



FROM THE PRESIDENT'S DESK

PATRICIA KAY CSD, CCH – PRESIDENT, PNWHA

Since the beginning of our founding as the Washington State Homeopathy Association (WAHA) in 2009, we have gotten together about 3 times a year. Until 2020, we did this in person. Several people from Oregon were driving up I-5 to join us during those years. In 2020, some people from Idaho thought it would be good for us all to gather under the roof of a Pacific NorthWest Homeopathy Association, and we all agreed and changed our name to PNWHA. In part, due to the pandemic, we began to meet more on-line starting that year. Now, we stay committed to getting together in person, for our signature Cured Case Conference once a year. (This year it will be on October 24: Pondering the Imponderables.) But we still host two other “on-line meetings.”

The other day, Karen Allen, who graciously hosts our website said to me, “You have created quite a body of work.” So, I went back to look through our history, which is on the website, and I suggest you look at it too. It shows how we have stayed “present to the vital force” of our profession during these last 17 years. The conferences brought us all together in seemingly magical ways. These times we live in currently seem volatile, so staying alert to opportunities to learn, inspire, contribute to the continuance of our noble profession is something we must all engage in, as we, each of us, listen to what is our part to play in this important mission. Yes, together we have done some good work. What we have is a priceless gem, and all of us are called to care for keeping homeopathy in the world, increasing its availability and practice with creativity and care.

“Caminante, no hay camino,
se hace camino al andar...”

Antonio Machado

(Traveler! There is no path, the path is made
by the walking...)

Let us know if there's something more YOU
would like to do!

Your “Presidenta”

Pacific NorthWest Homeopathic Association

THE SUCCESS OF HOMEOPATHY BEFORE PSYCHIATRY LOST ITS MIND

Sane Asylums

JERRY M. KANTOR · REVIEWED BY WILL ROGERS II, MD

When Jerry Kantor writes of the “eclipse” that befell American homeopathy in the aftermath of the Flexner Report in 1910, he is not overstating the dire consequences that ensued, not only for our profession but for those who benefitted from humane and successful care in the homeopathic asylums that flourished in the United States between, roughly, 1875 and 1925.

The numbers alone, as cited by the author, underscore the magnitude of these losses: Between 1840 and the 1880s, the number of hospitals in the United States serving mentally ill patients increased from 18 to 39; and ten percent of them were homeopathic. During the same time, the census of mentally patients increased from 2,561 to 74,000. In the early 20th century, there were 120 institutions that were explicitly identified as homeopathic and another 153 institutions that “encourage and permit homeopathic physicians and treatment.” By the mid-20th century, nearly all of these institutions (asylums and otherwise) had perished or had been wholly overtaken by allopathic practice.

Statistics regarding outcomes seem to be difficult to adduce – especially for homeopathic asylums. Of the 101 (general) homeopathic institutions of the accredited class, the average mortality rate in the early 20th century was 4.1 percent. It is also known that the mortality rate in homeopathic institutions for patients afflicted by influenza in the pandemic of 1917-18 was extraordinarily low – only 1.05 percent in the aggregated outcomes of 26,795 cases that were reported in 1920, far less than the 30 percent reported by non-homeopathic institutions. Even though many stewards of homeopathic asylums were described as fastidious documenters, few outcome statistics are offered in this account, in part a result of the perceived need by some practitioners to de-emphasize their use of homeopathic remedies as the growing threat of pernicious, allopathic encroachment became tangibly menacing.

Instead, we are offered a cornucopia of tantalizing case reports, including a chapter on the successful treatment of Mary Todd Lincoln, cured of her “madness” by Richard J. Patterson, whose (presumed) homeopathic remedy choices remain speculative.

Psychology, as we know it today, is all but absent from this narrative. Depth psychology was still in gestation, although the author cites a famous photo of the homeopaths Henry Klopp and Solomon Carter Fuller, posing with Sigmund Freud and Carl Jung at Clark College in 1909.

Without ‘psychology,’ what did homeopathic asylums offer, apart from remedies? In the language of that time, non-medicinal care was framed in the context of ‘moral care,’ ‘moral hygiene,’ ‘moral guidance,’ or ‘moral treatment’ – ‘moral’ being less an evocation of ethics and virtue than behavioral (or what we might now call ‘cognitive behavioral’) guidance – or, perhaps, ‘coaching.’ The adjunct therapies that were used to encourage moral hygiene were considered essential to achieving a cure – and cures were achieved, even for cases that had previously been deemed incurable.

[Read the full review on page 7.](#)



ARTICLE

Growing Our Profession Together

JOLEEN KELLEHER RN CCH
DEB SNIDER LHP

The future of homeopathy depends on the growth, resilience, and sustainability of its practitioners. To build a stronger, more vibrant professional community, we must understand the real-world challenges and changes being faced on the ground. Whether you are a recent graduate launching your career, an established homeopath navigating the pressures of a busy practice, or a retired peer with deep insights to share, **your voice is vital.**

Identifying Our Pressure Points

To effectively shape our organization’s advocacy, support, and resource development, we need to articulate the obstacles holding our profession back. This means taking an honest look at our collective operational roadblocks, including:

- **Regulatory & Legal Landscapes:** Navigating compliance guidelines and legal uncertainties
- **Practice Management:** Overcoming the initial hurdles of business setup and the "administrative tax" of running a practice..
- **Growth Challenges:** Managing marketing, client retention, and the financial pressures of maintaining a small business.

Addressing these challenges requires identifying tools to move forward—whether that means structured clinical mentorship, practice-management resources, clearer compliance guidance, or robust support for homeopathic education.

Building Connections, Inward and Outward

Homeopathy does not exist in a vacuum. A thriving community must look both inward to support its own and outward to integrate with the broader healthcare landscape. We are committed to exploring how we can:

- **Foster Active Networking:** Bringing practitioners together through structured peer mentoring and clinical study groups.
- **Bridge the Gap:** Building collaborative pathways to both conventional and complementary medicine.

Shape What Comes Next

Your insights and experiences are the blueprint for our future. By identifying where the gaps lie, we can build a professional association that truly helps every homeopath build a thriving, sustainable career
Looking forward to your insights and feedback.

[Survey Link here](#)

EDITOR’S COLUMN

The Second Conversation

BINDIA ARORA CCH, BHMS, MD (HOM) – EDITOR

When we sent out the first issue of Homeopathy Lens, we weren't entirely sure what to expect. A newsletter is, in many ways, an act of faith. You gather the work of your community, shape it into something cohesive, and send it out into the world hoping it finds its people. It did.

The responses that came back were warm, generous, and in some cases, genuinely moving. Number of you reached out to ask how you might contribute your own work to future issues and that, perhaps more than anything, told us that something had landed.

What strikes me most, looking back, is that the response wasn't simply about the content itself. It was about recognition. Something in those pages seemed to say: this community is real, it is active, and it is thinking carefully about the work it does. For a first issue, that is more than we could have asked for.

Vol. 2 carries that momentum forward. Inside you will find articles that reflect the same passion for homeopathy that has always animated this association careful clinical thinking, honest reflection, and a genuine love for this discipline and the people it serves.

To every reader who took the time to engage, share, and respond, Thank you. Your appreciation of the work means a great deal to all of us who contributed to bringing it to life.
With warmth,

Connect with PNWHA
Submit articles & case studies
Share book reviews & poems
Join a study group
Attend monthly meetings
Email: newsletter@pnwha.org
Website: pnwha.org

Upcoming Events

13th Annual PNWHA Case Conference

October 24, 9:00 AM to 5:00 PM

Pondering the Imponderables

A day of reflection led by Doug Brown and Karen Allen
At the Priory Spirituality Center in Olympia



ARTICLE

Six Ways to Make the Most of Your NCH Professional Membership

TAMI HERNDON, MS, CCH, CHP, RSHOM(NA), LHP

As the year continues, it's a great time to revisit your professional goals. Whether you're looking to grow your practice, sharpen your clinical skills, or stay connected with the homeopathy community, your National Center for Homeopathy (NCH) Professional Membership includes resources designed to help. Log in to your [member portal](#) today.

Not yet a member? Pacific Northwest Homeopathy Association Members are invited to become an NCH Professional Member at 50% off their first year of membership! Learn more about the benefits of membership [here](#) and get the 50% off discount code here: info@homeopathycenter.org.

Here are six easy ways to put your NCH membership benefits to work before the year is over.

- **Update your Find a Homeopath listing.** More than 50,000 people searched the NCH Find a Homeopath directory last year. Enhanced search features let prospective clients find practitioners, so keep your profile, specialties, and keywords up to date.
- **Restock your remedy kit.** Professional Members receive discounts from participating manufacturers that produce homeopathic medicine in accordance with the Homeopathic Pharmacopeia of the United States (HPUS), follow current Good Manufacturing Practices, and are regularly inspected by the U.S. Food and Drug Administration (FDA).
- **Strengthen your clinical skills.** Enjoy professional webinars, selected recordings from the Joint American Homeopathic Conference, Homeopathy Today archives, remedy resources, and discounts on educational programs and software.
- **Refresh your client materials.** The Client Welcome Package includes professionally designed forms and educational handouts that you personalize to explain homeopathy and the consultation process. You can share Homeopathy Today with clients through discounted bulk subscriptions.
- **Promote your practice and homeopathy.** Your membership includes professionally designed, consumer-focused e-books, e-courses, infographics, and educational materials at no additional cost, plus guidance for speaking confidently about homeopathy. Professional Members are also eligible to apply to lead an NCH Homeopathy and Health Readers Guild, introducing newcomers to homeopathy through engaging discussions built around Homeopathy Today articles.
- **Take care of yourself.** Support your own professional well-being through wellness webinars, inspiring stories in Homeopathy Today, professional book reviews, curated collections, discounted registration to Past Highlights, Forward Momentum homeopathy virtual event, and limited-time resources.

Your NCH Professional Membership is more than a subscription—it's a toolkit for building your practice, continuing your education, and connecting with the homeopathy. Log in to your Member Portal today and make the most of your membership, or visit HomeopathyCenter.org/become-a-member-today.

ARTICLE

Rubric beneath the Verse

DOUG BROWN CCH & BINDIA ARORA CCH, BHMS, MD (HOM)

Some of the richest teaching material a homeopath ever encounters arrives outside the consulting room entirely in a line overheard, a passage read, a poem that happens to capture a mental state with more precision than most clients manage in an hour-long history. "Everybody Is Normal" is one such piece. It is short, plainspoken, and entirely contemporary, yet the voice inside it moves through a sequence of mental symptoms such as contempt, envy, despair, and finally self-condemnation, with a clarity that makes it an unusually good subject for a Repertorization exercise. This piece offers that exercise to readers as a way of sharpening the particular skill every homeopath relies on: hearing past the words to the rubric underneath them.

The poem presents four mental symptoms in a clear sequence, and the sequence itself matters as much as the symptoms do.

Everybody is Normal

I've become a Nazi she said,
recounting the words she spoke to her
husband and co-workers.
I'm just so done with this dystopian world,
which is turning us into robots.
Oh, Jimmy's IT now, and has his own office!
Are you kidding me?
Incredulity, scorn, and sarcasm dripping like
poisoned molasses into our shared space.
TV rots your brain, the links between the cells
die and never come back.
I'll never get to the other side of this shit.
I'm retarded. Everybody is normal but me.

[Read the full article on page 7.](#)



ARTICLE

The consciousness of Ferns

DOUG BROWN CCH

It's easy to fall in love with certain remedies. Who isn't fascinated by dolphin's milk, Sequoia tree, black hole, or Emerald immersion? But what if some of the most needed remedies come from substances that are overlooked, trod upon, passed over in our everyday life?

If Normal is our Goal
We're in big trouble

Over the last decade Jan Scholten, along with colleagues, have conducted an inquiry into the soul of the "lowly" ferns. Ferns, it turns out, correspond to the iron series in plant theory. No longer constrained, like mosses, to lie flat upon the ground, these first tracheophytes (plants with vessels to transport water and nutrients) allow for specialization in the plant. While mosses remain small, ferns can grow quite large, and indeed were the dominant plants 300 million years ago, growing up to 20-30 meters in height. And like workers in a village, the specialization of the cells in ferns allowed differentiation. But along with specialization and differentiation arise rules, organization, and a resistance to bending (as in the stiffness of wood).

Pterodiphyta (Fern) Essence:

The fern personality feels small and incapable in a modern and technical world. The original innovation of ferns is now an old story as the more advanced angiosperms have surpassed them. The personality feels cast from paradise (like other ancient plants), where everything was easy and happy. Now they have to cope with the world on their own, and this world is too difficult.

Like the Baryta salts, fern personalities may feel they are retarded. Some hardly speak, or exhibit many other developmental delays. They have difficulty truly making contact with other people. Jan Scholten's essential book about these remedies is therefore titled Autistic Ferns. Often these personalities exhibit obsessive compulsive interests and behaviors. There may be physical retardation, immaturity. In general, they are shy and uncertain.

Patients needing these remedies often feel out of control and overwhelmed. They are very sensitive to criticism; it makes them shrink. They may have to count everything, step in the middle of tiles, avoid the cracks in the sidewalk. They have a very low frustration tolerance, with sudden outbursts of anger. You might see ailments from a very strict, rigid upbringing, dogmatic education by parents, teachers or society. Fern remedies carry the imprints of intergenerational trauma, sometimes from wartime experiences.

Mostly they prefer handwork over mental work, making school learning particularly difficult and unpleasant. Think of ferns when patients present with autistic features, Asperger's Syndrome, sexual and/or emotional immaturity, and obsessive-compulsive disorders.

Fern and moss personalities are quite different. Fern personalities are more grounded; they know what they want. Where moss personalities are floating, ferns are crazy but grounded. They want things their way!

The Pathology of Normal

Mistaking "normal" for the absence of pathology was first written about by Erich Fromm, and later by Gabor Maté. Being normal is a goal for a mindset shaped by the iron series, as functioning in the village or local community, securing and maintaining a job, and not being ostracized or seen as different makes life much easier. So one adapts, even if the rules, traditions, and customs are ultimately destructive.

Plant Theory

A working knowledge of Scholten's Plant Theory is essential to successfully prescribing fern remedies. Here is a Plant Theory analysis used to successfully prescribe a remedy for the patient referenced in the poem "Everybody is Normal":

The remedy, Asplenium bulbiferum, has the code 3-443.17.0. Let's take this number by number:

The first 3 indicates the Plant kingdom.
The next two 4s point to the Iron Series. The first 4 says "The iron series represents the maximum potential of this personality." Implicitly there is not a potential for a silver or gold series kind of capacity, nor a lanthanide quality of self-reflectiveness. The second 4 specifies that successful functioning in the iron series sphere of influence, the world of work, task, and standing in the village, is the goal of the personality.
The 3 indicates where the current problem lies. Our patient's principal source of grief lies in her unwanted marriage and unwanted role as a mother. This points to the Silica series.
The next two numbers, and 7, stand for Phase and Subphase. They reflect the degree to which the personality belongs (Phase) or feels belonging (Subphase) to others and to a group.



ARTICLE

The Erosion of Judgement using AI

BINDIA ARORA CCH, BHMS, MD(HOM)

Over the past century, homeopathic repertories have undergone a profound transformation. What began as a carefully curated, philosophically weighted clinical tool in the hands of James Tyler Kent has evolved into vast, digitally searchable databases containing tens of thousands of rubrics. Parallel to this expansion, recent advances in artificial intelligence have introduced the possibility of automated symptom analysis, repertorization, and even remedy suggestion. While these developments promise speed, accessibility, and comprehensiveness, they raise critical questions about method, judgment, and the very nature of homeopathic decision-making.

This presentation examines whether the growth of repertories from Kent's Repertory of the Homoeopathic Materia Medica through later expansions such as Synthesis, Murphy, and the Complete Repertory as genuinely improved clinical accuracy or whether it has inadvertently diluted the hierarchical discipline that underpins classical homeopathy. Further, it explores whether artificial intelligence can meaningfully participate in repertorization without undermining the human judgment central to homeopathic practice.

Kent's repertory was never intended to be exhaustive. Its purpose was not to catalog every conceivable symptom, but to function as a deductive instrument guided by hierarchy: generals over particulars, strange over common, modalities over locations. Kent's method emphasized exclusion as much as inclusion. Remedies were not selected by accumulation of rubrics alone, but by discerning which symptoms governed the patient as a whole. In this sense, Kent's repertory was not merely an index of symptoms but a structured expression of homeopathic epistemology.

Modern repertories, by contrast, have increasingly prioritized completeness. Each successive expansion has added linguistic variants, finer subdivisions, and rare or modern clinical phenomena. These developments have undeniably enriched repertory resources, allowing practitioners to capture patient language more faithfully and to access symptoms absent from earlier works. However, this expansion has also introduced methodological challenges. As rubrics multiply, the distinction between characteristic and incidental symptoms becomes less clear. Over-fragmentation risks inflating the perceived importance of minor details, while redundancy can obscure governing features of a case. In practice, this often manifests as over-repertorization long lists of rubrics producing mathematically impressive but clinically uncertain remedy totals.

The presentation argues that this shift represents not merely a quantitative change, but a qualitative one. The transition from curated repertories to comprehensive databases has altered how practitioners think. Digital interfaces encourage additive reasoning: more rubrics are equated with better analysis, and remedy ranking is often mistaken for remedy selection. In this environment, hierarchy once internalized through disciplined study can become secondary to software outputs. The danger is not the repertory itself, but the subtle erosion of judgment when enumeration replaces evaluation.

Against this backdrop, artificial intelligence appears both promising and perilous. AI excels at pattern recognition, language processing, and managing large datasets. In theory, it can rapidly translate patient narratives into repertory language, explore differential possibilities, and identify remedy patterns across vast datasets. Used appropriately, AI may serve as a valuable assistant, particularly in navigating modern repertories or supporting education.

However, the presentation draws a clear boundary between what AI can and cannot do. Repertorization is not merely a computational exercise; it is a value-based clinical judgment. AI lacks the capacity to assess the relative importance of symptoms, to recognize suppression, to distinguish depth from surface expression, or to interpret contradictions within the symptom picture. It cannot determine which symptom governs the case, nor can it sense the qualitative shift that indicates a remedy is acting. These are not failures of technology but reflections of the fundamentally human nature of clinical judgment. Kent's methodology offers a critical lens through which to assess AI's role. His approach was deductive rather than inductive, hierarchical rather than accumulative. He sought to reduce complexity by identifying what mattered most, not by cataloging everything that could be observed. In this sense, Kent's method resists algorithmic replication. While AI can assist with data handling, it cannot replace the discernment that lies at the heart of homeopathy.

The presentation further explores a largely unspoken risk: that increasing reliance on digital tools and automated suggestions may train practitioners to think like databases rather than physicians. When judgment is deferred to software or algorithms, case ownership weakens, intuition atrophies, and responsibility subtly shifts away from the clinician. This is of particular concern in teaching environments, where developing clinical reasoning is as important as learning repertory content.

[Read the full article on page 8.](#)



INTERVIEW WITH Dr. Paul Theriault

Homeopathy Symposium — Trituration, Consciousness, and the Animal Kingdom

DOUG (INTERVIEWER)

DR. PAUL THERIAULT (INTERVIEWEE)

MODERATOR: VLADIMIR,

THE SYMPOSIUM'S ORGANIZER, PARTICIPATED BY TEXT CHAT AND IS REFERENCED BUT NOT DIRECTLY TRANSCRIBED

Editor's note: The interview has been transcribed, edited, and condensed for clarity and readability.

Doug: Well, Paul, thanks so much for joining us today for this symposium. This is Paul Theriault, and I'm delighted to have him join us. Paul does groundbreaking work that I believe will become much better known throughout the homeopathic community in the years to come. He has written several fascinating books, including *A New Era: Homeopathy and the Human Spirit*, and *The Table of Animals*. His vast number of triturations, and his schema outlining the development of consciousness in the animal kingdom, parallel the work of Michal Yakir in the plant kingdom, and rightfully shine a light on how homeopathy is a powerful tool for the evolution and development of the human spirit.

Paul: Thank you for having me. It's interesting to use the word 'anomalous' in conjunction with triturations, because to me triturations — the stuff that happens that is perhaps a little outside of our everyday experience — are not so much anomalous as they are just us paying attention to what's already occurring; what's already normally happening, just outside of our consciousness. We perceive it as anomalous because it feels new, but it's not actually new — it was happening the whole time. Through the process of trituration, and particularly going up to the higher levels, we start to become aware of it. Our consciousness expands to the point where we start noticing it, and it's like, 'oh my god, what the hell is that? It was always there to begin with...

When you go up to, say, C12 and C24 in terms of trituration, you get a lot of information on these things, and the first couple of times you think, 'oh my god, what is this,' but then it just becomes part of your day-to-day model of reality.

Doug: So Paul, you speak of these higher levels of trituration. Many of us are familiar with the trituration model going up to, say, C4, C5, C6, and you bring it up to even higher levels: C12, and even C24 — really high levels of trituration. What do you want to share about your experience with these very high levels, and how that has helped you understand the nature of consciousness?

Paul: Well, I always say trituration doesn't end at C4 or C5—

Doug: That's where it starts to get interesting.

Paul: Right, that's where you start to get interesting information. You start to get these higher levels of perception, and it's not so much information like textbook facts. All these fantastical things occur in your mind, and they're as tangibly real as the house across the street, or the fact that it's snowing outside.

You can see a very clear evolutionary progression in trituration as human consciousness has progressed. Since the nineteenth century, we went through a long period where we were only tritulating up to the third level, up to the mind. Then Witold Ehrler and Jürgen Becker came along and started going up to the fourth, fifth, eventually the eighth levels — and then me coming along. The initial remedy I did was *Rosa acicularis*, the Alberta wild rose, and when I took it to C8, as was my habit, it wasn't done — it was very clearly, 'nope, further.' I started taking almost everything up to C12, then a little further than that, and eventually up to C28. I think my record is C36, which I did for *Lac humanum*, back in 2017.

After those first initial ones, I got really interested in the mechanical information that starts coming, particularly from 9 to 12 — you get a lot of information on energetic physiology, on how things mechanically work in terms of the energetics of a remedy, or of a particular process or physiology. That continues from 13 to 16, 17 to 20, and so on — you get this consistent refinement in the level of information you're getting. It's the same core issue that the remedy treats; it's just played out on a different plane of reality.

Kim Kalina — I took her Inspired Homeopathy course in November 2016 — had this download the night before that C1 to 4 is the issue of the substance on an individual level, 5 to 8 is the more collective level, 9 to 12 is planetary, 13 to 16 is more solar-system level, 19 to 20 is on a galactic level, and 21 to 24 is on a universal level — and that's where I use a lot of my remedies for blockages to healing in homeopathy; a lot of those are universal issues. She put 25 to 28 as divine; I suggested multiversal. Then 29 to 32 is this eternal level, but still capable of some distortion. And 33 to 36 is this eternal, incorruptible thing — it's hard to describe, but it is there.

So anyway, that's my experience: there's the core issue of the substance that's played out on these multiple planes, and when it's playing out on multiple planes, you get a lot of information about how particular issues work on that plane.

[Read the full interview on page 9.](#)



Continued from page 1: Sane Asylums – Book Review by Will Rogers II, MD

Non-medicinal adjuncts and moral hygiene were pioneered in America by homeopathic physician Selden Talcott during his stewardships of Ward Island Homeopathic Hospital and Middletown State Homeopathic Hospital – the latter is cited by the author as the flagship of innovative homeopathic care for chronic mentally illness in America. Adjunct techniques included bed rest, bathing, massage, meticulous dietary management, exercise, wholesome recreation (baseball!), and opportunities for vocational participation in the life of the asylum. Some of these techniques were brought to America by Talcott following his tour of progressive asylums in Europe early in his career.

Talcott developed this multi-disciplinary program in conjunction with homeopathic physician Clara Barrus, his colleague at Middletown and author of *Nursing the Insane* (1908). The wise, deeply moving, and elegantly composed excerpts from *Nursing the Insane* that are included in *Sane Asylums* offer compelling testimony to the spirit of compassionate and enlightened care practiced by Middletown’s staff (at all levels).

The author’s brisk expository pace may, for some, be a source of syntactical bafflement, aggravated in some instances by textual errors and inconsistencies. Tighter editing would have been helpful. Similarly, the dense profusion of institutions, their changing names, and their homeopathic stewards might have benefitted from a chronologically organized chart to ease the task of following the factual arc of such a detailed narrative.

The chapter on baseball and its adjunct role in the therapeutic programs at some homeopathic asylums is a tangential digression that some may prefer to scan, without being deprived of the substantial body of evidence from primary sources that is presented elsewhere regarding the innovative, multi-disciplinary care provided in many homeopathic asylums. Hahnemann’s aphorisms pertaining to the treatment of mental disorders (collected in an appendix) are well worth revisiting. The author’s condensed précis of the hypothesized role of nanoparticles in current homeopathic research (in another appendix) may be, for those who are not already familiar with this theory, too terse to be persuasive.

For the casual reader, this illuminating chronicle of a pivotal time in the history of American homeopathy will surely inspire admiration for the pioneering and deeply committed practitioners who labored (often for decades) to raise the standards of care for those suffering from chronic mental and neurological disorders and addictions. The author’s judicious references to parallel trends in the history and culture of 19th and early 20th century America are helpful in establishing a context that is informative and grounding. For the reader with scholarly interests, the author’s encyclopedic documentation of institutional and biographical details will be a welcome resource for reference as well as a starting point for further study. For anyone who laments the current, deplorable state of care for chronic mental illness in the wealthiest polity in history, *Sane Asylums* will remind us of what was once possible – and what has been lost.

(Sane Asylums: The Success of Homeopathy Before Psychiatry Lost Its Mind; by Jerry Kantor; Introduction by Eric Leskowitz; Rochester, Vermont: Healing Arts Press, 2022; paperbound; xviii + 269 pp., including black-and-white illustrations, five appendices, bibliographic references in endnotes, a bibliography, and an index. ISBN 9781644114087.)

Continued from page 3: Rubric beneath the Verse, Douglas Brown and Bindia Arora

It opens with contempt voiced outward toward "this dystopian world," toward people being reduced to robots, toward the speaker's own self-description as having "become a Nazi" in the eyes of others. This is not casual complaint; it is contempt expressed with enough force that the speaker has noticed others reacting to it and is now recounting that reaction. It then narrows to envy, triggered by a specific event: a colleague's promotion. The line "are you kidding me?" carries real disbelief, and the bitterness that follows is not really about Jimmy at all. Rather it is about what Jimmy's success implies about the speaker's own position.

A third movement turns toward despair about decline, expressed as near-certainty rather than worry: brain cells die from screen exposure and never recover. This is catastrophizing presented as settled fact, not speculation. And the poem closes on the sharpest turn of all: Contempt that began pointed outward at the world and at a colleague pivots, without warning, onto the self. "I'm retarded. Everybody is normal but me." The same critical faculty that spent the whole poem judging everyone else now turns its full force inward.

That outward-to-inward pivot is the single most important diagnostic feature here, and it is the thread this Repertorization will follow.



Kent's Mind chapter offers a clean set of rubrics for each movement of the poem. The opening scorn and biting commentary belong under Mind, sarcasm, where Lachesis and Anacardium are the leading remedies. The contempt for others and for the world generally sits under Mind, contemptuous, led by Platina, Anacardium, and Lachesis. The envy provoked by the colleague's promotion is covered by Mind, envy, again led by Lachesis and Anacardium. The catastrophic conviction that the mind and the world are deteriorating belongs under Mind, despair, of mankind, led by Aurum. And the poem's final, decisive symptom contempt that turns against the self after having been aimed at everyone else is best captured by Mind, as if two persons, a rubric in which Anacardium stands essentially alone among the remedies otherwise present in this case.

It is that last rubric that does the deciding work. Lachesis covers three of the four movements convincingly. Anacardium covers all four, and it is the only remedy in the field that accounts for the pivot itself, rather than just the outward-facing half of it.

As per Boericke's *Materia Medica*, the Lachesis state is loquacious, intensely jealous, and inclined to suspect that others are working against it, a strong fit for the poem's envy and its running commentary on Jimmy's success, but the Lachesis picture stays oriented outward throughout. There is no documented mechanism by which Lachesis's contempt folds back onto itself.

Anacardium is different in exactly this respect. Boericke describes a state built on inner conflict: a profound sense of inferiority masked by a determined will to succeed, the two pulling against each other until the person experiences something close to a split; one part of the mind judging, the other part being judged, with neither side able to silence the other. The harder the Anacardium state tries to outrun its own sense of inadequacy through achievement or through scorn for others, the more sharply that same scorn eventually lands on itself. This is not a loose analogy to the poem; it is a near-exact description of its structure. The speaker spends six lines in contempt of the world and a colleague's success, then spends the final line in exactly the same contempt, redirected at the self.

Two repertories, read in sequence, arrive at the same answer from different directions. Kent's rubric structure isolates Anacardium as the only remedy covering the poem's full arc; Boericke's clinical description confirms that the mechanism behind that arc judgment turning inward after having been spent outward, is exactly what the Anacardium state is known to do. Lachesis remains a legitimate and useful differential, particularly for the poem's opening movements, and would be the better fit for a case that stopped at envy and sarcasm without ever turning the knife inward. But the poem doesn't stop there. It ends where Anacardium lives.

The Repertorization of this poem pointed with reasonable confidence toward Anacardium Orientale and in a classical framework, it remains a defensible choice. The mental schism, the contempt turned inward, the two voices judging each other: all of it sits squarely within what Boericke and Kent record for that remedy. And yet the case did not respond to Anacardium.

What the Repertorization could not see, because no rubric in Kent or Boericke was built to hold it, was something underneath the contempt entirely a fern personality, in Scholten's language, shaped by intergenerational rigidity, a feeling of fundamental non-belonging, and a grief rooted not in comparison or ambition but in an unwanted role quietly carried for years.

Asplenium bulbiferum, with its iron-series striving for ordinary functioning in the world of work and community, its halogen sub-phase of rejection both felt and enacted, and its stage-ten response of haughtiness masking profound failure, described not just the symptoms but the architecture of the suffering behind them.

The poem's final line "Everybody is normal" turns out, the voice of a divided self. It is the voice of someone who has always felt cast out of the ordinary world and has spent considerable energy making that exile look like choice. The rubric pointed to the wound. The plant knew the wound's name.

Continued from page 5: The Erosion of Judgement using AI by Bindia Arora, CCH, BHMS, MD (Hom)

Rather than rejecting modern tools, the presentation proposes an integrative working model. Kent's hierarchy provides the philosophical foundation; Murphy's repertory aids translation between patient language and repertory structure; Synthesis offers refined clinical discrimination; the Complete Repertory preserves rare and modern symptoms. Artificial intelligence, within this framework, functions strictly as a supportive tool, an assistant for exploration and education, not a decision-maker. Hierarchy remains the filter through which all data must pass.

Ultimately, the presentation reframes the central question: the challenge facing modern homeopathy is not whether repertories or AI are advancing too quickly, but whether clinical judgment is evolving alongside them. As tools become more powerful, the responsibility to preserve methodological discipline increases. Repertory growth expands reach; artificial intelligence accelerates processing; but only human judgment, grounded in hierarchy and experience, preserves accuracy.

In an age of informational abundance, the totality of symptoms must not be confused with the totality of data. Homeopathy's future depends not on resisting technological development, but on ensuring that the principles guiding its use remain firmly rooted in the art of individualization. AI may repertorize symptoms, but only a homeopath can recognize the patient.



Continued from page 4: The consciousness of Ferns by Doug Brown FNP, CCH

All fern remedies have a Phase 1 quality. Phase 1 reflects a condition of fundamental non-belonging (to society, to groups). This corresponds to the difficulty in making contact with a fern personality.

Our patient has a sub-phase of 7. Like the halogens of Column 17, sub-phase 7 reflects a feeling of being rejected and a reaction of rejecting others.

The last two digits of the code, 10, reflect the stage. The stage encompasses the patient's internal response to their situation. It is more action-oriented than the phases or series. Our patient reacts with a kind of haughtiness, scorn, along with a feeling of profound failure, calling for stage 10.

The Disease is Not the Person

Jan Scholten teaches that each of us carries within us the capacity to manifest many different personalities, each of which corresponds to a different remedy state. Every personality is a defense against a trauma. Keeping this in mind frees us from judging our patients and ourselves based on the remedy we give or need.

17 days after her first dose of *Asplenium bulbiferum* 30C she writes:

I'm feeling calmer not as "wild" and terribly annoyed about things.

I still feel annoyed to a certain degree but able to talk to myself calmly.

I will take so I don't get "wild" again or should I say keep it "tamed". lol

I do remember telling you about how my father screamed at me because I couldn't see where he was pointing and I remember a sensation that says become invisible and other sensations might be added.

Recommended Reading

Collins, Deborah. A Guide to the Plant Theories of Jan Scholten. https://homeopathic.com/product/a-guide-to-the-plant-theory-of-jan-scholten-by-deborah-collins/?srsltid=AfmBOoqKQSmAlUDYsgRvZ3Us_PatLXez3-sno3xSEHPEZHy5erBedOxm

Jakob, Martin. How Jan Scholten's Theories Work in Actual Practice: Another Application-Oriented Guide. <https://www.martin-jakob.org/en/books/>

Scholten, Jan. Autistic Ferns <https://www.homeopathicbooks.com/product/autistic-ferns/>

Continued from page 6: Interview with Dr. Paul Theriault

Doug: Thank you, Paul. It's fascinating that one of the first remedies where you went to these higher levels was *Rosa acicularis*, which has so much to do with love and the expression of love, and that led you to these higher planes. But help us understand better — what do you mean when you say consciousness at the planetary level, and then the solar-system level? Just the other day I was listening to Rupert Sheldrake talk about his speculation that the sun itself has consciousness, that the solar system itself has consciousness, and that it's enveloped in a membrane created by the intersection of solar flares from the sun on one hand, and streams of particles from other galaxies on the other — so there's this membrane surrounding the solar system, and we can consider the solar system itself as an organism with a certain consciousness of its own. Now, when you speak of consciousness at, say, the solar-system level, or a remedy triturated to a corresponding level — what does that exactly mean?

Paul: That's a challenging description, because it's an experiential thing. The best way would be for everyone watching to go and triturate something up to that level. Human blood was very illuminating to me that way — I could see the human experience played out on this vast level. Another one I had this experience with was *Saccharomyces cerevisiae*, table yeast or baker's yeast — that was very similar as well; the same issue, just played out on these vast levels.

There is a way of being conscious that is focused on yourself as an individual. There is a way of being conscious that incorporates your society, your family, your collective functions most of us function within these things. That's not the end of it, there are multiple levels of consciousness one can expand into past that. Each is a different experience, a different way of being you, at a grander scale of awareness. There's a particular delusion I see quite often in homeopathy and spiritual literature, that once you get past the individual, there are no more problems, everything's hunky-dory. That's not true. There are problems at these levels too, and they're quite similar to, and in fact analogous to, the problems we have as individuals. Our individual problems are reflections of these collective, planetary, solar-system, galactic, universal, and multiversal problems. It's a different scale of consciousness, not the same as the idea we have of enlightenment. It's you, but larger, more spread out, more expansive.

I think of myself as a Canadian, for instance; we have this consciousness of our national bodies in the medieval era they used to call it the body politic. We're beginning to become conscious of ourselves as a planet as well; many individuals are moving past that collective thing to seeing ourselves as part of the biosphere, part of this larger web.



Doug: What you've shared reminds me of the German philosopher Leibniz's ideas about the universe being populated by an infinite number of monads, each with its own individual consciousness — this infinite number of 'mirrors of indiscernibles,' I think was his language. And if I understand you right, what you're saying is that when we go to these higher levels of trituration, we're accessing the state not only from our individual human perspective, but from the perspective of these much vaster realms of consciousness.

Paul: There are scales of consciousness, scales of being aware. We're all very familiar with the individual scale — ourselves as individual beings. We're also usually quite aware of ourselves as a collective, oneself as an American, myself as a Canadian, as a member of my city, a Calgarian, as a gay person, as a French Canadian. There are many ways of thinking of ourselves as part of something larger, a distinct shift in consciousness. We're not just, say, Paul anymore, we're Paul, naturopathic doctor, part of the naturopathic profession. There is, as Rupert Sheldrake might put it, a morphogenetic field that we share, a collective energy field, and when we attune ourselves to it, we start to think and perceive through that collective energy field.

That's not the end of it — there are ecosystem-wide energetic fields we can tune into and start to think from the viewpoint of. There are solar-system levels, galaxy levels, universal levels, multiversal levels... So there are all of these levels that have distinct flavors of consciousness, as distinct as an individual's thinking is from thinking in terms of being part of a collective. And through trituration, we can actually access the remedy's experience of those levels and go along with it. We're very familiar with many remedies, but what is the experience of *Calcarea carbonica* on a planetary level? There is one — absolutely.

Doug: I was wondering what has been the most surprising or dramatic trituration for you, especially as you enter these higher levels — something really surprising and new that has stayed with you over the years. Can you give us an example of one of these journeys you've taken?

Paul: One of my favorite remedies — *Hierochloe odorata*, sweetgrass. For those who don't know, sweetgrass is a plant that was used particularly by people on the plains of North America, though its use spread from there. It's a grass — you bundle it up and burn it, and it makes a really nice smell. You wave the smoke and bathe yourself in it, to cleanse yourself.

The individual level is very typical of the *Poaceae*, if anyone's studied with Michal Yakir, the *Poaceae* are very much about 'building the nest,' building a safe environment for oneself to exist and cooperate in day-to-day life. The *Poaceae* issue is usually one of starvation, whatever it is you need from the nest, you're not getting it. In the *Poaceae*, this really is a spiritual, divine feeling, this agape, this divine love and connection that they're missing and starving for. If anyone's read the biography of Mother Teresa, I'm one hundred percent convinced that *Hierochloe* was her remedy — particularly when you read her 'dark night of the soul' letters, where she talks about the absence of God. It reads just like the *Materia Medica*. I'm convinced Mother Teresa needed this remedy. So that's the individual level.

Collectively we see a society that's cut off, that doesn't nourish people in this way, that provides none of this spiritual nutrition. That's the metaphor that came to me: spiritual life is one of the many needs humans have. The *Poaceae* are all about meeting needs. In C5 to 8, we see a society that is organized without that need in its list of things it provides its members. We have the expectation that everyone in our society has food, shelter, and clothing, and now we're starting to include social connection — but spiritual needs are not addressed by and large, and our culture is often actively hostile to them.

The 9 to 12 level is, honestly, this energetic physiology, there are multiple layers of the human energy field, all combined together. We see them as one big bubble, but you can separate them out by layers, some more proximal to the divine and some less so, down to the physical body. There should be energy currents flowing through all of them, all the way to enlighten the physical — but they're not; they're being blocked along the way. There's this sense of starving as a result of these divine energy flows, which should filter from the most refined energy body to the most physical, being blocked.

Doug: And this is what you mean by the energetic anatomy that these higher levels of trituration are getting at?

Paul: Yes, exactly what I mean. The healed state is to restore all of that. On the cultural level, the healed state is to heal the culture so that spiritual life is not stifled on an individual level — to feel that connection to divinity, whatever one's cultural pathways and worldview around that are.

Doug: Beautiful. Can you do the same thing for us that we just did with sweetgrass, but with a remedy you took to even higher levels?

Paul: What I want to do is *Saccharomyces cerevisiae* — yeast. This one I took up to the universal level.

So, with the fungi — the transpersonal field: each universe, as we know it, is held together by a field that transcends space and time, that reaches across space and time and holds all matter and all consciousness cohesively together. It's a single, unitary field that reaches from the start of the universe to its end, and across every parallel timeline. This field — and this is the big thing with the fungi — is not eternal, as perhaps it should be; that's a whole other story. But it has areas that are less than perfect, which is why it is finite.



So, some beings have evolved. In C1, we see a being that has evolved itself personally to encompass all of that transpersonal field — it has expanded its consciousness to encompass all of the information and flavor of the transpersonal field in our universe, and it can evolve no further. It's living, we might say, in a very low-scale society, imagine a European peasant village in the Middle Ages. It has a much wider scale of consciousness and awareness than the beings around it, and it's going to get burned alive, or branded a heretic, if it's open about that. So there's this concealing, this staying together, this hiding.

This is very typical of this family of fungi *Candida albicans* and *Saccharomyces cerevisiae*, part of the Ascomycota. This concealment is very typical of this awareness; other fungi deal with it differently. So the disease state is this concealing, and a bit of a backing away from society — 'I don't want to deal with you' — but the healed state, the C4 state, uses this as a kind of guardian, watching over the evolution of society and protecting it from things that may be dangerous.

At 5 to 8, societies have individuals evolve, they go from small scale to larger scale, trade networks expand, awareness of other societies and of history expands. I'd say this isn't always correlated with technological advancement, many of the most advanced societies are still relatively small-scale, and colonized...but a society is founded with a small group of people with a relatively small perception of reality, and it gradually expands outward, not necessarily territorially or technologically, but in its awareness beyond the self. The being is one such being in a society that is expanding, with a much smaller bubble of awareness than the being we're talking about. Again, there's this guardianship role in a healed state, there can be conflict between the being's expanded bubble and society's small bubble, but in a healed state, it's just a watching-over, a guardianship, a custodianship of one's society's evolution.

We've gone from in C1 to 4, we've got a village. 5 to 8, a small town. 9 to 12, a metropolis a large-scale society, a huge social transition, like we see in the 1800s in the United States, or the 1700s in Britain, where people are moving from a croft to a large-scale industrial town like Edinburgh. There's a huge amount of social change and degradation, and most of the love and fellowship found in small-scale society is lost.

Doug: So what does yeast do — ferment bread, love, fellowship, all the good things in life?

Paul: That's the wheat thing, the Poaceae dimension of yeast, you can see that very clearly. It's been lost in this social decay this love that society has lost has been lost irrevocably. There's a potential problem in this a big potential for this love to be permanently lost, and for society to continue expanding, impressing this chaotic, anti-love, exploitative, social-disorder energy on the universe itself as it expands and evolves, which will dramatically affect the evolution of the universe. So the being is still quite well evolved in the midst of this. Again, the idea of custodianship comes up preserving this bubble of love for society, creating it, maintaining it, and eventually either society collapses and reforms, or shifts out of this social disorder...keeping yourself hidden, but at the same time custodianship society, using this advanced perception to maintain this love, this quality.

So, 13 to 16: society's gone from these metropolises to taking its first steps off the planet, the first exploration of reality beyond what society thinks it is like the scientific enterprise applied to consciousness, not in a half-hearted way, but with whole institutes and researchers, taken seriously, expanding outward. However, the impression I got during this trituration is that it's performed very clinically and coldly — we see this in a lot of science fiction, this cold detachment toward wondrous things. The being is still in this situation, still evolved beyond society, encompassing the whole universe, and its job is to custodian this love, this wholesomeness, this fellowship, to make sure society maintains its hold on it and continues to evolve with it, instead of becoming cold, clinical, detached, and doing something exploitative with it — weaponizing it, destroying it. So the basic thing is preserving the love at these different levels, in a being that has evolved beyond its society to this universal level — that's the fungus thing.

At 19 to 20, civilization has expanded not only into space, but we're standing as equals among space-faring societies — we'll never be the only ones out there; eventually we'll have contact. The energy they're bringing will be very different from ours. There's an expression of conflict between these bubbles, between these views of reality, and the possibility of one overwhelming another — maybe us going out and conquering another species and imposing this loving bubble on them, which wouldn't be very loving, or them doing the same to us. So at 17 to 20, the idea is to preserve this love in the context of contact with other species that have their own evolutionary journeys, which may or may not be harmonious with ours — they're doing their own thing.

Doug: Paul, that's so amazing and mind-expanding. Thank you. We can just see, as you spoke, the context broadening and widening, both geographically and through the dimension of time and the development of society — it's wonderful. Is it your sense that when we triturate, we are discovering something that's already there, or does the process of trituration in a way create this field of information? I guess the question is somewhat similar to the question in mathematics — do mathematicians discover proofs and theories, or do they create them? What's your sense — when you triturate, are you creating a new field of information that others can then travel along, or are you discovering a path that has not yet been seen before?



Paul: Vladimir asked whether the custodian theme is specific to that particular yeast, and yes — Candida has a very different thing, while that custodian, guardian theme is quite often shared among that group of fungi. I believe they're in the Ascomycota — that group that includes Candida and Saccharomyces cerevisiae, which has a very similar theme; that specific 'bringing love into the universe' is quite specific to Saccharomyces cerevisiae.

To your question, Doug — I think it's a little bit of both. I'm under the impression that these fields are pre-existing, but the process of triturating them advances them, makes them more grounded, more actualized in reality. It's like they're off somewhere in the ether, not really doing as much as they could, but by triturating it, the person triturating is transformed, reality is transformed, and the substance itself is perfected, brought closer to that ideal by doing so.

Doug: So, in response to whether it's pre-existing or you're creating it — yes to both. Well, Paul, this has been wonderful. Thank you so much for sharing your experience and wisdom with us today.

Paul: You're most welcome — thank you for asking me.



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Patricia has been practicing homeopathy for 38 years, originally studying and practicing in Mexico. She was one of the founders the WA State Association, in 2009, which later became the tri-state organization it is today. Collaborating with others who love homeopathy continues to be part of her own "telos."



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Will trained in conventional pediatrics and adolescent medicine, with a specialty interest in the healthcare of high-risk and homeless youths and young adults. He is a diplomate of the Seattle School of Homeopathy and has been a member of PNWHA's Board since 2021.



Doug Brown FNP, CCH

If anybody had suggested 30 years ago that I would become a homeopath I would have been mystified. I was fully committed to the medical model. However, I couldn't ignore the gut feeling that there must be something "more". Intuitively I sensed that there must be a connection between psyche and soma that mainstream medicine missed. Homeopathy allows one to become both an instrument in, and a witness to, a healing process which points to the deep compassion and impulse towards wholeness built into the structure of our universe. For more articles by Doug see his website: Homeopathichealing.org



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Deb is a licensed homeopath who works virtually with clients across the United States facing a variety of health challenges. She also leads classes on the Trinity Health Hub, focused on deepening homeopaths' understanding and enhancing their effectiveness through the teachings of Samuel Hahnemann and Ewald Stoteler.



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Hailing from South Africa with experience in London and New York, Karen is a CCH-certified practitioner who graduated from the School of Homeopathy New York in 2006. She specializes in a collaborative, integrated healthcare model, drawing on extensive post-graduate studies with the "Bombay School" and world-renowned homeopaths.



Bindia Arora CCH, BHMS, MD (Hom) - Editor

Bindia is a board-certified homeopath and founder of Vive Homeopathy, with over two decades of experience supporting clients across the USA, Canada, and India. She specializes in personalized, culturally responsive wellness care and is passionate about making natural health accessible to diverse communities. Bindia combines deep clinical knowledge with a warm, people-first approach that has made Vive Homeopathy a trusted practice across three countries. Website www.vivehomeopathy.com