Research Homeopathy
Introduction

Note: This is the ebook-only version. None of the references herein to Assignments, or to Certificate issuance, or to having Dr. Hudson as your research collaborator shall apply.

Important Disclaimer- please click to read

To enroll in this course, click Buy at upper right ($5.00). An Authorization Key will be automatically emailed to you. Use the Key to unlock the full course contained in this document ONLY on the computer you want it on, as it will work ONLY on that computer. Save the Key, though you should not need to use it again. The course is printable and copyable for your personal use.

Course prerequisites. A sound mind, a diligent disposition. *No previous bioscience or medical training is needed to complete this course*. It is written so that *anyone* can follow its logic and complete the assignments.

Course length. The course is only about 42 pages in length (full course Syllabus below). But course completion, including research Assignments, may take 50 hours or more.

About the author. Dr. Dennis Hudson is a semi-retired doctor of Oriental medicine. While not formally trained as a homeopath, he began his study and practice of homeopathy in 1992, as part of his Oriental medicine practice, with special focus on finding new drugs. Dr. Hudson first began teaching research homeopathy in southern New Mexico in 2001. Since then the training program has greatly expanded into its present form.

How you might use this course. The course is intended to:

- Enable self-help for you and your family
- Enable you to conduct homeopathic research to find new drugs
- Enable you to develop a lawful business making and distributing homeopathic drugs

What is hoped. Dr. Hudson's hope has always been to recruit and train a virtual army of homeopathic researchers to discover and develop newer and better drugs for the relief and cure of humankind's growing panoply of diseases.

Time required to complete this course. It is estimated that reading time, and also allowing for review and basic comprehension, is about 30 hours for the

average person, though the total course is only about 42 pages in length. Completion of Assignments is estimated to add a further 20 hours.

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Course Syllabus

[Percentiles are time-based estimates]

1. About 5%. Homeopathic theory and origins; examples of use; potencies and their meanings; molecular chemistry as possible explanation; diagnostics.
2. About 20%. Manufacturing methods for homeopathic drugs, liquids, pillules; preparation for storage and distribution; safety concerns; hands-on and making "provings" in healthy subjects; other proving types.
3. About 35%. Research principles Part I; allopathic macrodata and microdata approaches; cautions; data sources; toxicology; pharmaceutical approaches; botanical and other approaches; isopathics; selecting best options; practicum, researching a specific disease in the above context for remedies.
4. About 35%. Research principles Part II; application of known properties of Chinese botanicals; brief survey of medical terms in oriental medicine; practicum, researching a specific disease in the context of Chinese botanicals for remedies.
5. About 3%. Agricultural applications.
6. About 2%. Legal issues; patenting; marketing; government registration.

Total Estimated Course Time: About 30 hrs. of study. Assignments add about another 20 hrs.

Other Course Features

Forum. The course includes access to a forum where research homeopaths can compare notes and collaborate. It's a free forum, i.e., the platform is not owned by Dr. Hudson, although he can control access to it. But, since he does not own the platform, he cannot guarantee its continued existence. You are therefore encouraged to cultivate your own contacts there and take steps for continued collaboration should the forum become unavailable.

Link-up. You can notify Dr. Hudson that you wish to be included on a researcher Contact List available to other research homeopaths who have taken the course and who have also indicated their wish to be included. Your contact information will not be shared by him with any other party(-ies) for any other purpose. The Contact List has rules intended to limit contact to the subject of homeopathic research, but you are strongly advised to use a throwaway email address for this purpose, as a rogue actor could disclose your contact information to undesirable

parties.

~~END Introduction~~

Research Homeopathy
Homeopathy- Principles and Origins

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Homeopathic medicine: principles, origins. In brief, the basic principle of homeopathic medicine is "like cures like". Another way to phrase this, with near accuracy, is it uses "some hair of the dog that bit you" (properly called an *isopathic*). But the most accurate phrasing would be that it uses "some hair of a dog that *looks something like* the dog that bit you" (a true *homeopathic* drug, or *simillimum*). The second principle is that dilution and succussion of the simillimum results in an effective drug against the symptoms which would normally be produced by the simillimum at full strength.

The field was formally codified by German physician Dr. Samuel Hahnemann in 1796. In his time, Hahnemann was often reviled by his colleagues for practicing a nonscientific form of medicine. But Hahnemann considered the methods of the day- such as bloodletting and treatment with deadly poisons- so bad that, in distress, he for a time quit the practice of medicine because he felt that it made of himself a murderer.

After Hahnemann's death, a great controversy ensued, involving such luminaries as Louis Pasteur, PhD, Dr. Joseph Lister, and others. The main issue was, and to this day remains, whether or not Pasteur had in his work "borrowed" homeopathic theories and practices from Hahnemann. For example, it was then widely known that the term "attenuation" was associated almost exclusively with homeopathic medicine, and it was one which Pasteur used to explain some of his work. For his own part, Lister was a confirmed user of homeopathic drugs, and apparently sought to compel Pasteur to acknowledge their efficacy publicly; the more common physicians of the day sought to condemn Pasteur for what they suspected were homeopathic methods in preparation of his drugs.

Though Hahnemann deserves great credit for having set the metes and bounds of the field so distinctly, its general origins, like so many things in the sciences, may extend far back into medical history. For example, in 1721, Lady Mary Wortley of England introduced to that country the Turkish method of smallpox inoculation, which involved the use of a weakened strain of the smallpox virus (also documented in China as early as 1000 B.C., according to this page).

In the 200 years since Hahnemann's time, the world has witnessed a growing explosion of what must be called isopathics, which are not far from the idea of an

homeopathic. These isopathics are mostly of an antibiotic nature- attenuated or killed forms of pathogens. The major foundations of that work reach back to Rene Dubos, PhD (1901-1982) and his ground-breaking work which led to discovery of *gramicidin* and *tyrocidine,* as well as, indirectly, *streptomycin* and the *tetracyclines*.

So we see that the idea of homeopathy is not as strange as it may sound.

[Historical Note: Though most Americans don't remember Dubos in that light, older generations might recall at least one of the many fruits of his work- he was lookng for an enzyme to crack the outer shell of *mycobacterium tuberculosis,* his first wife having died of tuberculosis and his second wife having survived it. Hunting microbes in the soil of his backyard, he found several that might secrete the needed enzyme; among them was one which produced an enzyme that could liquefy chocolate. Thus was born *Bosco*, the chocolate syrup enjoyed by many American kids with their milk.]

Examples of use. To me, one of the most stunning examples of application of homeopathic medicine concerns polio. A woman whom I by chance met and lunched with in New York in 1992 described to me her childhood bout with polio. I don't recall with precision the year of her contracting the disease, but considering her age, I believe it to have been in the late 1930s. For reasons which I cannot disclose, her credibility was above reproach. According to her, she was a child of about nine years of age when her parents received what was then the deadly diagnosis of poliomyelitis at a Boston (or- my memory on this fails- perhaps Philadelphia) hospital. The attending physician, an allopath, advised the parents to take her home to die in some comfort. She reported to me that her mother said, quite loudly, *"My daughter is* not *dying!"*, and instead contacted a family friend, an osteopathic physician, who was also a homeopathic physician. Arriving at the house, he confirmed the diagnosis. He then provided a small vial of pills and gave instructions for taking them. Within 24 hours, this woman stated, she was up and walking and never bothered by the disease since. Here is another woman's story about polio; though somewhat less dramatic, it illustrates some of the twists and turns of homeopathic care.

Though not all diseases, nor all patients having the "same" disease, are subject to effective homeopathic treatment, a vast array of them is subject to swift remediation. These range from the infectious to the non-infectious, acute to chronic. Despite my own surprising clinical experiences, I continue to be amazed at the scope of this medical discipline. For example, I would not have dreamt of treating Downs syndrome with the modalities of either Oriental medicine or homeopathy, believing it to be largely a fixed and irremediable genetic condition. But in preparing this course, I stumbled upon a detailed homeopathic account of such treatment. A search of "Downs homeopathy" or "down syndrome homeopathic treatment" produces many successful clinical histories demonstrating considerable symptom remediation, but not "cures".

A possible explanation. My first education was in chemistry, physics and mathematics. My first career was in engineering research. I'm thus permanently wedded to the exact sciences and a no-nonsense approach to things. So as an explanation of homeopathy I find one idea particularly appealing, that of *hydropolymer* formation. I should note right away that this notion has been trashed by many competent researchers in physics and chemistry, who point out that such an effect, even if occurring, could only persist in the nanosecond range. Despite that observation, and because physicists themselves will admit that so little is known of quantum-mechanical behavior, I continue to favor this explanation.

Briefly, the idea is that succussion of a solution of water and some foreign substance may briefly distort water's hydrogen bonds sufficiently to permit the formation of molecular water "chains" which mirror the foreign substance's structure. These in turn the body recognizes as "enemy", in the way that it recognizes antibiotics, and "awakens" to launch an appropriate response.

However, as yet, no one seems to know why homeopathy works. But it does. In a number of countries, it's far more widely used than in the United States. The U.K., India, Mexico, Germany, Denmark, South Africa, France, and Luxembourg are among them.

Diagnostics. For classically-trained homeopaths, the diagnostic routine is an elaborate "taking of the case", i.e., a lengthy patient history. This method includes noting a bewildering variety of symptoms and symptom patterns, times of day of symptoms, sides of the body on which symptoms occur, as well as a host of mental symptoms and patterns. Of course, a classical homeopath will also include for diagnostic consideration the more traditional allopathic diagnoses, though only as a rough guide, if at all. A remedy is then prescribed according to this complex process. Remedies may vary, based on disease progression or setbacks.
[Note: I'm not myself formally trained in the field, but acquired its use by independent study, which is obviously a far cry from the arduous training endured by D.Hom's]

ASSIGNMENT H1/1: Visit a website having a homeopathy tutorial or use a *hardcopy* homeopathic materia medica with repertory. I found too many virusy sites offering free PDF downloads, but this one actually seems okay. Another tutorial and reference site is here. Find three remedies for conjunctivitis. Explain your selections in terms of symptom patterns in less than 250 wds.

Additional reading.
Materia Medica, by Kent
Materia Medica With Repertory, by Boericke
Materia Medica, by Clarke

~~END Principles and Origins~~

Research Homeopathy
Manufacturing Methods and Provings

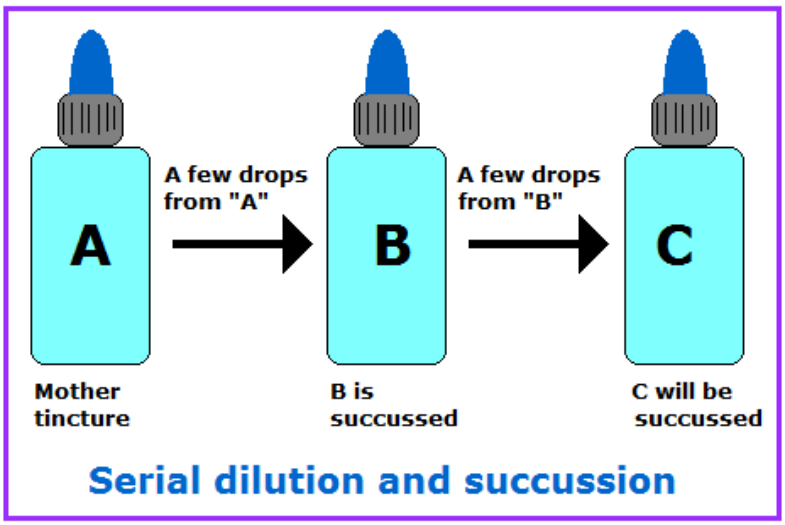
Reminder: Disclaimer- please click to read

Note: In this section, I often refer to "quick and dirty" methods. This is not to imply that it's okay to be imprecise in your work; it's simply to offer expedient methods when needed. Precision is very important, especially in research, where replication of your work by others can only be accomplished based on the precision of your records.

Safety first. When making your drugs, wear plastic or latex gloves, goggles, waterproof apron, and long sleeves. For an apron, I sometimes take a large plastic trash bag and cut out holes for my head and arms. If I'm really worried about what I'm handling- hot microbes, for example- I'll also cover my sleeves with plastic. The great safety concern is mainly during *material* phases of preparation, i.e., those points during serial dilution in which some of the original material yet remains. But, you also don't want to repeatedly do accidental *provings* on yourself with *any* potency. Through carelessness, I've had that happen a couple of times- a cap came loose during succussion and a jet of fluid went through my unprotected shirt onto my abdomen. I kind of forgot about it and, an hour later, started having acute symptoms of the disease I was intending to treat. Scary, 'til I realized what had happened. A few hours later, the symptoms all disappeared, of course, since the accident occurred with a *nonmaterial* potency.

Definition of a homeopathic drug. A homeopathic drug typically begins as a *mother tincture* (an alcohol or water extract) of a substance. It can also begin as a *trituration* (powder). If starting as a powder, the powder is dissolved in water with ethyl alcohol (ordinary drinkable grain alcohol of high purity). The resulting liquid is then *serially* diluted, with *potentization* (succussion) at each step of dilution. An originating substance consisting of discharges or tissue samples from a diseased organism is called a *nosode*, or *nosodum.*

For example, using a starting mother tincture (the term "tincture" is used broadly to include both water and alcohol solutions) of salt in water, we start by taking a small amount of that solution and adding it to a fresh container of *distilled* water. This fresh solution is succussed (rapped sharply on a table or by other means) and a small amount of the result is added to yet another fresh container, and so on.



Note: *Each* dilution must be succussed before adding part of it to the next fresh container of distilled water. In other words, you cannot simply add a drop to A, stir it some, then add a drop from it to B, stir it some, then add a drop from that to C, etc., and then go back and succuss each of them.

Potentization. The above process of dilution and succussion *potentizes* a substance. So, in the above example, the liquid would, after perhaps the 3rd dilution, have effects on the body opposite to salt. Lower, *material*, potencies, could tend to have the same effects on the body as salt, only much amplified.

Non-potentizing media. Water does not potentize; ethanol does not potentize; lactose does not potentize. Everything else *does* potentize. So, unless you're intending to make a drug from something, use only one of these three media for dilution.

Some measuring standards. Before going on to the concept of *potency,* here are some helpful measurement standards.
1 drop = 1/20 cc = 1/20 ml
20 drops = 1 cc = 1 ml
1000 cc = 1 liter
1 drop = 1/20,000 liter

A *mole* is the gram-equivalent of a substance's known atomic weight. For example, for salt (NaCl, or sodium chloride), if you look at a periodic table of the elements, you'll see that the atomic weight of Na is 22.989, and Cl is 35.45. Thus, the gram-eq of NaCl is 58.439g. If you were working with *methyl chloride* (CH_3Cl), also known as *chloromethane,* you would add together the atomic weights of carbon and chlorine plus *three* times the atomic weight of hydrogen. In our work, we aren't going to be too concerned about this information, but you should know that it affects how you identify and label products if you go into

serious manufacturing and distribution.

Potency. As said, the *mole* concept is important for labeling or for research where you prepare a scientific paper for review. You need to be able to precisely identify your starting quantities of substance and their dilutions. You also- even for some of our "quick and dirty" methods- need to know, with relative certainty, when you've reached the "vanishing point" in dilution, where no more of the original substance is likely to be found. Dilutions before that point are termed *material* potencies.

Potencies are numbered, starting with 1 as the first dilution. The fifth dilution, for example, is called the 5^{th}. The *rate* of dilution must also be noted in your labeling. Rates of dilution are X (tenth), C (hundredth), M (thousandth), and MM (millionth). In other words, if you are diluting, from one solution to the next, at the *rate* of 1 part of the previous solution to 99 parts of fresh distilled water, that's a C dilution. If it happens to be the eleventh dilution in the series, it's called an 11C *potency.*

Vanishing point. To properly compute the vanishing point of a substance, you need to know the *Avogadro number*, which is

Avogadro number = 6.022×10^{23}

What this means is that 1 mole of any substance contains

602,200,000,000,000,000,000,000 *atoms of substance*

That's 602 *sextillion* atoms

So if you start with a liter of water containing 58.439g (1 mole) of salt, that's how many atoms are in it. But let's say you only added $1/10^{th}$ that amount of salt; you would then have only $1/10^{th}$ as many atoms as in 1 mole of salt, right?

0.1 x 602 sextillion = 60.22 sextillion atoms

Extending this reasoning, suppose that, in your dilutions, you only use 1 drop from one dilution to the next, and each drop goes into 10cc (less 1 drop) of fresh distilled water. Your first drop (from the mother tincture of 1 liter) contains only $1/20{,}000^{th}$ of the total number of atoms that were in the mother tincture:

(60.22 sextillion) x (1/20,000) = 30,110,000,000,000,000,000

or 30.11 quintillion atoms

And if you then take 1 drop from that 10cc solution
you'll be adding only $1/200^{th}$ as many atoms to the
next solution, etc...

We are now at the 2^{nd} dilution and about to begin the 3^{rd}.

For convenience, we know that $1/200^{th}$ is really the number

0.005

So to find the vanishing point, we just keep multiplying 15.055 by 0.005. At the 9^{th} dilution, we have less than 1 molecule, i.e.,

0.0588 atoms

That's the vanishing point because, in normal physics, you can't have less than one atom- the whole atom is either there or it isn't. Well, if I knew enough about quantum physics, I might argue the point, since the *location* of a quantum particle is a function of *probability*. But for practical purposes, in our example, the 9th is the vanishing point. Anything below that is a *material* potency. But how would you label this potency? It's neither 9C nor 9M, but somewhere in between. Classical homeopaths probably have an answer, but for now, all we wanted was to find the vanishing point.
More on dilution mathematics and homeopathy

But what about botanicals and microorganisms? The molar concept works well for known, discrete chemicals. But botanicals and other substances are complexes of many chemicals and it's often impossible to describe them in molar terms. Not only that, but a single herb will have different concentrations of its chemical constituents from batch to batch, from season to season, and even different *relative* quantities of those chemicals. It's a dismaying problem for classical homeopaths. They seem to have settled on a simple convention to resolve the dilemma: *For such substances, a mother tincture is, by weight, 1 unit of the substance in 9 units of ethanol.* But even this standard begs the question of what to do with microorganisms. How do you apply this standard, or the molar standard, to them? Working with them, you typically don't have significant mass. So, in determining a vanishing point, shouldn't it be based on the number of those little animals present in the mother tincture?

Rule of thumb. The preceding subsections will later help you estimate the vanishing point of dangerous toxins and pathogens. A rule of thumb for our quick and dirty methods is, if you use only 1 drop between dilutions, in *at least* 10cc of water, the vanishing point will probably occur by the 12th, and almost certainly by the 20th, provided that your mother tincture contained less than a gram of substance in at least a half-liter of water. **I don't guarantee this rule of thumb and won't be responsible for any consequences in a particular case- use your own due diligence in determining the vanishing point and safety needs.**

Trituration. Some substances are not water-soluble or alcohol-soluble. These should be *triturated* (ground to powder) with lactose or, if a liquid that's not water-soluble, mixed with lactose. You will likely need to do serial triturations, taking a little from each trituration to a fresh container of lactose, before you can use a bit of the last trituration to dissolve in water or alcohol.
[I don't recommend this, but I actually once got away with strictly water potentization of turpentine, which is insoluble in water; the drug worked just fine, spectacularly, in fact]

Potency uses. Homeopaths starkly differ among themselves as to when to use

higher or lower potencies. Most currently say that lower potencies are for chronic disease, and higher potencies are for acute disease. Their differing views seem more ideological than medical. Based on my clinical experience, I don't fully agree with either camp. But it at least gives you a starting point.

Lotions. Once you've made your drug, it's a simple matter to add a few drops to a lotion for topical use. It will have not only local effect, but will also enter the bloodstream for systemic effect. Try to use the plainest lotion you can find, not one with strong scents or other additives, as these may antidote the drug. Also, do not potentize the lotion further, as you will also be potentizing its constituents.

Preservation of drugs. I habitually save the mother tincture and intermediate potencies of the drugs I make, such as the 6^{th}, 12^{th}, and 20^{th}. This way, I'm miles ahead when I get ready to make more. For your *personal* storage, use only ethanol as a preservative (about $1/10^{th}$ the total volume of your liquid). It's okay to use 200-proof ethanol liquor (tradename Everclear, where I live) from a liquor store, but don't substitute vodka or anything else. Or, just buy some *reagent-grade* ethanol from your pharmacist.

When distributing your drug, you can use ethanol as a preservative, unless you're wanting to avoid giving a patient alcohol or want to prevent someone from making more of it, in which cases you should use about 10% glycerine, or propylene glycol, or sugar, or some other preservative that won't antidote the drug. That way, if someone tries to make more from it, they'll also be potentizing the preservative. For pills or pillules, this is not a concern if they're sucrose-based (normal sugar). But to prevent making more drug from your lactose tablets, use your adulterated form just described to coat the tablets.

Preparation methods. Before we really get started on this, I should point out that many people, including many classical homeopaths, insist that potentization be done *by hand,* in order to transfer "energy" from you to the drug. In my experience, this is not only questionable and unnecessary, but typically results in a stiff neck.

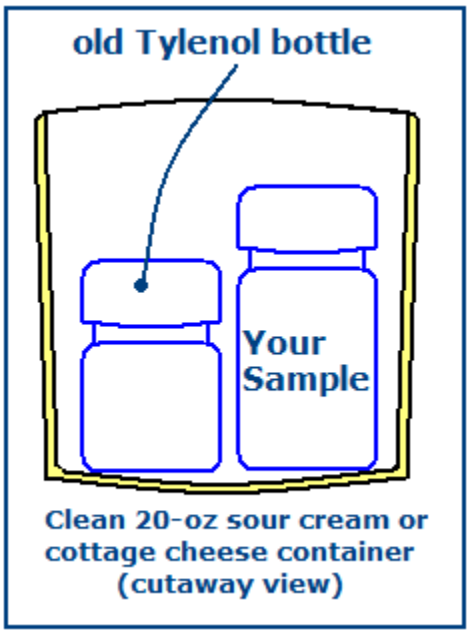
However, here's the quickest and dirtiest of the quick and dirty for potentization by hand. Use a series of very clean plastic soft drink bottles which have been carefully rinsed with a little distilled water. For succussing each dilution, grasp the bottle by the top, to give you leverage and to save your neck and shoulder, and beat it rapidly on a hard surface for about 10 seconds, as if to beat a drum, but being careful not to loosen the cap.

For *machine* potentization, you can use pretty much any kind of container, as long as it has a tight-fitting top. Glass containers should generally be avoided during the manufacturing phase, as the glass might be shattered by the process,

although final *storage* in glass is highly recommended. Here are a couple of ideas for a machine potentizing apparatus:

WARNING- I assume no responsibility whatever for any injury or loss or damage arising from your use of these ideas. Electrically powered equipment can be dangerous. Please do your own due diligence.

1. You first need a shaking container (lid optional). An old 20-oz plastic tub (for sour cream, etc.) will do. Into this container will go your sample to be potentized, along with a space-filler such as an empty pill bottle. You want a little room left over so that your sample can get knocked around during succussion.



2. Now you need a succussion device. A reciprocating jigsaw tool will do. I glued a thick piece of stiff foam rubber to cover the saw blade of mine. The foam extends about 2 inches beyond the tip of the blade; this allows firm succussion and helps prevent me from accidentally cutting into the outer container. **WARNING- KEEP AWAY FROM CHILDREN! A child might not realize there's a saw-blade inside the foam. They could think it's "fun" and use it to harm others.**

To use the system, place your sample and spacer into the tub. Lightly grasp the rim of the tub while on a flat surface and tilt it slightly to make your two bottles sit against one side. Start operation of the succussion tool and *slowly* bring the tip of the foam into contact with the outside of the tub, down near the level of your bottles. The bottles will start rattling around; you want to see violent rattling in your sample, so you may need to adjust the foam tip's position or angle of attack. Maintain violent succussion for about 7 seconds. Repeat this process for each dilution. **Important: after each succussion you should wipe out the tub with paper towel to avoid risk of contaminating further samples, and *thoroughly* wash the tub when completely finished.**

Instead of plastic bottles, I often use those little plastic restaurant condiment containers (with lids), which I purchase from a restaurant supply. The lids have only failed me once, when that accidental proving happened. Use your own judgement. That method also facilitates the very quickest and dirtiest method I've ever used. After succussion, the lids always have a few drops on them. So, once I get to about the 4th or 5th, after that I just keep using the same lid and I don't bother to measure out drops. Not very precise, not very scientific, you'll never be able to exactly reproduce the final drug, but if you're in a hurry...

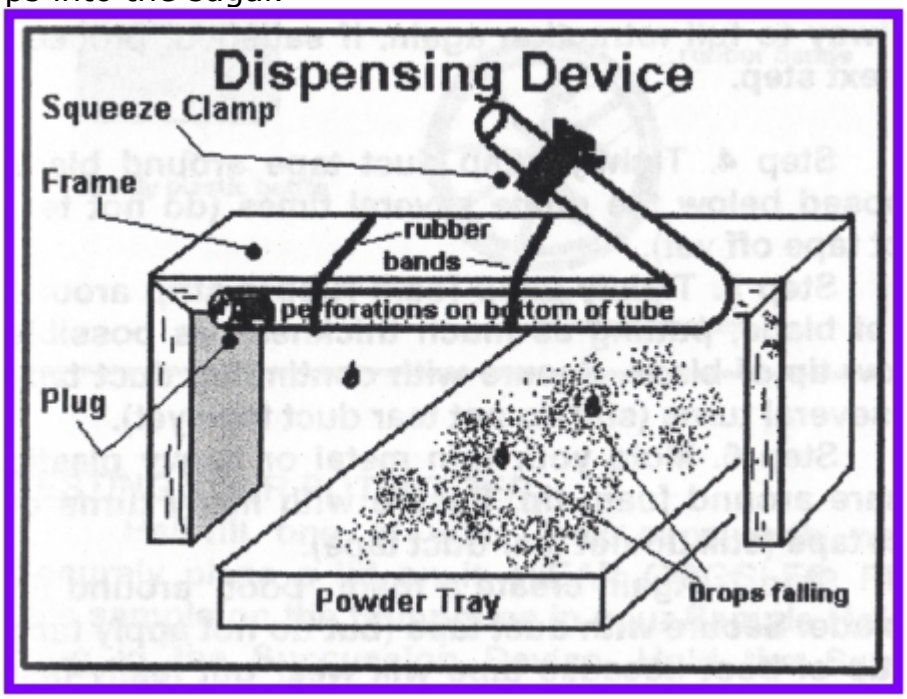
Now that you've seen the basic apparatus, and if you're at all handy with tools, you can probably figure out a couple of improvements, like mounting the succussion tool to a fixed frame so that you don't have to hold anything- you just put your sample in place and flip a switch. You might also add a clear plastic

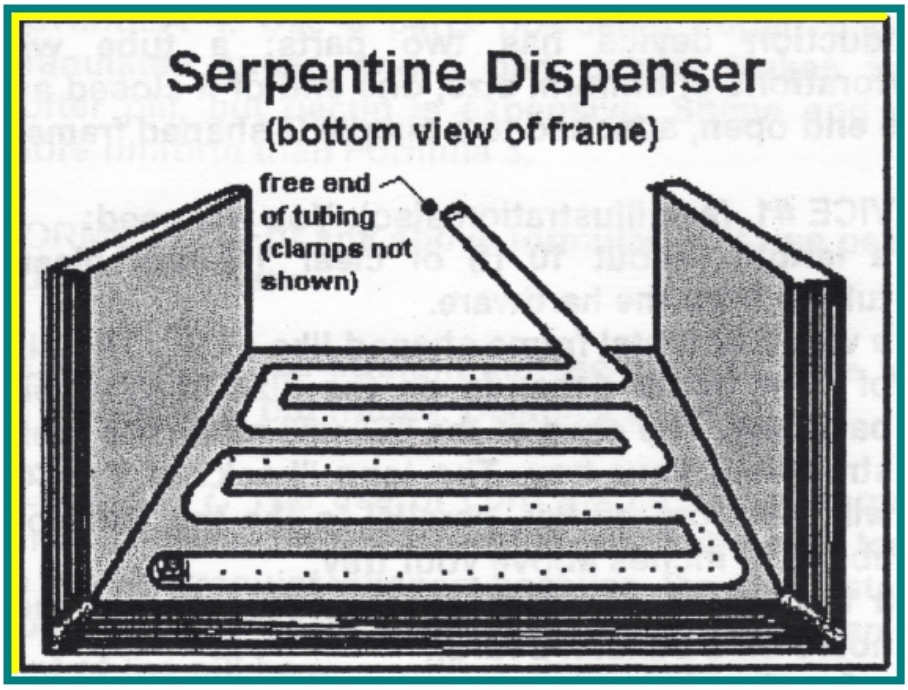
safety screen, just in case of accidental spill.

Pills, pellets, pillules, tablets. The easiest way to make your pills is to buy the blanks and coat them with the drug. A search for "blank homeopathic tablets" or "blank lactose tablets" will give you a huge number of results from which to choose.

You can either *very lightly* spray your tablets with your drug or- my preferred method- use a large jar, add some blank pills, then add *only* a couple of drops of drug. It's amazing how far a couple drops can go. Roll the jar back and forth and it will seem like you drowned the pills, but keep rolling and the drug will gradually get absorbed. Or, after rolling a bit, let it sit a few hours and try again. Yes, the end result of those few drops is that all the pills get coated and it's quite effective if someone takes four or five of them.

Making your own pills. For sucrose pills, place some sugar, leveled out and to a depth of about two inches, in a container, such as a flat tray. Then place drops of drug into the sugar. Wait a half hour and sift away the loose sugar and what you'll have left are some rough-surfaced pills of pretty uniform size. Powdered sugar will give you smoother pills. You could also consider building a drop dispenser for this- such as attaching to a board a length of ¼-inch clear flexible plastic tubing with a series of pinholes in it but one end closed. Attach this to a frame; you can then fill the tube with drug and quickly put your gloved thumb over the open end, which will keep the liquid in the tube until you intermittently release your thumb to deploy drops into the sugar.





Large volume production. This is of two kinds. For one kind of large volume production, you're making the drug for medical distribution. In the other, you're making it for agricultural use.

For large-volume medical production, you'll need something like a commercial mechanical paint can shaker ($130-150), something like this. Load the container with distilled water and an appropriate amount of your drug. To ensure adequate succussion, do not fill the container completely, but only to within about 3 inches of the top. The metal plate method described below for agricultural use could also be used for large-scale medical production.

For agricultural distribution, to a five-gallon bucket of water, you can just add a quantity of the drug, put the lid on and shake as vigorously as you can for a minute or two. Or, to be more certain of efficacy, load the bucket as above, tape a small metal plate to the outside (below the level of liquid), and rap the plate sharply with a hammer for a couple of minutes.

Testing (provings).

Note: The following are my own general rules for provings. They are not necessarily safe or efficacious. I will not be responsible for any injury or losses due to their use by you or others. Do your own due diligence.

Once you've made a new drug, based on your research, you must test it. Homeopaths call this doing a *"proving"*. This is a delicate area. You should *not* do frequent provings on the same subject (person). This can ultimately damage their health. A lapse of several *months* should pass before again using the same

subject.

The test subject should be a reasonably healthy volunteer (never *secretly* dose anyone). Give them a single dose of the drug and ask them to write down any unusual effects occurring over the next week. Carefully advise them that they may *very briefly* experience unusual symptoms, and to try not to counteract these symptoms unless they persist for more than 12 hours. After a week has passed, collect and analyze their information. Typically, if your drug really works the way you expect, there will transiently appear some key symptoms of the disease for which you designed the drug.

Alternatively, a test subject who has the condition you seek to treat with your new drug may be recruited, and the same data capture and analysis performed. Also, if you have the skill, *in vitro* testing on human cells- or on living microbes- may serve as a proxy for *in vivo* tests.
[Note: Under HPCUS rules, healthy volunteers are used first for provings, and persons with the related disease are used in a later cohort]

In the U.S., there are proving standards for new homeopathic drugs, and regulatory requirements precedent to their public marketing. These issues are covered in more detail elsewhere in this course.

Practicum.
ASSIGNMENT M/1: Make a 15c drug from plain unscented household ammonia, saving all earlier potencies as well, and noting the ammonia concentration from the label of the product bottle. Set the potentized solutions aside for several hours and then, starting with the 15c, *carefully* take a whiff of each one (set the open container down and wave a hand across the top towards your nose), continuing downwards in potency until you can *first detect* the ammonia odor and stop there. Report your findings in an abstract of less than 150 words.

ASSIGNMENT M/2: On a different day, repeat the above M/1 experiment but make a 15x potency instead. Report your findings in an abstract of less than 150 words.

ASSIGNMENT M/3: On a different day, repeat the above M/1 experiment but use household bleach instead. Report your findings in an abstract of less than 150 words.

ASSIGNMENT M/4: On a different day, repeat the above M/3 experiment but make a 15x potency instead. Report your findings in an abstract of less than 150 words.

ASSIGNMENT M/5: Using an old 1-qt bleach bottle with its upper portion cut

off, fill it half-full with sugar. Test dropping a single drop of water into it from various heights of 1 foot, 2 feet, and 5 feet. Allow time for the pills to fully harden, then collect and examine them. Now repeat this experiment with powdered sugar. Report your findings in an abstract of less than 200 words.

~~END Manufacturing Methods and Provings~~

Research Homeopathy
Research Principles Part I

Reminder: Disclaimer- please click to read

Getting started. This begins the real heart of the course. In conducting this kind of research, it's necessary to have available two extensive bodies of knowledge: one should be a detailed survey of disease symptoms and pathologies; the other should be a detailed survey of substances and their effects. Allopathy, with its related arms of toxicology and pharmacology, amply meets this two-pronged test. So does at least one other medical discipline, which will be covered in Part II of Research Principles.

Formal training in the allopathic medical language is helpful here, but not essential. Over time, one accumulates a growing allopathic vocabulary. Meanwhile, what one *does* understand of the language is quite often usefully actionable; the researcher should not feel intimidated by any deficiency in this regard.

First, understand the disease
Thoroughly review the disease and note both its clinical symptoms and underlying pathologies and etiologies.

Two methods: Symptoms or Toxicology
You may successfully proceed with either, and most often will find yourself alternating between the two in your search for a remedy. An internet connection is most helpful; hardcopy research is certainly possible, but slower.

If your initial approach is from a symptomatic point of view, you should include with it the underlying pathology. From here, you simply search out combinations of terms, using "toxicology" as one term, and one or more terms from your symptom list as the other(s). For example, if your symptoms (and pathologies) list features "sudden intermittent blindness, haemolysis, abdominal pain...", you could try a search (without the quotes) for:

"**toxicology blindness hemolysis abdominal pain**"

This in fact produces a large number of results, many related to lead poisoning,

methanol poisoning, mushroom poisoning, and others. You then burrow into each in order to find the one having the greatest similarity to overall symptoms of the disease (in classical homeopathy this is called the *simillimum*). You will find that several substances compete for this position, while others are further away. Use an arbitrary scale of 1-10 (10 being the most similar) to rate each substance. Then proceed to look more closely at each of the highest rated substances to choose a remedy. In general, you do not, however, want to select a remedy that is *too* similar, though at times that may be an adequate choice. A remedy which nearly identically fits the symptom pattern is known as an *isopathic;* this can be appropriate in very acute cases (i.e., very recently commenced), but most often the *homeopathic* is preferable.

Think of it this way: A train (the disease) is hurtling down the track; what takes more energy to stop it? If you oppose it directly, head on, that will require tremendous power. It's far better to give it a firm shove from the side in order to derail it. In other words, in most cases, rather than using "hair of the dog that bit you", you want to use "hair of a dog that *looks something like* the dog that bit you". I realize that this is contrary to expectations, but it's a time-tested homeopathic principle, one that I've seen play out often at clinic.

At the same time, in very acute cases, where you are certain of the cause of the patient's distress, an isopathic may be used effectively. I recall one case, for example, where a patient presented with extreme allergic response after accidentally being sprayed in the face with a pesticide. In that case, I immediately treated her only once with a 6m and 12m mixture of that very substance to excellent effect. The counter to this is that I have multiple times attempted to treat influenza patients (several days into the condition) with the viral isopathic to no good effect whatever; this same drug, on the other hand, was always highly effective if administered within about 24 hours of disease onset.

On the other hand, **if your initial approach is from a toxicologic point of view**, you can proceed to directly investigate the toxin. This sounds silly- after all, how could you possibly know of a toxin that causes the disease symptoms before you do the search described above? The answer is that a lot of people may have already done a part of your work for you, and they may mention that toxin as a possible culprit on forums dedicated to the given disease. So you just do a search (without quotes):

"[disease name] forum"

For example, a search for "diabetes forum" turns up 54,900,000 results, as of 5/15/16. Refining this to "diabetes forum toxin" reduces this to just 35,000,000 results, and in the first 20 of which I found a forum reference to "alloxan", a known toxin. I at once searched "alloxan diabetes", finding only 320,000 results, many of these mentioning the diabetes-alloxan link. Does this mean that alloxan would be a viable homeopathic candidate? Maybe, maybe not. First it's necessary

to review this toxin. Let's do that now.

How your typical research might now proceed
First, the alloxan-diabetes connections (in most forums) concerns only Type 1 diabetes, not the epidemic Type 2 form. I also found that there's a lot of apparently competent research in *animal* models where alloxan is deliberately used to induce Type 1 diabetes in rats. But, many of these studies say that it does not produce this disorder in humans, partly because it's so quickly metabolized that it has little chance of damaging pancreatic Langerhans cells (the cells that produce insulin, a.k.a., beta cells). But I also found one JAMA study which seemed to say that effects on human beta cells is *dose dependent.* So I'm getting two views and must decide. While acknowledging that there may well be a conspiracy afoot to deceive the public about alloxan's dangers, I don't want to waste my time and the time of my test subjects in making and testing a drug with so many strikes against it, from a homeopathic research perspective, despite the JAMA study. So for now I decide to pass on using alloxan, but it will go into my notes for perhaps later use, with a 7 rating.

Another forum result led me to investigate *staph aureus* as a possible remedy. Using "staph aureus diabetes" disclosed many animal studies (rabbits) showing a definitive link between Type 2 diabetes and the pathogen. Yet again, however, these are *animal* studies, which may or may not translate to humans. However, I'm encouraged to find that diabetic foot infections often have high-density staph aureus, which suggests to me (rightly or wrongly) that the pathogen might also be associated with the disease internally. A search for uses of homeopathic *staphylococcinum* produced little in the way of diabetes treatment, except for foot infections; but, the animal research on staph aureus and diabetes may be so new that no one else has completed testing.

The forum search turned up a number of avenues which might be better than staph aureus. But what would you decide, just based on where we are so far? I would decide to either make or obtain homeopathic *staphylococcinum*. Why? Because it's unlikely to do any harm and may do some good. And because the animal research is so tantalizing.

Now let's look deeper, into the realm of Type 2 diabetes pathology, searching "type 2 diabetes pathology". We're immediately fortunate in finding "The pathogenesis and pathophysiology of type 1 and type 2 diabetes mellitus". The trick here is to skim over what you don't understand, and cling to what you do understand. So go out to the page (or to a similar page, if that one's no longer available) and see how you do. Here's some of what I gleaned:

"Deficiency of micronutrients, such as chromium and copper, is found to be an important cause of type 2 DM in a minority of cases." ["DM" is diabetes mellitus]

I found that attractive because of its simplicity and my ready access to those metals, as well as to their homeopathics.

"The islets exhibit hyalinization and amyloid deposition, containing islet amyloid polypeptide (IAPP) or amylin."
I found that attractive because of my long-standing interest in beta amyloid plaquing in Alzheimers and in prionic diseases.

The paper notes that hemochromatosis causes diabetes.
Again, my interest is piqued because of simplicity (the paper even gives a definition of hemochromatosis as "a hereditary disease that causes tissue iron accumulation"). I also like the fact that the condition is *hereditary,* meaning that I might find in iron a simillimum rather than an isopathic.

Were I researching Type 1 diabetes, I might also have taken an interest in the mention of certain biochemicals and antibodies associated with that condition. So I simply make a note of it for future reference. Moreover, the use of biochemicals as homeopathics can have serious unintended consequences, as I'll discuss later.

We thus have as candidates staph aureus, chromium, copper, amyloids, and iron (in hemochromatosis). We look at the *ferrum met. e*ntry in a materia medica. It turns out that *ferrum met.* is used to treat various iron-related *anemias,* so at first it seems we've hit a dead end with *ferrum met* (since we want to *decrease* iron accumulation, not *increase* it). But more careful reading shows that recommended potencies for this are well within the *material* range of 2nd to 6th. So if we prescribe a potency beyond the material range, say, a 30th or 50th, we might have good effect in reducing iron presence. For hemachromatosis, we need a closer look to see if we can find out more about *why* iron accumulates, rather than attacking it merely with homeopathic *ferrum metallicum.*

We turn to the pathophysiology of hemochromatosis. Surprisingly, there really isn't much known, other than it's a genetic disease. However, we do get from this U.S. National Institutes of Health (NIH) description the following helpful information (before reading my comment after this quote, try forming your own opinion as to why this is helpful):

"People inherit two copies of the HFE gene—one copy from each parent. Most people who inherit two copies of the HFE gene with the C282Y defect will have higher-than-average iron absorption. However, not all of these people will develop health problems associated with hemochromatosis. One recent study found that 31 percent of people with two copies of the C282Y defect developed health problems by their early fifties. Men who develop health problems from HFE defects typically develop them after age 40. Women who develop health problems from HFE defects typically develop them after menopause.

"People who inherit two H63D defects or one C282Y and one H63D defect may have higher-than-average iron absorption. However, they are unlikely to develop iron

overload and organ damage."

I find this information helpful because of the fact that not everyone with the genetic defect will develop clinical symptoms. This implies that the defect may not be *causal* in its own right, but is just a *predisposition* to contracting the disease. Thus, at least one more actor (a toxin or other pathogenic influence) may be required in order for the condition to manifest clinically. If we can discover what that actor is, we may have found an effective simillimum. So our next step is to hunt down that actor with a *toxicology* search, "toxicology hemochromatosis".

You should conduct that search yourself, since I'll share here only a couple of my findings. One result led me to a very useful toxicology site of the U.S. Department of Health and Human Services and the NIH. There, I was able to use their search facility for the term "hemochromatosis", and what jumped out at me, among others, was turpentine's association with the condition. I have experience in prescribing homeopatic turpentine (*terebinthinum*) and it seems to be a possible treatment option for hemochromatosis.

Another find was at this site, where possible hemochromatosis effects of lead exposure were studied. But, before I briefly cover that, I want to again hammer home my main theme in this course: *YOU DON'T HAVE TO BE knowledgeable in the bioscientific language in order to be a good homeopathic researcher.* For instance, my only training in genetics was a little bit of it in basic biology and, to be honest, I have almost *no idea* what these people are talking about on the site just mentioned. However, I *remembered* discussion of the genetic component H63D from the same information you saw a few paragraphs ago. That helped me appreciate the potential homeopathic importance of this statement:

"No C282Y variant was found in this Asian population. The H63D genotype modified the association between the lead and iron metabolism such that increased blood lead is associated with a higher body iron content or a lower transferrin in the H63D variant. It is indicated that H63D variant carriers may be a potentially highly vulnerable sub-population if they are exposed to high lead levels occupationally."

In other words, lead is very likely to be one of those bad actors we just talked about. If we stop our search for a Type 2 diabetes simillimum here, we have the following list: staph aureus, chromium, copper, certain amyloids (proteins), iron, turpentine, and lead. Next, we would closely examine each, combined with the search terms "diabetes" and (separately) "hemochromatosis". That will help us rate those pathogenic influences and lead us to a decision on which of them to use for a drug.

You've just experienced what this research is like. It's a house-to-house, foxhole-to-foxhole hunt for the bad guy. It's exciting. It's boring. But in the end, it's very rewarding because you either get the bad guy, or you at least gain an amazing

amount of knowledge that may help you find some other bad guys. You'd be surprised at how much you've learned in just reading through the research above. Now it's your turn:

ASSIGNMENT R1/1: Conduct a search for both simillimums and isopathics for multiple sclerosis (MS). Submit an Abstract of your findings in length no more than 250 wds, including *naming* and *ranking* of the drugs found.

ASSIGNMENT R1/2: Conduct a search for both simillimums and isopathics for Alzheimer's disease. Submit an Abstract of your findings in length no more than 250 wds, including *naming* and *ranking* of the drugs found.

ASSIGNMENT R1/3: Conduct a search for both simillimums and isopathics for ankylosing spondylitis. Submit an Abstract of your findings in length no more than 250 wds, including *naming* and *ranking* of the drugs found.

Cautions

In deciding upon a remedy, we must be careful to discover- as far as we can- any possible unintended effect of the drug. I may be overcautious in this. There is a theory that the body, from a homeopathic stimulus, will selectively use only what it needs to *normalize* function. I've seen this to be true, not only in homeopathic medicine, but in acupuncture as well. Still it is well to be careful. Let me give one harrowing example to show why biochemicals in particular, i.e., substances made by the body itself, must be handled with an abundance of caution.

In the late 1990s, I was searching for an absolute painkiller. That research led me to a certain neurotransmitter. I located a source for some of this chemical (about $240 per microgram, as I recall) and was on the verge of ordering it when I decided to do one last search for its full complement of effects. I found an obscure abstract from a study at a midwestern university, indicating that this biochemical was not only a pain signal transmitter to the brain, but also a *growth inhibitor*. To me, this suggested that the homeopathic version, besides stopping pain, could also permit- or even encourage- tumor growth. That ended that idea. Far too risky.

Pharmaceutical approaches

You'll need access to an allopathic materia medica, such as the Physician's Desk Reference (PDR), or similar data source. Documents of this type are often organized according to manufacturer name, which is inconvenient for us. But there's typically an index arranged according to symptoms and diseases. This is much more convenient for our work.

By now, you realize what we're about to do. But there's one issue I should mention before we start. In fact, because of this concern I nearly decided not to

include this section at all. But on balance, it seemed to me that coverage of the problem would at least caution you, and maybe even discourage you from using these drugs entirely, at least until you have very firm confidence in what you're doing.

Important- your mere possession of a prescription drug may constitute a crime

When you obtain any of these drugs, it's likely that they'll have such contaminants as fillers, starch, sugar, or flavorings. The closest you may get to the simple drug is probably going to be a liquid oral or injectable form. But even these liquids may have contaminants. In any case, the contaminants are listed, so you're able to make a judgement about the wisdom of using them homeopathically. You could of course try to legally obtain the pure drug somehow; or, if you have a background in chemistry, you could try isolating the drug from its contaminants, or even synthesizing it.

Alright, you understand the issues. It's tricky, and dangerous. Proceed at your own risk.

Different approaches

As earlier, you have a choice as to where to begin your research. You can start with the symptoms/diseases index if looking for a specific remedy or, if doing random research, examine each drug individually.

Let's consider the drug *naloxone* as an example. For this discussion, we'll ignore the contaminants. Your research will show that naloxone is used to end the effects of an opioid drug overdose. It does this by competing with opioids for the same neuroreceptor sites; you could think of it as kicking the opioid molecules out of those sites. One thing that opioids do is stop pain; naloxone causes pain to return. So the homeopathic form should be a ready-made painkiller. And it is. I know because I used it about 20 years ago. But recall the concern I had over use of a biochemical neurotransmitter: I didn't make it because I feared it may enable cancer proliferation. I'm only slightly less concerned about the effects of *naloxonium*, and used it only very briefly before deciding to no longer have it available. My reduced level of worry is due to the difference between the two drugs: the biochemical would *directly* suppress the neurotransmitter; the *naloxonium* would *enable* more of the body's own chemicals to lodge in receptor sites to reduce pain. Nevertheless, without some good animal-model research, I'm hesitant to use it again. In other words, I'm not recommending that you prepare or prescribe *naloxonium*- my only purpose here is to describe the research method concerning pharmaceuticals.

Now let's try to find a suitable drug from a symptoms perspective. Suppose we

want something to prevent clot formation. The opposite of this would be a drug which encourages clot formation, right? A couple of web searches will disclose the appropriate allopathic terms to help you: *coagulant, anticoagulant, anticoagulant antagonist.* The term "antagonist" means a substance which will oppose or interfere with the effect of some other substance; "agonist" means a substance which will support or enhance the effect of some other substance. So this takes a bit of twisted thinking.

I'm seeing in the category index of my very ancient PDR (1992) that Mephyton (phylloquinone, i.e., vit. K) is an anticoagulant antagonist. In other words, it helps blood to clot. So it's an obvious homeopathic anticlotting agent. But before proceeding, we should look at what else vitamin K does for the body.

On this NIH page, it's mentioned that vitamin K may help maintain strong bones in the elderly. On this Oregon State University page, it says, *"Abnormal mineralization of blood vessels increases with age and is a major risk factor for cardiovascular disease. Vitamin K inadequacy may inactivate several VKDPs that inhibit the formation of calcium precipitates in vessels. The effect of supplemental vitamin K in the prevention of vessel calcification and cardiovascular events still needs to be evaluated in randomized controlled trials."* Information about a 2014 study appearing on this page echoes the OSU comment.

So we have some persuasive evidence that we should be cautious in using homeopathic vitamin K (let's call it phylloquinonum), particularly in elderly patients who have significant risk of easy bone fractures, or cardiovascular events. Moreover, even in younger patients, it's not a drug you want to use long-term, due to the possible adverse effects.

It's therefore clear that using pharmaceuticals as mother tinctures can be rather tricky. Still, with care and diligence, you may find some that are worthwhile.

ASSIGNMENT R1/4: Conduct a search among pharmaceuticals for simillimums or isopathics for Crohn's disease. Submit an Abstract of your findings in length no more than 250 wds, including *naming* and *ranking* of the drugs found.

ASSIGNMENT R1/5: Conduct a search among pharmaceuticals for simillimums or isopathics for general edema. Submit an Abstract of your findings in length no more than 250 wds, including *naming* and *ranking* of the drugs found.

Bodily substances

Chiefly, useful bodily substances include nasal swabs and discharges, expectorated phlegm; as well as exudates from ears, eyes, skin, infected wounds, and genital orifices. Typically, such materials are used as isopathics for infection control and prevention (though you might also find homeopathic use for them).

Sometimes these substances are contaminated with food or blood, and accordingly the parts thus contaminated should be avoided and only the uncontaminated parts used. Also, when producing the final drug, great care must be taken to cleanly transfer liquids from one dilution to the next and, of course, to protect yourself from accidental infection.

Although an isopathic is usually only effective if given near disease onset, a very high potency might yield good results in chronic cases.

Bugs, molds, and more

The list of drugs in the HPUS (Homoeopathic Pharmacopeia of the United States) presently has only about 1200 entries, as of May 2016. According to a Smithsonian webpage, some 900,000 species of insects are known. A recent NIH paper suggests there may be as many as 5.1 million species of fungi. A virology site suggests there may be many millions of viruses, some known and some unknown. Wikipedia says, "There are about 20,000 known species of lichens." And a commercial mold treatment site says, "There are over 100,000 different types of mold." Scientists differ on the number of bacterial species, with estimates from as low as a few thousands to the millions. Can you see opportunity here?

You take a walk on any given day- winter or summer- and you're going to see research and manufacturing opportunities left and right. In fact, you don't even have to leave the house: there are interesting molds in dark corners and in that rotting cottage cheese experiment of yours in the fridge. In your yard, you can probably find lichen growing on a tree, with the bonus that they're actually two or more organisms in one (lichen are not a distinct entity, but a combination of a fungus and an alga or cyanobacterium).

Drug-resistant microbes. Would you like to breed a drug-resistant microbe for homeopathic testing? You don't need a PhD to do it. There are powerful botanical and pharmaceutical substances to help you.

WARNING- take appropriate cautions that you do not inhale or otherwise infect yourself or others with any of these resistant microbes! Produce and store safely.

If you have a pharmaceutical antibiotic, crush up a tablet and dissolve in distilled water (maybe add a little sugar). For several days, leave it exposed to air in a bowl or dish (gently cough some of your own air over it if you like). Pretty soon, you'll notice some kind of mold or bacteria or slime colonizing the liquid. Strain off the liquid and rinse the slime or mold through a matting of sterile cotton balls *many* times with distilled water to remove the drug and any added sugar. This rinsing step is essential so that you don't accidentally make an undesirable drug. (Or, if you're skilled in microbiology, you could just culture some of the end

product separately- or, if you want that skill visit this site or watch this video or this shorter one). Preserve your result in ethanol as a mother tincture.

Or, do a web search for something like "antibacterial herb" or "antiviral herb" and use an extract from it the same way as you used the pharmaceutical. Let me give you a head start with that: *rhizoma coptis (coptidis), goldenseal, pruni armenica, ledebouriellae sesloidis, radix angelicae, and cortex phellodendron.* For a couple of these, you'd need a Chinese materia medica to learn about their antiviral and antibacterial effects, since the web doesn't say much on them. The one I commonly use is Chinese Herbal Medicine Materia Medica, by Bensky and Gamble.

The logic of what you've done is that by leaving these drugs exposed to air, you invited all sorts of microbes to visit and try to survive in a harsh *antimicrobial* environment. Those that survive and thrive are by definition *resistant* to your antimicrobial substance. Therefore, once you harvest them and produce a homeopathic, you have a strong drug against those and similar microbes.

Nematodes and trypanosomes. Your backyard has *millions* of tiny worms classified, variously, as either nematodes or trypanosomes. The trypanosomes tend to be concentrated in the feces of chickens, birds, or other animals. The nematodes aren't that picky and occur in abundance all over the soil. Some nematodes are "friendly" and not a threat to your health; others can be very deadly, such as hookworm. So use caution and gloves.

You'll need a good magnifying glass or microscope. Get a soil sample, shake in distilled water and, not letting it settle too much, pour some of the water off for examination. Then, using a pipette or eyedropper, suck some of the critters off and, with the cotton ball filtration method, isolate them from the cotton, rinse them, and crush with mortar and pestle. Mix with distilled water and *boil* to kill most of the worms, larvae and eggs. Add ethanol, and that's your mother tincture.

Again, when producing the final drug, great care must be taken to cleanly transfer liquids from one dilution to the next and, of course, to protect yourself from accidental infection. Even though you "probably" killed most of the worms, their eggs and larvae with crushing, boiling, and alcohol, there still might be some remaining. So it's imperative that your final product be well beyond a material potency, i.e., beyond the vanishing point.

Agricultural research. You don't need a farm to do this. A flat, smaller than a tabletop, is all you need to begin. Place potting soil in the flat. Or- even simpler, if

you're growing something like alfalfa sprouts- you just need two bowls and some water. Now decide the crop you want to study. Beans? Sprouts? Tomato plants? Flowers? What you want is something that grows fast, so you can get fast results from your tests. Once you've decided on a crop, do a search, "[crop name] diseases", or "[crop name] soil requirements".

[I interrupt this presentation to share an unusual finding. On searching "alfalfa sprouts diseases", I found an April 20, 1982 NY Times article stating, "*Research in monkeys has revealed that a substance in alfalfa seeds and sprouts can cause a syndrome identical to the serious immunological disease, systemic lupus erythematosus (also called SLE or lupus).*" You can see the implication for us, and how you will often find something valuable while looking for something else.]

For alfalfa sprouts, the diseases search mostly turned up a lot of related human diseases. But I did find a Wikipedia article which mentioned pests which damage alfalfa crops, including *aphids.* I don't know whether aphids attack sprouts, but it wouldn't take more than a week to find out. Just get some aphids off your roses, grow some sprouts with some aphids thrown in and see what happens. A brief video of a simple sprouting method is here. As a control, in a separate bowl in another room, sprout some identical seeds. If you find that the aphids bowl is of lower quality than the non-aphids bowl, you could make and test an isopathic against aphids, right? But I also stumbled across this site, which says that potentized aphids don't work against aphids- but potentized *ladybugs* do.

The page on this site is about farming alfalfa, but it's possible that the soil requirements discussed are applicable to sprouting in water as well. It says:
"Have soil test results in hand well before planting alfalfa. Make sure the soil pH is okay. This means a pH above 6.0 and, for a beginning stand, above 6.5. Lime is expensive. If you have an acidic soil and can't afford to lime, don't plant alfalfa. Alfalfa requires high amounts of P and K, both for crop growth and for replacement of what is removed in the hay. If you can't afford to fertilize a lot, don't plant alfalfa."
From this, I could organize a test of soil or water sprouting by having one crop in acidic soil or water, and the other in soil or water above a pH of 6.0. A YouTube video gives extensive detail on pH management for sprouting in water. Watch the video, but common household tools for pH adjustment include lemon juice (to lower pH), antacid tablets (to raise pH), and baking soda (to raise pH).

Here's a fascinating site where children potted beans in soil and watered them with soultions of tea, salt, sugar, and normal water to see the effects. Take a look and then you may want to test *nat mur* by soaking seeds a few hours in it before planting in salty soil.

In addition, here are a few of the many agricultural homeopathic sites:
http://homeopathyplus.com/the-top-four-remedies-for-gardens-and-farms/
http://www.earthhaven.ca/blog-s217.php?categoryID=78&category=Homeopathy-in-Agriculture
http://www.homeopathy4health.ie/2testimonials&researchlevel2agro-homeopathy.htm
http://www.centerforhomeopathy.com/treating-plants-with-homeopathy/

Veterinary research. You may also decide to apply the research principles learned here to pets and other animals. Their responses to treatment can be very dramatic. Search for "veterinary homeopathy" to seed some ideas.

Non-directed research. Last but not least, make time in your schedule to leisurely browse materials on toxicology and other useful subjects. Make notes. This relaxed browsing can be a great source of new projects.

~~END RESEARCH PART 1~~

Research Homeopathy
Research Principles Part II

Reminder: Disclaimer- please click to read

Intro. For this section, I will be mainly referencing Dan Bensky, D.O., and Andrew Gamble's (LAc) *Chinese Herbal Medicine Materia Medica,* 1986 edition, Eastland Press, Seattle, WA. It's served well as my hardcopy oriental medicine (OM) PDR for 30 years. To follow along, you will need either an edition of this book or some comparable volume. Here are some free and purchase sources:

Bensky and Gamble's *Chinese Herbal Medicine Materia Medica*- NEW
http://www.amazon.com/Chinese-Herbal-Medicine-Materia-Medica/dp/0939616424

Free Pdf for download
https://ia800502.us.archive.org/29/items/An.illustrated.chinese.materia.medicaPdfBook/An.Illustrated.Chinese.Materia.Medica.3HAXAP.pdf

Free Pdf for download
https://archive.org/stream/An.illustrated.chinese.materia.medicaPdfBook/An.Illustrated.Chinese.Materia.Medica.3HAXAP_djvu.txt

Free quick lookup
http://www.tcmbasics.com/materiamedica.htm

For purchase as an alternative hardcopy:
Pharmacology and Applications of Chinese Materia Medica, by Yao, Wang, and Yeung
http://www.worldscientific.com/worldscibooks/10.1142/0284

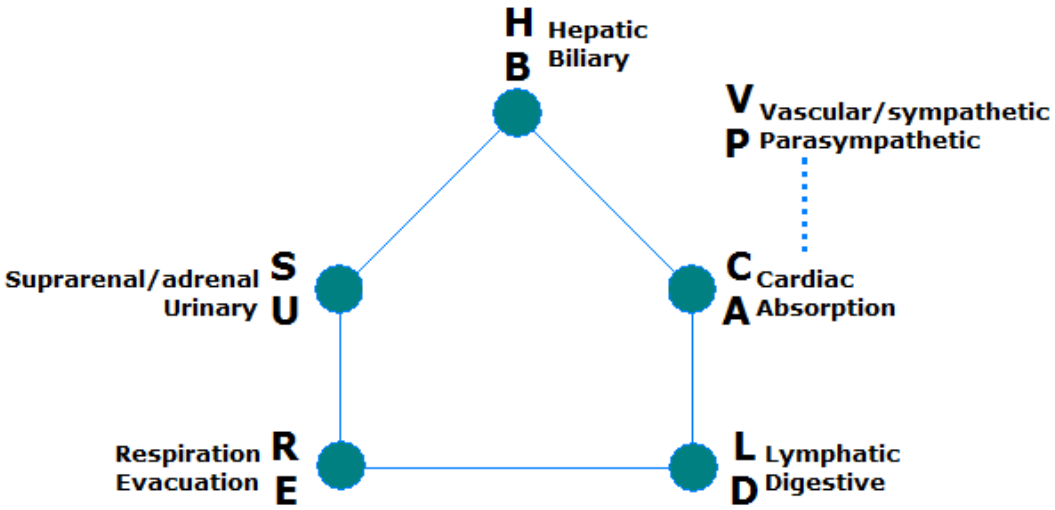
For purposes of this section, the research steps and methodologies are substantially the same as were presented in Research Part I. Quite often, however, the difference between the two is in the medical *language* used. Thus, much of this section is devoted to acquainting you with the OM medical language which, in many ways, is far more comprehensive than the allopathic medical language, as you are about to see. Sometimes, using the Chinese medicine's

pharmacologic data, you will also be able to revert to a strictly allopathic research approach. Let us begin.

Some history. Back in the 1970s and 1980s, OM (notably its acupuncture modality) was just beginning to gain traction in the West. Opposing this trend were many allopaths and their bioscientific researchers who publicly dismissed OM diagnoses and prescriptions as mere "poetry", as many still do. But some troubled themselves to look more deeply at the field, and they shortly realized the scientific depth of the OM language. My point is, pay careful attention to the medical terms used in this section; they are quite specific and will help guide you in your homeopathic research.

Taxonomy. As a memory aid for you, and to help you confirm their reality, I will first use early Western designations for body systems and organs, in preference to their proper OM counterparts. As an aside, in OM these systems are referred to as "Organs", though "system" is a better term for us.

Twelve systems. This could be said to be at or very near the core of the OM language. The image below illustrates the idea of 12 body systems, and we will use subsequent overlays to expand upon it.

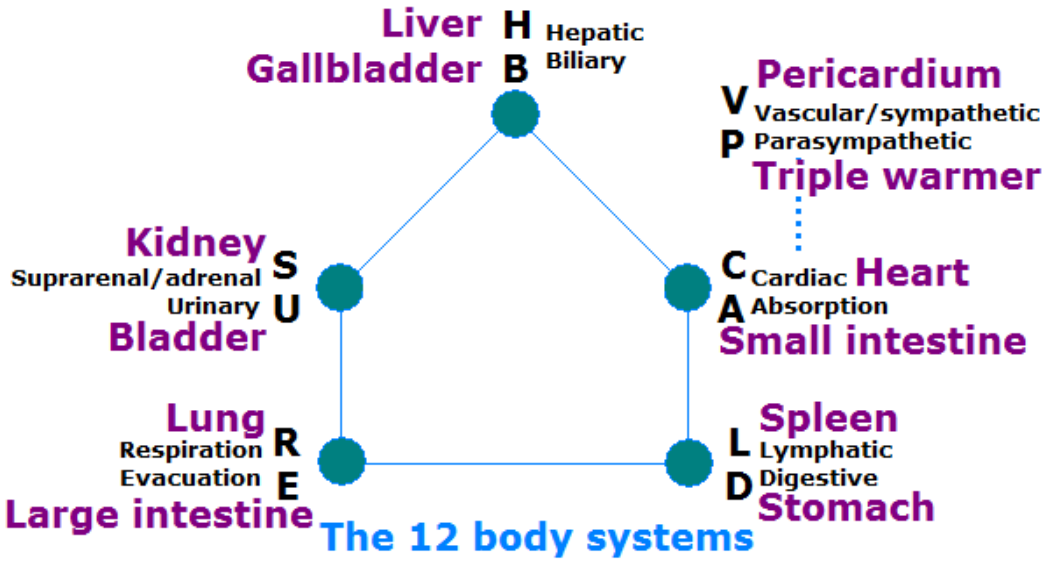


The 12 body systems

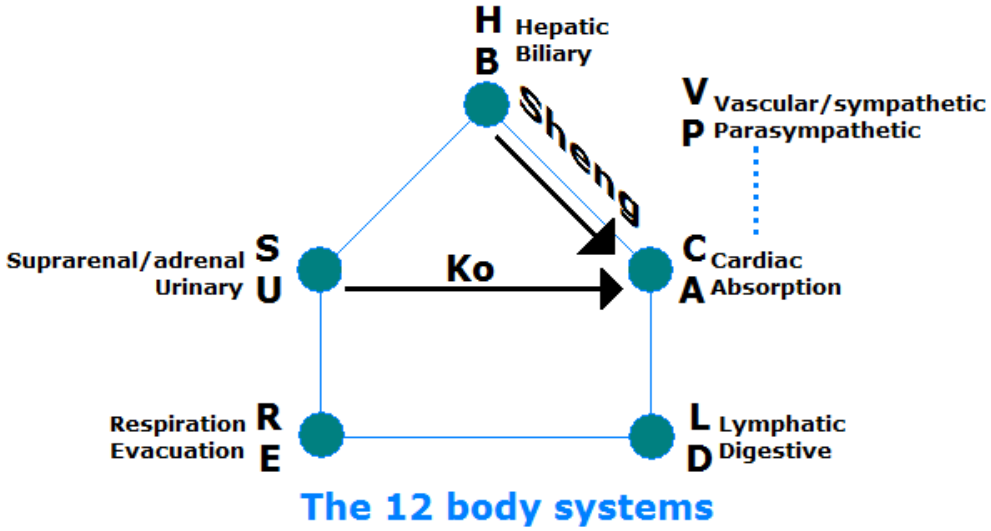
In my own training in the early 1980s, I used this mnemonic to help me memorize the above arrangement: HB SURE CALD, and I just had to remember that VP was associated with CA. And on that latter subject, oriental medicine considers VP to exist, in terms of influence on body systems, only in the context of the pair's relationship to CA.

From the diagram, we can see the close but not apparent identical correspondence between OM systems and biomedical systems. Discrepancies are

cleared up as we get deeper into this. Just for comparison, for now, here are the designations in OM terms *and* the early Western terms:



These six paired systems bear two key relationships (or "cycles") to each other. One is the cycle of Support, or Generation or Nourishment (Sheng cycle); the other is the cycle of Control (Ko cycle). For complex reasons beyond the scope of this course, except for VP/CA, the main systemic relationships occur among the first systems named, i.e., HCLRS, and VP as relating to CA. But for our purposes, this is a minor issue. Here is a visualization of the Sheng and Ko cycles:



Thus, in clockwise manner, the Liver generates the Heart, the Heart generates the Spleen, and so on. Similarly, in clockwise manner, the Kidney controls the Heart, the Heart controls the Lung, and so on. In my opinion, it is the latter (Ko) cycle

which may be easiest to apply in our homeopathic research, and the relationships of control should be memorized.

So, in bioscience terms, what does it mean to “generate” or “support” or “nourish” or “control”? Just as in bioscience, where a general organ or system description may contain paradoxes or even contradictions, often resolved with a more detailed presentation, the same is true in OM. Thus, for our discussion I'm going to try to remain with the simplest of OM concepts and their concordance with bioscience. I will begin with the Liver system; to see a fuller discussion of this system and resolve some of the paradoxes, see this OM page.

Also of note- for credibility's sake- is the fact that the Chinese had the following physiological concepts well in hand thousands of years before European medicine had even begun to articulate them. But, in fairness, the European contribution has been to add to this knowledge in a deeply reductionist manner.

Liver's primary functions are “spreading and flowing”, “nourishing the nails, tendons, and ligaments”, “storing of blood”, and governing the function of the eyes. One simple bioscience correspondent is clear: spreading and flowing is concerned with heparinization of the blood. In turn, this nourishes the Heart system by making delivery of blood easier. Moreover, it's clear that the liver does indeed store blood (RBCs). The liver *controls* the spleen by using heparin to counteract excess platelet deployment.

Heart's primary function is to deliver blood to the body. In a mutually nourishing relationship, it also nourishes the Pericardium system. The bioscience correspondents are that the heart produces coronal blood flow to the pericardium, and the pericardium in turn helps maintain the patency of the flow of blood back to the heart muscle via its roots of the large blood vessels. The heart *controls* the lung by circulating blood faster to reduce respiratory rate (actually more complex than that, but beyond the scope of this course).

Pericardium's primary functions (partly described above), also include maintaining patency of flow of blood in vessels throughout the body. Further, it nourishes the sympathetic nervous system, these nerves being also “vessels” of a sort. The bioscience of this, partly, is the relationship between nerves and blood vessels, it recently being shown, for example, that the same molecules generate both.

Small Intestine's primary function is absorption of nutrients. In a mutually nourishing relationship, it also nourishes the Triple Warmer (parasympathetic nervous) system. The bioscience of this, as but one example, is the relationship between the vagus nerve and the smooth muscles and glands of the gut.

Triple Warmer, though it has many and pervasive functions, is largely related to metabolism and other parasympathetic tasks. A bioscience comparison is difficult to illustrate, since the TW cannot be represented as any particular "organ", in bioscience terms.

Spleen has one primary function of "keeping things in their place", and "creates the flesh (muscle tissue)". A bioscience correspondent is evident when we consider the actual spleen's storage of platelets for clotting purposes. Also, the term "Spleen" is kind of a misnomer, since in OM it also encompasses the pancreas, which helps us understand why Spleen is considered the root of the endocrine system. One way that the spleen nourishes the lung through its pancreatic component, is to use insulin to enhance gas transfer across the alveolar-capillary membrane, as the study on this page describes. The spleen *controls* the kidney in a manner similar to how it nourishes the lung, except that the enhancement of gas transfer, for example, dampens kidney output of erythropoietin for new RBC formation (with better gas transfer, the kidney figures, "Why make more RBCs?").

Lung has both a respiration function and water-metabolism function, as is evident to us in bioscience through its gas exchange and exhalation of water vapor. One way that it nourishes the kidney is by ensuring that blood contains sufficient oxygen to prevent the kidney from having to overwork in producing erythropoietin for new RBC formation. The lung *controls* the liver, for example, by sufficiently oxygenating the blood so that glycogen from the liver is less able to accumulate in muscle cells (search "hypoxia glycogen").

Kidney is deemed to have a (yang) water metabolism function, which idea is obvious in bioscience, an endocrine (yin) function, a blood-formation function (obvious in bioscience also), governance of hearing, and functions of generating bones, teeth, hair of the head, and central nerves (including brain). We need only look at some of the manifold roles of cortisone to appreciate these connections, including the ways in which its endocrine aspect nourishes liver function. The kidney *controls* the heart, in part, via its level of production of cortisone.

Fractal physiology. Having said all of that, OM also offers profound insight into what might be termed "fractal physiology", or the macrocosm reflected within the microcosm. By this I mean the ways in which we see these various systems interact at the cellular level. Thus, for example, massive dehydration is one form of Spleen failure (cells not keeping water in its place), as is microhemorrhaging (vessels not keeping blood in its place). Or, nutrient uptake failure at the cellular level could be said to be a form of Liver failure (failure of spreading and flowing).

Pathogenic influences. We have by no means exhausted OM medical information about system interactions- only offering enough for this course. This

subsection requires your special attention, as the terms here are most often used to describe uses and effects of OM drugs.

Now we take up the major causes of disease, the Six Pathogenic Influences, which are Wind, Cold, Damp, Heat, Dryness, and Summer Heat. Each of these may have especially strong effects on some systems, and less on others. This has to do with the character of each system. Some examples: Liver likes dampness; Heart likes warmth; Spleen likes dryness; Lung likes moderate moisture; Kidney likes warmth. Nobody seems to like Wind or Cold. Here are the general meanings of the Six Pathogens:

Wind. Refers to movement, sudden change, dispersal. Bioscience collaterals include rapid onset, dizziness, tremors, stroke, intermittent symptoms, sudden sweating, inability to concentrate (dispersal of mental Qi, "chee"), haphazard function, seizures.

Cold. Refers to cold *per se,* contraction, slowness or inhibition of function, paleness of skin or blood or urine, whiteness or paleness of discharges, closure of pores, odorless excrement, dullness of affect and comprehension, pain.

Damp. Refers to sluggishness of function, infectious disease, diarrhea.

Heat. Refers to heat *per se,* fever, reddening, incoherent speech, rapidity of function, bleeding, pain.

Summer Heat. This is a special category Pathogen, normally used to describe heatstroke or similar conditions.

Combined pathogens. Quite often, the materia medica describes situations involving two or more Pathogens. Thus, a Wind Heat syndrome, for example, would be one in which symptoms could include dizziness, confusion, fever, and internal bleeding all at once.

Qi and Blood. These are important medical concepts and must be discussed because they often appear in the materia medica as part of syndrome descriptions.

Qi (chee) is described as *energy on the verge of becoming matter, or matter on the verge of becoming energy.* It is the *force* of a thing, not its underlying materiality. Blood is of the nature of nutrient supplied to an organ or system, though not necessarily in the material sense in which we would normally think. For example, one Deficient Blood pattern might include symptoms of pallor, tinnitus, blurred vision, and arrhythmia, yet there might be no finding, in the bioscience sense, of any significant *material* blood deficiency. As this course is not

meant to be a complete undertaking of the study of OM, much discussion has to be omitted; but you will learn more as you conduct your research.

Qi and Blood patterns: deficiency only; there is no notion of Qi or Blood excess.

Excess and Deficiency. Mainly, these terms are used to distinguish between disease brought on by acute assault of an external pathogen (Excess) and that of an internal, chronic pathogen (Deficiency). So the terms Excess and Deficiency may be applied to all Pathogenic Influences, e.g., Wind-Damp Excess, or Cold Deficient Spleen.

Yin and Yang. These are highly nuanced medical terms, used both to characterize systems and disease. It's here where we see the notion of fractal physiology, discussed earlier, at its most profound. For instance, OM *does not* describe systems as being either yin or yang; they are instead described in *relative* terms, according to the most dominant aspects of each. The relativistic terms used, in lieu of yin and yang, are *tsang* ("ZAAHNG") and *fou* ("FOO"), respectively. So the tsang (mostly yin) systems include Lung, Heart, Pericardium, Spleen, Kidney, and Liver. The fou (mostly yang) systems include Large Intestine, Small Intestine, Triple Warmer, Stomach, Urinary Bladder, and Gallbladder. Moreover, systems are paired, each tsang having its fou complement (we revert to the simpler notation method): HB, CA, VP, LD, RE, SU. I don't wish to burden you with much more detail, but the reasons for these designations should be evident from the following broad descriptions of yin and yang:

- **Yin is: interior, downward, slow onset, dark, cool, damp, smooth, anterior, slow, collecting**
- **Yang is: exterior, upward, rapid onset, light, warm, dry, rough, posterior, rapid, dispersing**

When we consider each system in this light, we can see that the preponderance of location or function fits its tsang or fou label. For example, the Large Intestine opens to the outside; the Gallbladder also opens to the outside, through the stomach and esophagus; Liver is completely interior, as are Spleen and Heart.

General disease classifications according to yin and yang are far more subtle. Examples: a sudden raging febrile disease is a Yang Excess Disease (specifically Heat Excess), meaning that an external pathogen has overwhelmed body defenses in a sudden manner; but chronic fever is Deficiency Yin Disease, meaning that the nature of disease does not lie in the strength of the pathogen, so much as it does in the weakness of body defenses.

What we're about to do. To find a possibly useful homeopathic drug in the OM materia medica, we're going to:

- **Define the given disease in OM terms**
- **Flip that description into its substantial opposite**
- **Search for the OM drug capable of producing the symptoms of that opposite**

This can be a very taxing mental process- at each stage, *write down* what you're doing and refer to it often.

Let's first look at a materia medica entry to try to decipher its bioscience meanings.

Dang Gui (radix angelicae sinensis).
Channels entered: Heart, Liver, Spleen
Functions and clinical use: Tonifies Blood, regulates menses; pallor in Deficient Blood with tinnitus, blurred vision, palpitations; pain relief in Congealed Blood; Deficient Blood with chronic Wind Damp Painful Obstruction; moistens Intestines, moves stool; for Dry Intestines due to Deficient Blood.

The entry is telling us, first, which systems are most affected by the drug. They are Heart, Liver, and Spleen. "Tonifies Blood" means it adds nourishing power to Blood. "Congealed Blood" is a special symptom referring to stabbing pain, which may or may not be accompanied by actual bruising or clotting. So any tissues affected by the Heart, Liver, or Spleen may be helped by administration of this drug. For example, any Liver-related condition, such as amenorrhea or dysmenorrhea (failed spreading and flowing function of Liver), may be susceptible to dang gui treatment. Or, as Spleen generates the flesh (muscle tissue), dang gui could be used in traumatic injury. The Dry Intestines mention is a reference to chronic dryness of bowel mucosa, not an acute form.

Now, homeopathically, we can draw the conclusion that *homeopathic* dang gui might be useful for any hemorrhagic condition, since its native form appears to act to disperse clots (one strategy against hemorrhage is to aid clot formation). And, since the native form helps to moisten the intestines, the homeopathic would likely help end diarrhea (by drying dampness). I don't find support for this in the homeopathic materia medica but online, after much search, I found one instance of it being used for diarrhea. So who knows? It might be just as I said.

Now that we have a better handle on dang gui indications, let's look at the pharmacological and clinical entry for it. Unfortunately, in my text, almost all of the data is from animal studies. If possible, I'd like to stay with human data or bench (in vitro) human data. It inhibits hemolytic strep and shigella, so it's possible that *material* potencies might be very useful in those conditions.

So you see the method? It's more or less like what we did with an allopathic PDR

in Research Part 1. Now let's try a more focused approach, less random, where we start out looking for a specific drug type. But how to do that?

First, we must think of the condition we wish to treat in OM terms. Suppose it's stroke (CVA, cardiovascular accident). There are two types of stroke, ischemic (clot in brain) and hemorrhagic (bleeding in brain). Ischemic is the most common, so let's take that. We thus want to prevent clotting, specifically in the brain.

The ideal drug. Given what we've learned so far, and that has limitations (more detail here), what would be some medical descriptions for ischemic stroke? First, break it down into simple parts...

1. Spleen is not being controlled (Ko) by Liver, which partly explains the clot.
2. Liver is too weak to control Spleen, so Liver Qi is not being nourished by Kidney.
3. *Maybe* Liver is being over-controlled by Lung.

The above would be the most straightforward diagnostic elements. There are other possibilities, but they're more rare and we haven't discussed those kinds of relationships. So, based only on the above three possibilities, the ideal *native* drug would do the following (for convenience, I'll also repeat the above list- **and remember, for now we're looking for the *native* drug just to clarify our thinking; it's not the one we'll use for a homeopathic**):

1. Spleen is not being controlled (Ko) by Liver, which partly explains the clot. **Ideal drug would enter Liver channel and strengthen Liver.**
2. Liver is too weak to control Spleen, so Liver Qi is not being nourished by Kidney. **Ideal drug would enter Liver channel and strengthen Liver.**
3. Maybe Liver is being over-controlled by Lung. **Ideal drug would enter Lung channel and sedate Lung. Or, it would enter and strengthen Heart channel and control (Ko) Lung.**

We should also consider the overarching nature of ischemic stroke. Pathogenic *Dryness* has invaded the blood, making it thick. **So our ideal drug should *moisten* the blood.** The overactive Lung implies Heat in the Lung. **So our ideal drug should enter Lung channel and have a *cooling* effect on it.** Bottom line, if using the *native* drug, we want one that:

1. **Enters Liver channel and strengthens Liver; enters and cools Lung channel and controls Liver; enters and strengthens Heart channel to control (Ko) Lung; and moistens the blood.**

Now, to find the *mother* homeopathic, we need to *flip* our thinking. Going through the above exercise was just to clarify our thinking. So, what drug *weakens* Liver?

What drug *moistens* and *warms* Lung? What drug *weakens (sedates)* Heart? What drug *dries* blood? The answers to these questions should lead us to the mother homeopathic drug. We want one to:

1. Weaken Liver; moisten and warm Lung; sedate Heart; dry blood.

Most OM materia medicas are organized according to diagnostic categories. Using the above, I decide upon the following categories:

A. Herbs that clear Heat and Dry Dampness
B. Aromatic Herbs that Transform Dampness
C. Herbs that Tonify the Yang (to dry blood)
D. Herbs that Nourish the Heart and Calm the Spirit

But also keep in mind, we need to select according to which *channels* (systems) are entered by each drug. And sometimes, we have to notice if it's entering via a subordinate channel, e.g., Gallbladder as a proxy for Liver.

Let's analyze one. My first find is *huang qin* (scullcap). It's cooling to Heart, cooling to Gallbladder, and cooling to Lung. The last part- cooling to Lung- is undesirable, but we might tiptoe past it because most of what we want is there and because Lung overcontrolling Liver was just a "possible" diagnosis in the first place. So, the homeopathic form of it could be well worth a try in a stroke patient, based on the idea of using the *simillimum* rather than an isopathic. So I next look to the "pharmacological and clinical research" section for further clues.

From that research section, the best I get is: it has a diuretic effect (causes dryness, which we want, right?); and increases bile flow in dogs and rabbits, implying strengthened Liver function, which we also want.

As a final step, I consult my homeopathic materia medica to see if *scutellaria* is a listed drug and if it's used for stroke. It's listed, but no mention of stroke. So maybe I've found something new, though I did find this manufacturer offering "Theracephalic", which is disclosed as containing 3x scutellaria.

Contraindications as shortcut. Sometimes, just a quick glance at the drug's contraindications, which are typically much shorter entries, can tell us whether to investigate further. With the above huang qin, one such entry reads, "Contraindicated in Deficiency Heat of Lung". So that's really saying it would aggravate that condition, i.e., add *warmth* to Lung, which is what we want.

Alright, time for you to do some work.

ASSIGNMENT R2/1: Conduct a search among Chinese drugs for simillimums or

isopathics for Addison's disease. Submit an Abstract of your findings in length no more than 250 wds, including *naming* and *ranking* of the drugs found.

ASSIGNMENT R2/2: Conduct a search among Chinese drugs for simillimums or isopathics for undifferentiated meningitis. Submit an Abstract of your findings in length no more than 250 wds, including naming and ranking of the drugs found.

ASSIGNMENT R2/3: Conduct a search among Chinese drugs for simillimums or isopathics for undifferentiated osteoporosis. Submit an Abstract of your findings in length no more than 250 wds, including naming and ranking of the drugs found.

~~END RESEARCH PART 2~~

Research Homeopathy
Business Considerations

Reminder: Disclaimer- please click to read

Legitimizing the business. In developing the course, I fretted a lot over writing this section. Regulatory matters are complex and can change at any time and the last thing I want to do is mislead anyone about requirements. So what I offer here is a general framework, according to my understanding.

Best practice for legitimization. With these trepidations in mind, what I finally elected to do is to avoid giving specific instructions. The absolute best practice to get current information in this area is to simply ask the U.S. FDA directly, *"What do I need to do to register as a homeopathic drug manufacturer?"* Here is FDA contact information:

FDA
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)
MANY HELPFUL SMALL BUSINESS LINKS
http://www.fda.gov/ForIndustry/SmallBusinessAssistance/default.htm

Once registered, FDA will *inspect* your facility. You don't need a fancy lab or office, but having a dedicated room or other area of your home is essential. They will inspect your equipment for cleanliness and safety, and ask about your methods. Be prepared- ask them in advance what standards you need to meet, then comply *in every detail*.

Other assistance. There seem to be a lot of companies on the web willing to help you with registration. Most of these are directed at helping *foreign*

manufacturers with regulatory needs- and the fees are *steep.* I don't want to list any of them, but they're easy to find with a search like "fda homeopathic registration". Other sources can be helpful, at least in gaining an overview of the process, and these are also listed below.

Consumer Healthcare Products Association
for general overview of regulations
http://www.chpa.org/homeopathic.aspx#regulated

Hyland's Homeopathics
much more detailed regulatory process description
http://www.hylands.com/news/regulation.php

Besides these sources, you could consider contacting a small homeopathic manufacturer in a part of the country distant from you. Because you don't represent a competitive threat, and because some people find that "networking" has benefits, they might be willing to give you some hints, though you wouldn't want to rely on that as legal advice.

Legal Hall of Mirrors. At present, May 2016, FDA has a non-enforcement policy concerning homeopathic drug approvals. The policy has been in place for many decades, and some people are trying to change that, notably the allopathic drug companies. In short, new homeopathic drugs are "technically" subject to the same FDA drug-trials standards as any other drugs. But FDA has never enforced this.

Instead, what FDA does is accept two kinds of homeopathics as having met the standards of law. One category is "legendary" drugs, i.e., those already listed in the HPUS (Homeopathic Pharmacopeia of the United States), an early edition of which is downloadable free at this site. The other category is those drugs which have passed the approval process of HPCUS (Homeopathic Pharmacopeia Convention of the United States- see the Hyland's link already given for more info).

Prescription-only and OTC homeopathics. Mainly, OTC homeopathics are those which may be used for "acute, self-limiting" conditions, e.g., sore muscles, allergies, headache, etc. If a homeopathic drug is intended for serious conditions which are not self-limiting, they are by definition precsription-only; this does *not* mean that you can't make and distribute them- it just limits your distribution to qualified healthcare providers.

For new drugs, you must comply with the testing ("provings") requirements of HPCUS, whether they're OTC or by prescription.

Marketing. In part, your marketing efforts must be guided by labeling and other

legal requirements. Beyond that, here are some tips which you might find helpful:

- At your earliest opportunity- even before you register with FDA- you should begin making friends at local homeopathic drug outlets, such as at health food stores and vitamin shops. Be frank- tell them you're planning to soon start operations and you'd like to know which drugs sell best; do customers prefer liquids or pills (sucrose or lactose); don't be too intrusive, but you want to know the markup, so you can scale your prices accordingly; are there delivery or other problems with their sources; would they consider using you as a source, once you're registered, etc., etc.
- Do the same thing at local clinics- esp. those of D.C.s, LAc's, OMDs, DOMs, NDs, PTs, NPs (nurse practitioners), massage therapists, aromatherapists, gyms, yoga studios, etc.
- Don't overlook the possibility that small stores of all kinds, who do *not* carry homeopathics and whose business isn't even remotely related to healthcare, might be willing to put a small rack of your drugs on the counter.
- Offer to give talks to small groups; there are often local support groups for specific diseases who might welcome you; if you're in an HPCUS trial, this could also be a good way to recruit second-phase patients (the first phase uses healthy volunteers who *don't* have the condition); give away free samples- if your drug works for someone, they'll not only prefer to buy your product, but will also become your word-of-mouth advocate; in any case, in public speaking, just be careful how you present yourself and the field.
- Don't overlook contact with MDs and DOs; though many of them are hostile to homeopathy, some are not, especially if you present homeopathy as a last resort for intractable disease.
- A web presence is also helpful, though not as magical as many people think; but it will give you a kind of storefront- make sure to get a merchant credit card service (PayPal is just one of many options these days) so you can accept credit cards.
- Finally, if you haven't yet registered your own company, consider collaborating with an established company, even a small one, as concerns any research discoveries of yours; **but, this can be problematic,** since you'd have to disclose to them your mother tincture- a provisional patent application beforehand might offer you some protection against a ripoff- see Patents below.

Patents. The first thing to know about a U.S. patent is that on March 13, 2013, the United States became a "first-to-file" (FTF) nation. Before then, it was a "first-to-invent" (FTI) nation, perhaps the only one in the world. Under the old FTI system, if you could prove that you were the first to invent something, you could retain the right to produce it, even if someone else filed a patent application on it. There were many details to this but I won't rehash them here because, with the

advent of FTF, it's all academic anyway. Now, under FTF, the first *party* to file has the rights to the invention. The main takeaway from this paragraph is: *If you invent something, shut up!,* at least until you file either a provisional or nonprovisional patent application.
[Note: Many patent attorneys and others feel that FTF is unconstitutional, since the U.S. constitution gives Congress the right to secure rights to *inventors*, not to other parties. I agree, but for now the law is the law.]

An *issued* U.S. patent gives you strong *offensive* rights against a party who infringes your patent. There are two basic types of patent application: *provisional* (informal) and *nonprovisional* (formal).

The *provisional* application, in effect, gives you 1 year in which to file a formal (nonprovisional) application, and establishes an earlier filing date for you if and when you file the formal application. During that time, you can discuss your invention publicly (which may cause you to lose some foreign rights), or try to make deals with manufacturers, etc. Anyone who infringes your provisional claims during that time won't be subject to a lawsuit from you then, but if your patent issues later via a nonprovisional (formal) application, they'll have to destroy all the product they created or be sued. The provisional application is relatively cheap (currently $65 for a micro entity), compared to a formal patent prosecution, and it's fairly straightforward, so that you *might* get through it without a patent attorney, although there can be many pitfalls, as this site explains. This USPTO link gives more information and contact info for the USPTO Inventors Assistance Center.

[Note: A “lawyer” is not necessarily a “patent attorney”, though many patent attorneys are also lawyers. The USPTO has some rigorous academic and exam requirements for patent attorneys. So, someone who is not a registered patent attorney cannot practice before the Board of Patent and Trademark Commissioners, nor hold themselves out as being qualified to prosecute a patent application for another party; on the other hand, once a case has been appealed into the courts, a lawyer is permitted to handle it.]

One more thing about provisional applications- and on this point, *you really must ask a patent attorney and not rely on my idea.* I've gone through some of the USPTO rules on this and looked at conflicting professional comments on a number of sites, and I'm still not sure *but* it seems to me that it just *might* be possible to file a provisional application containing several drugs at once. To explain my confusion and reasoning, whenever you file a nonprovisional application, you may have inadvertently tried to claim two or more separate inventions in that single formal application. If so, the USPTO can- and often does (and often wrongfully)- force you to elect a single invention before proceeding (you file “divisionals” on the others, if you wish). A provisional application is not reviewed this way- it's hardly even looked at. But when you file the nonprovisional and claim benefit of the provisional, they look at the provisional very closely. So my reasoning is that they could then direct you to only claim one drug (or drug combination), leaving

you free to claim the others in later nonprovisional filings. But as I say, to me it's a murky area- don't try it unless you get a patent attorney's advice first. Here's a detailed USPTO page on provisionals:
Provisional- MPEP 201.04
http://www.uspto.gov/web/offices/pac/mpep/s201.html#ch200_d1ff6d_23490_24a

The *nonprovisional* application is a more formal filing. Unless you are very skilled at reading law and rules, I strongly suggest you obtain at least the *advice* of a patent attorney before attempting to file a nonprovisional application. On the other hand, the successful homeopathic drug applications you'll find online tend to be very simple, and can help guide you in drafting your application (and then have it reviewed by a patent attorney before filing). You can find some homeopathic patents by searching "patent homeopathic".

The term *international patent* is, I believe, misleading, as it causes one to think that, by a single application, one can obtain worldwide patent rights. But in fact, it only helps streamline your application process in other countries, and you must apply to each separately and pay the fees. I consider the usefulness of international filings questionable, unless carefully targeted to those countries where you expect to have a large market for your drug. There are also special USPTO requirements for how to file your original application so that you obtain certain rights for filing on the international stage.

As an aside, the *enforceability* of a homeopathic patent raises certain questions. For instance, how do you *prove* that someone has infringed your patent for homeopathic fly-wings? Unless they disclose this on their label, or unless a whistleblower inside the company helps you out, you're out of luck. For now, physics and chemistry just can't help you either; after all, most drugs you make will be beyond the atomic vanishing point, the mother tincture undetectable by present methods.

Though large manufacturers will nevertheless be mindful of the risk of ripping you off if you have patent protection, here's an example of how a company could do a ripoff of your drug. Let's say they develop a new drug called *Skullium,* which happens to work to relieve some Alzheimer's symptoms, but it's not all that great and barely gets through the HPCUS peer-review screens. Then somebody (maybe you) tells them how to make your drug, called *Fixium,* which works much better. What they could then do is *secretly* add your drug to theirs, without paying you, and no one would be the wiser. Just a thought.

methods, equipment, and procedures discussed in this course may pose great danger to health and safety. Use at your own risk. This course is *not* intended to prepare anyone for the formal practice of homeopathic medicine. Further, the making or distribution of homeopathic drugs may be regulated in your locality; you are advised to consult an attorney if in doubt as to your legal situation in this regard. Some general guidelines for legitimizing a homeopathic drug manufacturing business are discussed in this course, as well as discussion of patents; that information should *not* be considered legal advice.

~~END Business section~~

Always remember- YOUR work could save a life

~~**End Course**~~