

# Robin Murphy

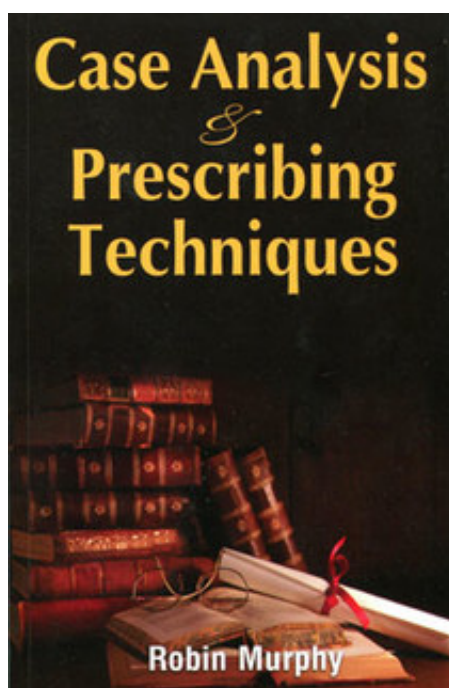
## Case Analysis and Prescribing Techniques

Reading excerpt

[Case Analysis and Prescribing Techniques](#)

of [Robin Murphy](#)

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to see what's important. A child comes up to you crying and screaming because he's hurt himself. You look down at his knee and there's a little bruise. What do you give? Aconitum. In this case, he's more hurt from the fright than from the bruise. So you give Aconitum and kiss his knee! Another child comes who's barely crying at all, and you look at his knee and it's all bruised and swollen. Then it's an Arnica case. They both have a knee injury, but they receive different remedies because of what you perceive.

*Electrocution:* Phosphorus, Electricus and Morphinum. You must see the results. Often you may need to give them Opium because it was an electrocution and a *fright*. There's a case by Constantine Hering of a man struck by lightning, and he cured him. He buried him in ground up to his neck — he said that grounded him. He also gave Phosphorus.

There's another case in the old journals (from the 1840's) of a woman who was frightened by a storm while she was pregnant, and the child came out with convulsions. They gave Phosphorus for the child's convulsions because they said it was the mother's fright from the storm during the pregnancy that got imprinted on the child. Then every time there was an electrical storm, the child would have convulsions. That was the modality. It all confirmed Phosphorus. So it shows the power of imprintation, especially during pregnancy. Often you have to find what remedy the mother needed during the pregnancy and you can give it to the child because there's no etiology that you can think of. Give the child Ignatia, Natrium mur., Aconitum or whatever, because the mother needed it and it got imprinted on the child.

#### 4. TOXIC EXPOSURE

*Industrial Chemicals and Fumes:* They damage the lungs — the main remedy is Sulphuricum acidum. Also you may want to look at the emphysema remedies because that's due to lung damage from particulate matter, which is very similar. It destroys the air spaces.

*Poisons:* Food poisoning. You may have the component of loss of vital fluids if the diarrhea was bad, or if they screwed up the flora in their intestines. "Never well since." You want to give a food poison remedy. Ever since then they've had loose stools, or alternating constipation and diarrhea, gas and bloating. And their etiology is food poisoning. You may need Podophyllum, Arsenicum, Baptisia — remedies like that.

*Allopathic Drugs, Hormones and Steroids:* I've found these to be the most suppressive and the most etiological, especially the birth control pill. The birth control pill is a big shock to the person's system. Don't fool with Mother Nature! It has natural rhythms and cycles, and we go in and force them to behave in a certain way, that the vital force doesn't like it. Then there's a conflict between our higher and lower selves— we're doing something harmful to the vital force which is under our care we are its caretaker. The Hermetic physicians way back in Egypt said that was the cause of all disease — the disharmony between our higher mind and consciousness and our lower instincts. We have to become friends with our instincts, talk to them, say, "It's all right, you don't need sweets today, you don't need this and that. Let's be friends, let's cooperate. We're stuck in this body together." We have to foster that, or we can't meet the challenges of life as one being.

*Drug Addictions:* Often you'll see Nux vomica, Ipecacuanha, Avena sativa come into play. Allopathic drugs may cause drug addiction i.e. when they try to get off them they go into crisis. You may need that drug in potency, or you may need to find a remedy (we'll talk about these things later) for the crisis they go into. It may have nothing to do with the case — a drug withdrawal acute remedy. Or you may need a drug-antidoting remedy. Or you may need to treat the condition that they were taking the drug for. There are several places you can hit in a person who's addicted to medical drugs. (We'll talk about that later and outline it.) For heroin, we've found Avena sativa works best — in potency or in tincture. It's the only one really

in the literature for it. It can also help cigarette smoking, cocaine, marijuana — all kinds of addictions. We give it in tincture, and sometimes in potency. It's also good for people who are on drugs for sleeping — sleeping pills — and they can't get off their sleeping pills. We give them *Avena saliva*, ten drops, two or three times a day, and then start weaning them off their sleeping like. Valium, etc.

*Tobacco, Coffee (Nicotine, Caffeine):* These can also be part of a case. I was in London at a lecture about etiologies, and a guy stood up and told the story about a case he had where a woman came in with headaches and arthritis. He was taught that you can't treat anyone who's on coffee, so on the first visit he told her no coffee for a month, and then come back and I'll give you your remedy. She came back in a month and her headaches and arthritis were all gone! And he had the remedy all figured out! The obstacles to the cure — that's a continual etiology. We could have a person here and they could get a shock to the system and it causes damage. Then the etiology is gone — it happened in the past. But the damage to the system is there. Or we can have something that's coming in constantly on a daily basis that's weakening an area. That's a subtle, gradual etiology. Then the person's blood pressure goes up, their heart gets weaker, and they have other problems.

In some of these cases where addictions are heavy, I'll deal with the addictions on the first visit. I'll give them remedies for the cigarette cravings, for the coffee headache (which prevents them from coming off the coffee), or to prevent the weight gain, and these things. That may be the first part of the case, especially if they're on coffee, cigarettes, high blood pressure medication, poor diet, etc. It is not unusual for these cases present with headaches or a history of surgery. If you start the case with a high potency and shock that system, or pull them off their drugs, it sends them into shock. That's poor case management!

What would be the most effective thing to do on the first visit? You get them off their ten cups of coffee a day! If they're not willing

to do that, you go to the next best thing or you treat the reason that they need the coffee. They have low energy. Try to find out *why*. Are they losing their energy somewhere or is it in their history? Then try to give them something that will boost their energy first after which they won't need the coffee.

Question: I want to clarify what you mean by drug addiction. You said when he came to you he'd been addicted to drugs, and now he is off them. That would be a different thing.

RM: Right. It could be an etiology — "never well since", especially the liver and the nervous system could be damaged. Or their whole health changed since the withdrawal. Like stopping smoking with weight gain, headaches, etc. It could be direct or indirect.

Question: If a person's gotten over a drug problem and has never been well since, particularly in the case of a recovering alcoholic, is there any chance you could kick them back into the need for it?

RM: No. What you have with a recovering alcoholic is two things: The psychological reasons (the miasmatic influences that drove them to that state) or you may have the liver damage from it. So you're looking at aiming a remedy at one of those two. If you aim a remedy at those psychological things, then they should get better, and that would be curing the tendency to go back. If there's liver damage, you'd see the hypoglycemia there. A lot of the alcoholic craving is craving for sugar. It's an addiction to a certain type of sugar. So their diet and all that has to be supported and they have to get off the refined sugars, and you have to support the liver with a kind of mild diet.

Question: What would be the things you may see after years of heroin addiction?

RM: Emaciation, weakness and things like that. The stomach and colon are all messed up. They get spasms, nausea and vomiting, and they're just never well since.

Student: I had a woman who was on Valium since the day it was invented practically. She could hardly come out of her bedroom into the rest of her apartment. After a matter of two weeks, she took us out to lunch. We didn't recognize her when she came downstairs. She was all dressed up and everything else. This was done primarily with Arsenicum. Then I got over-ambitious and I thought, "Let's go back and clear up the Valium." We communicated for a while, but when she developed an aggravation, you would not believe, she called the doctor, and the doctor friend downstairs put her back on Valium and that was the end of that.

RM: Here's the question. She was on Arsenicum and then you pulled her off the Valium? Or did she come off the Valium and then you put her on Arsenicum?

Student: We put her on the Arsenicum and told her to take the Valium whenever she thought she needed it, and within a day or two she was no longer taking Valium and was doing okay. It was unbelievable. This went on for a while, and then after a while I thought, "Let's be smart and clean up the Valium." I gave her some potentized Valium, and you could sit there and watch her change. And I thought, "Oh, my God. What have I done?" There was nothing I could do at that moment. And it turned out to be a horror story.

RM: So there are two mistakes. You treated a ghost etiology. The person was up in that state when you were giving Arsenicum. It was doing well, you weaned her off the Valium and *nothing changed*. So *you* didn't have to change. There was no reason to give Valium. And the Valium was not an etiology — it was not suppressive. It was not a withdrawal. There was no evidence. Valium from my experience usually moves things down 10%, 20%, 30%. It's not powerful enough to drive them in. So I would've just kept her on Arsenicum until the vital force changed, and I would've seen the next remedy. There was no reason to even think of Valium. You did a tautopathic prescription when there was no tautopathic etiology. We know she would be sensitive to Valium, and that's why to give that tautopathic

prescription you have to be really sure.

Student: That's why I asked about having the "healing crisis" where some of the old symptoms come back and you get worse before you get better.

RM: Right. That was a straight proving, sensitivity to Valium. She was made sensitive to the Valium from her years of taking it. Arsenicum took care of the problems underneath the Valium so she didn't *need* the Valium anymore, and there was no problem there.

Question: You should aim the remedy at why she went to Valium?

RM: Yes, unless you're getting side effects from the drugs. We'll talk about this. I have a whole lecture on how to handle people on drugs and withdrawing. But yes, what's emphasized? The Valium wasn't a problem. She came off it, she was on the remedy, everything was fine. There was nothing else to do. We don't do anything — when *they* move, *we* move. If they bend down, we bend down! If they get aggravated, we back off. If they improve, we keep proceeding-Question: Would you allow yourself to give the homoeopathic Valium once the case was completely cured?

RM: Why? *You have to have a reason.* She didn't need the Valium. That's what that category "ghost etiologies" are — "Oh, you had penicillin? Well, we'd better clear that up."

Student: If she's sensitive to Valium, then there's a pathology there.

RM: No. When that sensitivity would go away we can't really judge by symptoms. A prover does a proving because of a sensitivity they have to a certain substance. We all will resonate with something in our environment. It can be anything. It doesn't mean we have a pathology. It means we'll be susceptible to shocks in that area.

So what else? Food, air, water.... All these are general things.

We don't see them as direct etiologies, but as indirect — as dissipators of the vital energy. Toxic air, smog — you may have some acute reactions in LA or somewhere, and you think of Sulphuricum acidum again. Most people adapt.

Always check the liver, the lungs and the nervous system. Sometimes the toxic exposure can affect the kidneys. But let the case lead you to the area. You may need a toxic organ remedy. You need Sul-ac. with cirrhosis of the liver with a history of alcohol.

Alcohol would be another big toxin. Alcohol, coffee, tobacco, allopathic drugs, addictive drugs, toxic chemicals, fumes, gases — these types of things.

Question: What about fluoride?

RM: Indirect, as far as I know. All these things accumulate and weaken the system in general.

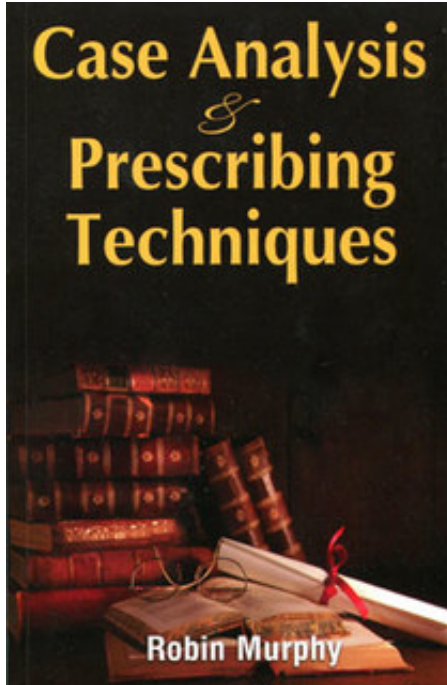
## 5. DEPRIVATION, DEFICIENCY

(Tape changes to Tape 1, Side B)

You're reading the case and there's one little sentence there, that they went into a state of deprivation — something that's normal to the body but its needs, its energy and psychological state was deprived, and they've never been well since. It's good to keep that in mind because it changes your idea of the case. Or it could be a direct influence — they went through a time where they were deprived. Or it could be a *continuous* deprivation in their life. Remember we talked about the vital energy and energy being dissipated. What's pulling off that person's energy and making him weaker and weaker? That has to be sealed — through education, through a remedy, something. But we perceive what has to be cured. It's the loss of energy, loss of whatever.

So what are the deprivations? The four elements needed are: Air, food, water and light (which is air, earth, water and fire — the





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