

Complementing the Simillimum in Chronic Diseases

A case of chronic headache and toxoplasmosis

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Summary

Although the ideal homeopathic treatment would be to find one remedy that completely cures the case, daily practice is that even if THE simillimum is found this only seldom leads to a complete cure of a chronic disease. The method Peter Chappell used to design a simillimum for AIDS in Africa soon appeared to be also useful for creating remedies for chronic diseases. These disease-specific PC-remedies can be used to complement the action of the simillimum.

The case presented is an example of how this new method can be used in practice. The history of PC-remedies in epidemics and chronic diseases is summarised, and the philosophical basis and practical instructions on how to use PC-remedies in chronic diseases to complement the simillimum discussed.

Keywords

Chronic diseases, PC-remedies, Peter Chappell, China, Toxoplasmosis, Choroiditis

Headache all my life

April 2003 a 30-year-old mother of three children consults me because she is suffering from headaches. She has red hair and makes a lively and cheerful impression. She has headaches as long as she can remember. "It runs in the family", she says. Also she is often tired.

As a young child a brain scan was made to look for a malignancy that might cause the headaches. If she has a headache "everything is pounding and hurting". Behind the eyes she will feel a pressure. During walking she then needs to hold her head with her hands. The headache is clearly worse motion. Also stooping makes it worse. She prefers to sit or lie down, but with three young children of which one is hyperactive and later is diagnosed to have PDD-NOS (most common form of autism) tasking the rest she desires is not always possible.

A hot shower helps. The headache decreases "and it brings my mind to rest". A cold east wind can aggravate her headaches.

"If in the morning I have a headache on rising it will stay with me until the evening."

The headache can also start later on in the day.

If she doesn't sleep enough she has more headaches, and doing a nap in the afternoon ameliorates a present headache.

During headaches she is irritable.

At puberty she had to study hard to get good marks, so she would be learning until late in the evening. The level was actually too high for her, "but I had started it and wanted to finish it". Besides that she had to travel 3-4 hours every day, because the type of religious school her parents wanted her to attend was far away from where she lived.

Later, when she was trained to become a teacher, she had less headaches. The studies were easier for her, and since the school was near she could go by bike.

In recent years the headache can start in the neck and then extend over the head to the eyes.

“I get stressed easily. I like to do a lot of things, too many, and I’m too stubborn to let go of some of my activities. So I get stressed about how to manage it all, and I have notes hanging everywhere in the house to remind me of the things I need to do. I can’t do things half, but am rather perfectionistic. I want to do things myself so I know they will be done right, and if they go wrong I can blame myself. If I do something I really go for it.

“I get a headache if I can’t overlook everything. I work very structured. If we get guests I make a lot of fuss beforehand. Everything out of the normal rhythm stresses me. I need to plan things.”

The vision of her left eye is bad. Every one or two months she gets an inflammation of her retina leaving scar tissue behind. Also the right eye gets infected sometimes but has been damaged less. She sees black spots due to the scars, and can’t read the blackboard from a distance. Lines are blurred and not sharp. During her second pregnancy her eyesight deteriorated much. A diagnosis of what is going on with her eyes has, as far as she knows, not been made. Later in a letter from the ophthalmologist I read that at that time it was diagnosed as uveitis posterior of the left eye eci (without a known cause). Later the name choroiditis possibly caused by diffuse retinal pigment epitheliopathy. In again another letter toxoplasmosis is also mentioned as a possible cause.

She can fall asleep any time of the day. If she sits on the couch she often falls asleep, and also if travelling by car or train she dozes off easily. “I can’t stay awake.” If reading a book in the evening she always falls asleep.

When the children were younger she was very sensitive to what other people would think of how she raised them. She would easily feel she wasn’t doing things right. Also in discussions she would easily feel not being knowledgeable enough about the subject and that others would think her being stupid.

She resembles her father most. “He is a great person; also very perfectionistic.” He is a history teacher and also does all kinds of other activities due to which he works until night.

Her mother was always tired, but also always available and busy caring for the children. She is the second of two girls. The eldest sister has quite an explosive character, and she had the role of mediator in the family. Having peace in the house was important. She would respond to her sister calmly. “My mother and sister could say rude things and hurt people without being aware of it. I was easy going, quiet and shy. My teachers never knew who I was. In a group I will never speak out of fear to say something silly. People didn’t hear me nor saw me.

Her husband is five years older. He is her first love and being rather sloppy, the very opposite of her.

She is chilly.

She likes bread, sweets, chocolate, chips.

She dislikes red beets and bell pepper.

Sleeps on her abdomen with her hands under her abdomen.

She dreams about her youngest son dying. "If I dream I startle very much. About things that could have happened in daily life concerning the home or the family. For instance about burglars.

With her menses she used to be very nauseous and have a lot of pain. Because of that she started using contraceptives at a young age.

Her faith in God is very important to her. "It is a great feeling to know that I am a child of God. Also the church community is important. To enjoy together all the gifts of God, and to be active together for the church."

Analysis

A repertorisation suggested Aurum, Silica, Sepia, Natrum muriaticum, Conium, Nux vomica, Calcarea carbonic, Glonoinum, Bryonia, Phosphorus and Belladonna.

Combining the commitment to the church community with her headaches Sanguinaria also seemed an option. None of these remedies were convincing though. I prescribed *Calcarea phosphorica* 200K for her, since one of her children responded well to it, since Calcarea carbonica and Phosphorus both came up high and because it fitted her idea that others might think she can not study well and is stupid. Besides that on asking whether she liked meat she answered to especially love bacon, and she confirmed to be afraid of thunderstorm.

Treatment and follow-ups

After five weeks

Following the remedy she had a lot of headache for a week. Then for three weeks, despite a busy period, no headache at all. Also after the remedy both her eyes got infected. In the mean time the right eye is back to normal.

Plan: wait.

Three months later

She has had quite a lot of headache again. Her tiredness is less though. She has stopped participating in the school board because it causes too much stress and therefore headache. "I like doing it, but it is in my head day and night. I can't go easy with it if others don't do their part properly. I had to decide to stop, because it was just escalating. It is very hard for me to say no."

Plan: *Calcarea phosphorica* 200K

Three months later

Again she had more headache initially followed by a few weeks of no headaches at all. Now she has headache every day but a bit more moderate. But as soon as there is something outside the daily routine, like having someone over for a coffee or going out for an evening, it is worse.

I conclude that the remedy is perhaps close but certainly not close enough. She relapses too quickly and the general improvement on the longer run is rather because she skips things from her agenda than that she has internally improved. So I decide to ask her to tell me more how she experiences the headache.

“It hinders me in my functioning. Because of it I am less happy, less cheerful. It is very frustrating. Consciously I minimise my activities and even then I still have headaches. That is just not nice. I want to be a cheerful mother. The headaches hinder me to enjoy everything.”

Analysis

The frustration due to the feeling of being hindered is a theme of the Rubiaceae. From that plant family *China* comes up strongest in the repertory. The following rubrics support *China* (MacRepertory using Complete 2005):

- Head; PAIN; Motion; agg. (180)
- Head; PAIN; Stooping; agg. (144)
- Head; PAIN; Mental exertion, from; agg. (150)
- Head; PAIN; Heat; amel.; hot; applications (27)
- Head; PAIN; Pressure; amel. (192)
- Vision; COLORS before the eyes; black; spots (102)
- Mind; CONSCIENTIOUS about trifles (100)
- Mind; DELUSIONS, imaginations; Unfortunate, he is (13)
- Mind; DELUSIONS, imaginations; Tormented, he is (5)
- Mind; DELUSIONS, imaginations; Work; hindered at, is (1)
- Mind; DREAMS; Death, of; family, in (23)
- Mind; DREAMS; Misfortune, of (69)
- Mind; DESIRES; Numerous, varies things (24)
- Generalities; FOOD and drinks; Sweets; desires (190)

China is not mentioned under retinitis nor under inflammation choroid, but other problems of the retina are mentioned in the materia medica: “retinal asthenopia ... black spots before eyes ... anaemic retina”.

Prescription: *China officinalis* 200K (DD *Chininum phosphoricum*).

After three months

All in all it is going very well. in three months time she had only headache twice. This gave her the confidence to resume teaching, which she enjoys a lot. Despite that she needs to take a nap in the afternoon less. She also restarted her work for the school board, and even when she continued work until 12 PM this did not result in headache. Her eyes are still the same, but have at least not deteriorated.

Her sleep is no longer restless and there have been no frightening dreams. She is less chilly, and while it is Winter had to start wearing her Summer nightgown. Never before was she so comfortably warm in the Winter.

She has stopped hanging notes all over the house, and is less stressed if she can't finish what she is working at.

Plan: wait.

Another month later

Sleeping worse and also more headaches since a week, without a clear reason.

Plan: China officinalis 200K

Four months later

Again a relapse and China 200K is repeated.

Three months later

Her left eye is getting worse and that also causes headaches.

Plan: China 200K

Three months later

Although she is on China for more than a year now the choroiditis continues every one or two months.

Since her response to China for the rest of her complaints is very good my conclusion is that this choroiditis is beyond the range of what a constitutional remedy can do for her.

The ophthalmologist now confirms the diagnosis: Toxoplasmosis, most likely congenital.

At this point there are several options. One is to give the toxoplasmosis nosode, another to by repertorisation look for a remedy for choroiditis that could complement China. I would have opted for any of these were it not that I had seen some interesting results with disease-specific remedies designed by Peter Chappell, the so-called PC-remedies.

Intermezzo on PC-remedies

Epidemics

In 2001 Peter Chappell went to Ethiopia to see what homeopathy had to offer for the AIDS-epidemic in Africa.

There are two possibilities to prescribe in epidemics:

1. On the totality of expression in the individual, or
2. On the totality of expression of the disease in many individuals

When dealing with millions of patients in a continent with only a handful of homeopaths available it is clear that option 2 is the way to go.

Hahnemann writes about the genus epidemicus principle in his Organon § 101-102:

- ... as it is only by a close observation of several cases of every such collective disease ...
- ... to choose the most suitable homeopathic remedy for this array of symptoms, is obtained by a complete survey of the morbid picture ...

Initially Peter took 70 cases of AIDS to determine the genus epidemicus of HIV/AIDS. The main symptoms appeared to be:

- Weakness, can't walk far, can't work much,
- Loss of appetite
- Loss of weight independent of appetite

- Reduced illness recovery powers
- Chronicity of normally acute symptoms
- Old diseases reappear
- New diseases are easily acquired

(For a more extensive description see *The Second Simillimum* by Peter Chappell)

Peter felt that it was critical to have one remedy for AIDS as more would be too complicated in Africa. If you look carefully in homeopathy there is rarely one remedy suggested for an epidemic disease, except perhaps *Lathyrus* for polio, *China* for malaria.

Logically you only need the remedy that covers the totality of the epidemic, but such a remedy for AIDS appeared not to be available in the *materia medica*.

Peter then decided to create a new technology to design a remedy. He figured out how to reverse engineer the totality and essence of the symptom picture information and the medical disease description into a remedy he later called PC1. (See also the résumé in the appendix).

The results of this new AIDS treatment using PC1 has been demonstrated in Africa over six years - Rwanda, The Congo, Cameroon, South Africa, Swaziland, Uganda, Malawi, Kenya, Central African Republic, Ethiopia etc. Also from India positive reports have been received. The clinical observation is that people get well from all symptoms, opportunistic infections, old infections, all symptoms and can work again and feel very well in weeks. It seems that PC1 always works for AIDS in Africa, except if there is starvation or regular reinfection, and provided patients keep taking it daily as needed.

For a retrospective study Corrie Hiwat and I went to Malawi in 2004 and later reported positive results in *Homœopathic Links* (issue 4/2004). In cooperation with the government of the Central African Republic another small study rendering the same positive results was performed. At present a study is about to be conducted in Mumbai and Kenya.

Since the principles are the same Peter could use his technology to design remedies for other epidemic diseases as well. These include gonorrhoea, syphilis, tuberculosis, malaria, typhoid, hepatitis, rabies, leprosy, bubonic plague, scabies, but also chlamydia, warts, influenza, herpes, Lyme's disease etc

Hundreds of cases of malaria were treated this way and dozens cases of acute, sub-acute and chronic gonorrhoea, again with consistent good results.

Chronic diseases

Peter suggests that chronic diseases are slow moving processes based upon viruses and bacteria, like a slow running epidemic. Hahnemann (miasms), www.ccid.org and Hanan Polanski and other new sources back this up.

Chronic is a misnomer, diseases are not static, they are really slow running evolving syndromes, i.e. slow epidemic like processes. Hahnemann writes in § 1003:

- In the same manner as has here been taught relative to the epidemic disease, ... chronic diseases, which, as I have shown, always remain the same in their essential nature, ... must be investigated, as to the whole sphere of their symptoms, in a much more minute manner than has ever been done before, for in them also one patient only exhibits a portion of their symptoms, a second, a

third, and so on, present some other symptoms, which also are but a ... portion of the totality of the symptoms which constitute the entire extent of this disease ...

Peter: "It follows logically that you can treat all diseases with the genus epidemicus approach. Diagnosis is a major medical-scientific advance since Hahnemann's time. Homeopaths have been blindsided, I think, by the idea that treating diseases directly is allopathic. It is perfectly possible to treat a disease holistically with the genus epidemicus approach."

So, using the same technology Peter started designing remedies for diseases like epilepsy, asthma, multiple sclerosis, Parkinson's, Alzheimer's, schizophrenia, migraine, arthritis, autism, CFS/ME, CRPS, diabetes, cancer etc. (See www.vitalremedies.com for a complete list of available resonances)

Having seen the results with the PC-remedies for infectious diseases in Africa I decided to give Peter the credit of the doubt and to try some of his remedies for chronic diseases out in my practice in the Netherlands. The results have been varied. Sometimes there didn't seem to be a response, but in other cases the results were better than I had ever seen with homeopathy. In all these cases I used the PC-remedy to complement constitutional treatment, or if a constitutional remedy was hard to define I started with the PC-remedy and would give a constitutional remedy once the picture became clear.

E.g. I have for instance a case of MS that has shown improvements I have never witnessed before – the patient is now better than 10 years ago. A Parkinson's patient showed an improvement the neurologist stated he had never seen before. I have presented some of my cases at several places, which has inspired others to try the remedies out as well. Slowly I am receiving feedback from them and a body of evidence is building up that diseases specific remedies can be very helpful in the treatment of chronic diseases.

This short history regarding my experiences with PC-remedies determined my policy in treating the case we were discussing.

Continuation of treatment

Based on the experiences described above I felt this case was a perfect example of a case where a disease-specific remedy could complement the simillimum. I asked Peter to design a remedy *PC-toxoplasmosis* for my patient. Soon I received the remedy that is since then available as *PC303w*.

Prescription: PC303w in liquid; five drops daily after banging the bottle five times.

Follow-up after one month

The black spots have become smaller. This has never happened before. Until this remedy they would only get bigger each time there was again an infection. In the areas around the black spots she could only see black-and-white. This has changed, and she can see colours again in these areas.

Plan: continue PC303w 5 drops per day until there is no further improvement. Since some of the scars will probably stay and keep influencing her eyesight I didn't expect

her eyesight to become completely normal. Because I wasn't sure whether taking the PC-remedy continuously would cause her to become less sensitive to it I choose to let her stop as soon as the symptoms stayed the same for some weeks.

Three months later

Two months ago she stopped taking the PC-remedy since there was no more change. Since then her eyesight is stable and ever since starting the remedy she has had no attacks any more. Since a few weeks though her headaches have come back.

Plan: China 200K.

Four months later

The headaches vanished soon after China and are still gone. A month ago though she had a choroiditis again and restarted taking PC-toxoplasmosis.

How to dose the remedy for her is something I still needed to find out, since the experience with these disease-specific remedies was still very limited. Actually I was about the only one testing them. The fact that she had no attacks for seven months where she used to have them every 1-2 months was remarkable, but knowing the scars these inflammations cause can most likely not be completely removed I would prefer her having no more attacks period.

Plan: continue PC303w until there is no further improvement, and from that point on take the remedy periodical for one month as a prophylaxis followed by two months no remedy.

Two months later

Headaches back, but no more choroiditis.

Plan: China MK

Four months later

Again some headache, but absolutely not as bad as it used to be before she started taking China more than two years ago. No choroiditis.

Plan: China MK

Five months later

She has had no more inflammation of the eyes for a year now, so using the PC-remedy as an intermittent prophylactic works well.

Plan: PC303w daily for one month every three months. China if indicated. Since the headaches are possibly also associated with the choroiditis due to congenital toxoplasmosis giving disease-specific remedy prophylactic and the constitutional one as soon as indicated is in my opinion the best strategy for this case now.

Comment

Whether the toxoplasmosis nosode would have given the same results is difficult to say. The experiences with other PC-remedies for infectious diseases suggest though that these work a lot better and far more consistent than the respective nosodes.

Although nosodes are made from diseased material like pus this does not automatically mean that they represent the totality of the disease. If that were the case we could, based on the genus epidemicus concept, treat with success each and every tuberculosis patient with Tuberculinum, each and every patient with gonorrhoea with Medorrhinum etc. In Africa we see though that practically every patient with AIDS responds to PC1, with malaria to PC-malaria and with gonorrhoea to PC-gonorrhoea. This suggests that the PC-remedies for infectious diseases cover the totality of the disease better than nosodes do. For my personal practice this means that if I need to complement the simillimum with a miasmatic / disease-specific remedy a PC-remedy has by far my preference over a nosode. I will prescribe a nosode only if based on the symptoms it is indicated as the simillimum.

How to use PC-remedies

In epidemics and infectious diseases

In these cases treatment can be started with the PC-remedy designed for the specific disease.

1. In *acute* states like malaria the remedy can initially be given every 30-60 minutes, five drops after banging the bottle five times. The repetition schedule is similar to that of other homeopathic remedies given in acute diseases.
2. In *chronic* infectious diseases like chronic hepatitis or in after effects of acute diseases, e.g. cystitis ever since gonorrhoea, the same dose can be given on a daily basis.

The practical implications of this approach are that the medical diagnosis alone can be enough to choose an effective remedy, and that individualisation or a genus epidemicus approach, which both take a lot of time, are at least initially not necessary. In situations where one has little time per patient, like in a major epidemic or in countries with limited amounts of homeopaths with also limited skills, this is a great advantage.

In those cases where after the PC-remedy has done what it could there are still symptoms left one can individualise the case and look for a simillimum for the patient.

In chronic diseases

In chronic diseases the effects of earlier infections, either in the patient or his ancestors, have become a miasm that underlies the chronic disease, which is expressed in a specific constitution. So here a constitutional approach is required, and complementary disease-specific remedies are called for in case the constitutional simillimum alone does not solve the case.

The choice of the PC-remedy is now not based on the totality of the disease that may have caused the miasm, but on the totality of the chronic disease that is being expressed by the miasm. Where for instance recurrent cystitis since gonorrhoea is the early effect of a miasm in the making which can still be treated with PC-gonorrhoea, a

case of rheumatoid arthritis would call for a diagnosis-specific remedy (PC-arthritis) rather than the miasm-specific remedy (PC-gonorrhoea) that may have caused the disease.

The practical approach here is to start with what is staring you in the face.

1. If the constitutional remedy is quite clear starting with that is the way to go. If at some point it is clear that the effect of the constitutional treatment is limited, and that the disease, be it less severe, is still present, complementing the first constitutional simillimum with a second disease-specific simillimum, a PC-remedy, is called for. If later there is a relapse of constitutional symptoms the constitutional simillimum has to be repeated, if these are still clearly better but only the symptoms of the disease as such relapse the PC-remedy needs to be repeated.
2. If the constitutional symptoms are mostly hidden behind the symptom picture of the disease starting with the PC-remedy for that disease is needed. These are the kind of cases where we otherwise usually fail to find the remedy, or where a well-chosen remedy fails to act. The effect of the PC-remedy will be that the symptoms of the disease will diminish and that constitutional symptoms will start to come up. Once these give a clear suggestion for an individual remedy that should be given next to the PC-remedy.

The PC-remedy can in most chronic cases be given only a daily basis, five drops after banging the bottle five times. Individualising the dose may be necessary and the patient is often able to find out him/herself what the best dose is.

Beware of initial **aggravations**. The PC-remedies act in that way similar to other homeopathic remedies. They can give an aggravation, they follow Hering's law etc. So in cases with a very weak constitution, e.g. severe chronic fatigue syndrome, where the constitutional remedy is hardly detectable the patient is often not able to let an aggravation in response to either a constitutional or a PC-remedy be followed by a process of ongoing improvement.

So first of all see whether there are ways to improve the patient's ability to give a curative response. A wide variety of ways to do this are available, like slowly increasing the amount of exercise, supplementing vitamins and minerals, psychological treatment etc.

Then secondly start by giving the patient one diluted dose and wait for days or weeks until a possible aggravation has passed before giving a second dose. If the patient indeed recovers from an aggravation you may expect that the aggravation after each dose will be shorter and less severe.

Pharmacies

PC-remedies can be ordered at three pharmacies. Instructions how to use the remedies are available in English, German and Dutch.

The remedies can be ordered as granules, from which the homeopath him/herself can prepare a dilution for the patient (instructions enclosed) or as dilutions that can be mailed to the homeopath or directly to the patient.

For German speaking countries: Apotheke zum Hl. Florian in Austria:
hl.florian@gmx.net

For English speaking countries: www.helioslondon.com

For Dutch, English and German speaking countries: recept@hahnemann.nl

The list of available remedies is available at www.vitalremedies.com

Book

Peter Chappell has written an illuminating book on his discovery of creating disease-specific remedies in which he extensively shares his African experiences as well as the philosophy underlying this new approach.

The book 'The Second Simillimum – A Disease-Specific Complement to Individual Treatment' is published by Homeolinks Publishers and can either be ordered there directly (www.homeolinks.nl or office@homeolinks.nl) or via your bookseller: ISBN 807103-3-4.

Foundation

The Amma Resonance Healing Foundation has obtained the rights for all PC Resonances that are designed for developing countries to guarantee that treatment for epidemic diseases like AIDS, malaria and TB is made available for the lowest price possible. Usually this means that specifically these remedies are sent free of charge to homeopaths in developing countries. See www.ARHF.nl

Presentation

On September 27 2008 the author will give a presentation on PC Resonances in Mumbai. Contact drchheda@gmail.com for details.

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Appendix 1

Resume of the technology of making PC1

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The technology of making PC1, a disease specific homeopathic remedy for HIV/AIDS, was evolved from the way homeopathic medicines are usually made. Homeopathic remedies have a very high safety protocol (Food and Drug Administration, United States of America) proven over a period of 150 year. In this sense this new approach to treat disease is a further development of Homeopathy and combines the advantages of homeopathy (high safety/no side effect) and pharmacology (disease specific treatment) and thus little or no homeopathic skills are needed to prescribe and follow up.

In homeopathy the medicine production process usually starts with an animal, plant or mineral substance from which homeopathic medicines are extracted by a repetitive dilution and succussion process (banging to create 1000g+ shocks and impressing of information into the water molecules) to produce health and immune system stimulating

patterns of information in water. Homeopathic medicine uses the above dilution and succussion extraction method to do this. In this new technology the homeopathic medicine is created by putting information directly into water and no substance is ever involved. This means that similar to high homeopathic potencies diluted beyond Avogadro's number, the remedies created using this new approach do not contain a molecule of substance as in conventional pharmacology.

Recent articles from mainstream science recognise that information can be held in water and already for a longer period on the evolving fringes of science there is a gathering momentum in this direction from many different perspectives. Prof. Emoto's (Japan) work on crystals is mentioned, since he elaborated a very clear and reproducible system to image information saved between water molecules. We have already asked Prof. Emoto to image the PC1 information (See crystal CD-ROM). The Emoto Laboratory staff in Lichtenstein was reportedly very surprised that a tiny pin head granule could result in so many well defined crystal shapes, inferring real and substantial information in the granule. Differences in crystal shapes are also visible between the two different gender formulations of PC1. Obviously the very existence of homeopathic medicine over centuries strongly testifies to this water/information effect being real.

There is nevertheless insufficient proof that homeopathy works. How potentisation works has not been fully explained by science yet. Simply because the scientific discoveries, paradigms, theory, technology, measuring devices and language have not yet been fully developed to allow this. This is a major impediment to the acceptance of homeopathy, but has still though not stopped homeopathy becoming a legitimate healing paradigm. There is likewise no mainstream science that describes why the basic resonance principle on which homeopathy rests works either. But there is clear evidence that healing by resonance has existed from well before human life began, and is in fact, like gravity, a natural characteristic of the universe. This lack of scientific language is an impediment to describing the action of this new process by which PC1 is made as the language, concepts, fields of action and measuring equipment are not yet developed to allow a clear, scientifically valid, description to be made.

To make the AIDS remedy a special non-physical thought form device is used to synthesise the information about the disease based on the core essence and psychological and physical information (the totality/essence) that crystallises this into one pattern totality. This is impinged into water. It works on an informational/energetic level only. There is no physical component to the information impinged into the water. The exact working of this device is, for the time being, a proprietary secret. We can say from experience that the many new homeopathic like medicines made by this new method, act exactly like homeopathic remedies in their curative action, in initial aggravations*, in following exactly the law of cure, in being compatible with potentised remedies, in working well alongside potentised remedies, in requiring the same case management skills, in provings, and in having no observable side effect nor toxicity. It is also clear that this new method makes superior quality nosodes. (* Aggravations have only been reported in chronic diseases and not in the treatment of AIDS with PC1, or malaria with PC-malaria.)

The obvious advantage of this new process is that instead of having to look for a substance in nature that after provings and clinical use appears to be a simillimum for treating the genus epidemicus of an epidemic disease (in practice such a match is seldom, so a group

of remedies are being used) this new technique makes it possible to directly make a simillimum for a known genus epidemicus.

In this new technology the specification of the information concerning HIV/AIDS carried within water that the patient receives is based upon the information needed to stimulate an immune response exactly appropriate to the disease, which is based on the principle of resonance, as is in homeopathic medicine. Resonance here is intended to mean the idea as we find on piano, where striking middle C activates the harmonic C chords.

We suggest that the symptoms of a disease are in fact the immune system response to the disease. A fever for example is an intelligent immune system defensive action. With resonance we reinforce the pattern of the immune response by providing information in water that contains the same pattern as the typical immune response to a specific disease, so that the immune system multiplies its efforts.

In conventional medicine the basic idea is to reduce the virus, bacteria or parasites by attacking drugs to reduce their numbers so the immune system can do its work. In this new technology and in homeopathic medicine in general we work in the opposite way by stimulating the immune system to strengthen its response. Both these ideas work, and they can often be used complementarily to good effect, as is our experience with the usage of both ARVs (Aids drugs) and PC1 together in AIDS patients.

In actual practicality the AIDS remedy called PC1 is based upon reversing the 'genus epidemicus' concept detailed by Hahnemann in the Organon, Aphorisms 100 to 103. In this case Peter Chappell carefully and systematically compiled 70 detailed case studies of HIV/Aids in Ethiopia in 2001, and from this he deleted those symptoms that were a consequence of the reduced immunity, typically recurring previously acquired infections (typically tuberculosis), and recently acquired infections, (typically herpes), and also those symptoms which related to the constitution of the person, as these were seen as the response to the disease, not the disease itself. In simple terms, a Phosphorus type person when dying is concerned for the wellbeing of their children, an Arsenicum is very anxious about dying, etc and these are just natural responses that would be expected to any threat of imminent death. These are therefore not part of the disease itself.

AIDS was found to have these primary characteristics

- Weakness, loss of strength, can't walk far, can't work much, can't look after themselves fully, and finally not at all.
- Later on a loss of appetite from a fungal infection in mouth and digestive tract.
- Loss of weight independent of appetite.
- Reduced recovery powers.
- Chronicity of every symptom, normal acutes like headaches and coryza become permanent.
- Dying is usually from starvation as they physically cannot eat.

It should however be noted that probably these are all the effect of reduced immunity.

This above was the materia medica required from the selected remedy. Peter Chappell considered the Aids nosode (which he noticed caused severe aggravations), constitutional remedies, and tried extensive repertorisation and consideration of existing homeopathic remedies as indicated and consulted many colleagues. He also realised that the common

epidemic approach advocated practically by Hahnemann, of a small group of remedies prescribed on the presenting symptoms was doomed to fail in Africa where skills are in short supply and homeopathic skills virtually non-existent except sparsely in South Africa. Peter Chappell felt that there was no example in Homeopathy to date where one remedy treated the totality of any disease in its entirety, even though China/quinine for malaria, through which Homeopathy was unfolded, was the closest example. He felt that no current known homeopathic approach was in fact likely to be satisfactory.

He then decided to reverse engineer the totality/essence of Aids and put that informational essence/totality into water. This possibly has not been done before. The exact method, outlined above, is not revealed here for several reasons, including the wish to protect it from the scrutiny of the materialistic world-view that dominates the minds of political and medical decision makers even in the African countries we are dealing with.

What Peter Chappell can say unequivocally and definitely is that there is no material content, it is not a complex remedy derived from several homeopathic remedies or otherwise remedies, nor derived from such, it is likewise not derived from a nosode or is a combination of nosodes, it is not a radionic formulation, it is not made by a material machine. It is a completely new method that makes it possible to create a homeopathic simillimum for a totality of symptoms, a *genus epidemicus*.

There can be no obvious mechanism for side effects and Peter Chappell never saw any in several hundred carefully monitored cases. No one else has reported any either. The PC1 remedy appears to work as an exact simillimum for the disease and its action seems to be extremely reliable, and a virtual certainty if adverse conditions are not present. Virtually perfect homeopathic 'law of cure' is seen routinely on psychological as well as physical levels. 'I am well, my strength is back, I can walk 5 kilometres again, not just 50 metres, I can look after myself, I am so hungry now, I am putting on weight, my symptoms are better now, my pain has gone' are all almost certain common responses.

The adverse conditions are recurring infective sex especially with a male with a high HIV virus level load, complete lack of food to eat (actual starvation) and sometimes being too close to death already. Otherwise it seems to work even in cases of serious destitution, in AIDS hospices, and often in spite of several other concurrent serious diseases (which often rapidly abate) and other seemingly impossible circumstances. This has now been experienced thousands of times virtually across Africa and to a little extent where tried in India. It does not seem to work as well, however, for AIDS-patients in the Western countries. After analysing the reasons for that (E.g. completely different social background) a new PC-remedy called PC1-West has been designed.

We have clear clinical results from different African Countries (Ethiopia, South Africa, Cameroon, Swaziland, Kenya, Malawi, Central African Republic etc) as well as India and reported by different doctors. All these results are anecdotal but consistently positive since the first use of PC1 in 2002. We are now in the process of building hard science based results to consolidate this new technology for the benefit of humanity. A protocol has been designed for an epidemiological study that will be conducted in the Central African Republic in cooperation with the government, including the Prime Minister and the Minister of Health, the key AIDS organisations and clinics, and the Institute Pasteur in Bangui (the capital). All the blood testing costs will be paid for by the Global Aids Fund. This is the first time to do systematic research. We want to objectify the clinical results

and investigate if these are based on an increase in CD4-8 and CBCC and a reduction of Viral load. Since PC1 is a holistic approach it could be that the immune response is mediated not just by CD4 helper cells, but also by cytotoxic T-cells. Following the epidemiological study a comparative study is planned.

The intellectual property rights of the AIDS medicine (PC1) in particular are owned by Amma Resonance Healing Foundation located in the Netherlands. PC1 is provided by the trust for research and treatment at a not-for-profit basis.