

The dancing remedies

by Ilana Dannheisser MSc RSHom



Ilana grew up in New York City, and came to London in 1978. Before becoming a homeopath, she danced, taught and choreographed contemporary dance. Ilana has been practising homeopathy in South London since 1996, having studied at LCCH and the Dynamis School. She completed an MSc in Homeopathy in 2009 at the University of Central Lancashire. Ilana is part of the Pinnacle Seminar team, bringing speakers of the Sensation Method to the UK. She is currently teaching at the University of West London and is Course Director of Homeopathy at the College of Naturopathic Medicine.

This article is a reworking of a project undertaken to fulfil the academic requirements of my studies as a homeopath, with the London College of Classical Homeopathy, in 1995. Prior to becoming a homeopath, I worked in the performing arts as a dancer, teacher and choreographer, having trained in contemporary dance and ballet in New York City. Knowing the dance world well, I could see where dance and homeopathy intersected. It intrigued me to find the rubric 'Mind, Dancing' and to consider why those remedies were placed there, and how dancing could be a pathological symptom. Also, looking at the special requirements of the dancer's world led me to consider what kinds of pathologies might be common, and therefore an insight into this subculture might be instructive to homeopaths treating dancers. What follows is a personal exploration of the connection between dance and homeopathy, in health and dis-ease.

The dancer's world

Dancing is a universal human activity. People love to dance at parties and celebrations. Dance can bind communities, as in 'folk' dances, and some athletic activities such as ice-skating and gymnastics require display of artistic expression as well as technical ability. Ballroom dancing, though not (yet) an Olympic sport, is extremely popular, and the TV programme *Strictly Come Dancing* is copied worldwide. How satisfying is the feeling of moving the body rhythmically, sensuously, or to a delicious sound. But when a person feels that he or she cannot live without this experience every day, when it becomes so much a part of one's existence that its deprivation brings on depression, when life IS dance, then the dancer comes into being.

Dancers are viewed as special creatures, somehow superhuman – especially ballet dancers. They represent a desired aesthetic, a model of beauty, a supreme combination of athleticism and art. They are often envied for their ability to be free and open with their bodies.

Yet there is a dark side, a pathological aspect to the activity of dancing, and so it appears as a symptom in the homeopathic repertoires. How can human movement be elevated to an art form and also be a manifestation of disease? There is a similar reference to 'singing' but not to painting, drawing, sculpting, composing, acting or any other art form. Both singing and dancing can be creative human expressions, and both can be expressions of insanity, madness, losing one's mind. Recent films such as *Billy Elliot* and *Black Swan* have exposed aspects of the dance world not usually discussed or known by the general public.

For those who choose a career in dance, life is a complex mixture of exhilaration, pain and frustration. Compelled to work on and with the body to achieve a sense of physical and spiritual or artistic satisfaction, the dancer must practise their technique without fail in the daily class. As with musicians, the skill is a fragile acquisition, easily lost. Unlike the musician, the dancer's instrument can

never be put aside, but is lived in, contending with all the ordinary needs and stresses of being human. It is difficult to keep in tune, and is easily injured. Like athletes, the constant need to improve physical strength and stamina requires discipline and pushing oneself beyond one's limitations. Financially, dancers are generally the lowest paid professional artists, without the culture of 'sponsorship' that exists in the sports world. On the contrary, dance is often considered a frivolous activity, even though so many people enjoy doing it!

Dance training

Ballet dancers usually begin their training as children of seven or eight. Correct use of the body must be learned, as well as rhythm, spatial awareness, musicality and style. Girls start dancing on 'pointes' from about the age of 12. The training is always very public, taking place in a large group or class. The dancer is always on display and in competition with other pupils. There is a special relationship in this discipline between the teacher and the group. If the teacher corrects a pupil, it can be received as special attention, or as humiliation. If a teacher neglects a pupil, it may be felt the pupil is unworthy of attention. The 'self' is under constant scrutiny and this can lead to frequent emotional distress, depending on the attitude of the teacher and the personality of the student. While these are conditions of learning in any art form, it is especially exacerbated in dance because it is much more difficult to step outside the body and be objective about oneself. A nasty teacher



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can abuse his / her power and easily enjoy shaming a pupil. The pupil just has to take it and get over it, not being allowed to reply or answer back. I have personally witnessed many incidents of this kind when I studied dance, but I also know that in the last few decades this is not practised as widely as it used to be.

Apart from ballet, there are different styles of theatre dance, called contemporary, jazz dance, or musical theatre dance. Classical ballet is still rooted in the ideals and values of the 19th century – exemplified in ballets such as *Giselle* or *Swan Lake* or *The Nutcracker*, probably the best known in the UK of all ballets. Contemporary dance grew out of the visions of a handful of dancers who pioneered a new approach to theatre dance in the early 20th century. Of these people Isadora Duncan is probably best known. Others are Martha

Graham and Doris Humphrey (USA), Mary Wigman (Germany, before the Second World War), and Merce Cunningham (USA). They created new techniques of dance and new sets of movement vocabularies, based on their needs for expression, in the same way as painters such as Picasso and

Contemporary dance style combines defying and yielding to gravity

composers such as Stravinsky rearranged their media to suit their visions. The new styles dealt directly with emotional content, and giving into gravity, as opposed to always defying it. They sought to work with the nature of the human body, rather than against it. The development of these styles is no less theatrical or demanding in skill. The training is as rigorous, but tends to start later in life, as they require more emotional maturity. There is a tradition of experimentation, and contemporary dancers are encouraged to develop their own creative potential through choreographic exercises.

The style of ballet is generally curved, graceful, restrained, strong yet light, always pulling upward away from gravity and often extremely athletic. Contemporary dance styles are more grounded, sharp, angular, emotional, weighted and sometimes wild. The style



Dancers are viewed as special creatures, somehow superhuman

▷ a dancer chooses indicates many clues to his / her personality. In many ways the dancer superimposes on him / herself an extreme form of 'body language'. Martha Graham famously remarked 'the body never lies' – meaning what you are within is what you show outwardly, in your movement and actions. You cannot hide the truth of the inner state.

Why do dancers dance?

Doris Humphrey, one of the early American creators of contemporary dance, wrote in 1937:

The dancer believes that his art has something to say which cannot be expressed in words or in any other way other than by dancing ... there are times when the simple dignity of movement can fulfil the function of a volume of words. There are movements which impinge on the nerves with a strength that is incomparable, for movement has power to stir the senses and emotions, unique in itself. This is the dancer's justification for being, and his reason for searching further for deeper aspects of his art (www.dorishumphrey.org).

An English contemporary dancer, Miranda Tufnell (1993) wrote:

I have always been fascinated by the shifting evolution of thought through a dancer's body. I wonder at how deeply individual each person's movement world is, and search for a physical 'language' that gives voice to part of ourselves that tends to be voiceless. My work feels like a journey inwards and outwards, to bring to consciousness the interpenetration of my body and the world around me. Never much interested in doing other people's steps, I search to find ways of unlocking the habits that confine awareness ... I am always giving up dancing – too old, too tired, the needs of children – yet always drawn back as I realise that it is in dancing I am most fully present and alive, as if in dancing I discover more fully for myself who I am.

Dance as therapy

The quote above exemplifies the possibilities of dance as a therapeutic medium. In the practice of Dance Movement Therapy, dance is viewed as healing activity. Healthy dance corresponds to vitality, dynamism, change, flow and adaptation, very much in line with Hahnemann's definition of health as 'when the dynamism that animates the material body rules with unbounded sway ...'. Rachel

Healthy dance corresponds to vitality, dynamism, change, flow and adaptation

Melville Thomas, a dance therapist, wrote:

It is a commonly held belief that dancing is intrinsically good for you, that it allows the dancer to feel more alive, to let off steam and to have the satisfaction of creativity in movement.

The premise of this form of therapy, which is a branch of psychotherapy, is that movement reflects personality, and that there is an intrinsic relationship between thoughts and feelings and behaviours. A person's movements and body positions indicate moods, and how that character responds to and copes with the world around. It is understood that personality develops largely through non-verbal experiences and expressions which form the language of the body. This learning occurs at an early age, and is never forgotten.

Melville-Thomas continues:

As a healthy development is reflected in a broad and adaptive repertoire of movement, so difficulties and upsets in personal history may also manifest in the body. The dance and movement therapist is trained to observe and identify such problems and to empathise with the person's feelings by 'replicating' or 'mirroring' his / her movement ... It is the task of the dance and movement therapist to draw alongside each person and stay with him, joining in and attempting to understand his 'dance'.

This is none other than movement homeopathy! For example, dance therapists typically work with autistic and hyperactive children. In autism, the child cannot release, or flow, or relax his weight into gravity towards the floor. The dance therapist enters the held world of the child, and then gradually encourages contact with the floor and relaxing the weight, which in turn allows the child to feel safe and connected with the world.

Dance therapy maintains that an individual needs to experience a range of movement which corresponds to a range of emotion. Patients are 'stuck' in a particular dance, a narrow range of movement behaviour, and the goal is to become 'unstuck', or rather 'to move with unbounded sway'! The word EMOTION itself is closely linked with movement and flow, as the prefix 'E' means 'from' and 'motion' means movement; therefore 'emotion' means 'from movement', as in 'I was moved to tears'. The dance therapist is interested in rhythm, flow, shaping, roundness, holding, relaxation, contact with the floor, increasing mobility in joints by moving all parts of the body, allowing expression in a safe environment. What they hope to achieve is that the patient becomes able to relate, to become a whole person by being able to move and flow in connection with others and the world around them; in short, to be able to experience mental and emotional wholeness.

We might say that each one of us can experience the beneficial or healing effects of certain movements, such as graceful slow movements to sustained melodies of string instruments, which can yield a feeling of inner peace and connection to one's centre. Or, hard, angular, quick, sharp movements accompanied by rhythmic beating of a drum, which can provide a means of release from anger or frustration.

So, is this dance? When the intention of movement is enhanced and elevated beyond the unconscious way we perform an infinite variety of actions, it becomes dance. By engaging in this heightened awareness, there can come a feeling close to spirituality, or at least a sense of connectedness with oneself, an integrity, wholeness. This is the power of dance to which the dancer is strongly attracted and accounts for the feeling that dancers have that they feel most alive when they are dancing. One could almost say, the dancer is addicted to dancing!

Dancer's health

Professional dancers, dancing every day in a company and performing regularly, represent the other end of the spectrum to dance therapy, in terms of its physical demands. Performance itself can feel ecstatic,

transcending reality, creating magic. Preparing for the performance can be intensely gruelling, requiring hours of practice and daily rehearsals. The body is often asked to perform unnatural movements to fulfil a choreographic intention. It is not difficult to imagine that dancers are easily prone to sudden traumatic injuries such as sprains, strains, torn muscles, ruptured ligaments or tendons, bruises, dislocations or fractures. Equally, chronic or cumulative injuries can result from the repetition of the extreme actions required. These include inflammations of tendons, fatigue, or physical stress. Injuries occur from being overworked and overtired. They can result from dancing on unsuitable floors, in cold environments, with insufficient warm-up and in difficult choreography. The emotional effect on the injured dancer should not be underestimated. Because the instrument of the art is so closely connected with the dancer's identity, to be excluded from participating often leads to depression and feelings of uselessness.

For women dancers who are required to keep a low weight, menstrual disorders can occur such as amenorrhea, or delayed menarche. Both conditions are affected by low body weight. It is now commonly acknowledged among practitioners of sports medicine that amenorrhea occurs when there is a combination of intense physical endurance training and a calorie restricted diet. Severe calorie restriction, leading to a significant reduction in body fat, influences the hormone balance with the result that menstruation ceases. In studies done on Olympic athletes, there is also a high incidence of amenorrhea among gymnasts, cyclists, runners and lightweight rowers, and a low incidence among swimmers and heavyweight rowers. Cyclists and ballerinas have a similar incidence. Age is another important factor, in that young women in their late teens and early twenties appear to be more susceptible than older women. Since dancers generally intensify their training and begin to work professionally at this younger age, the risk of developing amenorrhea is high. Since the woman's body is producing low levels of oestrogen, this can predispose to osteoporosis. Athletes with amenorrhea have

significant reduction in their bone density levels. The relationship between oestrogen and the healthy maintenance of bones is now well established (Wolman, 1991).

This discussion naturally leads to the issue of how dancers keep their bodies at the desired (though not necessarily required) low weight. George Balanchine, an American ballet choreographer, was well known for wanting to 'see bone'. Eating disorders, particularly anorexia, are not uncommon. Like others who suffer in this way, dancers often have an unrealistic or distorted self-image as well as attitude towards food. A counsellor and psychotherapist, J. Buckroyd,

we have to protect in that way'. She observed the daily class as being highly stressful for many dancers, because of the way it was taught, having heard from many student dancers of traumatic occasions during their class which then prompted them to binge eat. She summarises:

Eating disorders in my view are a coping mechanism. They are a means of dealing with life ... they are invoked when there doesn't seem to be another way of dealing with the way life is ... I think that in a minor key this is probably something with which we are all familiar. We know about comfort eating and about not eating when we are unhappy (Buckroyd, 1991).

Homeopathy and dancers

The portrait painted thus far of the dancer's world may seem somewhat unhealthy! Of course, individual susceptibility will determine how dancers respond to this seemingly harsh environment. Homeopathy could offer so much beyond the obvious first-aid remedies for treating injuries, sprains, strains, ruptures or fractures.

One small example from my experience shows how a remedy helped in an acute emotional context: During a dress rehearsal for a student dance recital, Anna (not her real name), one of the dancers performing a lead role, was on stage along with the rest of the cast, as the run-through was about to start. As it happened, Anna had recently started to show the typical signs of becoming anorexic, having recently lost a lot of weight. Her energy was poor, her expression vacant. However, she had already been cast in the lead, along with another dancer with whom she would alternate the role. The director had not wanted her to dance at this rehearsal, but for some reason she didn't know this. In front of the whole group, he asked her to leave the stage, as he wanted the other alternate dancer to run through the dance. In fact, he was dubious as to whether Anna was up to it, though he did not say this to her. Anna was also required to dance in the group parts when she was not performing the lead.

Anna fled to the girl's toilet and a few minutes later one of the other students came to tell us she was sobbing hysterically and wouldn't come out. The director

Dancing appears in many of our remedies in the materia medica

has written about eating disorders among dancers, based on her extensive experiences. She describes the psychological profile of the dancer as having active capacities, such as self-discipline, perseverance and physical courage, but corresponding passive characteristics, such as willingness to be corrected and told what to do, to fit into a hierarchy. This willingness makes the dancer vulnerable to ill treatment, even exploitation. She states 'Dance students and professional dancers are an emotionally vulnerable group'. The young age at which a dancer begins training means that teachers are responsible for personalities which are not yet fully formed '... whose confidence, whose self-perception, whose self-image, is easily damaged and who

➤ turned to me and asked me to go and talk to her, calm her down, so that the rehearsal could get under way. My first attempt with her failed – she would not stop sobbing. She was overwhelmed with humiliation and the prospect that she would be cut from the lead role. This would have been disastrous for her, as she knew she was too thin, and if her family knew she was taken off the role, they would also realise she had become ill. I asked her if she would be willing to take some homeopathy, and she agreed. Not having any remedies with me, I dashed to the local pharmacy which stocked some basic remedies, and got some *Ignatia* 30c. Racing back to the theatre, I gave Anna one dose. Within ten minutes she was back on stage, putting on her pointe shoes, and cheerful. Perhaps this remedy helped her at a deeper level – it was not possible to pursue further. However, she did dance the role in performance.

The materia medica of dancing

Why is there a rubric ‘Dancing’ in the *Repertory*? How is ‘dancing’ an expression of dis-ease? What is meant by ‘dancing’, and is it the same for all the remedies? These questions prompted me to look at the remedies themselves, to try and understand their presence in that rubric.

Here are the remedies currently listed in *The Complete Repertory 2011* (van Zandvoort, from KHA MacRepertory; the numbers indicate grading from 1-4):
 mind; DANCING (73):
 acon., aether, 3Agar., agath-a., aids, alum-s., 2amet., ana-i., androc., apis, arist-cl., 3Bell., 3Bos-s., bro-s-g., calc-p., camph., cann-i., cann-s., caras., 4CARC., cer., chir-f., chl-l., 3Cic., clad-r., 3Cocc., con., 2cordy-a., 4CROC., croto-t., dat-f., dpt, erb-o., fl-ac., gins., glyc-g., grat., hippo-k., 3Hyos., ign., ilx-p., irid., kola., lach., lat-h., loxo-r., lsd, merc., 2nat-m., nitro-o., 3Onc-t., ozone, ph-ac., pholc-ph., pip-m., 3Plat., posit., rob., salx-f., sant., scorp., 3Sep., sil., soph-m., stict., 4STRAM., 2tab., 4TARENT., tax., teg-a., 2tela, uran., verat.

Also:
 mind; DANCING; amel. (14):
 cann-s., carc., caust., erb-o., 3Ign., lam-cy., lat-h., nat-m., posit., salx-f., 4SEP., sil., stann., 4TARENT.

Remedy groupings

Animals (13);
 mainly spiders
 and sea creatures

Solanaceae (5)
 Intoxicating or
 stimulant (10)

Neuro-toxic (8)

Lanthanides (2)

Anas indica (Duck), *Androctonus* (Scorpion), *Apis*, *Carassius auretus* (Goldfish), *Chironex fleckeri* (Box Jellyfish), *Hippocampus kuda* (Seahorse), *Lachesis*, *Latrodectus hasselti* (Australian black spider), *Loxosceles reclusa* (Brown recluse spider) *Onchorynchus tshawytscha* (Salmon), *Sepia*, *Tarantula*, *Tela aranea* (Spiders web)
Belladonna, *Datura ferox*, *Hyoscyamus*, *Stramonium*, *Tabacum*
Aether, *Agaricus*, *Cannabis indica*, *Cannabis sativa*, *Choralum hydratatum*, *Crocus sativa*, *Ginseng*, *LSD*, *Nitrous oxide* (Laughing gas), *Piper methysticum*
Camphor, *Cicuta verosa*, *Conium*, *Croton tiglium*, *Ignatia*, *Mercury*, *Robinia*, *Santonin*
Cereum metallicum, *Erbium oxydatum*

And:
 mind; DANCING; wild (7):
 androc., 3Bell., camph., glyc-g., 2lat-h., tarent., tax.
 Rather than attempt to discuss every remedy listed above, I will focus on a few of them for discussion. There are some interesting groupings (this is not comprehensive – only some major trends are indicated – see table above).

For some of these remedies, dancing appeared in the proving:

- *Aconite*: Gaiety with inclination to sing and dance.

Many little girls
 aspire to be
 ballerinas

- *Cannabis indica*: Very excited, he began dancing about the room, frequent laughing; talked nonsense ... on becoming conscious he finds himself dancing laughing and singing before a looking glass.
- *Cicuta virosa*: Aberration of mind, singing, performing the most grotesque dancing steps, shouting.
- *Croton tiglium*: He has no inclination to work; would much rather dance than attend to business.



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Tarentula is well known to have ‘dancing’ in its symptom picture

- *Hyoscyamus*: He makes ridiculous gestures like a dancing clown; danced, ran about the room and grasped at things which usually she never touched; they began to leap and dance as in chorea and all the time they seemed not to know any of their family.
- *Phosphoric acid*: She dances, without consciousness, violently and wildly, for several days, without lying down, except at night. (This is not how we normally think of this remedy!)
- *Santonium*: Felt very excited, and inclined to dance and laugh (soon after taking).
- *Stramonium*: In a state of delirium, he dances, gesticulates, shouts with laughter and sings; he jumped and danced about the bed and knocked against the wall with incessant and disconnected talking and great violence, without the slightest consciousness; he danced at night in the churchyard.
- *Tabacum*: She is very lively and jolly, danced about on one leg for joy, and laughs without reason nearly all day (first day). Anxiety with very depressed melancholy thoughts while walking (third day, same prover).

The remedy *Tarentula* is well known to have ‘dancing’ in its symptom picture. This derives from the effects of the spider’s bite (as recorded in *Allen’s Encyclopaedia*):

- Maidens and wives, otherwise virtuous, the restraints of modesty being loosed, sigh deeply, howl, make indecent gestures, expose their sexual organs, are fond of pensile movements ... some at length twist about in their own garments, and take excessive delight in such movements. Others like to strike with whips on the buttocks, heels, feet, back ... Others have a great desire



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to run.

- Stretched upon the ground and seemed as if he was just going to expire. When he heard the music he began to move accordingly, got up as quick as lightning, and seemed as if he had been awakened by some frightful vision, and stared wildly about, still moving every joint of his body.

For this remedy, dancing is essential to the remedy picture and the symptom picture. There is such an intense connection with music and strong rhythms in particular, it

Virtuoso prima ballerina in *Swan Lake*

would be difficult to prescribe this remedy without seeing this keynote feature. There is a folk dance called the ‘tarantella’ (named after the Italian spider) which is generally very fast, sensuous and rhythmic. The spider remedies have a general feature of intense restlessness and need to move, and the repetitive rhythms enable this restlessness to have a satisfying form of expression. Vithoukas writes:

Because of the wound-up state of the nervous system, the *Tarentula* patient is relieved by rhythmic



➤ activities and influences ... rhythm seems to channel and release tension, thereby calming and quieting the nervous system ... *Tarentula* patients are driven to wild, frenzied, rapid and vigorous movements. At the same time, however, the movements are graceful, rhythmic and flowing.

With *Sepia*, the provings do not give any indication of the remedy's relationship with dancing though there is an amelioration from violent exercise. The amelioration from dancing is an observation of cases where *Sepia* has been effective. Vithoukias ascribes the centre of this remedy as a 'static' condition, which requires a great deal of stimulation in order to feel on all levels – emotional, physical, and especially sexual. The male and female hormones are too equal, too balanced, and this results in an indifference to sex. The typical body type is a woman who is thin, without sensuous curves, flat-chested. Though with children who need *Sepia*, according to Borland, you will see that a dull child comes alive when dancing at a party.

The remedy *Carcinosin* represents an interesting and special connection with dance. Again, its inclusion in the repertory is from cured cases rather than proving symptom. *Dancing* is considered one of the key symptoms of *Carcinosin*. There is often great sensitivity to music. However, another outstanding feature of the remedy picture is the high degree of control. Miasmatically, cancer is about non-differentiation, suppression of individuality. People who need this remedy are often highly fastidious and perfectionist. This may be seen to some degree in the ballet world for, in a ballet class, one sees rows of identically dressed, physically similar girls. Individual expression is often subjugated to the dictates of the style, and emotional displays are discouraged. It is a highly controlled style of movement, requiring perfect visual line and performance.

All of these remedies are connected to dance in some way, but some have a more central and others a more peripheral connection. For many of the remedies, it is difficult to see how *dancing* is to be differentiated from an over-excited nervous system, intoxicated state or a violent compulsion to move arising out of fear, as in

Stramonium. Often dancing is associated with exhilaration and laughing, as part of the intoxicated picture. Or, it is some form of *chorea* which is little more than the uncontrolled twitching of muscles. This is far from the fullest meaning of *dancing* which engages the imagination through creative impulses, transforming these into meaningful expressions beyond words. As with many of our symptoms in the Repertory, there are often multiple meanings, and many possible interpretations to be distinguished. The associated characteristics must be taken into account, and whether or not the symptom represents a core feature of the patient, or a superficial expression.

Conclusion

The intention of this article is to present a personal viewpoint and exploration of the interface between dance, as a highly specialised physical art form, and homeopathy. It is not intended as a complete guide to either the treatment of dancers, or the understanding of each of the remedies listed! Rather, I hope it may serve as a stimulant to thought and reflection about how we may understand this most human activity of dance and the world of the professional dancer, as well as how *dancing* appears in many of our remedies in the materia medica. *Dancing* can have a wide variety of meanings, as we see a multiplicity of expressions from the provings and the remedy pictures where dance is a key feature. *Dancing* connects with the totalities of both patients and remedies in many different ways, some deeply and others more superficially. Many rubrics can be explored in a similar fashion, helping us to have a deeper understanding of the meaning of symptoms.

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SCHOOL OF HOMEOPATHY

Going for *Aurum*

by Ruth King-Sparke



Ruth attended college at CHE and graduated in 2005. She should have completed the course in 2004 but took an extra year to qualify as she had a baby every year of the course!

Ruth is currently on sabbatical due to family commitments, but with four children, family and friends it's more of an ongoing practice. Ruth has also completed all the levels of a Reiki course and is a Reiki master.

Have you ever noticed with your patients and their families that there is sometimes one child who, for better or worse, seems to play a pivotal role for the whole family? I have one such child who fulfils this role, thankfully for the better.

I have four children: Lauren (12), Alexander (10), Holly (9) and Liberty (6). Not long after Lauren was born in February 2000 (on Chinese New Year's day – she is a Dragon), I got mastitis, and Lauren had her first lot of vaccinations including BCG. When she became immediately unwell and the doctor wanted me to take antibiotics, I had my epiphany that 'something wasn't right here'. Thus Lauren set me on my road to homeopathy. Lauren had no more vaccinations and I signed up with the wonderful Centre for Homeopathic Education (CHE) before she was six months old. I haven't looked back since.

As my 'healthy little *Calc carb*' developed we noticed that she was quick, agile and well coordinated. As a treat we signed her up for some mini tennis lessons with the local David Lloyd Centre. After her first lesson (aged five) the coaches asked where she had been training and to their surprise we told them this was her first time on court. They suggested she could benefit from private lessons, setting our family's course once again.

By the time Lauren was six she had already outgrown the abilities of her first coach, so we took her to be coached by Jo Durie and Alan Jones (who coached Jo when she was No. 5 in the world), and together they make a great coaching team.

Aged ten, the coaches moved to new facilities and so we moved house too. Another pivotal decision

made on the basis of Lauren's ability – but again it worked out for the better for everyone (siblings included). Now aged 12, Lauren's coaches also include David Felgate and Jeremy Bates.

Support

However, tennis is an incredibly demanding sport and a player needs to be supported mentally, emotionally and physically, and therefore

Lauren in action earlier this year



▷ homeopathy is ideal. For a start tennis is a solo game; you don't have the luxury of a team to fall back on, all the demands fall on the individual. It's a hostile game and if you're good you don't make many friends. If you are not a strong character, or are not supported in this respect, it can be quite debilitating for a young individual. They are expected to be mentally tough and emotionally strong; here of course remedies can be of great assistance – for the *Aurum* child who is far too critical of their own performance (despite achieving highly) or the *Sulphur* child who is gifted but just isn't disciplined enough, or the *Carcinosin* child who is just doing it to please their parents!

Nerves can also be a big problem but *Argentum nitricum* and *Gelsemium* are good and I like to give the Narayani remedy *Lack of Confidence* (although I just write CONFIDENCE on the label). Then there is coping with the feelings of failure, anger and disappointment of a defeat or just not living up to someone else's expectations. Knowing that we have the likes of *Lycopodium*, *Ignatia*, *Natrum muriaticum* and *Staphysagria* in our tool kit are priceless.

More than the players, though, a lot of the parents could do with taking a remedy or two. The *Nux vomica* who berate their children

Sinding-Larsen-Johansson disease

Sinding-Larsen-Johansson disease (SLJ) affects the proximal end of the patellar tendon as it inserts into the inferior pole of the patella, and represents a chronic traction injury of the immature osteotendinous junction. It is a closely related condition to Osgood-Schlatter disease. Some authors class SLJ as jumper's knee in the paediatric setting.

<http://radiopaedia.org/articles/sinding-larsen-johansson-disease>

when they come off court (not that they could do any better) or the ones turning bright red with stress while their child is playing – and then break down in tears after! And these are just juniors! If you are not careful a child could end up quite damaged by this process.

Physically tennis is a minefield but again homeopathy is a big support. Lauren plays at national level and it's a bit like looking after a racehorse. We are fortunate enough to have on board Peter Marciano, a very 'switched on' physical trainer who trains with some of the very best athletes in the world. One day my husband mentioned to him that Lauren would be taking a remedy for something and that she

I am still so very pleased that I always have my vast array of magnificent remedies to turn to

was (mostly) un-vaccinated and he responded 'I knew there was something different about her compared to the other children but I couldn't put my finger on it – now I understand'.

Growing into your sport

If you start a sport at a very young age (especially such a physically demanding one) it has to be viewed, in my opinion, as a marathon not a sprint. As homeopaths we appreciate the differences in people but it's never more evident than in sport when children of the same age are at varying degrees of both mental and physical development. Some girls at 12 are just that – girls – while others are nearly women, and that can create a very uneven playing field for a few years until the others catch up.

Parents have to be careful that they don't 'over-train' their children – and many of them do; there is no point being the world's number one junior if you're permanently physically damaged by the age of 18.

I have already heard of a case of

Osgood-Schlatter disease

Osgood-Schlatter disease is a disease that mostly affects the knee or both knees and is usually associated with teenagers that are very active in sports related activities. Pains in the knee can be accompanied by swelling and tenderness that might make it very uncomfortable to walk. Pain in the knee that escalates during activities such as running or jumping and reduces when someone rests is another sign of the Osgood-Schlatter disease.

<http://www.osgoodschlattersdisease.org/signs-and-symptoms-of-osgood-schlatters-disease/>

Lauren in full flight, age 11





a fractured spine, stress fractures and children having cortisone injections, all because they have not been able to listen to their bodies. Consideration has not been given to the amount of rapid growth the child is doing, meanwhile not giving their bodies adequate time and rest to adapt to their new size – and of course general fatigue and burn-out (*Calcarea phosphoricum*). Lauren has a bespoke injury prevention plan and both my husband and I did a condensed Sports Massage Course, which has proved invaluable.

Remedies I have found to be useful for Lauren are:

Arnica: After a very hard session or injury.

Bryonia: In the past this has come up a lot for her, especially with

regard to her lungs which were, I suspect, weakened by the BCG inoculation.

Calc phos: A fine balance has to be struck between growing fast, tight muscles and waiting for ligaments to catch up.

(Osgood-Schlatters disease or Sinding-Larsen-Johansson may be conditions that arise as a result of rapid growth.)

Lobelia: A good tonic after a lung infection.

Narayani *Water balance* (plus Elyte from NutriLink): Lauren is very fair and can be easily affected by the sun; she may have headaches from the sun in the summer. This is an essential in her water bottle during the summer months.

Narayani *Injury*: For any injury, especially if I don't know whether the injury is muscle, ligament or

Lauren, age 6, at the Sanchez Casal Academy in Spain with Daniela Hantuchova, who used to be in the women's top 10

bone, to start with.

Rhus tox: Twisted ankle, (ball rolled under foot).

Lauren has a very healthy diet but the more she progresses, the more complex her dietary demands become and in that respect I am learning all the time.

Neither Lauren nor myself are 'the finished article' and I do not consider myself to be an 'authority' on the matter but I am still so very pleased that I always have my vast array of magnificent remedies to turn to. Without them I would feel inadequately equipped to help her; as it is I feel empowered by my knowledge of homeopathy and the unique healing ability that the remedies can provide.

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