

A ramble through strategy and that gets to Burnett – eventually!

By Peter Crockett DSH RSHom

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When I first stumbled across homeopathy I was attracted because I'd always had confidence in a feeling in my solar plexus, like a soft bell ringing whenever something is right for me, and it seems to be the answer to a question I've been holding on to.

For many years I forgot why I'd been attracted to homeopathy. Then a couple of years ago I was surprised to find a box of books I'd been reading over twenty years ago, before I began studying, books on medicine and healing, especially the history of medicine – Black Death and Jenner's smallpox; I'd completely forgotten I'd had this interest. I was ripe for homeopathy.

When homeopathy and I met, the soft bell rang even though I hadn't had the experience many of us do, of having seen themselves, or someone close to them enjoy a miraculous recovery. In fact the treatment I received on first exposure didn't work. But it didn't matter. I began my studies confident that herein lay a discipline capable of removing disease including serious pathology.

Yet after having qualified as a classical homeopath and practised for two years, I wasn't happy. I estimated only about one third of the people I saw came back to their second appointment showing improvement. It wasn't enough. I thought I must be doing something wrong. Perhaps there was something I didn't get.

I went on suffering this delusion for some time before two things

happened simultaneously; a friend of mine began a course at the Practical College and I went to a Jan Scholten seminar.

At a tea break someone asked Jan what sort of success rate he enjoyed from his system. He thought for a moment and then said, 'From the first prescription I expect about a third to come back with improvement.'

So maybe I wasn't doing so much wrong: I was getting the same results as the master! Perhaps this estimated one third is about what can be expected from the classical approach.

Since then I've journeyed away from classical homeopathy and embraced many of the techniques taught in the Practical or more practical colleges. I use what I consider to be good medical practice: diet and nutrition, as good and accurate a diagnosis as possible, tinctures, kinesiology, Chinese traditional diagnosis, food elimination where necessary, therapeutic and constitutional homeopathy.

In short I'll do anything to try to elicit an improvement for the patient as soon as possible. Helping people back to health requires a strategy and if we can gain the patient's trust quickly, they will

stay with us for long enough to really do them some good.

Now I am disappointed if I haven't managed to help gain some improvement in the patient by the time of the second visit. And if I haven't, I assume I've made or been given the wrong diagnosis, or the part of the case I've begun treating won't be treated until another part has been cleared up.

The Protocol Thing

As a profession I think that we need to start working as a team, using the same protocols. If I were a marketing guru (and someone asked!) that's what I'd tell them: All work from the same page. And by that I don't mean that we all use the same routine. No, I mean we use the same philosophy (which I think we already do more or less) and look at the 5-10 remedies that quite often help the majority of people in a specific condition and work from those unless, or as well as, an obvious 'constitutional' remedy presents itself.

Take cancer. I don't think many of us were very confident in treating cancer in the earlier part of our careers. It's a serious condition, most patients are going to have orthodox treatment, and until recently there was no protocol for treatment. So what do you do?

The first case of cancer I ever treated was a lady with cervical cancer who had been bleeding from the tumour for a year!!

philosophy



James Compton Burnett
(1840-1901).

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Nothing the doctors had done had helped and she was *very* anaemic. I gave her *Crocus* 10M, three doses, because the blood was thick and stringy, and the bleeding stopped within a week. I remember savouring the deliciousness of the result mixed with the terror of, 'Now what am I going to do?'

This has now changed. Dr Ramakrishnan's book on cancer gives us a basis to begin treatment with some confidence. I don't think it is the full story, perhaps only half, but what a boon! Now we already have a shared approach to cancer which many of us are already using and which, in my experience does work to a point. I think a lot more can be done by using Burnett. I have not had one case of cancer since using his technique which has not shown some improvement, or slowing down, in the progress of the disease. In four or five cases the oncologists have diagnosed indolent tumours after homeopathic treatment had begun. They are still there, but they're not doing anything.

And these protocols could be carried over into other conditions.

Give us some money

Of course, in order to do this we need money. We need to be able to afford a person or two to work permanently on finding, and then implementing a system to collect data with very minimal grief to the practitioner. By we, I mean either

an individual or one of the homeopathic professional bodies; someone! We could collate testimonials from patients detailing exactly how they got better and what symptoms and pathology improved and to what extent. Ideally one of the homeopathic organisations need to do this, but who would? Not easy, but where there is a will

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there is a way and the will would improve if we think upon the resulting publicity and increase in patients. And if we had a united front, that energy would attract money. There are many trusts out there looking for sensible complementary projects to fund.

Perhaps we're cleverer than we think!

I also think we should work within the NHS more. We are often doing a lot more than we think we are. We just don't know what the

bottom line is. A case I know of would have been on permanent steroids by now, had the disease progressed 'normally'. Under homeopathic treatment steroids aren't necessary, although the basic condition still exists. As a homeopath this is often depressing until we know what that patient could normally expect with their condition.

And does homeopathy work?

Let's stop carrying on making the mistake of trying to convince people homeopathy works. Does orthodox medicine work? There are plenty of studies out there that prove homeopathy works. There are some that don't. And this is not exclusive to alternative medicine. Studies vary widely in competence. In the last 15 years there have been three studies on how well food elimination works in IBS. Two showed conclusively it helps. One which only ran for a short period with a small control group that didn't exclude wheat, showed it didn't. Guess which one gets quoted most often?

If we were able to demonstrate the percentage and depth of clinical results in a condition, backed up with testimonials from ecstatically happy patients, we could then as a profession let people know. Mud would be hurled, but facts would remain.

➤ **So what's James Compton Burnett got to do with this?**

Well, I think that James Compton Burnett offers us the basis for a very wide-ranging protocol. I'm not sure we as a body fully appreciate where he was coming from. Burnett spoke fluent French and German and took his medical degree in Vienna, in German.

It is a modern myth that medicine prior to the twentieth century was primitive. What is really meant is that surgery was limited and crude before anaesthetics. Yet it seems that in Germany there existed pockets of expertise in treating a wide range of conditions using serial doses of medicines aimed at the diseased organ.

Burnett called it organopathy

Burnett got much of his education in this from a book by Rademacher who was alive at more or less the same time as Hahnemann. Rademacher owed his knowledge to a line of medical competence that came from Paracelsus. Burnett called it organopathy, or the study of treating disease or dysfunction in organs.

He is adamant that, in order to cure many conditions, it is necessary to cure the diseased organ, and he explains that it is a waste to try to cure these cases based on the principle that the symptoms express the whole disease. Too often they don't, and therefore we don't cure our patients; we merely ameliorate or palliate.

This is a selection of Burnett's comments on the subject:

The contention that the disease is all expressed in the symptoms is one to which I cannot assent, because it is not true.

(2003)

God forbid that I should say one disparaging word about symptomatic treatment as such, for we but too often have only the subjective symptoms to go by, but where an exhaustive physical diagnosis is possible, it should always be made, and should stand in importance far before merely subjective symptoms, as these may be, and often are, consequently in this sense delusive.

(2003)

Vomiting due to an enlarged spleen can never be cured by remedies that physiologically produce vomiting, but by such as will bring a large spleen back to the normal.

(2003)



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Theophrastus Bombastus von Hohenheim (Paracelsus; 1493-1541).

No doubt – and on this I lay some stress – when the symptoms (i.e. homeopathically) covered and cured, the disease causing the symptoms is at the same time often radically cured also; but also, and not seldom, the symptoms are got rid of, but the disease remains. (1994)

Hahnemann Wrong? Shock!

This makes for a schism with classical homeopathy, then and now. Burnett agreed with most of the Hahnemannian approach except for this one, very important aspect: that the symptoms cover the entirety of the disease – once you have cured the symptoms you have cured the disease. Paragraphs 6-8 of the *Organon*, paraphrased as per the *Unfolded Organon* (2005), pretty much sum-up Hahnemann's approach. (The italics are mine.)

6. The unprejudiced observer only notes the change in health to the body and mind in a disease (morbid phenomena, accidents, symptoms) which can be perceived externally by means of his senses, and as felt by the patient and seen by those around him. This represents the disease in its entirety. (2)

F/N 2: Treat according to the patient's symptoms, not according to preconceived ideas and medicines. We do not need to look for invisible causes. *Cure only the observable symptoms.*

7. If there is no obvious exciting or maintaining cause (3) that needs removing (causa occasionalis) in the patient's general circumstances (or

Case one

11 January 2005: Woman, age 35, married, one son aged two, fast labour, a lot of nausea in pregnancy. Came to me because she has had two miscarriages in the 2nd month and doesn't want another! H/O termination at 30, pill (Marvelon – low oestrogen), low B/P (now 111/63), anaemia, fainting, anorexia at 18, more recently irregular periods and tired. Took pill from 18 because very heavy periods. Stopped pill at 28 and no periods for 18 months afterwards. Likes chicken, fish, bread, chocolate. Ambitious person, very successful husband, gets very irritated with him. Gets giddy easily. Loves heat, poor circulation = cold tips of fingers. Feels cold easily.

Rx: *Microgynon* 6c daily in morning two drops on tongue – because it's a low oestrogen pill and I think her problem is because of the pill and this is the only low oestrogen remedy in my cupboard.

Sepia 30c daily, evenings, two drops on tongue – because she's irritable, goes off husband easily, and has a history of uterine problems, and I find *Sepia* so often helps in any uterine case.

Yarrow tincture 10 drops in water morning and night – because *Yarrow* is a great haemorrhage remedy and I think of it in circulation problems. It is usually thought of in high blood pressure but I think it works both ways as a normaliser.

Aim: To complete full term without 2nd month miscarriage. She has no problem getting pregnant. Told her to get her iron and hormone levels checked.

26 January 2005: Less tired. Iron and hormone levels are within normal ranges. Giddiness a lot better. Was waking, feeling 'knackered' in mornings, now much better. Circulation the same.

23 February 2005: Is pregnant and suffering from morning sickness. Stop *Yarrow* and *Microgynon*, continue *Sepia*. In a perfect world I would have continued all three, but I will not prescribe herbs or isopathic remedies during pregnancy, for young children or when people are very ill for reasons of self-preservation in a litigious world.

1 March 2005: No better. Feeling very nauseous. Stop *Sepia*, prescribe *Symphoricarpus racemosus* 200c, four times a day until relief, then twice a day.

8 March 2005: Much better, not gone but 80% better.

29 March 2005: B/P 113/60. Nausea more or less over. Is now in 11th week, so things beginning to look good. Very frustrated with being pregnant. Doesn't really want to be. She already stopped the *Sym-r*. Prescribe *Rhus toxicodendron* 30c because of back pain and a few doses of *Ignatia* 30c due to general angst.

10 June 2005: Now in 21st week and feeling fine. Must wait for full term to confirm success but as previous two miscarriages were in 2nd month, so far so good.

Case two

Note: I've included this case as an example of something you see from time to time when giving tinctures. Burnett mentions the phenomena and I too have seen it a few times. Tinctures always nourish the organ or organs they affect, but sometimes when you give a tincture it is also homeopathic to the case. Therefore you are giving the remedy in a relatively strong material dose and the patient will experience an aggravation. When this happens I rejoice and usually radically reduce the material dose, as in this case, or give a very low homeopathic potency. This invariably stops the aggravation and continues the good work. You will have to forgive me because I can't find where Burnett mentions this. If anybody out there knows, please let me know!

Another feature of this case was that I knew this man would stay with me a long time and went quite classical for a while. However, when you see how well the tincture in question worked I feel I should have given it from the start as well as the homeopathic remedy. Who knows? This is a good example of only being able to be objective as regards diagnosis in retrospect.

Lastly, *Chelidonium*, according to Rademacher via Burnett, is a deep acting liver remedy, affecting the 'inner liver' (1994).

17 September 2003: Male, age 49. Professional, curt, polite and to the point. Poor digestion. A lot of wind in morning. Bloating after meals < pasta, salad, rice, lettuce and dressings. Hayfever with dry cracked fingertips. Sometimes swollen ankles. Feet sweaty < hot weather. Kinesiology tested weak for grasses and yeast and also the heart and gall bladder meridians.

Rx: *Lycopodium* 30c, 2 drops every morning – because of physical symptoms and I felt a little dominated.

Aim: To improve digestion.

3 December 2003: Seemed to work. Less bloated. Less windy. 60-80% >. Suggested Hay diet as he is three stones overweight. *Lyc.* 12c, 2 drops daily.

31 March 2004: Digestion a lot better. Not so bloated. Did bloat after lentil stew. Can also bloat when combines some protein and carbohydrates. Ankles still swell < change of weather. Skin beginning to get dry, eyes itch a bit. Always stops cow's milk products in the hayfever season which radically improves symptoms. Changed remedy to *Petroleum* 6c because of dryness and cracks and because they can appear similar to *Lyc.* according to Dr. Ramakrishnan.

5 August 2004: > when gets up in morning. Fingertips have improved 60%. Occasional bloatedness and wind. Continues Hay diet. Ankles have improved, not swelling so much. *Sulphur* 30c alternating with *Lyc.* 30c, every other day. Had an operation on his right knee some years ago which still bothers – tear in the Miniscus cartilage. Suggest *Symphytum/Ruta* cream twice daily liberally.

5 January 2005: Still gets bloated if eats wrong things. Is not doing Hay diet as consistently as before. Fingertips got better and stayed better. Ankles remain better. Knee no better and now left knee is beginning to bother too. As tendon, ligament damage in Chinese Traditional Medicine is a liver symptom and this patient has obvious liver symptoms give *Chelidonium* tincture 10 drops twice a day and ask to come back in a month.

21 February 2005: *Chel.* made him feel sick up in the chest area. Gas and bloating has been much better. Once only he felt bloated due to a baked potato. Knees are generally better although did hurt last week after a lot of walking. Retested kinesiology and now only right gall bladder meridian testing weak. Before was also heart meridian. Told him to reduce *Chel.* tincture to one drop, twice a day.

17 May 2005: Has lost weight although not following Hay diet very closely. Bloating has gone. Wind vastly improved. End of fingers have begun cracking this spring again. Sickness from *Chel.* gone. Continue *Chel.* through summer.

12 June 2005: Think I'll ring him and tell him to restart the *Petroleum* again. Don't know why I didn't last visit!

miasm § 5), then the removal of the totality (4) of the symptoms will cure the patient.

F/N 3: Remove foreign bodies from the eye, loosen tight bandages etc.

F/N 4: Don't treat single symptoms. One symptom, like a foot, is not the whole man.

8. After the symptoms have gone the patient is healthy. (5)

F/N 5: The disease does not remain as a material something lurking in some corner of the body once the symptoms have gone.

Burnett's contention is that symptoms do not necessarily cover the totality of a disease. Symptoms can be shadows of diseased organs and unless you find a remedy to cover the pathology of a diseased organ, you will not cure the case. Organ remedies are given, either as tinctures or in low decimal and centesimal potencies (sometimes with indications, sometimes without) because they have an affinity for an organ which is not working properly. If the organ is diseased, and the chosen remedy is good for that organ, then it is not necessary for the remedy to cover all the symptoms in the case.

He talks about remedies having stop-spots. For instance *Belladonna* will cure the pains of a headache. Yet if the pains are being caused by tubercles in the brain there is no way *Belladonna* is going to cure. *Belladonna* is a 12 mile remedy in a 20 mile case. It just won't reach the full distance. In one of Burnett's cases, violent headaches were cured repeatedly by *Belladonna* until finally the poor woman collapsed and died from a brain haemorrhage due to tuberculosis in the brain.

Having said this...

There are no rules. Some cases are *only* a diseased organ. Some case are *only* miasmatic or a dyscrasia (as Burnett would call it), and the constitution has a taint, either inherited or acquired. *Most* cases are a mixture of the two and it is important to separate the two; a point he makes strongly in instances of gout. The gouty deposits can be dealt with by remedies for gouty deposits, but the taint that causes the gouty dyscrasia will not be touched by them. We should first deal with the deposits then the dyscrasia, as

the remedies are different. This approach translates well in a wide range of conditions.

Would you like to relax?

Burnett did not concern himself with finding 'The Simillimum'. The following will explain:

I have found from practical experience that ringing the changes on like-acting remedies conduces more quickly to a cure than going on with the same.

(2000)

And in this, I suggest, lies a revolutionary approach to our treatment. How relaxing for a classically trained homeopath to think, I only need to lay-out a treatment plan of 'like-acting remedies'.

So why am I going on about this?

Because I think that the Burnett approach provides the basis of a protocol for *many* conditions. Many of the remedies in the homeopathic tradition come from the *organopaths* (Rademacher and Paracelsus) via Burnett. Many more Burnett came up with himself through his voluminous research and experimentation. I don't think we fully

➤ appreciate what a huge influence he had or how successful he was. I suggest that the indications for these remedies have been obscured in our *Materia Medica*s. They have been assimilated as remedy pictures and not as very specific remedies for specific indications in specific conditions.

A few bits and pieces about how Burnett worked

Burnett gave one remedy at a time, almost exclusively, and whenever he gave more than one he would tell himself off. He disliked giving more than one remedy at a time because it doesn't teach you very much. It is hard to know which remedy is doing the utmost good if you are giving more than one at a time. (As a poly-prescriber I agree, yet don't follow his rule.)

Yet Burnett disagreed with the idea that one single remedy will cover all the symptoms often, if at all. In serious diseases it seemed self-evident to him that to completely cure a case you needed recourse to a spectrum of remedies, each one of which addressed the different disease-causing agencies, whether they be inherited, picked up, self-inflicted, injuries or whatever.

He would try to diagnose the various disease-causing incidents in a patient's life. For example, a patient may have had a parent who had TB, a number of vaccinations, a serious fall when young, a difficult pregnancy with post-partum haemorrhage. Now the lady is presenting with a uterine tumour.

He would look at any one, or more, of these as being the cause of the tumour. And at the beginning of a case it is not possible to know which or how many. All we can do is begin to treat and the treatment will teach us which ones make the tumour shrink. Perhaps it was only due to the fall. Perhaps the fall would not have caused a problem if there hadn't been a previous disposition and weakness due to the inherited TB. Or perhaps the vaccination caused the problem. Or perhaps all of them. Only by treating the patient will we be able to look back objectively on a case and see which remedies did the most good and therefore be able to offer an accurate diagnosis.

If we could educate our patients to this approach, we would expand our market.

Here's an interesting thought about nothing in particular

In orthodoxy there is a hope and belief that around the corner lie answers to various serious diseases; the newspapers are enthusiastic in supporting this in a multitude of stories on new treatments in a variety of conditions, and encouraging the belief that somewhere there is that single something that will solve the situation.

In classical homeopathy we have the idea of the constitutional remedy – also a single something.

So we have both ends of the spectrum believing in the possibility of single agents; a belief not held by Burnett:

A concatenation of morbid complexities each one of which is a vital process, never can in the very nature of things be cured by 'one' anything. (2000)

This running after 'a remedy' for any disease of a complex nature is simple

This makes for a schism with classical homeopathy

ignorance of fundamental principles, and bars the road of progress. (2000)

Cancer is a chain of links, and each kind has links of different nature and each link is a biological process. (2000)

Burnett's approach

To round this little treatise off, I leave you with the way Burnett began a case in his own words. How this is all going to turn out, whether we are destined to carry on working in more or less isolation because this is the way it has to be, or whether we are going to merge as a body of practitioners and become a much stronger and wide-ranging force in medicine, I don't know. If anyone out there is interested in talking further do please get in touch. My best to all of you in your heroic endeavours!

My mode of setting about curing a case of tumour when it comes before me for medical treatment, I would say:



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Johann Gottfried Rademacher (1772-1850).

1. First of all, I begin by remembering Hahnemann's method of case-taking, and follow it partially; I say partially, because time is an element of importance nowadays.
2. Then I go over in my mind the various medical doctrines, such as those of psora, syphilis, sycosis, vaccinosis, Grauvoglian constitutions and traumatism, not forgetting all the illnesses and diseases of the patient and any possible bearings of taints and dispositions, hereditary or acquired.
3. I take, then, a purely organopathic survey of the organ or part and then weigh and balance the various facts which physiology, pharmacology, and pathology tell us about. When all this is done, I have usually at least one good reason for giving one good remedy which is then ordered, and which commonly teaches me the next step, either because it helps, or behaves indifferently, or otherwise. (2003)

(And I think he used this for all conditions, not just tumours.)

My cases

My cases demonstrate a somewhat Burnettian approach. I poly-prescribe, a habit roundly criticised by Burnett because we don't learn anything from it. I offer little defence to this habit of mine beyond a wish to obtain a fast result for patients and years of experience which, so far, has not indicated it being a noxious practice; only one which promotes a certain amount of ignorance. □

Case three

Note: This is a little case with minimal follow-up beyond the confirming success of the one and only aim. I include it because it explains some part of my approach to treating allergies especially when faced with little time.

25 March 2005: Woman, aged 35. Allergic to horses and cats (a bit). Has to do a big job which involves riding horses in six weeks! Very important that she can ride the horses without her eyes swelling all the way round, hives along jaw line, sneezing, as well as feeling like her insides are swelling too. All symptoms improve as soon as she has a shower. H/O exostosis left foot, renal cyst when three. Gets cold at night in bed. Suffers from constipation, wants to go but can't. Low B/P. As teenager terrible cramps during periods with passing out, now OK. Kinesiology – tested weak for milk, and weak stomach and gall bladder meridians. (Always think possible spleen when stomach problems present as according to Rademacher one third of stomach problems are caused by the spleen.)

Aim: To ride horse without noticeable distress.

Rx: *Malandrinum* 30c one day, *Vaccinum* 30c the next, *Carcinosin* 30c the third, then repeat continually, day one, day two, day three, and so on. This is the Kate Golding technique, which I use a lot.

I think vaccinosis is still with us especially among people over 50 who often had a smallpox jab. I always think smallpox when people have an allergy to horses due to the *Maland.* connection to vaccinosis. *Carc.* is also a favourite allergy remedy especially when the person is terribly nice and likes to dance etc. I also gave *Meadowsweet* and *Yellow dock* in tincture, 10 drops each twice a day. *Meadowsweet* because nearly everyone with allergies needs their digestion improved and *Yellow dock* because it is one of my favourite constipation remedies.

4 May 2005: Is very pleased. Riding went fine except when she got hot, but only the hives came out on the jaw-line. It went very quickly after washing her face. Constipation improved somewhat. Interestingly she got an ear infection after beginning the remedies. First time in twenty years or more!! She didn't mention that she used to suffer from them continually as a child. She took antibiotics which probably weren't necessary but who can blame her! I'm equally sure she won't get any more ear infections. I never mind patients taking orthodox remedies at the same time as homeopathic or herbal remedies, although I'm careful to check any contraindications relating to herbs. Unfortunately I have no further follow-up to this case beyond her being a happy customer.

REFERENCES

Brinton, M. (1992) *Remedies, Biographies and Time-Line*. College Project
 Burnett, J.C. (2000) *Curability of Tumours*. New Delhi: B. Jain
 Burnett, J.C. (1994) *Diseases of the Liver*. New Delhi: B. Jain
 Burnett, J.C. (2003) *Diseases of the Spleen*. New Delhi: B. Jain
 Burnett, J.C. (2003) *Tumours of the Breast*. New Delhi: B. Jain
 Crockett, P. (2005) *Unfolded Organon*. London: Homeopathy Allergy Store
 Rademacher, J.G. *Universal and Organ Remedies*. Translated by A.A. Ramseyer. Calcutta: AP Homoeo Library
 Ramakrishnan, A.U., Coulter, C.R. (2001) *A Homeopathic Approach to Cancer*. St. Louis, USA: Quality Medical Publishing

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