

# INFLUENZA AND ITS RELATIONSHIP TO THE SYCOTIC MIASM

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## Summary:

Besides the treatment of miasmatic layers by using classical nosodes, the treatment of influenza, especially by its isopathic nosodes, brings about a deeper treatment of the sycotic miasm.

Influenza is an acute disease that gives us the opportunity, if treated correctly, to clear a sycotic layer in the patient. On the other hand, the common habit in the homœopathic world of prescribing *Influenzinum* or *Oscillococinum* (*Anas barbariae*) in times of influenza to 'prevent' patients from getting 'flu, is a bad habit which derails the vital energy from its balance and makes the person susceptible to becoming more entangled in the sycotic miasm. The same happens if one of those isopathic 'flu remedies or another common remedy is prescribed when the patient has 'flu and this remedy is not the appropriate one. Thus both approaches often cause a homœopathic suppression.

But, when the isopathic 'flu remedy (mostly in association with the simillimum of the patient) is prescribed correctly in a patient who is subject to a cold or 'flu, it will clear a sycotic layer in the patient. This way of treating 'flu is most common in my practice and can be verified by the energetic examination<sup>1</sup>.

**Keywords:** influenza, sycosis, sycotic miasm, ancestral energy, energetic examination, control.

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## 1. Influenza:

### *Introduction:*

- Etymology: The word 'Influenza' is derived from the Italian expression 'influenza di freddo', which means 'influence of the cold', this expression makes it quite clear that our ancestors already knew the influence of the seasons on our health.

- Biology: The influenza virus is a RNA virus and belongs to the family of the orthomyxoviridae. There are three serotypes: A, B and C. Each type is composed of a genome that consists of eight strings of single-stranded RNA.

The influenza A viruses are those most widespread over the world. Wild aquatic birds are the natural hosts for a large variety of influenza A.

bird 'flu: A/H<sub>5</sub>N<sub>1</sub>

pig 'flu : A/H<sub>1</sub>N<sub>1</sub> (pdm09)

Influenza B almost exclusively infects humans and is less common than influenza A. The only other animals known to be susceptible to influenza B infection are the seal and the ferret.

The influenza C genus has one species, which infects humans, dogs and pigs, sometimes causing both severe illness and local epidemics. However, influenza C is less common than the other types and usually only results in mild disease in children.

## 2. The Relationship between Sycosis and Influenza:

### 2.1 Definition of Sycosis:

Fig wart disease :

It is important to refresh our understanding of the different stages of the Sycotic miasm by studying the works of *S. Hahnemann, J.T. Kent and J.H. Allen.*

*Stages of Sycosis: (Hahnemann and Allen)*

The primary stage is that of acute gonorrhoea, a result of a venereal infection by the organism *Neisseria gonorrhoeae*. Hahnemann mentions the appearance of verrucae accuminata at the genitals, often, but not always, followed by a urethral discharge. Allen also mentions a mild cystitis and slight anaemia.

The secondary stage starts when those first manifestations disappear, which happens more quickly if suppressed. Then a series of secondary disturbances takes place in the organism causing a cyanotic mucous congestion, rheumatic sufferings and internal organ stasis, especially in a woman's pelvic region, causing inflammation and sterility.

After a period of some years the tertiary stage begins, and hence is called the genuine sycosis. This final stage of the disease may last the patient's whole life, although very often the disease becomes malignant, and produces scirrhus in several organs, cystic degeneration, fibrous growths, internal organ stasis, chronic rheumatism and gout conditions.

As well as becoming a chronic disease this disease can now also be transmitted by heredity.

NB: J.H. Allen also enumerates some Sycotic symptoms in newborns, such as: ophthalmia neonatorum (A-II, p17); uremic crystals in the urethra, ears, nose, and even rectum and vagina (A-II, p19); excoriating urine and stool (A-II, p41) and a dry stuffed nose (A-II, p18). When the sniffing disappears cramps in the abdomen start, lasting for at least some months (A-II, p17).

**Today** the Sycotic miasm differs from the miasm as it was known in Hahnemann's time.

In Hahnemann's time the Sycotic miasm was rare. But one century later J.H. Allen estimated that amongst the population of Chicago, especially the male population, a large percentage were Sycotic to some degree, either from the acquired form or from hereditary transmission (A-I, p. 70).

The primary manifestation of the Sycotic miasm is of bacterial character.

We know through the investigations of Hahnemann and Allen that the contagion can occur in two ways, with some extrapolations, marked\*:

- through sexual intercourse and saliva\*

- or through vertical transmission: by hereditary transmission, and also by transmission via the mother through the placental barrier, or by contamination during labour and breast feeding\*.

In the present day many bacteria and viruses, which correspond to these ways of contamination, cause the same disease symptoms as are found in the Sycotic miasm.

The main diseases are Chlamydia and the Human Papilloma Virus (HPV), especially the types 6 and 11 which cause condylomata and genital warts, but also other viral and bacterial agents can be considered, for example the Cytomegalovirus (CMV), Epstein-Barr Virus (EBV), Herpes Virus (HSV-2) and *Mycoplasma genitalium\** and *Ureaplasma urealyticum\**.

(The DNA of many of these microbes is to be found inside the host cell, and the DNA of some microbes even becomes integrated into the host cellular DNA, much as we see in many of the HPV infections.)

The expression of the primary gonococcus infection has changed nowadays into a wide branch of similar infections to those mentioned above.

## ***2.2 The main Diseases in relation to the Sycotic miasm:***

Colicky-babies, **scarlet fever** (in which there is a peri-anal redness), recurrent coryza, pelvic inflammations, warts, rheumatism, gout, **influenza\***, repeated vaccinations, **heart- and vascular diseases** (increased cholesterol), **heart attacks**, sterility, **mumps**, **endometriosis**, over-sensitiveness to damp weather, dropsy, over-sensitiveness to sea-air (DD: Cancerous state), and the aggravations experienced during the daytime and ameliorated at night.

## ***2.3. The Relationship between Influenza and Sycosis:***

'Flu is generally related, all over the world, to wet and cold weather. Outbreaks of 'flu tend to appear in the Northern Hemisphere from September until February, and in the Southern Hemisphere from March until August.

Influenza is, therefore, a hydrogenoid disease and belongs to the hydrogenoid constitution.

The hydrogenoid constitution<sup>2</sup> (Grauvogl) is characterized by extreme sensitiveness to damp. People who suffer from this constitution are aggravated by moisture and humidity, are prone to dropsy and anasarca, and also suffer from tissue overgrowth of a benign type. Periodicity is also another feature of this state. This constitution belongs to the Sycotic miasm, and *Arsenicum*, *Digitalis*, *Dulcamara*, *Natrum sulph.*, *Nitric acid*, *Phytolacca*, *Rhus toxicodendrum* and *Thuja* are the main related. So influenza is a hydrogenoid disease and belongs to the hydrogenoid constitution.

During the treatment of 'flu, following the energetic examination method, we frequently notice the connection between the appearance of the isopathic 'flu nosode together with *Medorrhinum* and also sometimes with *Morgan pure*, which both belong to the Sycotic miasm. This tends to confirm the suggested relationship between influenza and the Sycotic miasm.

*Influenzinum*, the nosode that touches the core of the disease, is an anti-sycotic remedy (O.A. Julian), also J. Henry Allen mentions in his *Chronic Miasms Part 1*, p. 69, that influenza has a Sycotic origin.

In all my many years of practising the energetic method of homoeopathy I have never found a connection between the need for an isopathic 'flu nosode along with a nosode belonging to another miasm.

In Ayurvedic medicine influenza is a Vata Kapha (VK) disease and the nature of the Sycotic miasm is also VK<sup>3</sup>. This is yet another confirmation of the link between the two.

### 3. Treatment of Influenza:

1. Some well known typical 'flu remedies which are not isopathic, include for example, *Bryonia*, *Eupatorium perfoliatum*, *Gelsemium*, *Mercurius* and, of course, numbers of other remedies. These remedies are sometimes indicated when there are clear symptoms which point to one of those remedies, but be careful not to prescribe on the 'flu symptoms 'only' as this may cause suppression. In general, if one of the common homoeopathic remedies is indicated, that remedy will cover the individual symptoms as well as the 'flu symptoms of the patient.

I have only ever met one exception: This case was of a woman who in the first instance had dreams of the type found in *Lac leoninum* such as, driving too fast and passing cars where it is not allowed and finding it quite normal that nobody reacted indignantly to this; she also dreamt of standing near an abyss and workmen hurrying to come and place a fence in front of her, yet she developed a 'flu with cramping pain at first in the toes, followed by a chill downwards over the chest, and backache as if broken. All these symptoms belong to *Eupatorium perfoliatum*. I found, by applying the energetic examination, that *Eupatorium perfoliatum* was followed by *Psorinum*. Then two days later the 'flu was over and the remedy *Lac leoninum* had to be prescribed, followed once again by *Psorinum*.

2. When an isopathic 'flu remedy has to be administered almost the same indications will be present as when using **isopathic nosodes** (Monera and Yeasts).

To repeat some statements about 'when to prescribe isopathic nosodes' (source: Degroote F., *Notes on Miasms, Heredity and Nosodes*, p. 176):

- We know from the writings of well known homoeopaths, such as, H.J. Allen, J.H. Clarke and D. Foubister that we have to think of the possibility of administering a specific mycotic, viral or bacterial agent in an energetic potency when the patient tells us he was 'never well since' he suffered from specific disease.

Clarke on the action of *Influenzinum* <sup>4</sup>:

*Influenzinum* has the property of developing old troubles, and thus it takes an infinite variety of forms in different persons, so that *Influenzinum* 'cannot' be expected to cure all cases unaided, or, to be appropriate to every case.

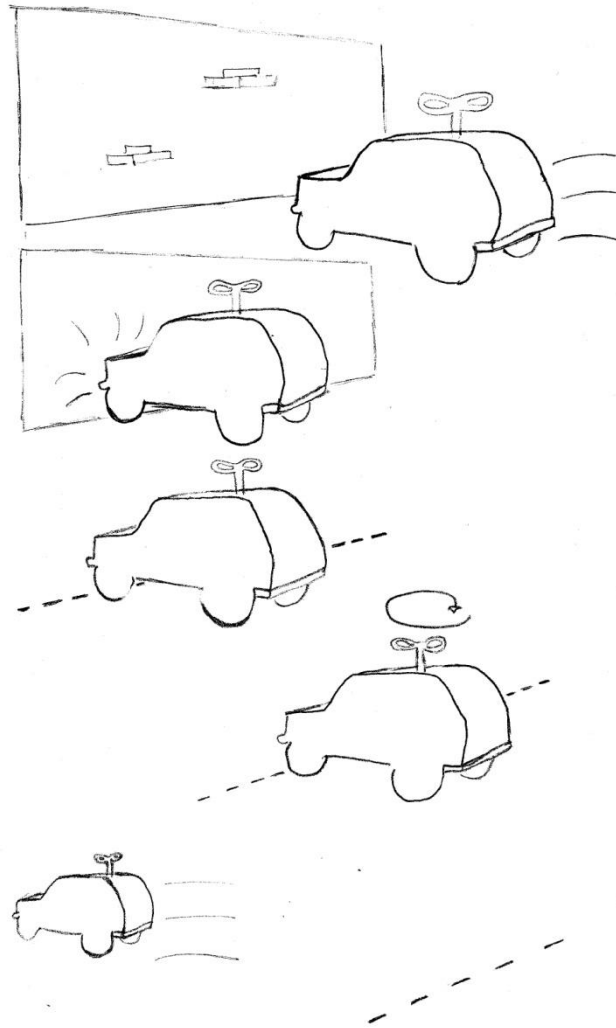
Note: Even *Pierre Schmidt*, acupuncturist and famous homœopath, was convinced of the destructive action of a 'flu epidemic, to which he attributes the temporary unreliability of the Weihe points.

cf. I have often seen patients suffering from a post-viral syndrome for many weeks after having 'flu and who were relieved from those complaints only after the administration of the indicated isopathic 'flu remedy.

See the remedies listed in the rubric: Generalities, Convalescence, influenza, after

- It has been proven that slumbering viruses and bacteria play a role in a large number of chronic diseases and syndromes, such as fibromyalgia, chronic fatigue syndrome, multiple sclerosis, warts, allergy, emotional disturbances and various neurological disorders.
- Experience shows us that we have to think of this possibility when a case is blocked, especially after the administration of a correct simillimum<sup>5</sup>. This is very similar to the way nosodes were prescribed by the former generations of homoeopaths.

In my experience over the last twenty years I have found that it is *mostly* an **agent of viral or bacterial origin** which blocks a case and which then has to be administered in a *high* dynamisation, only once to clear the way for the re-administration of the simillimum which must be reactivated.



This is an illustration using an analogous example of a wound up car which gets stuck against a wall and which must be started up again after removal of the wall. cf. Examples mentioned in footnote 7.

1. Car starts and drives fast forward at high speed.  
cf. after the administration of the simillimum (or simillimum and its associated nosode).
2. Car runs up against a wall and comes to a complete standstill.  
cf. blockage of the homœopathic simillimum.
3. Removal of the wall.  
cf. administration of the isopathic remedy
4. Car must be rewound after coming to a standstill.  
cf. re-administration of the simillimum (or simillimum and its associated nosode).
5. The car is now free to continue on its way.  
cf. case continues its progress (as seen in point 1).

The above points illustrate the great importance of the correct sequence of prescribing in order to restore our weakened or damaged immune system.

One of the best illustrations is the treatment of influenza with one of the 'Flu-isopathic remedies, namely *Influenzinum*, *Influenzinum complex VSM* (= Influ-co.), *Mucococcinum*, *Oscillococcinum*; and **recently also A/H<sub>1</sub>N<sub>1</sub> (pdm09)** (= Influ. - A/H<sub>1</sub>N<sub>1</sub>) and **available since 2010** the classic *Influenzinum* combined with **A/H<sub>1</sub>N<sub>1</sub> (pdm09)** (= Influ/InfluA/H<sub>1</sub>N<sub>1</sub>) **to be used only on condition that the patient 'has' the actual flu.**

In my experience this happens frequently in the autumn and winter **shortly after the administration of the simillimum** or the simillimum with the associated nosode for ancestral correction<sup>6</sup>. Also the same can happen during the daily intake of the simillimum in a 50 Millesimal potency. What happens in this case, is that the patient feels a lot better during the first few days and then he develops 'flu symptoms<sup>7</sup>. This is the crucial moment the patient must return for another consultation and at that time you will generally find one of those isopathic 'flu remedies (and not the previously prescribed remedy). The isopathic 'flu remedy is most commonly followed by the administration of *Psorinum* and sometimes **even *Medorrhinum* which can be related to 'flu**. Directly after the administration of these remedies, you normally have to repeat the former prescription, namely the simillimum (or the simillimum and the associated nosode necessary for ancestral correction).

To explore the similarities between the above approach and that espoused by Hahnemann refer to the *Organon*, Aphorisms 221 and 222: As he advises, after treating an acute (mental) disease one has to hasten to re-administer the fundamental remedy which had been originally prescribed.

The interpretation that can be made from this is that the energy of the patient receives the 'flu energy in order to spring-clean the body. The isopathic 'flu agent stimulates a good and quick development of the 'flu, yet the 'flu has taken a lot of energy from the patient so that in order for the body to take up the simillimum it has to be repeated directly afterwards.

This reaction is the same as in every blocked case when the patient, after a short period of amelioration, comes back with almost the same symptoms which belong to the remedy-picture of the last given remedy and in case of 'flu often with specific 'flu symptoms.

The energetic examination points out the necessity to prescribe a nosode, and in case of 'flu an isopathic 'flu nosode, and **not to repeat, immediately, the remedy that was given last**.

This regression is due to the activation of an hereditary layer, coming from one of the known miasms or diatheses. This protraction of the disease can, of course, be quite annoying to the patient at the time, but it gives us the **opportunity to treat a deeper, usually hidden, layer** and thus save the individual from the development of some worse disease in the future.

In the case of 'flu the miasm corresponds with Sycosis, which is frequently proved by the conjugation of the isopathic 'flu nosode with either *Medorrhinum* or *Morgan pure* followed by *Psorinum* which is given successively or together as one mix with eyes open and without blinking. I have found the energy of the medicine is received much better if given with the eyes open.

NB: On occasions, when the 'flu is prevalent especially in patients with some existing minor viral symptoms, one of the previously mentioned isopathic agents is indicated to be taken directly after taking the simillimum (and the nosode for ancestral correction, if the simillimum is not prescribed in a 50 Millesimal potency). This can be energetically examined directly after administration of the simillimum and the associated nosode, when you let the patient close the eyes for a while so that the energy of the simillimum and the nosode penetrates profoundly into the energetic body. If the patient needs an extra one of those isopathic agents the energetic examination will point to it.

OPEN QUESTIONS:

1. Is there a relationship between isopathic 'flu remedies and the common homœopathic remedy of the patient?

In my practice there is a certain distinction between two possibilities:

- During the annual 'flu 10 % of my patients get a mild kind of flu, and this often occurs shortly after taking their simillimum or their simillimum associated with the appropriate nosode (most commonly, *Psorinum*). In most of these cases the 'flu is then linked with an anti-Sycotic remedy.
- But if there is an epidemic flu, such as occurred in 2009 with A/H<sub>1</sub>N<sub>1</sub>, then about 40% of my patients get 'flu symptoms and I haven't noticed a peculiar relationship with the miasmatic nature of the patient's simillimum at that time.
- (note: the treatment with only a common non-isopathic ('flu) remedy is nearly non-existent in my practice.)

2. Is there a genus epidemicus in 'flu, which has to be treated with one or more of the common 'flu remedies?

In my practice, I have been performing the energetic examination for the last 25 years, and I haven't observed any such indications. This means that, for example, in case of the swine 'flu of 2009, I found in my patients the same normal, large range of common individual remedies which were associated with 'flu isopathic remedies, of which A/H<sub>1</sub>N<sub>1</sub> in homœopathic dose was markedly the most frequently prescribed (in about 40% of the 'flu cases).

**Conclusion:**

Influenza is related to the Sycotic miasm.

Because influenza evolves year after year in animals it seems to be partly an indicator of the Sycotic load of the animal kingdom on earth.

By treating this acute disease, which comes in waves, again and again, 'correctly' we can prevent the patient from getting more and more entangled in the Sycotic miasm and its diseases.

So seen from this point of view, **influenza is a blessing to mankind!**

**Footnotes:**

1: The energetic examination is an examination based on applied and clinical kinesiology. The idea behind it is that homœopathy and acupuncture are both energetic medicines. Only acupuncture has an energetic model (acupuncture points and muscles which receive energy through an individual meridian) and this can be used to control and thus verify each individual homœopathic remedy. Each remedy has its own energetic picture or signature and 'must' be identified in order to prescribe. For more information see: [www.filipdegroote.be](http://www.filipdegroote.be), and *Notes on Miasms, Heredity and Nosodes*, cf. 3 below

2: Constitution is defined as the structure, composition, physical make up or nature of something, comprising inherited qualities modified by the environment.

3: cf. *Notes on Miasms, Heredity and Nosodes* (Degroote, F.; 2010), p51, B. Jain Archibel sprl, Assesse, Belgium.

4: Clarke, J.H.: *Dictionary of Materia Medica*, Vol.III, p1624. Health Science Press, 1977.

5: After the uptake of a correct remedy there may be, initially, a short-lived recovery that is then followed directly by a quick relapse. The most probable cause of this is the resurfacing of a hidden ancestral blockage or a blockage caused by an inherent bacterial, viral or mycotic agent.

In most cases this is easy to recognize as the new symptoms and especially the dreams symptoms, appearing after the taking of the last prescribed remedy, still refer to this originally prescribed remedy.

Sometimes, but not always, a specific symptom indicating which of the nosodes to prescribe is also present.

So, we see a prolonging of the state of the patient that existed prior to the taking of the simillimum.

6: In general, after the administration of the correct *individual* remedy, the (sleeping) *ancestral*, miasmatic, energetic layer of the patient awakes and comes to surface and can then be successfully treated. Because psora is the basic miasm, in most of cases *Psorinum*, the nosode that directly touches the core of the psoric miasm, is needed.

Other cases may also require one of the other classical nosodes or a Bowel nosodes may be needed to treat this ancestral layer.

The treatment of this ancestral energy, which causes epigenetic changes, results in a prevention of degenerative and chronic diseases in the subject.

This approach to treatment is fully explained in Degroote's book, op. cit.

7: In the case where 'flu symptoms develop shortly after the intake of the simillimum and associated nosode it means that a slumbering Sycotic layer comes temporarily to the surface and can be treated adequately. This mechanism resembles the miasmatic blockage mentioned in footnote 6.

Examples:

- The individual remedy or simillimum of the patient is *Lycopodium*. So he receives *Lycopodium* MK, followed by *Psorinum* MMK to treat the ancestral layer.

It happens that a few days later the patient develops 'flu symptoms. The energetic examination points to the fact that the patient needs an isopathic 'flu remedy, e.g. *Influenzinum* MK, mostly followed by *Psorinum* but sometimes also in association with a Sycotic nosode like *Medorrhinum*, *Morgan pure* or *Sycotic co*. Directly after the administration of these remedies, the energetic examination reveals that the simillimum of the patient must be repeated together with the associated nosode, which is in nearly 100% of the cases proves to be *Psorinum*.

- In case 'flu symptoms develop during the daily intake of the simillimum in a 50 Millesimal potency (e.g. *Pulsatilla* LM/6) the same procedure must be applied:

The energetic examination will point out that the patient needs an isopathic 'flu remedy, for example, *Influenzinum* MK and sometimes in conjunction with a Sycotic nosode like *Medorrhinum*, *Morgan-pure* or *Sycotic co*.

Directly after the administration of this remedy either singly or together with a Sycotic nosode, the energetic examination reveals that the simillimum in a 50 Millesimal potency, for example, *Pulsatilla* LM/6, must be continued.

#### **Abbreviations used:**

(A-I): Allen, J. Henry: *Chronic Miasms*, Vol. I: Psora & Pseudo-psora

(A-II): Allen, J. Henry: *Chronic Miasms*, Vol. II: Sycosis

**Allen, J.H.**, *The Chronic Miasms*, New Delhi, Jain Publishing, 1981.



# INFLUENZA REMEDIES

Common hand mode: MD: T2I4R4, OM, -L

**Bacteria:** T1-I4, T3-M4, ORL

**Virus** : T2-I4, T3-M4, ORL

**Note :** The energetic examination is normally performed in a patient with eyes open, otherwise it will be mentioned. If not specified all quoted muscles must be considered as hypotonic.

D.d:

1. If there is a switching: 1/1; 1:1; 1/1; 1/1; 1/1; ... : Influ-12-13 (H), Influ-13-14 (U), Influ-h1n1

If this switching is present and pressure on processus spinosus of vertebra D2 resolves this switching, then the remedy Influ-h1n1 is indicated.

2. If there is no switching, then we control some 'specific' muscles to get a quick diagnosis:

m. latissimus dorsi, left	(Influ.)	
m. deltoideus medius , left	(Influ.)	
m. teres major, right	(Mucoc.)	(d.d.: Influ-h1n1: hypertonic)
m. deltoideus anterior, left	(Oscilloc.)	
m. supraspinatus, right	(Oscilloc.)	(d.d: Carc.)
hypertonic muscles: both mm. PMCI	(Influ-vsm+)	
m. PMS, left + n. C4, left	(Influ-h1n1+)	
m. pterygoideus lateralis, left	(Influ-16-17 (U))	
mm. hamstring, left	(Influ-17-18 (U))	
Liver 3, left	(Influ-78-79 (U))	

## DIFFERENT ISOPATHIC INFLUENZA REMEDIES

### **1. Influenzinum (without A/H<sub>1</sub>N<sub>1</sub>): Influ. (code 7099081)**

Chill beginning at dorsal region and extending to and leaving at the nipples.

- m. supraspinatus, tested with little finger upward, left.
- **m. deltoideus medius, left.**
- **m. latissimus dorsi, left.**
- m. pectoralis major – pars sternalis, left or right.
- m. trapezius - lower portion (D7 – D12), left.
- m. subscapularis, left or right.
- m. gluteus medius, left or right.

Energetic points: Bladder 22, right; Heart 2, bilaterally; Gall Bladder 35, left or right; Stomach 8, left.

### **2. Oscillococcinum: Oscilloc. (code: 13011)**

nb: however it does not contain a viral or bacterial substance, it reacts to the viral & bacterial MD.

- **m. deltoideus anterior, left.**
- **m. supraspinatus, right.**
- **m. rhomboideus, left.**

When closing the eyes: the right m. psoas becomes contracted and the left m. supraspinatus, hand faced toward the body, becomes weak.

Energetic points: Governing Vessel 5; Bladder 42, bilaterally; Bladder 51, bilaterally.

### **3. Mucococcinum: Mucoc. (code: 23242)**

(= Klebsiella pneumoniae, Brahamella catarrhalis, Micrococcus tetragenus and Influenzinum)

Sensitivity of the nervus C4, left or right.

- **m. sternocleidomastoideus, left.**
- **m. teres major, right.**
- m. popliteus, left.

- m. peroneus tertius, left.

Energetic points: **Large Intestine 4, bilaterally**; Bladder 19, left.

#### **4. Influenzinum complex (VSM): Influ-vsm+**

(= Streptococcus pyogenes 200K; Streptococcus pneumoniae 200K; Staphylococcinum 200K and Influenzinum 200K)

- **Hypertonic muscles: mm. pectoralis major – pars clavicularis.**

- TL at the **left 7° intercostal space, on the median axillary line.**

#### **5. Influenzinum A(H<sub>1</sub>N<sub>1</sub>)pdm09 (= bird flu of 2009) (Heel): Influ-h1n1**

**Switching: 1/1; 1/1; 1/1; ... (E.O. & E.C.)**

Sensitivity of the **second dorsal vertebra** to touch or pressure (which functions as Weihe point).

- Hypertonic m. teres major on the right side.

Energetic imbalance of the thyroid chakra.

Energetic point: Lung 3, left.

#### **6. Influenzinum + Influenzinum-A(H<sub>1</sub>N<sub>1</sub>)pdm09 (2010 / 2011) (Heel): Influ-h1n1+**

Sensitivity of the fourth cervical nerve along the spine, on the left side.

- m. pectoralis major sternalis, left.

- m. gluteus medius, left.

Hypotonic contralateral cloacal test.

Energetic point: Small Intestine 9, left.

#### **7. Influenzinum Plus: Influ+**

(contains Streptococcinum, Streptococinum pneumonia, Staphylococcinum, Kleibsiella, Micrococcinum and Influezinum **(2011 / 2012)** aa 200 K)

Sensitivity of the seventh cervical nerve along the spine, on the left side.

Sensitivity of the tenth dorsal nerve along the spine, on the left side.

- m. deltoideus posterior, right.

- m. trapezius, pars ascendens – lower portion (D7 – D12), left.

#### **8. Influenzinum 2012 / 2013 (Heel): Inlu-12-13 (H)**

**Switching:** 1/1; 1/1; 1/1; ... (E.O.) ; No switching with eyes closed.

Sensitivity of the **second dorsal vertebra** to touch or pressure (which functions as Weihe point).

Sensitivity of the fourth cervical nerve along the spine, on the left side.

- m. coracobrachialis, left.

Energetic imbalance of the solar chakra.

#### **9. Influenzinum 2013 / 2014 (U): Inlu-13-14 (U)**

Switching : 1/1; 1/1; 1/1; ... (only with Eyes Open)

Energetic point: M-CA 22, right – lowest point (near nipple) with Eyes Closed.

#### **10. Influenzinum 2014 / 2015 (Unda) (Heel): Inlu-14-15**

- m. pectoralis major sternalis, left.

When closing the eyes: the left m. quadratus lumborum becomes hypertonic.

Energetic point: Small Intestine 9, left.

Energetic imbalance of the solar chakra.

#### **11. Influenzinum 2015 / 2016 (Heel): Inlu-15-16 (H)**

Energetic point: N-BW 19, left (at back side of shoulder).

#### **12. Influenzinum 2015 / 2016 (Pasteur): Inlu-15-16 (P)**

Sensitivity of the third dorsal nerve along the spine, on the left side.

- m. serratus anterior, right.

Hypertonic m. peroneus tertius on the left side.

Hypertonic m. rectus abdominis – upper half - on the left side.

**13. Influenzinum 2016 / 2017 (Heel): Inlu-16-17 (H)**

Sensitivity of the eighth dorsal nerve along the spine, on the left side.

- m. coracobrachialis on the left side

- m. serratus anterior on the left side.

**14. Influenzinum 2016 / 2017 (Unda): Inlu-16-17 (U)**

- m. pterygoideus lateralis on the left side

- m. peroneus tertius on the left side

**15. Influenzinum 2017 / 2018 (Heel): Inlu-17-18 (H)**

Sensitivity of the tenth dorsal nerve along the spine, on the left side.

- m. levator scapulae on the left side

Energetic imbalance of the crown chakra.

**16. Influenzinum 2017 / 2018 (Unda): Inlu-17-18 (U)**

- mm. hamstring on the left side

Energetic point: Liver 14, left.

**17. Influenzinum 2018 / 2019 (Heel): Inlu-18-19 (H)**

Hypertonic m. quadratus lumborum, right

When closing the eyes: the left m. quadriceps femoris becomes hypotonic.

Energetic imbalance of the heart chakra.

**18. Influenzinum 2018 / 2019 (Unda): Inlu-18-19 (U)**

Sensitivity of the fifth cervical nerve along the spine, left.

Energetic imbalance of the crown chakra.

**19. Influenzinum (Unda 341 Vaccin antigrippe polyvalent – 79B19): Inlu-79 (U)**

Energetic point: Liver 3, left.

Energetic imbalance of the solar chakra.

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**About the author:**

Filip Degroote is a classical homœopath who applies a unique method of homœopathic prescribing by administering along with the individual remedy, or simillimum, of the patient also a classical, or bowel nosode, to not only bring the individual energy but also the ‘ancestral’ energy into balance (cf. footnote 6). This approach is based on the acupuncture energetic model of the human being.

To determine which nosode to administer he uses a method he developed himself, which he calls the energetic examination. His approach is based on applied and clinical kinesiology. In the case of ‘flu sometimes an isopathic nosode must also be administered to remove an internal blockage.

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