The Lacs

A Materia Medica & Repertory

Patricia Hatherly

This book is dedicated to the memory of
James Tyler Kent (1849–1916)
who had the wisdom during his lifetime to predict that
the *Lacs*
would prove to be our most important medicines.

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Foreword

Although this book proves that a beautiful work can be made from the provings of all the milks available in English, it does not necessarily mean that conducting provings of milk (or any other substance, for that matter) makes for useful additions to our materia medica. In my work as a repertory editor which, among many things, includes incorporating rubrics from many of the new provings, I have developed a personal perspective on the matter of new provings and the invitation to write the Foreword for this book gives me an opportunity to share my views.

I think that before people decide to prove any substance they should, perhaps, reflect a bit about the substance's potential impact as a proving. It is my opinion that too many provings are being conducted on substances that, while they might be interesting from several not-so-medical perspectives, they ignore the potential available in substances that we already know do have an impact on humans.

We need to ask ourselves a few questions:

- What about the myriad of plants still not proven? As a group of homœopathic medicines, plants have served us well since the origins of our profession.
- What about the medicines that are derived from various venoms? Many have a well-proven track record in being effective in the treatment of heart disease for example. Perhaps we should consider, therefore, the various poison frog venoms, the pufferfish species, ethnobotanical substances and insects; just to name a few.

Since provings demand a lot of effort from the people involved, I consider that it is of great importance to start with the most promising of substances. Is milk one such substance? JT Kent thought so and Patricia agrees, else she would not have gone to the effort of producing this anthology. However there is a dearth of published cases on milk remedies in our Literature. Does this mean they are not much used or perhaps not at all used? Of the milks, *Lac humanum* appears to be the one with the most clinical results. However, we need to keep in mind that in the repertory, even with respect to the oldest provings, often about seventy percent of the proving information still remains to be confirmed in practice. That means that we need more feedback from practice and, hopefully, this book will prove to be a means to that end by making the proving information easily available to the busy practitioner.

We need, also, to ask ourselves how reliable is some proving information, as matters of posology, sensitivity and a less than robust population all make an impact on the reliability of the information gathered. If it eventuates that proving information has a less than stellar impact on clinical practice do we deem that proving to have been a failure?

Another issue that concerns me is the lack of physical symptomatology in many modern provings. This is, I think, mostly a matter of posology. For any proving to contribute significantly to the corpus of our knowledge base, I think the prover must be more impacted by the potential remedy by giving it more often and or in different potencies. This is possibly the reason why I find that contact provings and dream provings or group provings are often lacking in information. Often good emotional pictures/themes come out when compared to the Hahnemannian equivalent but their physical information is often lacking so the pictures are often incomplete. Patricia has incorporated proving material from all forms of provings. Interestingly there is often good correspondence among the several proving modes (*Lac asinum* and *Lac humanum* are such examples). However many of these symptoms still have to be clinically confirmed.

Finally, another thing that concerns me is the lack of information coming from different types of provers. Consistently, the largest group of provers tends to be adult women, young or middle-aged, western and well educated. We also need men and children (ethical considerations allowing). We also need provers who come from a variety of working professions. Provers who work in mostly physical jobs are lacking.

We also need provers from a variety of cultural settings (that is what makes the three provings of *Lac asinum* interesting as one was conducted in India and the others in France and Germany; correspondence was good). These are all important parameters that enlarge the scope of a proving and therefore the potential results of the proving, i.e. the impact in clinical practice; and, as a profession, we need to keep them in mind when devising provings.

So we have here a collection of twenty mammalian milk provings; a work undertaken by Patricia Hatherly with an emphasis on thoroughness. In compiling this materia medica, Patricia has gone back to the original proving diaries where possible, and has gleaned several new rubrics as well as qualified, from her understanding, others that are already in the repertories. Our professional collaboration began when I went to Australia several years ago to participate in their national homœopathic conference, and I have come to know Patricia as a very conscientious homœopath. This work reflects this very well as do her numerous suggestions and corrections with respect to the *Lacs* in the ***Complete Repertory***. The same thoroughness presents itself also when I see the amount of sources Patricia has used to help establish this work.

This book gives the full scope of the *Lacs* up until today. The materia medica, very comprehensively established with something like Boger's ***Synoptic Key*** in mind, is followed by the more detailed information, and offers a clear overview from all perspectives, both old and modern.

As one of the leading experts among us, on milk as a substance, Patricia intersperses the text in the materia medica with her personal, yet practical, view on the remedies. This, in my opinion, will help the user to come to many insights about the remedies.

The Dreams have been ordered by themes, which makes them more accessible. This is an example which I would like to follow up on in the ***Complete Repertory*** also.

At the end of each section you will find a DD, posology and suggested additional literature, which makes this work the most comprehensive opus on the *Lacs*.

The book will not only help all those doing research on the *Lacs,* but will help finding the right remedy for a patient when a *Lac* is being considered, a much easier task.

It is a work which I wholeheartedly recommend.

Roger van Zandvoort, Kathu, 2010

Milk Matters

MILK AND MORTALS

Any discussion on "Milk" must acknowledge its role in providing inner nourishment on a physical and psychological level. As a symbol of immortality, it may be found in different cultures and literary traditions including those of the Celts, Christians, Greeks, Hindus and followers of Islam. The Israelites searched for the Land of Milk and Honey while Mohammed is reputed to have said: "To dream of milk is to dream of learning and knowledge."

Actually, to dream of milk is understood, in dream symbology, to be a very positive message from one's unconscious. And while it may suggest a need for deep and fundamental nourishment, it infers that it is available. In particular, a dream of breastfeeding may be about nourishing the needy inner child or it may be about offering spiritual inspiration to others. On the other hand, to dream of asking for or drinking milk, suggests a need for spiritual sustenance. In this regard, I find it intriguing that Sankaran's proving elicited the rubric: [**Dream:** milk; mother asking for milk] as it implies that the traditional giver of nourishment is physically and psychologically bereft. It's what I call the Curse of Eve . . . the Catch-22 situation that perpetuates in "developed" cultures as women struggle to balance what they give to their offspring against what they give to themselves.

Mammals are primed to nourish their offspring ex-utero with a substance that is designed in a species-specific way to complete the cycle of growth and development that was initially governed by the placenta. (A close look at the provings of *Placenta* and *Lac Maternum* suggests that they are similar remedies in many respects and that is not surprising as the nourishment afforded by the placenta is via maternal red blood cells and that of colostrum is via maternal white blood cells.)

MILK, NOURISHMENT AND GROWTH

However, interesting as that may be, it is the business of Milk that is under discussion, and the role that female mammals play in providing for the next generation. Perusal of the chart [*Figure* 1] shows us at a glance that each mammal's milk is unique unto itself within the broader confines of being a substance that contains water; amino acids (protein); carbohydrate (lactose); fat and minerals (ash).

This situation of species-specificity is Nature's way of ensuring that each mammal is initially nourished with a substance that uniquely gives it an optimum start in Life. For instance seal's milk is very high in protein and fat. This is to ensure that the calf grows quickly and is able to put down fat to protect it against its hostile environment as well as to be able to sustain itself for days at a time while the mother goes off to feed herself. Kangaroo milk is low in solids and has a very high water content which is consistent with the harsh dry conditions of its habitat. Human milk, on the other hand is low in protein (we grow slowly) and high in lactose as lactose is a prime promoter of brain growth.

Humans are primates and there is good correspondence between the profiles of the human, baboon, monkey and orang-utan milks. Generally primates lactate for six times the gestation rate. In primitive cultures females feed their infants for many years and will even kill a newborn if they accidentally reproduce again while they are still lactating. Harsh as this may seem, it is a definitive statement regarding the crucial role that human milk plays in sustaining an infant. When there is no way a mother can reach for a tin of formula, her options are limited.

FIGURE 1 Constituents of the milk (g/100 g) of various mammals

Mammal	total solids	fat	total protein	lactose	ash
Proven Milks					
Ass	11.1	1.2	1.7	6.9	1.3
Camel	14.4	4.9	3.7	5.1	0.7
Cat	25.4	10.9	11.1	3.4	
Cow (Jersey)	15.0	5.5	3.9	4.9	0.7
Dog/Wolf	25.1	12.9	7.9	3.1	1.2
Dolphin	30.4	14.1	10.4	5.9	
Elephant	24.1	15.1	4.9	3.4	0.76
Goat	12.0	3.5	3.1	4.6	0.79
Horse	11.0	1.6	2.7	6.1	0.51
Human	13.6	5.5	1.0	7.0	0.1
Kangaroo	9.5	2.1	6.2	trace	1.2
Lion	24.8	13.7	8.5	2.6	
Llama	14.0	5.6	4.3	3.3	0.8
Pig	19.5	8.2	5.8	4.8	0.63
Rabbit	26.4	12.2	10.4	1.8	2.0
Seal (grey)	67.7	53.2	11.2	2.6	0.7
Unproven Milks					
Antelope	13.5	1.3	6.9	4	1.3
Baboon	14.2	5.0	1.6	7.3	0.3
Bison	13.2	1.7	4.8	5.7	0.96
Black bear	41.2	24.5	14.5	0.4	1.8
Black rhino	8.1	0.0	1.4	6.1	0.3
Deer	34.1	19.7	10.4	2.6	1.4
Guinea pig	15.8	3.9	8.1	3.0	0.82
Mink	22.6	8.0	7.0	6.9	0.7
Monkey	14.5	3.9	2.1	5.9	2.6
Orang-utan	11.2	3.5	1.5	6.0	0.2
Opossum	20.1	6.1	9.2	3.2	1.6
Polar bear	42.9	31	10.2	0.5	1.2
Rat	30.5	14.8	11.3	2.9	1.5
Reindeer	36.1	22.5	10.3	2.6	0.7
Sea lion	50.9	36.5	13.8	0.0	0.6
Sheep	16.3	5.3	5.5	4.6	0.9
Whale	51.8	34.8	13.6	1.8	1.6

Sources various; primary source: Jenness R; Sloan RE Composition of milk in Larson BL. Smith VR editors Lactation vol3 *Nutrition and Biochemistry of Milk Maintenance* New York 1974 Academic Press

In fact, UNESCO tells us that over a million babies die each year due to lack of breastmilk. In situations where mothers think that they are choosing the sophisticated or "scientific" option, the realities of lack of clean water; poor sanitation and insufficient funds to buy formula and pay for heating soon hit home and babies die of malnutrition or infection.

This is a shame as the milk of a mother in a personally-deprived situation differs but little from that of her more well-fed sister. Milk is a universal substance with much consistency with respect to all constituents across all races and geographical areas; and while diet may affect levels of fat and some vitamins and minerals, it does not affect the whey component (which is 60% of the protein in mature human milk [90% of colostrum]). This contains a wealth of components which are never found on the side of a tin of formula.

Apart from the full complement of vitamins, minerals (and this includes trace elements) and fatty acids (of which the short chain ones promote gut closure and therefore help protect against allergies and Giardia and the long chain ones optimise CNS development) human milk is unique in that it also contains:

- a range of antioxidants
- two specialist proteins (α1-antipripsin and α2-macroglobulin protein) which offer protection against Influenza; Parainfluenza and Rotavirus
- its very own Bifidus factor which enhances proliferation of lactobacilli thereby inhibiting some E. coli and Enterobacteriaceae including shigella and salmonella
- bile salt-stimulated lipase which generates fatty acids and monoglycerides that inactivate Giardia Lamblia, Entamoeba histolytica & Trichomonas vaginalis
- complement; which protects against E. coli
- a range of cytokines which initiate and stimulate host defence; prevent auto-immunity; have anti-inflammatory effects on the upper respiratory and GIT and stimulate development of the digestive system
- 20 different enzymes which perform various functions including bio-synthesis and preservation of milk components in the mammary gland. They also have a transport and anti-infective role thereby promoting digestive function in the neonate
- epidermal growth factor which promotes increased growth and maturation of the foetal pulmonary epithelium; stimulates ornithine decarboxylase activity and DNA synthesis in the digestive tract and accelerates the healing of wounds (and this includes repair of abraded nipples)
- gangliosides which are thought to help protect the neonate from toxin-induced diarrhoea especially E.coli and V. cholerae
- immunoglobulins of which more than 30 have been identified. Eighteen are from maternal serum, the rest are found exclusively in the milk and sIgA (which is found in levels 5 times that of maternal serum) is the most important of these. Immunoglobulins protect mucosa and have bacterial and viral neutralising capacity. SIgA is known to protect against: Enteroviruses [Poliovirus types 1, 2, 3; Coxsackievirus types A9, B3, B5; Echovirus types 6 & 9]; Herpes virus [Cytomegalovirus; Herpes simplex]; Semliki forest virus; Respiratory syncytial virus; Rubella; Reovirus type 3 and Rotavirus. IgM and IgG protect against Respiratory syncytial virus and Rubella
- a range of hormones that perform a variety of functions
- interferon which also has antiviral activity
- interleukins which are a sub-group of cytokines which augment the newborn's immune system by increasing antibody production (especially IgA); enhancing phagocytosis; activating T cells and increasing α1-antitrypsin production by mononuclear phagocytes
- lactoferrin which binds iron and therefore inhibits host-pathogen interactions
- lactoperoxidase which destroys streptococci and enteric bacteria

- lymphocytes of which human milk contains both the T (thymus) and B (bursa) types. These lymphocytes transfer long-lasting maternal antibodies to the infant; and synthesise sIgA antibodies in the breast
- lysozyme which lyses bacteria through destruction of the cell wall. It is found in large quantities in the stool of breastfed babies and is thought, therefore, to affect gut flora
- macrophages which synthesise complement, lactoferrin and lysozyme and perform a variety of other functions including phagocytosis of fungi and bacteria
- nucleotides which constitute 15–20% of the non-protein nitrogen in human milk. They are thought to influence the immune system; iron absorption; intestinal flora; plasma lipoproteins and growth of intestinal and hepatic cells
- oligosaccharides of which more than 80 have been identified. They inhibit the binding of enteropathogens to their host receptors

MILK SUBSTITUTES AND HEALTH RISKS

Furthermore, when assessing the role that human milk plays in optimising physical maturation, consideration needs also to be given to the range of known disadvantages that beset the infant raised on a breastmilk substitute. Not only does he miss out on all the unique benefits listed above; his gut flora is different from that of his breastfed friend, and he may have to deal with:

- too much aluminium
- too much manganese
- too much lead
- too much cadmium
- too much iron
- transgenic soy and yeast
- traces of algae and fungi used to manufacture the long chain polyunsaturated fatty acids found in tins of a "gold" standard and selected by well-meaning mothers who want what's best for their infants
- hexane used to produce the above
- Enterobacter Sakazakii (found in up to 14% of tins of formula and the reason why maternity wards stock only ready-made formulas); tins are banned from hospitals because of this bacteria

Added to this is the fact that the lipids in formula are included according to availability and price. Perusal of a range of tins of formula will identify a variety of sources including: coconut; corn; "marine oils" [i.e. genetically engineered from algae]; palm olein; soy lecithin and vegetable (probably safflower).

Interestingly, research published in 2003[1] suggests that healthy term infants fed a formula containing palm oil as the predominant oil in the fat blend had significant lower bone mineral content and bone mineral density than those fed formula without palm oil (specifically: safflower; coconut and soy). Therefore, the inclusion of palm oil in infant formula at levels needed to provide a fatty acid profile similar to that of human milk, may lead to lower bone mineralisation as it has been shown to lower calcium and fat absorption.

However it is their role in potentiating central nervous system development that best defines the lipids in milk; and it's a well-established fact that breastfeeding increases intelligence (look at all the "memory deficient" rubrics in the *Lacs*). Although this comes about largely due to the high amounts of lactose in human milk, it is also due to the long-chain PUFAs which abound in human milk when mothers simply include plenty of seafoods in their diet.

[1] Koo W W K et al: Reduced Bone Mineralisation in Infants Fed Palm Olein-Containing Formula: A Randomised, Double-blinded, Prospective Trial *Pediatrics* 2003; 111(5): 1017–1023

Humans are the only mammals on the planet who habitually drink the milk of another species. It is understood in veterinary circles that feeding non-species-specific milk to an animal causes apnoeic episodes. This is what happens to the *Calc phos* infant when he "refuses mother's milk". He's simply not able to breathe easily at the breast because of aggravation from bovine fragments in his mother's milk. No amount of *Calc phos* will remedy this unless the maintaining cause (dairy in the maternal diet) is removed.

The irony in this situation is that infants are often weaned in such instances and then are at an increased risk in the long term of:

- Obesity (artificially fed infants consume 30,000 more calories than breastfed babies in the first eight months). The obesity issue is, however, complicated by the fact that research conducted in the 70s demonstrated that the DPT vaccination interferes with insulin metabolism
- Crohn's disease
- Ulcerative colitis
- Coeliac disease
- Cardiovascular disease
- Type 2 diabetes

In the short term there is an increased risk of SIDS as well as:

- NEC (Necrotising Entero-colitis) and late onset sepsis if you're a preterm infant
- Bacterial meningitis (in the NICU [Neonatal Intensive Care Unit] it's the Tubercular miasm infants who have bleeding into the brain when they're given "human milk fortifier" [i.e. cow's milk formula])
- Botulism
- Diarrhoea
- Upper respiratory tract infections and otitis media
- Urinary tract infections

Added to that is an increased risk of type 1 diabetes (because the majority of breastmilk substitutes are based on cow's milk; the bovine *Lacs* have a long history in treating diabetes); allergies and asthma.

HUMAN MILK, THE UNIVERSAL REMEDY

While it is a self-evident truth that the milk of every species of mammal plays a pivotal role in the optimisation of physical development with respect to what advantages it affords her progeny, I have stressed the shortcomings that accrue when Man (specifically) is denied access to the milk of his species and has to make do with that of another. In that regard, when focusing on what a species-specific milk can do for the physical body of a human being, and what shortcomings may follow if it is denied, it is good to be reminded of Hahnemann's exhortation in § 9, that an individual's body needs to be "a healthy instrument" of which "the spirit-like life force . . . can freely avail itself . . . *for the higher purposes of our existence*".

With that in mind, I would suggest *Lac humanum* is the most valuable medicine that we have at our disposal. It is the true Universal Remedy; a layer to be found in everyone's case. It is, therefore, no accident that it is the remedy in this compendium that holds the largest space. As a species we are habitually short-changed. And, although taking advantage of the milk of another species allows us to survive, we have simply swapped mortality for morbidity; and as for attaining self-actualisation . . . it's a journey which, by and large, gets stuck on the Stairway to Heaven, due to having to deal with survival issues.

Milks are sarcodes and we should not lose sight of that fact and use *Lac humanum* more in

the lower potencies. It does good work in righting some of the wrongs referred to in this discussion. That is why I offer to each mother in my care (as she weans) a potency from her milk succussed to 7C so that her baby can continue to have the advantages that her milk can offer while trying to cope with surviving in a less than optimal circumstance. It is but a small thing with huge implications as it allows mothers some freedom while ensuring that the baby is not totally compromised.

Meanwhile we need to work towards the establishment of human milk banks so that mothers can make a real choice when they wean. To be able to reach for a tin of formula made from human milk would be a real bonus. Not only would mothers be able to benefit from the freedom that would offer, but babies would derive real benefit from a developmental perspective. This is apart from the real and tangible benefits that are afforded the economy when babies get breast milk for an extended period. I never tire of reminding anyone who will listen, that breastfeeding is a carbon-neutral activity and rewards are there to be had on a personal as well as global level when humans enjoy universal availability of the milk of their species for their "allotted" time of four and a half years. This length of time seems extraordinarily long. However when we consider that the developing brain is still undergoing much differentiation until the age of three years, and the gut is still very vulnerable until about the age of four years, then this makes perfect sense.

MILK, MIND AND MIASMS

The other aspect of this discussion must, however, concern itself with the psychological benefits that also occur when babies enjoy such an extended time with their mothers. Rubrics abound in *Lac humanum* concerning antipathy and guilt towards the mother. When one concedes that lack of time spent at the maternal breast is a primary aetiology for the state, then this notion of that time being important from a psychological perspective bears a closer look. Pathologies such as mastitis and breast abscesses are expressions of anger towards the mother which surface during lactation, as the new mother perceives that she is still in need of nurture herself. The rubric [**Dream:** umbilical cord; she did not sever] is intriguing in that respect; as the tie to the mother seems to persist throughout Life due to a matter of unfinished business.

From my experience as a clinician, this special bond is intricately intertwined with Hahnemann's miasmatic theory. He named but three miasms: Psora; Sycosis and Syphilis. Since then many have gone on to expound on and formulate additional perspectives on this. Such is the nature of discussion around any theory; any perspective is valid.

Those steeped in the Christian tradition understand that there is something intrinsically sacred about the concept of a trinity. However, while this is not a universally-held truth due to the various religious and cultural beliefs upon which any individual's world-view is contingent, I think we would all agree that there's something very special regarding the triune of: mother/father/child; body/mind/spirit; that of superconscious/conscious/subconscious; thought/word/deed and the concept of time: past/present/future.

These sublime relationships are beyond the everyday duality of gross relationships that governs our reality. We understand dyads succinctly represented by the concept of yin/yang [male/female; light/dark]. Everyday events such as hot/cold; up/down; in/out; right/left; fast/slow; big/small are simply understood as opposites. It is either one or the other. Dyads perpetuate a steady state; they keep systems in balance and there is no *potential* such as exists in a triune relationship.

Seeking "the higher purpose of our existence" is all about fulfilling potential; and our potential (as understood with respect to the possibilities and limitations of our predominant miasmatic tie(s)) is what defines our journey as a human during the Planet Earth experience.

Psora is our primary miasmatic tie; described by some as our basic flaw. However, if one accepts

the premise, so beautifully expressed by the songster/poet Leonard Cohen, that ". . . there's a crack in everything to let the light come in", Psora then becomes our ally. All we have to do is to focus on the factors of curiosity and ebullience and eschew those of underfunction and lack.

How do we ensure that the positive aspects of Psora hold sway? The answer lies in being born well and having an undisturbed relationship with the mother for the first four years of life.

Perusal of [*Figure 2*] makes this easier to grasp. Erik Erikson has elegantly defined Man's journey as being one of eight stages each governed by a positive or negative attribute. A normal, drug-free physiologic birth after which an infant is given the space to search for the nipple himself primes Psora. He immediately learns the Lesson . . . If I struggle; I will survive. If he has access to his mother's breastmilk throughout the next four years he becomes an autonomous and trusting individual and this sets the pattern for Life.

MILK, AND SPIRITUAL GROWTH

The potential then becomes one of a journey towards self-actualisation. It is a straightforward climb of what I have termed the Stairway to Heaven. This is beautifully expressed in Sankaran's proving of *Lac humanum* in a dream recorded by Prover 13 (the irony of the number is compelling!) and now recorded in the Repertory as the rubric: [**Dream:** Gods consorting with; climbing stairs, after].

However, if all does not go well during these first few years (and this is complicated by the destructiveness of vaccination) then the individual is confined to the shadow of Sycosis with the real possibility of the syphilitic miasm taking hold in the end stages of the life causing a breakdown of the body and relegation to endure the Wheel of Karma and the journey begins again. This, in my opinion, is why the theme of "circles" is prevalent in the *lacs* and why the main sphere of action for *Lac maternum* is with the sense organs (particularly the nose) which are the most highly developed aspects of the baby at birth. A primary target for syphilis is for the bones around the nose. Syphilis governs death and re-birth; *Lac maternum* issues of incarnation.

THE STAIRWAY TO HEAVEN

The mythological associations of milk and immortality seem to be borne out in Sankaran's proving of *Lac humanum* and this discussion has, in its own way, come full circle. We are the shamans who orchestrate our own destiny. That we may have an affinity during our lifetime, with the essence of another mammalian *Lac*, is a real possibility as we explore the highways and byways of what the planet has to offer us by way of experience, during our journey. It is, as Herrick has expressed it, but a matter of expressing an animal mind through a human voice.

However, as a clinician it is my contention that, having prescribed any of the other mammalian *Lacs*, the case should eventually shift to *Lac humanum* as the realisation dawns on the individual that he is primarily here for his experience and that he is not beholden to the group experience. I am/You are; it's all a matter of balance regarding what one gives to Self and to the Group; and in achieving that, both the individual and all of Mankind, derive benefit.

A prescription of *Lac humanum* at any of Erikson's stages will, consistent with the dictates of the Law of Cure, bring the individual out from the shadow of Sycosis and onto the psoric treads of the Stairway.

The journey then, has real potential.

FIGURE 2

Gods consorting with; climbing stairs, after: *lac-h*

VIII	**Maturity Old Age (WISDOM)**	**[MAGUS]**		**Ego Integrity** ***Despair, Disgust (Syphilis)***
VII	**Middle Adulthood (CARE)**	**[LEADERSHIP]**		**Generativity** ***Stagnation***
VI	**Young Adulthood (LOVE)**	**[CREATIVITY/LEADERSHIP]**		**Intimacy** ***Isolation***
V	**Puberty & Adolescence (FIDELITY)**	**[WORK/CREATIVITY]**		**Ego Identity** ***Role Confusion***
IV	**School age Latency (COMPETENCY)**	**[WORK]**		**Industry** ***Inferiority***
III	**Play age Locomotor/Genital (PURPOSE)**	**[OTHER]**		**Initiative** ***Guilt***
II	**Early childhood Muscular/Anal (WILL POWER)**	**[I]**		**Autonomy** ***Shame, Doubt***
I	**Infancy Oral/Sensory (HOPE)**	**[BEING]**	**Basic trust** ***Mistrust***	**(Psora)** ***(Sycosis)***

Adapted from *Childhood and Society*, Erik H Erikson, 1963, in *Personality Theories (2nd edn); 1985*; Huelle LA and Ziegler DJ; McGraw Hill Inc
Homœopathy and the Elements, 1996; Scholten J; Stichting Alonnissos, Ultrecht

Acknowledgements

This book has, quite rightly, been dedicated to James Tyler Kent who had the intuition to suggest, so long ago, that the *Lacs* as a group of homœopathic medicines would hold great significance for future prescribers. Until recently, the bovine *Lacs* and *Lac caninum* and *Lac felinum* were all that we had at our disposal; and acknowledgement needs to be given to Swan and Berridge who began this journey and a special thanks must go to Laura Morgan who seemingly went to Hell and back as a consequence of being their principal prover.

To date there have been provings done on twenty milks and this work attempts to bring as many as possible together into one space for ease of accessibility and, hopefully, understanding. So, this is a work in progress, constrained by my lack of facility in European languages. I have had some provings (*Lac phoca* and *Lac suillinum*) translated from German and these are on my website. Thanks are due to Heiko Schwardtmann and Megan Duckworth for these translations, and to Vera Externest for her editorial assistance with respect to the completion of the materia medica of those two remedies. Jenni Tree has brought her extensive editing experience to the editing of the remainder of the materia medica documents (a task which has much improved the presentation of the material), so thank you, Jenni.

A debt of gratitude is particularly extended to Nancy Herrick, Rajan Sankaran, Kees Dam and Melissa Assilem, for their more recent contributions to this body of knowledge on the *Lacs*. Nancy Herrick's seminal work: ***Animal Mind, Human Voices*** and Rajan Sankaran's ***Provings*** contain a wealth of information regarding background material on each of the mammals on which they conducted provings. They also contain the complete materia medica presented in the conventional manner so may be used alongside this work which, instead, presents the material as a mind-map with rubrics sometimes summarised and grouped thematically and in polarities. This has been done in order to caricature the mammals and provide links for ease of differential diagnosis. As illustrator, Catherine Appleton has, with her wonderful drawings, done a magnificent job of further caricaturing each mammal to help with identification of the major essence. I am delighted with her drawings and hope that you enjoy them also!

The majority of provings are singletons. However several have undergone two or even three provings. I have attempted, in each instance, to incorporate the material from as many provings as possible, as well as that from published cases. Contributors of rubrics are identified on the initial page of each proving with a code and that appears after the rubrics they have contributed. The rubrics from the initial or primary prover have no code next to them.

Since this work has been produced from proving material and published cases rather than from published rubrics, there are many new additions. In some instances this stems from insights that I have had when working with the material; in others it has been a matter of material being overlooked and the reasons for this could be various.

Over the last two decades ***Homœopathic Links*** has served as a vehicle for much of the current material presented on the *Lacs;* and, as the then editors, Corrie Hiwat and Harry van der Zee, in 2002, compiled a most useful anthology of articles on the various mammalian milks. Acknowledgement is due to them as ***The Materia Medica of Milk*** proved to be a most excellent resource for compiling rubrics not published in the usual materia medica format. Thank you, Corrie and Harry.

Thank you also to all the master provers and supervisors of each of the modern provings: Karen Allen; Melissa Assilem; Nadia Bakir; Claire Bleakley; Divya Chhabra; Kees Dam and Yvonne Lassauw; Jacqueline Houghton and Elizabeth Halahan; Nancy Herrick; Jacques Lamothe; Karl-Josef Müller; Liam McClintock; Otmar Neuhöfer and Sylvia Zeising; Boris Peisker; Rajan Sankaran; Chetna Shukla; Sandra Venables and Mirsada Vins. Your generosity in

allowing your work to be shared in this manner is acknowledged as is the time and effort of the dozens of individual provers who, due to the nature of modern provings, remain anonymous. Our profession owes you a particular debt of gratitude as it's no mean feat to participate in a proving. It can be a life-changing experience in many different ways.

This anthology includes both a materia medica and a repertory. One of the major reasons for compiling the repertory is for it to act as an index with remedies instead of page numbers; so I hope it proves useful in that regard. I have attempted to be thorough. However, if any errors (or omissions) are detected please let me know so that a correction can be made in a future edition. The decision to incorporate a repertory into this anthology proved, however, to be an excellent way to edit the material; and just as well else I'd have soon abandoned it as a task too difficult! My hat goes off to editors of repertories; take a bow Frederik Schroyens and Roger van Zandvoort.

In particular, I owe a most special debt of gratitude to Roger van Zandvoort for giving me permission to use his ***Complete Repertory*** as a reportorial framework and for his willingness and generosity regarding sharing his insights in addition to his continued encouragement and prompt assistance whenever asked for. Roger has written a thought-provoking *Foreword* to complement an equally thought-provoking *Last Word* by Jenni Tree and I am particularly indebted to both of them for doing so; to merely say "Thank you!" seems trite as their real contribution to this work is as mentors, and that's a complex contribution.

With respect to references for the older provings, I have cited, in the main, the earliest source only. Researchers are encouraged to use Roger van Zandvoort and Edwin van Grinsven's excellent ***Complete Dynamics*** for a quick search for additional references. You will note that I have not graded the rubrics in the repertory. That is a job for the future when more clinical work emerges on these medicines as a group. I have, however, italicised and emboldened significant rubrics in the materia medica where emphasis was noted in the proving diaries. Due to a paucity of rubrics in Fever and Chill, I have combined them in both the materia medica and repertory under the heading: Temperature.

You will note that this repertory is more in the style of Boericke rather than Kent. The reasons for this are numerous; the main ones being for ease of readability and consistency of formatting among all sections. The incorporation of a *Sensations as If* section is unusual and is too wordy for formatting in columns.

You will also note that, occasionally, I have abandoned the usual language of the traditional repertories for the modern vernacular. I have done that to keep faith with the provers and to facilitate the search for rubrics, as patients tend not to use archaic language.

In the main, the provings on the *Lacs* are Hahnemannian provings. However some dream and seminar provings have also been conducted and I have incorporated that material also without prejudice. Much ambivalence abounds regarding the merit of seminar and dream provings and it has been interesting to assess the rubrics from the various types of provings done (often several on a particular *Lac*) and compare them. In all instances there are rubrics that are in accord across the range of proving styles and only time will tell if others will be endorsed by clinical approbation. Please send me your cases and insights in such instances so that this work continues to grow.

Twenty provings seems to be a lot. However, in reality, we have barely begun to prove the mammalian milks so we still have much to do. To those who have or may yet conduct such a proving, I'd be honoured if you would share your work to be included in future editions.

Patricia Hatherly, Brisbane, 2010

FURTHER ACKNOWLEDGEMENT

Since publication in 2010 I have put together two new chapters from proving material and published articles and so this edition has twenty-two milks as it incorporates the milk of the Sri Lankan elephant and that of the sheep. Thanks, are due to Rita Pasquale; Chandra de Zoysa and Myriam Birrer who conducted a C4 trituration of the former in April 2008 and Kees Dam who subsequently conducted a seminar proving in the following June. Eric Sommermann was master prover for sheep's milk in 2002 so thanks are also due to him, Lori Foley, Suzanne Joyce and the students of the Northwestern Academy of Homeopathy who undertook the proving as part of their studies.

The incorporation of a repertory in the first edition was done to edit the material and to act as an index of sorts so no rubrics were graded. With the incorporation of the rubrics from the two extra provings I took the opportunity to grade all rubrics (using four levels as per Bönninghausen) and this improved version of the work is now offered for your enjoyment and to assist you in your clinical practice.

Patricia Hatherly, Brisbane, April 2017