Francis Treuherz

MS: What is your method for choosing a potency?

FT: A frequent method but not the best method, I will just mention in passing, is drawer homeopathy. The potency that happens to be in the drawer when the patient is here. Sometimes a patient needs a remedy urgently because something is happening acutely, so you just use what is in the drawer and it often works, which seems to demonstrate that potency is sometimes less important than the remedy. But then the factor is how frequently is the remedy going to be repeated or needed because the potency was not actually the optimum one but nevertheless, pick one up and give it.

Sometimes I give the wrong potency. I had a patient who came on a GP referral, for coughing blood. On taking the case, he was male and gay and HIV positive and he had chronic liver disease on which they had given up. He was indeed coughing and it was not a question of 'organ support', it was a question of selecting the correct remedy and I went through the case and decided on *Carduus marianus*, because it has pain on the left lobe of the liver which is near the centre of the abdomen which is where his pain was, and because it has liver and lung symptoms. *Chelidonium* is the other lobe of the liver but has pain in the shoulder. So it was a careful choice. I gave him a 6 potency to take three times a day and nothing happened. I wanted a phone call from him very quickly for results, so then I gave him mother tincture and it worked. I went to Clarke's *Materia Medica* and thought hard about what was needed in this case and I gave him mother tincture. It was a chronic illness but the prescription had to work quickly, that was drawer homeopathy gone wrong but I did not have mother tincture; we got it from Ainsworth's, very quickly.

MS: So was it what Clarke said that made you go down in potency rather than up in potency?

FT: I probably read Burnett as well, because Clarke writes about these remedies having heard about them from Burnett, and there are just a few remedies I use from time to time in mother tincture and that is why I started at the bottom as it were. *Crataegus* is one and Clarke says you can use it for months, although you have to monitor, in mother tincture. *Spartium scoparium*, I think it is called, gorse or broom, a prickly yellow plant, in blood pressure. Years ago, I read up a case by a GP called Dr RAF Jack, who I since got to know personally, and it is now published in his book *Homeopathy and General Practice*. But it was an old article, in the *British Homeopathic Journal*, and the person's remedy appeared to be *Sulphur*, but he was given the plant based mother tincture to help reduce the blood pressure and I have done that too.

I was also in India and I was in Goa, it used to be a Portuguese colony and there was this guy in the bar on holiday and he was eating olives and there was a little dish into which he was spitting the stones, and I thought great I shall eat an olive, but it was not an olive at all. So, what was it? It was *jambol* fruit, *Syzygium jambolanum*, a remedy used in diabetes and the sweetest thing you are ever tasted. A terribly sweet little fruit that has a stone in it and looks like an olive. *Syzygium jambolanum* is very good for diabetes for reducing blood sugar for someone who is on insulin, it helps stabilise, it will not necessarily always get them off insulin, it is not always curable, but that is another mother tincture. They are not all from Burnett, the mother tinctures. I cannot immediately think of another, although occasionally there will have been others that I use in mother tincture. It is not simply organ support, a theory with not a lot of weight in my opinion. It is actually using

the remedies from the material medica. Literally, before you came in, I just tidied away a book on my French shelf out there, which is called *Low Potency and Drainage in Homeopathy* (*Basses Dilutions et Drainage en Homéopathie*) and it is an attempt to understand where the idea originates. It has got 700 footnotes, so there is the whole literature on why give low potencies. Obviously the substances are not toxic and they are usually plant based. One is not going to give a mother tincture of *Arsenicum album*. Some of them are plants which may have been used homeopathically, unconsciously by herbalists, like the Indian use of *Syzygium jambolanum* which have then had provings. Another very very low potency remedy that I learnt about in Calcutta, although I had read about it in Boericke, is called *Ficus religiosa*, which is a fig tree. It is not an English fig, the religious bit is some Ayurvedic belief or other and the Indian homeopaths observed a dog eating the leaves and it coughed up blood immediately. They use it in road traffic accidents in a 1x. Somebody came through the front door of my home, not this one, a different building, carrying a box of groceries and the door was made of glass and he omitted to open it first, so I gave him a *Ficus religiosa* 1x and it stopped the bleeding. He needed some stitches but they did not have to worry about the bleeding. Another remedy to consider is *Sabal serrulata* in enlarged prostate. So that is the value of the low potencies.

My potency selection uses the whole range up to very occasionally higher than 10m. The highest potencies are often used when the mental/emotional and physical symptoms overlap, but are not always the first potencies used. If I am using high potencies I might start with a 1M to give me room to go up to go up to the 10m and vary occasionally the 50m. Sometimes in a very acute state I might go straight in with a high potency and I will mention

the case in a moment. I often give 6c, 30, 200c, 1m, as the first potency depending on what it is and occasionally LM.

MS: Can you tell me why you do that?

FT: Yesterday somebody came in with psoriasis, which he had had for eight years, but only in three places, the one knee and two elbows, but two weeks previously it spread and it looked like an enormous rash of drops all over his arms and legs and there was an emotional cause. He was not particularly well educated and did not understand much about homeopathy. He was an electrician with a heart of gold, a very warm personality but if I than change the metaphor, the salt of the earth, I gave him *Natrum muriaticum*. His mother had died of cancer and that had been the onset and his daughter had had her first birthday two weeks before and she had been moping around because her grandmother was not there. But I did not give him the LM, which I often do, because of what the allopaths call compliance. Not everyone is happy with going through the shaking stuff. What I gave him was *Natrum muriaticum* 6c to be taken 3 times a day and I gave him 2 bottles of the 6c so that he had one at home and one in his bag so that when he forgets he can still take one. So that there would be compliance. Where I said, look if you have forgotten to take it, do not worry about taking an extra one so that day you have taken only two. It is because it needed repetition, he was in touch with all sorts of noxious things, clambering under furniture and plumbing to put in electric cables, so he needed a low potency regularly.

The previous day, sitting in that chair, was a patient with psoriasis, a *Natrum muriaticum,* who I first saw ten or so years before who had done very well on LMs. He was a quiet thoughtful A level student at the time, who was delighted with the ritual, an intellectual and reserved

young man. He came back this time after a gap of some years with psoriatic arthropathy. The psoriasis returned, he had gone to the allopaths, he had surgery on his knee, he regretted it and came back to me and I put him straight on to LM 6 or 7, taking up from where he had left off and he was perfectly happy and he had said, "I do not know why I spent the fee, I could have done that myself," but he will be back. Apparently a faithful patient.

The thing about LM is chronic illness, my fear of aggravation and knowledge or hunch that there will be compliance. I used the LMs exactly how John Morgan wrote about them and in article in *The Homeopath* that I commissioned when I was editor, only ten years ago, when he was called John Tomlinson, on *Dose and Dilution of LM*. Which is 150ml in water, shake it thoroughly, with rigour and one teaspoon of that into water, stir it and sip it each evening. When one potency is finished, you go up to the next.

I do not do funny things like starting with LM18 or whatever else people have concocted. I just stick to the book and John Morgan is one of the most experienced as it were, on the LMs. I do not use them a lot, I do not keep them in stock, I always order them from the pharmacy. This is partly because I formerly worked above a pharmacy in Finchley, and I used to work close to a pharmacy, Ainsworths in central London, that I have not as vast a stock of remedies as some people.

MS: Have you ever had anyone aggravating on an LM?

FT: Occasionally, and I will say to them, have a gap, wait for the aggravation to die down and try every other day, or if you feel that you can monitor yourself, take a dose, wait for reaction, and then take another when you need it. But usually, they go back to a routine like every other day.

I do not often use a 6, I often use a 30 and a 200, because I do not often do a 'take a remedy daily'. I get a lot of people with complaints that one would think might be acutes, but they have had them for a week or two and they have tried self help and in desperation come, so it is the end of cough, then end of a cold, or it might be the early stages of something painful like arthritis, I might start with a 30. I shall say to take one daily for a week but I will write this underlined, stop if there is a reaction. I always use written prescriptions with my face to face patients. Patient receive a copy of the prescription based on a NHS prescription layout. As having worked in the NHS, I realised how important it was for patients to have a written prescription. I used to write things on a compliment slip, but I write all my instructions on this, I use it as a receipt as well.

MS: Even when you give the remedy you write the instructions on here as well?

FT: Oh yes. So they know the name of it and they know what they are taking and if they have to ring the help line or call someone they have the name of it.

So, I will write down 30c one daily for a week and stop if a reaction, and if they are new, |I will discuss what is a reaction. "It may be a good or a bad reaction and I am not going to tell you what reaction to expect as this might provoke it that type of reaction. If you are in doubt ring me and if I am not available then call the help line." Part of the potency is follow-up, being available seven days a week whether it is me or my call service and that is important with new patients.

There is a way of prescribing of ascending potencies and technical ways of describing collective single split dose

and so on. I never use the jargon, I do not use the language and I very rarely do the going up scale, because afterwards I sort of scratch my head and think, well which one was the right one, I have just given three, is the next potency going to be another 10M because I've gone up one, two, three.

I know we were taught at college, and occasionally one sees it in old American journals, but I prefer to give someone the same potency, and stick to it. For me the best teaching guide to potency were the Greeks, I think it was the spoken lectures originally and then the collective writings of Vasilis Ghegas. He was a colleague of George Vithoulkas. There is a strange tale to it. My uncle was the Dean of the Athens university medical school and he taught Vasilis allopathy before he became a homeopath, so there was an immediate affinity when I first met Vasilis. Vasilis was very very clear, if a potency is working, stick to it. If the interval between needing repetition of doses is getting shorter than you either need to change the remedy or the potency. You may or may not need to re-take the case. So, if the same remedy is still needed, it is time to go up and that is what I do. I have been up to 10M with someone who I started on a 6 and I occasionally used the 12 as well. Where the diagnosis had been epilepsy, so of course we are worried about aggravations and she used to come with headaches and she had not had a convulsion for a long time, but often had, what she thought was the pre convulsive state. We got up to 10M and she had been taking 10M rather too frequently, so I went back down to 12 which was a Vasilis' idea and then the remedy worked again. I did not even go up to 50. So literally, maybe eight or ten times over a year and a half we had gone sort of up to a 10M and then down again and then the 12 did the trick. So I may start with a 30, 200, 1M and go up gradually and if the remedy is right and the potency is exhausted.

MS: So when you got to that 10m and you had the indication to go down the 12, was it that she was experiencing an aggravation?

MS: No, the remedy was not working. Or rather, it was working but it was not working very long. There seemed no future in taking a 10m every day and so I went back down again and then one dose held for ages. We are talking about someone who came to me as a university student and is now married with children, so it's been fifteen years since I have been seeing her and not so often now, although she occasionally comes back for the children, but there is loads of self help.

MS: So just to get it marked. The remedy was working but it just had a very, very short life span but it was not that it was not working.

FT: That's right. It's like I got exhausted going up the scale, so I needed to came down again. But what I ca not remember, is which, should we say, 19th century classic source that idea probably came from.

MS: It does not matter. It worked.

FT: I have never used things like descending scales.

MS: Yeah, I want to find somebody who does.

TF: His name will come back to me in a moment and I know exactly where he is and I will look him up while we are speaking.

High potencies, the use of, in severe life threatening acute. A patient felt funny for a week, in his abdomen, did not really know what was happening. Tried one or two of the

self help remedies. Was at a meeting where those present included medical doctors, one of them was a homeopath, and he literally collapsed. He said, he did not know what to do, will you look after me please? The doctor took one look at him and laid him out on the committee table and cleared the room. Examined him and decided he was seriously ill and was not prepared to wait for the ambulance, put him in his car and took him to St Mary's while someone telephoned to expect him. It was peritonitis. The patient had bust a gut on the left, it was not the appendix, but it was the same sort of thing as a burst appendix. All the classic symptoms of rebound tenderness and guarding?. The doctors prescribed intravenous Metronidazole, Flagyl, and surgery and before the prescription was given, obviously they wanted to take various samples and relevant, get ready for Dracula to come, the phlebotomist and so on. Anyhow, the patient permitted his blood to be taken but refused the operation. So they decided they needed two doctors to detain him against his will using mental health legislation as he was deemed a danger to himself and others. The patient staggered out of the hospital went home and against the advice of a medical doctor, Dr John Ball who use to teach allopathic medicine at the college of homeopathy and even his homeopath. Against the advice of those two, the patient took *Pyrogenium* 10m. And he was at first grey and green by turns and a couple of hours later, he was merely pale. He did take the precaution of getting the Metronidazole as a prescription as a suppository in case it did not work. That was me, in case you had not guessed. It worked.

A patient came to see me whose child had put her hand on an electric bar fire and had gone to hospital. The hospital had put the hand into a polythene bag full of bactericidal cream. So the mother got *Arnica* 200 the child got *Arnica* 10m, the child got *Causticum* 200 for the pain of the burns, and later *Calendula* 200 internally. I predicted that this

hand would go septic as it was totally cut off from air, despite all that cream, a lot could happen. So I gave the mother *Pyrogenium* 10m to hold with detailed instructions, and advised to keep in touch over the phone. I must have seen them every day that week. That weekend sure enough she rang up and I asked had she called an ambulance, always call an ambulance, as any citizen could advise and she said yes. And use the *Pyrogenium*. She then called up saying my daughter is dancing! The little toddler was prancing about. I said it is up to you to cancel the ambulance, but watch her if she needs two or three doses and then she came to my home having at last agreed to take the polythene bag off and I made gauze compresses of *Calendula* and showed her how to do that and keep the hand in moist dressings of *Calendula*. What is very good, the only time it is useful, I think, *Calendula* oil. The oil will enable the gauze not to stick. Circumcision is the only other use I have for that.

I very rarely give only one dose in the mouth. Its likely to be two or three and to stop if reaction. My experience is that people do things clinically which they are not aware of, whether it is coffee, mint, perfume, mouthwash, cigarette, things they take from other people whom they kiss. My experience goes back to my own career as a patient before I was even a proper student of homeopathy. Being given a remedy in a brown paper envelope, getting into the car and putting it into the side pocket. The car had just had a total rust treatment and it dawned on me, while in discussion with my homeopath, that that was probably why it did not work. I always dispense in glass and putting the glass bottle into an envelope, if it is clear glass. Quite often patients are given three doses only take one because of the instruction, stop if reaction, but I have had enough reaction after two doses. After the first one, it is possible that nothing happened, but it is possible that something happened and if we had have waited another week, its

possible we might have noticed it. So this is an attempt to be practical.

MS: Have you ever had aggravations that have not gone onto amelioration at the end of it?

FT: Probably, although I do not have patients who have a lot of aggravations. There are people who have criticised me during intellectual discussion. So if you do not have aggravations, you are not curing. In Hering's original law, it says that there has to be a skin eruption for cure to have taken place. So I am not sure whether one would call that an aggravation. Whatever the patient presents, from the inside out does mean skin eruption at the end, so that you have to see a skin eruption for cure to take place.

So I have had aggravations and it is probably the wrong remedy and so I re-take the case.

MS: How long would you wait?

FT: Well its likely to be four weeks until the next consultation. Occasionally they ring up about the aggravation in about a week or two and I would say are you recovering and they would say yes, well wait, is it terrible? Well have a coffee or brush your teeth or something. It does not seem to happen enough for me to put any emphasis on it.

MS: Do you actually always wait for a skin eruption at the end?

FT: It does not always happen. I would wait but the patients do not always hang about when they feel better.

MS: Do you any enlightening information about sensitive patients and things that you have discovered and that has not been documented?

FT: Sniff. Ask the patient to sniffs in one nostril and then the other. It has been pompously called ‘olfaction’.

MS: So if you perceive that someone is sensitive, you talk to them and they say they get a reaction from whatever they do?

FT: I might tell them, yes I would suggest you take one every day for a week, but be very careful, just take one dose and wait and let your reaction be the guide, rather than the once a day be a guide.

MS: So you would not get them the sniff the remedy rather than take it?

FT: Yes, I would say sniff it rather than take it.

MS: Do you think that proves to be more gentle?

FT: Yes

MS: And of someone has a strong vitality, do you think they can take a higher potency?

FT: Yes, that certainly. If one has a higher vitality, then the higher the potency. In acutes, if they have a strong vitality. I have given a 200c to a gentleman of eighty four with whooping cough, because he was a tough old man. He caught it from his grandchildren. Vithoulkas says, do not give people who have been on steroids for ten years, homeopathy. This gentleman had been on steroids for fifteen years and he had osteoporosis. The whooping cough got cured and he had less pain in his back.

MS: So if you have a hypersensitive patient are you likely to go down a bit or..?

FT: No I am likely to think sniff it! It is not the potency, it is them being sensitive. I do not see why a low potency is going to be any less aggravating to a sensitive patient if what they need is a high potency. Have you heard of a man called Caspar Hauser? He was a 19th century baby, born on the wrong side the bedclothes to a nobleman and there was an inheritance problem so they stuck him in a stable with the animals. He learned to eat all fours, the case in documented in Clarke. When he finally emerged he was hypersensitive. He fell into the hands of the homeopaths. For him the story goes, 'the sound of wheat in the fields was like horses hooves, you only have to open the bottle in the room and he would get the remedy'. I do not know what it says about potency but in the end he received a dose of *Plumbum* at high velocity and he was assassinated because of this inheritance problem. A film was made about him called the *Enigma of Caspar Hauser*.

MS: In terms of energy, it has always been taught to me that one matches the energy of the person or the complaint with the energy in the remedy and yet its been my experience to have certain patients who have had for example psychotic episodes where the symptoms are incredibly vivid and yet my gut feeling is that they are very sick and not to prescribe too high. I would imagine that perhaps this would be the same with someone having a heart attack although I have never been in that situation. In terms of energy, what is happening there?

FT: I was once in a house that I owned, where in the basement there was a builder working, he was a beer drinker with a big belly, middle aged chap and he had a heart attack and I gave him *Latrodectus mactans* 200c and he came around fantastically. He still went to hospital where he later died of complications but that initial attack was warded off very well with a 200c. Now if he had gone absolutely mad with his axe or his hammer, with a psychotic episode, if one

could have got near him, I would have probably also given him a 200c. If I could not have got near him, I would have stuck it in water and hoped he would drink it.

200c is one I use in that sort of acute episodes and I would not have wanted to go higher. Yes, you could have a psychotic aggravation and he could have gone even crazier.

MS: Do you have any questions that you would like answered?

FT: Yes, but I want to stick to the psychotic one here. I have only once that I can think of, prescribed *Hydrogen* and it was for a man who had gone bonkers. What had happened was, he was sent to me by a rabbi, he was a Jewish man and had become a sort of born again Jew. He grew his beard six feet longer than mine, side locks, black hat, all the uniform, he was praying too hard, he was fasting too hard and he was trying to get himself at one with his maker and he was overdoing it and he had been sectioned. Basically he was psychotic and I gave him *Hydrogen* 1m. I do not know if it would have made him worse or better but it seemed the right remedy at the time. I do not often see people in a very psychotic state and that seemed the right one at the time. It worked very well but the psychiatrist went absolutely bonkers when he went off his normal medicine. Although the patient had actually calmed down, the psychiatrist did not look reality in the eye and they sectioned him again.

FT: Questions I want answered. The physics of the microdose, you know there are many things to do with memory in water. There is a whole range of theories. What I am interested in is a historical thing. Do you know what a fluxion potency is? Made by 19th century homeopaths, Skinner of Liverpool and Fincke and Swan of New York; Boericke & Tafel of Philadelphia had a Skinner fluxion

potentiser. Right so we take our potencies for granted. Succussion. The first variation of Hahnneman's idea of taking one drop out of a phial of which you have succussed and adding it to another bottle with ninety-nine drops of the liquid. It was Korsakov who tipped the liquid out, to throw away the liquid and used whatever was adhering to the bottle and add ninety-nine which saves on bottles. But then there were men like Skinner of Liverpool and Fincke and Swan of New York, who developed machines where a high velocity of liquid was forced into a small vessel and what was left in the vessel was the potency. The physics of that seems to never have been investigated.

We now have modern machines Quinn San Rafael in California. Tony Pinkus of Ainsworth, John Morgan of Helios have all invented machines and Vithoulkas invented one but the Italian pharmacy went bust, which replicate the arm of a homeopath giving a wallop on a book and I think Hahnemann used the *Bible* and homeopaths now use the *Organon*. What is happening in succussion and are our potencies any different through using these different methods? There is an anthroposophical method of making the water go through a figure of eight trajectory with no shock, and I should love to know what that produces in the remedies.

Whether it is scientifically or any other way, how can we test a 10m from one place, and is it any different from a 10m from somewhere else. Is that why *drawer* homeopathy works?

MS: Yes there are a lot of questions. Talking to John Morgan, he was saying that he thought that succussion was more important than dilution.

FT: Yes, I would agree.

MS: Francis, thank you very much.