

Homoeopathic Psychiatry

**Understanding the use
and meaning of the
Delusion rubrics in
Case Analysis**

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Foreword

Most recently, a young Belgian homeopath asked me how to get more out of the Repertory. I suggested she slowly read through the *Delusion* rubrics; making sure to understand each one. It is this insight which makes me very happy to endorse this enormous work of Liz Lalor.

The *Delusion* rubrics are treasures which need to be unlocked. Some homeopaths dismiss them altogether as delusions which are too difficult to understand, or too difficult to rely upon. Liz Lalor has come up with a most interesting concept to not only understand these critical rubrics but to effectively use them in practice.

I am proud that she prefers using our team's work to do so. When editing the repertory, we have spent much time to remain faithful to the source texts. These efforts are complementary to the wisdom and work, generously explained in Liz's book. I trust that the reader of "Homeopathic Psychiatry" will find the repertory to be an even more accurate tool.

Dr Frederik Schroyens

Gent, October 26, 2010

What is Homoeopathic Psychiatry?

Homoeopathic psychiatry is the psychoanalytical study of the meaning and application of the *Delusion* rubric in homoeopathic case-taking and case analysis.

A delusion is an illusion which misrepresents the truth. Psychology is the science that deals with emotional and mental processes and behaviors. A psychological delusion¹ is a perception or opinion which is exaggerated or disproportionate to reality. In psychiatry, a 'delusion of grandeur' is viewed as a symptom of mental illness and is applied to the patient who is displaying hallucinatory exaggeration of their personality or status. For example: *he suffers from the delusion he is a great singer*. In psychiatry, the patient's psychological delusion is treated because it indicates an abnormality or illness in the affected person's thought processes. In both modalities – psychiatry and homoeopathy – the psychological delusion exists, and is diagnosed (in the case analysis) because the patient needs to avoid reality.

In homoeopathy, the psychological delusion is viewed as an exaggeration of personality status which indicates an abnormality or an illness. The *Mind* section of the repertory contains the *Delusion* rubrics. These are the rubrics which are applicable in the case analysis if the patient displays psychological delusions. The rubrics in the repertory² which resonate with a conflict matching the psychological delusions can only be *Delusion*

rubrics because these rubrics indicate an abnormality or illness in the affected person's thought processes. A *Delusion* rubric applies to the case analysis when a patient misrepresents and misinterprets reality in a disproportionate way consistent with the psychiatric definition of a psychological delusion.

In the application of a *Delusion* rubric (in case-taking) the homoeopath seeks to understand why the patient has set up the delusional state and why they need to maintain the misrepresentation of reality. This understanding in homoeopathic case analysis is an integral part of case-taking which will indicate the simillimum in the case. In a psychiatric consultation, the psychoanalyst also seeks to understand the need behind why the patient has created the psychological delusion to avoid reality. In both modalities – psychiatry and homoeopathy – the psychological delusion is recognized as being injurious to health and recognized as the first indicator of potential illness across all levels – the emotional, mental and physical. That is where the similarity between the two modalities end.

The treatment of the patient in homoeopathy is based on the cure from the simillimum. The psychotherapeutic understanding of the patient's need for the psychological delusion is the indicator of, and explanation for, the simillimum.

For example, to continue the delusion of being a great singer: the patient will say, *I am a great singer. I have the most spectacularly beautiful baritone voice of all time, but it has not been recognized by the world. I have not been able to sing for the last ten years that is why I need you to treat me with homoeopathic remedies. The reason I am not able to sing so well at the moment is that I am suffering from an allergy to the tree outside my flat. In fact this tree is causing me such weakness that it has made me feel incredibly vulnerable. I have suffered terribly from these allergies. This tree has caused me to be rejected by all the music academies, they*

have deliberately not recognized the beauty in my voice. In homoeopathic case analysis this case would be analysed using the following *Delusion* rubrics.

- *Delusion rubric: beautiful: Sulph.*
- *Delusion rubric: persecuted; he is persecuted: Sulph.*
- *Delusion rubric: poisoned; he; has been: sulph.*

In both modalities – psychiatry and homoeopathy – this patient would be seen to be suffering ‘delusions of grandeur’. The psychological delusion has been maintained and created to avoid the reality that his voice is not as incredible as he thinks it is. The psychological delusion is also the cause behind his need to create or manifest his allergy to the tree outside his flat. This case analysis is a typical rubric-repertorisation which would be applicable to the remedy picture of *Sulphur*. His ‘delusions of grandeur’ have led to him exaggerating his allergy reaction or potentially manifesting his allergy in the first place. His physical weakness is needed to explain why he has been unable to move out of his flat. If he becomes physically well he will have to face the reality that his voice is not good enough to be recognized by the opera houses of the world. It is to his advantage to maintain the psychological delusion that the tree is the cause of his failure to be recognized. His psychological ‘delusions of persecution’ are to his advantage because they help maintain and protect his ‘delusions of grandeur’.

Homoeopathic psychiatry is the study of the psychotherapeutic application of the *need* for the psychological delusions within each of the constitutional remedy profiles.

*Sulphur*³ has a psychotherapeutic need to avoid personal responsibility for failure which manifests as an intense psychological need to delude themselves into believing they are great. This *Sulphur* patient has developed, and stayed in, the mental and physical disability of the allergy to avoid the emotional reality that his voice is not as beautiful as he thinks.

My purpose in writing *Homeopathic Psychiatry* is to use my thirty years of experience in counselling patients to offer insights into the psychological meaning of the *Delusion* rubrics and into the psychodynamic illusions of the mind that each patient reveals within their disease state and their psyche. *Homeopathic Psychiatry* explores the application and meaning of the *Delusion* rubrics in case-repertorisation. The ability to find the simillimum is based on *exacting* listening, and understanding the true psychiatric meaning of the *Delusion* rubrics. For too long in homoeopathy we have held on to a literal and limited psychological understanding of the *Delusion* rubrics.

In the first section: ***What is Homoeopathic Psychiatry?*** I define the psychotherapeutic role that the *Delusion* rubrics have in case-taking, and outline four necessary requirements for the *use* of the *Delusion* rubrics in a patient's case analysis.

In the ***Rubric-categories*** I outline the psychodynamic application of the *Delusion* rubrics in case-development. I have identified five stages that a patient will progress through in case-taking. I have formulated these stages into a psychotherapeutic model which follows the psychological steps that the patient will move through in a homoeopathic consultation as they struggle to acknowledge, or resign themselves to, their loss of good health. I use these stages to group the rubrics accordingly. The rubric-categories match the psychological delusions and the psychological stages which all patients manifest in an illness.

Recognizing the psychological stages will assist in finding the simillimum because it allows you to narrow down the remedies being considered in case-taking to the remedies listed in those particular rubric-categories.

In the ***Rubric-categories*** I take the most commonly used *Delusion* rubrics that I have found in my practice, group them according to the five rubric headings and explain their delusional use.

In analyzing and explaining the meaning of each individual *Delusion* rubric, I offer previously unexplored explanations of the psychological delusional state inherent in each *Delusion* rubric.

Furthermore, I explain their psychotherapeutic meaning and application by analyzing how each remedy listed under the rubric heading has utilized the delusional stance to its advantage. The reasons why each constitutional remedy is listed under a rubric will often be vastly different. Understanding the need for the psychological delusions within each of the constitutional remedy profiles will aid in remedy recognition.

In the ***Case Companion to Homoeopathic Psychiatry*** I present several cases from my practice. In the case analysis I explain why the patient has set up the delusional state and why they need to maintain the misrepresentation of reality. In the cases presented I identify the *Delusion* rubrics and explain how the patient has used the psychological delusion to construct and to maintain their disease state. In each case analysis, I unravel the significant events in the patient's life and repertorise each poignant emotional event to give an explanation of the causation within the case and an explanation of the rubric-repertorisation which justifies the use of the *Delusion* rubrics. As in the above example of the *Sulphur* case, this analysis of the *Delusion* rubrics aims to give insight into the psychological modeling of why a patient has chosen to concoct a complicated system of excuses to justify their psychological delusions which help formulate their existing pathology.

The Four Requirements of a *Delusion* Rubric

In this section I define the psychotherapeutic role that the *Delusion* rubrics have in case-taking and outline four necessary prerequisites for the *use* of the *Delusion* rubrics in a patient's case analysis and not just the *Mind* rubrics.

You can only use a *Delusion* rubric in the case analysis if the following four prerequisites have been noted in the patient's case-development.

1. Evidence that the patient has notable inner conflict and evidence of self-destruction and pathology which is proof of the need for a *Delusion* rubric to be used in the rubric-repertorisation.
2. Evidence that the patient has used the psychological delusion in a disproportionate way to misinterpret reality.
3. Evidence that the delusional stance is maintained by the patient because it is to their advantage to delude themselves of reality.
4. The 'never-well-since-event' confirming the primary psychodynamic trauma.

1. Evidence that the Patient has Notable Inner Conflict and Self-destruction

The patient must display destructive evidence of disproportionate disturbance which will often be the primary source of present or future pathologies. The first prerequisite emphasizes that all pathology has its foundation in delusional disturbance.

This is acknowledged in the modalities of psychiatry and homoeopathy.

The homoeopath must be able to identify destructive pathology in either the emotional, mental, or physical. The rubrics that point to the correct remedy to cure all the destructive pathologies that I have treated in my homoeopathic practice are found within the *Delusion* rubrics because these are the rubrics which resonate with conflict, self-destruction and disorder; they match the very nature of the disordered disease state.

For a *Delusion* rubric to be relevant in a case analysis the reasons behind the patient developing the psychological delusion have to be confirmed by the homoeopath to be the primary and continual source of pain and confusion across all levels of the patient's life – emotionally, mentally, and physically.

2. Evidence of a Disproportionate Misinterpretation of Reality

The second necessary prerequisite is to find the inner disturbance which is the core of our case-taking, and it is always reflective of what is unusual or disturbing to *your* (the homoeopath's) inner sensibilities. The homoeopath must identify what is disproportionate to reality in their patient's story. Hahnemann said in aphorism 153 of *The Organon*, that in the search for a homoeopathic specific remedy we should concentrate on "the *more striking, singular, uncommon and peculiar* signs and symptoms of the case". The disturbance which reverberates with a *striking* symptom, will be when the patient reveals how they have constructed their mental and emotional outlook around the first *disproportionate* analysis of their lives. In unraveling the significant events in the lives of your patients, and repertorising each poignant emotional event, the simillimum will be evident in every case once you identify the disproportionate interpretation of the patient's life. The key

to unraveling your patient's story in case-taking is listening, asking the right questions, and finding the disproportionate disturbance or the *peculiar* interpretation each patient has developed around their trauma.

I have been able to repertorise the *peculiar* signs and symptoms of the patient's case using the *Delusion* rubrics because these are the rubrics which resonate with disruption. I have found it invaluable in case-taking to be able to understand the significant psychological meaning and application of the *Delusion* rubrics. In Radar,TM Dr Luc De Schepper's concepts of the *Delusion* rubrics give a modern-day translation which you can use to interpret your patient's language. Dr Luc De Schepper's list of delusions and concepts is an invaluable thesaurus. I do not aim to repeat or expand that list. In my work I make *an important distinction in the use of Delusion rubrics in case analysis*. If a patient says in the consultation, *I feel all alone in the world*, or *I am not as important as my colleagues at work*, or *my parents favored my brother*, that should be repertorised as the *Mind* rubric: *forsaken*. If a patient says *no one understands me*, this is the *Mind* rubric: *forsaken* and should be repertorised as such until you can uncover the misrepresentation and the disturbance in the case. It is not correct to assume that because a patient says, *I have no family in the world and no one to help me*, that it should be repertorised as the *Delusion* rubric: *forsaken*. In psychiatry, the definition of a psychological delusion is that *it is a falsified belief which is used by the patient as self-deception*. The false perception of the delusional person is held regardless of reality or proof to the contrary, and the homoeopath must see evidence of this in the case-taking. If a patient says in the consultation, *I feel all alone in the world*, or *I am not as important as my colleagues at work*, or *my parents favored my brother* – those statements could all be true or realistic perceptions. It is not repertorised as a *Delusion* rubric (in the case-taking) until the patient uses their stance as a psychological delusion or misrepresentation and

it is this understanding and distinction which I wish to impart. If a patient says *I can't stop spending my money because when I deny myself of what I want, I feel deprived*, it should be repertorised as the *Mind* rubric: *forsaken*. It should be repertorised as a *Mind* rubric and not a *Delusion* rubric because the patient is not self-delusional. The patient is clearly stating they have feelings of deprivation. If the patient is self-deluding of their behavior then it should be repertorised as the *Delusion* rubric: *forsaken*. It is not a *Delusion* rubric until the patient uses the stance as an avoidance, which forms the basis of an excuse, which then forms the basis of a misrepresentation of reality. If the patient cannot correctly assess how much money they have spent or if the patient is disproportionately sensitive to feeling deprived if they are not *continually* spending money on themselves, then there is evidence of deception. It only becomes a *Delusion* rubric (in case-taking) when the patient uses it as a self-deception or their perception is disproportionate to reality. The patient's deception or exaggerated mental and emotional needs are evidence of "the *more striking, singular, uncommon and peculiar* signs and symptoms of the case".

If within the patient's interpretation of their life there is a disturbance which is reflective of inner conflict then a *Delusion* rubric should be used in the case analysis. In homoeopathy we do not prescribe on a disease state or the miasmatic presentation of the disease state, we prescribe on how the patient has interpreted those events or that disease state in a *peculiar* and individualistic way. Disturbance within a patient can cause conflict and pain which can eventuate in a physical illness or mental and emotional illness which is reflective of the intensity of the conflict. The reason why it is important to know the disturbance in a case is because any severe disease state can often be a reflection of our deep subconscious struggles. This disturbance can form the foundation of our inner angst and form the basis of future pathology.

The key point within case-taking is confirming that the patient has a *peculiar* avoidance of reality which is a psychological delusion. This is the core basis of the use of a *Delusion* rubric in the case analysis.

3. Evidence that the Delusional Stance is Maintained because it is Advantageous

The third key point within the case is confirming that the patient *needs to maintain their avoidance of reality*. Regardless of whether the psychological delusion has positive or negative consequences, the patient *must* be seen to maintain the delusional stance because they believe it is *advantageous* to delude themselves. For example, the *Sulphur* singer who believed his voice was spectacular suffered from a 'delusion of grandeur'. His need to protect his psychological 'delusion of grandeur' resulted in him exaggerating his allergy reaction or potentially manifesting his allergy in the first place. This patient will not become physically well until the simillimum in the case can make him strong enough to face the reality that his voice is not good enough to be recognized by the best opera houses of the world. An indication of cure is when it will no longer be to his advantage to maintain the psychological 'delusion of persecution' that the tree is the cause of his failure to be recognized as a great singer. The homoeopath in this case should not point out to this *Sulphur* patient that he could just move out of his flat and away from the tree which is causing him the allergies. Nor should the homoeopath point out the obvious fact that he has chosen to continue to live next to a tree which has caused him to become unwell. Both of those observations are valid and may at some point become important to discuss. The cure in this case is for the *Sulphur* patient to be able to find his mental and emotional strength again. The simillimum will enable the patient to move to a place of strength within himself so that he can make those observations for himself.

The character of Lars, in the film *Lars and the Real Girl*, is another example of psychological modeling being adopted because it is advantageous. Lars sets up a delusional relationship with a life-like plastic doll which he names Bianca. His underlying need for the delusion is based on his fears of the future loss of a real girlfriend because his own mother died giving birth to him. To avoid the loss of a real wife he has a relationship with a life-like plastic doll. With the help of a psychologist he is able to slowly unravel his need for the psychological delusion. He then allows the plastic doll to die so he can be released from the relationship and fall in love with a real girl.

In the analysis of a *Delusion* rubric (in case-taking) you have to see and understand, within the case and within the nature of the constitutional remedy profile, why the patient needs the delusional state.

Lars's psychological delusion is needed to avoid grief. The *Delusion* rubrics for Lars would be the following, to confirm the remedy *Arnica*.

- *Delusion* rubric: *fancy, illusions of.*
- *Delusion* rubric: *visions, has; fantastic.*
- *Mind* rubric: *fear: touched; of being.*
- *Skin* rubric: *coldness.*
- *Skin* rubric: *coldness; sensation, of.*
- *Delusion* rubric: *dead: persons, sees.*
- *Delusion* rubric: *die: about to die; one was.*

In taking Lars's case the above list of rubrics appear in the order in which they are revealed in the film. The first rubric, the *Delusion* rubric: *illusions of fancy*, is a psychological 'delusion of grandeur'. The *Delusion* rubric: *illusions of fancy*, is used (in the rubric-repertorisation) for a patient who is suffering with grand visions of persona: their expectations of what they can achieve, or what they *have* achieved, or who they are in the world are exaggerated. Lars's fanciful illusions allows him to imagine that

the life-like plastic doll called Bianca is a real girlfriend. The next piece of information we find out about him is his fear of being touched. The patient needing *Arnica* is fearful of being approached, fearful of being touched, and their whole body is over-sensitive. Lars wears several layers of clothing to protect him from being touched. Lars experiences being touched as cold and physically painful, as well as being emotionally painful. *Arnica* have the *Mind* rubric: *fear of being touched* and the *Skin* rubric: *coldness on skin*. *Arnica* is a homoeopathic remedy commonly used to treat shock. The Lars character is a beautiful portrayal of the remedy *Arnica* and if Lars was my patient in a homoeopathic consultation I could surmise that he has been in emotional shock since his mother died giving birth to him. Although I would prescribe *Arnica* for shock, I would only prescribe it on the basis of the above five rubrics in the rubric-repertorisation. I would not assume anything about Lars being in shock about his mother's death until Lars tapped into his unconscious in the follow-up consultations and revealed that element in the case analysis.

I would also repertorise the case systematically, chronologically compiling the above rubrics in the precise order in which they were revealed in the case-taking. This is case-development.

The psychologist in the film did not uncover his unresolved grief about his mother's death or his overwhelming fear that a future real wife could die in childbirth until several consultations had occurred. *Arnica* also have the *Delusion* rubric: *one was about to die*, and *sees dead persons*, both of these rubrics reinforce his fear of having a real relationship with a real girl. If Lars gets close to someone, the psychological delusion is they could die; this is the meaning of the *Delusion* rubric: *he sees dead persons*. In a homoeopathic consultation the same process unfolds. It is not until the follow-up consultations that I compile all the rubrics or understand all of the patient's delusional needs for the *Delusion* rubrics attached to a particular remedy profile. Although I might surmise that Lars could have been

in shock since his birth I would not use the *Delusion* rubrics: *one was about to die*, and *sees dead persons*, in the rubric-repertorisation until Lars revealed his fear of a real future wife dying in the case-taking.

Lars's *illusions of fancy*, enabled him to believe that the life-like plastic doll Bianca, was a real girlfriend, and although this was obviously a self-delusion it was also advantageous to him to be able to imagine his girlfriend Bianca was real. The profoundly touching aspect of the film is that everyone in his small town went along with his psychological delusion and did not confront or try to dispel his illusions.

If the patient has a psychological delusion, then the patient also has a *need* for the delusional stance.

A patient's need will reside in their conscious and subconscious mind, and it is more than likely that the patient is aware and able to verbalize their need for the avoidance. The avoidance is advantageous because it covers up, and helps distract the patient from, underlying and potentially overwhelming emotions like fear, hurt, rage, or jealousy. If the patient is not aware of the feeling they are trying to avoid the answer will often reside in their subconscious or unconscious mind. The need is often a complicated system of psychological avoidances and the patient has chosen to concoct a complex system of excuses to cover up their mental and emotional trauma. If the patient needs an avoidance tactic they will have developed a complicated set of excuses and justifications for their psychological need to maintain the avoidance.

In case-taking, the homoeopath needs to understand the excuses and avoidances which maintain the patient's psychological avoidance of reality. Psychological denial is adopted by the patient when they need to maintain their psychological delusion to avoid reality. The deceptive motivations which form the basis of this mental and emotional need will fall into two categories; avoidance or self-deluding denial. I have used the following two models to define avoidance and self-delusion.

Avoidance: You have to see that it is advantageous to the patient to have their mental or emotional belief. The definitive reason behind the avoidance for each constitution will point the homoeopath in the direction of the simillimum. Their need for avoidance will reside in their conscious and subconscious mind, and it is more than likely that the patient is aware and able to verbalize their need for the avoidance. The avoidance is advantageous because it will cover up, and help distract the patient from potentially overwhelming emotions like fear, hurt, rage, or jealousy.

Self-Deluding: In the case analysis there must be evidence that the patient has used their delusional stance to their own advantage. For self-delusion to be applicable you have to see that the patient has hidden the psychological delusion from themselves. Self-delusion will often reside in the patient's subconscious or unconscious mind and the patient is often not aware of their psychological delusion. Lars would fit into this category because his need to avoid the death of his mother and the potential death of a girlfriend resided in his unconscious mind.

The psychological delusions will always be psychologically needed by the patient to avoid the first psychodynamic trauma. However, the homoeopath might not understand until the third or fourth consultation why the patient needed to maintain their avoidance or self-delusion. If the homoeopath does not understand the patient's need for their psychological delusion and proceeds to attack the patient's logic or their need for maintaining their psychological delusions the homoeopath could undermine the integrity of the patient's mental or emotional well-being.

4. The 'Never-well-since-event' confirming the Primary Psychodynamic Trauma

As a student of homoeopathy I was taught not to ask leading or inquiring questions which would cross the boundaries of psychotherapy. The irony is that the *Delusion* section of the *Mind*

in our repertory has for centuries contained a psychotherapeutic analysis which is the basis of homoeopathic psychiatry.

Inherent in the very nature of a psychological delusion and the use of the *Delusion* rubrics in case analysis is that the patient's perception is *not correct*, it is a psychological delusion. In a homoeopathic consultation the psychological delusion is recognized as the first indicator of potential illness in the case-taking and is labeled the 'never-well-since-symptom'. The *Delusion* rubrics reflect and mirror psychodynamic trauma and they have always been significant markers in a patient's life which point us in the direction of the simillimum.

If you don't ask leading questions you will struggle in the rubric-repertorisation. If these causation events are interpreted by the patient in a way which is disproportionate to reality, then they are events which become a misrepresentation and they form the platform of disturbance which has to be repertorised as a *Delusion* rubric. The primary *Delusion* rubric is the first rubric which matches the first trauma in the patient's life which is misinterpreted in a disproportionate way by the patient. Another way to identify these markers in a patient's life is to label them as significant 'layers' in the patient's case-taking. The term 'layers' is frequently used by homoeopaths to identify an event which causes a film or layer which comes in and settles over the case. This 'layer' influences the simillimum in the case. The original psychodynamic trauma will always indicate the primary *Delusion* rubric and this is always where we start questioning our patient.

The role of the homoeopath in analyzing the case is to find the causation in the case which forms the primary *Delusion* rubric, and all the subsequent *Delusion* rubrics which support their disproportionate view of reality.

In the cases presented in the *Case Companion to Homoeopathic Psychiatry* I emphasize repeatedly the need to understand the causation or the 'never-well-since-event'. Chronological events are crucial in case-development. They are important because they show us the cause and meaning

of the ‘*how, why, and when,*’ of the significant events in our patients’ lives. The homoeopath needs to ask the patient “why do you think you are sick?” or “what event has happened in your life which you think has contributed to your illness?” or simply “tell me about your life and what has happened to you in your life”. I prefer to ask the last question because then the patient will tell me about the events in their life which they think are crucial to their case.

The first consultation is often on the conscious level. It is often not until patients have had several consultations that they are able to reveal deep traumatic events in their life which have formulated psychological delusions. Until I discover the primary trauma in a patient’s life I am never *totally* sure of a simillimum prescription. The case analysis should initially be formulated using the above three points which confirm mental and emotional disturbance and physical pathology.

In the follow-up consultations if the remedy is the simillimum the patient will often reveal in the consultation the formation of their psychological delusions. The cure of, and from the simillimum will always elicit the ‘never-well-since-event’. It is what I refer to as the ‘eye of the storm’. The ‘eye of the storm’, is when your patient reveals to you their primary traumatic event in their lives. The patient might not reveal the ‘never-well-since-event’ until the third or the fourth consultation.

It occurs during a consultation when everything stops in the case-taking and you know you have arrived at the centre of your patient’s internal storm.

The character of Lars in the film *Lars and the Real Girl*, quietly and at the same time dramatically revealed after several consultations with the psychologist his overwhelming fear behind having a real girlfriend was that she could die in childbirth like his mother. A patient facing illness and death whether it is non-fatal or fatal will journey through an emotional typhoon. It is both the moment of great calm and great turmoil because it is the centre of the inner disturbance inside of your patient. In a

psychotherapeutic process the subconscious mind is what the patient enters into when they uncover pain. Significantly, the exact same process happens in a homoeopathic consultation, especially if the situation is made urgent by a serious or fatal illness. Joseph Conrad wrote a story about a crew's journey through a typhoon. Conrad⁴ wrote in *Typhoon*: "But the quietude of the air was startlingly tense and unsafe, like a slender hair holding a sword suspended over his head. By this awful pause the storm penetrated the defense of the man and unsealed his lips." The transcripts of patient's follow-up consultations which I present in the *Case Companion to Homoeopathic Psychiatry* capture this *exact* moment of revelation which Conrad identified when the captain faced the loss of his ship.

When you face your psychological delusional state it is like a sword suspended above your head forcing you to reveal the disruption inside your whole being. It is a moment of self-reflection and inner knowing. It is also proof that the action of the simillimum has been able to penetrate the defenses of the delusional trauma in the subconscious and unconscious. The simillimum must be noted by the homoeopath to be peeling back the layers of the psychological delusions one after the other.

Good case analysis and good case-development will have prepared the homoeopath to know why each psychological delusion has been *needed* by the patient. A patient will see that it is advantageous to maintain the psychological delusion because if they drop their psychological delusions they will have to face the pain of their primary psychodynamic trauma.

It is crucial in case-development and treatment that the homoeopath is prepared and able to be supportive when the patient starts to see they can let go of maintaining their psychological delusion. The simillimum will undo the layers of psychological delusions and undo the need for the delusions in the reverse order of their development. This is evidence of Dr. Hering's Law of Cure⁵: in the reverse order of their coming.

Below is my story. In relaying a snippet of my own case I will

outline my case-taking framework. I will outline each poignant emotional event in the first few years of my life to explain the case analysis technique and the relevant rubrics which help to develop the simillimum in the case-development. Over the years, I have listened to my patients telling similar stories. Each case I present in the *Case Companion* will follow a similar pattern which will enable you to construct the primary *Delusion* rubric which developed from the patient's first psychodynamic trauma.

In homoeopathy I have discovered that when you delve into the original crisis or psychodynamic trauma in your patient that created the primary *Delusion* rubric, you highlight the simillimum.

Trauma in a patient's life usually starts when they are a child, and frequently the trauma forms the subconscious and unconscious responses which govern the assimilation and misinterpretation of the first pain in our life. It is also possible that a child is born after having an in-vitro trauma. If the in-vitro trauma or a subsequent birth trauma is the original trauma then the patient will not necessarily be able to relay a conscious or subconscious experience from their life. The primal memory will be buried in the unconscious memory which will still unconsciously influence the patient but it will not be able to be explained consciously by the patient in the case-taking. If the trauma is in-vitro or a birth trauma the patient will have other significant early indicators which will confirm that they are emotionally still in an early psychologically arrested infant state. A primal or birth trauma is not a psychological delusion until the patient uses the trauma to delude themselves. A primal or birth trauma may predispose the patient to future psychological delusions. A primal or birth trauma may also predispose the person to a definitive psychodynamic trauma which becomes the primary *Delusion* rubric.

It is a relevant *Delusion* rubric in a case when you are able to notice that the patient has internalized the trauma and is using the trauma in a

disproportionate way to misrepresent reality. The psychological delusion must be able to be traced back by the patient to a specific event in their life. The psychodynamic trauma is the basis of the primary *Delusion* rubric even if there were predisposed circumstances and early in-vitro primal traumas in the patient's life which predisposed them to a psychological delusion or psychological trauma.

Assimilation of the first psychodynamic trauma and the intricacies which develop from that interpretation form our stance in this life. This interpretation then develops our conscious reactions to the world. In the unconscious we lock away secrets and thought processes from ourselves that we can't easily access, even though they can still influence our behavior and thoughts. In the subconscious mind, thoughts which are not fully conscious, but still able to influence and offer explanations of our behavior, sit just under the surface. In case-taking, the patient will dip into their subconscious world, and it is in this world that you will find the meaning of the 'causations' or the '*how, why, and when*' in the case. As an adult, I found out my feelings of abandonment were real when I learned I was rejected at birth. In my case the *Mind* rubric: *forsaken* must have formed an unconscious foundation from birth which definitely predisposed me to a psychological 'delusion of abandonment'.

Notably, it is not a *Delusion* rubric in the case-development until a delusional stance is formed by the patient. In both modalities – psychiatry and homoeopathy – it is accepted that a baby is not born with a psychological delusion, rather a psychological delusion is developed by the child or adult as a result of the child or adult misinterpreting the precipitating event.

For example, if the mother, while carrying the child, was in turmoil over whether she wanted to keep the baby, or if she had wanted to miscarry, or if she had wanted to abort the child and had not been able to for various reasons, it would be possible to assume in case-taking that the baby could be born with primal feelings and this could be reflected in the rubric-

repertorisation by using the *Mind* rubrics: *anxiety*, *forsaken*, or *frightened easily* or *fear of being neglected*. The remedy *Pulsatilla* will appear in all those rubrics. In a *Pulsatilla* case an in-vitro primal trauma or birth trauma could be repertorised by using the *Mind* rubric: *fear of being neglected*, which would confirm the psychological trauma of being neglected in-vitro. Although *Pulsatilla* will also be listed in the *Delusion* rubric: *forsaken* it is not correct for the homoeopath to use the *Delusion* rubric: *forsaken* in the case-taking if the *Pulsatilla* patient does not have a psychological delusion.

My role as a homoeopath is to repertorise a patient's story and to find the correct *Mind* rubrics in the case, or the correct *Delusion* rubrics. My role in case-taking is not to assume anything unless the patient shows evidence of a psychological delusion or confirms a psychological delusion in their story.

The first conscious memory I would be able to relay in case-taking is of being left in hospital to have my eyes operated on when I was two years old. I vividly remember seeing my mother leave the hospital ward. I remember her looking back at me in the cot and then leaving through the door. I remember the long row of cots, all the other children and babies and the nurse at the nurse's station. I wanted desperately to have my cot moved closer to the baby next to me so I could hold her hand. The nurse misunderstood me and thought I wanted to get into her cot and she scolded me and told me I had to stay in my own cot. I was left by my mother but the despair of being left *alone* in a cot is what I remember being fixated on. It is important to emphasize that it is not helpful to point out to the patient that they were not alone because other children and the nurse were in the ward with them. Here, the homoeopath shouldn't correct the patient by telling them that they were not permanently abandoned by their mother as she did in fact come back, and that they were being looked after by a nurse. I remember as a two-year-old the nurse scolding me and saying, "What are you upset about, you can see the little girl next to you in the

other cot". In taking such a case, the first rubric a homoeopath would look up would be the rubric for abandonment, which is the *Mind* rubric: *forsaken*. The precise and correct sub-section is the *Mind* rubric: *forsaken, sensation of isolation*. We pick that *precise and particular* rubric because it was not just that my mother left; the essence of the case-taking so far is that I wanted to be able to *touch* the baby in the next cot. What distressed me was being *alone* in my cot and not being able to *touch* the baby next to me. The correct rubric to address my particular sensation of abandonment is the *Mind* rubric: *forsaken, sensation of isolation* from others.

- *Mind*: rubric: *forsaken: isolation; sensation of*.

The next conscious memory I have is when I was four years of age and I had to walk home alone after kindergarten; the rubric in the case-repertorisation is still the *Mind* rubric: *forsaken, sensation of isolation*. In my next significant memory I was once again in hospital at five years of age. I had my teeth removed by a local dentist who thought the best way for poor children living in the country to avoid tooth decay was to remove perfectly healthy molars (back teeth) before they could develop decay. The premise was that my family would not be able to afford fillings in the future. I woke up in a bed and vomited blood all over the bed. I was terrified. My mother was in the room and she nearly fainted at the sight of the blood. The nurse attended to her distress and not to *mine*. Observing the nurse's actions, I concluded that no one would look after me. My psychological interpretation of my life, and my story, developed into the assumption that I was alone in the world. This is a psychological delusion, and this is how the primary *Delusion* rubric came into play in my case.

The primary *Delusion* rubric is based on the patient's conscious understanding of the first psychodynamic trauma which is of significance to them. In the patient relaying their life story it is more than likely that they do not know the meaning, significance, or importance of that event

until they reveal it to you in the consultation. The primary event must contain the event which forms the basis of the patient's *misrepresentation of reality* in their life. Their *misinterpretation* or misrepresentation of the event will then form the basis of their revisionist rewriting of the mental and emotional 'baggage' they carry with them. In homoeopathy we develop a case around this primary event and we call it the 'never-well-since-symptom' of the case.

The homoeopath should never correct a delusional perception that the patient has revealed in the case-taking because that disproportionate perception is the first formation of a potential *Delusion* rubric in the case.

The simillimum in my case must emphasize abandonment. The *Delusion* rubric: *he is separated from the world*, should be the next rubric used, since I assumed an *exaggerated and disproportionate* forsaken and isolated stance. The feeling became a mental and emotional stance whereby I believed that no one would ever understand my distress or my need to be comforted. If I had just interpreted this event as being abandoned by my mother then the rubric would still be the *Mind* rubric: *forsaken*, or the *Mind* rubric: *forsaken, sense of isolation*. The fact that I presumed that no-one would ever help me is the reason the rubric used has to be a *Delusion* rubric which in particular emphasizes abandonment. This is how I psychotherapeutically analyze the use of a *Delusion* rubric in case-taking. I adopted the stance that I was all alone in the world and this is a psychological delusion or misrepresentation of reality. The emotional stance I took then formed my approach to the world and I subsequently used this as the self-deluding excuse to separate myself from the world.

The original psychodynamic trauma is when the perception becomes a misrepresentation of reality; this is the meaning of a psychological delusion.

- *Delusion* rubric: *world: separated; from the*.

My constitutional remedy (simillimum) is not listed under the *Mind* rubric: *forsaken* nor, most importantly, is it listed

under the *Delusion* rubric: *forsaken*. The first correct rubric in the case-repertorisation is the *Mind* rubric: *forsaken, sensation of isolation* because my distress came from not being able to touch the little baby in the next cot.

Acknowledgment and listening to how *the patient* interprets their life experiences is crucial in case-taking in order to be able to understand the *peculiar* interpretation each patient has of their story.

The *Mind* rubric: *forsaken, sensation of isolation*, is used as the first rubric in the case-taking. It then became a *Delusion* rubric in my case because psychologically I took the delusional stance of believing that I was *always* going to be alone and abandoned. In case-taking, the homoeopath has to be able to see how the patient used this psychological delusion as a misinterpretation of reality. This has to be *seen* for the repertorisation and case-development to include *Delusion* rubrics. I did not consciously think that I was literally, physically separated from the world, but in my psychodynamic interpretation of the world, which governed my emotional responses, I felt I was isolated and alone. I then developed a complicated mesh of excuses and avoidances around that persecution which were advantageous to maintain. This is how I interpret the *Delusion* rubrics. If the sense of separation is not used as a delusion of reality then it remains an emotional stance which is not a psychological delusion and the rubric choice in the case-repertorisation would be simply the *Mind* rubric: *forsaken*. The *Delusion* rubric: *he is separated from the world* is not meant to be taken literally. A literal interpretation would mean that the *Delusion* rubrics have not been used correctly in the case analysis.

If I ask myself as a patient, “Why do you think you felt isolated from the world?”, I would give an answer from my inner-child’s psyche which resides in my subconscious world. My answer would not be an adult’s logical understanding of the situation because the event is the primary psychodynamic trauma which

is arrested and frozen in the psyche of a five-year-old child. In case-taking it is obviously not appropriate to say to your patient that their perception is not a correct assumption of the situation because the nurse would have eventually attended to their needs.

Knowing why you felt isolated from the world as a five-year-old will not be a logical understanding; it will be an understanding that lives in the subconscious mind of a small child. The majority of children will wrongly assume that they are bad or that they are *The Ugly Duckling* from the fairytale by Hans Christian Anderson and that is why they believe they have been abandoned by their mother. This was certainly true in my own case. The *Delusion* rubric: *he is separated from the world* immediately results in inner conflict and disturbance because the child, as in my own case, formed an incorrect perception of being bad. The *Delusion* rubric for the assumption of being bad is the *Delusion* rubric: *he has committed a crime* or the *Delusion* rubric: *he has done wrong*. I have found that the *Delusion* rubrics of sin, or self-blame, will always be the relevant causations in all cases which involve psychological delusions. An assumption that one is bad or evil forms the subconscious disturbance within the mental and emotional processing of the majority of adults when they are faced with an illness.

The primary source of this psychological disturbance will often be found in childhood, and it is the role of the homoeopath to discover their primary 'never-well-since-event' which compounds their illness.

In my own case analysis, the journey began in the conscious memory with the *Mind* rubric: *forsaken, sensation of isolation*, and continued into the subconscious world with delusional feelings of isolation of a five-year-old, which is the *Delusion* rubric: *separation from the world*. Why this happened in the subconscious mind of a five-year-old is incorrectly explained by the next psychological delusion of being bad or evil. The *Delusion* rubric we use for that is the *Delusion* rubric *he has*

done wrong. To conclude, we have now collected several chronological rubrics in the case which is how I analyze all cases in my practice and in the *Case Companion to Homoeopathic Psychiatry*.

- *Mind* rubric: *forsaken: isolation; sensation of.*
- *Delusion* rubric: *world: separated; from the.*
- *Delusion* rubric: *crime: committed; he had.*
- *Delusion* rubric: *wrong: done wrong; he has.*

My first abandonment at birth helped unconsciously form the *Mind* rubric: *forsaken*. The first hospital visit at two years of age helped consciously form the *Mind* rubric: *forsaken, sensation of isolation*, but it was not until the later event in the hospital at five years of age that my delusional interpretation of the primary trauma indicated a *Delusion* rubric. Although abandonment might cause suffering it will not, in my experience, present years later as the foundation of abnormal emotional, mental, or physical pathology, *unless* it moves into avoidance or self-denial and eventually self-destruction in the subconscious or unconscious. The first prerequisites emphasizes that all pathology has its foundation in delusional disturbance. I have been fortunate to find the simillimum to end my mental and emotional conflict with being separated from the world as well as finding the simillimum to end my physical conflict and pending auto-immune disease. In an auto-immune disease, anti-bodies produced by the body attack the body's own connective tissue and organs. The excess anti-nuclear anti-bodies subsequently become self-destructive. The rubrics that point to the correct remedy to cure the numerous auto-immune cases which I have treated within my practice are found within the *Delusion* rubrics because these are the rubrics which resonate with conflict, self-destruction and disorder; they match the very nature of the disordered disease state.

The primary trauma which caused the primary *Delusion* rubric is the causation in the case. Then *there must be evidence* in the case-taking of

self-destruction and pathology which is proof of the need to use a *Delusion* rubric in the rubric-repctorisation.

This is confirmed in the pending development of an auto-immune condition. There are another two notable elements to the case which must be present to justify a *Delusion* rubric being used in the case-repctorisation. You can only use a *Delusion* rubric in the case analysis if you can identify how the patient has used the psychological delusion as a revisionist misinterpretation of reality. A patient might have been abandoned but it is not correct to repctorise this event as a *Delusion* rubric until you have evidence in the case-taking of a psychological delusion. Lastly, you have to see evidence that the patient used the feelings of abandonment as a psychological delusion and perverted it into an often complicated system of psychological avoidances or self-delusions. Psychological modeling is an assumed mental or emotional attitude which is adopted because it is primarily advantageous to the patient. In my own case I felt abandoned and alone but this only became a psychological delusion or misrepresentation of reality because it formed my assumption⁶ that I would always be alone. I subsequently used this as the self-deluding excuse to separate myself from the world to avoid further abandonment. This is evidence in the case-development of the psychological delusion being advantageous. The simillimum has to undo the need to maintain the psychological delusion. The simillimum first cured the psychological stance which produced the *Delusion* rubric: *I had done wrong*, then the psychological stance which produced the *Delusion* rubric: *separated from the world*. This was evidence of Hering's Law of Cure.

The constitutional remedy chosen must contain within the make-up of the remedy profile the same psychological delusions as the patient otherwise it is not the simillimum.

The simillimum in my case emphasized abandonment as a key causation. If the homoeopath does not understand the case-

development or understand the psychological development of the rubric-repertorisation or the importance of the patient's need to maintain the avoidance or self-delusion, then the case will be lost. The primary trauma constitutes a significant event in your patient's life and this marker will be the significant event which will define the simillimum in the case.

What are the Rubric-categories?

In my ***Rubric-categories*** I have identified five rubric-categories. The rubric-categories match the psychological delusions and the psychological stages which all patients manifest in an illness.

In all homoeopathic consultations the patient will move through *some* or *all* of these five states as they struggle to acknowledge that they are suffering an illness. A patient will often start their story from the arrogant assumption, or misapprehension of immortality; we all assume that we are entitled to health and long life. This is denial.

Denial

“I am not sick.”

“I will be cured.”

“I will cure myself.”

“I should not have got sick.”

“This should not have happened to *me*.”

Forsaken

“My body has let me down.” (abandonment).

“My illness has been caused by others.” (persecution).

“I have been cheated of my life.” (abandonment and persecution).

“I have been singled out for punishment.” (abandonment and persecution).

Causation

“I have caused my disease.”

“This is my fault.”

“I must have done something wrong to deserve this.”

“I have been bad.”

“I have sinned.”

Depression

“I will never become well.”

“I will never succeed.”

“I will always fail.”

“This is my fate.”

Resignation

“I am dying.”

“I am sure I have cancer.”

“I am sure I have a terrible disease.”

“I am too weak to survive this world.”

In the **Rubric-categories** I take the most commonly used *Delusion* rubrics that I have found in my practice, group them according to the five rubric headings and explain their delusional use.

1. Denial: ‘hubristic denial’ of disease.
2. Forsaken: disproportionate feelings of abandonment, or persecutory delusional beliefs.
3. Causation: disproportionate guilt.
4. Depression: predictions of failure.
5. Resignation: overblown resignation to disease and death, or exaggerated hypochondriacal fears of illness.

They encompass respectively, the psychological ‘delusions of grandeur’, ‘delusions of abandonment’, ‘delusions of persecution’, ‘delusions of original sin’, ‘delusions of impending doom’ and the ‘delusions of hypochondria’.

The purpose of understanding these five psychological stages is to match the simillimum to the psychological presentation of your patient's delusional state, whether it be ‘delusions of persecution’ or ‘delusions of hypochondria’, etc. If you learn how to recognize these five psychological stages in the consultation within your patient, it will help you in the rubric-repertorisation and in finding the simillimum.

1. I have allocated all the *Delusion* rubrics which pertain to ‘delusions of grandeur’ into Denial. If the patient's trauma starts with denial of, and disbelief in, their illness/sickness, then the simillimum is listed in Denial. If the trauma inside your patient starts with martyrdom and/or delusional belief in divine cure then the simillimum is listed in Denial. If your patient unrealistically believes they are so *great* or *superior* that they will not die then the simillimum is listed in all the *Delusion* rubrics: *immortality, in communication with God, under an all powerful influence, or being divine*.
2. I have allocated all the *Delusion* rubrics which pertain to psychological ‘delusions of abandonment’ or ‘delusions of persecution’ into Forsaken. If the trauma inside your patient starts with them feeling alone and abandoned, or singled out for punishment by their illness then the simillimum is listed in all the *Delusion* rubrics: *forsaken* or *persecution*.
3. I have allocated all the *Delusion* rubrics which pertain to psychological ‘delusions of original sin’ or self-blame into Causation. If the trauma inside your patient starts with them feeling guilty and unrealistically responsible for their illness then the simillimum is listed in all the *Delusion* rubrics: *he is sinful, he has committed a crime* or *he has done wrong*, and is allocated to the section Causation.
4. I have allocated all the *Delusion* rubrics which pertain

to psychological ‘delusions of impending doom’ into Depression. If the trauma inside your patient starts with them feeling hopeless doom about being sick or them feeling like they will never succeed in becoming well in life, then the simillimum is listed in the *Delusion* rubrics: *failure* and *he will not succeed* and is allocated to the section Depression.

5. I have allocated all the *Delusion* rubrics which pertain to psychological ‘delusions of hypochondria’ into Resignation. If the patient’s trauma starts with hypochondria or delusional doom about being sick, or you feel that your patient is exaggerating their weakness or sickness then the simillimum is listed in the *Delusion* rubrics: *death*, and *disease* and is allocated to the section Resignation.

Each remedy profile will present in one, or all, of the psychological stages.

Each patient will have a tendency to be *predominately* in denial, forsakenness, persecutory paranoia, guilt, depression, or hypochondria.

The simillimum *must* have *Delusion* rubrics which match the delusional state of mind of the patient.

If the constitutional remedy that the homoeopath has chosen has *Delusion* rubrics allocated into Denial, the patient *must* display psychological ‘delusions of grandeur’.

If the constitutional remedy that the homoeopath has chosen has *Delusion* rubrics allocated into Forsaken, the patient *must* display psychological ‘delusions of abandonment’, or ‘delusions of persecution’.

If the constitutional remedy that the homoeopath has chosen has *Delusion* rubrics allocated into Causation, the patient *must* display psychological ‘delusions of original sin’.

If the constitutional remedy that the homoeopath has chosen has *Delusion* rubrics allocated into Depression, the patient *must* display psychological ‘delusions of impending doom’.

If the constitutional remedy that the homoeopath has chosen has *Delusion* rubrics allocated into Resignation, the patient *must* display psychological ‘delusions of hypochondria’.

For example, the simillimum will not be *Veratrum album* unless the patient believes that they are God-like or that they are in contact with divine spiritual-like energy. The hardest issue to tackle in *Veratrum album* is their belief in God’s punishment. The hardest issue to tackle in *Veratrum album* is also their belief in their God-like status. *Veratrum album* will not trust or work with the homoeopath unless they believe that the homoeopathic practitioner is in contact with a ‘divine energy’ which is able to guide their prescription. The simillimum will only be *Veratrum album* if the patient has psychological ‘delusions of grandeur’.

Aurum muriaticum natronatum have no *Delusion* rubrics allocated into Denial. *Aurum muriaticum natronatum* have numerous *Delusion* rubrics allocated into Forsaken and Causation. *Aurum muriaticum natronatum* exaggerate their delusions of unworthiness. *Aurum muriaticum natronatum* demonstrate exaggerated hyper-vigilant fears, and predictions of being abandoned. They base these ‘delusions of persecution’ on their ‘delusions of original sin’. The simillimum will only be *Aurum muriaticum natronatum* if the patient believes that they can’t, or don’t deserve to be treated or cured.

Anhalonium do not have any *Delusion* rubrics pertaining to self-blame or ‘delusions of original sin’. If your patient blames themselves for their illness then the simillimum is not *Anhalonium*. *Anhalonium* does not necessarily blame anyone else either. If your patient is fearful about their fatal illness, or death, the simillimum is not *Anhalonium*. *Anhalonium* are not interested in, and do not cope with, the earthly plane of existence; they only feel depressed if they are *hindered* from leaving. *Anhalonium* feel like they are suffering by being forced to live on this earthly plane. *Anhalonium* have numerous

Delusion rubrics allocated into Denial. The simillimum will only be *Anhalonium* if the patient has psychological 'delusions of grandeur'.

Elaps corallinus do not fight for their life. The Brazilian coral snake is found in South America. It is a shy and timid reptile that is easily captured in comparison to other snakes. If gently tapped on the head with a stick it will coil itself up and lie still, only raising its tail and rattling. It is then easily captured. *Elaps corallinus* are not able to motivate themselves. *Elaps corallinus* behave as if they are *being beaten* into submissiveness. *Elaps corallinus* in the face of adversity immediately surrender, they lack the 'hubristic denial' of the other snake remedy profiles. *Elaps corallinus* lack *Delusion* rubrics allocated into Denial. The simillimum will not be *Elaps corallinus* if the patient has psychological 'delusions of grandeur'.

Natrum muriaticum do *not* have any *Delusion* rubrics pertaining to disproportionate guilt. They have no *Delusion* rubrics allocated into Causation. If your patient disproportionately over-exaggerates self-blame for their illness, then the simillimum is not *Natrum muriaticum*. *Natrum muriaticum* will exaggerate their failure. But their failure is attributed to others who have neglected and/or insulted them. *Natrum muriaticum* will always attribute blame for their mental and emotional mental pain to everyone else who has caused them hurt. *Natrum muriaticum* have numerous *Delusion* rubrics pertaining to 'delusions of persecution'.

Lac-equinum are *trapped* in their own depression because they believe they will *always* fail. *Lac-equinum* have numerous *Delusion* rubrics allocated into Depression. When *Lac-equinum* are sick they sink into a depressive anxiety which has such a tight grip on their psyche that they believe there is *no* hope of cure. *Lac-equinum* remain in suffocating servitude because they have no *Delusion* rubrics allocated into Denial. *Lac-equinum* have no *Delusion* rubrics allocated into psychological

'delusions of grandeur' which would enable them to have a grandeur vision of themselves.

Xanthoxylum wants to die because they do not have enough mental and emotional energy to desire life. Boericke notes that the remedy is for mental depression. *Xanthoxylum* would rather sink into decline and die, than make the choice to live. *Xanthoxylum* have predominantly *Delusion* rubrics allocated into Depression and Resignation. The simillimum will be only *Xanthoxylum* if the patient displays evidence of extreme depressive weakness across all levels – emotionally, mentally, and physically. The simillimum will only be *Xanthoxylum* if the patient is a depressive hypochondriac.

The advantage in identifying and understanding the psychological processing that your patient is moving through is that it allows you to narrow the remedies being considered to the remedies listed in those particular rubric-categories.

Denial

“I am not sick.”

“I will be cured.”

“I will cure myself.”

“I should not have got sick.”

“This should not have happened to *me*.”

I have allocated all the *Delusion* rubrics which pertain to ‘delusions of grandeur’ into Denial.

If the patient’s trauma starts with denial of, and disbelief in, their illness/sickness, then the simillimum is listed in Denial.

If the trauma inside your patient starts with martyrdom and/or delusional belief in divine cure then the simillimum is listed in Denial. If your patient unrealistically believes they are so *great* or *superior* that they will not die then the simillimum is listed in all the *Delusion* rubrics: *immortality, in communication with God, under an all powerful influence, or being divine*.

A patient who is struggling to come out of denial or who refuses to believe they are sick is suffering psychological ‘delusions of grandeur’. Although we know we are all eventually going to get sick and die, it is always something which is going to happen to someone else, never us. Cancer is always something which someone else is going to die from – not us. A heart attack is not going to happen to us because we now have cholesterol-

lowering medications. Since the development of modern medicine and the technical revolution we have developed a delusional belief in our own hubristic power over mortality and our bodies. In my practice I run a significant fertility program⁷. The most distressing psychological delusions I see in this program are those in which couples blame themselves or each other for their infertility even when they have clearly passed the realistic, medically accepted, ideal age for conception. The couple who is struggling to acknowledge the time-frame of their fertile years is suffering psychological delusions of immortality. The patient who refuses to accept that they have something as simple as a gluten allergy, for example, is suffering psychological 'delusions of grandeur'.

The patient who refuses to accept ageing or illness is suffering psychological denial. It is invaluable to consider the rubrics in this category for the patient who believes they are invincible and that they will never die.

I have noticed that it is very common amongst health practitioners, especially homoeopaths, to have psychological delusions of immortality. My patients who are also homoeopaths are frequently very shocked if they become ill. 'Hubristic denial' of illness is a denial of our death; this is the *Delusion rubric: immortality*.

Acknowledging illness and death is emotionally challenging. It is normal to struggle with the acceptance of illness and disease. When faced with illness and death, patients commonly move into psychological denial. Illness and diagnosis of pending death fuel psychological delusions of believing in God or an equivalent 'higher spirit' who will perform a miraculous cure.

The Denial list is relevant to consider in case-taking when the patient presents with an *unrealistic belief* that they can be cured by divine intervention; this is a psychological delusion of 'hubristic denial'. It is invaluable to consider the rubrics in this category for the patient struggling to *realistically* acknowledge or assess the gravity of the situation concerning their health. Rather than face our human frailty, which we have to acknowledge when we face disease and death, we commonly choose

to believe we can be cured of our fatal diseases and delude ourselves that we will live forever. Believing you can cure a fatal disease is a psychological 'delusion of denial' and a psychological 'delusion of grandeur'. Delusional belief in *superiority* is where one aligns oneself with God. These are the *Delusion* rubrics which relate to being *under a powerful influence*, as well as all the *Delusion* rubrics of *greatness, superiority, and power over all diseases*.

A patient's delusional belief in a miraculous cure, or arrogant assumption of continuous good health, are psychological 'delusions of grandeur'. God is synonymous with our 'inner spiritual guide' and synonymous with our 'higher self'. God can also be synonymous with a 'divine entity' or a 'spiritual energy' or 'fate', it can be a personage like Buddha, or Mohammad or Jesus. Most commonly, I have found that a patient's ancestors are the guardian angels who come to them in their dreams telling them that they will be cured. Consequently, in this section I have included all the *Delusion* rubrics of *beautiful visions* and *illusions*. A patient facing an incurable dilemma with their health, who believes they will live to a ripe old age, is easily identifiable as suffering a psychological delusion of 'hubristic denial'. A patient who believes they can cure themselves by getting in touch with their 'higher spiritual self' is not so easily identifiable as suffering psychological 'delusions of grandeur' or 'hubristic denial'. I certainly acknowledge that whether or not a patient is in denial when they place their faith in God, or a spiritual force or their own 'spirit' curing them, is a contentious issue which could fuel many discussions and arguments. My aim is to identify *delusional hubristic denial* in relation to 'spiritual saviors'.

'Spiritualistic belief' is the marketing of denial. If a patient aligns his or herself with God, then they use their 'delusions of grandeur' to believe they are either God, so therefore are not sick, or else they will believe God will cure them of their illness.

When a patient alludes to being God they will say in the

consultation: *you know Liz I did not expect this to happen to someone like me. I have always seen myself as having total control over my destiny. I did not perceive this in my future. I really do think that it cannot be something which is going to be really serious because I am very pure in my diet and in my heart. I am a good person and have always been good, I have no bad inside of me. I am not tempted by bad things in life and I have always been in charge of counselling everyone around me to do good. In fact I have great foresight, so I am sure I will be able to resolve this health problem by myself.* This is 'hubristic denial'. These are the 'hubristic denial' *Delusion* rubrics: *of greatness*.

All 'delusions of grandeur' are self-deluding denials of feelings of inadequacy. You *have* to ask why each constitutional remedy needs to believe they are *superior*, or a *great person*, or *distinguished*. You have to know how, and why, each constitutional remedy is using the psychological delusion, and what would happen if they did not put the psychological energy into believing they were so *great*. If a patient needs to identify themselves as a 'spiritual person' then the homoeopathic practitioner needs to know if their need for 'spiritualism' is based on avoidance and/or denial.

In the seventies, I remember Gurus would warn against hubris. A 'spiritual person' was commonly identified as having a 'spiritual ego'. Nowadays that derogatory label no longer exists within spiritual organizations. The various 'New-Age' philosophies that exist now encourage hubris. 'Hubristic denial' is applicable for the patient who uses their identification with 'spiritualism' to avoid reality and deny inadequacy. These are the 'hubristic denial' *Delusion* rubrics: *illusions of fancy*, and *visions*.

A patient's belief that they will be spared or cured of a fatal disease by their 'spiritual enlightenment' or 'spiritual awakening' is a psychological avoidance of reality and their mortality. The various 'New-Age' philosophies of 'you are what you think', and 'you can cure your disease', have put incredible pressure on patients.

In 1969, when Kübler-Ross identified her five stages of grief, her patients did not have the pressure that various 'New-Age' philosophies have put on modern-day patients. **Since the emergence of 'New-Age' philosophies, the patient has become a victim of the belief that *they should be able to cure themselves.***

The relevant question that the homoeopath needs to ask the patient is, "What happens if you lose this battle?" Asking this question forces the patient to acknowledge the reality of their disease. **Acknowledging one's mortality is the opposite of denial.** I recently read an account of a woman who was told that she had an incurable brain tumor (Glioblastoma-multiforme). The notable dilemma in the story was that even though the woman was a medic, and knew the truth about her medical prognosis, she was extremely angry at being told it was fatal because she believed this took away her hope. She was emphatic that cancer patients need to be given hope rather than medical prognoses. Hope is an emotional need to look forward with expectation to the promise of cure. Hope is also the inspiration behind our desire to embrace life. A *Delusion* rubric is only used in the case analysis if the patient needs to deny reality.

If the desire for hope of cure is extreme in the face of overwhelming evidence to the contrary, it can become self-destructive. It would be self-destructive because it would prevent the patient from finding the mental and emotional peace which comes from being able to accept death.

The consequence of denial is that the patient expends more energy trying to avoid acknowledging their disease than they would expend in acknowledging their mortality. I have always noted that when the patient moves out of psychological denial they have markedly more energy to dedicate to their last few weeks or months of living. This doesn't mean that the patient has no more hope – they

do. In fact they have more hope than before. For example, they tell me they go to sleep every night hoping that they will be able to enjoy one more day.

***Delusional hope of cure* i.e. denial, can be an illusion which robs one of the energy to live *now*. The irony is that the patient who moves out of denial not only has more energy, they also usually live longer.**

The homoeopath who has a vested interest, emotionally and philosophically, in the patient healing themselves can easily fall into the patient's delusional belief in the power of their spiritual inner world and not recognize that their patient's belief is evidence of psychological denial. The remedies in this category of rubrics are invaluable for the homoeopathic practitioner suffering from 'delusions of grandeur' or delusions of miraculous cure. Homoeopathy cannot cure the incurable. Many homoeopaths suffer with psychological 'delusions of grandeur' when they believe that their dying patient can be cured by homoeopathy. 'Hubristic denial' is found within all the omnipotent *Delusion* rubrics of self-alignment with God or personal greatness.

The homoeopath must learn how to recognize delusional denial to be able to know when and how to use the *Delusion* rubrics which are all aligned to spiritual greatness.

My aim in highlighting the *peculiar* denial process of each constitutional remedy is to identify the *striking* peculiarities of denial *specific* to each constitutional remedy profile. If there is evidence of notable inner conflict, and evidence of self-destruction and pathology, this indicates that the rubric-repertorisation and case analysis must contain a *Delusion* rubric. If there are contradictions and inconsistencies in the rubrics pertaining to a remedy profile then there is *also* inner conflict which is indicative of the psychological pathology of suppression or denial.

'Hubristic denial' is evident in the inconsistencies between the Denial rubrics pertaining to 'delusions of grandeur' or cure, and the Resignation rubrics pertaining to disease, and death or 'delusions of hypochondria'.

In particular, if there are inconsistencies between Stage one and Stage five, then there is evidence of self-denial and suppression which will either accelerate present pathology or precede future pathology.

Example of inconsistencies:

1. Denial: *Delusion* rubric: *well, he is*: puls.

Versus

5. Resignation: *Delusion* rubric: *sick: being*: **PULS**.

Example of inconsistencies:

1. Denial: *Delusion* rubric: *great person, is a: Cann-i*.

Versus

5. Resignation: *Delusion* rubric: *maelstrom⁸; carried down a psychical: cann-i*.

Example of inconsistencies:

1. Denial: *Delusion* rubric: *distinguished; he is*: verat.

Versus

5. Resignation: *Delusion* rubric: *disease: deaf, dumb and has cancer; he is*: verat. [1] 1.⁹

The importance of understanding the contradictions and inconsistencies within each constitutional remedy profile is that they provide psychological insight into how each constitutional remedy profile will behave when sick. For example, *Pulsatilla* in Denial will present believing they are *well*, and *Pulsatilla* in Resignation will present with over-exaggerated predications of illness and fragility and over-blown predictions that they are *sick*. *Cannabis indica* will alternate between invincible denial, *Delusion* rubric: *great person*, and delusional destruction,

Delusion rubric: *carried down a maelstrom*. *Veratrum album* will alternate between delusional superiority that they are too important to accept your help, and delusional self-denigration that they are too *dumb* to be worthy of your help.

Inconsistencies between *Delusion* rubrics pertaining to grandeur and *Delusion* rubrics pertaining to destruction in the rubric-repertorisation indicate that the constitutional remedy has a vested psychological, delusional interest in suppression and denial. If the patient displays evidence of disproportionate disturbance and contradictions this will often be an indication of future pathologies which the homoeopath must be able to identify and predict in the treatment.

The constitutional remedy profiles which contain inconsistencies indicate that the patient will have a vested interest in maintaining their illness. Pathology has its foundation in delusional disturbance. This is acknowledged in the modalities of psychiatry and homoeopathy.

The homoeopath must be aware of the patient's destructive need to maintain their illness. Under every self-delusion is a specific need to maintain the denial. Homoeopaths need psychological foresight to unravel the various processes of psychological denial. If we develop this foresight, it not only helps us to understand the development or causation within the constitutional remedy, it also helps in the management of the patient. For example, *Thuja* will alternate between denial of their helplessness, *Delusion* rubric: *I am powerful*, and delusional existential doom, *Delusion* rubric: *she can no longer exist*. *Thuja* will stop taking the homoeopathic remedy and stop consultations because they believe they are so *powerful* that they do not believe they need the homoeopathic treatment.

Example of inconsistencies:

1. Denial: *Delusion* rubric: *power: all-powerful; she is: thuj.*

Versus

5. Resignation: *Delusion* rubric: *existence: longer; she cannot exist any: thuj.* [1] 1.

If a patient has 'delusions of grandeur' their belief and reliance on homoeopathic treatment will be compromised if the homoeopath does not recognize the pretensions and pitfalls of the inconsistencies in the remedy profile. Self-delusion is maintained because the patient cannot psychologically acknowledge reality. It is important in the case-management and case analysis to fully understand the exact nature of the psychodynamic crisis your patient needs to protect. The homoeopath has to protect the denial process of their patient until the simillimum has lifted the need to maintain the self-delusion. This is the responsibility that all homoeopaths need to acknowledge; this responsibility can only come about through understanding the meaning of homoeopathic psychiatry.

need to believe they have an *abundance of everything* because, ironically, they feel *worthless*.

Sulphur. Similarly to *Adamas*, *Sulphur* are trapped in a self-perpetuating dilemma involving the need to achieve perfection. In *Adamas* perfection is a 'delusion of grandeur' which perpetuates self-destruction because it is not attainable.

In *Sulphur*, perfection is a 'delusion of grandeur' which perpetuates self-denial. Because perfection is not attainable, and *Sulphur* cannot afford to contemplate failure, the only solution is to perpetuate self-denial. The self-perpetuating fluctuation between striving for creative perfection and the failure to achieve that ideal is synonymous with the manic-depressive personality patterning in *Adamas*. In *Sulphur*, the self-perpetuating fluctuation between striving for creative perfection and the failure to achieve that ideal is synonymous with delusional denial of reality.

Sulphur choose to believe that they are wealthy so they can avoid fiscal reality. *Sulphur* transpose their 'delusions of deprivation' into 'delusions of grandeur' that their rags are as fine as silk. This is how *Sulphur* manage to side-step practicalities. *Sulphur* believe they are wealthy so they can avoid being bored by the mundane nature of work. *Sulphur* believe they are inspired by loftier creative goals. *Sulphur* need their psychological delusions of *wealth* and *abundance of everything* to protect themselves from their exaggerated fears of poverty. The psychological 'delusion of abandonment' which underpin their 'delusions of grandeur' is their fear of poverty. *Sulphur* have the *Delusion* rubric: *he will come to want*. *Sulphur* deny this fear and transform it into the psychological delusional belief that they will be *abundant*. Furthermore, the psychological 'delusions of abandonment' for *Sulphur* which underpin their 'delusions of grandeur' are their fears of being abandoned and *not appreciated* as a creative genius: *Delusion* rubric: *she is not appreciated*.

Sulphur need to maintain their 'delusions of grandeur' to avoid sinking into their psychological delusions of self-blame for their lack of success: *Delusion* rubric: *she is disgraced*. *Sulphur* are hypochondriacally stressed about their health for the very reason that if they get sick they will feel like they can no longer achieve greatness which will be recognized. *Sulphur* are terrified of dying unrecognized.

It is this fear which underpins their 'delusions of impending doom'. *Sulphur* will declare: *I will need to stay healthy and well and I cannot die until I am at least in my eighties. I don't want to live to be in my nineties, because then I will be too old and decrepit; it would not be good to look that old. When I am in my early eighties I will have achieved the recognition and fame I have been working towards. When I am dead I will achieve even greater fame for the works that I will leave behind.* *Sulphur* are a constitutional remedy profile with many psychological 'delusions of grandeur'. If their ego and need for greatness is undermined by either failure or illness then *Sulphur* sink into crippling depression³¹ and hypochondria. An emotionally, mentally or physically sick *Sulphur* will always move through the psychological 'delusions of impending doom' listed below. A *Sulphur* patient will literally be buoyant and robust one week, whilst the next week they will be crippled with presentiments of impending doom. *Sulphur* need their psychological delusions of *wealth* and *abundance of everything* to protect themselves from their crippling fear that they have not succeeded and will never be able to succeed.

1. Denial: *Delusion* rubric: *abundance of everything, she has an: adam. Delusion* rubric: *rags are as fine as silk; old: **SULPH**. [4] 1. Delusion* rubric: *beautiful: rags seem, even: Sulph. [2] 1. Delusion* rubric: *clothes: beautiful; clothes are: Sulph. Delusion* rubric: *great person; is a: sulph.*
2. Forsaken: *Delusion* rubric: *appreciated, she is not: sulph. Delusion* rubric: *want: he will come to: sulph.*
3. Causation: *Delusion* rubric: *sinned; one has, day of grace;*

- sinned away his*: sulph. *Delusion* rubric: *disgraced: she is*: sulph.
4. Depression: *Delusion* rubric: *succeed, he does everything wrong; he cannot*: sulph.
 5. Resignation: *Delusion* rubric: *die: about to die; one was*: sulph.

Pyrogenium as a homoeopathic remedy is used for delirious visions associated with very high feverish temperatures which accompany severe infections. *Pyrogenium* is a homoeopathic remedy which is derived³² from ‘artificial sepsin’ (a product of decomposed lean beef). *Pyrogenium* have the *Delusion* rubrics: *too many legs*, and *too many arms*. It is a mistake to assume that the unusual *Delusion* rubrics of having *too many arms and legs* are only clinical and therefore their application is to a patient experiencing delirium from a high fever. Although *Pyrogenium* have the *Mind* rubric: *delirium from sepsis*, it is important to understand and incorporate the meaning and application of the *Delusion* rubrics. When looking at a remedy profile, it is important that the psychotherapeutic themes in the *Delusion* rubrics are assessed in terms of how they can best be applied to their constitution. Sepsis is the bacterial contamination of blood from a festering wound.

Sepsis is the essence of the psychodynamic theme within the action of the homoeopathic remedy *Pyrogenium*. Constitutionally, *Pyrogenium* have the psychic, emotional, mental and physical need to expand and pervade.

Pyrogenium feel threatened and undermined if they are not expanding into and pervading all surrounding areas (tissue). *Pyrogenium* have the *Delusion* rubrics: *she is some other person and has existed in another person*. [1] 1. *Pyrogenium* have no *Delusion* rubrics pertaining to self-blame. *Pyrogenium* have no guilt over who they inhabit or control. This is why it is a mistake to assume that the use of *Pyrogenium* as a homoeopathic remedy is only clinical.

As well as having the *Delusion* rubrics: *too many legs*, and *too many arms*, *Pyrogenium* have the *Delusion* rubric: *wealth*. Believing you are wealthy is synonymous with psychological 'delusions of superiority'. Delusions of wealth indicate a delusional need to feel powerful and important; wealth opens all doors and allows one access to all areas. *Pyrogenium* is a constitutional remedy with 'delusions of grandeur' which are maintained to deny powerlessness. *Pyrogenium* have the *Delusion* rubric: *she would break if she lay in one position too long*. *Pyrogenium* have an identity restlessness across all levels, even psychically – this is the meaning of the *Delusion* rubric: *she is someone else*. *Pyrogenium* suffer 'identity confusion'. My aim here is to provide a psychological profile which is synonymous with the constitutional remedy profile. A psychological diagnosis can provide a psychotherapeutic framework which offers an explanation of the *Delusion* rubrics. The clinical diagnosis of identity confusion is applicable to the patient who is suffering from post-traumatic stress disorder (PTSD). PTSD is an anxiety disorder which develops as a result of the patient experiencing a traumatic event. PTSD is also known as 'shell shock', or 'battle fatigue'. The shock may involve physical injury or threat to the patient's life, or witnessing trauma involving other people. As a result of experiencing trauma, the patient suffering from PTSD feels that their defenses can always be undermined in the future. Diagnostic symptoms include the patient experiencing flashbacks which are triggered by any psychosomatic stimuli. Patients will often go through periods of identity confusion after they have experienced trauma. It is normal for a patient to feel like they don't know who they are after the trauma of a serious illness. The underlying psychodynamic crisis in *Pyrogenium* will become most obvious when the patient is faced with physical illness. *Pyrogenium* have the *Mind* rubric: *says he is well when very sick*. If the practitioner forces a *Pyrogenium* patient to stop denying or avoiding the seriousness of their

illness, the confrontation will fracture an already fractured and unstable psyche.

Pyrogenium carry the somatic memory of the trauma of sepsis within their psyche, just as the patient suffering PTSD carries the memory of their trauma in their psychological defenses or somatic body.

Pyrogenium have several *Mind* rubrics which confirm the profile of a patient experiencing PTSD. *Pyrogenium* have the *Mind* rubrics: *desire for being rocked, whispering to herself, and causeless weeping without knowing why*. Confusing rubrics attached to a remedy profile have their meanings become clear if the homoeopath understands the psychotherapeutic relationship between the substance which the homoeopathic remedy was derived from, and the psychodynamic behavior of the patient. *Pyrogenium* maintain their delusional belief that they can *exist in another person* so they can deny the destructive effect that the trauma of being sick has had on their psyche. *Pyrogenium* is applicable to the patient who believes that their life is threatened. *Pyrogenium* maintain their delusional body expansiveness [*he is very tall*] and their delusions of *wealth* so they can feel potent in the face of future traumatic attacks to their psyche.

1. Denial: *Delusion* rubric: *wealth, of. Pyrog. Delusion* rubric: *person: other person; she is some: existed in another person; she: pyrog. [1]* 1. *Delusion* rubric: *identity: someone else, she is: pyrog. Delusion* rubric: *enlarged; tall; he is very: pyrog. Delusion* rubric: *visions, has: closing the eyes, on: pyrog. [This rubric can pertain to hubristic visions or illusions of disease and destruction.]*
2. Forsaken: *Delusion* rubric: *identity: errors of personal identity: pyrog. Delusion* rubric: *identity: someone else, she is: pyrog. Delusion* rubric: *body: scattered about; body was: pyrog. [This rubric can pertain to self-abandonment or delusions of disease and destruction.]*
3. Causation: NONE.

4. Depression: *Delusion rubric: identity: someone else, she is:* pyrog. [This rubric can also pertain to 'delusions of superiority'.]
5. Resignation: *Delusion rubric: arms: many arms; she has too:* pyrog. [1] 1. *Delusion rubric: arms: many arms; she has too: legs; and:* pyrog. [1] 1. *Delusion rubric: body: scattered about; body was:* pyrog. *Delusion rubric: break: she would break; lay too long in one position; if she:* pyrog. [1] 1. *Delusion rubric: large: he himself seems too:* pyrog. *Delusion rubric: crowded with arms and legs:* Pyrog. *Delusion rubric: double: being: fever would not run alike in both; and:* pyrog. [1] 1. [All of these rubrics can also pertain to 'delusions of superiority'. *Pyrogenium* need to feel expansive.]

- *Delusions: proud:* lach. plat. stram. verat.
- *Delusions: exalted; as if:* cann-i. lac-c. plat.
- *Delusions: beautiful:* anh. bell. Cann-i. coca. Lach. op. petr-ra. positr. Sulph. taosc.
- *Delusions: noble: being:* marb-w. phos. plat.
- *Delusions: business: success; is a:* phos. [1] 1.
- *Delusions: pleasing delusions:* aeth. atro. cann-i. nitro-o. op. phos. psil. stram.
- *Delusions: sensual fancies:* phos. tritic-vg. verb.
- *Delusions: honest: is honest; she:* marb-w. olib-sac.
- *Delusions: distinguished; he is:* marb-w. phos. stram. verat.
- *Delusions: fairies; searching for:* marb-w. [1] 1.
- *Delusions: jumping: safely; she can jump from a height and land:* marb-w. [1] 1.
- *Delusions: cats: he is a cat: kitten; he is a newly born:* marb-w. [1] 1.
- *Delusions: cats: he is a cat:* marb-w. [1] 1.

Self-deluding: These *Delusion* rubrics should be used when the patient refuses to acknowledge the ugly side of themselves or the world.

The psychological 'delusions of grandeur' of nobility are applicable to the patient who is deluding themselves about their negative behaviors. All the *Delusion* rubrics of exalted beauty and pride become relevant to consider in case-taking when the patient is struggling to realistically assess the gravity of the situation with their health.

Rather than face our human frailty, which we have to acknowledge when we face disease and death, we commonly choose to believe we can be cured of our fatal diseases and we delude ourselves that we will be young and beautiful forever.

Marble deceive themselves and others about their self-indulgent nature. *Marble* need to feel very important and distinguished. They spend a lot of money on themselves while all the time pretending to others they have no money. *Marble* have the *Mind* rubrics: *thoughts about her own beauty* [1] 1. – *desire to have servants* [1] 1. – *desire to be rich* [1] 1. – *desire for magnetizing others* [1] 1. – *desire to be watched – deceitful – secretive – and self-indulgent*. A *Delusion* rubric is used when the patient is misinterpreting reality. *Marble* deceive others about their wealth. They also deceive themselves about their illness.

The simillimum will *not* be *Marble* unless the patient is in *total denial* about their body *disintegrating*.

When *Marble* are faced with illness they move into intense self-disorganization [*as if drugged*], and believe they are losing everything [*body disintegrating*]. *Marble* refuse to acknowledge the ugly side of themselves and consequently the ugly side of their illness. In the numerous *Mind* rubrics listed above, it is easy to see that *Marble* have an enormous amount of self-importance invested in looking beautiful and rich. *Marble* have numerous *Delusion* rubrics pertaining to being abandoned and

neglected. Their fear of being neglected is projected entirely on to their looks; they *desire to be watched*. *Marble* have the *Delusion* rubrics: *she can jump from a height and land safely*, and *he is a cat*. Jocelyn Wildenstein is a wealthy socialite who is said to have spent millions on plastic surgery to transform her face into a 'feline-like' beauty. On Google there are lots of photos listed by people who are fascinated with her looks. People have even commented that they are confused about their own desire to continue to look at her photos. Cats have a very hedonistic nature, they love being admired and looked at. I have only ever had one patient who was a *Marble* constitution. She had had extensive plastic surgery which caused her to become unwell. She did not take the remedy *Marble* and did not come back to see me for a second consultation. She didn't like my suggestion that more plastic surgery would cause her more exhaustion, and would exacerbate the damage to her muscular structure. *Marble* acknowledges no self-blame – *Mind* rubric: *aversion responsibility* – nor are they listed in any of the *Delusion* rubrics of sin. *Marble* have the *Delusion* rubric: *searching for fairies*. *Marble* need to continue to believe in a fantasy world in which they are able to live in fantasy. I have since realized that I made a terrible mistake by confronting a *Marble* constitution with the consequences of her actions. Furthermore, I did not truly appreciate the intensity of her need to maintain her youth, nor did I understand how much *Marble* *desire to be watched* and how much they think obsessively about their own beauty. The irony is that I could not stop looking at her face in the consultation because she had had so much plastic surgery that her face appeared strangely marble and 'feline-like'. A *Delusion* rubric is used when there is notable inner conflict and evidence of self-destruction and pathology. The pathological need to lust after her youth was self-destructive because she could not acknowledge that the obsession was causing her permanent damage.

When they are sick, the first fear which consumes *Marble* is the fear that they are losing their looks – *Delusion* rubric: *body disintegrating*.

It is good for a homoeopath to note unusual feelings or thoughts they may have about a patient during a consultation. When I was studying homoeopathy, I was taught that one should never note how one feels with a patient. If a patient has a strong psychological delusion they will project and transfer that psychosis on to the homoeopath.

Marble have the *Mind* rubric: *desire to be watched* and by obsessively needing to look at her [*as if drugged and magnetized*] I was falling into counter-transference. *Marble* have the *Mind* rubric: *desire for magnetizing others* [1] 1.

In psychotherapy, counter-transference refers to the therapist's emotional reactions to a patient that are not the patient's mental and emotional delusions, but rather the therapists. Counter-transference is defined as the body of feelings, empathic or hostile, that the therapist has toward the patient. In psychotherapy and homoeopathy these feelings, regardless of whether they are empathic or hostile, obstruct the treatment of the patient. Counter-transference, commonly involves taking on the suffering and the psychological delusions of the patient. Counter-transference for the homoeopathic therapist can involve taking on the symptoms of the constitutional remedy profile; this can be labeled 'a proving of the patient'. In the *Marble* case the counter-transference meant that on the one hand, I fell into being *magnetized* by the patient's *need to be looked at*, and on the other hand I projected hostile feelings of needing to *criticize* her actions. *Marble* have the *Delusion* rubric: *she is criticized*. I had never criticized a patient's actions before, even actions which I have viewed as self-destructive. Rather, I would constructively support the patient so they could move out of their self-destructive behavior. *Marble* draw one in to being fixated upon their beauty, just as one is fixated upon the beauty of Michelangelo's marble statue of David. Their self-

destructive pathology of self-deceit means that when they are sick they deflect all fault onto the therapist. *Marble* will trap the therapist into counter-transference. *Marble* will justify and reinforce their own *distinguished* position by projecting their delusions of being abandoned [*surrounded by enemies*].

The homoeopathic therapist has to be careful with *Marble* not to fall in to the trap of either being *magnetized* by them or feeling like one needs to *criticize* them.

The irony of their transference behavior is, of course, that it reinforces their belief that they need to spend huge amounts of money on themselves to make themselves more desirable [*noble*]. In order to apply a *Delusion* rubric in case-taking, the homoeopath seeks to understand why the patient has set up their delusional state and why they need to maintain the misrepresentation of reality. Underlying psychological 'delusions of grandeur' are fears of abandonment. The lesson learnt from this *Marble* case highlighted for me the need to understand that the patient maintains an avoidance, or psychological delusion, because it is to their advantage.

If I had previously done the five step rubric-repertorisation I would have had insight into *Marble*, and I would not have confronted a *Marble* with the obvious consequences of her self-destructive behavior. I would have known that *Marble* have no *Delusion* rubrics pertaining to acknowledgment of sin, so they will never acknowledge the error of their ways even if it is injurious to their health.

1. Denial: *Delusion* rubric: *noble: being: marb-w. Delusion* rubric: *fairies; searching for: marb-w. [1] 1. Delusion* rubric: *jumping: safely; she can jump from a height and land: marb-w. [1] 1. Delusion* rubric: *cats: he is a cat: kitten; he is a newly born: marb-w. [1] 1. Delusion* rubric: *cats: he is a cat: marb-w. [1] 1. Delusion* rubric: *honest: is honest; she: marb-w. Delusion* rubric: *distinguished; he is: marb-w. Delusion* rubric: *great person, is a: marb-w.*

2. Forsaken: *Delusion* rubric: *criticized, she is*: marb-w.
Delusion rubric: *neglected: he or she is neglected*: marb-w.
Delusion rubric: *enemy: surrounded by enemies*: marb-w.
3. Causation: NONE.
4. Depression: *Delusion* rubric: *drugged; as if*: marb-w.
5. Resignation: *Delusion* rubric: *body: disintegrating*: marb-w.
Delusion rubric: *mutilated bodies; sees*: marb-w. *Delusion* rubric: *penis: cut off penis; sees a*: marb-w. [The last two rubrics pertain to fear of their body disintegrating.]

Phosphorus delude themselves about the potentially destructive nature of their illness³³ to the extent that they believe they are (emotionally) dealing with it in such a *noble and distinguished* manner that it is unnecessary for them to discuss it (with you).

Phosphorus not only deny that they are sick, they arrogantly [a person of rank] refuse to believe that they could be sick.

Phosphorus have the *Delusion* rubric: *being choked by forms*. [1] 1. The psychosomatic meaning of this *Delusion* rubric is that *Phosphorus* will feel restrained or choked or suppressed as soon as any constraints or responsibilities or expectations are inflicted upon them. *Phosphorus* use this perception to reinforce that they cannot afford to acknowledge reality. When sick, *Phosphorus* implode and present in a very shut-down state; the direct opposite to their normal effervescent persona.

In *Phosphorus* illness is viewed as, and brings about, an extreme feeling of entrapment; they can literally feel like they are being consumed and choked.

Phosphorus are listed as the only remedy in the *Delusion* rubric: *body in several pieces; he could not get them adjusted*. *Phosphorus* create, and maintain, their implosion into themselves because it helps them try to reassemble the parts of themselves which they feel are being scattered.

Their containment then becomes a self-fulfilling prophecy of doom because the more inward *Phosphorus* become the more they feel like they are being choked and controlled by their disease. *Phosphorus* is a homoeopathic remedy which is often used for the treatment of cancers. (In many parts of the world homoeopaths are legally restricted when treating patients with cancer. Homoeopathic treatment is directed towards treatment of the patient as a whole. As a consequence, homoeopaths treat the symptoms of presentation of cancer in the *individual* patient rather than treating the disease.) Cancer arises from the abnormal and uncontrolled division and overgrowth of undifferentiated, or poorly differentiated cells. The undifferentiated cells divide and duplicate quickly. As the cancer grows the malignant cells invade surrounding tissues and begins to compete with the surrounding organs for space. Eventually the tumor metastasizes and invades the surrounding body cavities. Within the psyche of the remedy profile of *Phosphorus* I have observed that the consequences of social responsibilities can cause suppressive depression. The long term consequences for *Phosphorus* if they allow themselves to be restrained by expectations is that they will literally feel choked. *Phosphorus* avoid acknowledging that they are sick, which is what makes the remedy a powerful one to use in the treatment of the psychological delusions of denial associated with a fatal disease. *Phosphorus* chose to maintain *pleasing delusions* to avoid their own depressive resignation and fear that they *have an incurable disease*.

The internal crisis within the psyche of *Phosphorus* is synonymous with the psychodynamic energy of the ever expanding control and entrapment of the cancerous tumor inside a body. *Phosphorus* go into self-imploding denial about any illness, which then builds up like a crescendo inside of them to the point that they feel choked by anxiety and fear. Underpinning their denial are their 'delusions of abandonment'; *Phosphorus* believe they will be *despised* if they are sick.

Phosphorus reject and despise themselves when they are sick and this is part of their psychological need to go into self-denial about illness. They also project the fear of being rejected and despised on to others; this is why they feel they will be despised and forsaken when they are sick. *Phosphorus* literally feel under internal and external attack. The *Delusion* rubrics: *things creeping out of every corner*, and the *Delusion* rubrics: *about to die*, exemplify the intensity to which they feel compromised and under attack.

If the homoeopath does not fully appreciate the intensity of the need *Phosphorus* have for self-denial, and confronts them with their 'delusions of grandeur', they will fracture a fragile psyche and cause *Phosphorus* to implode further.

Homoeopathic psychiatry and the understanding of the meaning of the *Delusion* rubrics is crucial to the protection and nurturing of patients. *Phosphorus* need to believe they are *nobly* in control of any illness.

1. Denial: *Delusion* rubric: *pleasing delusions*: phos.
- Versus
5. Resignation: *Delusion* rubric: *disease: incurable disease; he has an*: phos.
1. Denial: *Delusion* rubric: *noble: being*: phos. *Delusion* rubric: *distinguished; he is*: phos. *Delusion* rubric: *pleasing delusions*: phos. *Delusion* rubric: *sensual fancies*: phos. *Delusion* rubric: *business: success; is a*: phos. [1] 1. *Delusion* rubric: *great person, is a*: phos. *Delusion* rubric: *rank; he is a person of*: phos.
2. Forsaken: *Delusion* rubric: *despised, is*: phos. *Delusion* rubrics: *creeping things; full of: corner; out of every*: phos. [1] 1. *Delusion* rubrics: *devil: present, is*: phos. *Delusion* rubric: *murdered: will be murdered; he*: phos.
3. Causation: *Delusion* rubric: *criminal, he is a*: phos. *Delusion* rubric: *obscene: action of which she had not been guilty; accuses herself of an obscene*: Phos. [2] 1.

4. Depression: *Delusion* rubric: *anxious: Phos. Delusion* rubric: *choked: forms; being choked by: phos. [1] 1.* [This rubric pertains to suppressive depression and denial.] *Delusion* rubric: *succeed, he does everything wrong; he cannot: phos.*
5. Resignation: *Delusion* rubric: *sick: being: phos. Delusion* rubric: *disease: incurable disease; he has an: phos. Delusion* rubric: *body: pieces: were in several pieces; he: adjusted; and could not get them: phos. [1] 1. Delusion* rubrics: *die: about to die; one was: phos.*

- *Delusions: elevated: air; elevated in the: falco-pe. irid-met. nit-ac. nitro-o. phos. rhus-t. sil.*
- *Delusions: elevated: air; elevated in the: looking down on a cesspool of ignorance and vulgarity; and: ignis-alc. [1] 1.*
- *Delusions: humility and lowness of others; while he is great: germ-met. ignis-alc. plat. staph.*
- *Delusions: enlightened; is: ignis-alc. [1] 1.*
- *Delusions: superhuman; is: cann-i. ignis-alc. psil.*
- *Delusions: creative power; has: agath-a. cann-i. ignis-alc. psil.*
- *Delusions: spirit, he is a: cann-i. ignis-alc.*
- *Delusions: pure; she is: ignis-alc. stram.*
- *Delusions: floating: air, in: Acon. agar. agath-a. Aids. Ambr. anh. ara-maca. Arg-met. arge-pl. arn. asar. bell. brass-n-o. bry. calc-ar. calc. cann-i. canth. chir-fl. chlf. cocain. cygn-be. cypra-eg. dat-a. euon-a. Euon. fic-m. galla-q-r. germ-met. haliae-lc. hippoc-k. hura. hyos. hyper. irid-met. jug-r. kali-br. Lac-c. lac-f. Lac-loxod-a. Lach. lact-v. lact. lat-h. loxo-recl. luna. m-aust. manc. moni. mosch. mucs-nas. nat-ar. nat-m. nat-ox. Nux-m. ol-eur. olib-sac. Op. ozone. passi. pen. Ph-ac. phos. phys. pieri-b. pin-con. pip-m. rhus-g. sep. **SPIG.** Stach. stict. stroph-h. suis-em. suprar. Tarent. tell. tep. ter. thuj. tung-met. urol-h. valer. visc. xan.*
- *Delusions: flying: anh. asar. bell. calc-ar. camph. Cann-i. cygn-be. dendr-pol. euon. falco-pe. galla-q-r. haliae-lc. irid-met. jug-r. lach.*

lact. manc. nitro-o. oena. olib-sac. op. sal-fr. thiam. valer.

- *Delusions: walking: air: on air; walks:* asar. chin. coff. lac-c. merc-i-f. nat-m. nux-v. op. ph-ac. phos. rhus-t. spig. stict. stram. thuj.

Self-deluding: The above group of rubrics reflect a unique hubristic ability to deny reality by dissociating oneself from this world.

The remedy profiles above all contain within their persona an ability to dissociate themselves from reality and elevate themselves above any situation. The above group of Denial *Delusion* rubrics becomes relevant to consider in case-taking for the patient who is avoiding *acknowledging* that they are sick.

These rubrics indicate a condition called 'depersonalization disorder'. All 'depersonalization disorders' are dissociative because they allow the patient to live outside of themselves. There are four major dissociative disorders: Dissociative amnesia, Dissociative identity disorder, Dissociative fugue, and Depersonalization disorder. Depersonalization disorder is characterized by a sense of being outside yourself, observing your actions from a distance as though watching a movie. It may be accompanied by a perceived distortion of the size and shape of your body or of other people and objects around you. The patient is able to create distance between themselves and the world, or between themselves and their trauma which they are not able to integrate into their conscious mind.

When a patient is first told that they have a serious disease or a fatal disease it is normal for them to distance themselves from that news for a period of time, and pretend that news is not true. If the patient stays in shock and continues to remain in a consciousness outside or above themselves, then it is indicative of a condition called 'depersonalization disorder'. Patients have often described this state as being a blissful relief because they cannot be touched or affected by the trauma of their illness.

They believe that if they remain above and outside of their body then they will be able to cure themselves; this is

a psychological delusion of 'hubristic denial'. Patients have described this state as similar to a drug induced state in which everything seems distorted or unreal, and even their own body seems to be a long way away from them. All the *Delusion* rubrics: *flying out of his skin* and *body is tall, body is small, head is divided, body shrunken, body diminished, body thin*, reflect someone experiencing 'depersonalization disorder'. In case-taking the homoeopath must consider *why* the patient needs to distance themselves from their trauma or their body. Most importantly, if the patient maintains the dissociative processing the homoeopath must understand the patient's *peculiar* 'hubristic denial' because this will indicate the simillimum.

Ignis alcholis have numerous hubristic *Delusion* rubrics indicating purity. *Ignis alcholis* have the *Delusion* rubrics: *he is pure, he is a spirit, and being divine*. *Ignis alcholis* have the *Delusion* rubric: *he was newly born into the world and was overwhelmed with wonder at the novelty of his surroundings*. *Ignis alcholis* is a remedy derived from the burning of pure alcohol. Fire is associated with *purification* of the spirit. Conversely, it is symbolic of banishment into the fires of *hell*. Fire, once it is unleashed, can be uncontrollable and destructive. 'Pyromania' is an impulse to deliberately start fires. A pyromaniac feels immediate relief and distance from any tension or stress in their lives once they light the fire. Pyromaniacs start fires to induce euphoria. They love to watch the fire burning from a distance and take great hubristic delight in the power they feel after unleashing the fire. Pyromaniacs are often fire fighters who need to be part of the rescue team that helps put out the fire.

Pyromaniacs need to believe they are heroes. *Ignis alcholis* have hubristic 'delusions of grandeur' that they are *superhuman* and on a *mission*. *Ignis alcholis* have the *Delusion* rubrics: *has creative power, and one has a mission*. *Ignis alcholis* have hubristic arrogance that they are *elevated in the air looking down on a cesspool of ignorance and vulgarity*. Pyromaniacs believe they are purifying the earth by lighting the fire.

Ignis alcholis have the *Mind* rubric: *yearning for beautiful things*. Pyromaniacs, especially children, believe that they have been instructed to light the fire by the devil within themselves. *Ignis alcholis* have the *Delusion* rubric: *possessed by evil forces*. *Ignis alcholis* have the *Mind* rubric: *love of power*, and the *Mind* rubric: *contemptuous of people who she believes are unfortunate and beyond redemption*.

Ignis alcholis present with opposing polarities. If there are contradictions and inconsistencies in the rubrics pertaining to 'hubristic denial' or Stage one, and the rubrics pertaining to disease and death, or Stage five, then there is evidence of suppression which will either accelerate present pathology or precede future pathology. When *Ignis alcholis* are confronted with illness, which they equate with impurity, they immediately disassociate from themselves. *Ignis alcholis* have the *Delusion* rubric: *evil power had control of the whole of him*. [1] 1. On the one hand they believe their illness will lead them to *enlightenment*, and on the other hand they believe their illness has *possessed* them and is *contaminating* their pure *spirit*. *Ignis alcholis* have a 'depersonalization disorder' which allows them to stand outside of themselves. *Ignis alcholis* have psychological delusions of being a highly *enlightened* being who has come to earth and is able to look down upon the lowly mortals who are in Saṃsāra³⁴ [hell]. *Ignis alcholis* have the *Delusion* rubrics: *is superhuman*, and *is enlightened*. [1] 1. They have the hubristic *Delusion* rubric: *elevated in the air looking down on a cesspool of ignorance and vulgarity*.

The simillimum will not be *Ignis alcholis* unless the patient presents with the same ability to dissociate themselves from their 'evil' acts.

Pyromaniacs start fires to purify the world. The simillimum will not be *Ignis alcholis* unless the patient believes that they are bringing a new enlightened perspective to the world.

1. Denial: *Delusion* rubric: *pure; she is*: ignis-alc.

Versus

5. Resignation: *Delusion* rubric: *contaminated: being contaminated; she is: ignis-alc.*

“Throughout history, fire has been associated with transformation, purification, the giving of life, power and strength, enlightenment and inspiration, the spirit, the invisible energy in life, illumination and divinity. Fire has been used as a means of sending messages and offerings to heaven. It was believed that, at death, a flame left the body. Fire and flame were associated with the heart. Fire can be either divine or demonic, creative or destructive. Fire represents truth; it consumes deceit and ignorance. Baptism by fire restores purity by burning away the dross. Passing through fire is necessary for the regaining of Paradise which, since it was lost, was surrounded by fire and protected by Guardians armed with swords of flame. These Guardians symbolize understanding, preventing entrance to the ignorant and the unenlightened. Buddhists consider fire to be the wisdom which burns all ignorance. Christians have the ‘Tongues of fire’ which represent the advent of the Holy Spirit, divine revelation and the voice of God. Of course, Christians also have the fires of hell.” Proving of *Ignis alcholis* by N. Eising. Encyclopaedia Homeopathica. Radar™.

1. Denial: *Delusion* rubric: *elevated: air; elevated in the: looking down on a cesspool of ignorance and vulgarity; and: ignis-alc. [1] 1. Delusion* rubric: *humility and lowness of others; while he is great: ignis-alc. Delusion* rubric: *enlightened; is: ignis-alc. [1] 1. Delusion* rubric: *creative power; has: ignis-alc. Delusion* rubric: *spirit, he is a: ignis-alc. Delusion* rubric: *pure; she is: ignis-alc. Delusion* rubric: *superhuman; is: ignis-alc. Delusion* rubric: *divine, being: ignis-alc. Delusion* rubric: *great person, is a: ignis-alc. Delusion* rubric: *mission; one has a: ignis-alc.*
2. Forsaken: *Delusion* rubric: *separated: world; from the: he is separated: ignis-alc.*
3. Causation: *Delusion* rubric: *possessed; being: evil forces;*

by: ignis-alc. [1] 2. [manc]. *Delusion* rubric: *power: evil power had control of the whole of him*: ignis-alc. [1] 1.

4. Depression: *Delusion* rubric: *suffocating; as if*: ignis-alc. *Delusion* rubric: *hell: in; is*: ignis-alc.
5. Resignation: *Delusion* rubric: *contaminated: being contaminated; she is*: ignis-alc.

Spigelia are graded a three in the *Delusion* rubric: *floating in the air*. *Spigelia* self-delude. They believe that if they remain above their body then they will be able to cure themselves; this is a psychological delusion of ‘hubristic denial’. This state can easily be identified as being similar to a drug³⁵ induced state in which everything seems at an unreal distance. However, this state of mind or approach is also a common ‘New-Age’ ‘avoidance technique’ which I have noticed in patients.

Within the ‘New-Age’ philosophy, any illness can be directly attributed to your own negative state of mind. I have noticed that if a patient is strongly entrenched in this belief system then they are more than likely, when confronted with illness, to move into a state of dissociative denial. *Spigelia* have an ability to dissociate. This deludes them into believing that they are not affected by this world, or consequently their illness.

Spigelia distance themselves from their own diseased body. This is a defense mechanism which allows them to be elevated above all of their troubles. If *Spigelia* acknowledge reality they feel overwhelmed. *Spigelia* have the *Delusion* rubrics: *sidewalk is rising up before him*, and *he was reeling*. These rubrics should not be interpreted literally. *Spigelia* believe illness will overwhelm them. All inner conflicts over reality have to form the basis of future pathology because the suppression of reality will eventually undermine the patient’s psyche.

‘Dissociative disorders’ allows the patient to distance themselves from their trauma. The homoeopath should be alerted to this tendency within the followers of ‘New-Age’ philosophies.

wife: run away from him; wife will: staph. [1] 1.

5. Resignation: *Delusion rubric: sick: being: Staph. Delusion rubric: falling: backwards: staph.*

- *Delusions: misunderstood; she is: brass-n-o. germ-met. limest-b. olib-sac. Propr. rad-br. sal-fr.*
- *Delusion: appreciated, she is not: acer-circ. Aids. Androc. arg-n. arge-pl. aur. caps. Carc. cygn-be. limest-b. musca-d. Pall. plat. polys. positr. puls. pycnop-sa. rad-br. seq-s. sulph. Thuji. urol-h.*

Self deluding: Exaggerated psychological delusions of feeling misunderstood are a less severe form of ‘persecution complex’.

The delusion behind the need to continue to believe that you are misunderstood is usually based on avoiding acknowledging the necessity of ‘self-actualization’.

The patient who continues to blame their lack of success in life on others not understanding them needs to maintain the ‘persecution complex’ for a specific reason. The role of the homoeopath is to understand the *peculiar* reason behind the exaggerated feelings of perceived abandonment within each remedy profile in these rubrics. If the patient hangs on to the belief that they are misunderstood or not appreciated then it allows them to deflect blame from themselves. These *Delusion* rubrics should be considered when the patient blames their lack of recognition on others. These *Delusion* rubrics should also be considered when the patient uses rejection as an excuse to justify why they have not managed to be successful. ‘Self-actualization’ requires that the patient not abandon faith in themselves.

Limestone Burren is a homoeopathic remedy derived from limestone. Limestone is partially soluble, therefore it forms many eroded landforms and gorges. These include Burren in Co. Clare, Ireland which was the source of the limestone for the proving. Limestone is very reactive to acid solutions.

Many limestone statues suffer from severe damage due to acid rain. Within the remedy profile of *Limestone* is the same theme of somatic solubility and vulnerability. *Limestone* abandon themselves and feel they have been abandoned by others.

Limestone have the *Delusion* rubric: *had lost their ego*. [1]
 1. *Limestone* have the *Delusion* rubric: *he is away from home* and the *Mind* rubrics: *estranged from society* and *estranged from his family*. When sick *Limestone* feel threatened and fear they will *disappear*. Lack of faith in personal success [*they have lost their ego*] is the underlying psychodynamic crisis behind the lack of 'self-actualization' in *Limestone*.

The need to maintain their social appearance is heightened because inherent in their somatic nature is evidence of destruction. *Limestone* have the *Delusion* rubrics: *she looks wretched when looking in a mirror*, and *others will observe her confusion*. The simillimum will only be *Limestone* if the patient needs to create an illusion that they are not sick.

Limestone will not acknowledge sickness because they don't want to face the reality that they are penetrable. *Limestone* need to maintain their belief that their *body is enlarged* to protect themselves from *disappearing* [*thinning*].

Limestone display an inconsistency between their hubristic 'delusions of grandeur' (in which they are *enlarged* like a great gorge), and their 'delusions of hypochondria' (in which they are *thinning* and vulnerable to destruction from the environment). Inherent in their somatic memory is the fear that they will *disappear* all together just as the great Sphinx in Egypt is disappearing. The *Delusion* rubrics: *she is misunderstood*, *she is not appreciated*, and *she will disappear* highlight their vulnerability. Illness is difficult for *Limestone* because illness is a material reality which they can't escape. Illness confronts their belief in unreal fancies; illness destroys their delusional believe that their *body is enlarged* and impenetrable. *Limestone* need to be admired and recognized. *Limestone* need to continue to believe they have been *misunderstood*. The perception

that they are *misunderstood* and *not appreciated* by others allows *Limestone* to avoid 'self-actualization'. *Limestone* uses rejection from the world and their family in particular as an excuse to justify why they have not managed to be successful. *Limestone* blames their lack of recognition on others. Illness creates an interesting dilemma for *Limestone*. On the one hand, they receive attention when they are sick, (especially if it is a destructive disease which it is quite often with *Limestone*) and on the other hand, the disease creates a conflict. *Limestone* wish to hide the disease from themselves and others, which is often hard to do, especially if it is a destructive disease. *Limestone* have the *Delusion* rubric: *others will observe their confusion*.

Illness can allow *Limestone* an 'out' from having to prove they are successful.

Cure from the simillimum comes in *Limestone* being able to realistically assess reality without needing to create an unreal fanciful illusion or without needing to maintain their illness to avoid feelings of failure (having *lost their ego*). Cure in a *Limestone* case is when the patient doesn't rely on worldly recognition to maintain their 'ego' strength. The organized *realistic* part of the psyche is the 'ego'. If a remedy profile has a weakened 'ego' then their ability to perceive reality is under threat. No-one likes to be criticized. The role of the homoeopath is to identify the patient's *peculiar* response to criticism. *Limestone* feel eroded by criticism, they feel as if the criticism penetrates deep within their psyche and it is destroying the fabric of their whole structure [*ego*]. *Limestone* view illness as proof of failure. *Limestone* need to hide their illness to protect themselves from others' criticism.

When *Limestone* are ill they feel *trapped* and *enslaved* by their body and illness, and they feel *enslaved* by the person who is looking after them. *Limestone* escape the reality of their destruction by creating an illusion that their illness does not exist.

The simillimum will only be *Limestone* if the patient needs to create an illusion that their illness is not real. *Limestone* will literally say in a consultation that their illness is not real and that life as we see, and know it, *is not real*.

Limestone have the *Mind* rubric: *cannot tell what is unreal and what is real*. [1] 1. *Limestone* have the *Delusion* rubric: *everything seems unreal*. *Limestone* when sick need to create another [unreal] perception of their life and their illness. *Limestone* have the *Mind* rubrics: *absorbed in fancies* and *attempts to escape*, and the *Delusion* rubric: *body is lighter than air*.

On one hand they need to maintain the appearance or illusion they are well, and on the other hand they need to hide their illness because they are unable to cope with others' grief. *Limestone* have the *Mind* rubrics: *horrible things and sad stories affect her profoundly* and *weeping from thought of other's grief at her death*. [1] 1. *Limestone* have no ordinary defense mechanisms which are able to protect themselves from others' emotions. The simillimum will only be *Limestone* if the patient indicates that they are highly sensitive to others' emotions. *Limestone* feel as if *they will disappear* when others around them are negative or depressed.

The 'never-well-since-event' underpinning their belief in self-punishment is formulated around the perception that they believe they have, and will continue to, inflict injuries on others. *Limestone* have the *Delusion* rubric: *about to inflict injury on someone*. [1] 1. *Limestone* will hide their illness because they believe that, by doing so, they are protecting others from the reality of their illness. *Limestone* have the *Delusion* rubric: *she is poisoning people*.

Limestone believe that they have a corrosive effect on others around them.

1. Denial: *Delusion* rubric: *enlarged*: *limest-b*. *Delusion* rubric: *enlarged*: *body is: parts of body*: *limest-b*. *Delusion* rubric:

enlarged: body is: limestone-b. Delusion rubric: tall: he or she is tall: limestone-b. Delusion rubric: body: lighter than air; body is: limestone-b. Delusion rubric: unreal: everything seems unreal: limestone-b. [This rubric pertains to the need to create an illusion.] Delusion rubric: boat: owns a boat; he/she: limestone-b. [1] 1. [Limestone need to believe they can float on water and escape their susceptibility to water (acid rain) corroding their psyche. They have a few Delusion rubrics about boats and seeing ships because they feel like they are drowning in water when they are sick.]

2. Forsaken: *Delusion rubric: misunderstood; she is: limestone-b. Delusion rubric: appreciated, she is not: limestone-b. Delusion rubric: home: away from home; he is: limestone-b. Delusion rubric: forsaken; is: limestone-b. Delusion rubric: disappear; she will: limestone-b. [1] 1. [This rubric pertains to self-abandonment or lack of self-confidence.]*
3. Causation: *Delusion rubric: dirty: he is: limestone-b. Delusion rubric: injury: someone; is about to inflict injury on: limestone-b. [1] 1. Delusion rubric: poisoning people, she is: limestone-b.*
4. Depression: *Delusion rubric: trapped; he is: limestone-b. Delusion rubric: ego; had lost their: limestone-b. [1] 1. Delusion rubric: enslaved; he is: limestone-b. [1] 1. Delusion rubric: unreal: everything seems unreal: limestone-b. [This rubric reiterates how much Limestone struggle with holding on to their thoughts.] Delusion rubric: confusion; others will observe her: limestone-b. Delusion rubric: water: under water; he is: limestone-b. [This rubric indicates penetrability.]*
5. Resignation: *Delusion rubric: thin: he is getting: limestone-b. Delusion rubric: body: lighter than air; body is: limestone-b. [This rubric can pertain to 'delusions of grandeur' or 'delusions of hypochondria'.]*

- *Delusions: body: one with his body: is; world: and at odds with the: positr.[1] 1.*

Avoidance: *Positronium* need to abandon the world, and in turn be rejected by the world in order to feel strong in their body.

Positronium is a homoeopathic remedy prepared⁴⁴ from Positronium which is a short-lived atomic system formed of an electron and a positron before they interact to annihilate each other. Positronium (Ps) is a system consisting of an electron and its anti-particle, a positron, bound together into an “exotic atom”. The orbit of the two particles and the set of energy levels is similar to that of the hydrogen atom (electron and proton).

Positronium have a battle between matter and anti-matter. On the one hand *Positronium* have the *Delusion* rubric: *sees the completeness of its inner structure body*. [1] 1. This is a rubric which emphasizes structure and clarity. On the other hand *Positronium* have the *Delusion* rubric: *body is torn to pieces*. This is a rubric which emphasizes decay.

The same theme of not caring, or abandonment of the self, is evident in the *Delusion* rubric: *he is evil and doesn't care*. *Positronium* are in conflict over matter and anti-matter; over substance (matter) and lack of substance (anti-matter). *Positronium* have the *Delusion* rubric: *she cannot bend*, and the *Delusion* rubric: *hypnotized*. On the one hand, *Positronium* hang on to their structure; *Delusion* rubric: *a stone statue*, and on the other hand they let it go; *body torn to pieces*. *Positronium* are disturbingly fatalistic when sick: *about to die*. In fact, there is a relishing of destruction and embracing of death's final decay of matter. *Positronium* have the *Delusion* rubric: *final acceptance of being slaughtered like something innocent*. The theme of *Positronium* is weight and structure, versus isolation, indifference and final decay⁴⁵. Their hubristic grandeur builds [*building stones*] structure while at the same time everything is *decayed, tarnished and impure*. Their abandonment is within and from outside themselves, “compression and oppression⁴⁶”.

What is most relevant to note with *Positronium* is that when sick, they are strangely fatalistic about their destruction. *Positronium* have the *Delusion* rubric: *God's works are ill made and ill done* as well as the above *Delusion* rubric: *one with his body, at odds with the world*.

Positronium enjoy the self-abandonment of illness. *Positronium* have the *Delusion* rubric: *she is squeezed dry in the devil's fist* [1] 1.

The self-abandoning depression in *Positronium* is particularly notable. This is discussed further in the chapter on Causation because the theme of self-abandonment is reinforced in the *Delusion* rubric: *he is evil and doesn't care*. The simillimum will only be *Positronium* if the patient has a similar need to maintain self-persecution, and perpetuate persecution from others. When *Positronium* feel abandoned by the world they feel powerful in their body. *Positronium* needs to build structure in their lives and they need to destroy structure in their lives. There is an Argentine crime fiction TV series called *Epitafios*, (English: Epitaphs). The character of the woman detective Marina (portrayed by Cecilia Roth), is a portrayal of *Positronium*. Her character has two obsessions: one is building structures out of playing cards, the other is playing Russian Roulette for money with live bullets. The simillimum will not be *Positronium* unless the patient *needs* to challenge life and death. The simillimum will only be *Positronium* if the patient feels stronger when they are faced with destruction and abandonment.

1. Denial: *Delusion* rubric: *ancestors: one with her ancestors; she is* positr. [1] 1. *Delusion* rubric: *value, she is:* positr. [1] 1. *Delusion* rubric: *gifts; she is showered with:* positr. [1] 1. *Delusion* rubric: *beautiful:* positr. *Delusion* rubric: *building stones, appearance of:* positr.
2. Forsaken: *Delusion* rubric: *body: one with his body: is; world: and at odds with the:* positr.[1] 1. *Delusion* rubric: *friendless, he is:* positr. *Delusion* rubric: *appreciated, she is*

not: positr. Delusion rubric: attacked; being: positr. Delusion rubric: despised; is: positr. Delusion rubric: forsaken; is: positr. Delusion rubric: neglected: he or she is neglected: positr. Delusion rubric: murdered: will be murdered; he: positr.

3. Causation: *Delusion rubric: evil: he is evil and does not care: positr. [1] 1. Delusion rubric: God: God's works are ill made and ill done: positr. [1] 1.*
4. Depression: *Delusion rubric: crushed: she is: positr. Delusion rubric: devil: squeezed dry in the devil's fist; she is: positr. [1] 1. Delusion rubric: oppressed; he were: positr.*
5. Resignation: *Delusion rubric: die: about to die one was: positr. Delusion rubric: decayed, tarnished and impure; everything is: positr. [1] 1. Delusion rubric: diminished: shrunken, parts are: positr.*

- *Delusions: alone: being: always alone; she is: chir-fl Lac-h. petr-ra. PULS. stram.*
- *Delusions: alone: being: belong to anyone; she did not: puls. [1] 1.*
- *Delusions: alone: being: world; alone in the: Androc. bamb-a. camph. choc. cycl. germ-met. hura. irid-met. Kola. Lac-h. moni. Plat. Puls. tax-br.*

Avoidance: Exaggerated feelings of aloneness can be a deliberate stance which is maintained by the patient to justify how needy they feel so they can continue to seek more attention and reassurance. On the other hand, it can also be an indication of over-exaggerated or disproportionate feelings of abandonment. Psychologically, the essential premise will be constructed differently for each remedy profile.

The key to understanding these *Delusion* rubrics is to ask the patient what happens if they are alone. Their answer will explain why their *particular* constitutional remedy profile needs to seek attention or reassurance.

Alternatively, their answer may also reveal extreme paranoia. A person who believes they have been rejected by society

[*alone*], may have *disproportionate* feelings of abandonment; this is labeled a 'persecution complex'. Concentrating on feeling abandoned is often used psychologically to avoid taking responsibility for 'wrongs' committed. These crimes or sins more than likely may have caused the societal rejection in the first place, but instead of taking responsibility a person can project their feelings of persecution on to society. Each remedy profile follows the five psychological processes listed below. 'Delusions of original sin' perpetuate self-isolation. If the patient *continues to stay alone* or if they maintain the situation of being alone, then it is more than likely that the patient has an exaggerated, disproportionate feeling of being 'evil' or having committed 'wrongs'. Alternatively a patient will maintain their feeling of rejection to avoid facing their contribution ('original sins'), to their real or perceived feelings of abandonment. Once their 'wrongs' are acknowledged, a patient will display disproportionate, depressive reactions to their 'crimes'. Once depressive predictions of predetermined doom have descended upon the patient, they will sink into exaggerated hypochondria about their illness.

The reason for re-emphasizing the psychological stages is that it may help explain why a patient will maintain feelings of persecution and abandonment and why they will continue to maintain their psychological delusions of being alone. If the patient lets their feelings of being wrongly abandoned go, then they will have to face their own fears about themselves and their potential fate.

Below, I analyze the reactions of *Lac humanum*, a human mammal remedy profile; *Pulsatilla*, a plant remedy profile; and *Androctonus*, a spider remedy profile, in relation to the same *Delusion* rubrics of being alone. According to their nature, each constitutional remedy profile will react differently to the dilemma of being alone in the world. *Lac humanum* deals with the separation by over-mothering humanity. If your patient feels alone and separated from others and yet continues to care for others, then the simillimum could well be *Lac*

humanum. *Pulsatilla* as a plant remedy profile feel alone and defenseless to the environment. If your patient feels sensitive and unprotected when they are left alone, then the simillimum could well be *Pulsatilla*. *Androctonus*, on the other hand, enjoy being alone because it strengthens their chance of survival. If your patient is needy of reassurance and comfort when they are sick, then the simillimum is *not Androctonus*. *Androctonus* are strategically strengthened by being alone.

Lac humanum: In my *Lac humanum* (case) in the *Case Companion to Homoeopathic Psychiatry* the patient needs to maintain her feelings of aloneness and being abandoned because they protect her from her overwhelmingly disproportionate feelings of guilt for not being able to save her sister in their last life together. The *Lac humanum* patient relays a past life story told to her by her clairvoyant guide and teacher. They were sisters in the second World War; their parents were arrested by the Nazis and they were left to fend for themselves. Her older sister died in her arms, and she died next. *I was not able to save her (sister) and take away her death. In this life my journey is to share in her (sister's) pain and help save her life.* She describes herself: *I am currently exhausted, my baby is sucking my life from me, and I cannot relate to him (baby) anymore, I feel nothing. I have no love to share with him (baby) or my husband; I feel nothing. I remember making a conscious decision to become my mother's friend and counsellor. I sacrificed myself to help her; she needed me; she would talk to me for hours, and unburden her heart to me. I now do that to my baby, and he (baby) is sucking the life out of me. I am here and my journey in this life is to save my sister's life, and to save my mother's life; to complete the Karmic lesson from the last life; to give myself. I am still there for my mother – now she shares all her burdens with me. I have nothing but hate for my father, and his lack of love and support for us.* She finds her husband irritating because he does not understand the support

she needs with the baby. *He has no idea how it is for me*; (cries) *I am alone with my baby*. This *Lac humanum* patient alternates between martyring herself to save her mother and sister, and feelings of bewilderment as to why she has been abandoned and left alone with her baby. Her abandonment is reminiscent of Jesus declaring on the cross; *father my God why have you abandoned me?* This *Lac humanum* patient is trying to resolve her guilt by continuing to martyr herself. Her course of action is a self-fulfilling prophecy. The more she martyrs herself by looking after her mother, her sister, her husband and her baby, the less likely it is that she will receive the attention and care she needs as a new mother left alone with a baby. It is her 'duty' and 'fate' in this life to look after them and save them because she failed in her last life; this is the 'original sin'. *Lac humanum* has an inner conflict between living as a self-determined individual in a group and feeling beholden to the group. The theme in the remedy profile of *Lac humanum* is the group versus self. When the *Lac humanum* patient explains that she decided to abandon herself to looking after her mother because it was an act of love, she says: *I sacrificed myself to help her; she needed me. She would talk to me for hours, and unburden her heart to me. I love her dearly and I did it with love but it was at a cost; I know that now*. This reflects the importance of the group versus her self-importance. It also explains another crucial aspect of *Lac humanum*. *Lac humanum* have one rubric of grandeur, the *Delusion* rubric: *he was newly born into the world*. *Lac humanum* are the 'milk of human kindness'.

They have sacrificed themselves so that life will continue. *Lac humanum* are the only remedy listed in the *Delusion* rubric: *as if she is nesting*. *Lac humanum* are the savior and the mother and nurturer of the human race.

Lac humanum also have the *Mind* rubric: *Oedipus complex*⁴⁷. *Lac humanum* will always develop an overprotective, symbiotic relationship with one parent, and a hate relationship with the other. *Lac humanum* project on to the parent whom they hate, all their psychological 'delusions of persecution'. *Lac humanum*

will be convinced that the parent whom they hate is injurious to them and the rest of the family. In my *Lac humanum* (case) the woman says: *I have nothing but hate for my father, and his lack of love and support for us. Lac humanum* always equate all abandonment with *injury*, this is why the list of abandonment rubrics below are a mixture of being *alone*, *friendless* and *neglected* as well as being *poisoned* and about to receive *injury*. This association relates to the fact that they are *newly born to the world*; a baby themselves who needs to be protected. They will always hate the parent who has abandoned them, and they will always encourage a symbiotic love/mothering/oedipal relationship with the other parent. It is possible to see the co-dependent symbiosis of an 'Oedipus complex' when the *Lac humanum* patient says of her relationship with her mother: *I sacrificed myself to help her; she needed me. She would talk to me for hours, and unburden her heart to me.*

Lac humanum continue to stay alone and maintain the situation of being alone, because they have exaggerated and disproportionate feelings of having committed 'wrongs'. Once *Lac humanum* acknowledge all 'wrongs' they sink into disproportionate depressive reactions to their 'crimes'.

Lac humanum have disproportionate feelings of being *worthless*. Saving humanity is more important than saving themselves. *Lac humanum* have the *Mind* rubric: *detached from ego*. [1] 1.

Lac humanum justify their predetermined martyrdom and self-actualized abandonment because they are *too ugly and fat* to be worthy of individualization. When *Lac humanum* are sick they question whether they are worthy enough to save. A *Lac humanum* patient will more than likely quibble over the cost of the consultation because they feel unworthy of spending the money on *their* welfare rather than their families. *Lac humanum* have the *Delusion* rubric: *face distorted*, as well as the *Delusion* rubric: *body looks fat and ugly*. *Lac humanum* have the *Mind* rubric: *anxiety about food*. [1] 1. *Lac humanum* believe that

when they are sick they are too *ugly, fat* and *distorted* to be included in the human family. *Lac humanum* also have the *Mind* rubric: *aversion to being watched*. [1] 1. They will feel *unwanted by friends, alone, and friendless*. *Lac humanum* deals with the separation by over-mothering humanity. If your patient feels alone and separated from others and yet continues to care for others, then the simillimum could well be *Lac humanum*.

Lac humanum perpetuate being alone and abandoned because they struggle to ask for help in their lives.

1. Denial: *Delusion* rubric: *born into the world; he was newly:* lac-h.
2. Forsaken: *Delusion* rubric: *alone: being: always alone; she is: Lac-h.* *Delusion* rubric: *body: ugly; body looks: fat; too:* lac-h. *Delusion* rubric: *betrayed; that she is:* lac-h. *Delusion* rubric: *friend: unwanted by friends: Lac-h.* [2] 1. *Delusion* rubric: *friendless, he is:* lac-h. *Delusion* rubric: *neglected: he or she is neglected: Lac-h.* *Delusion* rubric: *poisoned: he has been:* lac-h. *Delusion* rubric: *violence, about:* lac-h. *Delusion* rubric: *injury: about to receive injury; is:* lac-h.
3. Causation: *Delusion* rubric: *crime: committed a crime; he had:* lac-h. *Delusion* rubric: *wrong: done wrong; he has:* lac-h.
4. Depression: *Delusion* rubric: *worthless; he is:* lac-h. *Delusion* rubric: *unreal: everything seems unreal:* lac-h. *Delusion* rubric: *body: ugly; body looks: fat; too:* lac-h. [This rubric pertains to being depressed with oneself or self-rejection.]
5. Resignation: *Delusion* rubric: *face: distorted:* lac-h. [1] 1.

Pulsatilla are noted for their jealousy, their tearfulness and their neediness for reassurance. *Pulsatilla* have inconsistencies between their 'hubristic denial' [*they are well*] and hypochondriac, psychological delusions that they are *sick*.

Causation

“I have caused my disease.”

“This is my fault.”

“I must have done something wrong to deserve this.”

“I have been bad.”

“I have sinned.”

I have allocated all the *Delusion* rubrics which pertain to psychological ‘delusions of original sin’ or self-blame into Causation. If the trauma inside your patient starts with them feeling guilty and unrealistically responsible for their illness then the simillimum is listed in all the *Delusion* rubrics: *he is sinful, he has committed a crime* or *he has done wrong*, and is allocated to the section Causation.

Kübler-Ross identified bargaining as the third stage. Bargaining is when a patient believes that if they are, for example, being good with their diet by juice fasting, or if they are meditating, they can do a deal with God and be cured.

Underlying the patient’s active processing of bargaining is their underlying delusional belief that they have been bad, and that is what fuels their desire to now be good. I have identified Causation as the third stage. This is characterized by the patient blaming themselves for their loss of good health. A patient often blames their loss of good health on themselves by assuming they were bad, most commonly relating it to a time when they were not living their life in harmony.

A *Delusion* rubric is used when there is an assumption or perception which is a misrepresentation of reality.

The various 'New-Age' philosophies of 'you are what you think', and 'you are your disease', have their basis in the concepts of punishment for being bad.

I have sadly to say that I have never treated a patient with a permanent illness, whether it be life threatening or not, who has not become a victim to the delusional belief that their disease is a punishment. More often than not they have voluntarily taken on this belief in the guise of a 'New-Age' philosophy so they can find an explanation of the cause of their disease.

Since the emergence of 'New-Age' ideology we have developed a delusional belief that we are entitled to good health if we have been living a mindful life. This incorrect assumption of entitlement of good health fuels all the delusional conspiracy theories which have sprung up in the alternative health industry.

In the majority of the cases in my *Case Companion to Homoeopathic Psychiatry*, the relevance of each of the *Delusion* rubrics in Causation will throw light on the underlying guilt and the overwhelming effect that the concept of 'original sin' and the expulsion of Adam⁵⁸ and Eve has had on our psyche. 'Original sin' or the belief in good and evil⁵⁹ holds a powerful position in the Jewish, Islamic and Christian religions as well as in 'New-Age' philosophies that influence the alternative health industry. The absorption of good and evil by our modern-day psyche has affected our understanding of the reason for disease. I have added the psychological 'delusions of original sin' to the stages of refusing to acknowledge illness because in each case presented in my *Case Companion to Homoeopathic Psychiatry* the patient believes deep within their own self that they deserve the disease or emotional pain they are currently suffering. The psychological process of bargaining or of trying to be good is masking the underlying delusional belief in punishment for being bad.

I have found in my practice that every patient who presents with any serious disease, whether it be emotional,

mental, or physical always presents with the *Delusion* rubrics of abandonment and the underlying guilt of being cast out of Paradise because they are evil. Each case presented also resonates with the patient's delusional expectation that if they are in communication with God or a 'higher being' or their 'inner spiritual spirit' they should be able to cure their disease.

If they can't cure their disease then they believe that their disease is a result of God's judgment or karma for the sins they have committed.

Adam and Eve don't just appear in Genesis and the Quran; they are the underlying psychological theme in all 'New-Age' books which have influenced the modern-day view we have of disease. Adam and Eve are expelled from Paradise, forsaken, abandoned, separated from God, and they lose their immortality. The assumption of the concept of 'original sin' and the attributing of personal blame will, in my experience, always present itself when a patient faces the loss of their health, regardless of whether it is fatal or non-fatal. The psychotherapeutic formation of the development of the five psychological steps: denial, forsaken, causation, depression and resignation which the patient will move through as they struggle to acknowledge and accept their illness is reminiscent of the steps Adam and Eve undertook in their story when they had to acknowledge their sin, subsequent abandonment and ultimate loss of immortality. The story of Adam and Eve is also the basis of an enormous number of the *Delusion* rubrics in the *Mind* section in our repertory and I have categorized them accordingly. If the trauma inside your patient starts with them feeling guilty and responsible for being sick then the simillimum is listed in the *Delusion* rubrics: *he is sinful* and *he has committed a crime*.

Invariably, in all the consultations I have had with patients facing a fatal illness, they will bring the conversation around to the subject of *why me?* I have found it is not helpful, or useful, to offer any explanations of the potential cause of their illness.

It is impossible to know the cause of many diseases, and even if, there is a logical explanation, as is the case with exposure to asbestos, for example, the patient will still want to find their own reason for why *they* got asbestosis and not their friend who was standing next to them when they were exposed. The patient wants and needs to arrive at what they themselves believe to be the cause. Even if there has been an established genetic link, as is the case with cancer of the bowel, for example. The patient still wants to find their own reason for why *they* got bowel cancer. If the homoeopath interferes with this crucial process by reiterating the genetic link, then the homoeopath will not get to find out the information they need to be able to pick the *peculiarities specific* to that patient and not to the disease.

It is also not appropriate to offer any homoeopathic explanations of miasms to a patient who is trying to find the cause of their illness. I have as a teacher watched students and qualified homoeopaths do this in consultations. If you offer homoeopathic miasmatic philosophy to the patient they will not offer you *their* explanation; *their* explanation is a gem which will indicate the simillimum. What the patient offers as their explanation will, of course, indicate the simillimum in the case.

When a patient is faced with failure in their life, whether it is fiscal failure, failure in their marriage, or whether it is failure of their health they will consistently relate the cause back to a period of time in their life when they felt that they were not living in harmony with themselves. Typically the patient will relay the following explanations of the cause of their illness: *I was chasing the mighty dollar. – I was not in touch with my true self. – I was always living the high life. – There was a time when I was pushing too many drugs. – I knew I had been drinking way too much, for too long. – I knew this would happen because I have had very negative thoughts. – I have been working too hard and well, it has to catch up with you doesn't it?* None, or all, of these sorts of explanations might, or might not, have

contributed to a patient's illness. So far, in this process, there is nothing in the above possible explanations of the cause for their illness which is indicative of the patient having any psychological delusions. The above causes that patients have come up with are in proportion to the situation, and in proportion to their feelings of having no control. Because your patient is facing a loss of control over their health, and potentially their life, they will seek to regain control by finding the cause of their illness; this is a normal response. It is also a normal appropriate response for a patient to blame themselves for their current illness if, for some time, they have been drinking, or smoking, or taking too many drugs.

A *Delusion* rubric can only be used in the case if you can see a conflicting struggle which is *self-punishing* in your patient's psyche.

If your patient says to you with the intensity of the 'eye of the storm', that they know *why* they are ill, and they reveal their sins, and conclude that their illness is their *just desert*, then this is indicative of the psychological delusions of punishment.

In psychiatry, self-inflicted exile or self-imposed punishment is a consequence or end result of a 'persecution complex⁶⁰'. In homoeopathy 'delusions of self-persecution' are repertorised by using the *Delusion* rubrics pertaining to sins. The word devil or sinful is no longer in common usage. In the *Delusion* rubrics the use of the word devil should not be interpreted literally. The devil in the *Delusion* rubric: *he is possessed of a devil*, does not refer to the personification of the devil, Satan. The *Delusion* rubric: *he is possessed of a devil* can refer to the wicked or bad side of one's nature which has led one astray. The *Delusion* rubric: *he is possessed of a devil* can also refer to predictions of impending damnation or doom. The person possessed by the devil can also refer to someone who is luckless or wretched. Nowadays it is rare for a patient to refer to their 'devil' within, or the 'devil' who is the tempter of mankind. If a patient refers to the 'dark-side of their nature' who tempts them to do 'bad

things', this should be repertorised as the *Delusion* rubric: *he is possessed of a devil*. Similarly, a patient will rarely use the word sinful. If a patient believes they have been 'bad', this should be repertorised as the *Delusion* rubric: *he is possessed of a devil, or he has committed a crime*.

If your patient believes that they truly *deserve* their illness and this is why they are sick then this is representative of the *Delusion* rubrics of having *sinned* and *committed a crime*. If your patient believes in a system of just punishment for their sins, this is an indication of disproportionate retribution. If their reactions to their feelings of being bad are disproportionately an *over-reaction* and misrepresentation of reality then it is important to consider the *Delusion* rubrics pertaining to *wrongs committed*. These rubrics are also important to consider for patients who believe that the reason they are sick is because they are essentially bad people [*evil*]. These are the *Delusion* rubrics of being *in communication with the devil* or *being the devil*, or *being evil*. This group of rubrics is crucial to case-taking for patients who believe that in some way *they* are the cause of their illness or misfortune. Self-persecution is commonly referred to as psychological 'delusions of original sin'.

Psychological delusions of guilt are fueled by a *disproportionate* reaction to crimes most commonly committed in childhood. These crimes are often held as deep dark secrets which, because they are suppressed for so long in the emotional memory of a child, become blown out of proportion to their seriousness. Psychological 'delusions of original sin' are easily accessed by the patient; the memories of wrongs committed sit in our subconscious and conscious mind. As soon as the homoeopath asks a patient why they think they are sick, the patient will be drawn into confessing their 'original sin'. Firstly, the patient will be drawn to confessing sins because their childhood guilt will have kept the memories alive, and secondly because the desire to find the reason they are sick will compel them to confess all their deeply held secrets, even if the secrets are self-condemning. All the remedies listed in *Delusion* rubrics: *evil, being the devil, being a criminal* and *having done wrongs*,

know in their subconscious and conscious mind that they have committed crimes. The essence of avoidance and self-deluding is that it is a psychological technique which allows the patient to over-react to their sins. The disproportionate reaction is either used to their advantage or used as self-destructive, self-punishing condemnation. The next questions to ask the patient which will reveal the simillimum are: “what happens when they feel accused and what happens if they feel they have done something wrong”?

The homoeopath needs to understand how each constitutional remedy reacts or tries to avoid acknowledging perceived or real psychological delusions of fault. Each remedy will present with a specific and *peculiar* interpretation which will reveal the simillimum.

Self-destructive depression and predictions of failure underpin and also cover up the psychological delusions of self-blame and psychological ‘delusions of original sin’. Self-destructive depression and predictions of failure advantageously protect the patient from having to acknowledge sins committed, or alliances made with the ‘evil-side’ of themselves. Self-destructive behavior and self-blame will be maintained and nurtured because they help protect the patient from their innermost dark secrets about themselves.

Delusion Rubrics in Depression

In this section I analyze and explain the meaning of each individual *Delusion* rubric. I offer previously unexplored explanations of the psychological delusional state inherent in each *Delusion* rubric. Furthermore, I explain their psychotherapeutic meaning and application by analyzing how each remedy listed under the rubric heading has utilized the delusional stance to its advantage. The reasons why each constitutional remedy is listed under a rubric will often be vastly different. Understanding the need for the psychological delusions within each of the constitutional remedy profiles will aid in remedy recognition.

Each selection of *Delusion* rubrics discussed are shaded. Analyses of the remedy profiles follow each sub-section. The psychological development of *Delusion* rubrics for each constitutional remedy profile is analyzed according to either **avoidance** or **self-deluding** need.

- *Delusions: worthless; he is:* adam. agn. anac. aur. falco-pe. lac-c. lac-h. nat-ar. positr. thuj.
- *Delusions: succeed, he does everything wrong; he cannot:* adam. Anac. Arg-n. arn. Aur-m-n. Aur. bamb-a. bapt. Bar-c. gels. germ-met. lyc. melal-alt. naja. nat-c. nat-m. ozone. petr-ra. phos. sal-fr. sulph.
- *Delusions: fail, everything will:* act-sp. aq-mar. Arg-n. Aur-m-n. Aur. bamb-a. carc. chir-fl. cob-n. conch. cygn-be. kola. lac-c. lac-e. merc. nux-v. psor. sil.
- *Delusions: right; doing nothing right; he is:* anac. arg-n. Aur. germ-met. nat-c. plac-s.

- *Delusions: wrong; everything goes wrong:* androc. bac. bamb-a. calc. coloc. falco-pe. hep. kali-br. naja. nux-v. phys. plac-s.
- *Delusions: wrong; suffered wrong; he has:* adam. bac. bar-c. carc. chin. cygn-be. **HYOS**. lach. Lyss. naja. petr-ra. positr. sal-fr. ulm-c.
- *Delusions: unfortunate, he is:* bry. caust. *Chin.* cub. dream-p. graph. hura. ip. lyc. petr-ra. sep. *Staph.* verat.
- *Delusions: work: accomplish her work; she cannot:* bry. limen-b-c.
- *Delusions: poor; he is:* bamb-a. bell. bry. calc-f. coli. gink-b. hep. mez. nux-v. psor. sal-fr. *Sep.* stram. valer.
- *Delusions: ruined: is ruined; he:* calc. **IGN**. verat.
- *Delusions: misfortune: approaching: as if some misfortune were:* brass-n-o. cupr. *Verat.*
- *Delusions: misfortune: inconsolable over imagined misfortune:* calc-s. *Verat.*
- *Delusions: misfortune:* calc-s. [1] 1.
- *Delusions: happened; something has:* calc. nux-v. *Staph.* sulph.
- *Delusions: happened; something has; dreadful has happened; something:* med. [1] 1.
- *Delusions: destruction of all near her; impending:* *Kali-br.* [2] 1.
- *Delusions: depressive:* ambr. *Aur.* **KALI-BR**. murx. nux-v. plat.
- *Delusions: clouds; black cloud enveloped her; a heavy:* *Adam.* arg-n. *Cimic.* dendr-pol. galla-q-r. irid-met. *Lac-c.* melal-alt. plut-n. puls. sal-fr.
- *Delusions: doomed, being:* acon. ars. aur. bell. cycl. hell. hyos. *Ign.* *Kali-br.* *Kali-p.* lach. *Lil-t.* lyc. med. meli. nat-m. op. *Plat.* psor. puls. stram. sulph. *Verat.*
- *Delusions: melancholy:* alum. *Aur.* **KALI-BR**. murx. nux-v. plat.
- *Delusions: wretched; she looks:* cygn-be. **NAT-M**.

Avoidance: Delusional belief in poverty or ruin or impending misfortune is very often disproportionate to reality.

A patient may need to believe they are unfortunate because they do not want to succeed. These group of *Delusion* rubrics are particularly applicable to patients who believe that they will never recover from an illness.

These group of *Delusion* rubrics are also applicable to patients who believe that they will never have enough material possessions to prove that they are successful. Believing that one has failed in life reinforces and perpetuates depression. Believing everything will always fail is an excuse for avoiding the fact that if one tried to succeed, one might fail. Believing that a homoeopathic treatment or any other health treatment will never be successful is far easier than believing in cure. If a patient believes that they might be cured, they have to confront whether they believe *they are worthy of cure*. Believing in failure is easier than believing in self-worth.

Why a patient will choose to fail rather than succeed is peculiar to their constitutional remedy profile.

Bryonia have disproportionate psychological ‘delusions of failure’. Although *Bryonia* have the *Delusion* rubric: *illusions of fancy*, they have so many *Delusion* rubrics pertaining to *seeing frightful images, seeing dead persons and strangers* that *illusions of fancy* pertains more to illusions of terror about being away from home, than hubristic illusions of grandeur. As a homoeopathic remedy, *Bryonia* is commonly used for children suffering from homesickness. As a constitutional remedy profile, *Bryonia* have a recurring need to find security both within and outside of themselves. *Bryonia* have an obsessive compulsive need to work hard in order to create security. *Bryonia* have the *Delusion* rubrics: *is doing business, occupied about business, and is working hard*. *Bryonia* have psychological ‘delusions of deprivation⁷⁰’ from feeling abandoned. *Bryonia* have the *Delusion* rubrics: *he is poor, unfortunate, and she cannot accomplish her work*. *Bryonia* do not have any psychological

'delusions of hubristic grandeur' which are *personally* attributed to themselves. Their *fancy illusions* pertain to their idealized need to see themselves as wealthy and secure. Sankaran, in *The Soul of Remedies*, notes: "One may also compare *Bryonia* with *Veratrum album*, but *Veratrum* is concerned more with the loss of position than with the loss of money. So egotism, extravagance and show become the theme in *Veratrum*, but are not so much seen in *Bryonia*." *Veratrum album* are listed in the *Delusion* rubric: *he is away from home* along with *Bryonia*. *Veratrum album* have numerous hubristic 'delusions of grandeur' that they are *a distinguished person who is a messenger from God*. *Bryonia* are concerned with creating the *illusion* of wealth outside of themselves so that they can feel secure. *Veratrum album* are concerned with creating illusions of *personal* grandeur. *Bryonia* have the *Mind* rubrics: *full of desires, more than she needs, fear of poverty, and fear of being sold*. The 'never-well-since-event' or causation in any *Bryonia* case will always be 'delusions of deprivation'. *Bryonia* have the *Mind* rubric: *desires to go out and when there, desires to go home*.

Bryonia also have the *Delusion* rubric: *floating in air*. This is a *Delusion* rubric which I have previously allocated to Denial because it pertains to deluded feelings of being above the mundane. In relation to *Bryonia*, this is not a rubric emphasizing 'hubristic denial'; it instead pertains to *Bryonia* being disconnected from their own ability to achieve success. *Bryonia* have the *Delusion* rubric: *occupied about business*: *Bry.* [2] 2. [op.] I have discussed this rubric in relation to *Opium* as a 'delusion of grandeur' because *Opium* feel empowered doing business – with *Bryonia* it pertains to drudgery. *Bryonia* are consumed with work because they have psychological 'delusions of failure'. *Bryonia* have the *Delusion* rubrics: *he is poor*, and *she cannot accomplish her work*. *Bryonia* have the *Mind* rubrics: *full of desires for unattainable things, thoughts of persistent desires*, and *ungrateful from avarice* (greed).

Bryonia maintain their feelings of *being unfortunate* because they are *never* satisfied that they have been able to meet their own idealistic level of achievement. The *Delusion* rubric: *illusions of fancy*, can pertain to unattainable illusions. They never think they have done enough work.

They never think they have enough material possessions, and they always think they will be poor. *Bryonia* have the *Mind* rubrics: *feels unfortunate*, *fear of poverty*, and *capriciousness*, *when offered*, *rejecting things for which he has been longing*. *Bryonia* have psychological delusions of perpetual dissatisfaction which they maintain because they are not satisfied with their own achievements.

They have the *Mind* rubric: *despair of recovery*. When *Bryonia* are sick they are convinced they will not recover. *Bryonia* have the *Delusion* rubric: *body looks ugly*. Just as *Bryonia* are never satisfied with their material possessions, they transfer the same avaricious desires on to their body; *Bryonia* desire the unattainable body because their *body is ugly*. My aim in the *Rubric-categories* is to highlight the self-destructive perspectives within the *Delusion* rubrics. *Bryonia* obsessively seek security in money and business, and in their home. What has not been previously understood about *Bryonia* is that regardless of how much money they obtain, they always feel *poor* and *unfortunate* because they scorn themselves. *Bryonia* have the *Mind* rubric: *ailments from being scorned*, and the *Mind* rubrics: *discontented with everything*, and *discontented with himself*.

Bryonia have the *Delusion* rubrics: *head was going around in a circle and when standing surroundings whirled around*. [1] 1. *Bryonia* are not able to stand still for long enough to appreciate their achievements.

Bryonia work at such a feverish pace that they are exhausted [*faint*]. *Bryonia* need to work until they exhaust themselves because they believe they will never become accomplished. Their self-doubt keeps them in a perpetual trap of feeling like a failure. Their unsatisfied greed also keeps them in a perpetual trap of feeling like a failure.

1. Denial: NONE. [*Delusion rubric: fancy, illusions of: bry.*]
2. Forsaken: *Delusion rubric: home: away from home; he is: must get there: BRY. Delusion rubric: home: away from home; he is: BRY. Delusion rubric: strange: land; as if in a strange: bry. Delusion rubric: strangers: control of; under: bry. Delusion rubric: soldiers: seeing: bry. Delusion rubric: figures: seeing figures: bry. Delusion rubric: beaten, he is being: bry. Delusion rubric: injury: being injured; is: bry. Delusion rubric: pursued; he was: bry. Delusion rubric: dead: persons, sees: bry. Delusion rubric: strangers: friends appears as strangers: bry. Delusion rubric: images, phantoms; sees: frightful: bry.*
3. Causation: *Delusion rubric: work: accomplish her work; she cannot: bry.* [This rubric can pertain to an admission of guilt as well as an expression of failure.] *Delusion rubric: drunk: been drunk; he had: night; before: bry.* [1] 1. [This rubric emphasizes their guilt over not being sober at work the next morning.]
4. Depression: *Delusion rubric: unfortunate, he is being: bry. Delusion rubric: work: accomplish her work; she cannot: bry. Delusion rubric: poor; he is: bry. Delusion rubric: business: doing business; is: Bry. Delusion rubric: business: occupied about business: Bry.* [2] 2. *Delusion rubric: work: hard; is working: bry. Delusion rubric: smoke; of: Bry. Delusion rubric: bed: sinking: she is sinking: down deep in bed: bry.* [This rubric should not be taken literally. The psychodynamic interpretation is that the patient feels like they are swallowed up by depression and cannot get out of bed.] *Delusion rubric: floating: air, in: bry.* [In relation to *Bryonia* this rubric reinforces their belief that they cannot accomplish anything.]
5. Resignation: *Delusion rubric: body: ugly; body looks: bry. Delusion rubric: faint; he would: bry.*

Calcarea sulphuricum is a remedy profile which is renowned for predictions of *misfortune*. *Calcarea sulphuricum* are particularly noted for their anger at being overlooked. Sankaran, in *The Soul of Remedies*, writes: “Calcium sulphate is commonly known as gypsum and is most familiar to us as plaster of Paris, from which are made the plaster casts used to immobilize a fractured limb, to help healing by providing stability. In addition to a need for stability of *Calcarea*, Sulphur introduces an element of ego and appreciation to the salt. Hence the main feeling of *Calcarea sulphurica* is that he is not appreciated at the place of security, for example by his parents. Thus the *Calcarea sulphurica* person is constantly trying to do things that will gain him appreciation. There is a constant feeling of not being appreciated or valued, of being put down and suppressed at the place of security.” *Calcarea sulphuricum* have the *Mind* rubrics: *lamenting because he is not appreciated* [1] 1., and *hatred of persons who do not agree with him* [1] 1. *Calcarea sulphuricum* have the *Mind* rubrics: *inclination to sit and meditate over imaginary misfortune*, and *quarrelsome from jealousy*. Sankaran, in *The Soul of Remedies*, writes: “He is perhaps the second or third child in the family who has not yet learned to struggle on his own, he cannot be independent but his parents praise other children more than him. So he laments passionately so that they realize how he feels.”

Calcarea sulphuricum not only ruminate over *perceived misfortune*, they also have delusional expectations and *visions of misfortune*.

Calcarea sulphuricum have numerous ‘delusions of persecution’ which are projected on to *frightful images and phantoms*. *Calcarea sulphuricum* have *visions* which confirm their *imagined misfortune*. *Calcarea sulphuricum* will over-exaggerate and disproportionately imagine that they are being overlooked and persecuted.

The need to continue to *imagine misfortune* and be persecuted by *frightful images* is maintained and negatively nurtured by *Calcarea sulphuricum*

because they wish to avoid the fact that they have no faith in their own abilities.

Calcarea sulphuricum doubt their capacity to succeed and rather than confront their fear of having failed in the past, or the possibility of failing in the future they transfer blame for their lack of achievement on to others. *Calcarea sulphuricum* have the *Mind* rubrics: *self-depreciation, want of self-confidence, cowardice, and dullness*. [3]. *Calcarea sulphuricum* will choose to sabotage rather than admit they lack the confidence to succeed. My aim in writing the *Rubric-categories* is to highlight the psychodynamic crisis within each constitutional remedy profile. *Calcarea sulphuricum* will also choose to sabotage homoeopathic treatment rather than admit that they lack the belief they can become healthy. The homoeopath needs to actively support the growth of self-belief while they are treating the *Calcarea sulphuricum* patient.

1. Denial: NONE.
2. Forsaken: *Delusion* rubric: *visions; has: Calc-s.* [In relation to *Calcarea sulphuricum* this rubric pertains to 'delusions of persecution' and not hubristic visions.] *Delusion* rubric: *images, phantoms; sees: frightful: calc-s.* *Delusion* rubric: *images, phantoms; sees: calc-s.* *Delusion* rubric: *images, phantoms; sees: frightful: night: sleep; while trying to: calc-s.* *Delusion* rubric: *images, phantoms; sees: frightful: night: sleep: going to; on: calc-s.*
3. Causation: NONE.
4. Depression: *Delusion* rubric: *misfortune: inconsolable over imagined misfortune: calc-s.* [1] 2. *Delusion* rubric: *misfortune: calc-s.* [1] 1.
5. Resignation: NONE.

Murex as a homoeopathic remedy is often applicable for a female patient who has extreme anxiety and distress before her menses. *Murex* is a homoeopathic remedy derived from

the shellfish, *Murex brandaris*. Similarly to *Sepia*, the uses and themes of all the sea remedies are often ideal remedies for depression with climatic disorders. *Murex* have the *Mind* rubrics: *desire to weep all the time*, and *sadness aversion to company and desire for solitude*. *Murex* sink into psychological delusions of melancholia and depressive hypochondria. If a patient is able to transfer blame for their depression on to sins they have committed then there is some evidence of self-assessment in their persona.

The simillimum will not be *Murex* unless the patient is so depressed that are unable to assess their life. *Murex* have no sense that anything can possibly change in their lives.

If a patient looks back on their life and believes they are able to find where they went wrong then there is evidence that the patient feels empowered enough to enact change. If a patient is able to transfer blame for their depression on to others for forsaking them, then there is at least some evidence within the personality profile of some degree of belief in oneself. *Murex* have no rubrics in the Denial, Forsaken or Causation stages of the rubric-repertorisation. The reason the psychological delusional stance of depression is maintained by *Murex* is that they lack 'delusions of grandeur' in their psyche. Consequently, without any egotistical delusions to uphold them they are unable to avoid sinking into depression. *Murex* the homeopathic remedy is derived from *Murex brandaris* which is a shellfish which has been noted to cause paralytic poisoning.

If a homeopathic remedy is derived from a substance which causes paralysis then within the psyche of the remedy profile there has to be the same paralysis across all levels of the persona – emotionally, mentally, and physically.

Murex alternate between feeling highly sexed and depressed. *Murex*, in contrast to the remedy profile of *Sepia*, are noted for their strong sexual desire. *Murex* and *Platina* are the only remedies in the *Mind* rubric: *women who become*

lascivious at every touch. [2] 2. *Murex* also have the *Mind* rubric: *satyriasis* (excessive sexual desire in males) – therefore it cannot be assumed that it is predominantly a female remedy.

The *simillimum* will only be *Murex* if there is evidence that sexual excitement is the *only* thing that is able to lift the patient out of depression.

1. Denial: NONE.
2. Forsaken: NONE.
3. Causation: NONE.
4. Depression: *Delusion* rubric: *depressive*: *murx.* *Delusion* rubric: *melancholy*: *murx.*
5. Resignation: *Delusion* rubric: *sick. being*: *murx.*

- *Delusions: insane; become insane; one will:* *Acon.* act-sp. agar. ail. alum. ambr. aq-mar. arg-n. ars. asar. brom. *Calc.* **CANN-I.** cann-s. cann-xyz. cham. *Chel.* chlor. **CIMIC.** colch. cupr. cycl. cypra-eg. *Eup-per.* falco-pe. gels. glon. ham. hydrog. hyos. *Ign.* iod. iris-t. kali-bi. kali-br. kali-p. lac-c. *Lac-e.* lam. lil-t. limen-b-c. maias-l. **MANC.** med. merc. nat-m. nat-s. nitro-o. nux-v. pall. phys. plat. psor. sil. streptoc. sulph. *Syph.* tanac. tarent. vario.
- *Delusions: insane; he is insane:* *Cimic.* falco-pe. germ-met. *Kali-br.* maias-l. ol-j. orig. pall. phys. sanic. spong. sulph. *Thuj.*
- *Delusions: insane; people think her or him being insane:* aids. **CALC.** germ-met. hydrog. sal-fr.
- *Delusions: mind; out of his mind; he would go:* ambr. calc. cot. eup-per. ham. *Kali-br.* *Lac-c.* nit-ac. ol-j. paraf. petr. visc.
- *Delusions: brain: dissolving and she were going crazy; brain were:* calc.[1] 1.
- *Delusions: confusion; others will observe her:* *Calc.* choc. limest-b. sal-fr.

Avoidance: A patient will maintain psychological delusions of insanity so they can avoid the struggle involved in trying to succeed.

Chelidonium are noted for their exaggerated personal blame and shame. *Chelidonium* have the *Mind* rubric: *fear that she has ruined her health*, as well as the *Delusion* rubric: *he has ruined his health*.

The importance of understanding that *Chelidonium* is weighted so heavily with rubrics pertaining to Causation, Depression, and Resignation is that it is not possible the simillimum will be *Chelidonium* if the patient does not have intense predictions of self-ruin. *Chelidonium* feel solely responsible for the welfare of their health. *Chelidonium* are noted for exaggerated personal blame for indulgences.

Chelidonium as a homoeopathic remedy is strongly recommended for the patient suffering from liver toxicity as a result of excessive alcohol use. *Chelidonium* have the *Mind* rubrics: *stupor in jaundice*, and *unconsciousness in jaundice* [3] 1. *Chelidonium* have the *Mind* rubric: *violence*. [3] 3. Their violence is directed inwards in the form of self-punishing indulgences which damage their health. All the *Mind* rubrics and *Delusion* rubrics which emphasize their ruined health indicate that the ruin is violently self-inflicted punishment for sins committed. *Chelidonium* have the *Mind* rubrics: *reproaching oneself*, and *remorse*. *Chelidonium* have the *Delusion* rubric: *he had committed the unpardonable sin*. With no psychological 'delusions of grandeur' *Chelidonium* are left with intensely disproportionate anxiety and despair of salvation for their health and soul. *Chelidonium* feel solely responsible for the welfare of their soul.

The simillimum will only be *Chelidonium* if the patient shows signs of shame. *Chelidonium* have the *Mind* rubric: *fear of her condition being observed*.

The *Delusion* rubrics: *I am dying, sick, I have ruined my health*, and *I have an incurable disease*, are all examples of exaggerated predictions of decay which are predominately in *Chelidonium* because they have no *Delusion* rubrics in Denial to be able to elevate them out of their obsessive psychological 'delusions of hypochondria'.

The simillimum will only be *Chelidonium* if the patient is filled with obsessive fears about their health.

Chelidonium have no psychological delusions of pretentiousness to use as tools of self-denial. *Chelidonium* have the *Mind* rubric: *discontented with surroundings*. *Chelidonium* have the *Delusion* rubric: *one will become insane*. *Chelidonium* have the *Mind* rubrics: *causeless moroseness, feeling helplessness, and feels unfortunate*.

The simillimum will only be *Chelidonium* if the patient is filled with psychological delusions of depressive doom.

Vermeulen, notes in *Prisma*, that *Chelidonium*, “never wastes time with analyzing emotions”. And that they are “not overtaken by their emotions”. *Chelidonium* do not want to allow themselves to get in touch with their emotions because it overwhelms them with confusion. *Chelidonium* have the *Mind* rubric: *causeless feeling as though she must shriek* [1] 1. *Chelidonium* also have the *Mind* rubric: *weeping when carried*. [1] 1. *Chelidonium* do not want to allow themselves to get in touch with their emotions because it overwhelms them with self-hate. *Chelidonium* are deeply affected if they are emotionally supported [*carried*] by others.

Chelidonium have intense self-hate and self-blame for sins committed. *Chelidonium* have no *Delusion* rubrics in Denial which allow themselves to feel self-love. *Lycopodium* are often compared to *Chelidonium*. *Lycopodium* in comparison have ‘delusions of grandeur’ – they believe they are a great person.

Lycopodium suffer with underlying fears of failure but their capacity to rely on their delusional hope [*childish fantasies*] elevates them into delusional positivity and self-love. The simillimum will not be *Chelidonium* if the patient shows signs of self-love. Furthermore, the simillimum will not be *Chelidonium* if the patient shows signs of being willing to allow themselves to be emotionally supported.

Chelidonium have the *Delusion* rubric: *everything turned in a circle*. It is a mistake to interpret this rubric literally because in relation to *Chelidonium* it reemphasizes the degree to which they feel defeated by life.

Chelidonium are unable 'to think their way out' of dilemmas in life.

Vermeulen quotes Grandgeorge in *Prisma* as noting, "They make an effort to avoid speculation or abstraction, and never try to understand the situation they face, since they see this as a waste of time. In short, they remain in the material world and only with great difficulty can they rise to a more elevated perspective, to an outlook of a spiritual nature." *Chelidonium* have no 'delusions of grandeur' which elevate them into a position of spiritual hope, therefore they are unable to have speculation or abstraction or a 'spiritual outlook'. *Chelidonium* have the *Delusion* rubric: *she cannot think*. The simillimum will only be *Chelidonium* if the patient is filled with confusion.

Chelidonium have the *Mind* rubrics: *religious affections too occupied with religion, fear about his social position, despair, religious despair of salvation, and fear, insanity with restlessness and heat* [3] 1. *Chelidonium* need religion to protect them from their own insanity.

Chelidonium have the *Delusion* rubric: *is falling forward*. The simillimum will only be *Chelidonium* if the patient is filled with despair. *Chelidonium* have the *Delusion* rubric: *being a soldier at night*. This rubric should not be interpreted literally. This rubric indicates a hyper-vigilant need to guard oneself from potential attack. *Chelidonium* often appear 'in control'. It is a mistake to interpret this external appearance of control as mental and emotional rationality, rather it is an external defense to protect *Chelidonium* from their own fears of insanity and societal exposure. The simillimum will only be *Chelidonium* if the patient has exaggerated fears about their sanity.

1. Denial: NONE.
2. Forsaken: *Delusion* rubric: *soldiers: being a soldier*:

- night: chel. [1] 1. [This rubric pertains to 'delusions of persecution'].*
3. Causation: *Delusion rubric: sinned; one has: unpardonable sin; he had committed the: chel. Delusion rubric: crime: committed a crime; he had: chel.*
 4. Depression: *Delusion rubric: insane: become insane; one will: Chel. Delusion rubric: think: cannot think; she: Chel. Delusion rubric: skull diminished: chel. Delusion rubric: turn: everything turned: circle; in a: chel. Delusion rubric: turn: everything turned: sitting up; on: chel. [1] 1. Delusion rubric: falling: forward: is falling forward; she: chel. [It is a mistake to interpret these last three rubrics literally. These *Delusion* rubric emphasize the tendency *Chelidonium* have of never being able to achieve anything.]*
 5. Resignation: *Delusion rubric: health, he has ruined his: chel. Delusion rubric: sick: being: chel. Delusion rubric: die: about to die; one was: Chel. Delusion rubric: disease: incurable disease; he has an: chel. Delusion rubric: skull diminished: chel. [This rubric can pertain to an inability to think or it can pertain to physical deficiency].*

Natrum sulphuricum is a homoeopathic remedy which is commonly used for mental confusion arising from physical injuries to the head. *Natrum sulphuricum* have the *Mind* rubrics: *confusion of mind after injury to the head [3]*, and *mental symptoms from injuries to the head. [2] 1.* Within the profile of *Natrum sulphuricum* is evidence of a desire to remain unconscious. *Natrum sulphuricum* wish to obliterate their psyche. *Natrum sulphuricum* as a constitutional remedy profile is traditionally thought of as a strong suicide remedy. *Natrum sulphuricum* are the only remedy in the two *Mind* rubrics: *loathing life, must restrain herself to prevent doing injury*, and *suicidal thoughts, must restrain himself because of his duties to his family. [3]. 1.* *Natrum sulphuricum* feel overwhelmed by the seriousness of responsibility. *Natrum sulphuricum* have the

Mind rubrics: *too much sense of duty, never succeeds, and taking responsibility too seriously*. *Natrum sulphuricum* choose to maintain the belief that they cannot cope [*insane*] to avoid the fact that too much responsibility can make them feel like they will not *succeed* [*disgraced*]. The *Mind* profile of *Natrum sulphuricum* is abandonment of life [*suicide*] and abandonment of all belief in the self.

The psychodynamic theme in the *Delusion* rubrics attached to *Natrum sulphuricum* is unconscious self-effacement. *Natrum sulphuricum* have a delusional need to deface [*disgrace*] themselves – they unconsciously sabotage everything they attempt. *Natrum sulphuricum* is a remedy profile for a patient who displays passive-aggressive behavior.

Natrum sulphuricum have the *Mind* rubric: *strongly attached to others*, and conversely they have the *Mind* rubrics: *aversion to his wife*. *Natrum sulphuricum* will sabotage their relationships (including their relationship with the homoeopath) because they are frightened of becoming dependent. Passive-aggressive behavior is passive, sometimes obstructionist resistance to following through with expectations in interpersonal relationships. It can manifest itself as learned helplessness, or deliberate failure to accomplish requested tasks for which one is responsible. The passive-aggressive person ‘defends himself’ from others by retaliating with passivity and unconscious sabotage. Passive-aggressive behavior can manifest as a destructive need to deliberately sabotage relationships by withholding intimacy. What underpins passive-aggressive behavior is a deep feeling of rage (in the unconscious mind) which is transferred on to anyone upon whom one becomes dependent. The ‘never-well-since-event’ in all *Natrum sulphuricum* cases will arise from abandonment in childhood. For many constitutional remedy profiles, abandonment is part of their ‘never-well-since-event’. The *specific* and *peculiar* interpretation (aphorism 153) of a particular trauma by an individual patient is the inner disturbance which is the core of our case-taking. This disturbance is always reflective of what

is *unusual* or disturbing to the homoeopath's inner sensibilities. *Natrum sulphuricum peculiarly* interpret abandonment shamefully. *Natrum sulphuricum* have delusional feelings of shame [*disgraced*] over being abandoned. Understanding this helps explain why *Natrum sulphuricum* need to withhold intimacy. Intimacy is disproportionately associated with feeling abandoned; acknowledgment of abandonment is associated with acknowledgment of shame. Feeling disgraced in turn is proof of never succeeding in life. Never succeeding is continually reinforced because whenever they take on responsibility they are overcome with the pressure of the responsibility and subsequently collapse.

1. Denial: NONE.
2. Forsaken: *Delusion* rubric: *disgraced: she is: nat-s*⁷¹. [This rubric can pertain to abandonment or admission of guilt.]
3. Causation: *Delusion* rubric: *disgraced: she is: nat-s*.
4. Depression: *Delusion* rubric: *insane: become insane; one will: nat-s*⁷².
5. Resignation: NONE.
 - *Delusions: paralyzed; he is: agar. cist. con. cycl. falco-pe. hippoc-k. sacch-l. sang. syph.*
 - *Delusions: prisoner; she is a: falco-pe. germ-met. haliae-lc. Moni. olib-sac. positr.*
 - *Delusions: trapped; he is: cygn-be. dendr-pol. falco-pe. haliae-lc. hippoc-k. ign. lac-e. lath. limest-b. naja. ol-eur. oncor-t. positr. sal-fr. stry. Tub.*

Self-deluding: It is a mistake to interpret these rubrics literally.

The psychodynamic need behind the delusional belief that one is trapped is maintained by the patient because it is an excuse which justifies non-action.

Passive-aggressive patterning or learned helplessness allows the patient to delude themselves about the need to break

free and succeed in life. When I was studying psychotherapy, there was a cartoon drawing of a bird in a cage on the wall in our study room. Even though the cage door was open the bird stayed in the cage. The patient who stays trapped needs to believe they are trapped so they can avoid their fear of failure; this is learned passivity. Furthermore, the patient who stays trapped needs to believe they are trapped so they can transfer punishment on to the person who they believe is holding them prisoner; this is learned aggressive transference. Learned passivity and learned aggressive transference are the psychological patterns evident in passive-aggressive behavior.

Cistus canadensis are listed in only one *Delusion* rubric: *he is paralyzed*. Passive-aggressive behavior is characterized by obstructionist resistance to demands. Deliberate resistance can occur within the work place by repeated failure to accomplish tasks, or it can occur within relationships by withholding intimacy. Learned helplessness is needed by the patient because it helps them to defend themselves against their own fears that they might not succeed. Their behavior results in increased anger being directed towards them because of their lack of involvement. The anger directed towards them reinforces their need to maintain 'control' and defend themselves by not responding to others' demands. This in turn sparks off another round of procrastinating behavior. The bird who stays in the cage after the door has been opened can stay there because it is too frightened to fly free, or it can stay there because it believes that it is resisting demands put upon it to be free. The symptom which confirms a passive-aggressive psychological patterning is a *strong resistance to feeling*. The bird did not want to be disturbed in its cage and similarly the passive-aggressive patient does not want to feel any emotion. The sabotage within the behavior of the passive-aggressive patient is unconscious. The passive-aggressive patient *wants*

and needs to remain calm and tranquil. Sabotage is a classic characteristic of withholding intimacy or emotional involvement. More significantly, the passive-aggressive patient does not want to tap into their unconscious. If the passive-aggressive patient is confronted with their behavioral patterns they deflect responsibility for their behavior and become extremely angry with the person who they believe has trapped them in the cage. Their own anger in turn disturbs them as the force of the emotion starts to tap into their unconscious. In the unconscious mind of *Cistus canadensis* is the psychodynamic crisis which holds the secret of their 'never-well-since-event'.

The remedy profile of *Cistus canadensis* contains a strong resistance to feeling, a strong desire to remain calm, and a strong reaction to feeling their own anger. If a patient does not want to learn how to use their anger positively to motivate themselves out of whatever stasis they are encapsulated in, then they remain stuck [*paralyzed*].

The irony is that the patient then spends their time being angry at how stuck they are rather than redirecting their anger into self-motivation. This behavior is exemplified in the *Mind* rubric: *anger feels as if paralyzed*. This is the psychological pattern evident within the remedy profile of *Cistus canadensis*.

When *Cistus canadensis* are sick they remain in stasis and hold on to their illness.

Cistus canadensis is a homoeopathic remedy which is used for patients suffering from swollen glands associated with influenza, malignant tumors, or sepsis. The stasis [*paralyzed*] evident in stagnant swollen glands is also evident within the constitutional remedy profile. When *Cistus canadensis* are sick they psychologically need to maintain the delusional belief that they are unable to become well; this is the psychodynamic meaning of the *Delusion* rubric: *he is paralyzed*.

- *Mind: anger: paralyzed; feels as if. Cist.*
- *Mind: ailments from: anger: cist.*

- *Mind: ailments from: emotions: cist.*
 - *Mind: ailments from: excitement: emotional: Cist.*
 - *Mind: tranquility: cist.*
 - *Mind: mood: agreeable: cist.*
1. Denial: NONE.
 2. Forsaken: *Delusion rubric: paralyzed; he is: cist.* [This rubric can pertain to ‘delusions of persecution’ – the passive-aggressive patient blames their entrapment upon others].
 3. Causation: NONE.
 4. Depression: *Delusion rubric: paralyzed; he is: cist.*
 5. Resignation: *Delusion rubric: paralyzed; he is: cist.* [When sick *Cistus canadensis* need to maintain the delusional belief that they will remain sick [*paralyzed*].]

Lac-equinum is a homoeopathic remedy derived from horses’ (mares’) milk. Within the tethered psyche of the domesticated horse is conflict between their desire to run free and their desire to *connect* to man. The psyche of the horse wants to remain free, they do not want to be tamed by man, they only want to have a working relationship with man. The horse needs to maintain their free spirit.

Lac-equinum are deeply depressed patients who *trap themselves* in depression because like the horse they have allowed themselves to be tamed and trapped, and domesticated.

Lac-equinum patients *trap* themselves in depression because they believe they have failed. The Achilles-Heel that traps them is their self-destructive need to stay in servitude because they need to prove their worthiness.

The psychological system of allocating rubrics into the five stages highlights what is *peculiar* to each remedy. The reason *Lac-equinum* judge themselves and life so harshly is that they have no hubristic ‘delusions of grandeur’.

Lac-equinum have the *Delusion* rubric: *losing control over one's organization*, and the *Mind* rubric: *ailments from poor job performance*. [1] 1. *Lac-equinum* have the *Delusion* rubric: *neglected his duty*. It is their 'delusions of original sin' that they have let their boss (owner) down, or that their *organization* will fail, which traps them into feelings of depressive failure.

Lac-equinum have the delusional need to stay trapped because they believe life is hard and will always remain hard [*life is hardship*]. They have the *Mind* rubrics: *anxiety for his family's safety*, and *attempts to escape from her family and children*. *Lac-equinum* have the *Dream* rubrics: *escaping*, and *danger from escaping*. *Lac-equinum* are trapped between caring for their family, and needing to escape from their family. They dream of escaping and they dream of the dangers of escaping.

The 'never-well-since-event' or psychodynamic crisis within *Lac-equinum* is formulated in their psyche at a moment when they feel like they have not fulfilled their duty, specifically towards *family* or *friends*.

Lac-equinum have the *Mind* rubric: *ailments from discord between family members*. [2] 1. *Lac-equinum* disproportionately judge their performance at work, in relationships and life in general. It is this delusional judgment of their worthiness that entraps *Lac-equinum* in servitude. *Lac-equinum* have the *Mind* rubric: *suicidal thoughts*. A *Delusion* rubric is attached to a remedy profile if within the persona of the remedy profile there is evidence of a psychological pattern which traps the patient in self-destructive behavior. *Lac-equinum* are *trapped* in their own depression because they believe they will *always* fail [*everything will fail*]. *Lac-equinum* have the *Mind* rubric: *suffocative breathing from anxiety*. [1] 1. When *Lac-equinum* are sick they sink into a depressive anxiety which has such a tight grip on their psyche that they believe there is no hope of cure [*sinking in quicksand*]. The homoeopath treating *Lac-equinum* needs to instill hope into their patient. *Lac-equinum* remain in

suffocating servitude because they have no *Delusion* rubrics allocated into Denial. *Lac-equinum* have no *Delusion* rubrics allocated into psychological 'delusions of grandeur' which would enable them to have a grandeur vision of themselves.

Lac-equinum have the following *Dream* rubrics.

- *Dreams: animals: restrained by collar:* lac-e. [1] 1.
 - *Dreams: betrayed, having been:* lac-e.
 - *Dreams: escaping:* Lac-e.
 - *Dreams: escaping: danger; from:* lac-e.
 - *Dreams: helping people:* lac-e.
 - *Dreams: friends:* lac-e.
1. Denial: NONE.
 2. Forsaken: *Delusion* rubric: *stalked; he is being:* lac-e. [1] 1. *Delusion* rubric: *house: surrounded; house is:* lac-e. *Delusion* rubric: *insulted, he is:* Lac-e.
 3. Causation: *Delusion* rubric: *neglected: duty; he has neglected his:* lac-e.
 4. Depression: *Delusion* rubric: *trapped; he is:* lac-e. *Delusion* rubric: *fail, everything will:* lac-e. *Delusion* rubric: *hard; everything is:* lac-e. *Delusion* rubric: *hardship; life is:* lac-e. [1] 1. *Delusion* rubric: *hindered; he is:* Lac-e. *Delusion* rubric: *insane: become insane; one will:* Lac-e. *Delusion* rubric: *sinking; to be:* lac-e. *Delusion* rubric: *sinking; to be: quicksand; in:* lac-e. [1] 1. *Delusion* rubric: *control; out of: organization; losing control over one's:* lac-e.
 5. Resignation: *Delusion* rubric: *sinking; to be: quicksand; in:* lac-e. [1] 1. [When *Lac-equinum* are sick, they sink into deep hopelessness. It is hard for the homoeopath to loosen its grip.] *Delusion* rubric: *noise: exaggerated, loud; seems:* lac-e. [1] 1. [When *Lac-equinum* are sick they are aggravated by all noise.]

Resignation

“I am dying.”

“I am sure I have cancer.”

“I am sure I have a terrible disease.”

“I am too weak to survive this world.”

I have allocated all the *Delusion* rubrics which pertain to psychological ‘delusions of hypochondria’ into Resignation. If the patient’s trauma starts with hypochondria or delusional doom about being sick, or you feel that your patient is exaggerating their weakness or sickness then the simillimum is listed in the *Delusion* rubrics: *death*, and *disease* and is allocated to the section Resignation.

When someone finds out that they have a serious illness it is normal for them to find their thoughts alternating between believing they will be cured, and the very next minute morbidly dwelling on imagining their death. The rubrics used in the rubric–repertorisation that would match these *very normal imaginations* are the *Mind* rubrics: *fear of disease* or *fear of death*, and *anxiety about health*. It is neither exceptional nor unusual to find that a patient will develop irrational, paranoiac fears about their health or their family’s health after they have experienced for the first time a friend or family member dying of cancer. If these fears are present and predominant for an appropriate amount of time then this is not exceptional or *unusual*. For example, in this last year in my practice I have consulted with a significant number of patients who have had bowel cancer. Because my mother died of bowel cancer, it would

not be unusual for me to become anxious about developing bowel cancer. This is a normal, expected anxiety which will, every three or four years, remind me that I must go to the doctor for a colonoscopy to check for bowel cancer. It is not in the fore front of my mind daily, nor do I suffer any obsessive fears about bowel cancer. However, I do expect to feel anxious when I have a colonoscopy and I also expect my mind will travel off into the imaginary fears of 'what if'? These imaginary fears are not *unusual* or significantly disproportionate. All patients are likely to experience the same imaginary fears when they are having medical check-ups. It is only significant in case analysis if the fears take precedence and become a 'never-well-since-event', leading to crippling anxiety about health.

The fifth stage in Doctor Elisabeth Kübler-Ross's model is acceptance. Acceptance is a *realistic* acknowledgment of mortality. Coming to terms with impending death can be a painful, long and confronting process and peaceful acceptance only comes after: denial, anger, bargaining, and depression. Illness is loss of personal control and freedom. Illness which is potentially life-threatening is loss of our life and loss of our future experiences, loss of our future with our loved ones and loss of everything which we know and depend on. I have chosen the word 'resignation' as the fifth stage in my model because the *Delusion* rubrics pertaining to death, and disease resonate with *exaggerated* internal self-damnation. Doctor Elisabeth Kübler-Ross's fifth stage of acceptance assumes that the patient has arrived at a place inside of themselves which has allowed them to finally be able to peacefully consent to receiving their death. When one has to resign oneself to a situation, it implies that even if one is able to *reconcile* themselves to the situation they find themselves in, they are not in peace. Resignation is an uncomplaining *endurance* or *exaggerated* resignation of the situation rather than a consenting peaceful acceptance of death. If the patient sinks into overblown or *exaggerated* resignation of disease and death then the homeopath should

be alerted to a disproportionate *need* within the patient to resign themselves to illness.

The theme of the *Delusion* rubrics in this group include the psychological 'delusions of hypochondria'. Hypochondria is a morbid, unfounded anxiety about one's health. The theme of hypochondria within the *Delusion* rubrics in this group pertain to psychological delusions of *exaggerated* fragility and weakness and *disproportionate* predictions of disease and death.

The mental and emotional trauma of acknowledging the lack of control we have over disease and death can easily become a paranoiac misrepresentation of reality. Hypochondria is an obsessive-compulsive need to become so morbidly anxious about one's health that one's perception is no longer correct, and fears of possible diseases are blown out of proportion.

If there is no indication that the patient has an invested interest in maintaining their 'delusions of hypochondria', and that the patient is realistically assessing the gravity of their illness, then the rubrics are simply the *Mind* rubrics: *fear of disease* or *fear of death*, and *anxiety about health*.

If there are contradictions and inconsistencies in the rubric-repopterisation pertaining to a remedy profile then there is inner conflict which is indicative of the psychological pathology of conflict between acknowledging disease and reconciliation and resignation. The self-denial is evident in the inconsistencies between the rubrics pertaining to 'delusions of grandeur' or denial, and the rubrics pertaining to disease and death or resignation. In particular, if there are inconsistencies between Stage one and Stage five, then this is evidence of self-denial and suppression and internal discord in the acknowledgment process. This internal discord will either accelerate present pathology or precede future pathology, especially exaggerated hypochondria.

If it is advantageous for your patient for them to believe they are weak and fragile then it is essential that a *Delusion* rubric is used in the case analysis. Furthermore, if it is advantageous for your patient to believe they

are sick and dying then it is also essential that a *Delusion* rubric is used in the case analysis. The *Delusion* rubrics: *I am dying, sick, I am dead, I have an incurable disease, diminished, disintegrating, cut through, emaciated*, are all examples of *exaggerated* predictions of decay.

The other reason a *Delusion* rubric is used is if there are signs of avoidance. Avoidance of reality enables the person to justify their misrepresentation of reality and this is a psychological delusional stance. In this section I want to emphasize that if the patient is presenting with an energy which is predominantly weighted in the rubrics pertaining to 'delusions of hypochondria', then the homoeopath needs to understand why it is advantageous to the patient to have over-exaggerated predications of illness and fragility and over-blown predictions of death. The homoeopath also has to understand the complexities of the remedies, and *which* constitutional remedies allow anxiety and fear and predictions of death to overwhelm one, and *why*.

One reason the psychological delusional stance is maintained by the patient is because it is advantageous to them to delude themselves of reality; this is the case in the example of *Pulsatilla* below. *Pulsatilla* have the *Delusion* rubric: *he is well*, versus the *Delusion* rubric: *one was about to die*. Preceding the rubrics pertaining to illness and death are the section of rubrics pertaining to depression and failure. It is advantageous to *Pulsatilla* to remain dependant to protect themselves from internal anxiety which can become cripplingly out of proportion. If *Pulsatilla* concentrates on over-exaggerating their illness, then they feel justified in remaining dependant. It is emotionally advantageous to *Pulsatilla* to maintain their position as it allows them to remain fragile and needy. *Pulsatilla* know they need to seek continual reassurance and protection.

1. Denial: *Delusion* rubric: *well, he is*: puls.
2. Forsaken: *Delusion* rubric: *alone, being: world; alone in the*: Puls.
3. Causation: *Delusion* rubric: *sinned; one has*: puls.

4. Depression: *Delusion* rubric: *anxious: Puls*.
5. Resignation: *Delusion* rubric: *sick: being: PULS. Delusion* rubric: *die: about to die; one was: puls*.

The other reason the psychological delusional stance is maintained by the patient is that they have none, or not enough, of the 'delusions of grandeur' in their psyche to enable them to avoid anxiety and the psychological 'delusions of hypochondria'.

This is the case in the example of *Aconite* below. *Aconite* are predominantly weighted in the rubrics pertaining to 'delusions of hypochondria', and predictions of death. The homoeopath needs to understand why *Aconite* maintain delusional predictions of death. *Aconite* is also weighted significantly in numerous *Mind* rubrics: *fear of death, anxiety about health, ailments from fear, fright, and grief*. One reason the psychological delusional stance is maintained by the patient is because it is advantageous to them to delude themselves of reality. The other reason is that they have none of the 'delusions of grandeur' which strengthen their psyche to avoid anxiety and hypochondria. This is the case for *Aconite*. *Aconite* will only be the simillimum for the patient who is extremely unsure and uncertain of themselves. Hypochondriac psychoses are a conflict between the sense of one's self or the strength of 'ego'⁷³ and the external world. The *Delusion* rubrics: *I am dying, sick, I am dead, I have an incurable disease*, are all examples of *exaggerated* predictions of decay which emphasize the threat the world poses to the weakened self-esteem in *Aconite*.

1. Denial: *Delusion* rubric: *fancy, illusions of: Acon*. [This is significantly the only *Delusion* rubric from the rubrics pertaining to 'delusions of grandeur'. Because *Aconite* are listed in numerous other *Delusion* rubrics: *seeing specters, ghosts, spirits*, and the *Delusion* rubric: *hearing voices*, and the *Delusion* rubric: *sees images and phantoms*, the relevance and strength of this rubric is undermined and diminished. The *Delusion* rubrics: *seeing specters, ghosts,*

spirits, and the *Delusion* rubric: *hearing voices*, and the *Delusion* rubric: *sees images and phantoms*, pertain to 'persecutory fears' which undermine *Aconite*. *Aconite* have no significant 'delusions of grandeur' which psychologically protect them from their overwhelming fears and *illusions* of death.]

2. Forsaken: *Delusion* rubric: *home: away from home; he is: acon.*
3. Causation: *Delusion* rubric: *jostling against everyone she meets: acon.* [1] 1.
4. Depression: *Delusion* rubric: *anxious: Acon.* *Delusion* rubric: *doomed, being: acon.* *Delusion* rubric: *insane: become insane; one will: Acon.*
5. Resignation: *Delusion* rubric: *body: deformed, some part is: acon.* *Delusion* rubric: *die: about to die; one was: ACON.*

The essential relevance of the above process is that it allows one to understand that an *Aconite* patient will not present with psychological 'delusions of grandeur'. As a direct psychological consequence of that lack, an *Aconite* patient will be overcome with all the psychological 'delusions of hypochondria'.

In this section it is important to note the inconsistencies between Stage one and Stage five. It is important to understand why the avoidance or self-denial is maintained. The preoccupation with hypochondriacally orientated delusions will either be advantageously needed, as it is with *Pulsatilla*, or it will be as a result of deficiencies, as is the case with *Aconite*.

Another example is the remedy profile of *Chelidonium*. The *Delusion* rubrics: *I am dying, sick, I have ruined my health*, and *I have an incurable disease*, are all examples of exaggerated predictions of decay which predominate in *Chelidonium* because they have no *Delusion* rubrics in Denial to be able to elevate them out of their obsessive psychological 'delusions of hypochondria'. The simillimum will only be *Chelidonium* if the patient is filled with obsessive fears about their health. *Chelidonium* is weighted so heavily with rubrics pertaining to

Causation, Depression, and Resignation that it is not possible the simillimum will be *Chelidonium* if the patient does not have intense, restless anxiety of conscience. *Chelidonium* is noted for exaggerated personal blame. The simillimum will only be *Chelidonium* if the patient is filled with psychological delusions of depressive doom. With no psychological 'delusions of grandeur' *Chelidonium* are left with intensely disproportionate anxiety and despair of salvation for their health and soul.

1. Denial: NONE.
2. Forsaken: *Delusion* rubric: *criminals, about: Chel. Delusion* rubric: *soldiers: being a soldier: night: chel. [1] 1. [These rubrics pertain to 'delusions of persecution'.]*
3. Causation: *Delusion* rubric: *sinned; one has: unpardonable sin; he had committed the: chel. Delusion* rubric: *crime: committed a crime; he had: chel.*
4. Depression: *Delusion* rubric: *insane: become insane; one will: Chel. Delusion* rubric: *think: cannot think; she: Chel. Delusion* rubric: *skull diminished: chel. Delusion* rubric: *turn: everything turned: circle; in a: chel. Delusion* rubric: *turn: everything turned: sitting up; on: chel. [1] 1. Delusion* rubric: *falling: forward: is falling forward; she: chel. [It is a mistake to interpret these last three rubrics literally. These *Delusion* rubrics emphasize, and pertain to, the tendency of *Chelidonium* to never being able to achieve anything.]*
5. Resignation: *Delusion* rubric: *health, he has ruined his: chel. Delusion* rubric: *sick: being: chel. Delusion* rubric: *die: about to die; one was: Chel. Delusion* rubric: *disease: incurable disease; he has an: chel.*

The importance of the five psychological processes is that it allows the homoeopath to understand the varying layers attached to the simillimum and match those to the constitutional remedy profile, and the patient, and to the behavior of the patient when they are sick.

Delusion Rubrics in Resignation

In this section I analyze and explain the meaning of each individual *Delusion* rubric. I offer previously unexplored explanations of the psychological delusional state inherent in each *Delusion* rubric. Furthermore, I explain their psychotherapeutic meaning and application by analyzing how each remedy listed under the rubric heading has utilized the delusional stance to its advantage. The reasons why each constitutional remedy is listed under a rubric will often be vastly different. Understanding the need for the psychological delusions within each of the constitutional remedy profiles will aid in remedy recognition.

Each selection of *Delusion* rubrics discussed are shaded. Analyses of the remedy profiles follow each sub-section. The psychological development of *Delusion* rubrics for each constitutional remedy profile is analyzed according to either **avoidance** or **self-deluding** need.

- *Delusions: dying, he is:* acon. ant-t. apis cact. cann-i. chlf. *Lac-lup.* morph. nux-v. op. podo. pot-e. rhus-t. stram. ther. thyr. vesp. xan.
- *Delusions: die: about to die; one was: ACON.* agn. alum. am-c. ant-t. *Arg-n.* arn. ars. asaf. asar. bar-c. bar-m. bell. cact. calc. cann-i. caps. caust. cench. *Chel. Croc.* cupr. gels. glon. graph. hell. iris-t. kali-c. lac-d. *Lach.* lil-t. lyc. lyss. mag-p. magn-gr. med. meli. merc. mur-ac. *Nit-ac.* nux-v. petr. phos. *Plat. Podo.* positr. psor. puls. pyrus raph. rhus-t. ruta sil. stram. sulph. tab. thea. *Thuj.* v-a-b. verat. *Xan.* zinc.
- *Delusions: die: about to die; one was: exhaustion; she would die from:* lach. [1] 1.

- *Delusions: die: about to die; one was; lie down and die; she must.* kali-c. [1] 1.
- *Delusions: die: time has come to:* ars. bell. dendr-pol. lach. med. sabad. thuj.
- *Delusions: die: rather die than live; one would:* xan. [1] 1.
- *Delusions: disease: every disease; he has:* Aur-m. stram.
- *Delusions: disease: incurable disease; he has an:* acon. adam. alum. Arg-n. arn. cact. calc-sil. calc. chel. Ign. lac-c. Lach. Lil-t. macro. mag-c. nit-ac. petr-ra. phos. plb. podo. positr. Sabad. Stann. Syph.
- *Delusions: health, he has ruined his:* bamb-a. chel.
- *Delusions: ideas: rush of ideas prevented him from completing his work:* stann. [1] 1.
- *Delusions: cancer, has a:* carc. sabad. verat.
- *Delusions: dead; he himself was:* agn. anac. anh. apis ars. camph. cann-i. choc. cypra-eg. graph. Lach. mosch. oena. Op. phos. plat. raph. sil. stram.
- *Delusions: mutilated bodies; sees:* ant-c. arn. con. mag-m. maias-l. marb-w. merc. Nux-v. sep.
- *Delusions: grave, he is in his:* anac. Gels. lepi. stram.

Self-deluding: The *Delusion* rubrics: *I am dying, sick, I am dead*, and *I have an incurable disease*, are all examples of exaggerated predictions of decay which are maintained because it is psychologically advantageous.

The homoeopath looking at a case analysis has to be able to understand why it is advantageous for the patient to maintain the obsessive psychological 'delusions of hypochondria'. Alternatively, the homoeopath needs to understand what the patient is *lacking* which will cause them to be swamped with obsessive fears about their health, and predictions of death.

Aconite are predominantly weighted in the rubrics pertaining to 'delusions of hypochondria', and predictions of death. The homoeopath needs to understand *why Aconite* are so

vulnerable to predictions of death every time they become ill. *Aconite* as a homoeopathic remedy is frequently used for the patient who, after shock, feels convinced that they are going to die. *Aconite* have the *Mind* rubrics: *fear of death, anxiety about health, ailments from fear, fright, and grief*. *Aconite* is a homoeopathic remedy used for permanent anxiety after shock. *Aconite* have the *Mind* rubric: *timidity after fright*. [2] 1. *Aconite* as a homoeopathic remedy is often used for intense attacks of diarrhoea when the patient becomes convinced that they are going to die. *Aconite* have the *Delusion* rubric: *thoughts come from the stomach*. [1] 1. *Aconite* have the *Mind* rubric: *anguish before stool, and anguish during peritonitis*. [3] 1. and the *Mind* rubric: *anguish driving from place to place with restlessness*. *Aconite* overreact to all illness, especially stomach problems, and are convinced they are going to die.

Aconite will easily be overcome with anxiety because their high expectations of self predispose them to predictions of doom. A patient suffering *illusions of fancy* has grand visions of persona: their expectations of what they *should* achieve are exaggerated. *Aconite* have not lived up to their own expectations of success. As a constitutional remedy, *Aconite* will only be the simillimum for the patient who is extremely unsure and uncertain of themselves because they have previously failed in their life. Insecurity as a result of not having met their own expectations of perfection is the predetermining personality trait which predisposes *Aconite* to exaggerated fears of death with every health complaint, regardless of its severity.

The simillimum will not be *Aconite* unless the patient is able to display evidence of perfectionism. *Aconite* have the *Mind* rubrics: *increased ambition, audacity and boaster*. Their need to maintain control predisposes them to extreme shock if they have not managed to achieve perfect predictability [*illusions of fancy*]. It is fair to say that every person, to one degree or another, likes to be in control. The 'never-well-since-event' in an *Aconite* case will not only involve an accident or intense shock. The simillimum will only be *Aconite* if the patient feels that they made a fool of themselves at the time of the accident.

Aconite have numerous Resignation rubrics which all pertain to them looking foolish – some part is *deformed*, their *head is large*, or their *body is small*. The simillimum will not be *Aconite* unless the patient reveals they are vulnerable to unpredictability. *Aconite* as a constitutional remedy profile will have within their persona a *strong* need for known predictable stability across all levels – emotionally, mentally, and physically.

Aconite have only one *Delusion* rubric: *jostling against everyone she meets*, which can be allocated to the Causation rubrics or acknowledgments of personal blame or sins. This rubric can be analyzed in two ways. On the one hand, it can be seen that *Aconite* are always in such a highly anxious state that they irritate others. The other interpretation of this rubric, which is more relevant to *Aconite*, is that they lack strength and self-esteem. They are so unsure of themselves that they will always be the cause of, or the recipient of, contradictions and *jostling*. This integral lack of societal self-confidence predisposes *Aconite* to anxiety. The idealistic fanciful illusions of *Aconite* predispose them to becoming anxious because they can't hope to fulfill their own high expectations of themselves. *Aconite* have the *Mind* rubric: *tormenting himself*. [2] 8.

1. Denial: *Delusion* rubric: *fancy, illusions of: Acon.*
2. Forsaken: *Delusion* rubric: *home: away from home; he is: acon. Delusion* rubric: *assembled things, swarms, crowds etc.: acon. Delusion* rubric: *images, phantoms: sees: acon. Delusion* rubric: *figures: seeing figures: acon. Delusion* rubric: *voices: hearing: acon.* [These last two rubrics can pertain to 'God by one's side'; however, in relation to *Aconite* they pertain to persecutory fear.]
3. Causation: *Delusion* rubric: *jostling against everyone she meets: acon.* [1] 1.
4. Depression: *Delusion* rubric: *anxious: Acon. Delusion* rubric: *doomed, being: acon. Delusion* rubric: *insane: become insane; one will: Acon. Delusion* rubric: *weeping; with: acon.*

5. Resignation: *Delusion rubric: die: about to die; one was: ACON. Delusion rubric: body: deformed, some part is: acon. Delusion rubric: dying: he is: acon. Delusion rubric: small: body is smaller. acon. Delusion rubric: swollen, is: acon. Delusion rubric: head: large: too large; seems: acon. Delusion rubric: large: parts of body seem too large: acon. Delusion rubric: thoughts: stomach; come from: acon. [1] 1.*

Gelsemium are listed in numerous *Delusion* rubrics pertaining to ‘delusions of hypochondria’ – *he is in his grave, about to die, he has been poisoned, and his heart stops beating when sitting. Gelsemium* are also listed in numerous *Mind* rubrics: *ailments from anticipation, ailments from death of loved ones, fear of death, forebodings, and anxiety with fear.* Sankaran notes in *The Soul of Remedies*, “So the main feeling in *Gelsemium* is: ‘I have to keep my control when going through ordeals. I have to be able to withstand very difficult, trying situations, I have to be able to withstand shock and bad news without losing my control’. So they keep courage when facing ordeals, and are not shaken up even by frightening situations. This courageous *Gelsemium* is exactly the opposite of the picture we read in the books, of the coward who is unable to face any unexpected event.” *Gelsemium* is a homoeopathic remedy derived from a plant containing poisonous properties. Vermeulen notes in *Prisma*, “Many members of the Loganiaceae are extremely poisonous, causing death by convulsions. Poisonous properties are largely due to indole alkaloids such as those found in *Strychnos*, *Gelsemium* and *Mostuea*. Due to its very rapid effects, the species *Gelsemium elegans* is used in China as a criminal poison. Glycosides in the form of pseudo-indicans are also present, as loganin in *Strychnos*, and the related substance aucubin in *Buddleja*. The alkaloids in *Gelsemium* have the following activities: convulsant, hypotensive, cardiodepressant, and, chiefly, CNS (Central Nervous System) depressant. All parts of *G. sempervirens*

are toxic, including the flower and nectar. The plant can cause skin allergies and it is possible that the plant toxins can be absorbed through the skin, especially if there are cuts. The primary toxic compounds are gelsemine and gelseminine, which act as motor nerve depressants. Symptoms of toxicity in humans include difficulty in use of voluntary muscles, muscle rigidity and weakness, dizziness, loss of speech, dry mouth, visual disturbances, trembling of extremities, profuse sweating, respiratory depression, and convulsions. Cattle, sheep, goats, horses and swine have been poisoned by feeding on the plants. Symptoms in animals include muscular weakness; convulsive movements of head, front legs and sometimes hind legs; slow respiration; decreased temperature; excessive perspiration; death due to respiratory failure.”

The alkaloids in *Gelsemium* act as a CNS depressant. Similarly, *Gelsemium* (the constitutional remedy profile) force themselves into a paralytic immobilized state, reminiscent of the nature and action of the poison. This suppression of their emotive and somatic responses to perceived danger allows them to shut down all feelings and responses to fear. *Gelsemium* have the *Mind* rubric: *fear of losing self-control*. *Gelsemium* allow themselves to move into a catatonic state of immobilized paralysis [*emptiness*] because their *enlarged* imagination is likely to overwhelm them with crippling fears. *Gelsemium* as a homoeopathic remedy is frequently used for the patient who is overcome with crippling stage fright. *Gelsemium* have the *Mind* rubrics: *cowardice*, *anticipation*, *stage fright in singers and speakers*, and *timidity about appearing in public*. [4] 31.

The homoeopath should not expect to find *Gelsemium* in a frantic [*delirious*] and worried state about their impending fears of disease and death; rather they are calmly controlled. However, it is a mistake for Sankaran to interpret this calm control as a “courageous *Gelsemium*”. *Gelsemium* have several *Mind* rubrics which all indicate that they are mentally and emotionally ‘shut down’.

Gelsemium have the *Mind* rubrics: *answering in monosyllables, unable to answer when emotionally hurt, confusion of mind, muscles refuses to obey the will when attention is turned away, and confusion of mind, as to his identity, sense of duality.* *Gelsemium* somatically suppress feeling; this is not courage, it is suppression. *Gelsemium* shut down their exaggerated responses to fear. The suppressive [emptiness] in *Gelsemium* makes the patient appear as if they are mentally and emotionally unconscious of all of their feelings. The homoeopath should not presume that *Gelsemium* will appear *hysterically delirious*. The CNS suppression inherent in its origins allows them to suppress their mental and emotional responses to trauma.

Gelsemium have no *Delusion* rubrics of self-blame for real or supposed sins. The relevance of this fact is crucial. If a constitutional remedy has psychological 'delusions of original sin' which they need to flagellate themselves for, or hide from, it creates within their psyche an internal dialogue of self-blame. *Gelsemium* have no self-blame.

The simillimum will not be *Gelsemium* if the patient is filled with guilt.

1. Denial: *Delusion* rubric: *enlarged: Gels. Delusion* rubric: *large: everything looks larger: Gels.* [These rubrics, when analyzed along with the overwhelming number of exaggerated *Delusion* rubrics of predictions of death, have to be interpreted as a psychological delusion of hypochondriac foreboding, and not as a psychological 'delusion of grandeur' which increases their confidence⁷⁴. For *Gelsemium* the *Delusion* rubric: *enlarged, and everything looks larger* reinforce their exaggerated fears and forebodings.]
2. Forsaken: *Delusion* rubric: *snakes: in and around her: gels. Delusion* rubric: *poisoned: he: has been: gels.*
3. Causation: NONE.
4. Depression: *Delusion* rubric: *succeed, he does everything*

wrong; he cannot: gels. *Delusion* rubric: insane: become insane; one will: gels. *Delusion* rubric: falling: height; from a: gels. *Delusion* rubric: emptiness; of: Gels. *Delusion* rubric: identity: someone else, she is: gels. *Delusion* rubric: person: other person; she is some: gels.

5. Resignation: *Delusion* rubric: die: about to die; one was: gels. *Delusion* rubric: grave, he is in his: Gels. *Delusion* rubric: delirious: become delirious; he would: gels. [1] 1. *Delusion* rubric: body: lighter than air; body is: hysteria; in: gels. [1] 1. *Delusion* rubric: heart: stops beating when sitting: gels.

Kali carbonicum are noted for internal antagonism and conflicting behavior; on the one hand needing company, and on the other hand rejecting company. This is reflected in the *Mind* rubrics: *antagonism with self, desire for company yet treats those who approach outrageously*, and the *Mind* rubric: *quarrelsome with her family*. Conversely, they also have the *Mind* rubrics: *love for family*, and the *Mind* rubric: *loyal*. [3] 3. The *Mind* rubrics: *love for family*, and *quarrelsome with family*, highlight a self-conflicting dynamic within the remedy profile which reflects internal confusion.

My aim in understanding the delusional states in the five stages of illness and death is to shed light on psychological inconsistencies within the remedy profile. If, in a repertory, the homoeopath only notes particular rubrics for *Kali carbonicum*, like the *Mind* rubric: *antagonism with self*, and the *Mind* rubric: *quarrelsome with family*, then the student homoeopath can be left with an incorrect understanding of the remedy profile of *Kali carbonicum*. *Kali carbonicum* were always noted, when I was a student, as the ‘demanding’ patient who would be most likely to complain; conversely, they are also noted as loyal patients. Sankaran notes, in *The Soul of Remedies*, that the sycotic theme of *Kali carbonicum* is seen in the feeling: “I am too weak to support myself and need the company of family”. *Kali*

carbonicum are noted for their lack of self-confidence. This is reflected in the *Mind* rubrics: *want of self-confidence*, and *full of inexpressible desires*. The abandonment within *Kali carbonicum* is self-abandonment which is covered up, and supported by a need for social conservatism. *Kali carbonicum* are noted for the *Mind* rubrics: *conformism*, [3] 3., *dress conservative*, [1] 1., *dogmatic*, and *too much sense of duty*. *Kali carbonicum* need a secure 'nine to five' job or a conservative stable profession to strengthen their self-confidence. *Kali carbonicum* lack the self-confidence which fuels a person's ability to propel themselves into financial risk-taking. *Kali carbonicum* needs the homoeopath who is treating them, yet they continually complain. *Kali carbonicum* needs family, yet they also reject them. *Kali carbonicum* are *full of inexpressible desires* which they don't have enough confidence or emotional strength to express. *Kali carbonicum* need financial predictability, yet they become overwhelmed by pressure [*duty*] and expectations. *Kali carbonicum* are noted for the *Mind* rubric: *too much sense of duty*.

If *Kali carbonicum* desires company, yet treats those who approach him outrageously then it equates to self-sabotage. If in the case analysis the patient is *not* noted for 'shooting themselves in the foot', especially in the area of family and intimate relationships, then the simillimum will *not* be *Kali carbonicum*.

For internal confusion and self-sabotage to be significant (in the case) there must be evidence that they are have become the precursor for deeper destructive pathology. If the rubric-repertorisation (of the five stages) reveals that a remedy profile is weighted with *Delusion* rubrics of abandonment, then the homoeopath has to expect the patient to display self-deserting unassertiveness.

Furthermore, if the rubric-repertorisation (of the five stages) reveals that a remedy profile is weighted with *Delusion* rubrics relating to hypochondria,

then the homoeopath has to expect the patient to display internal self-deserting self-destructive anguish. *Kali carbonicum* have the *Delusion* rubric: *about to die, she must lie down and die.* [1] 1. *Kali carbonicum* feel abandoned and will abandon themselves.

Kali carbonicum are one of three remedies listed in the *Delusion* rubric: *seeing mask*. I have listed this rubric in the *Delusion* rubrics pertaining to abandonment. A mask is traditionally associated with the image of someone hiding behind a mask. Seeing a mask on others is, on the other hand, reflective of the ability to discern another's falsity. The conflict within *Kali carbonicum* stems from the fact that the abandonment is viewed as coming from within and outside of themselves; this fuels their lack of self-confidence. *Kali carbonicum* will literally abandon their own thoughts and psyche and project their need for security outwards to family and the world. *Kali carbonicum* only feel confident if they are hiding behind the mask of either their family, or their conservative job, or their health practitioner. Furthermore, *Kali carbonicum* continually question the mask they present to the world, as well as the mask the world presents to them. The psychodynamic need to self-examine comes from the lack of psychological 'delusions of grandeur' which strengthen egotism. Their only Denial rubric: *illusions of fancy*, predisposes *Kali carbonicum* to illusions of fanciful idealism which they cannot achieve.

The homoeopath needs to continually alert *Kali carbonicum* to the downfalls of maintaining hubristic idealism. Their idealism predisposes them to continual perceptions of failure. Furthermore, their illusions of fanciful idealism preempt their continual need to re-examine all of their decisions. *Kali carbonicum* continually need to re-examine everyone else as well as themselves; it is this characteristic which sheds light on the psychological inconsistencies within the remedy profile. *Kali carbonicum* struggle to trust their own perceptions. If in the case analysis the patient is *not* noted for 'shooting themselves in the foot' in the area of trust then the simillimum will not be *Kali carbonicum*.

Kali carbonicum maintain their 'delusions of hypochondria' because it reinforces their need for the homoeopathic practitioner. The simillimum will only be *Kali carbonicum* if the patient indicates that they *need* illness even though they are obsessed and terrified of illness and death. *Kali carbonicum* have the *Mind* rubrics: *hypochondriacal anxiety*, and *fear of impending disease*. [3]. *Kali carbonicum* have a passive/aggressive relationship with the world and with their own health.

Kali carbonicum maintain their 'delusions of hypochondria' because it allows them to avoid examining their own self-deserting abandonment.

If the patient presents with conflicting behavioral patterning within their personality profile, then they will always have *Delusion* rubrics within the case analysis, which will explain their *peculiar* internal anguish and self-destruction. *Kali carbonicum* are aware of their own internal *abyss*, which always threatens their security. *Kali carbonicum* have the *Delusion* rubrics: *to be sinking*, and *their whole body is hollow*. The consequence of always *turning around and finding nothing but emptiness* is that *Kali carbonicum* feel that even their own thoughts have abandoned them. Self-questioning is what fuels their need to rely on the homoeopathic practitioner; conversely their self-questioning also fuels their disbelief in their cure.

The psychological delusion which preempts the self-abandonment and anxiety in *Kali carbonicum* is self-doubt. *Kali carbonicum* have the *Delusion* rubrics: *thoughts had vanished*, and *abyss behind him*.

Kali carbonicum are noted for anxiety, but the anxiety which is *peculiar* to *Kali carbonicum* is their ability to abandon all confidence *in themselves*. *Kali carbonicum* will only be the simillimum if the patient has no faith or hope in themselves being cured.

Furthermore, *Kali carbonicum* will only be the simillimum if the patient has no faith in being able to cure themselves. *Kali carbonicum* need to maintain their belief that they will

always be sick because to abandon psychological delusions of impending death would require them to come to terms with how alone [*emptiness*] and abandoned they feel [*abyss behind them*].

The homoeopath working with a *Kali carbonicum* patient needs to slowly reinforce and encourage self-confidence; only then will they become well across all levels.

1. Denial: *Delusion rubric: fancy, illusions of: kali-c. Delusion rubric: visions, has: kali-c.* [These rubrics, when analyzed along with the overwhelming number of exaggerated *Delusion* rubrics of predictions of death, and the numerous abandonment rubrics pertaining to forebodings and exaggerated ailments from fear have to be interpreted as psychological delusions of hypochondriac foreboding, not as psychological 'delusions of grandeur' which increase egotism. *Kali carbonicum* have numerous persecutory rubrics of seeing images and phantoms, *Delusion rubric: sees dead persons, sees devil, and sees faces, vermin, pigeons flying around the room, sees creeping worms,* and is the only remedy listed in the *Delusion rubric: seeing figures of old repulsive persons.* [2] 1.]
2. Forsaken: *Delusion rubric: abyss: behind him: Kali-c.* [2]
 1. *Delusion rubric: emptiness; of: behind one on turning around; emptiness: kali-c.* [1] 1. *Delusion rubric: murdered: will be murdered; he: kali-c. Delusion rubric: poisoned: he, has been: kali-c. Delusion rubric: mask: seeing: kali-c. Delusion rubric: hollow: body is hollow; whole: Kali-c.* [This last rubric pertains to self-deserting abandonment as well as indicating physical weakness.]
3. Causation: NONE [*Kali carbonicum* have the *Delusion rubric: sees devil,* but they have no psychological delusions of *personal* guilt.]
4. Depression: *Delusion rubric: sinking; to be: kali-c.* [This rubric should not be interpreted literally. This rubric reflect

feelings of impending doom.] *Delusion* rubric: *thoughts: vanish: had vanished; thoughts: kali-c.* [This rubric reflects self-doubt.]

5. Resignation: *Delusion* rubric: *die: about to die; one was; lie down and die; she must: kali-c.* [1] 1. *Delusion* rubric: *sick, being: Kali-c. Delusion* rubric: *hollow: body is hollow; whole: Kali-c.* [This last rubric indicates feelings of exaggerated physical weakness.] *Delusion* rubric: *faint; he would: kali-c. Delusion* rubric: *die: about to die; one was: kali-c.*

Lilium tigrinum have exaggerated pretensions about their self-importance. This is reflected in the *Delusion* rubric: *everything is depending on him*. The theme of the Liliales is adoration of self-perfectionism. On the one hand *Lilium tigrinum* feel as if they are so important that everything depends on them, and on the other hand they feel that everything is depending on them, and that no one is able to care for them. *Lilium tigrinum* have the *Delusion* rubric: *is forsaken, no one to care for her*. *Lilium tigrinum* maintain the feeling that no one can possibly take care of them to reinforce delusional self-importance. *Lilium tigrinum* have the *Mind* rubric: *taking responsibility too seriously*. *Lilium tigrinum* maintain their grandiose belief in their high position to deny fears of insanity. *Lilium tigrinum* have the *Delusion* rubrics: *one will become insane, and if he did not hold himself he would become insane*. *Lilium tigrinum* also maintain their grandiose belief in their high position to deny their sins. *Lilium tigrinum* have the *Delusion* rubric: *being doomed to expiate her sins and those of her family*. [2] 1.

'Hubristic denial' for *Lilium tigrinum* refers to their belief that everyone is depending on them. Their failure and sin, which is a psychological delusion, is that they have abandoned their family – *Delusion* rubric: *cannot get along with her family, does not belong to her own family*. [1] 1. Their internal conflict stems from the feeling or belief that they are entitled to adoration and praise. This feeling or belief removes them from their family. If

a patient has 'delusions of grandeur', their denial is maintained to avoid acknowledging reality.

If there are inconsistencies between Stage one and Stage five, then that is evidence of self-denial and suppression which will either accelerate present pathology or precede future pathology. On the one hand *Lilium tigrinum* believe *everything is depending on them*, and on the other hand *they are going to go insane unless they can get out of their body*. If a patient has an urgent need to prove themselves, they are more likely to push their body to extreme levels of exhaustion. Continual exhaustion is the precursor of hypochondria.

Lilium tigrinum leave themselves open to internal instability [*insanity*] because they invest so much of their psyche in delusional denial. This internal conflict will accelerate collapse and disease because *Lilium tigrinum* will exhaust their energy in the attempt to live up to their own expectations of importance.

Lilium tigrinum are in continual exaggerated fear of disease and dying because they have exhausted themselves as a result of their internal battle to control their sexual lasciviousness. All suppression which is based on needing to deny part of ourselves will eventuate in mental and emotional instability [*insanity*] or self-destruction.

Lilium tigrinum have the *Mind* rubrics: *mutilating his body, desire to pull her own hair, tormenting himself*, and the *Mind* rubric: *wild feeling in head from suppression of sexual desire*. [1] 2. [med.] *Lilium tigrinum* have numerous *Mind* rubrics pertaining to their *conflict between religious ideals and sexuality* which I have discussed further in *Causation*. *Lilium tigrinum* struggle between religion and sexual desires. Their inner guilt and turmoil is reflected in the *Delusion* rubrics: *divided into two parts*, and *body is divided*.

Conflict and suppression will always be the precursor to the development of destructive pathology.

1. Denial: *Delusion* rubric: *depending on him; everything is: lil-t. [1] 2. [lac-lup]*

2. Forsaken: *Delusion* rubric: *forsaken; is: care for her; no one would*: lil-t. *Delusion* rubric: *forsaken; is*: lil-t. *Delusion* rubric: *poisoned: he: has been*: lil-t.
3. Causation: *Delusion* rubric: *wrong: done wrong; he has*: Lil-t. *Delusion* rubric: *doomed, being: expiate her sins and those of her family; to*: Lil-t. [2] 1. *Delusion* rubric: *family, does not belong to her own: get along with her; cannot*: lil-t. [1] 1.
4. Depression: *Delusion* rubric: *insane: become insane; one will*: lil-t. *Delusion* rubric: *doomed, being*: Lil-t. *Delusion* rubric: *insane: become insane; one will: hold himself; if he did not*: lil-t. [1] 1. *Delusion* rubric: *insane: become insane; one will: unless she got out of her body*: lil-t. [1] 1. *Delusion* rubric: *divided: two parts; into*: lil-t.
5. Resignation: *Delusion* rubric: *die: about to die; one was*: lil-t. *Delusion* rubric: *disease: incurable disease; he has an; Lil-t. Delusion* rubric: *insane: become insane; one will: unless she got out of her body*: lil-t. [1] 1. *Delusion* rubric: *body: divided, is*: lil-t. *Delusion* rubric: *divided: two parts; into*: lil-t.

Podophyllum have an intensely *disproportionate* amount of *Delusion* rubrics relating to illness and death. *Podophyllum* have the *Delusion* rubrics: *about to die, he is dying, he has an incurable disease*, as well as, *he will die of heart or liver failure*. *Podophyllum* also have the *Mind* rubric: *anxiety about one's health*.

Podophyllum have extreme psychological 'delusions of hypochondria'.

Podophyllum as a homoeopathic remedy is often used for rectal incontinence associated with the condition Irritable Bowel Syndrome, or gastroenteritis, where similarly, the patient feels powerless to stop bowel evacuations.

As a constitutional remedy, the profile of *Podophyllum* has the same theme of not being able to 'hold on' to themselves. *Podophyllum* are sure they are going to die.

The simillimum will not be *Podophyllum* unless the patient indicates that they have persecutory fears. *Podophyllum* is derived from a poisonous plant. If ingested in large amounts along with alcohol, poisoning symptoms may occur, typically, headaches, gastroenteritis and collapse.

If a homeopathic remedy is derived from any poisonous substance, within the psyche of the homoeopathic profile there is always an element of collapse and/or self-destruction.

Podophyllum is applicable to the patient who is easily overwhelmed with illness. *Podophyllum* have the *Delusion* rubric: *body is smaller*. This rubric should not be interpreted literally. Rather it is indicative of how powerless *Podophyllum* feel. I have only used *Podophyllum* once, constitutionally, and it was for a woman who was 'spiritually attached' to her gastric disturbances. Every time she was overcome by an explosive bowel motion she felt depressed and thought she was going to die. However, every time I tried to encourage diet changes she subconsciously sabotaged my efforts. Eventually, after a few months of persisting with my prescription of *Podophyllum* she revealed to me that she felt that her extreme sensitivity to food proved she was highly attuned to the universe; this is a 'delusion of grandeur' or 'spiritual ego'. When her diarrhoea stopped she felt like everyone else who *had gross insensitive bodies and lacked spiritual sensitivity*. Cure in this case came when the patient was able to realize that she could maintain her *heightened spiritual sensitivity* without needing to have it validated by extreme food sensitivities.

In 'New-Age' groups I have noticed a common myth that 'sensitivity' to the environment or to particular foods is proof of 'spiritual sensitivity' or 'spiritual awareness'.

None of the dietary changes I had tried to enforce were effective. The action of simillimum exposed her delusional denial, she was subsequently able to release her attachment to maintaining her psychological delusion, and

her diarrhoea stopped. The first action of the simillimum will expose or heighten psychological denial. The importance of understanding the psychological delusional stages will alert the homoeopath to predominant delusional states. Each remedy profile has a predominance in one area, whether it be 'delusions of grandeur', 'delusions of abandonment', 'delusions of original sin', 'delusions of impending doom' or 'delusions of hypochondria'. I have discussed each remedy profile in the five stages according to the predominant delusional themes within the profile. Cure from the action of the simillimum will first expose psychological denial. *Podophyllum* have an intensely *disproportionate* amount of *Delusion* rubrics relating to 'delusions of hypochondria'. *Podophyllum* will maintain their 'delusions of hypochondria' for a specific reason. Furthermore, if there are inconsistencies between Stage one and Stage five, then there is evidence of self-denial and suppression which will either accelerate present pathology or precede future pathology.

Podophyllum have the *Delusion* rubric: *he is well* and the contradictory *Delusion* rubric: *he is going to be sick*. Inconsistencies within the remedy profile should alert the homoeopath to the patient's need of self-destructive psychological patterning to maintain their delusional perceptions. The collapse within *Podophyllum* is immediate. *Podophyllum* presume that they will always become unwell; they do not believe they can sustain well-being. *Podophyllum* need to suppress their physical well-being to support their 'delusions of grandeur' of being united with a *higher consciousness*.

It is this degree of suppression which leaves them vulnerable to persecutory fears and 'delusions of hypochondria'. *Podophyllum* maintains the perception they are *smaller* to avoid being persecuted. In the psyche of all the remedy profiles which are derived from poisons is a somatic hypersensitivity to perceived annihilation. Ironically, remaining in a *small* state leaves *Podophyllum* exposed to annihilation.

Podophyllum will only be the simillimum if the patient is mentally and emotionally attached to remaining vulnerable.

Podophyllum have the *Mind* rubric: *desire to be magnetized*, and the *Delusion* rubric: *unification with higher consciousness*. The simillimum will not be *Podophyllum* unless the patient indicates that their sensitivity is a result of their heightened spiritual connection to a higher consciousness. *Podophyllum*, along with *Hydrogen*, choose to live in the presence of a higher consciousness. *Hydrogenium* experience a psychological delusional conflict between their higher consciousness and their existence in the world. *Podophyllum* on the other hand, as a result of their heightened consciousness, suffer from exaggerated awareness of their vulnerability. The simillimum will not be *Podophyllum* unless the patient indicates that they are extremely vulnerable to all outside influences across all levels – emotionally, mentally, and physically.

1. Denial: *Delusion* rubric: *well, he is*: podo.
Versus
5. *Delusion* rubric: *sick: going to be sick; he is*: podo.
1. Denial: *Delusion* rubric: *well, he is*: podo. *Delusion* rubric: *consciousness: higher consciousness; unification with*: podo. [1] 2. [hydrog.]
2. Forsaken: *Delusion* rubric: *criticized, she is*: podo. *Delusion* rubric: *assaulted, is going to be*: podo. *Delusion* rubric: *persecuted: he is persecuted*: podo. *Delusion* rubric: *place: strange place; he was in a*: podo.
3. Causation: *Delusion* rubric: *sinned; one has: day of grace; sinned away his*: podo.
4. Depression: *Delusion* rubric: *sick: going to be sick; he is*: podo. *Delusion* rubric: *unreal: everything seems unreal*: podo.
5. Resignation: *Delusion* rubric: *die: about to die; one was: Podo*. *Delusion* rubric: *dying: he is*: podo. *Delusion* rubric:

disease: incurable disease; he has an: podo. Delusion rubric: liver disease; that he will have: podo. [1] 1. Delusion rubric: sick: being: podo. Delusion rubric: heart: disease: going to have a heart disease and die; is: podo. Delusion rubric: sick: going to be sick; he is: podo. Delusion rubric: small: body is smaller: podo.

Sabadilla are listed in numerous rubrics pertaining to extreme hypochondria. *Sabadilla* have only one ‘delusion of grandeur’, the *Delusion* rubric: *illusions of fancy*. The essence of understanding the psychological profile within the five stages is that it will always highlight *peculiarities*, or *strange* and *rare* aspects of each remedy profile.

Sabadilla have numerous *Delusion* rubrics pertaining to ‘delusions of hypochondria’ and not enough ‘delusions of grandeur’ which can boost their stature. It is debatable whether in the case of *Sabadilla* the fanciful idealism inherent in the *Delusion* rubric: *illusions of fancy*, is a psychological ‘delusion of fancy’ or the precursor of their overwhelming illusions of illness and disease. If the latter is correct, which I suspect is the case, then it indicates that *Sabadilla* do not have the ‘ego’ strength to be able to resist their delusional hypochondria.

Sabadilla have several physical, psychosomatic and imaginary [*illusions of fancy*] illnesses. Their obsessive, neurotic hypochondria, illusions and imaginations are turned inwards against themselves. They have numerous *Delusion* rubrics which all center around self-repulsion.

Sabadilla the homoeopathic remedy is derived from seeds of the South American lily (*Schoenocaulan officinale*). The seeds of the *Sabadilla* are used as an insecticide. The seed dust is the least toxic and is used as a botanical insecticide against armyworms, harlequin bugs, stink bugs, cucumber beetles, leafhoppers, and blister beetles. It is considered among the least toxic of botanical insecticides and breaks down rapidly in sunlight. Although *Sabadilla* is classified as

slightly toxic, it is toxic to honey bees. *Sabadilla* dust causes irritation to eyes and produces sneezing if inhaled. The purified alkaloid is very toxic. It is a severe skin irritant and even small amounts cause headaches, nausea, and vomiting. Large doses can cause convulsions, respiratory failure and cardiac arrest. *Sabadilla* (the homoeopathic remedy) is commonly used for hay fever, sneezing, throat irritation, headaches and skin irritation. *Sabadilla* is also used for nausea and diarrhoea. If a homoeopathic remedy is derived from a poisonous substance, then within the profile of the remedy there will always be evidence of self-destruction and fear of annihilation (persecution).

Within *Sabadilla*, obsessive self-destruction stimulates psychological illusions of their body devouring itself from the inside out. *Sabadilla* have the *Delusion* rubric: *his stomach is devoured*. *Sabadilla* have several physiological imaginings: *imagining they are pregnant, filled with flatus*, and illusions they *are pregnant*.

'Phantom pregnancy' is the appearance of clinical, and/or sub-clinical, signs and symptoms associated with a pregnancy, when the patient is not pregnant. Psychodynamic theories attribute the 'phantom pregnancy' to a somatic manifestation of internal mental and emotional conflict. Either the patient has an intense desire to become pregnant, or an intense fear of becoming pregnant. *Sabadilla* have a psychosomatic desire to be pregnant.

Sabadilla need to be taken over by something inside of themselves or by someone outside of themselves. *Sabadilla* have no strength of 'mind over body'.

Sabadilla have the *Mind* rubrics: *persistent thoughts of mind and body separated, feigning to be sick, wakes his wife and child talking anxiously about his hypochondriasis*, and *runs recklessly about and jumps out of bed, wants to destroy himself but lacks the courage*. The *Delusion* rubric: *the house is coming down on her*, should not be taken literally, rather it

is indicative of fear of annihilation ('delusions of persecution'). *Sabadilla* have a psychosomatic desire to imagine themselves sick, deformed, and dying of cancer. The simillimum will only be *Sabadilla* if the patient indicates that they are unable to resist their imaginings that their body is diseased from the inside out.

The rubric-list below lists the numerous body delusions of *Sabadilla*.

- *Delusions: diminished, all is: sabad.*
- *Delusions: separated: body, mind are separated: body and: sabad.*
- *Delusions: thoughts: outside of body; thoughts are: sabad. [1] 1.*
- *Delusions: die: time has come to: sabad.*
- *Delusions: cancer, has a: sabad.*
- *Delusions: disease: incurable disease; he has an: Sabad.*
- *Delusions: disease: throat disease, which ends fatal; has: **SABAD.***
- *Delusions: emaciation; of: sabad.*
- *Delusions: poisoned: he, has been: sabad.*
- *Delusions: sick: being: Sabad.*
- *Delusions: withering, body is: sabad.*
- *Delusions: faint; he would: sabad.*
- *Delusions: brain: round and round; brain seemed to go: sabad. [1] 1.*
- *Delusions: body: shrunken, like the dead; body is: Sabad. [2] 1.*
- *Delusions: diminished: shrunken, parts are: Sabad.*
- *Delusions: disease: throat disease, which ends fatal; has: **SABAD.** [3] 1.*
- *Delusions: enlarged: scrotum is swollen: sabad. [1] 1.*

- *Delusions: falling: hold on to something; she would fall if she did not: sabad. [1] 1.*
 - *Delusions: small: body is smaller: sabad.*
 - *Delusions: pregnant, she is: Sabad.*
 - *Delusions: pregnant, she is: distension of abdomen from flatus; with: **SABAD.***
 - *Delusions: body: deformed, some part is: **SABAD.***
 - *Delusions: abdomen: fallen in; abdomen is: **SABAD.** [3] 1.*
 - *Delusions: stomach: devoured; his stomach is: **SABAD.** [3] 1.*
 - *Delusions: stomach: ulcer in stomach; has corrosion of an: sabad.*
1. Denial: [*Delusion rubric: fancy, illusions of: Sabad.*] NONE.
 2. Forsaken: *Delusion rubric: poisoned: he, has been: sabad. Delusion rubric: house: house coming down on her; house is: sabad. [1] 1. [This rubric can pertain to 'delusions of persecution' or 'delusions of impending doom'.]*
 3. Causation: *Delusion rubric: crime: committed a crime; he had: sabad. Delusion rubric: criminal, he is a: sabad.*
 4. Depression: *Delusion rubric: thoughts: outside of body; thoughts are: sabad. [1] 1. Delusion rubric: diminished, all is: sabad. Delusion rubric: separated: body, mind are separated: body and: sabad. Delusion rubric: house: house coming down on her; house is: sabad. [1] 1. Delusion rubric: house: falling on her; as if houses were: sabad. [1] 1. Delusion rubric: dull: liquor; from taking: sabad. [1] 1. [This rubric should not be interpreted literally. It indicates unconsciousness.]*
 5. Resignation: *Delusion rubric: die: time has come to: sabad. Delusion rubric: cancer, has a: sabad. Delusion rubric: body: deformed, some part is: **SABAD.** Delusion rubric: disease: incurable disease; he has an: Sabad. Delusion*

rubric: *disease: throat disease, which ends fatal; has: SABAD. Delusion rubric: emaciation; of: sabad. Delusion rubric: sick: being: Sabad. Delusion rubric: withering, body is: sabad. Delusion rubric: faint; he would: sabad.*

Stannum is a homoeopathic remedy derived from tin. The theme within the metal remedies is mental stimulation. *Stannum* have abundant ideas, but they are not able to control their ideas.

The mental debility is marked in *Stannum*. *Stannum* feel unable to complete anything in their life. *Stannum* are overwhelmed by their own mental stimulation. Their ideas cause disintegration.

Stannum have many *illusions of fancy* but they lack the ability to be able to sustain their energy. *Stannum* have the *Mind* rubrics: *undertaking many things, persevering in nothing, and ailments from writing.* [1] 3. *Stannum* have several *Mind* rubrics which all confirm instability – *fear of spending money in order not to be short of it in the future* [1] 3., *praying timidly* [1] 1., *begging in sleep* [1] 1., *jumps out of bed from fear* [1] 3., *weeping feels like crying all the time but it makes her worse.* [1] 1. *Stannum* lack stamina; not only do they struggle with the practicalities of living, they are overwhelmed by their own feelings and thoughts. The simillimum will only be *Stannum* if the patient shows evidence of not being able to enact change in their lives. *Stannum* have the *Delusion* rubrics: *objects too far off, distances are enlarged and rush of ideas prevented him from completing his work.* *Stannum* are overwhelmed by everything in their lives, everything is too hard to achieve and everything is unattainable. The simillimum will only be *Stannum* if the patient has totally fallen [*fainted*] into their resigned predictions of illness and impending death. *Stannum* have no *Delusion* rubrics allocated to Forsaken or Causation. The simillimum will not be *Stannum* if the patient presents with psychological delusions of being abandoned or psychological delusions of exaggerated guilt.