aires, Lola was taken to hospital with a case of severe toxæmia caused by pyometra. She underwent an emergency operation but sadly, died the very same day of Disseminated Intravascular Coagulation. She had stopped taking her remedy and had been working on a regular basis.

Lola's Algorithm

When Marcelo Candegabe gave me the opportunity to experiment with the HUMA Method, I had all the necessary information on Lola at hand so decided to calculate her Algorithm. It may also have been because I needed confirmation but as you can see below, the indicated remedy appears in the list of Main Remedies and not only that but, as suggested by the kingdom weighting, it is a plant!

(Logo)

Candegabe Algorithm

HUMA Method

Study Results

Patient Details

Species: **DOG**
Owner's name: **xxxxxxxxxx**
Animal's name: **LOLA**
D.O.B. **15th May 1998**

List of Matching Remedies

Main Remedies

Chamomilla
Chininum arsenicosum
Nux Vomica
Sepia officinalis
Sulphur
Sulphuris acidum

Level One

Actaea spicata
Antimonium crudum
Carbo animalis
Eriodictyon glutinosum
Ferrum metallicum
Natrum arsenicosum
Nitricum acidum
Nux moschata
Veratrum viride

Level Two

Lachesis mutus
Squilla maritima

Level Three

Bondonneau aqua
Bryonia alba
Corydalis Formosa
Platinum metallicum

Complementary Remedies

Calcarea fluorica
Calcarea silicata
Ignatia amara
Kreosotum

Kingdom Weighting



Dr. Andrea Brancalion

Veterinarian – Treviso, Italy

Case of Paco

5-year-old male Pekinese

Anamnesis and Systematic Case-taking

According to the owner: "Paco is friendly and open. He can be lazy and may appear detached but he is in fact very sensitive. He is friendly and sociable towards all other animals unless for some reason there is an instinctive dislike.

His encounter with the family cat was natural and their ongoing relationship is fine. No problems. [COMMUNICATIVE]. He is almost never defiant; he is quiet and obedient but not very affectionate. He doesn't like to be held and seems bothered by physical contact. [TOUCHED, aversion to be].

He was used to urinating wherever he liked but adjusted easily when he was house trained. He doesn't like to stay indoors for long periods of time, with doors closed, and when he is left indoors he gets very agitated and barks. [FEAR, narrow places in].

He doesn't like heat or going in the car. His coat has always smelled sour. [PERSPIRATION, odor, sour].

He eats voraciously, too quickly. [HURRY, eating, while]

Mid-April 2005, he started itching all over his body, mainly on the haunches and the back but without any eruption. [ITCHING, eruptions, without].

He would bite his tail until it bled [ITCHING, scratching, agg., raw, must scratch until it is].

It is important to add that the itching started the day when our little rabbit died after a week of illness. During that time, his owner had had to neglect Paco in order to look after the rabbit. [AILMENTS FROM neglected, being]. All the treatments used and precautions taken had been to no avail.

His appetite was still voracious and he ate very fast.

In December of 2005, he had back pain and the x-rays revealed calcification of the vertebrae (he was put on Carprofen®).

In January of 2006, his coat became thin and he started losing weight. Investigations revealed that he was Ehrlichia-positive 1/1280 (he was put on Doxycycline).

From February 2006, he was no longer able to climb stairs; he had trouble walking and would lick and bite his back (in the lumbar area). The situation gradually worsened and tests revealed changes in his kidney readings. Kidney biopsy: focal segmental glomerulosclerosis.

Homeopathic treatment was started on the 21st of June 2006 with Lachesis LM1.

Subsequent Follow-ups

The remedy triggered Hering's Law of Cure and Paco experienced a return of old symptoms, going backwards in time through various stages of his illness until he was able to move normally again. He could go upstairs again and hold his tail high the way he used to. The itching disappeared and everything seemed normal again. He kept on taking Lachesis right up to LM9.

On the 18th of May 2007, after a year of homeopathic treatment, he ended up in hospital with anorexia, a few episodes of vomiting, uremic breath and loss of weight. Investigations revealed kidney readings which were very high: creatinine 5.4 mg/dl, urea 375.1; phosphorus 16.2. An ultrasound scan of his abdomen left everyone dumbfounded: the cortical and medullary were indistinguishable and the structure of the kidney tissue appeared completely degenerated (photos 5 and 6).

Paco's owner refused to put him in hospital. He was given *Serum anguillae 200* plussed along with a special kidney diet and amino acids to compensate for the loss of proteins, also aluminium hydroxide to chelate the phosphorus in his food.

A miracle then took place and the remedy seemed to work for a long time: Paco's life returned to normal in spite of absurd Creatinine, Urea and Phosphorus values, controlled regularly, along with altered liver enzymes. From time to time he was given a 1M, after which he would return to the 200 which appeared to be the most indicated potency for him.

Everything went well for a year and a half (virtually without kidneys!!!), until the 29th of September 2008 when he was left with the owner's parents while she was on holiday for only a week. When she returned, she found Paco in a terrible state, reduced to nothing but skin and bones. It felt like the end. The dog was taken to hospital and put on a drip. His kidney values were so high that it was not even possible to

read them. The *Serum anguillae* didn't seem to be working any more. Then another miracle happened: Paco held on for 20 days in hospital. Thanks to the effects of the drip, his kidney values returned to normal. They were still very high but at least readable; unfortunately, the dog still didn't seem to have the energy necessary to offer any hope, and above all, he was not interested in food so continued to lose weight. His owner then decided to take him home: "At least the poor dog will die in his own environment" she said.

It was the 20th of October. I had had access to the Algorithm only two days earlier so decided to apply it to Paco's case, to give him one last chance.

(Logo)

Candegabe Algorithm

HUMA Method

Study Results

Patient Details

Species: **DOG**
 Owner's name: **xxxxxxxxxx**
 Animal's name: **PACO**
 D.O.B. **11th September 2001**

Candegabe Algorithm Results

List of Matching Remedies

Main Remedies

Fagopyrum esculentum
 Natrium muriaticum

Level One

Agnus castus
 Antimonium crudum
 Aurum metallicum
 Ceanothus americanus
 Ratanhia peruviana
 Rheum palmatum

Level Two

Lachnanthes tinctoria
 Natrum carbonicum

Level Three

Abies nigra
 Amamelis virginiana
 Angustura vera
 Cina maritima
 Guajacum officinalis
 Ignatia amara

Complementary Remedies

Aesculus hippocastanum
 Anacardium
 Cantharis vesicatoria
 Carbo vegetabilis
 Carboneum oxygenisatum
 Cicuta virosa

X-ray

Coca
Ruta graveolens
Xanthoxylum fraxineum

Kingdom Weighting



Dr. Andrea Brancalion
Veterinarian

On the 22nd of October 2008, I prescribed *Fagopyrum esculentum* 200 plussed, because it seemed to be the best fit with Paco's history, even if it didn't fit in with the heavy weighting of animal remedies.

Here below is the journal kept by his owner following administration of the remedy:

"He is starting slowly to improve but still has no appetite. He is nonetheless calm."

During subsequent weeks, I added iron supplements to his diet to boost him. On the 4th of November, his appetite returned and he started to eat. His blood readings (hemochrome only) improved, as did his appetite. [His owner lived quite far from the hospital so the blood values were checked by a lab much closer to her home.]

Following administration of the *Fagopyrum*, there were considerable changes in both his behaviour and his character. He ate happily and his

appetite was good. He searched for food without being encouraged. **He had not behaved like this for at least two years!** He started waiting and begging for food again, even from under the table while his owner was eating. He no longer tolerated and did not seek cold, so consequently shivered when cold and also when upset or excited. He became a bit grumpier. **He never scratched!!!**

He never seemed to be overly upset or felt abandoned when he was left alone. He was no longer bothered by heat or enclosed spaces. He could be left in the car and would remain calm, without become agitated the way he did before. He did not bark as he used to when called to come in from outside and didn't even bark at the other dogs any more. Ever since he had been dismissed from the hospital, the excessive lachrymation he had had in one eye, for at least two years, had stopped.

He was calm and serene. His breath never smelled of garlic and his "normal" breath improved substantially. He even started eating the treats which he always used to refuse before.

During the first few weeks of treatment with this remedy, he would often insist on licking the air but this behaviour later stopped. Immediately after coming out of the hospital, he refused to walk and later, from time to time, he would stumble on the right rear leg, which seemed to upset him.

On the 18th of November he appeared to have lost almost all sensation in his right rear leg. A visit to the neurologist and x-rays taken revealed a number of calcified vertebrae and a definite loss of sensation in the leg and the tail. The situation improved over the next few days; he seemed less bothered by this and started to bear weight on the affected leg, walking normally, even if he didn't want to go for long walks. He would go down the stairs but not up. Paco, the little dog who had been living virtually without kidneys since May 2007, had finally started to live happily in his own home."

On the 8th of January 2009, I received this message: "Last night, my little Paco said 'Good-bye and thank you for everything...'" He had collapsed and gone into a coma. At that point, I understood that this time, it was the end, but I don't think Paco even realised what was happening.

Conclusions

This paper started with a review of the basic steps in the PHM, an approach in total compliance with Hahnemannian principles and

philosophy. In brief, the whole system involves application of the Law of Similars to key homeopathic symptoms which are selected and ranked by the practitioner.

Later, Kent pushed the doctrinal boundaries out with his claim that the disturbance in the energy of the patient was caused by the ascent of lesser substances in the three Kingdoms of Nature, and this led him to a perceptive and intelligible, but sadly mistaken, construct of reality (Swedenborg).

According to the Big Bang Theory, all living beings possess information which has been accumulating over time from the beginning of our days right through to the present, and this would tend to confirm the principles of both Kent and Swedenborg.

It is important to point out that the new paradigms such as quantum physics, Supergravity, the Laces and the Membranes theories all seem to coincide with the notion that we are nothing more than “transformed light”, so to speak, and that we are apparently reflections of everything which has preceded us. I would like to add that the fascinating clinical journals of American psychiatrist Brian Weiss are consistent with these concepts. During the regressive hypnosis sessions he conducted, a link was often confirmed with the patient’s date of birth, his parents, historical background and so on.

The presenting symptoms remain undoubtedly the fundamental basis on which we can work but, I reiterate, practitioner bias is still the most common cause of disappointment.

We all know that there are also times when the symptom picture is just not clear. What is more, a classical approach can be blurred by the complexity and multiplicity of new remedies and symptoms which make repertorization and the search for the best remedy very difficult, let alone the fact that there are millions of substances for which there are not even provings!!

All of this has resulted in the search for additional parameters geared to finding the *Simillimum*, parameters establishing a relationship between different substances and the patient, parameters based on information illustrating the patient’s unique individuality.

This is what led to the idea of the Algorithm, i.e. a key contained in a phonetic-numeric code which would match up the properties of a particular substance with the characteristics of the patient.

There have been times when we have had to use the Algorithm without an in-depth case-taking of the patient or with very limited information and these situations have made us think long and hard because, quite unexpectedly, the remedy chosen from the short-list always worked.

We have also found weak points in the HUMA method, as is to be expected, at least at this stage of experimentation.

For example, it lacks many remedies when compared with the most recent Repertory, the Essential Synthesis (633 compared with 1,990), and of course the patient's basic reference data always need to be refined and perfected.

We can nonetheless all contribute to the development of this invaluable tool, conceived out of the general investigative tendency of Marcelo Candegabe and the other scientists who took up the challenge of finding a key to the eternal quest for the *Simillimum*, in accordance with Hahnemannian principles.

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(CANDEGABE UNIVERSITY OF HOMEOPATHY)
Distance Learning University

**Scuola Superiore Internazionale di Medicina Veterinaria
Omeopatica**

(International Graduate School of Homeopathic Veterinary Medicine)
Cortona (AR), Italy – Director: F. Del Francia

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