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Introduction and Structure of the Book

For a number of years I have desired to complete a book on methodology to show the evolution of my studies, practice and theoretical approach to homeopathic medicine. This desire stems partly from the near constant request by colleagues for such a work. I made several attempts but was hindered by the considerable amount of time and energy needed for such a project. And my work was still evolving.

I have the reputation as a prescriber of small remedies. For some this suggests pulling rabbits out of a hat: focusing on the feat of finding such remedies rather than the methodology which informs their selection. Fundamental to my approach is the emphasis on clinical work as compared to provings. If provings are a spark, clinical experience is a fire. Each is complementary to the other and both are necessary to homeopathic medicine. Both also need reshaping. Only cured cases provide the rigorous evidence needed to support scientific hypothesis. In this day and age homeopathic medicine must provide such evidence if it is to dialogue as an equal with the established sciences including academic medicine and other disciplines which study *anthropos* in all of its complexity.

This work, divided into two volumes, the second containing three parts in three separate books, is directed toward colleagues already in the field. Therefore, it does not discuss basic homeopathic concepts. Volume I focuses on methodology. This includes the concept of similitude and what I call the Method of Complexity, an approach which searches for thematic coherence in the patient's case, the remedy, and the substance from which the remedy is made while looking for analogy between them.

Volume I includes some observations about clinical material and the criteria that I use to measure clinical results. This is followed by a chapter on psychological concepts relevant to the complexity method authored by John Sobraske. The method of case analysis is described in Volume I; examples of case analysis are provided in Volume II.

The term 'Method of Complexity' means that this method is inspired and informed by complexity theory with its emphasis on elucidating subtle patterns in seemingly chaotic phenomena. I wish to make clear that the use of the term 'complexity' refers only to complexity theory and is not meant to imply that other homeopathic methodologies by comparison are less complex or sophisticated than the one described here.

Praxis Vol. II (in three parts, that is, three books) reveals the application of this method as developed by Panza, Marotta and myself. Each remedy chapter contains information on the original substance used to prepare the homeopathic remedy, the remedy picture, at least two clinical cases and case commentaries. A brief recapitulation of *Praxis Vol. I* is provided in *Praxis Vol. II: Part I* for ease of reference and for those who have not read the works in their proper sequence. Case examples from the Drug family are used to illustrate the method with special reference to the unique mind-body relationship found in this family of remedies. The choice of the Drug family is intentional to demonstrate that various remedies may be closely related despite not belonging to the same botanical group or even the same kingdom.

"In 2006 in collaboration with N.E.H. A. (New England Homeopathic Academy) started a master in Homeopathic Medicine: *"Accurately Differentiating Homeopathic Remedies and Families"*. A series of seven seminars. In 2007 in collaboration with Betty Wood M.D. (Boston) a new book arrives: *"Solanaceae - A nightmare between Light and Dark"*. A book about my perspective about the homeopathic family of the Solanaceae and some more similar remedies.

In 2008 in collaboration with Betty Wood M.D. I published: *"Insecurity - A homeopathic perspective"*. A book about the grand thematic area of insecurity"

Massimo Mangialavori

Preface

Before attempting to construct our own methodological framework, we first explored other available homeopathic methodologies, particularly those of Hahnemann, Kent, Paschero, Masi Elizalde, Candegabe, the Argentinian School, and the psychoanalytical school (Bergeret, Shapiro and others).¹

At the same time, the central focus was our own cases—particularly the many contributed by Dr. Massimo Mangialavori. These have allowed us to penetrate to the core of the patient's issues: the key reason for distress; the type of strategy adopted as a defense against this suffering; and various physical manifestations and behavioral symptoms.

Based on knowledge gleaned from clinical experience, we returned to the materia medica and repertory with fresh eyes. Our main desire was to make some sense of the clutter in our massive literature.

As time passed, the work began to deepen and eventually led to some original developments. As we realized that no other existing classification system, homeopathic or psychological, was adequate to our requirements, we began to look in other directions. Professor Alberto Panza encouraged us toward complexity theory and we soon realized that this was indeed the right course.

Once our path was determined, we began incorporating useful aspects of psychoanalysis, moving toward a model of integrative medicine that encompassed the conscious and unconscious aspects of the self, as well as physical (physical etiology) and somatic dimensions.

Complexity theory is a systems approach. Its particular strength is to identify complex relationships between myriad elements. In the individual, key elements would include cognitive, affective, behavioral, physical and social. By physical is meant not only mechanical, physiological aspects, but also psychosomatic issues which point to a systems dynamic between mind and body.

¹ This group has looked at symptomatic emergencies within the context of the personality's organizational processes. An interdisciplinary team operating in CIMI since 1994 is dedicated to looking at the clinical interview.

In such a model the psyche and soma do not have a hierarchical role but are equal players.

Our model does not pretend to be exhaustive. To remain useful, it must be fluid and nondogmatic. In this way it can respond flexibly to whatever demands arise in the clinical arena, including diagnosis, prognosis and therapy. The clinical commentaries give some practical idea of how this approach informs our understanding of patients and remedies.

Introductory Notes on the Study of the Homeopathic Drug Family

The choice to begin our work with the Drug family is not by chance. The living being is born, develops, becomes an individual, dies, and passes on to another state. He continually goes through serial processes of integration and disintegration, construction and destruction. Since early times these drugs have been well known for their property of breaking down the psychosomatic integrity of the individual. Much like anatomical dissection, this destruction allows a glimpse into underlying structure and function. These substances help to reveal how the individual is put together.

Listening

However warmly we invite the reader to understand the characteristic principles of the Drug family through our words, the best way—and the way we learned these concepts originally ourselves—was through a close reading of the clinical cases. Through their stories patients reveal their dynamic processes and principal existential strategies. In essence, they guide us through their profound suffering.

The pictures they offer to us are wonderfully colorful, complex, and often emotionally intense. The defensive strategies created by the patients presented here are far superior to any writer's imagination. Moreover, compared to fiction, the dynamic processes described here are innately, organically coherent.

Commentary

The commentaries that follow cases explain the internal and external workings of the patient's system. First, we try to identify thematic areas and then to describe them in detail, with particular regard to the manner in which they are expressed. This allows one to delineate the patient's fundamental themes, which, in turn, leads to an individualized remedy prescription. With further effort, following the systemic model, the coherence of various themes begins to emerge. The cases in this volume and accompanying commentaries were designed to assist this type of thinking.

Coherence of themes permits us to better understand the patient's structure and journey, and to more precisely identify the appropriate homeopathic remedy. In other words, we make an analogy between the complex, multidimensional system of the patient and that of the remedy, and by extension, that of the substance from which the remedy is made.

The Way of the Heart

The most significant aspect of our work—beyond methodological and epistemological deliberations—is the experience of our patients. Therefore, we give our heartfelt thanks to those patients who shared their personal stories with us. Such intimate sharing, often of profound suffering, is so much more than mere data; it represents a special moment between patient and practitioner alike. Listening attentively to such stories allows one to enter much deeper territory than could be reached by merely listing symptoms.

We hope that these narratives help the reader to gain a living picture of the remedy which touches not only the head, but also the heart. Proximity through empathy helps one to develop an intuitive sense about these individuals and the remedies that benefited them therapeutically. Hopefully these narratives can provide some guidance when working with one's own patients whose structure, strategies and suffering may be similar.

Giovanni Marotta

Editor's Preface

Praxis Vol. II is intended as an example of how the methodological principles in *Praxis Vol. I* are applied in actual cases. There were several reasons for beginning with the Drug family of remedies in order to illustrate the method. First, some patients in need of these remedies manifest rather severe psychological disorders including psychosis, generally thought to be untreatable except through pharmaceuticals. The success of their treatment, through application of the Method of Complexity, demonstrates the effectiveness of this method for such conditions. Second, there is an obvious emphasis on psychological factors in these cases which helps to demonstrate the influence of psychoanalytic and psychosomatic approaches for understanding patients and remedies. Third, while not every family is taxonomically heterogeneous, this family is notably so and underlines the need to create categorical groupings based on relevant themes derived from clinical case study, rather than to make assumptions about similarities or differences based on taxonomy.

Praxis Vol. II: Part I is notably different in certain respects from the original version which came out in both Italian and German. Most notably, the chapter on psychology (chapter 7) was rewritten and moved to *Praxis Vol. I*. A summary of the method discussed in *Praxis Vol. I* has been added as a convenient reference. The commentaries were substantially reorganized and rewritten, including reduction and expansion of the material, so as to effect a more ordered, clear and comprehensive exposition.

The sequence of sections within each chapter begins with background information—cultural, scientific, experiential—on the substance from which the remedy is made, followed by a description of the remedy's core features. This is followed by cases and case commentaries. In chapters 2 and 5 each of two cases is followed by its respective commentary; in chapters 3, 4, 6 and 7 both cases are presented first followed by a joint commentary. In chapter 4 an additional cured case of *Agaricus* with follow-up is provided at the end without commentary.

All of chapter 1 and the background sections and remedy descriptions of chapters 2-7 were written by Massimo Mangialavori. The commentaries were

written by Giovanni Marotta with some additions by John Sobraske. The brief summary of the method was written by John Sobraske.

I wish to acknowledge and thank Maria Kingdon who provided first draft edits of chapter 1 and the informational sections of chapters 2-7; Betty Wood and Krista Heron for first draft edits of the cases; Bill Gray and Krista Heron for feedback on editorial changes; Betty Wood and Katrin Sigwart for formatting the manuscript; and Sybil Ihrig for creating an index. Finally, a special thanks to Krista Heron for providing essential guidance and support throughout the course of this project.

Mangialavori's stylistic preference with regard to footnotes is minimalist: footnotes are included where absolutely necessary, but not otherwise.

As in *Praxis Vol. I* the decision was made to alternate male and female pronouns in an attempt to avoid sexism. (For a discussion on this issue, see the editor's preface in *Praxis Vol. I*.) To avoid confusion, only one gender is used in the informational section of each chapter. The gender assignment is random and not meant to imply that a remedy tends to be male or female. This is affirmed by the near-equal gender distribution of cases.

Before I came to work on this project, both the cases and the cited text from cases in the commentaries had been separately translated. Furthermore, the cases presented here were abridged whereas the cited text in the commentaries comes from unabridged versions of the cases. For these reasons, the careful reader will note some minor discrepancies between the two. The editorial staff decided to allow these minor variations to stand as the variations are generally related more to word choice, style and punctuation, rather than content and meaning.

John Sobraske