61th Congress of the Liga Medicorum Homeopathica Internationalis Lucerne 2006

Andrea Brancalion
THE ARGENTINIAN METHOD OF PURE HOMEOPATHY OF CANDEGABE-CARRARA IN VETERINARY MEDICINE.

Summary
The homeopathic veterinary surgeon, as the doctor, has the necessity to reduce to minimum prejudices in front of the patient and to observe some rules of objectivity that allows him to make the better prescription. The most sly enemy of the homoeopathic doctor is his own subjectivity. This work has the purpose of explain synthetically to homeopathic vet colleagues a method already known from years in the human homeopathic department that, if correctly applied, tends to reduce drastically this subjectivity in the full respect of the hahnemannian assumptions: it is commonly called the Method of Pure Homoeopathy (MOP).

Key words: vet homoeopathy– method – pure homoeopathy

Introduction
The Method that I have the honour to introduce has been officially popularised in 1995 by Marcelo E. Candegabe and Hugo C. Carrara of the Escuela Médica Homeopática Argentina “Tomás Pablo Paschero” (E.M.H.A.) with a book entitled Aproximación al Método Prático y Preciso de la Homeopatía Pura.

This work is the result of a series of consideration inspired by the teachings of the late Master Paschero, founder of the E.M.H.A., of his brotherly friend and spiritual heir Eugenio F. Candegabe, my Master, to whom the Authors have integrated their experiences of many years of clinical
apprenticeship and the scientific present-day knowledges which confirm the Hahnemann conception of the ILLNESS as A NEW ORDER IN THE MANIFESTATION OF THE HUMAN BEING.

It will not be possible, during this session, to completely carry out all the subjects linked to the Methods, therefore we will try to develop a synthesis that can result interesting, above all for us the Vet, postponing to the original work and to the bibliography the most careful study.

Before going into the very deep exposition, it is necessary a clarification about the title of the Method that opens with the word “approximation”. This is very important.

From its birth till today, the Homoeopathy has had a continuous evolution, we could say a natural evolution, as foretold by Hahnemann himself and by his heirs, and so it will be in the future, considering that till now many points are still completely absorbed into the uncertainty of the hypothesis. For these considerations, it is far from the Authors of the Method the idea to consider it definitive (that’s why “approximation”), though we are convinced that it represents the maximum level of precision¹ today obtainable in accordance with the present-day knowledges, either homoeopathic or scientific, in the limits of the sole classical apprenticeship.

With this due introduction, from now on, we will call for convenience the Methods simply as Method of Pure Homeopathy² (MOP), reminding as it has been adopted with success by myself and few other colleagues in the field of pets.

If this work will succeed in arousing curiosity and excite even few colleagues to apply the MOP, it will already be a very good result.

The doctrinaire basis of MOP

Naturally, the whole work of Hahnemann is fundamental, but now we are going to emphasize only those parts that have inspired the MOP.

In the essay entitled Spirit of the Homoeopathic Medical Doctrine, Hahnemann says: “Illness is the result of alterations in the way of living that man feels and put in practice, namely a dynamic changing, A NEW CLASS OF EXISTENCE whose consequence must be a changing in the established materials principles of the body”.

And more, in another passage of the same work: “You can see without difficulties that the dynamic alterations of the vital character of our organism, to whom we give the name of illnesses, express themselves through an AGGREGATION OF SIMPHTOMS and only under this shape we can recognize them.”

¹ With the word “precision” we mean the absence of prejudices by the doctor during the patient examination and the following phases of the visit, up to the prescription.
² For “pure” we mean “not polluted” by varied contrivances, therefore “faithful” to the Doctrine.
We will never stop to be amazed by the incredible farsightedness of the Master in his statements! The NEW CLASS OF EXISTENCE, is absolutely confirmed by the experiences of Bénard Instability and by Zhabotinski Reaction, cited by the Nobel Prize Ilya Prigogine for the explanation of Complex Systems.

Every human being is an open system that maintain an unstable equilibrium, we could also call “susceptibility”, or “predisposition”, or “psora” (in coherence with § 80 of Organon) that make it possible the amplification of fluctuations interior of the organism as a consequence to particular stimulus (aetiology) that, passed a critical point, determine a change in the totality, a NEW ORDER OF EXISTENCE, the illness.

The sole element that allows us to recognize the illness, and that shows the idiosyncrasy of the patient, is that AGGREGATION OF SYMPTHTOMS already cited and even this concept is confirmed by modern science.

The physicist David Bohm, in his work *Wholeness and the Implicate Order*, suggests a model of Universe made up by an IMPLICATE ORDER of facts, where everything becomes united, and by an EXPLICATE ORDER of phenomena, where parts appear separated in front of the partial observer (as for example, the symptoms of the patient in front of the doctor, that can accept them only on the base of his own experience).

Several events, according to Bohm, should be therefore the developing realization of the Universe and exists an inner relation where THE PART IS EVERYTHING AND EVERYTHING LIES IN EVERY PART, as in the oleographic representation.

According to this theory, the Universe (which Bohm calls Oloverso) is provided with a movement, a flow of information which has as chief characteristic the REPETITION of phenomena (for example the symptoms, cfr. § 95).

These and other considerations, that deserved a separate treatment, lead to the following synthesis.

ILLNESS IS A NEW ORDER OF EXISTENCE THAT EXPRESSES ITSELF IN MANY DIFFERENT DISTRICTS OF THE ORGANISM, FROM MIND TO BODY, THROUGH SIGNS AND SYMPTHTOMS, (EXPLICATE ORDER) ONLY APPARENTLY ISOLATED, THAT SHOWS ALL TOGETHER AN HIGH DEGREE OF COHERENCE WITH THE TOTALITY (IMPLICATE ORDER), CHARACTERIZED BY A PARTICULAR INDIVIDUAL PATHOLOGICAL CONSTITUTION (IDIOSYNCRASY).

All that leads to consider symptoms either on a physical seat or on a temporal seat, increasing in this way our precision on the hierarchy, as we will see later on in connection with the Second Step of MOP.

To conclude this doctrinal parenthesis, remind the three qualities that should have a symptom to be considered “a good symptom”:

- INTENSITY, that is the power to create suffering in a certain measure;
- HISTORICITY, that is the power to occur chronically (§§ 91 and 95 of Organon);
- PROCEDURE, that is the circumstance that makes it peculiar (§§ 153 and 164).

Now we have sufficient elements to become immersed in MOP, even if it will be necessary to open some further parenthesis, sometimes, during the course.

THE 8 STEPS OF MOP IN THE VETERINARY VISIT

First Step – Anamnesis and Systematic Interview

Everything begins with ANAMNESIS, in accordance with §§ 83-84-85 and the SYSTEMATIC INTERVIEW, according to §§ 86-87-88-89.

We will not comment upon these two phases, taken for granted that everybody should know them well. We will only say that such moments, together with the OBSERVATION of the doctor (§ 90), lead to the INDIVIDUALIZATION of the patient, that is, as Hahnemann says in § 104, “the most difficult part”!

Strangely, however, it is just from now on that the different schools of Homoeopathy have split, that is on the part that for Hahnemann should be the simplest. Let’s try to comprehend the reasons.

We agree perfectly in considering the homoeopathic symptoms as the basic scientific parameter, but relying on the partiality of the doctor who, remind it, is an observer conditioned by his experience, such symptoms will be differently catalogued and chosen for the research for the remedy: THE THERAPEUTIC CONCEPT CHANGES IN RELATION TO THE WAY THE DOCTOR CONSIDERS THE ILLNESS. The different schools of Homoeopathy take as model the three periods of evolution of Hahnemann taken separately and hereby listed (fig. 1):

I. Illness is a noxa that attacks the organism; the therapeutic concept is the treatment for pathology;
II. Illness begins from a predisposition, miasma, that makes vulnerable the individual; the therapeutic concept is the miasmatic treatment;
III. Illness is a dynamic change, a new order of existence; the patient is always himself in a different way of being; the therapeutic concept is the treatment with constitutional simillimum.

We consider logic to think that, if we keep on given credit to Hahnemann and to his doctrine, we should consider the experience that took him to revise for at least six times his Organon, of which obviously we do not consider anymore the first editions (if not to understand exactly his evolution), while we consider the Fifth from which the Kentism comes, with 200 years of experience, and the Sixth with the innovation of the LM Scale. Probably, Hahnemann gave for granted that it was so for everyone, but obviously he made a mistake.

Anyhow, the next passages of MOP represent the effort to make, despite everything, the simplest things, obviously starting from the last realization of
the Master that, as we know, when was 80 years old, by his own admission, was lifeless and demotivated, but after having met Melanie felt again burning with love either for her nor for Homoeopathy for the next 8 years of his existence.

This has made possible the revision of the Fifth Edition of Organon and therefore the following Sixth Edition, published posthumous in 1921, 78 years after his death, for the well-known vicissitudes.

To exemplify in practice the MOP we will use the clinical case, with 2 follow-up years, of Joy, MC 4 years old cat that will illustrate the various stages. What follows regards the First Passage.

_Anamnesis and Systematic Interview_

The subject is taken in serious conditions by the hopeless mistress and already in therapy with different medicines and with different clinical tests done with the aim to reach a certain diagnosis of FIP. She tells me with tears in her eyes: "Doctor, if he dies I will also die". Then, said that, lay down gently her Joy on the visit table. The animal seems alert, but very weak; stays still and there is no need to hold him, as he shows no sign to the minimum effort to move over. Joy arrives with 40°C fever and looks in quite a good nutrition state, even because the mistress is very clever in executing the assistance: feeds by force and hydrate the animal (that otherwise should be probably reduced worst) from 15 days.: "He has absolutely no desire of food; I try to put it at his disposal, he comes nearer and then goes away made sick [APPETITE - wanting - food - sight of, at; APPETITE - wanting - food - smell of]. Neither drinks [THIRSTLESS - fever, during]."

From analysis, what stands out is above all an increase of WBC (24.000) and the shifting of the formula towards the segmented neutrophils (20.255). The biochemical profile shows an increase of creatinine (2.42). High bilirubin in urine with presence of hidden blood, proteins.

The echographic diagnosis talks about lympho-adeno-megaly of abdominal lymph nodes of a probable inflammatory origin and infiltration, with correlated peritoneal reaction.

The cytological diagnosis of the material drawn through hypodermic needle talks about granulomatose lymphadenitis with strong hyperplasia immunoblastic/plasmacytic.

Electrophoresis: light increase of gamma globulins.

All this, in an over 4 years old castrated male cat, can be compatible with an initial state of lymphoma or of mycobacteriosis, more than FIP.

The cat has been found by the proprietress when he was almost 3 weeks old and therefore by herself fed and then weaned.

Although he has always lived at home and never in touch with other animals and fellow creatures, has had two episodes of taeniasis. He has always been fine.
With regard to sociality: “The cat has always lived in symbiosis with me: since when he lives at home we have always slept embraced each other, engaged or not [MAGNETIZED - desire to be; MAGNETIZED - amel.]. From 8 months there is also a dog at home which has created no problems. Then, as lately work is more demanding and I go out from home at 7 to be back at 20, I have adopted a little cat to keep him company. I have thought about it a lot before deciding and towards the end of September she has arrived. On October 8th both he and the little female cat have suffered from infection from coccidiae (anticoccidiae for 10 days.); on February 19th 40.4 fever with loss of appetite (amoxicillin/clavulanic acid); on 21st nothing has changed and the described tests have been done with suspect of FIP, with therapy with cephalosporins and metoclopramide for problems of nausea; on 27th it is added to therapy the clindamycin in consequence of the suspect of toxoplasmosis given by the cytological test. During the first days of presence of the little female cat, he has not shown up on my bed, Because irritated by the fact that she was there too [IRRITABILITY - taking everything in bad part]. Then he has begun again with the old habit.”

As regards the way of acting and reacting: “He is a lazy cat, touchy (he only protests, but then at once he overlooks it) [OFFENDED, easily], very affectionate. He has always been very insistent and has a characteristic way to make himself heard, calling and miaowing to obtain (I am myself a witness of an episode in my study-room, when tired of staying with me, calls the mistress in a characteristic way, a real protest) [DICTATORIAL][WEARISOME]. He does not have a cat temperament, he seems a dog more: when I arrive home he receives me lying on his back and has a deep sense of limits, of boundaries: if I leave him in the garden he stops by the fence [DUTY - too much sense of duty]. He loves sleeping on the study wardrobe to try threading through the boxes of dresses or inside the plastic-bags, as if he needed to feel protected. It impresses me his need of physical contact, that as soon as he can he ties himself and sucks. The only thing that annoys him is the noise of the aluminium paper or when a plastic bag is picked up, then he runs away." [SENSITIVE - noise, to - crackling of paper, to; FEAR - noise, from]

As regards the general symptoms: “He was (use of perfect tense, because he has lost appetite from 15 days and that he has to be feed by force) also rather greedy, in the sense that he ate in a great hurry, in a way I have never seen in a cat [HURRY - eating; while], he preferred fish to meat and between beef and chicken preferred chicken. He loves water very much jumps in every sink, play there, played there till the moment he was taken ill... he had no loathing for water [WATER - loves; BATHING - amel.]. To fall asleep he “makes the pasta” and sucks as if he was 2 months old, especially if a wear a
pile. He loves travelling with us by car and gets into the dog-cab by his own free-will, without problem.”

**Second Step – Layout of the illness-table**

We remind that a good Homoeopathy method should have four basic characteristics:

1. **OBJECTIVITY**, that is the possibility to limit at the most every kind of interference and prejudice;
2. **PRECISION**, that is to limit at the most the interpretation and to be able to assign a hierarchical correct order of the symptoms;
3. **SIMPLICITY**, that is the possibility to be used by everything, released from experience, philosophy, religion, etc.;
4. **UNIVERSALITY**, that is every doctor should be able to achieve the same choice on every kind of patient.

To respect such requirements, it is efficacious the adoption of schemes, which are simple, but such simplicity comes from a hard and long work of careful analysis of hundreds of clinical cases. In this Second Passage it begins the review of these schemes.

The Totality of Symptoms collected in the First Passage needs now to be put in order (§ 104). For this purpose we propose the following scheme where symptoms are put in squares (Tab. 1).

<table>
<thead>
<tr>
<th>Characterologic symptoms</th>
<th>Modelized symptoms</th>
<th>Auxiliary symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mental</td>
<td>Clinical syndrome</td>
</tr>
<tr>
<td></td>
<td>General</td>
<td>Proper said</td>
</tr>
<tr>
<td></td>
<td>Local</td>
<td></td>
</tr>
</tbody>
</table>

Such subdicion does not represent a novelty, NEVERTHELESS SOME OBSERVATIONS ARE NECESSARY.

**Characteroloic Symptohms** – Analysing carefully what the Master says in §§ 210-211-212-213 of Organon, the Characterologic S. are very important for the confirmation of he cure, but not for its choice. In fact they are not modelized and therefore do not individualize the patient. These are the symptoms as **JEALOUSY**, **TIMIDITY**, **LOQUACITY**, **OBSTINATE**, **DICTATORIAL**, **AVARICE**, **AFFECTIONATE**, etc. For example, Jealousy belongs to Apis, Hyoscamus, Lachesis, Nux vomica, Pulsatilla and others,
but a such do not distinguish these remedies. The symptoms of character are more important, because prevent the possibility of realization of the patient according to his own original nature (§ 9), expressing in this way his existential suffering, but must be related to the Totality to have the maximum benefit: the remedy confirmation.

 Auxiliary Symptoms – They are important above all in the Prognostic Observation according to Kent and do not forget that these are the same that often make us appear clever or loss clever with the patient as, for him, it is the this that is worth while to threat!

 Modelized Symptoms – These symptoms deserve our highest attention during this phase. They are the so called “adverbialized”, which reply to the famous 7 questions of Boenninghausen, that correspond to the patient own vital necessities and are those characteristics of which talks Hahnemann. The Hierarchization and Repertorization processes base themselves on them and for them has been prepared the following scheme (Tab. 2), in completitions of the scheme in Tab. 1, where to be fit them in accordance to their hierarchy degree on two already mentioned levels, psychosomatic and temporal.

<table>
<thead>
<tr>
<th>Modelized symptoms</th>
<th>Historical</th>
<th>Intermediate</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental</td>
<td>9</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>General</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Local</td>
<td>6</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

According to the Authors experience, a symptoms is to be considered Historical when it is present from more then 2/3 of the patient life, while it will be considered Intermediate when it is present from more then 1/3 of the patient life. It can be noticed that a Local Historical S. is to be considered more hierarchical then a Present Mental S. and the more symptoms tend to occupy the highest left sector, the more they are hierarchical.

Let’s see how our clinical case proceeds in this Second Passage. Naturally they will not be considered those signs that, according to the cat nature, do not represent a symptom: for example, the desire of fish or the “to act like making pasta”, which is an attitude commonly noticed.
Layout of the illness table

- **Characterologic s.**: dictatorial, irritable, tedious, desirous of attention.
- **Modelized s.**: (in hierarchical order with the value in brackets): eats hurriedly (9), loves playing with water (9), desire of physical contact (9), excessive sense of duty (9), hypersensitive to the creaking of the paper (9), takes everything badly (3), lack of appetite at the sight of food (1) and at the smell of food (1), lack of thirst during fever (1).
- **Auxiliary s.**: asthenia, fever, lack of appetite, lack of thirst, swollen lymph nodes.

**Third Step – Intelligent Repertorization**

In § 104 Hahnemann clearly says that we have to “pick out the characteristic symptoms, in order to oppose to these, that is to say, to the whole malady itself, a very artificial morbific force, in the shape of a homoeopathically chosen medicinal substance”.

That means that we have to take only the characteristic symptoms and remind that a symptom is characteristic in proportion to its historicity and to its modality.

When we say “intelligent repertorization”, it does not mean therefore that we are clever, but that it comes from the respect of Hahnemann suggestions and experience proves that such suggestions can be put in practice with the addition of some simple rules:

- to choose from 3 to 5 symptoms between those of modalized group and only in case of absence or lack of those, consider the characterologic ones, that will be essential in the Fourth Passage; this makes it possible that not only polychrest remedies appear;
- to choose repertory rubrics that have a minimum of 7 remedies and a maximum of 100, except the presence of a certain symptom, historical, very intense and with individualization for the patient, as for example CHEST - ERUPTIONS - Mammae – itching (4 remedies); this allows us to work with more secure rubrics;
- to unify in just one rubric symptoms which can not be clearly differentiated, as for example “GENERALS - CONVULSIONS - epileptic - anger; after” and “GENERALS - CONVULSIONS - vexation; after;” this helps to avoid leaving out remedies among which there could be the one of interest;
- to consider in the analysis all the remedies that hold half + 1 of the repertorized symptoms and only in the case that the remedies are more then 12 in that time it will be considered the score expressed by Repertory; experience has shown that this group of remedies nearly always contains the simillimum and it is on such a group that we will work in the next Passage.

Now come back to our subject.
Intelligent Repertorization

JOY
Radar Licence 6301

<table>
<thead>
<tr>
<th></th>
<th>MIND - HURRY - eating; while</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MIND - DUTY - too much sense of duty</td>
<td>38</td>
</tr>
<tr>
<td>3</td>
<td>MIND - SENSITIVE - noise, to - crackling of paper, to</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MIND - MAGNETIZED - desire to be</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>MIND - MAGNETIZED - easily magnetized</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>caust.</th>
<th>cupr.</th>
<th>lyc.</th>
<th>zinc.</th>
<th>androc.</th>
<th>ars.</th>
<th>aur.</th>
<th>calc-sil.</th>
<th>calc.</th>
<th>kali-c.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

It can be noticed as this Repertorization, that observes the cited rules, is composed by 4 symptoms, as the last 2 have been united in one sole rubric of 19 remedies, and shows remedies (not only polychrests) classified for sum of symptoms and in alphabet order, of which only 4 cover the half + 1 of rubrics.

Fourth Step – Connection with the Materia Medica

Until this step, if the work has been well done, the MOP does not give much space to the doctor prejudice and now it places to our disposal a restricted rose of remedies among which to choose the simillimum, as Hahnemann wanted.

We have already seen as the Characterologic S. have now a particular importance for the remedy choice, that will be carried out consulting the Materia Medica and reminding that it should be a great mistake to rely only on memory, even only for the remedies that we believe to know well.

We will make a comparison with the symptoms listed in Tab. 1, keeping in mind that, if for the Repertorization we have used only the most hierarchical Modalized S., during this phase we have to find correspondence with the Totality of the Patient. The chosen remedy will be the one that will give us symptoms combined in an harmonious and logic way, allowing us to have a NEW READING of THE TOTALITY, that “of this outwardly reflected picture of the internal essence of the disease”, as Hahnemann says in the § 7, that leads us to reveal the Morbid Constitution of the patient.

In this Passage, it is expressed much more the Art of the doctor that has to investigate the different pathogenetic expressions to identify the same level
of derangement, the same idea, the same pathological energy of the patient. The Totality not as a jumble of symptoms, but as an INDIVIDUALITY.

Now come back again to our cat.

Connection with the Materia Medica

The analysis of the 4 remedies proposed by MOP shows Causticum that covers the Totality, while Zincum should be more suitable just for auxiliary symptoms. Particularly, Kent says that the greatest characteristic of Causticum is the despair with fear that justify the greatest need of sympathy and protection that it has (more of all in MM). Eugenio Candegabe adds: “As the child who has to hold his mother hand during the night. Therefore he needs comprehension and attention of others, that does not stop to remind with insistence: he is the typical imploring dictator who loves being adulated. In love sufferings and in grief he has two important aetiologies. He bears the contradictions, because he needs others, but he is polemic and contradicts. He is hypersensitive to noises because he fears the environment and his insecurity prevents him from venturing in places different from those he lives in. Water and moisture improve it (it is one of the fundamental keynotes of the remedy).”

Causticum personality suits to Joy and his way of feeling, acting and reacting very well; besides, the remedy covers auxiliary symptoms as well.

Fifth Step – Addressed Reinterrogatory

In this step, with reference to Materia Medica, the patient is asked again with questions regarding the chosen remedy. In fact, even if there were no doubts on the remedy, it is opportune improve continuously our performances and particularly:
- to acquire knowledges of unknown remedies that appear in the repertorization;
- to improve the collection of symptoms and the repertorization of the patient;
- to confirm or modify the characterologic symptomatology;
- to note down the symptoms not covered by the chosen remedy to observe them during the development of the case and verify its presence in other patients who need the same remedy.

Addressed Reinterrogatoy

Causticum is confirmed for Joy, but the correct symptoms are now “FEAR - noise” (not “SENSITIVE - noise”) and “FEAR - happen”, “FEAR - ranger” (not MAGNETIZED).

Sixth Step – Diagnosis of Dynamic Level of the patient
Although such subject is not directly treated in classical texts, it is strongly suggested by § 15 of Organon and by the following §§ 176-177-178-179-180-181-182 and also by Lesser Writings of Kent at the chapter *The action of drugs as opposed by the Vital Force*.

The Vital Energy of the patient can be REACTIVE or WEAK. In the first case we will have a lot of symptoms and intensive ones, in the second symptoms will be short and less intensive.

The Morbid Constitution of the patient can be COHERENT or INCOHERENT. In the first case we should have hierarchical symptoms that will show clearly a remedy, in the second symptoms will be less hierarchical and chaotic and will show more remedies.

It is therefore possible to establish for the patient one of the dynamic Levels resulting from the possible four combinations of the characteristics of Vital Energy and Morbid Constitution just described in accordance with the following scheme (Tab. 3):

<table>
<thead>
<tr>
<th>Theory of the 4 Dynamic Levels</th>
<th>Vital Energy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbid Constitution</td>
<td>REACTIVE</td>
</tr>
<tr>
<td>Coherent</td>
<td>1°</td>
</tr>
<tr>
<td>Incoherent</td>
<td>3°</td>
</tr>
<tr>
<td>Morbid Constitution</td>
<td>Weak</td>
</tr>
<tr>
<td>Coherent</td>
<td>2°</td>
</tr>
<tr>
<td>Incoherent</td>
<td>4°</td>
</tr>
</tbody>
</table>

Level 1 – It will be given to patients with a lot of hierarchical symptoms (biopathographic); we should think of the prescription of *simillimum* remedy.

Level 2 – It will be given to patients with few hierarchical symptoms (biopathographic); we should think of the prescription of *simillimum*, but more easily of a similar.

Level 3 – It will be given to patients with a lot of symptoms little hierarchical (S. of the actual state, the last period of life); we should think of the prescription of a similar. Belong to this Level, logically, even those patients Hypersensitive who will show pathogenetic symptoms to every remedy prescribed to them.

Level 4 – It will be given to patients with little symptoms little hierarchical (S. of the present state, of the current pathology); we should think of the prescription of a similar but easily of a palliative.
It can be noticed that the numerical progression of Levels immediately shows the state of the patient (better in the 1° and worst in the 4°) and consequently also what shall be the Homoeopathy engagement to follow it.

The aim of the Level diagnosis, which we remind that it is given exclusively by the QUALITY and by the QUANTITY of symptoms, is to be able TO FORESEE BEFORE THE PRESCRIPTION what will be the patient evolution through a Dynamic Prognosis that will be described in the next Passage.

**Diagnosis of Dynamic Level**

We have historical symptoms of Joy (biopathographic) and of a good number for a good diagnosis of remedy: Level 1.

**Seventh Step – Dynamic Prognosis**

With this procedure, as already mentioned a foresight of the patient is made in connection with the different aspects that we are now listing.

As regards the Law of Cure (Hering):
Level 1 – the prescription of *simillimum* will promote the Law of Cure according to Hering which phases will depend on the injury state of the patient.
Level 2 – the prescription of a remedy partially similar will make it emerge, even with the help of acute elapsing states, other symptoms that will allow to raise the patient to Level 1 and therefore to prescribe the remedy *simillimum*. The Law of Cure will be observed at the end of the treatment.
Level 3 – the prescription on the actual state will require many attempts before observing the hierarchical symptoms able to lead to *simillimum* and therefore to the execution of the Law of Cure.
Level 4 – the prescription based only on symptoms of the pathology can only be palliative. However it can happen that after many faulty prescriptions some hierarchical symptoms seems to be able to rise the patient to Level 2.

As regards the Aggravation and the Amelioration

The Aggravation (primary effect of the remedy) is a parameter of the Vital Energy and has its variability in the TIME.

The Amelioration (or Reaction, secondary effect of the remedy) depends on the Morbid Constitution and its variability is the SPEED.

With this premise, the foresight will happen in accordance with the following scheme (Tab. 4):
As regards the Acute Illness
When the patient presents a clinical acute table during the therapy, symptoms offer the following important indications.
Level 1 – the acute symptoms show the same remedy already prescribed.
Level 2 – in the prodromic phase and during the acute event can arise symptoms that show the already prescribed remedy, but much more symptoms that will complete the chronic state helping to better explain the image of the patient constitutional illness and therefore being able to prescribe simillimum.
Level 3 – the remedy of the acute state will be different from the one prescribed, however during the convalescence phase could arise hierarchical symptoms able to better lead the following prescriptions.
Level 4 – in these patients the symptoms will change continuously and with them also remedies.

As regards the New Symptoms
Such symptoms should be distinguished from Discharging S.
Level 1 – the new symptoms show a wrong prescription accompanied by an aggravation of the illness; often they show a suppression.
Level 2 – they can have the same previous meaning, but mostly, accompanied by few hierarchical symptoms that this Level presents, can also show the simillimum.
Level 3 – on this Level, the appearance of new symptoms can almost be the rule, in consideration of the patient hypersensitivity (incoherently reactive) and show the prescription of a similar.
Level 4 – they are the only one able show a change of remedy awaiting a probable arise in energetic expression of the patient, in case it is possible.

Dynamic Prognosis
For Joy we await to very everything described about Level 1 except, obviously the appearance of New Symptoms!

Eight Step – Judicious Prescription
As regards the Centesimal Scale experience shows as follows:
a) the unique dose is suitable only for patient whose Vitale Energy is fairly reactive;
b) the method \textit{in plus}, recommended by Hahnemann formerly in the Fifth Edition of Organon, has greater efficacy in avoiding aggravations.

Considering these fact more than ten years of observations has led to the following scheme prescriptive if compared to the dynamic Level of the patient.
Level 1 – high dynamisation (M-XM) in unique dose or \textit{in plus} if we consider that, even if it is reactive, the patient needs more frequently stimuli, also for the presence of organic structures.
Level 2 – media dynamisation (30-200) \textit{in plus}.
Level 3 – high dynamism (200-M) in unique dose.
Level 4 – low dynamism (5-30) \textit{in plus}.

As regards the Q or LM Scale it should be followed Hahnemann instruction of the Sixth Edition of Organon (§§ 246-247-248), quite apart from the patient dynamic Level with this personal comment: ON THE LEVELS 3 AND 4 IT SHOULD ALWAYS BE USED THE LM SCALE for its characteristics of gentle action, to limit to maximum every possible Aggravation of the patient and for its greatest manoeuvrability in case of wrong prescription.

\textit{Judicious Prescription}
Causticum LM 1 has been prescribed to Joy, once a day.

\textbf{Conclusions}
The MOP represents the effort of preparation of a synopsis perfectly faithful to Hahnemann doctrine, that gives us the better approximation to the Pure Homoeopathy practice, that is free from prejudices, but obviously there is space to improve more.

In my own small way, I believe to have contributed introducing LM Scale in MOP, with the approval of Eugenio and Marcelo Candegabe and of Hugo Carrara, in the book reported in bibliography.

All this is followed obviously by the Prognostic Observation, another great charter of the Homoeopathic Clinic of which, probably, we will talk about in another occasion to see how my Argentine Masters explain this moment and how it suits very well to the veterinary clinic as well.

But let’s see what has happened to Joy! I have asked to the cat proprietress, a very diligent person, primary school teacher, to keep a daily diary of everything observed about the cat from the beginning of the therapy, considering the distance that separated us and the seriousness of the patient clinical table. This is the unabridged text of such diary:
- First medication, October 31st, 1drop: after few minutes from the medication the cat makes an energetic vertical leap (!?!). During the night
he begins to suck again and to “make the pasta”; he has several motions of the bowels with dark limp excrement, really a great deal! The following morning he begins to eat spontaneously again even if not abundantly. He asks to go out in the courtyard. He is visibly weak, but shows signs of amelioration.

- Second medication: he keeps on getting better, he is more vigorous, but does not eat satisfactorily yet. It seems to me that his temperature has fallen and during the night he goes to eat croquettes.

- Third medication: he keeps on getting better. He asks to go out more frequently and during the night miaows insistently as if he asked something.

- Fourth medication, 2 drops: I don’t have enough time to come back that he asks me for food and besides he does not come under the cover anymore, but stops at the bottom of my bed. The feces are always very abundant and dark. During the morning finally I see him as I remembered him and I can definitively interrupt the wet food I proposed him to tempt him.

- Fifth medication: the Veterinary has transmitted me the PCR FIP test results, negative. Joy has begun to miaow aloud again from the terrace to call me when I am out. He keeps on sleeping at the bottom of my bed coming under the coverlet just before I sleep and when I awake.

- Sixth medication: I think that the cat has practically completely recovered, eats heartily and has got into the all habits again

- Seventh medication, 3 drops: I think that his usual characteristics are more accentuated, he is more irritable, he calls me more often, asks for more attentions, to be petted again and has a great desire to go out. Everything else remains unchanged, that is OK.

- Eight medication, November 7th I have to notice that the pussy-cat is more vigorous then he was before illness. Today he has climbed up a tree and has jumped over 2 meters and half wall high, then he has gone on the neighbours shed and I had to recover him with a ladder for fear he could end up wherever. Never he had pushed on so much!

- Thirteenth medication, November 12th, 5 drops: the cat is very well, has a lot of energy and he is also “a little bit nervous”. Two nights ago he attacked a pussy-cat of the neighbourhood that used to come to our courtyard. Tonight, after the remedy, he has attacked a dog, blowing and trying to scratch him. He makes himself respected.

- November 20th: tonight he has sneezed twice … He is certainly more independent, He seems to have found his real dimension of cat. He keeps on sleeping on the bottom of my bed.

- November 22nd: I have done one of mine. I have put him the phial of Frontline and has immediately begun to dribble as if he had the nausea. I have immediately washed him with lukewarm water, think that made him euphoric, and everything was immediately over.
- November 26th: the pussy-cat is really very fine and is much more in equilibrium. He is less obsessive in asking for attention and is more independent. He lets to be petted on the sofa while I watch TV, but do not press me too much. Nervousness has disappeared. He sleeps on the bottom of my bed no more, now he prefers the arm-chair or a chair.

This diary is followed by this letter:

“Dear Dr. Brancalion,

as promised I send you the notes regarding Joy recovery (?!).

I take the opportunity to thank you and inform you that I am really grateful to you because you have given me back my dear pussy-cat and also to have shown me that homoeopathy workd!

We will come soon to visit you, compatibly with our business engagements, to show you Joy.

Again I thank you heartily!

Patrizia

Gorizia, November 27th 2004”

Bibliography

- EHT™ Homoeopathic Software – Vers. 2.1 – Archibel SA, Belgique.
- RADAR™ Homoeopathic Software – Vers. 9.0 – Archibel SA, Belgique.
Fig. 1 – SCHEMA DI COLLOCAZIONE STORICA

C.F.S. HAHNEMANN
I° Periodo (malattia da agente inquinante)
II° Periodo (concezione miasmatica)
III° Periodo (Psora unica causa)

C. VON BOENNINGHAUSEN
Cerca un rimedio per ciascuna patologia.

G.H.G. JAHR
Maggiore considerazione miasmatica.
Non ha seguaci

J.H. ALLEN
Fondamentalmente centrato sui miasmi, introduce il Tubercolinismo o Pseudo-Psora.

C. HERING
Swedenborg

C. HERING
Tuberculosis

La Scuola Francese

L. VANNIER

La Scuola Messicana

P. SACHEZ ORTEGA

La Scuola Indiana

G. VITHOULKAS

R. SANKARAN

La Scuola Indiana

A. MASI

ELIZALDE

Scuola Argentina

T.P. PASCHERO

Scuola Argentina

H.A. ROBERTS

Scuola Argentina

J. T. KENT

Tommaso D’Aquino

Eugenio & Marcelo

CANDEGABE

Elizalde