

# Working Together — Lessons from Experience

By Vatsala Sperling, MS, PhD, PDHom, CCH, RSHom(NA)

**P**racticing as the only homeopath in the rural village of Rochester, Vermont (population 1,139) can be quite a challenging and lonely experience. While there are a handful of homeopaths spread across the tiny state of Vermont, the geography and climate have inhibited the formation of a coherent and collegial group. In this environment, I hung my board on the front lawn of a 200-year-old building showing the name and telephone number of my practice and opened my office to people seeking homeopathy for themselves, their loved ones and pets. This happened the day I began my supervised clinical practice in 2008 as a pre-requisite for completing the four and a half years of homeopathy education from Misha Norland's School of Homeopathy, Devon, UK. My clinical supervisor turned out to be a seasoned practitioner and a devoted teacher. He guided me well through the process of supervised practice. When my cases were accepted by the school and I was awarded my practitioner's diploma in 2009, he said, "You are on your own now. Learn from your mistakes." Truly, from that day, I have been on my own and I still am, for the most part.

As it happens with many practitioners, I had a string of beginner's luck. The clients showed remarkable recovery under my care and this initial success helped me take one fact to heart, "homeopathy works." Soon, from distant corners of my state, people were seeking me out. Since my practice had room to grow, I accepted new clients frequently. My understanding of the foundations of homeopathy, posology, dose repetition and even remedy selection were about to be challenged. I had no idea what lay ahead for me as I accepted the two new clients whose cases are presented below. Would

my streak of beginner's luck continue? Would I encounter aggravations? I did not have the faintest clue, but I did not allow the unanswered questions to hold me back. With all due respect to the law of uncertainty I continued unlocking the front door to my office every morning, with enthusiasm and with hope that everything would turn out all right.

**Case 1:** CP, 29-year-old male, intake November 2009

CP was a tall, lean man. His bushy, curly hair cascaded down to his shoulders. He could be called good-looking with his evenly formed teeth, ready smile and large eyes the same color as his dark hair.

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As he sat on the couch across from my desk, he pulled his hands out of his pocket and began chewing his nails, which I noticed, were nicely shaped and a healthy shade of pink, but filled with black dirt. His nails needed to be clipped. "This is an old habit," he explained as he saw me looking at him with my full attention. Soon after he stopped chewing his nail, but began drumming his fingers on the table and shaking his legs. I made a mental note

about the sycotic miasm and his need to do something compulsively.

"I have not been intimate with my wife for the past year. Now our daughter is three months old. My wife does not want any intimacy. Talks about being tired all the time and too busy caring for a child. This is great for me. I do love her. But here is the thing, I am in no position to have any intimacy. I have not told her anything, not even the fact that I am

here seeking help. If she learns about my problem, she will not see me kindly.

“Nine years ago, as a freshman, I was a top athlete and I was reckless and rebellious. I wanted to be liked so I bent myself out of shape. Never let anyone know how or what I felt inside so they would never stop liking me. I got involved with all types as I could not say no and run the risk of being disliked.

“In my sophomore year, my blood test came out positive for HPV and soon thereafter, I developed nasty warts on my penis. The school nurse recommended cryosurgery and I readily went for the treatment because I could not be without intimacy in my hookups.

“From then until now no problem, but in the last month of my wife’s pregnancy, I got this large wart again on my penis. It never went away for the last four months. I really feel dirty inside. I have not told her. But her ‘Leave me alone, I am tired’ policy will soon end. We want more kids. We are in love. We would want to be intimate. But see, I do not want to give her an infection. Can you help with this matter?”

“Right now, she does not want me, so I satisfy myself in the bathroom. Works for me but I know it is dirty, with the wart and all, smelling like rotten cheese. I am enjoying self-gratification more and more, but again, I do not want her to know. Her impression of me will get damaged beyond repair if she learns of my habits.”

For repertorization, I considered the main themes of this case:

1. Considering himself dirty
2. Being secretive about his condition, not telling anyone about his true inner feelings (if he expressed these inner feelings, people would not like him)
3. Habits such as chewing his nails, twirling his hair around his fingers, tapping his fingers on the desk, and shaking his legs. These were observed during the

case intake. He also admitted to frequent masturbation. I considered these traits as pointing toward the sycotic miasm (more is less; compulsive habits)

4. Warts on the penis, which smell like rotten cheese

**RUBRICS:**

Mind; DELUSIONS, IMAGINATIONS; DIRT, dirty; He is, she is (22)

Mind; SECRETIVE (32)

Mind; HEEDLESS, CARELESS (136)

Mind; BITING; NAILS (64)

Mind; COMPANY; AVERSION to, agg.; Solitude, desire for; masturbation, to practice (4)

Skin; WARTS; BLEEDING (20)

Skin; WARTS; CAULIFLOWER, like a (3)

Skin; WARTS; LARGE (15)

Skin; WARTS; MOIST (10)

Skin; WARTS; PAINFUL (38)

Skin; WARTS; SMELLING like old cheese (4)

As expected, *Thuja* came up as the top contender and confidently, I gave him one dose of *Thuja* 30c and asked that he come back for a follow up in one month.

**First follow-up December 2009:**

CP looked sullen. “It is still there” he said, plopping himself down on the couch. “Maybe I chew my nails a bit less, but who knows if that is from the remedy. My problem is the damn wart.”

I repeated the dose during December and then again after the January follow up. After three monthly doses, I was not sure what *Thuja* 30c was doing anymore; his wart did not go, it did not change, or get worse. It just remained, though he said that he chewed his nails a bit less.

When he came for the third follow up in February 2010, I sensed anger in his voice, “Can you take care of this matter or not?” he asked, narrowing his large eyes and looking at me with a disdainful frown. “I have been taking your remedy since November 2009. What the \*\*\*\*?” He used foul language and then continued, “She wants me now and I am

	Thu.j.	Nit-ac.	Caus.t.	Lyc.	Rhus-t.	Nat-m.	Calc.	Hep.	Nat-c.	Bar-c.	Sep.	Phos.	Malai-a.	Staph.	Acon.	Hys.	Uerat.	Sil.	Bufo.	Bob.	Ph-ac.
<b>Total Rubrics Kingdoms</b>	23	18	16	13	12	10	9	8	8	8	8	8	2	5	2	2	2	4	5	5	4
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running away from her because of this stupid wart. I pretend to be uninterested, tired, bored. I do not want her to know I have a wart.”

“If you wish to continue with my care, let me re-work your case. I will get back to you in a day or two” I said, but I had no idea what a re-work was going to reveal.

I tapped in to my contacts online at Homeopathy World Community and a homeopath from India suggested, “*Thuja* 30c, five pills once daily for up to a month will do the job.” Totally trusting this recommendation, I mailed a one-month supply of *Thuja* 30c to CP and waited.

Twenty days later, he asked for an appointment, “It fell off. There is no scar even. Shall I continue with the rest of the pills just in case?”

I had given the indicated remedy, but a single dose once a month did not touch the case. Daily repetition was required. I went back to my contact and asked, “The wart fell off. Should he complete the one-month dosing?”

“Sure. The body will take only what it needs” I was told and I conveyed this to CP.

This confidence in prescribing as shown by the Indian homeopath baffled me. Giving just one dose of an indicated remedy and waiting for it to complete its action as long as it took to do so, is a very classical and noble teaching but I learned a lesson that, when necessary, remedies must be repeated. I thought I had learned my lesson—until my next challenging case came along.

**Case 2:** PR, 20-year-old female, intake December 2009.

This very slim and short girl has come in with her mother. She is wearing dark eye glasses and a baseball cap.

“I am going to go blind. My eye doctor told me blindness was certain. During my term exams, I was so stressed I got loose stools before going for my exams. I was so lazy. I did not remove my contacts every night at bedtime. I went to sleep wearing them. When I removed them, I used city tap water to wash them instead of the lens washing fluid. Now I have *Acanthamoeba keratitis* in both eyes.”

Her eyes were bloodshot, painful, swollen, had plenty of sticky, yellow discharge, and were sensitive to sunlight, itchy, irritated and inflamed. She was too nervous to be able to make it to the appointment and her infected eyes and inability to wear her contacts made it impossible for her to see. Her mom drove her to see me.

“Her doctor has given antibiotics and steroids. She asked her not to wear contacts until the infection clears up. Then they will test her for vision loss. She is unable to see well without her contacts and she refuses to take her medications. She wants to try homeopathy though her topmost fear is that she will go blind,” her mother said.

This was a crisis, an emergency situation that I had never encountered since starting my brand new practice as a fresh graduate. Here is a person who is totally convinced she will go blind. Her eyes were a mess. She was in such an acute crisis that I decided to simply go by the chief presenting complaint, but one mental symptom stood out: she was nervous before her examinations, got loose stools and she was also nervous before coming to my office. She needed the company of her mother and had moved back in to her mom’s house during this crisis. The mother said that ever since the bleak diagnosis, the girl had become very clingy, tearful and sad, though previously, the girl was of an independent nature. PR was restless, unhappy, angry, quite sad and very frightened that she would go blind just as her ophthalmologist had predicted.

In my repertorization, *Argentum nitricum* was first, followed by *Arsenicum album*. But I got confused thinking about

	Arg-n.	Ars.	Puls.	Hep.	Sulph.	Bell.	Merc.	fcon.	Ph-ac.	Kali-c.	Sep.	fico-s.	Graph.	Med.	Lyc.	Nat-m.	Phos.	Calc.	Nux-u.	Rhus-t.	Calc-s.	Arn.
<b>Total Rubrics</b>	18	19	15	13	13	8	12	11	11	12	10	8	11	9	11	9	11	9	7	8	6	6
<b>Kingdoms</b>	6	6	6	5	5	6	5	5	5	4	5	3	4	5	4	5	3	4	5	4	4	3
Mind; ANXIETY; TIME is set, when a (14)																						
Mind; COMPANYY; DESIRE for; Alone, agg. being (77)																						
Mind; ANXIETY; HEALTH, about (124)																						
Eyes; REDNESS; LIDS; Margins, edges (68)																						
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Eyes; INFLAMMATION; SCLERA, scleritis (29)																						
Eyes; DISCHARGES OF MUCUS OR PUS; PURULENT (77)																						

*Pulsatilla* (clinginess, yellow discharges), *Hepar sulph* (inflammation, irritation, yellow discharges) and *Sulphur* (laziness regarding washing her contact lenses and not removing them before going to sleep).

Which remedy to choose, what potency to give and how often to repeat the remedy... these questions baffled me. I felt panicky because here was a young girl with the possibility of vision loss. I did not want to compound her problems with my inexperienced prescribing. Again, I thought of reaching out to my contact in India, a homeopath with over 55 years of experience.

“Start her on one dry dose of *Arsenicum album* 1M. From the next day, give her *Argentum nitricum* 30c, five pills, three times daily,” my long-distance mentor said.

“What about *Pulsatilla*, *Hepar sulph* and *Sulphur*?” I asked, “she shows some aspects of these remedies as well.” “Give what you want. None of them have anxiety about time. She has anxiety about time and she shows that by having loose stools before exams, and getting nervous before coming to see you. The other remedies that you mention do not have this trait.”

“Yes, sir” I said and quickly followed the advice given to me with such confidence and conviction.

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#### First follow-up December 2009:

“My eye doctor cannot believe it. She said I was very lucky. I will not be going blind after all because her antibiotics and steroids had helped me so much. I did not tell her that I never even touched her meds and I relied 100% on homeopathy. She does not like anything that is outside of mainstream medicine. My eyes began getting better after two or three days on *Argentum nitricum* but after the one and only dose of the first remedy, I began to feel that I am going to be able to see. I will have my vision. The problem is going to go away. I will be all right.”

#### Second follow-up February 2010:

PR is fully well with regards to her eyesight. She has thrown out her contacts. Now she wears regular prescription eyeglasses and does not worry about looking a bit nerdy. She

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confessed to me in a hushed tone that in her spare time, she sometimes reads homeopathy journals and visits homeopathy-related websites on the internet.

In retrospect, before these experiences in 2009, as a newly graduated student of homeopathy I had not taken to heart the fact that in an acute crisis, we can repeat remedies three or four times a day, even give a dose every half an hour if necessary. We give the body the potency and the repetition of remedy that it needs — provided we fully understand that the symptoms are the language of the vital force seeking help. We can also change remedies as needed. When facing an acute health crisis, a person can experience severe fear or anxiety about their future, their ability to recover from the disease, their mortality. It was necessary in this case to address her fear and anxiety first and then to start the second remedy to help with the eyes. I understood the logic for giving *Arsenicum album* in a 1M potency, because it addressed her anxious mind-set first and then starting *Argentum nitricum* 30c to address the eye issues.

These two cases taught me that ignorance is bliss—in disguise. If I am curious enough, then ignorance will make me explore and learn. I did not know the best course of action in these two cases, but I took my ignorance as a sign that I must reach out to those who know better and ask for their help without feeling remorse and shame for being ignorant. These cases also taught me that as homeopaths, we will all be facing situations where our own knowledge, experience and well-intentioned efforts alone are not enough for our clients. They might need a fresh look and maybe even a second opinion from another well-qualified professional who can challenge our observations and conclusions and offer a fresh perspective. I resolved to reach out when my clients needed a second opinion and allow myself to be open so that other homeopaths can reach me if they or their clients had a similar need.

Working together as homeopaths is all about helping each other in the hour of need. When cases progress well and clients report dramatic healing experiences, we do fine on our own. But when we get stuck in our cases and the results are less than optimal or outright negative, instead of terminating the therapeutic relationship with our clients, we could take a client-centric approach to help them further. We can achieve this aim by working together with other homeopaths. In the end, it is not about who knows more and who is better than the other practitioners. Our collaborations must be focused on helping our clients, which is the main reason why we practice.

“Working together” is a phrase that I have taken one step further. In my practice, I routinely send my clients, based on their need, to a chiropractor, an acupuncturist, an herbalist, a massage therapist, a nutritionist, a naturopath or a physiotherapist. Sometimes, I send them back to their conventional doctors if that is what they need. In my view, homeopathy is one healing modality among many other alternative healing options that are available today. If I sense that instead of homeopathy, another alternative healing modality is better suited to my client’s need, I am happy to recommend a competent practitioner. This openness and philosophy of “work-

ing together” has done wonders for my tiny practice in the woods of Vermont and helped it grow beautifully because other homeopaths and alternative practitioners who receive referrals from me make it a point to send me their “difficult cases” frequently. The circle and the network of caring, healing and “working together” continues to expand in all directions to benefit my clients.

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