

Transgenerational homeopathy in Tunisia

by Elizabeth Adalian MARH



Elizabeth Adalian is an established homeopath with over 20 years experience of practice in north London, and teaches not only in the UK, but also in Eastern Europe, the Middle East and Africa. Based on her work overseas, often in former war-torn countries, she has developed a special interest in trauma and the cultural context of patients' experiences. Recently, through her work in autism, she has developed a successful approach to treatment applying the dynamics of family constellations. She has written many articles mirroring her evolution in homeopathy and is keen to share her research with the homeopathic community both in the UK and overseas.

Earlier this year, I was invited to observe and treat an extended family in Tunisia. Their main objective was to reduce their extreme reliance on conventional medicine. I knew in advance that there was a background of primal abandonment in the family history, and I could not help but perceive that these two main issues were inexorably linked.

With this information, combined with my affinity with this part of the world, I was impelled to accept the challenge. Having visited Tunisia as a tourist in the past, it was going to be fascinating for me to experience the culture of this country 'from the inside out' – so to speak.

'As mere links in a chain of generations, we may have no choice in having the events and traumas experienced by our ancestors visited upon us in our own lifetime'.

Anne Ancelin
Schuetzenberger (1978)

Nowadays in the West, there is great encouragement of emotional awareness. Knowing the strong French influence in North Africa, I was interested to learn how much this had impacted my clients there (in fact, they were French speakers, so we were able to communicate in French).

The family consisted of two adult brothers, both their wives, with three children each. Having the luxury of being in a position to observe each member over the course of a few days, my initial homeopathic impression was soon altered (once the 'uncompensated state' emerged).

Here is a brief synopsis of the cases:

The first strand of the family

The older brother (E), aged 37

He began by explaining that his mother had abandoned the family without trace when he was four and his sibling two, only for her to re-emerge after 20 years with a new family in tow. As a result, he was forced to become responsible early on in his life, and considerable resentment had consequently ensued. He expressed the insight that patterns often become repeated

in families. Therefore, although he still carried this strong sense of responsibility (especially for his children), he was well aware that his impetuous nature 'got in the way'. (His father remarried early on, but E's stepmother was very dismissive of the two boys, compounding E's initial sense of betrayal.) His outlet was indulging in dangerous sporting activities and driving fast cars.

My initial prescription was *Lac humanum* as a way of encouraging better bonding with his own children due to the difficult history. The next remedy I chose was *Kali iodatum* – combining the marked sense of responsibility of the *Kalis* with the recklessness of this very sphyilitic remedy.

Kali iodatum shares with *Sepia* the rubric 'indifference to their children' – both remedies have an imbalance of testosterone, based on early nurturing influences.

E's wife (A), aged 35

I observed her detachment from her children from the first day. (Here, one sees unconscious patterns repeating themselves.) However, the difference between her and her husband was her lack of engagement with this scenario.

Since puberty, she had been caught up in her lasting resentment of her father who, interestingly, 'did not see her'. Her main pathology concerned PMT, heart and respiratory symptoms.

In this prescription, I adopted the Jan Scholten (1993) approach and prescribed the remedy *Ammonium carbonicum* – a remedy I felt was fitting both on an emotional and physical level. I also felt it was a remedy which would enable her to engage more constructively with her current life and relationships. (The emotional state of this remedy often emerges at puberty and is intensified during the time of menstruation, as seen in her case.)

Their oldest child (R), a boy, aged 9

At first I saw him as a gentle and sensitive *Natrum carbonicum*. However, this impression soon 'mutated' to *Anacardium* when I witnessed his calculatedly unkind interactions with his siblings! His presenting problems were allergies and learning difficulties (symptoms shared by both remedies).

Incidentally, I have observed that *Anacardium* is a hugely important remedy on the autistic spectrum. This means that it may match



learning difficulties in the early stages of the history. However, if the case were left to progress with ongoing parental duress, the child could develop into a schizophrenic adult over time. (Schuetzenberger's *The Ancestor Syndrome* refers to schizophrenia being the end result of three generations of transmitted trauma.)

Their middle child (S), a girl, aged 7
She latched onto me straight away, revealing her neediness of maternal input. She was the child who seemed to be the focal point of her mother's wrath. Whenever arguments erupted between the parents, she was the one to try to patch things up between them, and there was a real danger here of her becoming the parent, thus reversing the family roles. Her physical symptoms related to blocked nasal passages, dry skin, and marked constipation (reflecting undigested emotional expression).

The remedy I chose for her was *Magnesium muriaticum* – symbolising 'neglect of the mother' and manifesting the peacemaker role. It also corresponds to the presenting physical issues. In this case, I could perceive that if this child stayed on the same trajectory, she could be

subject to post-natal depression later in life, thus perpetuating the theme of rejection running through this family. (I see *Magnesium muriaticum* more often indicated than *Sepia* in this condition.) Edward Whitmont (1992) speaks of *Magnesium muriaticum* being a major remedy for manic depression, as the pathology develops even further.

Their youngest child (H), a girl, aged 4

I observed that she had an enigmatic nature. What stood out was her hostility to being approached by others, unless on her terms.

The Ruins of
Carthage, Tunisia

Family members remarked on her obstinacy. Her presenting symptoms were ear discharges and poor gut assimilation. She was sallow and appeared to be undernourished.

Sanicula is one of the 'stroppiest' tubercular remedies and matches her physical ailments. At her young age, the tubercular miasm is almost protective in allowing full and unbridled expression of hostile emotions. However, I felt that this remedy would bring more balance into her life now, and prevent further withdrawal in the future.

Second strand of the family
The younger brother (M), aged 35

He was caught up in his work stress and could only speak of this. When I tried to engage him in conversation about his family, he turned and walked away. He presented with stabbing chest pains and gut anxiety.

I could see the remedy *Kali carbonicum*, with its rigidity and work / family imbalance. I also recognise it as a remedy which is important for 'ailments from disappointed love'. However, I was reluctant to start off with such a deep-acting remedy due to his presenting chest symptoms. For this, I chose the

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children'**

➤ more fitting specific remedy – *Spigelia*, which shares *Kali carbonicum*'s restrictive nature. Later on, *Kali carbonicum* could be safely given with no exacerbation of possible pathology. Hopefully, the combined remedies will enable him to move closer to his family and relieve not only his own symptoms but also the collective dynamic.

M's wife (V), aged 34

She is the eldest daughter of a deaf mother, who now lives with them. (This reflects another parental reversal playing out here.) Since childhood, V always had to be very vigilant for her family due to her mother's condition. Currently, she is preoccupied to the point of losing sleep due to concerns regarding her older son. She said she knew there was a problem with him, but did not know what it was exactly. Getting her husband to listen to her concerns was impossible, which intensified her situation. Her presenting symptoms were those of Meniere's disease, which severely impaired her involvement with regular activities, especially interacting with her three children. The symptoms had become chronic, despite different orthodox medications having been given.

I prescribed *Cocculus* for her as it matched the history (translated into the current situation), as well as the presenting pathology.

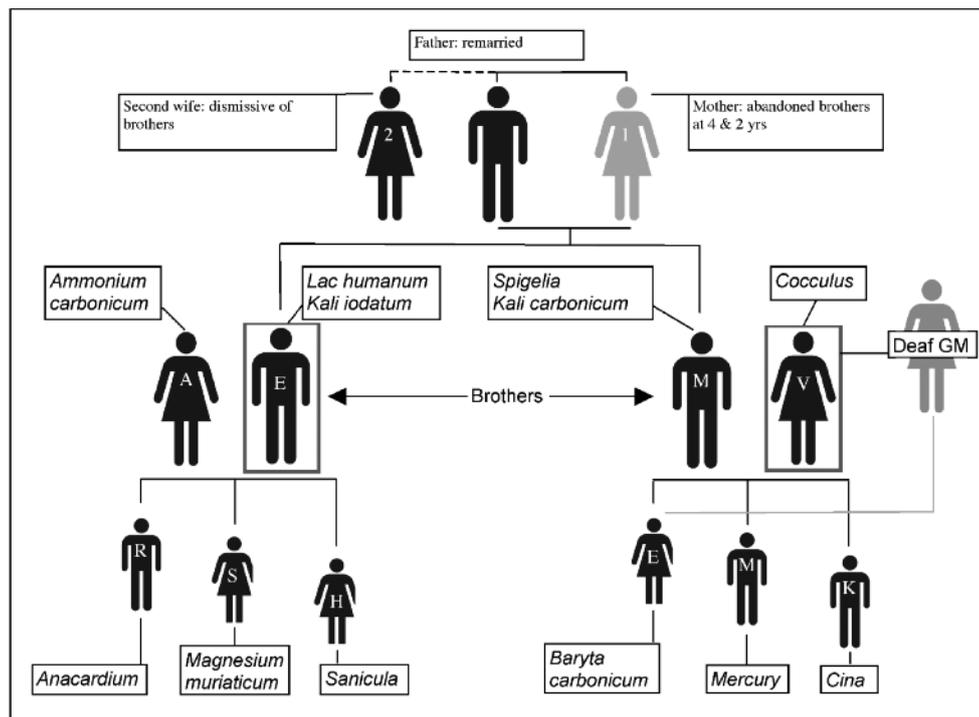
Their oldest child, a girl, (E), aged 10

Her presenting symptom was repeated tonsillitis, with swollen glands. She was very undeveloped for her age, both physically and emotionally. Her deaf grandmother did everything for her, despite her mother's protestations. The girl was very much confined to the house due to the limitations of her mother's illness.

I based my prescription of *Baryta carbonicum* on what seemed a very clear picture. I recalled that this remedy experiences stunted growth due to trauma. She could still hide behind her youth today, but I was concerned that, as time progresses, she might become increasingly alienated due to her immaturity.

Their second child, a boy, (M), aged 5

This is the son for whom the mother – justifiably – has deep concerns. His presenting symptoms included



□ Box around figures denotes emotional awareness

ongoing diarrhoea and sinus infections. He refused to stay at school even for a day. He was aimless, aggressive, made no eye contact and his speech was indistinct. I recognised that this child had marked autistic traits which removed him from not only his family, but also society.

Mercury was the remedy I selected for him – an important remedy for autism with its instability, poor communication, and maladjustment to the environment. Of course, he will also need a lot of individual and close attention, and his carers would need to become aware of his situation.

The youngest child, a boy, (K), aged 4

Like his youngest cousin, he was protected by marked tubercular expression of symptoms – in his case, the most extreme in terms of defiance, bribery for sweets, grinding of the teeth, and night terrors. Unlike his tubercular cousin, he was chubby and looked overfed. His presenting symptom was one of repeated respiratory infections.

I chose *Cina* for him – this is the most hostile remedy in the tubercular sphere.

Conclusion

I look forward to monitoring these cases over time and

Schematic representation of transgenerational dynamics between family members and their remedy pictures

supporting each family member in their differentiation process, within a very enmeshed pattern of engagement. I anticipate the physical pathologies for which the family sought treatment will only be resolved once the ancestral miasm of rejection is addressed through this transgenerational approach. At the same time, awareness of the emotional split in each strand of the family needs to become integrated. I thank the family members for sharing their 'landscape' so vividly in their collective and individual search for cure.

I would also like to extend my gratitude to the families involved for their generosity in allowing me to use these cases for publication.

REFERENCES

Schuetzenberger AA (1998) *The Ancestor Syndrome – Transgenerational Psychotherapy and the Hidden Links in the Family Tree*. Routledge
 Scholten J (1993) *Homeopathy and Minerals*. Stiftung Alonissos
 Whitmont EC (1992) *Psyche and Substance – Essays on Homeopathy in the Light of Jungian Psychology*. North Atlantic Books

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Schematic by Nigel Hargreaves