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**Researching the Frontiers of Incurability:
The Homeopathic Formula for the Diagnosis of the Simillimum
and Homeopathic Evidence from Cured, High-Quality, Severe Clinical Cases**

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Abstract

Introduction: Research based on High-Quality Clinical Cases (HQCCs), complying with strict requirements regarding medical and homeopathic records, diagnosis and outcome documents, and qualitative research principles, is one of the most useful tools to understand and improve the outcomes of homeopathic treatments, and to get a deeper understanding of the Materia Medica. Two HQCCs of very severe diseases with dismal prognosis and negative evolutions despite the previous treatments are here presented. The cases include: a. rigorous documentation supporting the clinical diagnosis, the refractoriness to previous treatments, the outcomes and the level of recovery achieved.; and b. audiovisual recordings of the consultations Both cases were treated according to the Homeopathic Formula for the Diagnosis of the Simillimum (HFDS)—a methodology based on Hahnemann's teachings, which essentially consists of the Systematic Homeopathic Semiology (SHS) and the Approach Strategies for Clinical Cases (ASCC). It also applies Mathematics and Statistics tools enabling the research, analysis, consideration and understanding of clinical cases in a reproducible and systematic manner.

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Objetives: 1. To emphasize that cured HQCCs represent homeopathic evidence and homeopathic proof, and also the best manner to teach and learn homeopathy; 2. To demonstrate that very severe cases with dismal prognosis are likely to improve and to be cured with homeopathy. 3. To present the HFDS as a systematic, valid and reliable homeopathic methodology that enables the transformation of the homeopathic practice into a predictable, reproducible, transmissible and scientific methodology.

Patients and Methods: These cases belong to BRECHA, which is a peer-review case bank, with rigorous standards for presentation, documentation and assessment of outcomes. These patients were chosen based on their quality and severity according to the Score of Quality for Chronic Cases. Patients had received prior treatments, but were in a severe condition and did not show significant improvement. A detailed clinical and homeopathic history of each patient was collected; the duration of the first interview was 60-70 minutes. The homeopathic interview was conducted according to Hahnemann's recommendations in the Organon of the Medicine, and following the guidelines of the SHS. Reports from colleagues, specialists, and from relatives were requested whenever possible. All the complementary examinations performed before the consultations were requested, along with new exams considered pertinent. Prescription was made individually, based on constitutional features of each patient. Selection of the remedies was made using the repertorization technique through Dr. Carlos Néstor Cámpora's Software from Fundación Médica Homeopática *Vitalis* (FMHV), and applying different ASCC depending on the case particularities and following the guidelines of the HFDS. Remedies were prescribed daily, in the centesimal scale, with their repetition criterion fixed individually. None of the patients received placebo. The follow up interviews were conducted monthly at the beginning of the treatment, whenever possible, and were gradually held less frequently. Consultations were videotaped and a full independent transcription was made. The data for each patient are highly documented, and were obtained from multiple and different sources; and the cases were subjected to a two-independent peer review in order to be included in BRECHA.

Case I: 41-year-old female with alpha-1 antitrypsin deficiency and a natural killer cells deficiency and dysfunction presents a complex association of respiratory conditions: severe asthma (8-year duration), bronchiectasis and recurrent pulmonary exacerbations due to Burkholderia cepacia complex infection. Using the following ASCC: Totality of Characteristic Symptoms super satisfactory coherent 1Main Symptom (TCS ssc 1MS) + 1 Keynote evidence A (Kn A) + Main Pathologic Characteristic Totality super satisfactory coherent 1Main Symptom (mPCT ssc 1MS), Sulphur was prescribed, daily, on the C scale, at increasing levels of dynamization. After 6 months all other treatments were suspended and patient showed deep attitude transformation experienced as a feeling of freedom and happiness and complete recovery with disappearance of all symptomatology whatsoever. Alpha-1 antitrypsin level increased almost reaching the normal value. Follow up: over 2 years.

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Case II: 38-year-old female with sterility (6-year duration), refractory to all kinds of infertility treatments. She had an extremely low level of anti-Müllerian hormone, and her husband had moderate teratozoospermia. These, on top of her age, represent an absolute indication for intracytoplasmic sperm injection (ICSI) + in vitro fertilization (IVF), which also failed three times. Using the following ASCC: TCS sc 2MS + Combination of Remedies of TCS A.I.a 2S or + 2Kn evidence AB, Natrum carbonicum was administered daily as her constitutional remedy on the C scale, at increasing levels of dynamization. She also received the following nosodes: Carcinosinum (Nosode Pathogenetic + Hereditary Similitude), and later Tuberculinum of Koch (Nosode Pathogenetic Similitude + 1Kn evidence A). Patient achieved two natural pregnancies at 39 and 42 years old, and delivered two healthy children. Follow up: 7 years.

Conclusion: The HFDS demonstrates its effectiveness in complex chronic cases that are difficult to cure using any given kind of treatment. HQCCs represent the best way to teach and learn homeopathy, and when they are very severe cases with dismal prognosis that have been cured, they not only become undeniable homeopathic evidence and proof, but useful and important tools to expand and shed light upon the frontiers of incurability in the medicine field.

Keywords: high-quality clinical cases - homeopathic formula for the diagnosis of the simillimum – alpha-1 antitrypsin deficiency - female and combined sterility – radical cure – approach strategies for clinical cases – sulphur – natrum carbonicum – carcinosinum – TK.

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