



## Herscu Letter No. 32

excerpts from ...

### 4. Know Thy Personal Sensitivities/The Genus Epidemicus

I would like to move to the next, related point, that of the *genus epidemicus*. This is the concept mentioned by Hahnemann where he believed that a remedy may be given to many people during an epidemic, that in fact, even though they may have certain differing symptoms, they all add up to one disease. I would like to spend the remaining time on this one topic, as it relates to vaccination. I first wrote about this point in the July/August issue of *Homeopathy Today*, in 1991. The article is reprinted below. I focused the article at that time on a political reality we had to contend with. The *genus epidemicus* issue, though, is the whole first two thirds of the article.

#### The Genus Epidemicus

Paul Herscu ND, DHANP

Let me begin first by happily apologizing for not contributing articles for the last few issues of *Homeopathy Today*. I have had several inquiries as to the reason. Well the reason is Misha Harrison Herscu, born February 6th, 1991. Needless to say, with a second child, time became a precious commodity.

I would like to write about a flu epidemic that passed through the Northeast in early January, illustrating this flu with several cases. All of the cases received the same remedy. Forgive me for not explaining the logic, implications, and theory in depth but I aim this article at another purpose as will be seen below.

Case #1. An eighteen-year-old girl, who was previously treated successfully for a variety of complaints with *Natrum muriaticum* and later *Lycopodium*, came in complaining of an intestinal flu, headache, and an upper respiratory tract infection. She had been ill for three weeks with recurrent high fevers. After the fevers abated she developed a sore throat, to be followed by a dry cough arising from the throat pit. She needed to be propped up in bed or else she began to

cough. The cough kept her up at night. She felt achy in her muscles, most especially in her legs and stomach.

She had lost her appetite and felt recurrent waves of nausea. The cough and nausea were worse as the day went on and were especially worse at night. She had a new, strong craving for orange juice, eating and drinking little else. She said the orange juice settled her nausea and soothed her throat. The cough was greatly ameliorated by lying on her abdomen, as was her nausea. Her lips had become dry and cracked, and the area surrounding them was very red.

She had become sharp and irritable, asking her mother to "stop her incessant chatter." She had been studying homeopathy, and had already tried *Bryonia*, *Arsenicum album*, *Pulsatilla*, and *Sulphur*. Another homeopath then tried *Causticum* and *Sulphur* again but to no avail. I gave her one dose of a remedy in the 200C potency, her throat stopped hurting, her cough, body aches, nausea, and fatigue all diminished quickly.

Case #2. A six-year-old boy, (he had been cared for by the eighteen-year-old in the above case), who had previously responded well to *Sulphur*, came in complaining of nausea, vomiting and a severe headache, with other minor symptoms of "the flu that was going around." He had vomited five times and still had a 'rumbly' distended sore abdomen. He had become thirstier than usual but now craved ice cold water and especially orange juice, a craving he had never had before. He had lost his appetite. He was warm before but now he had become warmer, walking about barefoot even though he was so ill, as well as sticking his feet out of the covers at night.

He had become grouchy, throwing things at his parents and occasionally hitting his older brother. All this behavior was worse in the morning, when he awoke.

The rest of the case was more or less unimportant to the acute case at hand. The mother had tried *Chamomilla* and *Bryonia* for the headache and irritability and *Arsenicum album*, *Phosphorus* and *Veratrum album* for the vomiting, but with no success. I gave one dose of a remedy in 30C potency, which put the child on a quick and healthy road to recovery within the same afternoon.

What was singularly peculiar about the symptomatology of this flu epidemic was the severity of all the symptoms, yet the scarcity of individuating

symptoms. In fact, several homeopaths I know had tried and failed with this particular epidemic, having tried the "typical flu remedies." Reviewing the cases it is easy to see why someone would have given *Arsenicum album*, *Bryonia*, *Gelsemium*, or *Rhus toxicodendron*, as well as the other dozen remedies tried. However, upon reviewing the cases one thing does become clear. Though there are a paucity of individuating symptoms, there is one clear, strong, symptom. That of the *new craving* for orange juice. None of the patients had ever had that symptom before and yet all craved orange juice keenly. One could try to reason away this craving by using several different arguments, yet nevertheless, it was a craving and it was strong. Moreover, it accompanied, that is, was a concomitant symptom to the illness. Concomitant symptoms are one of the most important symptoms there are because they show the action of the individual's response to stress in brilliant, clear color.

When we add this symptom to the following ones, only one remedy stands out. Here is a list of the other symptoms: warm-bloodedness, redness around the lips, warm feet stuck out of the covers at night, the sleep position of some of the patients, (i.e., the knee to chest position), the amelioration from that position or from lying on the stomach, and the irritability. Only *Medorrhinum* comes to the fore. *Medorrhinum* was indeed the simillimum for this flu epidemic. Now the fact that this remedy could be the simillimum for an epidemic brings up quite a few questions that are beyond the scope of this article. For instance, why would *Medorrhinum* be the remedy for a flu? Did these people need the remedy before the flu?. All these and many other questions could be answered but that is not the point of this article.

The point is that since last year, *Medorrhinum* is no longer available to the nonlicensed consumer or practitioner. Part of the logic behind making *Medorrhinum* prescription only was that the remedy was used strictly for chronic ailments and so would not, and should not, fit the over-the-counter premise that the remedy is given for minor, self-limiting problems. This argument was and is strengthened by the fact that there is a dearth of written information on the remedy being used for acute or self-limiting problems. With the material the HPCUS had, there was very little choice but to script the remedy.

I have a problem with this though. I do not know how anyone can attempt to use homeopathy in the USA at this time without being able to have access to

this remedy. First, it is one of the most common remedies used to treat chronic ailments. Without that availability, I venture to say that ten percent of the homeopathic population would be, in effect, without homeopathy. But there is more. In my, as well as many other homeopath's practices, *Medorrhinum* is also a fairly common acute remedy. For those of you who have not read my pediatric *materia medica*, *The Homeopathic Treatment of Children*, pick one up and read the chapter on *Medorrhinum*. In it I describe how I have used it to treat and cure *acute* conjunctivitis, *acute* coryza and influenza, *acute* bronchitis, *acute* pneumonia, *acute* vaginitis, as well as a host of other physical and mental/emotional concerns.

In short in addition to essential need in constitutional cases, *Medorrhinum* is very commonly used, *when indicated*, for acute, self-limiting, mild and severe illnesses. The fact that the information was not so well represented in past writings is not because the remedies are of no value in acute illnesses, but rather because there was not much information about how to go about using these remedies. I wish to make a proposition. I would like to bring this remedy back into general use. One of the most efficient ways I know to do that is to have homeopaths write of their experiences using *Medorrhinum* in acute illnesses, thus filling the void in the textbooks and eliminating the argument that there is no information on this topic.

The Flexner report aimed at curtailing the education of homeopaths, yet training just barely managed to continue. But what happens if the remedy, the agent that makes the cure happen, is no longer available? This is a very dangerous road we are beginning to travel and I begin to fear for this healing art. This is not the time for any of us to remain silent. As an addendum, I would like to mention that the above article was a part of a speech I gave at the 1991 Case Conference of the HANP. Since that speech, I have heard from one of my colleagues who was in the audience that soon after the conference she used *Medorrhinum* in a patient with this flu with great success.

Strange as it may seem, the *genus epidemicus* for that particular influenza epidemic was *Medorrhinum*. And sad to say that most people suffered through it without getting the correct homeopathic prescription from their homeopath. It was strange both because the epidemic remedy was so clear and helped so many of my patients but also because it was *Medorrhinum*, a remedy never thought of in this sort of circumstance. And I think that is the point right there.

There is such a narrow understanding of what we mean by the *genus epidemicus*, that it is either used inappropriately or not used at all. What I would like to do is print the relevant parts from the *Organon* for you to preview and in the next **Letter** explain in detail the **theory from my point of view**. Most of the relevant parts are in 2 sections, aphorisms 100-102 and 241

## **Organon of Medicine**

Samuel Hahnemann

### APHORISM 100

In investigating the totality of the symptoms of epidemic and sporadic diseases, it does not matter whether or not something similar, by the same or other name, has ever appeared in the world before.

Whether or not such an epidemic is new or peculiar makes no difference either in the mode of examining or of treating it, as the physician must any way regard the pure picture of every prevailing disease as if it were something new and unknown, and investigate it thoroughly for itself, if he desire to practice medicine in a real and radical manner, never substituting conjecture for actual observation, never taking for granted that the case of disease before him is already wholly or partially known, but always carefully examining it in all its phases;

This mode of procedure is all the more necessary in epidemic diseases, as a careful examination will show that every prevailing disease is in many respects a phenomenon of a unique character, differing vastly from all previous epidemics, to which certain names have been falsely applied - with the exception of those epidemics resulting from a contagious principle that always remains the same, such as smallpox, measles, ... etc.

### APHORISM 101

It may conceivably happen that in the first case of an epidemic disease that presents itself to the physician's notice he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms. Nevertheless, the carefully observing physician can,

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from the examination of even the first and second patients, often arrive so nearly at a knowledge of the true state as to have in his mind a characteristic portrait of the epidemic, and can even succeed in finding its appropriate homeopathic remedy.

#### APHORISM 102

From writing down the symptoms of several cases of this sort, the outline of the disease picture becomes ever more and more complete-not more spun out and verbose, but more significant (more characteristic), and including more of the peculiarities of this collective disease; on the one hand, the general symptoms-e.g., loss of appetite, sleeplessness, ... etc.-become precisely defined as to their peculiarities; and on the other, the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent and constitute what is characteristic of this epidemic. (a)

All those affected with the epidemic prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the same disease; but the whole extent of such an epidemic disease and the totality of its symptoms (the knowledge which is essential for us to know to enable us to choose the most suitable homeopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture) cannot be learned from one single patient, but is only to be perfectly deduced and ascertained from the sufferings of several patients of different constitutions.

(a) The physician who has already, in the first cases, been able to choose a remedy approximating to the homeopathic specific, will, from the subsequent cases, be enabled either to verify the suitability of the medicine chosen, or to discover a more appropriate, *the most appropriate* homeopathic remedy.

#### APHORISM 241

Epidemics of intermittent fevers occurring outside of areas where such fevers are endemic, are of the nature of chronic diseases, composed of single acute paroxysms; each single epidemic is of a peculiar, uniform character common to all the individuals attacked, and when this character is found in the totality of the symptoms common to all, it guides us to the discovery of the homeopathic

(specific) remedy suitable for all the cases, which is almost universally serviceable in those patients who enjoyed tolerable health before the occurrence of the epidemic, that is to say, who were not chronic sufferers from developed psora.

So what we have Hahnemann writing is that epidemics have a characteristic remedy associated with it. If we can find that particular remedy we can give it to the populace and have immunity to that offending virus.

In the next **Letter**, I will lay out the rationale for what Hahnemann wrote, from my perspective. What I hope to achieve from that discussion is the following. I hope to have the community understand the logic behind the *genus epidemicus*, when it works and why, and when it does not work and why. I hope to show that this is simply an application of the same old rules we use. There is nothing particularly unusual about it; it is not a special exception or anything else that breaks the concepts of classical homeopathy. It also is extremely germane to the discussion on vaccination that follows.

Until next time,

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