The Homeopathic Treatment of Endometriosis

by

Douglas H. Johnson
PG778

Submitted to the
British Institute of Homeopathy
in partial fulfillment of the requirements for the

Postgraduate Diploma In Homeopathic Medicine

March 2002

© Douglas H. Johnson, 2001. All rights reserved.

The author hereby grants to the British Institute of Homeopathy permission to reproduce and to distribute copies of this thesis document in whole or in part.

Dedications

This thesis is dedicated to:

Dr. Suriya Osman, MBBChm MDHom
Diplomate Reproductive Medicine

Dr. Osman is a guiding light in the application of homeopathy to problems of reproductive medicine. Her knowledge and willingness to share her knowledge helped make this thesis a reality and encouraged me to focus on this area.

Acknowledgements

I would also like to acknowledge the contribution of my daughters Sarah and Rachel whose births saw to it that completion of this program and thesis was delayed much more than expected but also encouraged my study of this application of homeopathy.

Favorite Motto

The Greatest Enemy Of Any Science Is A Closed Mind.

The Homeopathic Treatment of Endometriosis

By

Douglas H. Johnson

Submitted to the British Institute of Homeopathy on March 2002 in partial fulfillment of the requirements for the Postgraduate Diploma in Homeopathic Medicine.

ABSTRACT

Endometriosis is a painful, chronic disease that affects around 5 1/2 million women and girls in the USA and Canada, and millions more worldwide. It occurs when tissue like that which lines the uterus (the endometrium) is found outside the uterus. Common locations include the abdomen on the ovaries, fallopian tubes, and ligaments that support the uterus; the area between the vagina and rectum; the outer surface of the uterus; and the lining of the pelvic cavity.

The etiology of endometriosis can only be guessed at. Most likely are inherited dyscrasias, which include allergies, other autoimmune disorders, thyroid dyscrasias, diabetes, and a sycotic base with tubercular, often cancer, and perhaps syphilitic miasm. It is a disease of a mixed miasm.

It is doubtful any amount of research will ever identify a definitive "cause" of endometriosis. The true cause is individual to the person and is represented as the summation of their family miasmatic (genetic) history and their environmental history both physically and mentally. This defines both the nature and strength of their body's central disturbance and the individual's susceptibilities that can express themselves as disease.

For the benefit of non practitioners this thesis provides a brief overview of some of the principles of homeopathy and some recent scientific developments which seem to identify the mode of action of homeopathic remedies. This is followed by a detailed description of what endometriosis is, its suspected etiology, and its symptoms. The various treatment options are then covered including homeopathic, drug and surgical treatment. Under the section on homeopathic treatment there are various discussions on associated types of pathology that can go along with endometriosis like adhesions, fibroids, and fibrocystic breast along with a discussion on some common remedies.

Toward the end of this thesis there is a long listing of useful rubrics to keep in mind along with a brief discussion on supplemental herbs, dietary changes, and what synthetic hormones are.

This is followed by an overview of some cases of endometriosis that have been homeopathically treated in order to give some perspective of the differences

between cases and the importance on treating each case as its own unique disease instead of using a general treatment for all.

It is hoped this thesis will be a useful reference for practitioners who are treating endometriosis cases and also for women suffering with endometriosis and who wish to seek homeopathic treatment so that they will be familiar with how treatment can be done and why it is done the way it is.

Table of Contents

1.0 Homeopathy As Energy Medicine
2.0 The Mind Body Relationship in Homeopathy
- 2.1 Delusions
- 2.2 Compensation

3.0 Introduction to Endometriosis
- 3.1 What Is Endometriosis
- 3.2 Bowel Endometriosis
- 3.3 Adenomyosis-The Hidden Endometriosis

4.0 Etiology Of Endometriosis
5.0 Typical Normal Menstrual Cycle
6.0 Estrogen Dominance Syndrome
7.0 Symptoms Of Endometriosis-Dysmenorrhea
8.0 Psychological Dismissal in Allopathic Medicine
9.0 Conventional Treatment Of endometriosis
- 9.1 Drug Treatment
- 9.2 Surgical Treatment
- 9.3 Disease Removal Or Symptom Removal?

10.0 Homeopathic Treatment of Endometriosis
- 10.1 Miasmatic Nature of Endometriosis
- 10.2 Nosode Use and Other Key Remedies
- 10.3 Adhesions
- 10.4 Acute Pain Management
- 10.5 Fibroid Tumors and Fibrocystic Breast
- 10.6 Discussion of Select Remedies
  - 10.6.1 Natrum _____
  - 10.6.2 Vaccinotoxinum and Variolinum
  - 10.6.3 Arnica
  - 10.6.4 Thyroidinum
  - 10.6.5 Carcinosin
  - 10.6.6 Saccharum Officinale
  - 10.6.7 Lachesis
  - 10.6.8 Thuja
  - 10.6.9 Anacardium
  - 10.6.10 Staphysagria
  - 10.6.11 Calcarea Fluorica
  - 10.6.12 Ruta Graveolens

11.0 Useful Rubrics To Keep In Mind
12.0 Supplemental Herbs
13.0 Dietary Changes As Additional Support
- 13.1 Phytoestrogens
- 13.2 Prostaglandins And Their Manipulation

14.0 So What Are Typical Hormones Products?
15.0 Case Studies
- 15.1 Basic Endometriosis Case
- 15.2 A Case of Depression, Endometriosis, Rheumatoid Arthritis And Interstitial Cystitis
- 15.3 A Case of Satanic Abuse-Endometriosis, Depression and Paranoia
- 15.4 A Case Of Endometriosis, Fibromyalgia, and Anxiety

16.0 Bibliography

1 . 0 HOMEOPATHY AS ENERGY MEDICINE

This thesis was written to be a useful tool for both the homeopathic practitioner and for individuals seeking treatment. But not as a self help guide for individuals seeking treatment, only so they understand what to expect from treatment. It is mostly impossible for even experienced homeopaths to see the proper siliminum in themselves. For the benefit of those trying to understand homeopathy and what to expect I have included this section, Homeopathy As Energy Medicine and the section The Mind Body Relationship in Homeopathy.

One of the hardest transitions for people to make in homeopathy is to think in terms of energy and frequency regarding homeopathic remedies rather than as material doses where material X is taken for condition Y. I also must admit that this is a transition that I also found hard initially. My undergraduate education was in electronics engineering and physics so I was used to having a clear scientific explanation for how things work. When I was confronted with something that eliminated a medical problem I had suffered with for years and every medical doctor I had seen about it was clueless on how to eliminate it I wanted to know exactly how this could be, how could it work? Actually I had stumbled on a homeopathic remedy that homeopathically suppressed my condition and I repeated the remedy regularly to maintain the suppression until I developed a tolerance to the suppressive effect. It was some time later before the actual siliminum (constitutional remedy) that matched my central disturbance was determined and actually cured the condition.

But as I originally researched homeopathy years ago I was bothered by how no books on homeopathy actually explained how it works. As it turns out the reason that information is not in books is that it is currently unknown exactly how the remedies work. I found that homeopathy is based on the principle of the minimum dose and the law of similars, but that the dilutions are so great that it is often statically impossible for any of the original physical material to remain. That was not logical to me, how can that be? Now I was faced with an ideological dilemma. I was faced with something I had seen work enough times that I would have to consider myself a narrow minded to say it does not work, yet there was no scientific bases to show how it could possibly work. The only solution to this dilemma was that I was being narrow minded because I was assuming that science had already discovered everything it possibly could. Given all the times throughout history that the conventional wisdom was later proven wrong, I realized it was very narrow minded of me to just assume something could not work simply because no one could explain it. I also began to understand why homeopathy remains poorly accepted by conventional medicine. In many ways it is very different from the way medical doctors were taught to think in medical school. This can be very intimidating and threatening to those who are closed and not open minded. History has shown many times that the greatest enemy of any science is a closed mind. Plus the pharmaceutical industry, which obviously has good reason to oppose any type of alternative treatment that cannot be patented, sponsors much of the continuing education medical doctors get. Even the American Medical Association (AMA) has allowed itself to be influenced by this industry through all the advertising revenue it takes in from advertisements in its publications,

a classical conflict of interest. This explains why I find so many medical doctors who switch to practicing homeopathy do so only after turning to it themselves in desperation and having it cure them. This forces them to also come up against this ideological dilemma. For those interested in the historical conflict between homeopathic medical doctors and the AMA the book Divided Legacy by Harris L. Coulter provides a detailed history.

Of course there are other problems with homeopathy: Because the physics of homeopathy is not well understood yet, remedy selection is a bit of an art and in that regard it is not precise. A practitioner can never be totally sure if it will work well until after the remedy is given. This is not something most professionals in the rush, rush world of modern medicine wish to deal with. Additionally, the amount of time it takes per patient to practice homeopathy can make such practice less profitable for the doctor unless it is being practiced in an affluent area. This probably explains why homeopathy seems to be more widely used in countries that have more socialized medical systems. However, in the United States the Health Maintenance Organizations (HMOs) have squeezed the profitability of conventional medicine so much that often it is more profitable for a medical doctor to practice alternatives with cash paying patients and less HMO bureaucracy. This has created a new problem because a medical doctor can often practice an alternative with his license even though he might have substantially less training in the given discipline than a non-medical doctor who has passed a certification exam. However, many medical doctors who practice alternatives seem to be well skilled.

Have you ever been to see a medical doctor for a condition where he disappears for a few minutes after talking to you? Is he seeing two patients in parallel? Perhaps. Or perhaps he ran back to his office and looked up condition Y to see what X to give; though I have only seen one doctor actually admit this. Usually they make it look like they knew the answer all along. Regardless, allopathic prescribing can be done quite quickly because it assumes everyone is mostly the same, except of course for things like drug allergies. That ability at rapid response makes conventional medicine very effective in dealing with emergency situations that require immediate control but very lacking in dealing with chronic diseases that are very individual to the person.

The fact of the matter is that even today science only knows a small amount of physics at the atomic level or how creatures seem to respond to things they should not be able to respond to. Sharks can detect very small amounts of blood in the ocean over very long distances in extreme dilution and be guided to its source. The Salmon seems to be able to detect water from the river it was born in from hundreds of miles away in extreme dilution

Even though homeopathy was stumbled on back in the early 1800s science is only now getting to the point where the difference between a homeopathy remedy and a placebo can be scientifically detected. Recent studies have shown that the dielectric constant of a solution that has gone the homeopathic process of potenization slightly differs from that which did not go through the process even though chemically they seem identical.(12) It is quite likely this small shift in the dielectric constant will eventually be proven to be caused by fields that represent the subatomic imprint of the original material that is placed upon nanometer sized clusters of water molecules called IE clusters created during the process of dilution and sucussion. Research has shown that these IE clusters do exist and maintain an electrical field across them.

Apparently this field resonates a signal representative of the original substance. Once in the body these signals seem to act on either the immune system and/or what are referred to as the body's meridian lines or the central nervous system.(11) For example, let's say a tissue salt remedy is taken. The memory of this tissue salt is locked in the IC clusters, reaches the CNS and delivers a signal to it that the body has been exposed to a high dose of this tissue salt. The CNS may then respond by directing additional effort to maintaining proper balance of this tissue salt in the body. If the tissue salt was already in balance we would expect no effect. If it was out of balance this stimulus can be expected to draw the bodies balance of that salt back into proper balance.

There has been much research done in the use of very low doses. Although I have detailed the work of Dr. Shui-Yin Lo, PhD below, there have been many more studies done that are beyond the scope of this thesis to detail. For those interested I would suggest, in addition to Dr. Lo's work, reviewing the work of members in the Groupe International de Recherche sur l'Infinitésimal (GIRI). The GIRI organizes workshops yearly throughout the world. It convenes systematically in congresses during each of the International Encounters of Monaco. The aim of the GIRI is to bring together pharmacologists, biologists, physicians, chemists and physicists to communicate, exchange experiences and develop joint research projects; the distinctive feature of the research activities of the group is the study of ultra low dose impulses or very high dilutions, homeopathics included.

Although the mechanism of action of the very diluted solutions of active principles on biological systems is an important concern of the GIRI, the major interest of the Group is directed towards the possible medical and therapeutic relevance of the very low doses. More than one hundred persons are GIRI members, coming from 20 different countries. As of the date of this thesis additional information on the GIRI is available over the Internet at <www.giriweb.com/index1.htm> and two books are available "Signals and Images" and "Fundamental Research in Ultra High Dilution and Homeopathy".

Those who have studied any chemistry at all are aware of the unique dipolar quality of water molecules that allows them to stick together and form blocks of ice when cold enough. In 1996 Dr. Shui-Yin Lo, PhD, a senior researcher at American Technologies Group and a visiting professor at the California Institute of Technology reported the discovery of warm water ice crystals characterized as types of unique stable (non-melting) ice crystals that maintain an electrical field.(9) These nanometer sized, rod-shaped water clusters are created when a substance is placed in distilled water, then vigorously shaken or stirred, and then repeatedly diluted and shaken or stirred, a process essentially like the homeopathic potenization process.(10)

These water clusters or ice crystals remain stable at high temperatures, and what's intriguing is that the ice crystals still exist with varying fluctuation after repeated dilutions.

The use of very small doses of substances to promote significant biological or chemical activity is not new to science or medicine. Hormesis, a focus area of the GIRI, is the modern scientific field that studies the effects of extremely small doses of otherwise toxic substances to stimulate growth or healing. Hundreds of studies from a variety of scientific fields have confirmed

this phenomena, and the journal, Health Physics, even devoted an entire issue to this phenomena (May, 1987).

Homeopathic medicine, a system of using extremely small doses of plant, mineral, chemical, or animals substances, uses doses so small often no molecules of the original substance remain. Homeopathy has been derided by conventional physicians and scientists since its inception in the early 1800s because they incorrectly assumed that homeopathic doses of medicines were too small to have a significant biological or clinical effect. Despite this antagonism, homeopathy has persisted and even has consistently grown on every continent in the world today.

Dana Ullman, M.P.H notes, "This new research by Dr. S. Lo confirms the existence of IE crystals and suggests that there may be something 'there' in homeopathic medicines after all. Many physicians and scientists have ignored homeopathy simply because they couldn't explain it. While we still don't know precisely how these IE crystals work in the body, at least we can now verify that homeopathic medicines are biologically active. This is a landmark discovery, both for homeopathy and for science."

The new research by Dr. S. Lo and the various other scientists who have confirmed it seems to verify the experiences of two centuries of homeopathic physicians. Dr. Lo notes, "There seems to be something unique in water that undergoes extreme dilution, and we now have the laboratory evidence and even the photographic evidence to verify it."

Dr. Lo acknowledges the links between his work and that of homeopathic medicine, but he also asserts, "Thus far, we have only systematically tested substances which have been diluted one to ten 13 times. Homeopathic doctors sometimes use medicines which are diluted one to ten 30, 200, 1,000, or more times, and we have not tested these extreme dilutions yet. However, I would not be surprised if IE crystals are also observed in these doses. Based on our research to date, every dilution beyond the sixth has found IE crystals in them."

When following the traditional homeopathic pharmacological method to diluting and shaking solutions, the American Technology scientists found that approximately 0.1-0.2% of the solution contained IE crystals. These scientists, however, have discovered methods to increase this to 10%.

Dr. Lo concludes, "The homeopaths were definitely onto something, but our discovery of IE crystals may help their medicines become even more powerful, and these IE crystals may also have significant industrial applications, energy transfer benefits, cleansing uses, and ecological protection."(12)

Yet over and over again we see those who feel threatened by homeopathy try to explain away how cases get resolved as placebo responses or coincidental remission. How convenient that over and over again people can have a condition that does not response to numerous different allopathic drugs or counseling yet suddenly responds to a "placebo" when the person visits a homeopath. We really must ask if placebos work that well then why do we bother with drugs in the first place? Then there is also the fact that homeopathic remedies appear to work well in small children, animals and

even plants to some extent that have no idea there should be a response which makes the placebo response explanation a very hard sell indeed.

Although science does not yet fully understand how homeopathic remedies work, the concepts in homeopathy are very easy to match to accepted scientific and engineering principals. Anyone who has studied communications systems engineering is familiar with Nyquist sampling, the process of digitizing an analog signal for transmission and recreation back to analog later. This technique can be considered similar to the repertory system of homeopathic remedy selection where symptoms are sampled in order to derive the remedy that resonates in a similar way to the person's disorder. Anyone who has ever studied Fourier Series and Laplase Transforms or even just looked at a signal on a spectrum analyzer realizes that waveforms can be complex or simple and can be broken into their frequency parts with any carrier frequency or dominant frequency clearly showing. Such a concept can easily be related to the central disturbance being the dominant frequency with the more variable physical pathology possibly representing the lesser harmonics of the disturbance. But of course this comparison is rather philosophical since we are probably a very long way from actually being able to measure or mathematically model such a relationship.

2.0 THE MIND BODY RELATIONSHIP IN HOMEOPATHY

No other organ exerts more influence over the whole body than the mind so it is only logical to expect all disorder to also be represented in the mind. Rajan Sankaran stresses that in order to be able to successfully treat a condition with homeopathy it is necessary not only to understand the physical state, but also the mental state. Here we say mental state, not mental symptoms. In Aphorism 211, Hahnemann says that all patients have a mental state on which a remedy is to be prescribed. Everyone has a mental state regardless of condition. Later in other aphorisms, Hahnemann talks of the treatment of mental diseases. He says that mental disease symptoms are one-sided local diseases affecting the mind.(26) Here we would have mental symptoms. But they are not as important because they are particular symptoms, local symptoms and one-sided symptoms that belong to the mental disease and mental state. Everyone will have a mental state regardless of if they are suffering from depression, anxiety, asthma or eczema. This is where it can get hard. It is necessary to focus on the overall theme of the person rather than just specific mental and physical symptoms. All minds and bodies resonate to a certain theme that represents the central disturbance while a specific symptom may be quite removed from the central disturbance. To put it on frequency terms, a complex signal can be made up of a carrier frequency (analogous to the central disturbance) and some number of small harmonics (analogous to local trouble depending on the person’s susceptibilities). If you wish to cancel out this complex signal in the most complete way possible, another signal with a similar carrier (same frequency but out of phase) must be added to it. If you add a signal that only resonates to the local trouble it can cancel the local trouble but if it is only a small harmonic of the total disorder it will have little or no effect on the carrier. For this reason a homeopathic practitioner will be much less

interested in mental symptoms of depression or anxiety and much more interested in how the person reacts to his or her environment in general.

Lets take a look at an example of one feature of a mental state vs. mental symptoms. Does a certain person do lots of volunteer work? If so, this may indicate a desire to feel needed to feel loved rather than strong desire to benefit the people being helped. This is part of the mental state and can have varying intensities. It can have a relatively low level of intensity where it is not easily noticed or a very strong intensity where it can cause more problems. Regardless of intensity or problems caused by this will still be part of the mental state. Such a state becomes more obvious in the more intense cases where the volunteer allows the people being helped to become dependent on them so the volunteer person is needed even more and the dependent person never becomes independent. Another theme involving the same type of central disturbance can be found in certain family relationships where a parent gives smother love rather than quality unconditional love. In these cases a parent seeks to feel needed in order to feel loved. A very young child will quickly become addicted to smother love but then not learn to function independently easily and will likely develop unrecognized feelings of guilt. Such relationships can cause real problems in the home because the child's addiction then reinforces the parent's behavior and all the parents love is directed at that child with none remaining for other children in the family or the parent's partner. Although the young child is quickly addicted to this smother love, the child knows something is wrong but does not understand what. What is wrong is that the parent is not relaxed; she is emotionally intense and the smother love is being given for the benefit of the parent to feel needed rather than for the benefit of the child. The child is aware on a subconscious level of the emotional tension in the relationship, which is derived from the parent's terrible need for love. The child grows up feeling wanted but also needy with guilty feelings.(1) In cases where such need is not excessively strong such a state may be harder to notice. When the parent's state is very strong it can be more obvious and lead to more problems. Regardless, the stress caused may either develop an overly clingy child or a child that eventually totally rebels and rejects the parent. Here we have part of a theme of a given mental state needs to be recognized and prescribed on. Here is a root that can become strong enough develop into physical and/or mental disease like either endometriosis, fibromyalgia, depression, anxiety or more subtle problems such as being defensive or emotionally closed and introverted toward most people. Lets say for example the mother develops hormonal problems, depression and endometriosis partly because of stress. One maintaining factor of this stress is that her intense desire to feel needed to feel loved is so strong that there is no way it can be satisfied by the child and this stress triggered the given disease susceptibilities. Lets say the child develops anxiety and defensive behavior because of the guilty feelings or insecurity caused because the mother has done so much for the child but the child is not always grateful. What is really the root of the problem here? Is it the depression, anxiety, defensive behavior or endometriosis? No those are the disease symptoms. The real problem is the parent has an abnormally high desire to feel needed in order to feel loved and the child has developed an abnormally strong desire to need someone and/or an abnormally strong guilty feeling that cannot be understood. This is the root that is creating the stress that can trigger the person's susceptibilities to depression, anxiety, defensive behavior, endometriosis or any number of other problems. If you prescribe on the disease by giving an anti-depressant or anti-anxiety drug the root is

still there and will express itself in a new way. In homeopathy we prescribe a remedy that resonates to the person's overall theme. On the mothers side the theme will include among other things the delusion of wanting to feel needed in order to feel loved and on the child's side the theme will include among other things the delusion of guilt and needing support to function. The fact there is depression or anxiety will be taken into account, but that is not the true problem and only indicates a general susceptibility to either depression or anxiety and that can appear in many, many remedies while the overall theme will match only one remedy. Once the central disturbance resonating to wanting to feel needed to be loved or clingy is reduced sufficiently then there is no longer any base for the disease and the disease symptoms will start resolving. In such an example the odds are good that the parent and child resonate to the same or similar remedy based on both genetics and the fact that the mother was reinforcing the same delusion in the child. Left untreated this excessively clingy child will most likely grow up with the same excessively strong desire to feel needed in order to feel loved and the cycle continues. Unconditional love produces strong healthy children. Needy love produces dependent, guilty children.(1) Here we have one example of how a prescription is arrived at. But this is an example of only one parameter that would be used to determine the overall theme. In classical homeopathy we look for this theme regardless of it being either so strong that the person seeks counseling and drug therapy or so weak that it is not really causing many noticeable problems. In either case it, rather than physical symptoms, is the purest expression of the person's overall theme or central disturbance.

So in summary we must remember that in dealing with disease there can be no affection of the parts of the body without affecting the whole. In order to have disease the center has to be captured first which is the central disturbance. The central disturbance comes first and the body will try to confine the disturbance to the center. If the central disturbance becomes too strong then the disturbance will move and start acting on those organs that are more susceptible and will produce local trouble.(21) An interesting comparison is between a young child and an old person. In a young child the vitality is very strong. Here the center can deal with a much stronger central disturbance and here in young children we usually see a very strong metal state and few if any physical problems. In elderly people the vitality is no longer as strong and the center can no longer manage a very strong central disturbance so the mental state is not as strong but the physical pathology starts becoming much more extensive as the central disturbance moves into the person's weaker areas.

It is important for the person being treated to realize that just because the homeopath is asking lots of questions about their personality, it does not necessarily imply that they have abnormal mental symptoms. A person being treated could mentally be the most normal, typical person around. The questions are not being asked to get at any particular mental symptom. They are being asked only because the general state of the mind has been proven many times to be more reliable and less variable than just physical symptoms in matching the overall state to a remedy. What effect does music have on them, how do they react to criticism, insults, complements, in what environments are they most comfortable, the least comfortable, etc, etc, etc.

Ideally if the body has few internal susceptibilities the physical expression of the central disturbance will be moved to the outer parts of the body where it

can do the least damage to the critical organs. However, this will also depend on the person's individual susceptibilities. If the reproductive system is weak the disturbance may start to express itself as something like fibroids or endometriosis. If the intestinal system is a weak point the disturbance may express itself as something like colitis. If the thyroid gland is a weak point then thyroid problems may develop. But once the proper siliminum is found that matches the central disturbance the central disturbance will be reduced. At the same time the weak physical points can become stronger. The physical condition can then either be slowly pulled back into the center which now can easily deal with the reduced central disturbance or be moved to a less critical area of the physical, such as the skin, until it is ready to be drawn back in to the center.

This is classical homeopathy in its pure form, a single remedy that matches the person's overall state. Other schools of homeopathy switch remedies often or use combination remedies and this is not classical homeopathy. However, it should be noted that this classical method works the most clearly in cases where the physical disturbance does not consist of physical pathological tissue changes but more chemical such as the immune and/or endocrine systems. In cases such as endometriosis where there have been pathological tissue changes this may not be enough to fully resolve the case. In such cases other remedies specific to the local changes and discussed elsewhere in this thesis may be needed later once the central disturbance has been treated. In general I prefer to use a more classical approach. However, often if I see indications for a nosode class remedy I will give it first in endometriosis type cases. This will usually clear many of the hormonal imbalances and hopefully make that one constitutional remedy appear more clearly to me. Then three or four months after the nosode I give the single constitutional remedy that covers the central disturbance more specifically. After a couple of months we should know if that selection was correct, but then we wait and let it resolve the case more. Then at some point the use of other remedies in low potency may be needed in order to try and resolve individual physical problems. Or, once the correct constitutional remedy has been given and had a chance to work for a few months it could be a good time to have surgery to clean out any excessive pathology. Also, the acute pain of endometriosis can often be controlled quickly by departing from purely classical methods which can take longer to resolve pain. There is always some risk one remedy will interfere with another and not work, but usually this does not seem to be a problem.

Another problem with just using physical symptoms is they can vary so much depending on the person's susceptibilities. Therefore, the physical symptoms alone cannot easily provide a clear picture of the proper remedy to give. This is because of the large number of remedies that cover the given physical complaints and also because the provings cannot possibly cover every possible genetic susceptibility that people of that constitution can have. So if we select a remedy based only on the physical symptoms odds are that it is not an exact match to the person's central disturbance and one of two things will happen. Either the body will reject the remedy outright, or the remedy will act as an allopathic drug and suppress the local physical symptoms without correcting the central disturbance. Should the local symptoms be suppressed, the central disturbance may simply express itself in a new possibly more destructive way. As an example let's assume a hypothetical case of depression, endometriosis and thyroid problems. Birth control pills are given to suppress the endometriosis yet we know the progestins in these pills can trigger or

increase depression in susceptible people and here we have someone already susceptible to depression. So next the central disturbance may express itself as more severe depression. Now anti-depressants are used to suppress the depression. This leaves the thyroid as the next weak point for the central disturbance to affect which may result in worse thyroid function or even thyroid destruction. So how do we make sure we select the correct remedy? Simply by using the mental state as the main guide with the physicals and modalities used for a screening aid and confirmation. The mental state is closest to the center and will represent the central disturbance in is purest form with the least variation.(21, 22)

2.1 Delusions

In cases we can expect to find what Rajan Sankaran refers to as delusions. A delusion is a state of mind that is inappropriate for the given situation and can make up a big part of the central disturbance. Previously we talked about someone having a delusion of desiring to feel needed in order to feel loved. As another example lets say someone grows up in a bad neighborhood where people are often being killed or robbed when they go outside. Such a person who grows up there can experience the mental symptom of fear and anxiety when they go outside because the central disturbance has developed a stronger desire to feel safe and protected when outside. While they are living in this neighborhood such a response is considered necessary for survival by the center. If you give the siliminum at this time it may still reduce the central disturbance, but the center will tend to want to reject any effects it may have at reducing the desire to feel safe and protected when going outside. This is because in this environment such a response is appropriate and though the remedy may work to some extent, the effect may be shorter lived and have to be repeated more often. This is totally different than an allopathic drug for suppressing fear or anxiety. Such an allopathic drug can suppress symptoms of anxiety provided it is given in a high enough dose. However, the root of having a strong desire to feel safe and protected is the problem, not anxiety. If an anti-anxiety drug is given the desire to feel safe and protected when going outside will still be there. The stress caused by such a central disturbance will search for a new way to express itself such as perhaps increased physical pathology.

Now lets assume this person moves from their bad neighborhood to the world's safest neighborhood. This person can easily still experience fear and anxiety when going outside because the mind has been conditioned to respond that way. In other words the central disturbance has developed an exaggerated desire to feel safe and protected when outside. However, now this strong desire to feel safe and protected when outside is a delusion because it is no longer appropriate. The anxiety is not the problem. The anxiety could have just as easily expressed itself as withdrawal or inappropriate aggressive behavior. It is the exaggerated desire to feel safe and protected when going outside that is the true problem. Now in this case the correct homeopathic remedy will show the mind its own delusion at a subconscious level and the delusion will stop. The strong desire to feel safe and protected when outside will reduce to a more normal level and there will no longer be a base for the fear and anxiety which will resolve itself.

As another example we can look at the typical delusion of Baryta fluorata. Baryta fluorata has a delusion of guilt, often they have habits dealing with the hands and fingers like biting nails or picking the skin round the nails, etc., along with feelings of restlessness and escape. They have the delusion they are being pursued by people or ghosts. The overall essence of the theme is that they feel socially inferior and ridiculous. They are also afraid that they won't be able to get a good job, or that they will lose their job again. Their awkwardness and childishness is often the very cause that these things do indeed go wrong. They may try to earn money the easy way. Possibly by starting to gamble in the hope of winning a fortune. They have a delusion that they can show how cleaver they are by being able to win money. But in their childishness they forget that they are losing continually on the way. They get into debt and end up looking even more ridiculous.(22)

In the cases section of this thesis you will find more examples of delusions with some of my more interesting cases. In the Satanic Abuse Case the basic delusion was of severe betrayal such as being starved by your own parent. In the case of Depression, Rheumatoid Arthritis, and Interstitial Cystitis basic delusion was that she is easily hurt by sex if she expresses emotion.

2.2 Compensation

One of the hardest things to deal with in getting an understanding of the mental state is compensation. Rajan Sankaran has written much about how compensation involves covering up by an act of will some elements of our nature. It is a voluntary act that counterbalances something in our nature that is considered undesirable in the given situation. It involves a struggle against our basic nature. A person will be most at ease in a situation where he needs to compensate the least. In situations where a person has to control himself a lot, he is the most compensated and stressed. If we take two people who are very mild and irresolute and put them together it will be against the very nature of both to be the decision-maker. So what may happen is the one that is the least mild and irresolute will have to compensate and become the decision-maker or nothing will get done. The more mild of the two will then see the other as very irritable, stubborn and decisive and if the homeopath does not recognize this and look at the less mild and irresolute one in an uncompensated environment the correct remedy selection can be made much harder.

Many homeopaths consider young children the easiest to treat and cure. There seems to be three reasons for this. First, there is no compensation so the mental state expresses itself in its purest form. Second, the body is still developing so it is much easier to influence its development. Third, as people get older they tend to develop habits that confirm and reinforce their own delusions. As Rajan Sankaran would say, Baryta fluorata invites looking socially inferior and ridiculous, Calcarea fluorica invites poverty, Aurum metallicum invites responsibility, Natrum muriaticum invites grief, Pulsatilla invites abandonment and Calcarea carbonicum invites insecurity.(21)

3.0 INTRODUCTION TO ENDOMETRIOSIS

3.1 What Is Endometriosis

Endometriosis is a painful, chronic disease that affects around 5 1/2 million women and girls in the USA and Canada, and millions more worldwide. It occurs when tissue like that which lines the uterus (the endometrium) is found outside the uterus. Common locations include in the abdomen on the ovaries, fallopian tubes, and ligaments that support the uterus; the area between the vagina and rectum; the outer surface of the uterus; and the lining of the pelvic cavity. These endometrial growths may occur in other locations that include the bladder, bowel, vagina, cervix, vulva, and in abdominal surgical scars. In less common cases they may be found in the lung, arm, thigh, diaphragm and other locations.(5) Some of the more rare locations I have known of endometriosis occurring include the kidneys and even the nose of a patient in Australia.

This misplaced tissue develops into growths or lesions, which respond to the menstrual cycle in the same way that the tissue of the uterine lining does by building up, breaking down, and sheding each month. Usually menstrual blood flows from the uterus and out of the body through the vagina, but the blood and tissue shed from endometrial growths have no natural way of leaving the body. This results in internal bleeding, breakdown of the blood and tissue from the lesions, and inflammation. This process can cause pain, infertility, scar tissue formation, adhesions, and bowel problems.

Endometriosis affects women of all ages. The youngest patient reported in the literature was 10.5 years of age, with only two previous menstrual flows. The oldest was 78. However, some people have reported general symptoms occurring as young as the age of 9.

3.2 Bowel Endometriosis

Most patients with endometriosis do not have intestinal (GI) involvement. Among the difficult cases of endometriosis perhaps only 27% have GI involvement. The symptoms of GI involvement depend on the severity and location of the disease along with the depth of invasion into the bowel wall. When endometriosis invades the bowel walls deeply, it causes a lot of scarring and retraction and can form a tumor which partially obstructs the bowel wall. When the disease is very superficial, it usually causes few noticeable symptoms. There can be substantial variation of disease severity from very superficial to very bulky and invasive, and some patients can have both superficial disease in one area of the bowel, and bulky invasive disease in another. The location of GI endometriosis follows well-defined patterns. The lower rectosigmoid colon is most commonly involved, followed by the last part of the ileum (the small intestine), the cecum (the first part of the large bowel), and the appendix (which hangs off of the cecum). Thirty percent of patients

with GI involvement have more than one area involved. Superficial disease in any of these areas usually causes minimal noticeable symptoms, but bulky, deeply invasive disease can cause real problems. Scaring forward to the back of the uterus often occurs when the rectum is involved. Such scaring is known as obliteration of the cul de sac and indicates the presence of deeply invasive disease in the uterosacral ligaments, the cul de sac, and usually the front wall of the rectum itself with what is called a rectal nodule. The disease can occasionally invade the rear wall of the vagina as well. Interestingly, although you might think vaginal endometriosis would be obvious on speculum exam in the office, some authors feel that it is usually missed because most physicians don't think to look just behind the cervix; they are more intent on seeing the cervix so they can do a PAP smear. Frequently the doctor may be able to feel nodularity behind the cervix on exam, and this area can be very painful.

A rectal nodule with obliteration of the cul de sac can cause painful bowel movements all month long, rectal pain during intercourse or while sitting, and rectal pain with passing gas. It can also cause constipation or diarrhea can be present during the menstrual flow. When the sigmoid colon is involved by bulky disease, patients can have constipation alternating with diarrhea and intestinal bloating and cramping. Bulky endometriosis invading the ileum can result in right lower quadrant pain, bloating, and intestinal cramping. Disease of the cecum and appendix usually causes no specific symptoms at all. Although rectal bleeding and painful symptoms occurring during the menstrual flow raises suspicion for GI involvement, most patients with GI endometriosis do not have rectal bleeding. GI x-rays and colonoscopy are of limited use in diagnosing GI endometriosis because the disease usually remains in the muscular wall of the bowel rather than penetrate all the way through the bowel. Most patients will have negative GI workups, and GI endometriosis requires surgery for its diagnosis. Laparoscopy can diagnose GI disease provided that the surgeon takes the effort to look at the areas which can be involved and also knows what GI disease can look like. The scarring surrounding the disease can cause it to often be white. Many laparoscopies are useless for ruling out GI disease unless the gynecologists looks at the intestines very closely.(17)

3.3 Adenomyosis-The Hidden Endometriosis

Adenomyosis occurs when the lining of the uterus grows into the wall of the uterus, the condition is called adenomyosis. Adenomyosis is often confused with fibroids, which can lead to the wrong allopathic treatment. Normally, when the endometrium sheds during a menstrual period the blood is free to drain out through the cervix. When the lining goes into the muscle some of the blood may be trapped. When extensive, this may cause severe cramps and heavy bleeding. This can cause the walls of the uterus to thicken and the uterus to become enlarged.

4.0 EITIOLOGY OF ENDOMETRIOSIS

The etiology of endometriosis can only be guessed at. Most likely are inherited dyscrasias, which include allergies, other autoimmune disorders, thyroid dyscrasias, diabetes, and a sycotic base with tubercular, often cancer, and perhaps syphilitic miasm. It is a disease of a mixed miasm.

Environment is a possible contributing factor in susceptible people, dioxins have been implicated. Dioxins are estrogen like waste products now widely found in drinking water and food.(27)

Research reported on by the Endometriosis Research Center (ERC) in the United States revealed a startling link between dioxin (TCCD) exposure and the development of endometriosis. Dioxin is a toxic chemical byproduct of pesticide manufacturing, bleached pulp and paper products, and medical and municipal waste incineration. The ERC reported the discovered a colony of rhesus monkeys that had developed endometriosis after exposure to dioxin. About 79% of the monkeys exposed to dioxin developed endometriosis, and, in addition, the more dioxin exposure, the more severe the endometriosis. However, environmental toxins such as these are primarily products of the late 20th century and endometriosis has been known to exist long before that. So it would appear that these toxins are either an additional cause or an aggravating factor. Even though endometriosis existed before the higher levels if dioxin in the environment, endometriosis is quite a bit more common now. So this clearly adds to the incriminating evidence against dioxin. It should also be noted that the diets recommended by nutritionally orientated medical doctors for controlling endometriosis typically stress eliminating red meat and dairy products. Red meat and dairy products are also the two food groups with typically the highest residual dioxin concentration. Dioxins are fat soluble molecules that travel up the food chain in a similar was that DDT did. Clearly the removal of the animal fats from the diet helps reduce inflammatory prostaglandins. But using flax seed oil as discussed in section 13.2 should also help take care of this yet we still see also removing such foods from the diet helping more so what else is helping, removing dioxins perhaps? It is probably hard for most people to realize just how little dioxin we are talking about here, but the monkeys in the high dose group of the above study were exposed to a steady 25 part per trillion. That is 25 parts dioxin for every 1,000,000,000,000 parts feed. Not much! Even the group of monkey that were exposed to 5 parts per trillion experienced a noticeable increase in disease rates. So especially people with a family susceptibility toward endometriosis may want to carefully consider the source and makeup of their diets and the types of chemicals they expose themselves to because once the damage is done it's very hard to undo. Since these chemicals tend to act like super estrogen in the body some limited protection might be obtained from maintaining a low level of phytoestrogens in the body such as from soy. Though not well understood we could assume these chemicals would then have to compete with the phytoestrogens for space on the hormone receptors.(27)

Allergic conditions such as hay fever, food allergies, autoimmune disorders, vasomotor rhinitis, a long history of digestive complaints, and asthma are a frequent accompaniment of endometriosis and often precedes the endometriosis. There are also certain mild defects at birth such as heart murmurs that have been identified as more common in women who later

develop endometriosis and may provide an early marker for indicating increased susceptibility to endometriosis, especially when the family history is indicates such susceptibility.

Yeast infections which are frequently present and precedes the endometriosis may point to a possibility that the condition is spread by the yeast cells which bring the endometrial tissue from the uterus to the other places that it is implanted on. Yet here again we find lots of cases with no known history of yeast infections.

The theory of retrograde blood caused by sexual intercourse during menses does not hold water because those who abstain from intercourse during the menses can still get this disease. However, there is still the possibility of retrograde menstrual blood being a reason for the implanting of the endometrial tissue in the ectopic sites. The retrograde menstruation theory (transtubal migration theory) suggests that during menstruation some of the menstrual tissue backs up through the fallopian tubes, implants in the abdomen, and grows.(5) Some experts believe that all women experience some menstrual tissue backup and that an immune system problem or a hormonal problem allows this tissue to grow in the women who develop endometriosis. In the case of depression, endometriosis, rheumatoid arthritis, and interstitial cystitis in the case studies section, there is circumstantial evidence that this caused her endometriosis.

Studies of the immune systems of endometriosis patients have found slight differences such as impairment of natural killer cells. This has been postulated to facilitate implantation of refluxed endometrial. Some experts feel that endometriosis patients do not seem to have a higher rate of cancer or opportunistic infections (except questionably minor yeast infections) which should accompany a decrepit immune system. Additionally they point out no one has shown evidence of the competent, robust immunologic warfare which should be occurring in the many patients without endometriosis as their normal immune mechanisms function.(18) From my own observations these opinions are based in observations and assumptions that are far too simplistic to be of use. There have been many studies that have shown a casual relationship between endometriosis and autoimmune disorders.(7) One study found evidence suggesting that endometriosis is associated with abnormal polyclonal B cell activation, a classic characteristic of autoimmune disease. Another from the Medical College of Wisconsin, Milwaukee tested a subgroup of women and found there appeared to be a strong familial tendency to allergic manifestations. Also, vaginal yeast infections, a history of mononucleosis, eczema, hay fever, and food sensitivities were reported to occur much more frequently for these women.(8, 25) My own observations are that a family history of dysfunctional immune systems is very common in endometriosis cases.

In cases where there seems to be no genetic tendency toward endometriosis there is often a history of severe emotional trauma. The satanic abuse case in the case studies section is a good example of this. The suppression of such feeling and emotions associated with severe trauma can then create a central disturbance greater than can be tolerated thereby forcing it to transfer certain amounts of the disturbance from the mental state to local symptoms of disease in the mental and or physical plane. Now the trauma is expressing

itself as disease with such expression of disease depending on the individual's susceptibilities.

Another theory suggests that endometrial tissue is distributed from the uterus to other parts of the body through the lymph system or through the blood system.

A genetic theory suggests that it may be carried in the genes in certain families or that some families may have predisposing factors to endometriosis. As of the time of this thesis the University of Oxford is conducting research to try and identify such a gene. Clearly there seems to be a genetic tendency but it is questionable if there is a set, single gene responsible.

Surgical transplantation has also been cited in many cases where endometriosis is found in abdominal scars, although it has also been found in such scars when accidental implantation seems unlikely.

Another theory suggests that remnants of tissue from when the woman was an embryo may later develop into endometriosis, or that some adult tissues retain the ability they had in the embryo stage to transform into reproductive tissue in certain circumstances.(23)

Regardless of cause, the fact endometrial tissue can be implanted and grow at the implanted site shows a loss of natural body resistance which really should prevent any such cells form growing at these sites. The bottom line is that chronic diseases probably have a variety of causes so I doubt any amount of research will ever identify a definitive "cause". The true cause is individual to the person and is represented as the summation of their family miasmatic (genetic) history and their environmental history both physically and mentally. This defines both the nature and strength of their body's central disturbance and the individual's susceptibilities that can express themselves as disease.

5.0 TYPICAL NORMAL MENSTRUAL CYCLE

The typical menstrual cycle should be on a regular basis from 21 days up to 45 days with every 28 days being typical. Though every 27 to 35 days would be a range more within the norm with every 28 days being the ideal. It should last a few days with a change of about three pads per day for the not overly fastidious. It should be mostly painless. There should be no premenstrual irritability. There should be no headache or other concomitants like chills, nausea, etc. The blood should have a minimum of clots or no clots and have the smell of blood and not smelly in any other way. Menses flow that is dark red, or brown or with clots is consistent with defects in hormonal balance and/or Basal metabolism. This can often correct in the first few cycles under homeopathic treatment. It should come as red blood for the first few days tapering to brown and then fading to yellow and then finishing. A menses that comes first as stains or comes out brown at first is not normal, it also shows a hormone imbalance and is more common in older women reaching the premenopause stage or women of any age which are beginning to have hormonal disturbance. There should be no intermenstural spotting or brown discharge. There should be a minimum of mucous after or before the menses.(5)

6.0 ESTROGEN DOMINANCE SYNDROME

Estrogen dominance syndrome typically goes with endometriosis and should be considered a warning of possible future problems. This is an imbalance of the estrogen/progesterone ratio during the cycle. The excess estrogen basically acts as a growth stimulus for endometriosis. Common symptoms of estrogen dominance include the following(2):

Acceleration of the aging process
Allergies
Breast tenderness and swelling
Decreased sex drive
Depression
Fatigue
Fibrocystic breasts
Foggy thinking
Headaches
Hypoglycemia
Increased blood clotting (increasing risk of strokes)
Infertility
Irritability
Memory loss
Miscarriage
Osteoporosis
Premenopausal bone loss
PMS
Thyroid dysfunction mimicking hypothyroidism
Uterine cancer
Uterine fibroids
Water retention, bloating
Fat gain, especially around the abdomen, hips, and thighs
Gallbladder disease
Autoimmune disorders such as lupus erythematosus and thyroiditis and possibly Sjogren's disease

7.0 SYMPTMS OF ENDOMETRIOSIS-DYSMENORRHEA

The medical term for painful menstrual flows is dysmenorrhea, meaning difficult menstrual flows. The most common symptoms of endometriosis are: Pain before and during periods. Pain with sex. Infertility. Fatigue. Painful urination during periods. Painful bowel movements during periods, and gastrointestinal upsets such as diarrhea, constipation, nausea.

Most teenagers with endometriosis typically have pain start with the first few menstrual flows, although some only develop pain after a few years. There may be no organic changes, you cannot find anything abnormal in the pathology. No structural changes or anything you could see with the naked eye if the patient has an exploratory laparoscopy.

Many women suffer from dysmenorrhea. Although this is a common problem for many women, there is a considerable amount of misinformation about this condition.

The uterus is a muscular organ about the size of a pear or avocado that is located at the top of the vagina. It is located directly underneath the pubic hair and is attached to surrounding tissue by a number of strong ligaments. The main job of the uterus is to help protect a developing baby, and assist with the baby's birth by producing strong, muscular contractions. However, the uterus can contract at other times, and this is one of the reasons women experience painful periods. When a woman is not pregnant the uterus responds to levels of hormones in the body and produces a thick lining called the endometrium. The endometrium lines the inside of the uterus and shrinks and grows during a woman's menstrual cycle. During her period this lining is shed, producing varying amounts of blood. Chemicals called "prostaglandins" are released from the uterine lining which may cause the uterus to contract so it can expel the blood. Unfortunately, these chemicals also can cause considerable pain.(15)

Some women simply have a larger uterine (endometrial) lining, and make more prostaglandins. They will have more cramps, more bleeding, and more pain. Hormonal imbalances can also be expected to cause the uterine lining to grow more than normal. In these cases the bleeding is often heavy and painful. Some medical conditions, like estrogen dominance, decreased thyroid production (hypothyroidism), can produce regular and heavy periods. Here is where Basal metabolism should be monitored, especially if the estrogen/progesterone ratio has been normalized. Finally, conditions within the uterus itself, for example fibroids (non-cancerous tumors within the muscle of the uterus), polyps (non-cancerous growths, similar to skin tags, within the uterine cavity), and, less commonly, pre-cancer or even cancer can cause heavy and painful bleeding. In most cases, however, it is too much endometrium that causes this common problem. Although not covered in the Materia Medica description, Variolinum and Vaccinotoxinum are worthwhile to consider with symptoms of excessive bleeding, bleeding fibroids, etc. In cases where there is extreme pain other pathology such as endometriosis should be considered. It is also important to note that the amount of pain does not indicate the amount of pathology. A small amount of endometriosis can be very painful and large amounts can have minimal pain. Location is far more important than amount in regards to pain.

Diagnoses is by the history, by ultrasound and during a laparoscopy. An ultrasound finding of cysts is consistent with endometriosis, but a negative finding for cysts does not preclude the disease and the definitive diagnoses is by laparascopy. Endometriosis does not show up well on ultrasound due to its low density, however, more advanced cases can show. Often this will appear as a faint cloud around the affected organs. A laparoscopy usually shows the location, size, and extent of the growths. However, the totality of symptoms provides a reasonable guide prior to laparosocopy.

Unfortunately there is a tendency by many physicians to write off dysmenorrhea as nothing serious and consider the patient to just have a low pain tolerance or worse yet for it to just be in their mind. This is especially true if there are no findings during surgery. This is a terrible injustice to these patients and fails to take into account many types of pathology such as adenomyosis and cellular endometriosis among others that cannot be easily

detected even by surgical methods. Additionally, some experts feel it is possible for the patient to have as much of 70% of the physical manifestation of endometriosis unrecognized at surgery and left as a continued source of pain, or to be treated with expensive drugs which do not eradicate the disease.

When dealing with a severe dysmenorrhea it should always be considered that there is a more serious underlying cause. Quite likely you are dealing with a lot of organic and structural changes here. The first diagnosis to consider would be endometriosis. The other common causes of a severe dysmenorrhea, may point to pelvic inflammatory disease, a fibroid uterus or other ovarian tumors. Typical symptoms would be pain so bad that she has to bend forwards in pain. The abdomen is so sore that when she rides in a car, the slightest jar makes her wince in pain. The pain is often worst on her second day of bleeding and lasts throughout her menses as well as a few days afterwards. Some patients may have the onset of pelvic pain up to two weeks before the flow begins. This pain may be a sharp, burning, twisting type of pain, or it may feel like cramping even before the flow begins. The pain may increase as the time for the flow approaches, but the patient may successfully control the pain with over the counter medications and so it is not noticed. Though with time such pain medications often become ineffective as the pathology advances. During her menses, bowel evacuation may be painful and sometimes she feels no appetite or is willing to eat but gets full of wind afterwards. The pain is not only suprapubic but along her thighs, sometime she gets a bit febrile during the first day of her menses. She may be incapacitated half the month, every month.(5, 24) Certain other symptoms are characteristic of endometriosis, or some other form of internal bleeding. These are sensations of pressure, pulling or tugging which can be considered consistent with the existence of adhesions, a common side effect of endometriosis. However, these sensations may not be noticeable until the severe pain is controlled.

Severe dysmenorrhea from endometriosis may result in time off from school, work, or other activities. While severe uterine cramping may be superimposed on top of this pain, cramps may not be the only component to the pain.

Since the patient may seem to be so ill during the flow, the pain leading up to the flow may seem trivial in comparison. Thus, teenagers are often told by their mothers, teachers and friends that, “This is just part of being a woman” or “It’s just cramps with your period.” This well-meaning reassurance can lead to a delay in the diagnosis of endometriosis of several years.

As teenage women become sexually active, they may notice that sexual intercourse is painful because a common site of occurrence of endometriosis is the cul de sac, which lies right at the end of the vagina behind the cervix. Cul de sac disease can also cause pain with bowel movements, particularly during the menstrual flow, since stool passing through the adjacent rectum can scrape past the painful areas of disease in the cul de sac or uterosacral ligaments.(16)

Pain while sitting might be noticed since the seat pushes the soft tissue of the crotch area upward against the cul de sac. There may be a distinct pain off on the side if a patient has an endometrioma cyst of an ovary. Occasionally such pain will radiate around the flank or down the leg.(24)

In addition, many women with endometriosis suffer from:

Allergies, chemical sensitivities, frequent yeast infections, blood sugar imbalances, chronic fatigue, fibormyalgia, colitis, Chron's, irritable bowel syndrome, thyroid problems and/or other defects in Basal metabolism, muscle spasms. Here Smit's work with Carcinosin, Saccharum and Cuprum is also worth being aware of in some cases.

8.0 PSYCHOLOGICAL DISMISSAL IN ALLOPATHIC MEDICINE

What is happening to women across the North American continent is that large numbers who fail to fit the typical pattern of endometriosis are experiencing psychological dismissal where the health care providers simply give up. Many women with severe cases of endometriosis find that allopathic doctors will give up and that that their dismissal is real, and can come from female as well as from male physicians. Such dismissal is very damaging in that they become isolated from their families, partners and the health care system. This dismissal is reported by Kate Weinstein in her book, Living with Endometriosis, to be as high as 75%.

Many women have reported being referred for counseling, psychiatric care, or just being ignored since they have not responded to "standard" treatment. As those around them begin to see the dichotomy between what the health care provider believes and what the patient is experiencing, considerable confusion develops. This can eventually result in abandonment of the patient by her crucial support system and she grows more and more isolated. The degree of isolation and frustration is proportioned to the degree of treatment received.(14) Now a vicious cycle can start with the person's central disturbance becoming evermore overwhelmed resulting evermore transfer of the disturbance to local symptoms and the patient becoming evermore closed and withdrawn. This is especially true in people of the various Natrum constitutions who by their very nature tend to be emotionally closed, withdrawn and introverted before local trouble starts in the first place.

As stated in Section 2.0, it is important to understand that a homeopathic interview should not be confused with types of psychiatric care because the purpose is quite different. Although homeopathic care can resolve specific psychological symptoms, it does not primarily care about such symptoms. A person could have no abnormal mental symptoms at all, yet the homeopath still needs to understand the general mental state for remedy selection due to its more exact form when compared to the physical symptoms.

Patients with previous TAH, BSO can be the most frustrated, since many have traded their pelvic organs for unsuccessful treatment of their disease. Continuation of symptoms is predictable, since "definitive" surgical treatment of endometriosis by TAH, BSO involves removing largely unaffected organs and leaving the disease in place.

The serious harm that is done to women through psychological dismissal should give us reason to consider carefully what we say to them when we are uncertain of a diagnosis. In Chapter 6 of the book Psychology and Gynecological Problems, "Chronic Pelvic Pain," the authors review the studies that have been done on women with pelvic pain and their psychological profiles. One study reported that women who have become relieved of their pelvic pain and had previously exhibited neurosis, psychosis, and schizophrenia prior to pain relief, tested normal or near normal after. In spite of having the courage to seek many differing opinions, the patients may doubt themselves and are often moved to tears when they are confirmed to have pelvic pathology. Often, the first question they ask on awakening in the recovery room is, "Did I have endometriosis?"(13)

The impact on their relationships and the quality of their lives may lack appreciation in the healthcare arena. In the presence of pelvic endometriosis, these women often exhibit abdominal bloating, abdominal pain, pale skin, faintness, restlessness, and sometimes low-grade fevers. These symptoms in other patients would garner healthy respect by most physicians. In women with endometriosis, doctors are somehow able to excuse the presence of such symptoms and their denial grows more profound once the woman has been castrated for treatment.

The risk of psychological dismissal seems to become even greater with those serious cases consisting of many, many layers of imbalance intermixed with past suppression. I have come across several women with long histories of severe endometriosis or various mixes of depression, endometriosis, rheumatoid arthritis, lupus, fibromyalgia, Interstitial Cystitis, etc. In these cases allopathic medicine has failed and the distorted endocrine and immune systems have continued to become ever more distorted with allopathic drugs providing temporally suppression with the drugs side effects providing additional imbalance. These women often may start to panic searching for anything to help. But ironically their panic and own eventual withdrawal can sometimes further increase their search for a quick fix and reduce the chances of following a logical holistic approach. One of the complex cases I have had resolve the fastest was a lady with a mix of depression, rheumatoid arthritis, Interstitial Cystitis, and endometriosis. I suspect the reason for the ease of this case was the fact that the endometriosis was mild and everything else except the depression was fresh pathology only in place for a year or two with no long history of tissue destruction or suppressive treatments. This made the original state of mind and body that allowed the pathology to develop to be easily observed and the past time line easily determined. But she was unusually fast to lose interest in continuing treatment as her main complaints quickly resolved. Ironically, in her case the ease of the initial treatment appears to have caused her to underestimate how close she was to major trouble which may well return in the future unless her central disturbance is well managed.

9.0 CONVENTIONAL TREATMENT OF ENDOMETRIOSIS

9.1 Drug Treatment

Drug treatment is aimed at regressing the ectopic tissues and causing it to narcotize and disappear. This is achieved by synthetic hormones used continuously to suppress the menses and make the decidual lining of the uterus and thus the ectopic tissues thin.

A state of pseudo pregnancy is produced. Drugs in this class include progestins, and combination progestins and estrogens. Certain drugs in this class can be short acting such as birth control pills taken on a cycle or continuously or long acting such as Depo Provera.

Another group of drugs produce an artificial menopause and achieves the same results. These include Lupron, Danazol and GNRH (gonadotrophin releasing Hormone) analogues.

There are many side effects to these drugs that can be very distressing.

One young lady I consulted for severe vertigo had been using Depo Provera as birth control without problem until she stopped. Then shortly after she would have been due for her next Depo Provera injection vertigo started and was so severe that she had trouble maintaining balance at times and doing her job. Although Nux Vomica 200C stopped the vertigo, it was about six months after the vertigo started before the remedy was no longer required.

Birth control pills are often the first allopathic treatment for endometriosis yet may be one of the biggest threats to the hormone balance in young women. There is substantial evidence showing that birth control pills can cause numerous side effects and serious health problems. Dr. John Lee, MD is recognized as a world expert in this area and has written many times about the side effects birth control pills such as (2):

Depression
Headaches
Nausea
Fluid retention
High cholesterol
High triglyceride levels
Liver disease
Urinary tract infections
Increased risk of blood clots leading to pulmonary embolisms, etc
All the estrogen dominance symptoms

The drugs that produce an artificial menopause have been known to cause various side effects including:

Vasodilatation - dilation of blood vessels
Dermatitis
Headache

Paresthesia - sensation of burning, tingling
Dizziness
Pruritus - itching
Urticaria - hives
Arthralgia - severe joint pain, not inflammatory in character
Alopecia/[Hair Loss]
Injection site hypersensitivity
Dyspnea - difficulty breathing
Hypertension - high arterial blood pressure
Injection site abscess
Injection site pain
Vomiting
Chest pain
Injection site reaction
Asthenia - weakness;
[asthenia gravis hypophyseogenea - severe weakness due to loss of pituitary function.]
Pain
Nausea
Pyrexia
Weight increase
Depression
Peripheral edema
Abdominal pain
Ecchymosis - a purplish patch caused by blood leaking into the skin
Amnesia - disturbance in memory
Myalgia - muscular pain
Tachycardia - rapid beating of the heart
Amblyopia - dimness of vision
Syncope - fainting
Menometrorrhagia
Palpitations - forcible pulsation of the heart
Bone pain
Edema [swelling]
Insomnia - inability to sleep
Hepatic function abnormality
Migraine

Of course it must be noted that many women use these drugs with minimal side effects. However, there are currently no screening tests available to determine how someone will react to these drugs in advance and some women report effects lasting years after use.

For more information on what the hormones are in products like birth control pills, and hormone replacement products like Premarin and Provera refer to section 14.0 of this thesis.

9.2 Surgical Treatment

Surgical treatments include cautery and cyst removal which can be complicated in the presence of adhesions, in some cases the adhesions may result in the need to remove all of the reproductive organs.

Combined treatment is frequently used. Recurrence is common after surgery and drug treatment.

Some experts say there are 200 different appearances of endo - black, red, yellow, white and tiny clear lesions. Whereas the common color surgeons look for is the black "powderburn" lesions they can see. So they are potentially removing only the surface not removing the disease from the root because they are only taking what they recognize as endometriosis.(17)

9.2.1 Disease Removal or Symptom Removal?

Unfortunately many times conventional medicine will rush to perform a total hysterectomy upon multiple recurrence of endometriosis. Dr. Stanley West, chief of reproductive endocrinology and infertility at St. Vincent's Hospital in New York is the author of The Hysterectomy Hoax. In this book he takes the opinion that of the around 600,000 hysterectomies preformed each year around 500,000 of them are unnecessary and typically not justified unless the woman has cancer. Dr. David B Redwine, MD, another leading expert on endometriosis and infertility, has also written an interesting description of a typical doctor patient discussion described as follows (13):

> Doctor to patient: "So. You have endometriosis. Well, let's remove your uterus, tubes and ovaries. This is the only known cure for the disease. You see, it works this way: The endometriosis comes from refluxed menstrual blood flowing out of the ends of the fallopian tubes into your abdominal cavity, carrying with it living cells from the lining of the uterus. These refluxed endometrial cells attach to various pelvic, intestinal or abdominal surfaces and begin to grow. Removing your uterus will stop the reflux problem, and removal of the ovaries will cause the endometriosis which remains behind to go away forever."
>
> Patient: "I don't quite understand. Why would you treat a disease surgically by leaving the disease in place and removing something else? Could we just try to remove the disease first and see what happens?"
>
> Doctor to patient: "That's not the conventional approach to this disease. In fact, I think it's entirely inappropriate. What I have outlined is the accepted, definitive therapy for the disease. If you're going to question my recommendations, perhaps you would be more comfortable finding another physician."
>
> Patient: 'Well, I guess you're the doctor. I haven't had any children yet, but my pain is so bad it looks like I have no alternatives. If you say so, I guess it's okay."

> Many gynecologists are taught that the definitive or permanent treatment of endometriosis is to remove the uterus, tubes and ovaries, but not the endometriosis.
>
> How many women have heard this or some variation? What scientific evidence supports this dialogue? How effective is castration for relief of pain related to endometriosis? What happens to those few unlucky patients with continuing pain after castration, the "definitive cure" for endometriosis? These are important questions.
>
> The notion that castration physically destroys endometriosis stems directly from the observations by Sampson in the 1920's that endometriosis was rarely seen after the menopause. From that observation 70 years ago, Sampson, and other physicians, jumped to the conclusion that menopause therefore must destroy the disease.
>
> In explaining this leap of faith, Sampson extolled the supposed virtues of menopause and castration: ‘I hope and expect that the cessation of ovarian function will cause any (endometriosis) tissue, which was left in the pelvis to atrophy" 1 and that ". . the implantations will usually, possibly always, atrophy after all ovarian tissue is remove...All of them probably cease to grow and actually atrophy after the menopause.”2
>
> The notion that menopause physically eradicates or cures endometriosis is so powerful that no one has thought it important enough to go to the trouble to prove this point, and not one scientific study to date has proven that the menopause eradicates endometriosis. This is particularly significant since modern pseudomenopausal medical therapy is based on the presumption that endometriosis is physically destroyed and eradicated (not just suppressed) by some as-yet-undescribed magical effect of low estrogen levels which duplicate the curative effects of menopause.

Fortunately as endometriosis has become better understood in recent years more and more surgeons try to focus on preserving the reproductive organs while focusing on trying to remove the disease. As Dr. Redwine pointed out above, the fact of the matter is that surgical castration does not necessarily cure endometriosis but might sufficiently suppress its ability to grow so it does not cause the patient any future problems from endometrial growths. Also, other studies I found evidence that the endometrial growths actually produce their own estrogens in limited quantities.

In some cases a hysterectomy will be preformed where only the uterus is removed. (Although the term hysterectomy has slowly developed the definition of removal of the uterus and ovaries, its technical definition is only uterus removal. Ovariectomy is a technical term for removing the ovaries. In other cases the term total hysterectomy is used to differentiate the two.) The reasoning here is that once a woman is finished having children the uterus is a worthless, possibly disease causing organ. Doctor’s tell patients that keeping the ovaries will allow the body to keep producing hormones. However, it appears this may not be the case. If the uterine artery, which also supplies blood to the ovaries, is cut and tied off, the loss of blood can result in loss of ovarian function. Even when it appears the ovaries are saved the ovaries

eventually seem to realize there is no longer a uterus there and start to atrophy and stop producing hormones in a few years.(2)

Even in cases where the reproductive organs AND visible endometriosis is removed there is a minority of cases, perhaps 10%, that have endometriosis return to the point of causing physical problems again and this in a body with surgically induced menopause. (Now that is insult on top of injury.) I would suspect bowel endometriosis to be one of the more problematic types in this area. This occurred more often in the past when every bit of the ovaries were not necessarily removed, additionally the artificial replacement of estrogen can cause endometrial growths to continue especially when such replacement occurs immediately after surgery. At times estrogen replacement will be delayed for this reason which can be a bit rough for the patient, however, progesterone replacement such as the natural progesterone cream products may prove helpful. But one of the true problems is the shock to the endocrine system, not the lack of hormones. The women who can transition into full menopause without any hormone replacement demonstrate this. Though probably even they should have some level of hormone replacement. If the hypothalamus can be stabilized some relief can be found from the hot flashes.

I agree with Dr. Redwine's opinion that castration is best avoided to the extend possible. However, this also must be balanced with the discomfort of the pathology and side effects some women experience with allopathic treatments. There are probably a number of cases that stick with allopathic treatments who would be better off with castration due to the combination of endometriosis discomfort and side effects from drug treatment.

We also must also consider the logic in performing surgery to remove the physical manifestation of the disease (the endometriosis) when the miasmatic influences that are actually the true disease and create the physical manifestations in the first place are allowed to remain in place. Many times laparoscopic surgery will be preformed on someone to remove endometriosis even though this person shows numerous signs of immune and/or endocrine system dysfunction. Perhaps low basal metabolism, dark clotted menses, other estrogen dominance symptoms, and family history indicating strong inherited cancer dyscrasias. Yet the surgery will be preformed without treating the central disturbance first and correcting the miasmatic disturbances that allowed endometriosis formation in the first place. So we must ask: Is this surgery also simply suppressing the physical manifestation of the disease rather than treating the disease itself? It would seem the numerous cases of surgery followed by the rapid return of the physical manifestation provides the answer to this question. This would also hold true in many cases where surgery was followed by Lupron or other drugs to suppress the physical manifestation. Once the Lupron is stopped the physical pathology typically returns in short order.

It should be noted that I am not opposed to surgery and in fact it can well be a must in cases. If the reproductive organs become severely damaged by endometriosis then there is also less reason to leave them in place except for their hormone producing ability. Advanced cases of endometriosis can actually become emergency, life threatening conditions should an ovary rupture or a bowel become penetrated. However, removal of endometriosis still leaves the disorders in place that allowed the endometriosis to start in the first place. I usually would rather start homeopathic treatment several

months before the person's physician decides surgery is needed so the surgery can clean out some of the pathology after homeopathic treatment has had an opportunity to resolve the case some.

In some cases removal of the reproductive organs can make the overall level of endocrine system imbalance much worse by surgically inducing an early menopause. These imbalances may continue and express themselves later in life as opteoproposis, fibromyalgia, chronic fatigue, Interstitial Cystitis, Lupus, etc. One research paper found a surprising correlation between the numbers of women with endometriosis and Interstitial Cystitis. Although the numbers may be low, from my own observations these other disorders seem to occur more often in women who have endometriosis compared to the general population. John Lee, MD has also made the following observation, "The onset of autoimmune disorders is often in middle age, when estrogen dominance becomes common. Hashimoto's thyroiditis, Sjogren's disease, Graves' disease, and lupus erythematosus are all not only more common in women, but appear to be related to estrogen supplementation or estrogen dominance. Recent studies have also shown that women who use hormone replacement therapy containing estrogen are more likely to get lupus." Estrogen dominance is also common in endometriosis cases of any age. Dr. John Lee is a supporter of the use of Natural Progesterone Cream (NPC) and points out that NPC contains progesterone that is chemically identical to what the body produces. He also points out that the progestins typically found in other hormone supplements are not chemically the same and therefore, cannot be expected to function the same in the body. NPC appears to be an excellent product for the effects of menopause. When younger women use it to try to artificially balance their hormones, often estrogen production will also increase for at least some period of time. Homeopathic treatment can typically correct such hormonal imbalances quickly and start correcting the bodies own immunological and endocrine disturbances which will greatly reduce the susceptibility to reoccurrence, especially if done before surgery.

10.0 HOMEOPATHIC TREATMENT OF ENDOMETRIOSIS

Homeopathy has proven its ability to put endometriosis into remission many times. However, the cases are difficult and take time and effort to resolve. The patient seeking homeopathic treatment also must realize that different homeopathic practitioners may approach a case differently and one method may prove better than another. It is also important to note that occasionally an endometriosis lesion can become malignant. In general endometriosis does not show well on an ultrasound due to its low density. However, often the characteristics of a malignant mass are distinguishable by ultrasound but would need a laparoscopy and a biopsy to confirm. When a non MD homeopath is consulting someone with an adnexial mass, it is necessary to send the person for periodic checks to a radiologist to monitor the lesions. While an abdominal scan can show an abnormality, to distinguish the type of lesion an intravaginal scan is more diagnostic and detects more lesions when used as a screening. My typical approach, and probably a good approach in general in the United States, is to have it understood by anyone receiving homeopathic consultation that such consultation is for informational purposes only. That

their MD has responsibility for formal diagnosis and treatment plus that it is their responsibility to review any alternative treatments with their MD before commencement.

Although the title of this thesis is called The Homeopathic Treatment of Endometriosis, this title is used only to inform people that this thesis covers both the treating of the person, their central disturbance, and also covers endometriosis. It is well recognized that homeopathy does not treat named diseases. A homeopathic remedy is never selected based on a person's disease or even the specific symptoms of the disease. Rather, a homeopathic remedy is selected based on the person's general state and characteristics. Although I may note specific pain symptoms of conditions like endometriosis or fibromyalgia, such collection is "for the record" and mostly useless for remedy selection because they are symptoms of the disease, not the person, and can appear in too many remedies. When we select a remedy for the person we prescribe something for the person's general characteristics which also just so happens to be where the root of the person's disease is located. If we also find a high number of the person's disease symptoms in the same remedy that is a bonus that helps confirm the correct remedy was probably selected. Therefore, when we select remedies for the person we find that the disease may go into remission even though we mostly ignored the disease. The same remedy could be used to treat endometriosis, fibromyalgia, depression, attention deficit, or warts. We care little about the specific disease because if the person is treated, the root will become weaker or go away and the disease will quite likely cure itself. This is why we find in the cases section that when the proper remedy is found multiple problems that seemed unrelated often go away about the same time.

10.1 Miasmatic Nature of Endometriosis

In the homeopathic treatment of endometriosis we must keep in mind that we are dealing with a multi layered condition of mixed miasm. These cases can at times be very unclear, especially if the disorders have a long history and or have been suppressed in various ways.

Quoting from an article by JT Kent, 'Remedies Related to Pathological and Tissue Changes', he said: "The difficulty in prescribing for patients with such altered tissue - cataract, hepatization (in pneumonia), induration of glands, arteriosclerosis, fibroids, cancer, etc. - rests in the fact that when these tissue changes occur, the symptoms on which a prescription should be based - the symptoms of the patient - have disappeared. The symptoms present at the time are symptoms of the pathology. One of the main problems is to try and learn the symptoms that preceded the condition and considered together with the later results of disorder and select a remedy that is sufficiently related to both the patient and his pathology. This can present a problem for the practitioner, especially in older cases. Quite often the patient will have trouble remembering the sequence of events or the nature of past symptoms thereby creating a questionable time line. For endometriosis cases Dr. Suriya Osman writes, "the remedies will need to be changed often but it is possible to cure such a condition provided that the reaction and vitality of the patient are

sufficient to permit the resolution".(5) This philosophy of changing remedies may be disagreed to by strictly classical homeopaths that wish to focus only on the central disturbance and only change the remedy when there has clearly been a complete change of state in the patient.

It is important for the prescriber to avoid selecting remedies based solely on the symptoms presented by the acute pain otherwise the obvious symptoms will simply be suppressed or palliated and the underlying pathology allowed to continue. So the prescriber must keep in mind that deep acting remedies which resonate to the totality and have been known to be of help in reversing the pathology are used. Some good characteristics to keep in mind when searching for a remedy include the following: Periodicity of 4 weeks or 3 weeks. Aggravation before during and after menses which can include abdomen sore, abdomen distended etc. Ovarian cysts, right, left. Pain in the lower abdominal on 2nd day of menses regardless if lasting through menses. Difficult conception. The leucorrhea, brownish, or bloody in some leucorrrhea gushing during ovulation (2 rubrics (leucorrhea gushing and aggravation during ovulation). Sexual desire diminished or increased.

Many improvements can be easily seen by the practitioner and patient. We can often see a lessening of bloating, headaches, breast tenderness, along with emotional stability and normalization of the characteristics of the menses as discussed in section 5.0. What is ultimately needed though is to cause the ectopic sites to regress, any cysts or fibroids to shrink, and any adhesions to be broken down. Resolving a case to this point can be difficult. The patient may either stop treatment as they begin to feel better or fail to take low potencies directed at local physical changes often and long term enough for resolution as would be needed to resolve remaining pathology such as adhesions.

Pain will often be one of the first symptoms to stop, however that could be either from cure or palliation. Monitoring cysts by ultrasound can be useful here. If cysts continue to grow and the cyclical symptoms remain the same this could indicate palliation. At times when a case is moving in the correct direction a watery or pink, brown or bloody discharge may be noticed. Such a discharge may be caused by cysts shrinking and discharging their fluid.

Although the pain from endometriosis may be what drives the patient to seek treatment, there are often other local disorders generated by the central disturbance that must also be taken into account in remedy selection. Old conditions can be expected to return and often it can be a real problem for the patient to remember the nature of very old symptoms. It may also take months for cycles of the symptoms to normalize once a remedy is applied and the time required needs to be understood otherwise it can become more frustrating for everyone.

10.2 Nosode Use and Other Key remedies

Here is where the first mistake may take place. Should someone rely too heavily on guidance from the repertory a needed nosode may be missed because they are poorly represented on the repertories. If such a required nosode is not first used to clear the case at a deeper level, the indicated remedy from the repertory might not fully complete its action or have its action hold.

I have tended to make somewhat generous use of nosodes in endometriosis cases if I see indications. Due to other practitioners reporting good success with using nosodes in a series of potencies, I have also experimented with using then in such a series of potencies. Typically I have tended to try such series of potencies when I see stronger indications and such a series would be a daily dose of 200C then 1M the next day then 10M the following day. So far I have not really developed an opinion of this approach compared to the use of a single dose of just one potency.

The nosodes often needed include Carcinosin, Tuberculinum, Medorrhinum, Variolinum, Vaccinotoxinum. I have found that indications for Carcinosin are often found in endometriosis and that it is often a good intercurrent remedy to start off many such cases. This is rather logical when you consider that cancer is basically a similimum to endometrial growths. The estrogen dominance aspect of endometriosis often yields to Carcinosin quickly if indicated. When correctly indicated, Carcinosin can often help quickly clear up a case before the use of the specific constitutional remedy. However, Carcinosin may not repeat well since it is usually not the actual constitutional remedy. But if the correct constitutional remedy matching the central disturbance follows its use then such repetition may not be necessary. Then there is that occasional case that does not require any nosodes. I also know of a case that required others such as Morbilinum. So it would also appear wise to keep all nosodes associated with vaccination in mind. Of the different types of Tuberculinum, Tuberculinum Bov. may often prove the most useful due to its affinity for the intestinal tract and the fact that intestinal symptoms are common with endometriosis.

Remedies of the Lac group may be easily overlooked yet may often find use in endometriosis cases. Swan wrote some themes surrounding remedies of the Lac and Saccharum group which are as follows: Lacticum acidum seems to be the eternal child [girl]; Saccharum Album the spoiled child; Saccharum lactis the abandoned child; Lac Felinum the alternately dependent and independent child; Lac Caninum the fearful yet aggressive child; Lac Capricum the sexually precocious but backward child clinging to its mother; Lac Humanum the indifferent, controlled child.

Among the common polycrest remedies the following have often found use on endometriosis cases: Apis, Nat mur, Pulsatilla, Thuja, Platina, Palladium, Sepia, Lachesis, etc, based on the similimum that is seen.

Among support remedies to keep in mind include: Thyroidinum, Cortisone, Adrenalin, Adrenal Cortex, oophorinum, folliculinum, hypophysin or pituitarin. Folliculinum is often thought of with intolerance to birth control pills.

Kent has said that it is often only the symptoms of the pathology that you see. In such cases it may be necessary to prescribe on these symptoms and watch for the original state of mind, which can then be prescribed on.

The patient's libido and emotions toward sex and/or their partner are very good indicators for remedies such as: Platina, Sepia, Nat Mur, Ignatia, Lachesis, Arnica, Thuja, Staphysagira.

As the case resolves more attention can be given to the consequences of the original pathology. The internal bleeding at the ectopic sites during the menstrual periods produce a deposition of iron at these sites which can result in the formation of adhesions. Remedies that do not have rubrics associated with female genitalia and injuries of such may not be the ideal choice in these cases.

10.3 Adhesions

Some of the common indicators for the existence of adhesions include feelings of pressure or pulling at the menses or even other times. Adhesions in the abdomen can cause abdominal pain throughout the month as well as backache, sacroiliac pain, other body ache, and a very poor digestion. One of the difficult symptoms to improve is related to adhesions in the pouch of Douglas.(5) This can cause a sense of urging to stool felt in the rectum and a sense to go to stools. This may be accompanied by constipation or painful stools during the menses. There are many remedies that can act in manner to absorb blood clots. Some of the more common remedies that find use in here are Arnica, Hamamelis, Lachesis, Variolinum, Vacinotoxinum, Calc Flour, Ferrum met and others of the Ferrum group, Muriaticum Acidum, Sulph ac, Millefolium, and Erigeron. In addition to dealing with adhesions these remedies can be considered in parallel with the remedy which resonates to the central disturbance when the bleeding is heavy or protracted. Selection would be by color of the blood and nature of the pain etc. Such a remedy can be given around the third day of menses and may help heal the bleeding ectopic sites.

These symptoms can also be a result of surgery for removal of cysts whether it be conventional surgery or laparoscopic surgery with electrocautery. In these cases remedies can be kept in mind that treat abdominal scar tissue associated with complications of surgery. These would include; Thiosinaminum, Graphites, Silica, Calc Flour, Conium, Staphisagria and others. There is also a combination remedy on the market called Anti Scar Drops. Although homeopaths of the pure classical school would probably object to such a combination, many women who have used it found it works rather well for reducing scar tissue type adhesions and causing raised surface scars to flatten.

10.4 Acute Pain Management

Though some homeopaths may not wish to violate the principle of similia minimus, in general acute remedies appear to work fine to control pain without adversely affecting the case. Among them are mag phos, arnica, Hamamelis, Colocynthis, Cimicfuga, Aquilegia Vulgaris. Such acute remedies would also not be expected to interfere with any prostaglandin manipulation, as discussed in 13.2, being done in parallel with Flax Seed Oil and/or Evening Primrose Oil. Whereas NSAID's will shut down both prostaglandin pathways (inflammatory and anti-inflammatory) and also potentially aggravate any digestive disorders such as ulcers. It should be kept in mind also that the patient may turn else where if their most distressing pain symptoms are not

controlled soon after treatment starts so the use of acute pain remedies can be well justified in cases with severe pain.

10.5 Fibroid Tumors, Ovarian Cysts and Fibrocystic Breasts

Often with endometriosis cases fibroid tumors, ovarian cysts and/or fibrocystic breasts will go along with it. These along with endometriosis are found in estrogen dominance since estrogen stimulates the growth of all three. In the case of fibrocystic breasts a mammogram is typically preformed to try and rule out cancer. In some cases an allopath may prescribe a testosterone analog to suppress excess estrogen. This can be an expensive treatment that can be accompanied by acne, seborrhea, hair growth on the face and body, male pattern baldness, lower pitched voice, vaginal dryness and sagging, smaller breasts - basically a state probably more distressing than the fibrocystic breasts. Balancing the estrogen/progesterone ratio will usually stop or slow the development of this condition, but may not significantly shrink them. Deficiencies in Vitamin E and the essential fatty acids, Omega-6 and Omega-3, have also been associated with fibrocystic breast. Fibroids and fibrocystic breasts can often be treated by the appropriate remedy given in low potency. For fibroids Sepia, Aurum Muriaticum natronatum and Thlaspi Bursa Pastoris seem to be some of the more common remedies indicated while also keeping Variolinum or Vaccinotoxinum in mind. For fibrocystic breasts Pulsatilla seems to be one of the more common remedies, though cases also may respond to Carbo-an, Scrophularia, Strychnos Gaultheriana, Thuja or others depending as always on the similinum seen.

In general homeopathic practitioners have reported good success in resolving ovarian cysts and fibrocystic breast. Often fibroid tumors can be made to stop growing and even shrink, however, it is questional to me if they can be totally resolved once they form without surgical removal.

10.6 Discussion of Select Remedies

10.6.1 Natrum _____

People who have a central disturbance that resonates to one of the Natrum remedies are typically closed, hyperemotional, and/or introverted emotionally. Of course the degree of this and its true expression very much depends on both the other half of the remedy and the intensity of the central disturbance. But I have found that a high percentage of the endometriosis cases appear to resonate to one of the Natrums. Although a large percentage of the female population in industrial countries seem to be some type of Natrum, I still find this striking when you consider that a Natrum would tend to be less likely than many other types to have a complete case taken due to their closed nature. But since Natrums tend to hold their emotions in, it seems only logical they would tend to be more susceptible to pathology like endometriosis as I discussed elsewhere in this thesis. So in endometriosis cases

the various Natrums are definitely a class of remedies to keep in mind. Natrums can have a variety of delusions. They tend to be glum, melancholic and pessimistic. They can have the delusion that things will never be right again. They can often get stuck in the past and thoughts keep going back to that time. They keep their problems inside, they are often very closed and do not feel like talking about it. They can have the delusion of being on their own and having to carry the burden of their sadness alone. They withdraw and concentrate on their loss and sadness. Other delusions can include feeling like things can never become all right again. Also the delusion that much has been taken away from them already and that the rest will probably be taken away also.

10.6.2 Vaccinotoxinum and Variolinum

Vaccinotoxinum and Variolinum are sycotic remedies which can often find use although their indications are more from clinical experience than the Materia Medica. Vaccinotoxinum is similar to Variolinum but might be more homeopathic and less isoppathic due to the broad past use of the small pox vaccination, especially if we assume its indication is from a form of vaccinosis. In this regard it is worth keeping in mind with a chilly person whose case shows some indications for Thuja. Vaccinotoxinum may also be more effective than Variolinum is cases of moluscum contangiosum.

Burnett used Variolinum most successfully for tumors when the symptoms matched. For uterine problems, it will be of most use when accompanied by a severe back ache and in cases of uterine hemorrhage or bleeding fibroids with the backache. This remedy can be thought of in cases that involve food allergies and leaky gut syndrome, though in such cases the bowel nosodes may also come into use.(29) Although Dr. Surya Osman usually does not start off with this remedy, she has found that when indicated and given at some point the progress that comes after is remarkable.

10.6.3 Arnica

Arnica has the ability to absorb the extravasated blood and in this regard can be used as an intercurrent remedy in low potency though Hamamelis and Calcarea Flour are other common possibilities. Arnica may also show as more than an intercurrent. At times it corresponds very well to the mental state of some who fear being approached by anyone and/or regard sexual union as an act of violence upon them and fear being touched but also concurrently submit to being touched.

10.6.4 Thyroidinum

Thyroid dysfunction can lead to a general aggravation during menses. Characteristic symptoms include headache before or during menses, with chilliness, aggravation by temperature changes, dry skin, tendency to bloating and edema as well as hay fever type allergies, especially with temperature changes. There are some people who need Thyroidium that are

very hot instead of cold, but the characteristic sensitivity to weather changes should be present. The characteristics of being too thin or overweight can indicate it as will being very active or too sluggish. Monitoring the Basal body temperature at the menses can give some idea of the metabolic level and thyroid function. However, we must keep in mind that an excess of estrogen such as is found in that estrogen dominance syndrome can reduce the ability of the body to use thyroid hormone and simulate a state of being hypothyroid as can other endocrine disorders in the hypothalamus, pituitary, thyroid loop. In my case study of the Basic Endometriosis Case she had the lowest Basal temperature I have seen to date yet that continued after her estrogen/progesterone ratio appeared normalized. In this case it was Lithium phosphorinum that seemed to match he central disturbance and that increased her Basal body temperature to a closer to normal level.

10.6.5 Carcinosin

As mentioned in 10.2, this nosode is almost a specific to the endometriosis state which is logical with the endometrial growths basically being a similar to cancer. However, there are those cases that do not require it. The main indicators to look for include strong family history of cancer, diabetes, or mental illness along with the other pointers to these remedies including controlling or abusive parents or spouse, plus indicators showing hormonal imbalances. When indicated Carcinosin will usually help clear the hormonal imbalances that contribute to endometriosis and go a long way to normalize the menses. In my sample cases it is noticeable that I make generous use of Carcinosin. This is a coincidence and there are plenty of cases that do not need it. In my case of Endometriosis, Fibromyalgia and Anxiety it might have been more appropriate to go directly toward Tuberculinum but I am still not sure.

10.6.6 Saccharum Officinale

Saccharum Officinale is not a remedy that quickly comes to mind unless perhaps someone is familiar with the work if Tinus Smits of the Netherlands who considers Saccharum Officinale to be the next layer beneath Carcinosin. Melissa Assilem has also published an analysis of it and sees it as falling into the syphilitic diathesis. When this remedy is reviewed there are a variety of characteristics worth keeping in mind including the following:

Family history of cancer
Passive, disinclined to talk, avoids issues, fear of failure, great need for approval
Menses heavy and painful
Morning sickness in pregnancy
High blood pressure and tendency to strokes
Problems with blood sugar levels
Hemorrhagic tendency
Candida
IBS/diverticulitis/colitis
Impaired nutrition
Nausea

Diarrhea (bloody, acid, watery with much shiny mucus), also constipation
Pain in umbilical region
Swollen abdomen
Pain in region of heart
Craving for sweets and soda
Very thirsty
Generally warm, but chilly when energy crashes
Foul purulent discharges

Some of these characteristics will often show up in an endometriosis case.

10.6.7 Lachesis.

Lachesis can often be a useful remedy for the reabsorption of internal blood deposits, blood in cysts, and damaged tissues. Although there are other snake remedies, Lachesis seems to correspond better to the pathology of endometriosis and other female states of vaginal discharge which is frequently bloody.

10.6.8 Thuja

Endometriosis is essentially a sycotic condition. Here Thuja could be an extremely useful remedy in this condition. The left side is usually affected. Thuja has a general aggravation during menses possibly with urinary symptoms. The sounds and live animal in the abdomen may be present as well as the mental state of thinking herself fragile and fearing a rough spouse/partner. Often indications for Thuja can be tricky to spot due to the person's secretive non-revealing nature. If you find yourself dealing with a mystery person-consider Thuja. Another interesting observation some homeopaths have made is that the person needing Thuja often has an issue with mirrors. Usually it is that they can't meet their own reflections in the eye, and it seems rooted in a deep self-disgust. The process of cure first seems to result in a re-connection with all the feelings of self-disgust and inadequacy that caused them to dissociate in the first place, and their first reaction to this is to try and reimpose the dissociation since that is their coping mechanism.

10.6.9 Anacardium

As a constitutional remedy Anacardium is considered rather rare. However, I have seen an endometriosis case that seemed to resonate to this remedy at one time and may have needed it at a later time. Perhaps the abuse the Anacardium patient is often subjected to increases the percentage of endometriosis sufferers who require Anacardium. At times Anacardium can be very difficult to tell apart form Staphysagira in abuse cases except for the characteristic split in wills.

10.6.10 Staphysagria

Staphysagria is a sycotic remedy that is related to suppressed anger that often shows itself in women. As such anger expresses itself later as physical disorder symptoms may show such as inflammation of ovaries, menses late but heavy or irregular and the aggravation during menses which may manifest as toothache. With Staphysagria a periodic aggravation may show with every new moon or before full moon. Dr. Suriya Osman has found that this periodicity can be considered often typical of endometriosis. It should be noted though that other possibly useful remedies like Magnesia Carb and Kali Carb also have periodicity and aggravation at the menses.

10.6.11 Calcarea Fluorica

The mental feature of fear of financial loss due to the embarrassment it would cause tends to be one of the more characteristic mental indicators for Calcarea Fluorica. Sankaran also says that it is the remedy for people who are afraid to lose all their money in times of recession, and who therefore stash it all away. Also anxiety about the future. Worries about getting a good job and a good relationship. They are afraid what others will think about their social status. They want to have a job in which they can glitter, in which they can present a shiny image to the world. Back and headaches are linked to this anxiety. Fear and anxiety about these aspects of life is the theme of Calc-f. To confirm Calcarea we may find symptoms cold feet, desire sweets, back pains, uncertainty. To confirm Fluor we may find: warm, desires spices, exostoses, back pains. Though even without all these mentals Calc-f can still find use in lower potency for more physical problems. It also covers bleeding in Clarks Materia Medica. In this regard it can be good for repairing veins after surgery and the damage of endometriosis lesions.

10.6.12 Ruta Graveolens

Ruta graveolens is thought of with injuries to connective tissue, tendons and periosteum. In endometriosis cases it could prove quite useful especially in cases where abdominal tendons or bowels have been infiltrated by lesions. In some cases it may help with the back pain often found in endometriosis cases, especially with stiff parts of the body, amelioration from lying down, but sometimes worse with soreness of parts lain upon.

11.0 USEFUL RUBRICS TO KEEP IN MIND

The following is a list of useful rubrics to keep in mind to consider in endometriosis case management:(5)

The rubrics below can be considered regarding complications of the lesions:

Bruises reabsorption of

Injuries extravasation with

Induration, female genitalia

Induration general

Induration injuries after

Blood, bleeding, internally

Additional possible rubrics include the type of pains and time of pains as well as the rubrics pertaining to the emotional state and other complaints such as asthma, colitis, carpal tunnel, etc

Some useful rubrics for the pathological lesions are :

Injuries extravasations, with : Arn., bad., bry., cham., chin., cic., con., dulc., euphr., ferr., hep., iod., lach., laur., nux-v., par., plb., puls., rhus-t., ruta., sec., Sul-ac., sulph.

Because endometriosis has an element of the sycotic miasm we can keep in mind the sycotic remedies listed in Kent.

SYCOSIS : Agar., alum., alumn., anac., ant-c., ant-t., apis., aran.,Arg-m., Arg-n., aster., aur-m., aur., bar-c., bry.,calc., carb-an., carb-s., carb-v., caust., cham.,cinnb., con., dulc., euphr., ferr., fl-ac., graph., hep., iod., kali-c.,Kali-s., lach., lyc., mang., Med., merc., mez.,Nat-s., Nit-ac., petr., phyt., puls., sabin., sars., sec., sel., Sep., sil., Staph., sulph., Thuj.

Under injuries soft parts of we have:

Arn, cham, con, dulc euphr, lach, puls, samb, sulph, sul ac

Regarding the cyclic nature of the ailment, these are the useful remedies from the rubrics as below

G; Generals; PERIODICITY, of symptoms or complaints; twenty-first day

(10) : ant-c., ars., ars-met., aur., chin-s., mag-c., psor., sulph., tarent., tub.

G; Generals; PERIODICITY, of symptoms or complaints; twenty-eighth day

(6) : mag-c., nux-m., Nux-v., puls., Sep., tub.

Added to this are remedies not easily found in any repertory, that is, oophorinum, folliculinum, hypophysin or pituitarin. These have periodicity and may be of use.

The following are some useful rubrics from Murphy's rep2

Generals; PERIODICITY, of symptoms or complaints; twenty-first day (10)

G; Generals; PERIODICITY, of symptoms or complaints; twenty-eighth day (6)

F; Female; MENSES, general; agg. during (89)

F; Female; MENSES, general; after, agg. (43)

F; Female; MENSES, general; before, agg. (78)

A; Abdomen; SORE; pain; menses, during (12)

A; Abdomen; DISTENSION,; menses, during (28)

A; Abdomen; DISTENSION,; menses, during; after (5)

A; Abdomen; DISTENSION,; menses, during; before (20)

A; Abdomen; SORE; pain; menses, during; after (4)

A; Abdomen; SORE; pain; menses, during; before (6)

F; Female; CYSTS, genitalia; ovarian (41)

F; Female; CYSTS, genitalia; ovarian; left (7)

F; Female; CYSTS, genitalia; ovarian; right (6)

A; Abdomen; PAIN, abdomen; menses; during (105)

A; Abdomen; PAIN, abdomen; menses; after (18)

F; Female; ENDOMETRIOSIS, acute (38)

F; Female; ENDOMETRIOSIS, acute; chronic (44)

F; Female; INFERTILITY (81)

F; Female; DISCHARGE, vagina, (see Vaginitis) (164)

F; Female; DISCHARGE, vagina,; bloody (77)

F; Female; DISCHARGE, vagina,; brown (22)

F; Female; DISCHARGE, vagina,; bloody; menses, after (9)

F; Female; DISCHARGE, vagina,; bloody; menses, instead of (1)

F; Female; DISCHARGE, vagina,; brown; menses, during; before (2)

F; Female; DISCHARGE, vagina,; brown; menses, during; after (2)

F; Female; DISCHARGE, vagina,; gushing (14)

F; Female; DISCHARGE, vagina,; gushing; menses, after (1)

F; Female; DISCHARGE, vagina,; alternating, with bloody discharge (3)

F; Female; DISCHARGE, vagina,; menses, during; after (82)

F; Female; DISCHARGE, vagina,; menses, during; after; seven days (1)

F; Female; DISCHARGE, vagina,; menses, during; after; some days (1)

F; Female; DISCHARGE, vagina,; menses, during; after; ten days (2)

F; Female; DISCHARGE, vagina,; menses, during; after; two weeks (6)

F; Female; DISCHARGE, vagina,; menses, during; before (63)

F; Female; DISCHARGE, vagina,; menses, during; before; and after (3)

F; Female; DISCHARGE, vagina,; menses, during; before; vicarious (1)

F; Female; DISCHARGE, vagina,; menses, during; between (14)

F; Female; SEXUAL, desire; diminished (50)

F; Female; SEXUAL, desire; increased (121)

F; Female; MENSES, general; mental symptoms, menses, during (32)

F; Female; MENSES, general; mental symptoms, menses, during; after, agg. (4)

F; Female; MENSES, general; mental symptoms, menses, during; before (18)

F; Female; INDURATION; genitalia (5)

F; Female; INDURATION; ovaries (27)

F; Female; INDURATION; uterus (17)

12.0 SUPPLEMENTAL HERBS

Apparently some homeopathic practitioners combine hormone balancing herbs with homeopathy. These herbs can provide very good results at balancing hormones and they tend to be a popular way for women to self treat. But even here a good herbalist is the better way to approach herbs. Combining hormone balancing herbs with homeopathy seems to be unnecessary in general and may actually make the case a bit more confusing. Such hormone altering herbs include Vitex, Dong Qui, Black Cohosh, and Paramecia.

There are other select herbs that I quite often use in parallel with homeopathic treatment. Usually these consist of liver support herbs. It appears that an overloaded or congested liver is often part of an endometriosis case and improving liver function will help more efficiently remove excess estrogen from the body. Typical herbs to consider for this include Silymarian (Milk Thistle Herb), Dandelion Root, and Tumeric. Although these may still change the case a bit, I feel their effects are easier to follow and better understood.

13.0 DIETARY CHANGES AS ADDITIONAL SUPPORT

Diet is something often overlooked, especially in allopathic medicine. In fact, there have been medical doctors that have set out to prove that diet does not play a role in controlling endometriosis and have proven themselves wrong later becoming diet control advocates. Basic dietary changes have clearly been shown to help reduce the problems of endometriosis and diet probably also plays an important role in triggering the susceptibility to develop endometriosis.

Even more has been written about how diet plays a role in premenstrual syndrome (PMS), so it is only logical to expect it to play an important role in endometriosis. When we compare the diets of symptom free women to those of PMS patients we find the following general trends: PMS patients consume 62 percent more refined carbohydrates, 275 percent more refined sugar, 79 percent more dairy products, 78 percent more sodium, 53 percent less iron, 77 percent less manganese, and 52 percent less zinc. So it is quite reasonable that we find women's endometriosis symptoms often improve when they limit the consumption of refined sugar, decrease or eliminate milk and dairy products, decrease salt intake, alcohol, and tobacco use. Also limiting the intake of caffeine-containing foods and beverages such as coffee, tea, and chocolate helps quite a bit. Caffeine intake is dose dependent and the severity of symptoms tends to be worse the greater the consumption of caffeine.(6)

Food allergies should be identified and those foods avoided to the extent possible. An elimination diet is often required to identify food allergies. Some of the more common foods people will be allergic to include milk, egg, soy, and wheat, though someone can be allergic to most anything.

There appear to be compounds in coffee that are hard on the intestinal walls and can aggravate food allergies so even decaffeinated coffee should probably be avoided.

There are also the blood type diets where it has been found that people with certain blood types tend to have problems with certain types of foods. This type of diet is rather general and may not apply to everyone of a given blood type. However, I have received positive feedback from several people who have tried it.

A dietary deficiency in magnesium is very common and can make menstrual cramping worse so often supplementation of magnesium in the diet can provide some level of improvement. Symptoms of magnesium deficiency are very general and include fatigue, mental confusion, irritability, weakness, heart disturbances, problems in nerve conduction and muscle contraction, muscle cramps, loss of appetite, insomnia, and increased stress. High calcium intake, alcohol, surgery, diuretics, liver disease, kidney disease, and oral contraceptive use can interfere with the normal absorption of magnesium. Most of the body's magnesium is stored in the cells so blood serum testing will only show more extensive deficiency. The testing of the magnesium level in the red blood cells should provide a more accurate indication.

The use of allopathic drugs can also tend to interfere with the absorption of certain important nutrients. Vitamin B-12 is a good example of one of the nutrients that has its absorption interfered with by the use of birth control pills. This can be quite important since most people eat a diet already deficient in such vitamins. Fresh vegetables are one of the main sources, yet few people eat enough. Liver is the only good animal source.(6)

Unfortunately nutrient deficiencies are often one of the last things many medical doctors think to check and such testing is often not done until the deficiency is very late stage. I remember one case if a man in his 30s who was diagnosed with multiple sclerosis and a few other things before they discovered he had a critically low level of Vitamin B12 approaching Pernicious anemia. A small fortune was spent on tests before it was discovered this was a problem.

13.1 Phytoestrogens

Many women with endometriosis claim eating soy with its phytoestrogens reduces endometriosis symptoms. There has been much debate about the use of such phytoestrogens in endometriosis cases. Phytoestrogens do seem to help reduce the symptoms of some cases but have made other cases worse. However, in one case I know of where it made the case worse it appears she had simply eaten way too much soy. The theory behind the use of soy is that it is much weaker in effect than regular estrogen, perhaps similar to estriol, and will block other estrogens from the receptors. When under homeopathic treatment it is my preference that people not go overboard with phytoestrogens other than what someone would normally eat such as substituting soy for milk. However, if someone has had a complete hysterectomy soy can be very valuable if they with to avoid synthetic

hormone replacement or the expense of natural estrogens from compounding pharmacies.

13.2 Prostaglandins And Their Manipulation

It is considered beneficial to avoid meats that have been given hormones to increase growth. However, one of the more accepted reasons to avoid most meats is the amount of arachidonic acid found in their fats which convert to the inflammatory prostaglandins discussed below.

I typically recommend the supplementation of a quality flax seed oil or fish oil which is a rich source of Omega-3 essential fatty Acids (EFAs) which get converted to prostaglandins that reduce inflammation. Prostaglandins are hormone like substances that the body makes from the fat we eat. These prostaglandins are in turn used to make the sex hormones and also regulate other body functions. Prostaglandins come in three types, type 1, 2, and 3. Types 1 and 3 are considered the good types and type 2 the bad type. The good types act as anti-inflammatory compounds in the body and reduce the pain and inflammation of endometriosis and protect us from heart disease and strokes. The bad type, type 2 acts to increase the pain and inflammation of endometriosis plus increase blood clotting, hardening of the arteries and risk of strokes.

The essential fatty acids, Omega-6 and Omega 3, are the big drivers for making prostaglandins. The Omega-6 convert to the type 1 and 2 prostaglandins and the Omega-3 convert to the type 3 prostaglandins. There is an enzyme that makes the precursor to the type 2 "bad prostaglandin" when it is given arachidonic acid-a bad fat component of animal fat and a big part of most people's diets. However, this same enzyme actually prefers the Omega-3 EFAs, alpha-linolenic acid, and will use them instead of the bad arachidonic acid if there is a good supply of Omega-3. This will have the effect of decreasing the production of the bad type 2 and increasing the production of the good type 3 prostaglandins.

So basically this is called prostaglandin manipulation where you increase your intake of Omega-3 EFA and decrease your intake of arachidonic acid (animal fat) thereby deactivating the pathway that makes the type 2 and stimulating the pathway that makes the type 3 prostaglandins. Omega-3 intake can be increased by either eating fish oil from cold water fish like tuna, salmon, mackerel, etc., or taking flax seed oil which is the worlds best source of Omega-3 and often cheaper than fish oil supplements.

It is important to only take good quality oils that are sold in the refrigerated section of health food stores. These oils will go bad and when they do they convert to the bad fats and will have the opposite effect of what you are looking for. For flax seed oil brands made by the Omegaflo process may be best since they use a standard quality process.

The dose for flax seed oil is usually one to two tablespoons per day and it should be taken raw. Cooking will tend to break down the good fats. The general dietary rule for fats is a ratio of 4 parts Omega-6 to 1 part Omega-3. So at first

one might think “gosh I also need to supplement Omega-6”, well not necessarily. People still get lots of Omega-6 from all the other fats they eat in cooking oils and such. In fact, the typical American diet consist of a ratio of around 20 parts Omega-6 to 1 part Omega-3! However, it really depends on diet. If someone does not eat the typical American diet and cuts out the milk fats, cooking oils and such, basically a low fat diet, it would be very reasonable to also supplement Omega-6. The best quality sources of Omega-6 are evening primrose oil and borage oil.(6)

14.0 SO WHAT ARE TYPICAL HORMONE PRODUCTS?

Now lets take a good look at the hormones that are used in birth control pills and the hormone replacement products like Premarin and Provera. This is an area that Dr. John Lee, MD and Dr. Johathan Wright, MD have separately written extensively about.

Many women report being able to use birth control pills, Premarin and Provera with little or no noticeable side effects. But for others the side effects can be quite bothering. Birth control pills obviously contain relatively greater concentrations of hormones than others used for hormone replacement. Birth control pills come in a variety of strengths and formulations. For the purposes here I will mostly focus on two main hormone replacement drugs, Premarin and Provera. Lets start by comparing the body's normal estrogen with Premarin.

Human estrogen is made up of three main estrogens:

Estriol 60% to 80%
Estrone 10% to 20%
Estradiol 10% to 20%

The estrogen replacement product Premarin is made up of:

Estrone 75% to 80%
Equilin 6% to 15%
Estradiol + Others 5% to 19%

Premarin is called a conjugated equine estrogen which is derived from the urine of pregnant mares. Equilin is an estrogen found only in horses, it is not natural to the human body. We cannot expect the liver to be able to easily metabolize this hormone because human's liver enzymes are not designed for equilin. We also must wonder how a foreign hormone like equilin interacts with other functions of the body. Estradiol is the most potent form of estrogen and creates the highest cancer risk for that reason. We also see that the percentage of Estrone is also much higher in Premarin than what is natural for the human body. Estriol is a very weak estrogen and apparently considered useless by drug manufactures. Clearly it is doubtful the human body would bother making Estriol if there was not a purpose. Basically Estriol and Estrone help block the damaging effects of the stronger Estradiol. Other products like the estrogen patch (Estraderm) and estrogen cream (Estrace) are 100% Estradiol.(3)

It is slowly becoming recognized that the current cancer danger from synthetic HRT does not come from unopposed estrogen since taking a progestin or natural progesterone takes care of this. The main risk now is from estradiol and estrone being unbalanced with estriol and from equilin. The human body lacks the enzymes to properly metabolize equilin and that appears to cause equilin to produce estrogenic effects that are much more potent and last longer than those natural to humans. There have been numerous studies done over the years that suggest that estriol's main role in the body is to oppose the growth of cancer. Estriol has been shown not to increase endometrial proliferation even in relatively high doses. Doctors in Europe have been more accepting of this fact and have used estriol for years as an alternative to 100% estradiol.

What may be worse than equilin is ethinyl estradiol a completely synthetic form of estrogen that is very common in birth control pills. Ethinyl estradiol is not metabolized easily by the liver so it stays around in body fat much longer. Some estimates are that it is 1000 times more potent than its natural counterpart. Still worse was Di-ethylstilbesterol (DES) which is a chemical that can look like estrogen to the body. DES was the first "hormone" used in birth control pills and one of the many, many examples where the conventional "wisdom" in was later proven wrong. Many years later it was discovered that the daughters of women who took DES during pregnancy were much more likely to develop vaginal or cervical cancer.

Progestins are considered the answer to unopposed estrogen. Progestins like Provera do help reduce the risk of estrogen induced endometrial cancer. However, synthetic progestins are not the same thing as natural progesterone. The protection provided by progestins comes with the increased risk of heart disease plus other side effects like breast tenderness, weight gain, depression, and breakthrough bleeding. The most common side effect of progestins is bloating, especially in the abdomen. Other side effects include painful breasts, mood swings, fatigue, depression, rashes and dry skin, dry eyes, weight gain, diarrhea, constipation, anxiety, and joint and muscle pain. Progestins also inhibit normal progesterone production. What is worse is progestins seem to do little or nothing to help osteoporosis. Natural progesterone is completely different because it is chemically identical to what the body makes. It protects against endometrial cancer and does not interfere with estrogen's cardiovascular protection. Plus evidence shows that natural progesterone helps rebuild bone.(2)

Many women who do not wish to take products like Premarin or Provera have used natural progesterone cream and phytoestrogens for their hormone replacement. If that is not enough for some there are ways to get estrogens just like the body manufactures. They will not be found on the shelves of most pharmacies because they are not manufactured by large pharmaceutical companies or endorsed with the FDA's $450 million or more stamp of approval. (Remember they are natural so they cannot be patented and no company is going to pay for going through the FDA's process unless they get a patient.) Many hormones are available over the counter, however, estrone, estradiol, and estriol are only available by prescription but can be converted from Wild Yam the same as natural progesterone.

Now comes the next problem, how do you get a Medical Doctor to write such a prescription? The average conventional medical doctor in the United States knows virtually nothing about using natural hormones. This is because most of their hormone and drug related information comes from pharmaceutical sales representatives and medical journals supported by pharmaceutical industry advertising. Additionally they may be too intimidated by their state medical boards or medical societies most of which disapprove of natural remedies in general. The best approach is to visit a medical doctor or osteopathic physician (DO) who is a member of the American College for Advancement in Medicine (ACAM) that can be found at (www.acam.org). Members of this organization are skilled and knowledgeable in the use of natural hormones. If there is not a member of the ACAM nearby then either a naturopathic physician in those states that license them or any other DO might be the next best alternative. The overall training of a DO tends to make then more open minded and knowledgeable about natural remedies. If none of these options are nearby don't give up if that is what you want. There are an increasing number of medical doctors that are seeing through the smoke and mirrors offered up by the pharmaceutical complex and take it upon themselves to learn about natural hormones. Once you get a prescription it will have to be filled by a compounding pharmacy, which by the way is a very skilled pharmacist instead of a pill counter.

For women who don't wish to or cannot afford the cost of using natural estrogen they might be able to achieve similar results on their own. By using the estrogen patch (Estraderm) which is more easily covered by insurance in the United States and will give them Estradiol. If they eat lots of soy or take a soy extract supplement they might be able to assume that the phytoestrogens will act as a reasonable substitute for Estriol. By using natural progesterone cream they can get their progesterone. However, this is of course guessing at natural replacement and would require experimentation. Consulting a MD who is an ACAM member would obviously be better.

One benefit of the time limit on a patent is that as they expire generic equivalents come to market and take market share. One possible way for pharmaceutical companies to get new patents is to use natural hormones in a patented way. There appears a trend might be starting where pharmaceutical companies will start putting natural hormones into patented delivery systems. If these become sufficiently available it may prove quite advantageous for getting health insurance to pay for natural hormones since many contract with only certain pharmacies for large discounts.

There are many conventional doctors who would disagree with many of the comments here about hormone pills, however, there are many other medical doctors who agree totally. But the bottom line is the side effects these synthetic hormones cause sometimes speak for themselves. Many people in conventional medicine often believe all sorts of things, which are neither true nor evidence-based. Plus once an idea is established it is often very slow and hard to change despite new evidence to the contrary. This is especially true when a large dominant company is faced with the possible loss of sales of a patented product should the status quo change. The entire concept of evidence-based medicine in the form of only by double blind, placebo controlled randomized studies is at its core very incomplete. The complex dynamics of health and cell life are so heterogeneous that single factor testing is inherently misleading. Evidence is an interpretation of observations and

we should get particularly concerned when the interpreter has a strong profit motivation in a certain interpretation. A bunch of dead fish washing up on the beach correlates very strongly with an abundance of seagulls in the area but it is not evidence that the seagulls caused the fish to die and wash up on the beach. Interpretation is the result of one's knowledge of underlying connections. Conventional medicine does not have a monopoly on interpretation. Alternative explanations of biological circumstances must be judged on their own merits, not by their conformance with established convention because the established convention has historically been later proven wrong countless times. The human body has spent millions of years developing its own hormonal systems. To assume someone can simply substitute another chemical that behaves in a similar way to the body’s original hormone is very risky given all the hormonal precursor interactions and chemical interactions that go on in the body. Plus such synthetic substitution is unnecessary because today's technology is fully capable of identically replicating the chemical structure of the body's hormones and replacing exactly what the body once made in high amounts. Unfortunately, once established products are generating huge profits it is difficult for a better alternative to overpower such financial momentum until such time as either the profit incentive shifts to its favor or the problems become so great that they can no longer be ignored.

15.0 CASE STUDIES

15.1 Basic Endometriosis Case

In this case the remedy that matched the central disturbance was Lithium phosphoricum, an unknown remedy that has not been proven and incorporated into the repertories. The determination of this remedy could not have been made without using the group analysis method.(19, 20) Without the group analysis method Phosphorus would have been the next logical remedy to try but it is unknown how well it would have matched the central disturbance compared to Lithium phosphoricum.

In this case we have a young college student 20 years old when the case was taken who had symptoms consistent with endometriosis developing for the past few years.

There is a strong family history of endometriosis and thyroid problems on the mother's side. Her mother, aunt, and grandmother all had endometriosis. No 100% brothers or sisters, only half siblings her father had with other women.

Her mother had a hysterectomy at age 36 after ovarian cysts were found. There may have also been adenomyosis in the uterus, record incomplete.

Her mother developed a tumor on the thyroid gland when she was in her late 20s, part of the thyroid gland was removed. She takes thyroid hormone supplements.

Over the past two or three years she has noticed symptoms consistent with endometriosis developing. Her doctor put her on birth control pills which actually made her worse and more imbalanced. She only took them for one month and has been off them two months at the time this initial case was taken.

Father's side of the family is described as "allergy city" with many allergies.

Her parents got divorced when she was very young.

As a child she was very talkative and precocious. Always liked being around people and being in the theater. Was always willing to act or sing in public. As an adult she presents herself in a very mature, refined manner. She appears extroverted and passionate yet very down to earth. She is a very religious emotional person. Cries easily. She states that she can get very emotional and impatient, particularly at the menses. Cycle is exact 28 days. The flow lasts about five days total and was a clotted, darker red first one or two days turning to brown with lots of clots. Menses very painful making her bend double in pain on occasion and even stay in bed.

In addition to symptoms consistent with endometriosis she has carpal tunnel syndrome, acne, very low Basal body temperature, about 95.5 F, and hay fever like symptoms consistent with low metabolism and severe headaches on a regular basis. Also, bloating, breast swelling and tenderness at the menses. Strong cravings for chocolate and ice cream.

The repertory provided many pointers to Carcinosin, Medorhinum, and Phosphorus.

She was started on Carcinosin 200C as a good overall match and to clear the case some. Colocynthis 30C was started acutely for menses pain.

At the next follow up she reported the following: Headaches are mostly gone. Still will get one on occasion at the menses. It was the perching type at the temple and above nose. In the past she had gotten them every day of the menses.

Less tense and not frustrated as much. Still some stress from school and all.

Breasts were no longer sore or swollen. In the past they have been very sensitive. Menses flow now a normal red with few clots.

The bend double abdominal pains were replaced with a feeling of pressure. This is only due to the acute remedy colocynthis at this point. (Pressure feeling is consistent with adhesions.)

Still as tearful as always, just not as easily stressed. She cries easily with happy or sad things.

Acne got worse.

I also received a message from her mother where her mother said she was much easier to live with now.

At this point the remedy matching her central disturbance remained a mystery. Phosphorus had many matches but seemed likely not perfect.

There were also quite a few features in the case that seemed to match Medorrhinum. A few months later she started with a single dose of Medorrhinum 200C, followed the next day by 1M then 10M the following day. Over the next two months the menses pains mostly went away even without using Colocynthis 30C acutely and the menses flow remained a more normal red with few clots. However, I had only noticed little if any change in the mental state, her basal metabolism was still at the low level, hay fever would not stay away, and the carpal tunnel remained a problem treated acutely with Ruta gruv 30C. Also some breast swelling and tenderness started to return after several months which indicates the Carcinosin dose was starting to ware off.

So here we see that Medorrhinum was not the correct remedy even though her pain went away. This would have been more palliation than cure and when that occurs it is more likely the pathology can continue.

In analyzing the case under the groups analysis method we find the following:

There is a lot of Phosphorus in the case including physicals:

Likes being around people
Fear of being abandoned (stage 15)

Behavior problems in school
Learning disability
Extroverted and passionate
Craves chocolate and ice-cream
Side tracked by friends
Tingling in her fingers
Tired quickly when writing a lot at school
Does not like to be alone
Curious, likes traveling
Conversation, talking

The three most likely candidates are: Natrum phosphoricum, Phosphorus, Magnesium phosphoricum (which also showed well in the repertory) and Lithium phosphoricum an unknown remedy.

So is she really a Carbon series remedy? - the real problem she has is doing things on her own, she needs support - this is a Carbon theme. Fear that their parents or protectors will go away or die, that their partners will leave them, how will they ever cope on their own? Though very mature acting, she also has a child-like quality to her, again a sign of a Carbon person.

Her stage is early, 1 or 2, because of the impulsiveness and naivity. Acting spontaneously, on an impulse, thoughtless - this is Lithium.

Then by the group analysis method: Lithium phosphoricum:(20)

Throw themselves into communication in an impulsive way
Make friends spontaneously and naively
Excellent school results alternate with poor ones
Get easily distracted from communication or their studies

Also, under Lithium phos there is Scholten's description, "feeling worthless because of homesickness." The situation described under this is exactly what she was complaining about once. She went to a camp for college students over the weekend even though she did not have the free time to spare. She soon realized she went with the wrong people and had a bad time the whole weekend and this has happened before.

She took a dose of Lithium phos in March 2001. With her April menses it started about April 22, 2001 which was three or so days late, very unusual for her. With this menses the breast tenderness was gone again but the menses was painful and there were quite a few clots with a darker color. Headaches returned. Her basal body temperature had gone up to a more normal range with readings of 96.4, 97.0 and 97.1 F. So the case changed substantially in the first month. She basically changed back to a state almost identical to when we first started except estrogen did not seem as high as originally and her Basal body temperature improved.

With the menses of May 24 there was some minor breast tenderness, Basal temperature was still up, menses was now back to a normal red with few clots. Headaches were still there. Carpal tunnel bad. No pain but I had her start back on Colocynthis 30C acutely for menses pain. So based on the menses color it appears the hormones are starting to move back in the correct direction. I

decided to give her one more dose of Lithium phosphoricum 200C which she took on May 27, 2001.

With the June menses pain was bad without Colocynthis but hormones seemed very good. Nice normal red menstrual period. Carpal tunnel has been bad, in fact this might be being aggravated by the remedy at the selected potency. She started on Ruta gruv 6X acutly for the carpal tunnel.

The Ruta gruv did a good job of reducing the tendon inflammation and pain through the next month or so. With the August menses she forgot to take Colocynthis and discovered her menses pain decreased quite a bit. So at this point it does appear Lithium phorphoricum seems the correct remedy.

Menses pain seems reduced to a level more consistent with normal menstrual cramping. Hormones appear well balanced, no breast swelling or tenderness, normal menstrual color and such. Basal body temperature is back up, but still but still a bit lower than normal. Headaches better. Hayfever better. Bloating less. Food cravings improved.

Primary complaint now is the carpal tunnel, which is a severe case and seems consistent with nerve damage. Hypericum 6X will be tried next as an acute remedy for nerve damage. If this does not resolve the carpal tunnel then some acupuncture may be well worth trying.

After several months her mother also told me there had been a substantial reduction in her impulsiveness and ease in which she is distracted.

The remaining menstrual cramping may be partly caused by dietary considerations with essential fatty acid and magnesium deficiencies being a likely suspect. So supplementation with flaxseed oil was suggested plus magnesium citrate was suggested well worth.

So this is the key to classical homeopathy. Lithium phos. was selected based mostly on her personality with a few confirmatory physical symptoms. But those physical symptoms will be found in many, many remedies but only one of those can also match the mental state

15.2 A Case of Depression, Endometriosis, Rheumatoid Arthritis, and Interstitial Cystitis

In this case we have a female in her late 30s who was raised in an abusive environment. There was a long history of sexual abuse from her brother and her step father tried it once also.

Her longest standing complaint was depression and she had been on Prozac for many years. She remembers praying to God to let her die in her sleep when she was only five years old. Her step father was always womanizing. Her mother was unhappy. She was sick often as a baby. On her mother's side of the family there is diabetes, heart disease, lots of rheumatoid arthritis, alcoholism and depression. Her step father was very strict and she had to be very careful not to "set him off". They were not allowed to cry or show emotions in the house.

When she was younger she was attracted to men just like her father and got into some abusive relationships. She later selected a man with her head, learned to love him and married him. She feels it is the best thing that ever happened to her. Yet she keeps her distance from him emotionally.

She has a low Basal metabolism. Her mother's thyroid failed and her mother needs to take thyroid hormone.

She was diagnosed with endometriosis in 1997 by a laparoscopy and problems have been few from that time.

In early 2000 she developed rheumatoid arthritis (RA) which quickly got to the point were walking was uncomfortable. She also developed Interstitial Cystitis (IC) about the same time which was officially diagnosed during a hydrodistention. The IC started forcing her to go to the bathroom about 20 times each night.

In the past she had hay fever but the hay fever disappeared when the RA and IC started. Also, in reviewing her history we find that she had completed the second vaccination for Hepatitis B when this stated. I am told RA is listed as a possible side effect of this vaccine on the insert that comes with this vaccine.

She had a urinary tract infection (UTI) that was Strep. B about the time the RA and IC started. She had a history of Strep infection, especially Strep throat when younger, and her mother also had a similar history.

At the time I took this case she had been going crazy trying to figure out why her body went from being very healthy to "falling apart" so fast. She feels her immune system turned on her. In the last six months she has had a bacterial vaginosis infection, then yeast infection, developed RA, two eye infections (pink eye), a couple of colds, several UTI's, and kidney infection plus stone that passed, then turning into Interstitial Cystitis. Top it all off. She feels like she went from being late 30s to 90 years old over a few months. She was scared, afraid and depressed.

In July a blood test showed a positive ANA indicating some form of autoimmune disease was in progress.

Based on the overall mental picture her basic constitutional remedy appeared Anacardium by the repertory with many pointers to Carcinosin.

In September 2000 she was started on Carcinosin 200C and she decided to discontinue Prozac and birth control pills. Although I liked the birth control pills out of the way, I would have rather waited a bit on the Prozac. She had been on relatively low doses of Prozac and experienced a few side effects from Prozac but they were minor. However, she said she can easily stop Prozac for a while but eventually starts getting depressed and withdrawn.

In October 2000 she reported the following: "My knees are getting much, much better, incredibly so, and my allergies have come back-I'm sneezing again! I thought, it's exactly like you told me how it would happen!!! This is too cool!" Although the RA disappeared and the hay fever returned, the IC symptoms seemed to continue. During this time her menses also become a brighter red and most all clots were gone indicating some balancing of hormones.

In November 2000 she reported that a new blood test had been done and the ANA test now came back negative. She said the IC had not been bothering her as much but she still went for another DMSO treatment for the IC which she had been getting as a palliative method. This time she was told they could not do it because she has an active bladder infection, this was treated with antibiotics. She said her menses was great, no cramps or bloating, her skin was clearer with no acne which was a surprise. Red flow, not heavy and no clots. No craving for sweets, she just craves fruit now. She had discontinued Prozac a while ago and was having some depression problems but it has not come back strongly yet.

In December 2000 she started Streptococcinum 30C. The potency was kept low during this time as a caution in case it antidoted Carcinosin and made the RA return. Antibiotics were used in parallel for the acute infection. After this was complete there were no cystitis symptoms at all.

In January 2001 she started Anacardium 200C. She reported that her irritation level increased and she felt her body was fighting it. It did not seem to help with her depression at all, yet may have triggered suppressed anger. She later repeated Carcinosin 200C and reported that it made her feel better. In rethinking the case I realized I mainly analyzed her state to heavily as it was while on Prozac. The questions should have focus more heavily on how she feels and reacts when not on Prozac. She has always indicated she felt no anger toward her brother or father. This is not logical given all the sexual abuse she experienced and indicates the anger is very suppressed. She may well need Anacardium at a later date, but I decided to reevaluate the case for a better match for how the state of mind is without Prozac.

Under the group analysis method we find:(19, 20)

Natrum:
Impulsive relationships, hundreds of past sex partners.
Changing contacts
Vulnerable
Lack of perseverance
Withdrawing
Alone Lonely
Closed Silent
Single

Fluoratum:
Immoral
Breaking taboos, incest
Glamour, hurt by
Possessions, Gambling
Sex
Hard
Superficial
Narcissist
Psychopathic
Lively

The group analysis of Natrum fluoratum yields:
Different contacts in the world of glamour.
Easily hurt by glamour.
Impulsive sexual relationships.
Easily hurt in sexuality.
Withdrawing in sexuality: hidden sex.
Lonely in sex
Breaking off all contact and withdrawing

Natrum fluoratum not only matches under the groups analysis method, but also matches some physicals, including arthritis and urethritis, and is reasonable for the modalities. In March 2001 Natrum fluoratum 200C was used.

By the end of May 2001 there had been an improvement with her not being withdrawn and depressed. It is not clear at this time if the cystitis problems have totally resolved

After this time her interest in continuing the casework decreased in proportion to her more distressing problems so this case is now considered closed though it may not be totally resolved. I suspect at some point the central disturbance might have shifted and resonate more along the lines of Anacardiumm since there seem to be many indicators for it in the case. Since this case is not resolved there is probably more risk of pathology returning at some point.

15.3 A Case of Satanic Abuse-Endometriosis, Depression and Paranoia.

Of all my case studies I am the most proud of this one. It was such an extreme case yet has been resolving so nicely. Fortunately this lady has an extremely supportive boy friend who helps keep her on track and that has helped a lot. In the previous case of depression, endometriosis, RA and IC her husband just made fun of her attempts at alternative medicine.

Here we have a case that I found very disturbing even to take. It would have been impossible for me to initially take this case had it not been for her boy friend who pushed her along because she would not talk about anything.

She was conceived by Satanists for the purpose of "giving her to the (Satanic) church". They used her in all sorts of unspeakable ways, only some of which were listed on her medical history. Many rituals, plus general abuse when not performing ceremonies. Her mother rarely fed her formula. Once, during her first year of life, she was rushed to the hospital because she almost died from not being fed properly.

She was tied up and hung upside down in a closet to be molested by her mother and strangers who paid her mother; she was imprisoned in a wire cage for days at a time; forced to eat insects to survive. She was molested by her brother. This also happened to her sister, four years older than her. Her sister was mentally-challenged and developmentally disabled.

At age 6 she would wander the streets at night, alone. She had to steal food to eat. She was cared for by a homeless woman who watched out for her.

Her sister was found raped, beaten, stabbed and slashed on apartment stairs. Detectives have never found her killer.

By 1969 she was considered very small for her age, threw up most of her food. She did not try to throw it up, it happened on its own. From age 9 to 12, she remained at 40 pounds.

From 1969 for several years she was living in a foster home where there was a lot of physical, sexual and emotional abuse. She was forced to drink ammonia, penetrated with objects, tortured with electricity while tied to table. Her sister was also tortured; she began scratching and cutting herself (self-mutilation). She ran away and lived in the woods alone for three months. Once she left this home, she never threw her food up again.

In 1973 she was taken to a new home where she remained until age 18. At age 12 began to feel depression and constant tiredness. Began having periods, very strong cramps every month.

In 1977 the family she was living with moved. She became extremely depressed and began making failing grades. Her depression became worse after this. At age 14, she was around 70 pounds.

In 1978 she drove a car (without license) with friends and had a head-on collision which killed her teenaged male friend.

In 1978 she started using drugs: cocaine, marijuana.

In 1986 she overdosed on Xanax and Pamelor. She was rushed to the hospital and was put on Prozac and had been on the drug since. It suppressed the depression significantly, keeping her on an even keel most of the time. She started taking only 10 mg. a day but about four years later had to start taking 20 mg. Her periods had started to be so painful by this time that she would take as many as six Tylenol at one time! Usually, this stopped the pain but it made her sick.

In 1990 is when she had to increase the Prozac dosage to 20 mg. instead of 10 mg. She married her second husband and began taking birth control pills. Just before the marriage she went to a gynecologist who told her she was on the verge of endometriosis. She experienced a lot of physical pain during the pap smear. She left his office crying and has never been to a Gynecologist since!

Beginning in 1991 she began to experience ulcers, colon trouble, diarrhea, Reflux Syndrome. She stopped birth control pills because sexual intercourse was too painful for her anyway.

In 1994 she began experiencing PMS sometimes as much as two weeks before her menses. Often experienced headaches and began experiencing sinus infections. She was taken to the doctor several times for fainting spells and inner ear problems. She still had days when she was not on an even keel. By this time, she had switched from taking Tylenol for her menstrual cycle to Advil. However, the pain would be so intense, that would take as many as 6 every four hours.

In 1998 she began feeling pain during ovulation. Soon after she began experiencing extreme PMS symptoms which included retaining so much fluid that she would sometimes gain as much as 6-8 pounds. Extreme lower back-aches, headaches, vaginal pain, mood swings.

In 1999 during PMS she began feeling nausea and experiencing sweats. She would have strange experiences like her eyes would bleed. The blood never came out of her eyes. She would have fainting spells while sitting calmly. Head and body itching spells. Sores on her head and sometimes in her mouth. At the middle of 1999, she gained 45 pounds within 4-5 months.

She is very easily affected by grief. Sometimes she is strongly affected by somebody else's grief. She tends to take on other people's problems as if they were her own. (big time) Sometimes she may feel old grief when she hears about someone else going through some situation (loss of a loved one) that she has already been through.

She thinks sometimes she is too passionate and sympathetic for her own good. She can usually tap into someone else's feelings very easily and often feel what they are feeling. It is usually very difficult for her to not get down about the injustices in the world. She is *extremely* sensitive to children and their needs. She is hypervigilant to any child in the vicinity, and overreacts

strongly to any real, potential or imagined threat to them of any kind whatsoever.

She usually does not throw things when angry. However, there have been different occasions when she seems to just lose herself in her anger and throw everything in sight. "As crazy as this may sound, it feels like I leave my body and someone else takes over. Someone very angry at everything and everyone."

She loves most animals, especially dogs and cats. She has always loved animals around her. She has several significant stories about animals being taken from her and being abused in her presence while she was a child. She has lost animals to the actions and inaction of others. She is extremely sensitive to animals, and treats them as children. But she treats children like gods.

Symptoms consistent with a flaming case of estrogen dominance. Substantial, deep, emotional problems and becomes a paranoid "raving lunatic" when not on Prozac.

In this case there was strong self disgust and loathing. Hated looking at herself in the mirror. Family genetic history is inconsistent for endometriosis, however, emotional suppression is very consistent for development of endometriosis. The initial repertory run of this case gave many indicators for Carcinosin and Thuja. She started on Carcinosin 200C as the best match to clear the case hopefully providing a better indication for the remedy providing a more exact match to the central disturbance. Also, started the following for liver support: Milk Thistle Extract (standardized to 80% Silymarin). Powdered dandelion root and powdered turmeric root.

On November 26, 2000 they reported that the menses flow went back to red from its brown, also had fewer clots. Was a bit brown the last day or so. Headaches were better, breast tenderness better. However, the blotting seemed worse this time, her back hurt so much she could not walk. The bloating is in her stomach mostly. Acne was noticeably worse this time. Chocolate cravings were less. Cramps still bad. At the menses she felt her emotions were worse than usual, but now she feels better emotionally than usual and they decided to try reducing the Prozac dose by 50% (from 20 mg to 10 mg).

On December 20, 2000 they reported reducing the Prozac dose 50% (from 20 mg to 10 mg) did not cause any problems and did give her more energy. She even started feeling like getting on the treadmill. No clots, red normal flow (2 days needed three pads per day); not bloated though felt like was going to, no breast tenderness; new symptom is diarrhea during the menses, which caused burning hemorrhoids. She reported sleeping easier now, 60% easier. No paranoia currently showing with the half dose and she is laughing more. She does not feel as hot as she did in the past. Blood sugar still a problem if she goes a long time without eating. This past month she received a letter from her ex-husband of the type that would have usually had her upset for a couple of days, however, this time it did not really bother her and she simply did her ceremonial burning of the letter. They decided to try cutting the Prozac dose 50% again to 5 mg.

On January 6, 2001 she took a dose of Carcinosin 1M, followed by Carcinosin 10M the next day. At this point Thuja looked very close but not exact, there were also indications of one of the Natrum remedies. Emotionally she is still in good shape but gets mad easily. Worse last two days with paranoia setting in again. Basal

metabolic measure is now running at 97 F probably due to balanced estrogen. Pain much better now, virtually non-existent. Before she was bed ridden for three days minimum. This improvement was probably due to some palliative effect from Carcinosin. The pains are not just cramps but she has other pains consistent with endometriosis. Bloating started to return. At times lots of suppressed anger comes to the surface and paranoia sets in. Without a clear indication from the repertory I decided to go with the group analysis method.

If we analyze the case using the group analysis method the following seems to be indicated:

Basic Delusion:

The delusion here is one of a tremendous sense of betrayal, shock and disappointment with the feeling like being starved by one's own parent and that she is all alone in the world.

There are two main components to the case. One of these is clearly covered by Natrum.

Extremely depressed
Alone in the woods
Hard time communicating her feelings
Closes everything off
Difficulty opening up
Easily affected by grief
Extremely sensitive
Bruises extremely easily
Picks up on others feelings
Introverted and withdrawn if she feels she has upset someone
Craves salt, chocolate
Vulnerability

The other component can be IODATUM.

Constantly hot
Very overweight (Scholten says this is the first remedy to think of in people who cannot lose weight, despite controlling their eating)
Must eat every 2 hrs
> cool weather
< summer
Often perspiring
Forced to eat insects
Had to steal food to eat
Homeless
Could eat all morning and still be hungry
Food deprivation and all the issues around eating - strong indication for Iodatum
Forgetful
Right of existence
Had to escape

This brings up Natrum iodatum under group analysis(20), a lesser known remedy.

The concentration camp inmate.
Alone in their fight for survival
Completely alone in their struggle for life
The most basic rights are taken away from them - food, freedom, belongings
They have no say in the situation and are dependent on the whims of their guards
They don't know what will happen next, they might die at any moment
Very anxious and they don't know why
They feel quite sad as if they might burst out crying at any moment

On Feb, 17, 2001 she started Natrum iod 200C. By April 26, 2001 the response to the Natrum iodatum has been excellent! The eating compulsions were mostly gone unless she is very upset and she has lost about 12 pounds of weight. She no longer has much in the way of nightmares about running, war, or being locked up. Now she describes her "dreams" as being lessons she benefits from. She is not so hyperviligant toward children, before it was quite excessive. She is also not as bloated. I also felt she was also more open than before and actually looked me in the eye while she looked at the floor last time. Her boy friend said she is responding more like an adult now toward conflict and does not stay in a rage for long periods. She seems more interested in people respecting her boundaries now while before she felt she had no boundaries.

There has been a return of an old symptom. She now more averse to the dark and describes it as feeling like death. She also gets this feeling when having to deal with her boy friend's ex wife and issues dealing with going to court.

Her restless leg syndrome has gotten worse, primarily at night and the leg actually jumps. She can sleep during the day just fine.

The chocolate cravings are gone and now she reports actually craving things like Broccoli and Orange Juice. Soy milk has been substituted for cows milk.

She is now more of a steady hot person, head, arms and hands hottest. Hands and feet also get cold. About 5-6 PM is when she feels the sickest to her stomach, also, some in the morning. Sleep poor. There has also been some increase in menses pain probably palliative effects of Carcinosin fading. and Colocynthis 30C was started acutely at the menses for pain with excellent results provided she was not caught off guard.

With her June menses she tried not taking Colocynthis acutly for pain and found that the pain had reduced substantially. She still had cramping discomfort during part of the cycle but over less of the cycle and less severe. Also, the ‘leaving the body” incidents have become still fewer and still less severe. She has now reported feeling some pressure feeling which is consistent with adhesions also she does tend to get diarrhea at the menses which could be consistent with GI involvement. I advised her again of the importance of monitoring from a medical doctor and that a lap might be advised for formal diagnosis and to clean things out.

With her August menses the emotions seem very good. The “leaving the body” rage incidents appear long gone. Bloating is gone. No breast tenderness or

swelling. Menses pain consists of about one day of cramping now more consistent with menses cramping than endometriosis. Pulling sensations are there consistent with adhesions. No longer is so excessively hypervigilant or hyperreactive toward crying children.

Main complaints now are the restless leg, trouble getting asleep, and stress from trying to balance work and school. During the past two months she has also complained about intense itching attacks and feeling of burning under her skin. These occur at night when she is trying to sleep.

In reviewing her current symptoms and diet it would appear that a dietary magnesium deficiency can be considered highly suspect. We find the following matching symptoms of magnesium deficiency:

Insomnia
PMS
Menstrual cramps
Fatigue
Mental confusion
Irritability
Problems in nerve conduction and muscle contraction

Unfortunately since she is without health insurance and of limited funds testing magnesium levels is out not feasible. Instead dietary supplementation of magnesium citrate was tried.

During the August interview it appeared the theme of her delusion had changed so there was some question if the remedy should be changed.

The new basic delusion seems to be one of feeling unattractive and disgusted with one's own body. That she will be a failure. The delusion that this must be covered up by not allowing anyone to come near her both physically or psychologically is evident, though it seems stronger on the physical level. Basically a delusion of Thuja, though the sex drive and temperature modality are in polarity opposites to standard Thuja.

15.4 A Case of Endometriosis, Fibromyalgia, and Anxiety

In this case we have a young graduate college student working toward her Psy.D. in Clinical Psychology. She was considered "gifted" as a child. She said, "worst label to put on a child because you are never allowed to fail, expected to excel and never to fail." Above average intelligence. Taught herself to read by age 4. Reading at junior high lever by second grade and at college level by 6th grade. She was a latch-key child growing up. Had to entertain herself most of the time.

Very controlling parents. Father very strict and controlling. Expected all A's on report cards and would get reprimanded for any B's. Her mother was (and still is) very critical and negative. She has always received backhanded compliments and mixed messages about everything ranging from musical ability to looks to intelligence [for example, "for someone who is so smart, you sure are stupid a lot!" and "when you were a kid you would walk around the house looking at yourself in the mirror saying -I'm bootiful, I'm bootiful- and now look at you, your face is all broken out...you look terrible!"]. She was always being compared to someone else, usually someone her mother disliked or was currently mad at.

Nicknamed "Encyclopedia" by classmates. Was always considered "weird" by other classmates, called lesbian among other names, though not lesbian.

In junior high she became the lunchroom "shrink". People would run to her with their problems which flattered her but whenever she needed help no one was there for her. She switched from being the eternal optimist to the perpetual pessimist. “First big lesson in self-sufficiency and self-reliance.”

During high school she avoided her parents as much as possible and stayed in her room as much as possible to avoid being given some lecture or some extra chores to do.

In high school she developed crushes on "some of the most warped human beings I could have possibly met." She would think, oh that poor boy. I can help him overcome his abuse/drug addictions/depression. "Yeah right."

Almost dropped out of high school because of burn out.
"I couldn't take any more. Not only that, but I also realized at that point that I wasn't going to school for *me*, but for my *parents*. Now how warped can *that* be?"”

In college she joined a group called WAFUs (Well Adjusted Fuck Ups). Stayed up late, lots of music, crashed frat parties, ditching class, throwing own parties and in general disregarding the term "delayed gratification."

Labeled herself "goth" to explain her dress, music taste, extreme cynicism and pessimism. Only five of the WAFUs graduated. The others dropped out or got kicked out.
(Bailey: The Rebel-hatred that grows out of a childhood deprived of love.)
(Kent: Discontented with everything)

Around 1987/88 started developing depression and became suicidal. The depression had cycles to it when she would feel a bit better and other times when it would be bad. Although the depression has not bothered her for sometime, she has developed a continuing anxiety disorder that started in 1998 during graduate school. She was having at least 5 anxiety attacks per day. She was constantly hypervigilant and always exhausted. Developed chronic heartburn. Low level anxiety particularly in the evenings has been a continual problem. She started Buspar for the anxiety summer 1998, but she did not want to stay on it long term. She also started visits to college psychologist for anxiety that ironically increased the anxiety.

She was disgnosed with endometriosis in 1996 after a diagnostic lap and has a second lap in 2000.

She was diagnosed with fibromyalgia in 1996 which interestingly started after receiving the Hepatitis B vaccination series. In addition the pain she gets "fibro fog" at times which at times makes her feel like a "ditz" when she knows she is quite intelligent, should know where she put something or what the correct word is or what she was just reading, etc. She generally does not take anything for the fibro unless she is having a hard time sleeping due to back pain, in which case she will take about 600mg of ibuprofen or Rhus Tox.

Grief can overwhelm her on occasion. She generally holds stuff in until she explodes in an emotional mess. Especially before and just when her anxiety was diagnosed. Now she says she has gotten much better and doesn't stew as much as she did. When she does cry, it's more out of frustration than anything. She is a perfectionist. Being on time is a big deal to her. Can be defensive and will fight back at times if insulted depending on the conditions. She dwells on past griefs and humiliations. Although she don't cry often, when she does she is intensely frustrated and/or angry or depressed.

She does not take compliments well. She gets quite embarrassed. She don't like to call attention to herself in that way. It relates to that whole "never take myself too seriously" motto. She wasn't complimented often when growing up, only criticized. Thus, compliments seem unwarranted. “I always doubt myself. I need reassurance often. Am I loved, am I lovable, am I attractive, am I intelligent, am I likable, am I worthy, etc.”

Her sex drive is quite minimal which disturbs her boyfriend greatly and has cause quite a bit is stress in the relationship and reduced intimacy. Sex drive is strongest after menses.

Sex can be painful on some days which reduces the drive and intimacy even more. Deep penetration during intercourse is painful throughout the cycle, but more pronounced prior to menses.

Main fears are acrophobia and fear of failure.

She also has hirsutism, with excess and dark hair growing on my toes, breasts, and upper lip. Tendency to unibrow.

When the anxiety was undiagnosed and at its peak, she used to have chronic heartburn, feeling like an alien inside gnawing at the left breast. The body feels colder at this time and there could be diarrhea.

Her hands and feet are always cold and sweaty. Hand temperature was once measured at 74 F which was so low she was told the professor who measured it said he had only seen it that low once before in someone with extreme Raynaud's phenomenon. Her armpits also sweat a lot.

As a child she was always sick with a cold of some sort. Menarche at age 12. Trouble soon followed. She cramped with my first menses, and it was a downhill battle from there. In high school she had terrible PMS, to the point that she was nicknamed "psycho bitch"...by her junior year in high school she was spending the week of menses in the nurses office with a heating pad on my abdomen and eating Tylenols like candy. She only felt good the week following menses.

This case provided several indicators for Carcinosin, plus the repertory also gave good indications for Tuberculinum, Natrum muraticum, and Silica. The group analysis also strongly pointed to the silica series, but specifically which remedy was a bit allusive.

She started with a dose of Carcinosin 200C on September 2000. Over the next two months she reported an overall improvement consisting of fewer PMS symptoms, no more bloating, The flow is redder now closer to the beginning and turns "sludgy" closer to the end. The clots are smaller than they had been in the past and less frequent. “Now if I have them they are pea-sized as opposed to dime-sized.” She has also noticed that sex is not nearly as painful as it used to be. She also had a noticeable increase in acne on her face.

As of April 15, 2001 the improvements are still holding well. Menses color has improved a lot. Bright red and red, to brownish at the end. Clots are improved...much smaller...about the size of split peas to peas now instead of lima beans or dimes and nickels. Intercourse is not as painful but occasionally painful.

Due to all the indications for Tuberculinum from the repertory it was decided to try Tuberculinum next. On May 3, 2001 she took Tub 200C, on May 4 she took Tub 1M, and on May 5, she took Tub 10M.

In July 2001 she reported that her fibromyalgia symptoms were much better. It is hard to tell of this was due to the Tuberculinum or Carcinosin since there could possibly be a substantial delay between the time the imbalance corrects and the body’s magnesium levels reach a high enough level to remove the symptoms. She still did report some problems with the anxiety.

At this point I was still having some trouble deciding between Natrum muraticum and Silica. However, upon studying the case a bit more under the groups analysis method we find the following strong points:

The “mask”, trying to appear noble.
Image is very important, intense fear of failure.
Timid
Stubborn
Very rigid in relationships

By this time in the case it has also become noticeable to me that she also has a slightly lazy side to her.

This provides a better match to Silica.

Starting August 2001 she stated on Silica 30C once every few days until the end of August 2001. Since this seemed well tolerated it was followed up with a split dose of Silica 200C. By the first half of October 2001 she reported that the anxiety was gone. Additionally she has continued without any more fibromyalgia symptoms and her menses symptoms have also continued to be very well balanced.

At this point this case seems well on its way to being resolved. Silica 200C will be continued once every few months with the potency probably moving up to Silica 1M at a later date.

16.0 BIBILOGRAPHY

1) Homeopathic Psychology, Philip Bailey, MD

2) What Your Doctor May Not Tell You About Menopause, John R. Lee, MD

3) Natural Hormone Replacement, Jonathan Wright, MD and John Morgenthaler

4) Desktop Guide To Keynotes and Confirmatory Symptoms, Roger Morrison, MD

5) Endometriosis and Menstrual Pain, Suriya Osman, MBBCh, MDHom

6) The Encyclopedia of Nutritional supplements, Dr. Michael T. Murray, ND

7) Is endometriosis an autoimmune disease?, Gleicher N, el-Roeiy A, Confino E, Friberg J, Obstet Gynecol 1987 Jul;70(1):115-22

8) Endometriosis: a comparison of associated disease histories., Lamb K, Nichols TR, Am J Prev Med 1986 Nov-Dec;2(6):324-9

9) Anomalous State of Ice, Shui-Yin Lo, Modern Physics Letters B, Vol.10, No. 19 (1996) 909-919.

10) Physical Properties of Water with IE Structures
Shui-Yin Lo, Angelo Lo, Li Wen Chong, Lin Tianzhang, Li Hui Hua, Xu Geng
Modern Physics Letters B, Vol.10, No. 19 (1996) 921-930.

11) Proceedings of the First International Symposium on Physical, Chemical and Biological Properties of Stable Water (IE) Clusters, edited by Dr. S. Y. Lo, PhD, America Technology Group/California Institute of Technology and Dr. B. Bonavida, University of California School of Medicine

12) Extremely Dilute Solutions Create Non-Melting Ice Crystals By: Dana Ullman, M.P.H.

13) Endometriosis Persisting After Castration – Removing Disease, Not Organs, Key To Long Term Relief, David R. Redwine, MD, St. Charles Endometriosis Treatment Program Newsletter – Fall 1994

14) Psycho-Social Issues For Women With Endometriosis, Charlea Massion, MD, St. Charles Endometriosis Treatment Program Newsletter, Summer 1993

15) Painful Periods, D. Ashley Hill, MD, OBGYN.net Editorial Advisor

16) Endometriosis in Teenagers, David Redwine, MD, St. Charles Medical Center Endometriosis Newsletter, Summer 2000

17) Intestinal Endometriosis, David Redwine, MD, St. Charles Center Endometriosis Newsletter, Spring 1998

18) The Immune System and Sin #4, David Redwine, MD

19) Homeopathy and Minerals, Jan Scholten

20) Homeopathy and the Elements. Jan Scholten

21) The Spirit of Homeopathy, Rajan Sankaran

22) The Substance Of Homeopathy, Rajan Sankaran

23) So Where Does Endometriosis Come From? If Sampson's Theory Doesn't Work, Then What's The Explanation?, David Redwine, MD, St. Charles Endometriosis Treatment Program Newsletter – Fall 1995

24) What Are The Symptoms of Endometriosis, Paul Manganieool. MD

25) What Causes Endometriosis? Can It Be Prevented?, Paul Manganiello, MD

26) Organon of the Medical Art, Samual Hahnemann, MD

27) Serum Levels of TCDD and Dioxin-like Chemicals in Rhesus Monkeys Chronically Exposed to dioxin: Correlation of Increased Serum PCB Levels with Endometriosis. Sherry e. Rier, Wayman E. Turner, Dan C. Martin, Richard Morris, George W. Lucier, and George C. Clark; Toxicological Sciences, volume 59, No. 1(2001) pp 147-159