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MATERIA MEDICA

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VOLUME I

*The Tapestry of Homeopathy*

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MATERIA MEDICA

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VOLUME I

*The Tapestry of Homeopathy*

by Roger Morrison, MD

*Edited by Julie Bernard*

HAHNEMANN CLINIC PUBLISHING



*Dedicated to George Vithoulkas*  
*Teacher,*  
*Mentor,*  
*Father*



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## ACKNOWLEDGEMENTS

I want to express my heartfelt gratitude to my mentors, George Vithoulkas and Rajan Sankaran. I have been fortunate beyond measure to have had prolonged and intimate study with these men who have shaped my thinking and devotion to homeopathy. These two masters have much more in common than they have differences. Both have unexcelled command of Materia Medica and vast patient experience to match, yet both have maintained incredible flexibility of thought and analysis. They have committed their lives to the advancement of homeopathy and both share an unwavering insistence on deep and precise analysis of each case that comes before them. Though very different in temperament and culture, they are both men of the highest integrity and I am forever in their debt.

Next I want to acknowledge that this text is based upon the work of hundreds of dedicated homeopaths from every part of the world. These practitioners have unselfishly shared their experience, perceptions and case work through journals, seminars, books, conferences, conversation and correspondence. The spirit of generosity, idealism and intelligence these practitioners and educators have shown is an inspiration. To all of you, my thanks and respect.

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## FOREWORD

It is a great honor for me to write the foreword for this modern classic, created by someone I deeply respect, admire and love.

In homeopathy, our knowledge of remedies is largely shaped by provings, toxicology and the substance's origins. This is a more conventional, left brain way of approaching the *Materia Medica*. In the last four decades, a deeper, more conceptual understanding of the remedies has emerged. This development was initiated, among others, by George Vithoulkas (to whom this book is rightfully dedicated), who through his remarkable teachings and writings inspired a whole generation of homeopaths including Dr. Morrison and myself. Some of the others include Jan Scholten, Massimo Mangialavori, Jeremy Sherr, Jayesh Shah, Nancy Herrick, Anne Schadde, Misha Norland, Bill Gray, Frederik Schroyens and David Warkentin.

Over the past three decades, this group of young turks expanded homeopathy into a more right brain understanding of remedies, each developing a specific area within it. Popular among the approaches was the Sensation Method where remedies (and patients) are viewed from the perspective of their core experience or "Sensation." Such experience is categorized into Kingdoms, Sub-kingdoms, Miasms and more recently, Superclasses. I mention this method particularly since its ideas form an important part of this book.

Whatever the approach, for most practitioners, clinically confirmed findings – whether in the realm of Symptoms or Sensations and Themes – are of great importance. These real-world confirmations separate the wheat from the chaff. Historically too, these confirmed symptoms and clinical observations have been given higher rankings in the repertory and become keynote symptoms in the *Materia Medica*.

What sets Dr. Morrison's work apart is his openness to both conventional and contemporary approaches. Significantly, he mentions that his two mentors are George Vithoulkas and myself. As I understand, the two of us represent these dual approaches: Vithoulkas with his conventional or factual perspective, and myself with a more contemporary or conceptual one. Dr. Morrison thus shows an openness to knowing both sides of the remedy (and patient). Consciously or unconsciously, all homeopaths use both sides. While Vithoulkas is known for his conventional approach, he has also written and spoken about the Essence of remedies, identifying the central thread that strings the various symptoms of the remedy together. While I am known for my conceptual approach, I have done detailed provings of several remedies as well as use the repertory extensively in my practice. If we merely use one side to identify the remedy, we will remain uncertain. Dr. Morrison beautifully merges these views in his practice and in this book.

Mastery of case taking which requires skill, patience and training, is essential for capturing these aspects in a patient. Familiarity with advanced case taking methods, such as the Sensation Method and WISE processes, is of great value. Once all of a patient's aspects are clear, you can approach remedy selection with greater accuracy. A book that gathers all these aspects of each remedy in one place becomes an invaluable resource for practitioners, and Dr. Morrison's book does just that.

I am glad to note that this book includes most of these aspects of each remedy and much more. It includes themes, clinical observations of patients, etc. that were recurrent in cases of the remedy. What is important to note is that these are not mere theories, but clinically verified information and thus have the authenticity needed to rely on them. Since it covers all aspects of the remedy, it will be of value irrespective of one's way of practising homeopathy.

Clinically verified observations like these provide reassurance through real-life practice, guiding us to make more informed prescriptions. Many authors, such as Allen (Keynotes) and Phatak (Materia Medica), have emphasized the importance of verified symptoms. In my book *The Soul of Remedies*, I highlighted many confirmatory symptoms based on clinical experience. Some were well known; others were uncovered during practice. For example, I've noticed that many *Calcarea Silicata* cases present with cold, moist fingertips and a dark band on the margins gums – observations not found in earlier works.

For a further example, it is useful in practice to know that *Thuja* patients often exhibit hair in unusual places. Many *Thuja* cases I've seen have hair growing from the ears or the middle digits of the fingers. These aren't proving symptoms but are clinical observations handed down through generations. Likewise, *Thuja* has been effective in cases of warts and tumors. These observations help the clinician to identify or confirm *Thuja* as the remedy.

Similarly, observations from a Sensation perspective can be of much value. *Thuja*, being from the conifer family, carries a sensation of fragility, as though easily broken. In my clinical experience, *Thuja* patients often fear divorce or family separation, feeling that the unity they rely on is fragile and could easily fall apart.

I can offer several more examples from my practice: *Arsenicum Album* patients often say "God bless you" and are suspicious of their family members, sometimes thinking they're being stolen from. *Lycopodium* patients often say, "I am so grateful to you." *Stramonium* patients tend to wear black, *Medorrhinum* patients in India crave the street food *pani puri*, *Strontium Carbonicum* patients crave pizza. *Elaps* patients describe an icy cold sensation in their chest when drinking cold liquids, while *Ignatia* patients love the scent of jasmine.

Every patient who has that symptom needs that particular remedy (not everyone who craves pizza needs *Strontium Carb*), nor is it mandatory that the symptom be present in every patient of a given remedy. Yet when they do, they lend confidence to the prescription. It is valuable to collect these clinical insights from various homeopaths both past and present, and organize them into a single resource. Fortunately, Dr. Roger Morrison has done exactly that in this remarkable book.

Dr. Morrison's earlier work, *Desktop Guide*, has long been an essential resource for practitioners. But this latest work, *Clinically Verified Materia Medica*, takes it to a much higher level (or should I say a higher potency!). This book builds on the foundation of the *Desktop Guide* and incorporates modern perspectives on remedies including Sensation, Kingdoms, Themes and clinical cases, as well as symptoms that have been clinically verified or newly discovered.

In recent years, I've come to realize that selecting the right remedy involves matching five key aspects of the patient and the remedy. These include Superclass, Kingdom/Sub-kingdom, Miasm, Characteristic Symptoms and Keynotes/Source Qualities. I have also found that one can categorize patient information using the "Seven Levels of Experience," which encompass Diagnosis (pathology), Local Symptoms, Emotional/Psychosomatic Symptoms, Delusions (including dreams, fears and situations), General Symptoms, Sensations and Energy Patterns.

If one is using the Sensation Method, it is gratifying to read what Dr. Morrison has seen as a recurrent feature in a particular remedy. As an example, here is what the book says about *Actaea Spicata*: "*The patient complains of being highly sensitive – meaning easily hurt, wounded or offended.*" This can be understood by knowing that this remedy is a part of the *Ranunculaceae* family which includes *Pulsatilla* and *Staphysagria* which are also highly sensitive, especially to being offended. That they are easily hurt is a feature of the first Superclass where small things affect them. While this aspect of *Actaea Spicata* can be understood, it is good to see it in this book as clinically verified information. However, there is more. Dr. Morrison mentions about *Actaea Spicata* that, "*He needs the good opinion of others and often depends upon his family – unable to be contented when alone or away from his loved ones (6 of the cases reviewed mentioned a*

*strong need for praise and approval).*” Such precise observation derived from cases is nowhere to be found except in this book, and can be a very useful confirmation of the remedy in clinical practice. It is also worth adding these symptoms into the repertory and the software, since many symptoms of remedies in the past have come from clinical observations and this is a valid source, especially if carefully and repeatedly recorded by someone, such as in this book.

Another example is of the remedy Alumina where it states, *“Alumina is found at the point of the 3rd periodic row where he cannot simply accept the identity and chooses his parents wish for him to assume – however much he may long to do so. Yet, he is unable to find an authentic identity from within. ‘I don’t know who I am, I have absolutely no idea!’ as one patient cried. In the early stages, this is reflected in a feeling of being lost, of constantly trying to find his niche in the world. The frequent refrain of the patient is, ‘I am trying to find myself.’”* It is so reassuring to know that the conceptual idea of Alumina is confirmed in several cases. It is also very interesting to see the various expressions of this idea through the recurrent expressions in various patients. I must say that it is so very useful to see the remedy in isolation, and also to see it as a part of a larger picture (such as Alumina as a part of the 3rd row of the periodic table).

However, I must strongly suggest that to know the context of Alumina in the remedies of the 3rd row, one must also familiarize oneself with a study of the common qualities of groups of remedies in the plant, mineral and animal kingdoms, as well as sarcodes, nosodes and imponderables. One must also systematically study Superclasses and Miasms. Such a study will mean looking at the group to which the remedy belongs. In this book you can see the remedy as a part of the group. When one understands this from both sides, one can be a true master and will have a much broader view of remedies, giving the flexibility to look at other remedies in the same group to fine tune the right remedy. If one is also familiar with the prominent rubrics of the remedy, the knowledge of the remedy will be more complete. Such an approach will be synergistic. The 3rd row of the periodic table has the themes of identity, care and nourishment. The remedies on the left side such as Natrum and Magnesium lack a sense of identity and depend on others to give them one. Alumina, coming after Magnesium is in a stage of confusion, not knowing if he should adopt the identity given by someone or develop his own. Thus the rubric: “Confusion of identity” in which Alumina is the most prominent remedy. Seen in this context, the observations on Alumina given in this book fall into place and one has the flexibility to look at Natrum and Magnesium, as well as Silica in the case, as well as examine the other remedies in the rubric, “Confusion of identity.”

Such flexibility can be seen most clearly with the Superclasses paradigm. I found that a remedy shares many features with other remedies in the same Superclass across kingdoms. For example, the aggression of Nux Vomica bears resemblance to the violence in Belladonna as well as the dictatorial attitude of Mercurius and the venomous nature of Lachesis, since all these remedies belong to the same Superclass, namely the 6th. If you study the remedies of the same Superclass from this book, you will be able to see the distinct dynamic of that Superclass in each remedy. Once you understand that dynamic, you can look at other remedies in that Superclass and search for one that has the characteristic symptoms of the patient. It is here that the characteristic symptoms and verified phenomenon become the differentiating factors. In this regard, this book becomes of paramount value.

Dr. Morrison has systematically scanned homeopathic literature, scrutinizing the cases of each remedy to identify the repeated symptoms and phenomena that occur most frequently. By shortlisting the most frequently recurring symptoms from clinical cases, Dr. Morrison has created a valuable dimension that will guide practitioners toward more precise remedy selections. He has included the Sensation of each remedy, the miasm, the themes, the mind picture, the general symptoms and the particular symptoms, thus making the picture complete from both conventional and contemporary approaches. He has used strict standards for the inclusion and exclusion of the information and has used a precise statistical approach



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which he has elaborated in his “Introduction” to the book. His meticulous approach has resulted in a refined and reliable resource that homeopaths can turn to with confidence.

One remarkable aspect of this book is the surprising revelations it offers. For example, while Causticum is traditionally associated with an aversion to sweets, Dr. Morrison’s clinical findings reveal that many cases show a desire for sweets – a detail that challenges our conventional understanding of the remedy. Also, he has observations from several cases that Aurum has a desire for ice cream. Insights like these make his work indispensable to homeopathy.

Dr. Morrison’s book not only deepens and completes our understanding of individual remedies, but also expands the very idea of clinical confirmation. The information is precise, organized and comprehensive. I am also amazed at the number of remedies included in the book, many of which are rare remedies, some of them not finding a mention in the repertories since they have had scanty or no provings. Yet, through informative clinical cases, Dr. Morrison has been able to make them accessible to the profession, pending further provings.

It is with deep admiration and excitement that I introduce this unique work to the homeopathic community. Dr. Morrison’s dedication to advancing our understanding of remedies is truly inspiring. He is a person with a background of systematic learning, equipped with long years of clinical experience, a being with pure intention, high ethical standards and persistence whose (in the words of Tagore) “tireless striving stretches its arms towards perfection.” I know that no one else in our generation could have accomplished such a monumental work, which will no doubt become an essential companion to all who seek to refine their clinical practice with the thorough and complete understanding of each remedy that it offers.

Homeopathy is much needed in today’s world. The holistic and deep healing it offers is invaluable. We need to sharpen its tools, add to its pool of knowledge and take it forward so that we can be more and more precise in our remedy selection and get consistent results in our practice. Dr. Morrison continues to do his best to advance the cause. We look forward to further volumes of this groundbreaking work.

A heartfelt thank you, dear Roger.

—Rajan Sankaran  
Mumbai 23rd October, 2024



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## INTRODUCTION

I began work on this book in 2010 when I realized my original *Desktop Guide* was in need of an update. This was mainly because of the availability of many new *Materia Medicas*, new case books, new provings of new remedies, new work on the periodic table, plant families and countless other innovations and creative work in the field of homeopathy. I felt a need to synthesize as best I could, all of that new information. Also, for my own edification, I wanted to study in detail all of these advances to help me in my own practice. By doing so, I hoped to make my *Desktop Guide* more useful to the profession. Little did I realize where such an endeavor would lead me.

This book, *Clinically Verified Materia Medica*, includes extensive additions and insights (and even some subtractions) into each remedy picture. This information came only in small part from my own cases and over 40 years of homeopathic practice, but mainly from intensive study of thousands of cured cases from hundreds of homeopaths all over the world. I was put in a position to construct this text by two strokes of sheer luck.

The first stroke of luck was in my education, for in this, I have been the most fortunate of homeopaths. I have had unparalleled opportunity of prolonged and intimate study with two of the greatest homeopaths of our age: First with George Vithoulkas and later with Rajan Sankaran. This background gave me a breadth of understanding of remedies, of patients and of case analysis. In short, it helped me to be able to see these thousands of cured cases objectively and deeply.

The second stroke of luck was to have married my divinely inspired wife and partner, Nancy Herrick. In the early 1980s, Nancy began collecting and filing cured cases for every remedy and eventually convinced me to do the same. She collected cases from every journal, seminar, conference, co-worker, colleague, from our own students and our own practices. We also found every book available with large numbers of cases from authors all over the world and scoured e-journals.

By the time I began working on this text, our files were filled with almost 10,000 cured and solid cases – mainly cured by one remedy alone. The fact that these cases came from a huge number of different authors and different approaches to case analysis was in the long run one of the most important sources of strength in this book. Any one prescriber can develop a skewed view of the remedy, but when the work of hundreds of prescribers is combined, we have a more reliable set of data.

At the beginning of what I thought was an update of my existing book, I used the cured case files rather casually. After all, I was going to write what I “knew” about the remedy more or less regardless of what was in the cured cases. After I had written a remedy chapter, I read through some of the cases to see how my chapter and the cured cases aligned. The work was my best effort but there was something missing – missing because I had yet to understand the meaning and power of the cured cases.

It took some years of work before the value of the cured cases dawned on me – before I began to take this resource seriously. What I discovered in these cured cases was a startling congruence of information – patients from completely independent authors used the exact same words to describe themselves and their pathology. Eventually the evidence of my own eyes made me take stock and realize I was sitting on a goldmine of information – a goldmine that could help clarify what was most useful from the many new ideas and sometimes contradictory images of remedies – a goldmine that could help us find a path to truth.

As I spent more and more time on the cured cases while writing, one day I thought, “What if these cured cases are not just meant to assist in my writing about this remedy, what if they are more important than anything I am writing? What if these cases are The Remedy itself?” In that very moment I decided to shift to writing only what was found in the cases, exactly as

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the information was presented, ignoring everything I thought I knew or had been told about the remedy. In essence, I decided to let the cured cases speak for themselves – to let myself be the instrument for their silent voices. The result was remedy chapters that were more direct and precise, without ambiguity, exaggeration or conjecture.

This meant that I had to restart the book, scrapping some years of previous effort in the process. I rewrote all of the remedy chapters from this new perspective and eventually found my new role to be more like a reporter or translator than an author. The cured cases thus became the actual author of the book, and I was merely the scribe or the interpreter. Therefore, since this would be an entirely different book than the *Desktop Guide*, I decided to entitle this new book, *Clinically Verified Materia Medica*.

I see this book as an effort at clarification of the *Materia Medica* as well as adding to it. Using cured cases gives us a reality check. Without such cross-referencing and reality-checking methods, homeopathy can become an elaborate echo chamber. The risk is that each new author repeats the same truths and mistakes, reinforcing both the good and the misleading and ceasing forward movement altogether. But a reporter or translator has a sacred task to be as faithful and accurate as possible to his sources. In this case, my source was the work of the entire homeopathic community – the best case work published or spoken.

Homeopathy is an evolving science. We homeopaths have been flexible. We adopted remedies from the allopaths, herbalists, native healers, wise women and basically anywhere we found them. In most (but far from all) instances, someone then performed a proving of the remedy, but how do we make progress from here?

Proving is the first step in unlocking the inner story of the our remedies. Once we have a proving, the next step is to cure somebody with the remedy. This takes the remedy from the realm of theory to reality. The cured cases eventually surpass the proving and show which proving symptoms were most reliable. They also put the proving symptoms into context. After enough cases are cured, we can begin to consolidate a picture of the remedy.

Brilliant minds often see deeply into the patients who were deeply cured (Kent, Phatak, Vithoulkas, Sankaran). This gives us the “Essence” or “Genius” images that have helped homeopaths for two centuries. Our current creative minds have then gone further – developing knowledge about groups of remedies (the periodic table, the plant and animal families, sarcodes, etc.). So while the proving is the first step, the cured cases give us the “final court of arbitration.” This current book is intended to document this final form of information.

I feel an intense responsibility in writing this book to get to the heart of the cases, to state the results as clearly and simply as possible and to put the information in a form that is pleasing to the eye and easy to reference. My whole purpose in writing this textbook is to give you, my cherished colleagues and students of our beloved homeopathy, a tool which you richly deserve. I truly hope and believe this book will help you find remedies for your patients, will help you with your decision-making in practice and will give you more certainty and confidence in your prescriptions. May it be a companion to you on this often difficult path.

With love and respect and tenderness to all homeopaths everywhere,

—Roger

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## ABOUT THIS BOOK

This book, *Clinically Verified Materia Medica* is divided into three volumes. Volume I contains 207 remedy chapters and is a summary and analysis of 2,375 modern constitutional cases, 751 modern case reports, 107 modern acute cases and 2,528 historic cases. Every symptom listed in the book (except when stated otherwise) is verified by and comes directly from cured cases. Writing this book has been a dynamic process – new cases arrive daily. Even when a remedy chapter is “finished,” new evidence and details call out to be included and each new case improves the book. I wanted to publish the first volume as soon as possible as I continue to finish writing and refining Volumes II and III. I believe that even this single volume will assist you in your cases – as it has mine.

### ***My Way of Working Summarized***

Having decided to study the remedies from the perspective of cured cases has led to changes in my way of working. Instead of first consulting my most trusted sources and *Materia Medicas*, I do the writing based upon the cured cases themselves. After all of my writing, I naturally check with my most trusted sources to see if I have left any gaps.

My method involves hard copies of the cases and hand-written notes – Old School. I begin by making a hard copy of each case and then separate each case into 4 categories:

- 1) **Full modern cases** (i.e. cases from 1960 forward) are cases that include a full examination of all mental, general and physical symptoms. These cases often include many symptoms that appear extraneous and were not used in the choice of the remedy – and which may or may not be known (or even listed) symptoms of a remedy. These cases, of course, are extremely valuable for expanding our knowledge.
- 2) **Modern case reports** (short, pithy and to the point cases, usually listing only the symptoms that were used in choosing the remedy).
- 3) **Modern acute cases.**
- 4) **Historic cases** (lumping acutes and chronic cases together).

After sorting the cases into these four categories, the full modern cases were examined in minute detail. The modern cases have much more detail about mental and emotional symptoms. I considered them the most relevant for developing an understanding of the inner life of each remedy.

Each case had to be studied in detail and I developed a system for categorizing mind symptoms into two categories: **“Data Points”** and **“Themes.”** These two types of information are studied separately. Data Points are simple pieces of information – e.g. fear of heights, delusions of being forsaken, fastidiousness, etc. These **“Data Points”** require no further study and are placed directly into my summary sheet for the remedy. The **“Data Points”** for each case for the remedy under study were combined and listed in the schema – often listing the numbers of cases exhibiting each symptom.

**“Themes”** are more complex pieces of information requiring thought and study. For example, a **“Theme”** might be **“Aggression”** or **“Insecurity”** or **“Family Conflict.”** This requires seeing a certain pattern emerging from the cases over multiple readings. In my effort to precisely describe what the cases showed, I began studying them in a nearly statistical way – cross-referencing every symptom, every important word used by the patients and every psychological dilemma of every case for each remedy. This enabled me to see which symptoms and feelings played true through the bulk of the cases. These **“Themes”** were described in as much nuance as possible to help differentiate them from other remedies with similar themes.

Next I examined the case reports to fill in the remedy picture. Case reports lack detail but provide strong emphasis by highlighting the symptoms used to choose the remedy. These are often keynote symptoms but usually put into the context in which the keynote was offered.

Once I have described the important aspects on the mental level and listed all of the **“Themes”** and **“Data Points”** I move on to the general and physical conditions. Again I try to be as precise as possible about how many cases share a particular symptom. My goal is to list every cured symptom unless the symptom was vague or if the case follow-ups do not clearly show that a symptom improved.

Sometimes (though more rarely) historic cases were reported in sufficient detail to add to the understanding of mental themes. More often the historic cases provided more detail about physical symptoms and often in more advanced pathology than homeopaths normally see in modern times. These cases are an incredible inspiration and have more physical pathology and more precise physical diagnosis and observation than modern cases as a rule.

### ***Background Influences to this Materia Medica***

There have been many important innovations that have helped our profession in the past 30 years. Just to name a few:

- Dr. Rajan Sankaran’s steady evolution of thought resulting in the Sensation Method. His insights into the animal, mineral and plant kingdoms, plant families and his understanding of miasms and how to use them reliably have been a formidable enhancement to classical homeopathy. Dr. Sankaran has a capacity to see into the “machine language” that exists at the very core of our remedies (see his *Soul of Remedies*).

- Prof. Vithoulkas’s concepts of health and disease as well as his case taking methods and underlining technique, as well as his Essences of remedies. The professor has a capacity to see through to the most crucial elements in each case – physical or mental – matching cases to his nearly photographic grasp of our literature.

- Dr. Scholten’s exposition of the periodic table – the various rows and columns and their meanings and how they can be used to further our knowledge and prescribing. Dr. Scholten has also given a second view of plant families and researched the Lanthanide group of elements.

- Jeremy Scherr’s provings and the inspiration his work has provided to others resulting in the greatest increase of the boundaries of our Materia Medica since Hahnemann’s initial provings. The provings from Jeremy are so complete that we are well on the way to a deep understanding of the remedy even before cured cases are found.

One of the most fundamental innovations of the current generation of homeopaths is the observation that related remedies (either biologically or chemically) have enormous similarities. This has been recognized for two centuries. For example, see Farrington’s *Comparative Materia Medica*. In more modern times, Prof. Vithoulkas pointed out that all of the *Kali* (or *Calcarea*, etc.) remedies have similar concerns, pathology, personalities. This simple observation led to knowledge about the similar features of all remedies of the 3rd or 4th or 5th periodic row (see Dr. Scholten’s book *Homeopathy and the Elements*). Or that all Ranunculaceae or Solanaceae remedies also have identifiable characteristics (see Dr. Sankaran’s book *Insight into Plants*).

I felt it would be negligent to fail to identify and discuss these various group characteristics and the light this knowledge can shed on the remedy being described. However, I went to great pains not to let these observations slip into the text without carefully noting it. Wherever the innovations mentioned above are described in the remedy chapters, I identify where the information originated. Furthermore, I never simply parrot something stated about a remedy by any party no matter how revered, unless it was found in the cured cases.

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Thus, in this book you will find references to all of the above innovations, but only where the innovation has enabled other practitioners to successfully use a specific remedy (and where the case's author specifically credits that innovation as central to his decision making).

I do recognize that many excellent homeopaths do not use these innovations and even object to them philosophically. While I personally use them in my practice, I have been careful to make sure the data in this book is not influenced by any concepts no matter how useful. The data is straight from the cases, although many of the cases I found were solved using, for example, the periodic table or plant family work. In these cases I explain how the concept was used to come to the remedy, but keep the data separate.

### ***Choice of Remedies Included***

I include every remedy for which at least 3 modern cases were found. This was the minimum number of cases, that when consistent, allow for some useful statements about the remedy. The one exception to this rule: When a remedy has importance for some specific external reason, I occasionally include the remedy while noting the number of cases and other references. This applies, for example, to Dr. Sankaran's plant schema (which identifies remedies based on miasm and plant family) or a remedy in the periodic table or an animal remedy that is not well-described but appears to show some unusual promise. There were about a dozen remedies which would not have met the criteria for inclusion in the book based on the available cases. Because Dr. Sankaran's schema is so important for people using the Sensation Method, I included all of the remedies listed in the schema and did the best I could with the evidence available from traditional sources (see, for example, *Asimina* or *Boletus*). Similarly, nearly every remedy in the periodic table is included, as well as most traditional animal remedies even when the cured data is sparse.

### ***Exclusions***

I have excluded several groups of remedies in this textbook. These include: Imponderables, the "matridonal" remedies, Bach flower remedies, Schuessler remedies, orchids, gemstones, Lanthanides and radioactive elements, bowel nosodes and Sea remedies. I consider these worthy remedies but have too little experience to add anything of value. Furthermore, many of these groups of remedies have been described in multiple other books from more competent authors explaining their use. No conclusion should be drawn that I doubt the usefulness of these remedies.

### ***Case Selection***

I mainly rely upon cases where a single remedy effected a major cure of the pathology. If the case follow-up clearly shows which specific symptoms were cured by a remedy in a multi-remedy case, I add only those symptoms which the remedy cured. Far too often the patient in these multi-remedy case histories becomes well, but it is unclear which remedy cured which symptoms. In these instances, I exclude the case from my analysis.

### ***The Problem of Outliers***

As I study the cases (especially in polycryst remedies where 40 or more cases were found), a very strong pattern of confirmatory symptoms arise. For example, I was surprised to find how many *Aurum* cases craved ice cream or cold drinks or were perfectionistic, etc. These are symptoms that are less known for *Aurum* than for example, "Suicidal feelings" but ubiquitous in the cases as a group. I like these symptoms exactly because they are less known for the remedy and unlikely to have come coincidentally. These confirmatory symptoms become like old friends and when present in a case, it strengthens one's confidence in the rest of the symptoms present in the case. No case has all of the confirmatory symptoms, but nearly every case has some.

A problem arises when these expected confirmatories don't show up – or when the case doesn't present like all of the others. I call these cases "outliers" and there is often a dilemma



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about weighting these unusual presentations. This often occurred in compensated cases, and not infrequently, finding other similarly compensated cases clears up the confusion. I would never want to exclude a potentially new and important aspect of the remedy simply because it does not dovetail with the other cases, but equally I would fear to add a symptom into my remedy chapter that could mislead other prescribers.

### ***Statistics***

I have always loved to listen to other prescribers views and experiences. But, I have frequently found myself confused by statements such as, “All of my cases of [e.g. Gallic Acid] have characteristic “Z,” or “I have cured dozens of cases of [Gallic Acid] who have characteristic “Z.” It makes me feel a little uneasy. I always find myself thinking, “If you have a dozen cases like that, please trot them out here right away!”

I know how easy it is to think a symptom we have observed once is absolute. We are all enthusiastic about symptoms cured in our own practices, and naturally give strong credence to the specific characteristics that led to the cure. Therefore, I have made a firm rule that such vague statements (“All of my ...”) can’t be part of this text. In this text, I generally give as exact a figure as possible for important characteristics. For example, I will state “14 of the 25 modern cases were chilly and 8 very chilly,” or “Slightly more than half of the cases had fear of heights.” In doing so, I feel the reader can best decide how strongly to evaluate a symptom listed. Relatedly, in our repertories we find rubrics with many remedies listed for each symptom but we have little way to differentiate – how strongly is this remedy associated with this symptom and in what context does this symptom evolve? We have bold and italics to go by, but how was this decided in modern repertories – if from Kent, then yes, if someone else, why? In this book, I have tried to provide the context, the intensity and the frequency of the symptoms.

### **THE NARRATIVE SECTION**

Side Bar (shaded box at the top right corner)

The side bar is there as a quick reference and a way to get oriented to the remedy. This box (at the top of every remedy chapter) includes:

**Common Name**

**Group (the most homeopathically relevant groups)**

**Miasm (when possible, taken from Dr. Sankaran’s writings)**

The prose section is aimed at as detailed an explanation as possible about the personality and inner life of the patient needing the particular remedy. It has aspects of “Essence,” “Sensation,” as well as the “Genius” of the remedy. Also, in the narrative section when enough cases are available, details about children’s characteristics and the failed state of the remedy are also described in separate headings. The most common symptoms and keynotes of the physicals and generals are described in the final paragraph of the narrative section and also described in the “Schema” section.

### **THE SCHEMA**

You will notice that after the narrative section is a mostly-traditional listing of the symptoms by body part. There are a few unexpected things to notice in this section (see below for details): Sensation Language. Presentations. Generals subtopics. Body Parts. Body Parts subtopics.

#### ***Sensation Language***

This heading, specifically for Sensation prescribers includes hand gestures and Source references. This section appears at the top of the “Schema.”



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## ***Presentations***

This heading follows after “Sensation Language” in remedies where distinctive patterns of patient presentations were noted. This is sort of an overview of how the patient will behave or describe himself in the interview.

## ***Generals and Some Subtopics of Generals***

Five unusual headings often follow the “Generals” section:

**Food** – I broke this section out from “Generals” for ease of reference. My intention has been to include all aspects of appetite under this heading but I sometimes include these aspects under “Stomach.”

**Acutes** – When a remedy is often used for acute conditions I list those symptoms under this separate heading. Otherwise, acute symptoms may be found in the “Generals” section or under the specific organ (Ear, Eye, etc.).

**Appearance** – When the case authors remarked about the appearance of the patient, these observations are summarized under this heading.

**Neurological** – If the neurological symptoms are few, I place them in the “Generals” section. If there are a lot of symptoms, I add in this heading.

**Vertigo** – If there is only a single symptom for “Vertigo” it will be included in the “Generals” section. If many symptoms, I use “Vertigo” as a separate heading.

**Body Parts** – In the body parts section of the “Schema,” I used shortened headings when there were few symptoms and enlarged the headings for ease of use when there were many symptoms. This happens in three sections:

**Gastrointestinal** – (Stomach, Abdomen, Rectum)

**Urogenital** – (Genitalia, Male, Female, Bladder, Kidney)

**Chest** – (Cough, Respiration, Heart)

Rather than break down the headings exactly according to the repertory, I sometimes group all of the “Stomach,” “Abdomen” and “Rectum” symptoms under the heading “Gastrointestinal.” This happens for the “Urogenital” and “Chest” sections as well.

## ***Combined Symptoms***

A heading following “Sleep” where strong combinations are listed. For example, *Convallaria* has a strong association of uterine and cardiac symptoms.

## ***Comparisons***

Under the heading, “Comparisons” I decided to include mainly remedies which had actually been misprescribed by the case authors with some notes of what caused the confusion. Also, if a case’s author or a historic author mentioned confusion with another remedy, I sometimes differentiate those symptoms as well. Finally, I sometimes differentiate remedies that I personally found very similar to the remedy under consideration.

## ***Evidence Reviewed***

I felt it important to be completely transparent about the number and quality of the cases used in formulating the remedy chapter. The more cases available, the more accurate and complete the description of the remedy. I also frequently mention the most clear and important writings or lectures I noted during the study (though admittedly this often comes down to the same handful of authors). After writing each remedy chapter, I consult a variety of authors and lecturers, always including but not limited to Prof. Vithoulkas, Dr. Sankaran, Alfons Geukens, Vassilis Ghegas, Jan Scholten (and so many other modern authors), Kent, Phatak, Boericke, Lippe, Hering, Tyler, Dunham. In addition, each case for each remedy chapter as well as my extensive notes made while analyzing the data are preserved. I would welcome impartial authorities from schools or journals to examine these files to authenticate my work.

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## OTHER POINTS TO NOTICE

### ***Punctuation and Pronouns***

I have chosen to use the pronoun “he” whenever speaking about the characteristics that the remedy has shown. Instead of saying “he or she” has a fear, I say, “He has a fear.” It just felt unwieldy and, unfortunately, English lacks a neutral 3rd person pronoun. So I just used “he” as a shortcut. However, when I am referring to a specific case having a symptom, I use the actual gender of the patient. Also, in some remedies, scarcely a single example of a male was found (e.g. *Carsinosin* or *Convallaria*) and here I often chose to use the female pronoun.

### ***Quotation Marks***

There are a lot of direct quotes in this text because I often give the exact reported words of the patient to emphasize and clarify some characteristic. In this case I use quotation marks and state: “... as one patient said” or some similar statement. I also use quotation marks when I am quoting directly from the literature or provings. Lastly, I sometimes use quotation marks as a form of emphasis. For example, as I try to summarize a theme from a particular remedy, I sometimes voice it as a composite statement from the whole group of cases and put this in quotations.

### ***Mineral Compound Names***

All mineral compounds are listed with their current scientific name in the “Side Bar” found at the beginning of each remedy chapter. When discussing the chemical, this scientific name is used (e.g. “sulfur” instead of the homeopathic name “Sulphur”). When discussing the homeopathic picture, the homeopathic name is used. Similarly, when discussing aspects of the chemical calcium flouride I use this name but when discussing the homeopathic characteristics I use the traditional homeopathic name, *Calcarea Fluorata* (or *Fluorica*).

### ***Plant and Animal Names***

Though many of our remedies are “known” with two names, sometimes the second name is superfluous. This is because only one homeopathic remedy exists with this name. For some examples: *Ambra* (*Grisea*), *Arnica* (*Montana*), *Bryonia* (*Alba*), *Cactus* (*Grandiflorus*), *Drosera* (*Rotundifolia*). In these instances I leave the remedy only labeled by its first name. However, in a few instances the second name is so ingrained in our collective parlance, I leave it. So *Actaea*, *Agnus*, *Castor* have remained *Actaea Spicata*, *Agnus Castus* and *Castor Equi* (for a few examples). It’s not logical but ...

### ***Abbreviations***

Certain authors are quoted frequently enough that I used abbreviations as opposed to spelling out their names:

GV – George Vithoulkas

RS – Rajan Sankaran

VG – Vassilis Ghegas

AG – Alphons Geukens

PK – S.R. Phatak

Boer – William Boericke

JTK – James Tyler Kent

EBN – E. B. Nash

JS – I was unable to use this abbreviation since it could easily have referred to

Jonathan Shore, Jeremy Sherr, Jayesh Shah and Jan Scholten, so I have spelled them out.

(SH) – Spectrum of Homeopathy

(CCRH) – Central Council of Homeopathic Research