

The “Crowning Jewel” of Homeopathy

By Cynthia Chrisman, MPH, CCH

Many learn about homeopathy for practical reasons; they are sick and want to feel better. Homeopaths can often relate an inspiring healing experience with homeopathy. When I first encountered homeopathy back in the 1970s while managing a health food store in Hawaii just out of high school, I had not yet read the writings of Samuel Hahnemann. While helping customers find vitamins, I recall passing over a few tubes of homeopathic remedies; I was frankly clueless. I aspired then to become a naturopathic physician like the European authors I had read in the store, but they made only passing mention of homeopathy and no such training in either naturopathy or homeopathy existed in the United States at the time. Nor was homeopathy ever mentioned in the course of my public health studies at UCLA in the 1980s.

In 1994, my first homeopathic healing experience occurred as result of simply reading Hahnemann. My only child, who was born with “congenital malformations” or “a physical uniqueness,” as he now puts it, was four years old at the time. My husband and I had hopes for a “natural and holistic” birth but these were dashed by multiple hospital interventions with no end in sight to exhaustive therapies and corrective surgeries on our son’s skull, hands and feet. As I was looking to expand my training in holistic health care so I could resume work, I discovered Hahnemann’s writings. They felt like a life preserver in a stormy sea and inspired me to begin full-time study in classical homeopathy. I realized that my life experiences up until then had been preparing me for this vocation all along. During my early studies, all the authors I encountered led back to Hahnemann and his gift for raising “disease” out of the shadows and into a transformational light

of profound healing. My confusion about the causes of my son’s differences disappeared as Hahnemann’s understanding of disease and “radical” healing rose above the conventional explanations offered by the doctors working to help my son survive. Ultimately, as my son’s health crises passed, Hahnemann enabled me, as a professional classical homeopath, to connect my public health training directly to my interests in holistic health care.

Hahnemann’s doctrine of miasms stood out for me in homeopathy. As I see it, tracing the miasmatic picture of chronic,

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often “generational,” disease is the “crowning jewel” of his system of medicine because it adds breadth and specificity to curative remedies. Our compassionate healing art is appealing because it identifies the genetic roots of suffering in order to cure chronic illness, without waging war on the body or mind. The term miasm refers to an inherited weakness pervading the entire constitution; Hahnemann described this as an invisible

force inimical to life. Suppression exacerbates this weakness or susceptibility. Miasmatic diagnosis holds that inherited factors (which may be latent or active) have a bearing in a case, from the first prescription to the last. I have found this approach to be the most consistently accurate prescribing and case management technique in virtually all my cases. I believe that Hahnemann made the most positive public health contributions in the history of medicine as a result of his theory of miasmatic disease causation and his concept of occupational and drug-disease classification. These classifications of disease become even more relevant today given the alarming rates of chronic disease in every gender and age group throughout the industrial world.

After 15 years of successful miasmatic treatment to address my son's emotional needs, I witnessed the number of required surgeries gradually reduce in number. I can more fully appreciate the contrast between standard medical interventions and Hahnemann's holistically designed system of medicine, as well as the benefits of both. I now strive to integrate both worldviews but have discovered helpful differences between them. I make every effort in my private practice to unlock miasmatic barriers to healing by incorporating the miasmatic knowledge of early homeopaths. Miasmatic healing is the basis of classical Hahnemannian homeopathy. Its integration into homeopathic education will assure a more central place for it in our healing art in future years.

Teaching miasmatic diagnosis

After my initial training in homeopathic philosophy, my instruction moved on to basic case taking, repertorization and materia medica. Hahnemann's principles of chronic miasmatic disease were inconsistently integrated into this part of my education. I have observed that this aspect of homeopathic philosophy is often taught separately from classroom teaching, at best during clinical training, or sometimes not at all. I learned to apply Hahnemann's miasmatic diagnosis after completing my homeopathic and clinical training program.

Homeopathic schools in North America vary in program content and length. Consistent educational standards in schools will attract more students and better serve those currently in training and ultimately our clients. Using Hahnemann's works as a primary source is essential for beginning students, who can then be taught to evaluate secondary sources against the original. Opening a direct path to our history leads homeopaths back to valuable source material. Secondary interpretations may enhance, detract from or altogether shift Hahnemann's core teaching.

Unless we learn to apply miasmatic diagnosis in each case, we conduct our work in the dark. With close study of Hahnemann's work, especially *Chronic Diseases*, we can learn how latent miasmatic tendencies define individual susceptibility to chronic disease in specific ways. For instance, the serious student will learn the critical effects of medical and/or homeopathic suppression. Hahnemann also points out the effects of excessive exertion of the mind, emotions or body and also the impact of significant life transitions, digestive excess and exposures to environmental extremes, which may also arouse latent illness. The goal is a skillfully chosen simillimum that best matches the totality of these causal conditions, including the chronic miasm(s) involved (Aphorisms 5 and 7, *Organon*). This balanced approach fulfills our duty to resolve the energetic upheaval in the most rapid, gentle and curative manner. As Hahnemann describes in *Chronic Diseases*, "This is ever to be the one object of his life work, to find the one specific; failing in this endeavor is failing in the first and most important of his duties." Shortcuts to curing chronic

HAHNEMANN MADE THE MOST POSITIVE PUBLIC HEALTH CONTRIBUTIONS IN THE HISTORY OF MEDICINE AS A RESULT OF HIS THEORIES OF MIASMATIC DISEASE CAUSATION AND HIS CONCEPT OF OCCUPATIONAL AND DRUG-DISEASE CLASSIFICATION.

illness come with shortcomings, namely, a delay in healing, as Hahnemann warns us in Aphorism 247 (*Organon*).

I feel most satisfied in casework particularly when mental or emotional concomitants, key modalities, and the strange, rare and peculiar characteristics of a case confirm the predominant miasmatic indications of the simillimum. Hahnemann's discovery of potentization directly correlates with the dynamic nature of miasmatic theory. Important characteristics in remedy provings are illuminated by easily identifiable miasmatic influences. If we learn to correlate and classify them miasmatically, they will lead to precision in prescribing.

Hahnemann's master blueprint for this endeavor resides in our three main primary source materials: the *Organon* (philosophy), *Materia Medica Pura* (materia medica) and *Chronic Diseases* (miasmatic healing). When studied as a whole, this plan coherently maps his notion of how to reduce the causes of chronic "constitutional" disease through miasmatic treatment. To some, these books may seem antiquated when first encountered, particularly the miasmatic understanding conveyed in *Chronic Diseases*. Non-classical prescribers may have been persuaded that learning miasmatic diagnosis is a hopeless theory or a painstaking process only few have patience for, or a non-essential ingredient to practice due to its inherent bias and variation. Nevertheless, these primary texts, including those by his immediate pupils, are vital links to the profession's original holistic public health identity. By the time a student is in clinical training, these works should have been presented and integrated in order to offer support for the long haul of study, particularly against the backdrop of additional secondary texts that have shaped the literature throughout homeopathy's history.

Hahnemann understood that to practice without theory is to build haphazardly. When viewed together, we recognize how skillfully he assimilated his doctrine of psora (see *Chronic*

Diseases) with our three guiding and unwavering principles (see *The Organon*), which are:

1. The dynamis or life force
2. The law of similars
3. The potentization and proving of remedies

It is also generally agreed that Hahnemann's four clinical rules in classical homeopathy are:

1. Minimum dose (i.e. minuscule and dynamic)
2. Individual susceptibility
3. Totality of symptoms
4. One single remedy at a time

The principle of similia and the science of classification (of drug provings and of miasms) simplify and elucidate every aspect of our work. To enable us to master precision in prescribing, one should not be neglected in favor of another.

Miasmatic praxis

To hold that classical homeopathy is the homeopathy that chronologically preceded the advent of his theory of psora separates theory from practice. In fact, in long-term case management Hahnemann's doctrine of miasms frames the basic principles above and provides us with a bridge between the *Chronic Diseases* and the *Organon* (Aphorisms 205 and 282 fn a.). I call this miasmatic praxis, where theory and practice merge into one. However, well-balanced miasmatic praxis can be hindered by inconsistent institutional teaching, habits of partial study and lack of attention to detail. Hahnemann led by means of innovation, which our profession continues to pursue; he supported the expansion of miasmatic thinking, as experience calls for it. Today, miasmatic expansion is one of the most controversial topics of discussion in our field because its reach extends beyond Hahnemann's original definition. This controversial topic is beyond the scope of this article. Of course, we are free to include, expand or omit altogether miasmatic thinking, as defined by Hahnemann. Miasmatic thinking is essential in case management and directly correlates with the chosen miasmatically appropriate remedy.

The integration of miasmatic study and practice in our daily work as classical homeopaths can help to resolve a persistent identity crisis in our profession. This identity crisis alternates between our medical roots and our spiritual ones, as it were. Both identities are inclusive in the humanistic approach Hahnemann and his early students demonstrated so well. As the professional learns in homeopathic training, a healing art cannot favor one over the other. Unlike the integrative physician today, who must adhere to rigorous scientific inquiry to demonstrate the physiological impact of holistic healing, the classical homeopath is first and foremost a healing art practitioner. For example, Hahnemann's idea of invisible dynamis (Aphorism 15, *Organon*) is "one and the same" as the totality

of perceptible symptoms and links with his notion of internal miasmatic tendency. It is important to recall that Hahnemann called dynamis spirit-like, not spiritual. Thus, the usefulness of miasmatic praxis is that the classical homeopath remains equally grounded in both the physical and intuitive realms of practice.

As a healing arts practitioner, Hahnemann classified disease holistically, equally integrating internal and external patterns of vital disturbance. He emphasized the value of miasmatic investigation specifically to trace back through time these causative patterns, from particular external organs to that which pervades the entire internal organism. He draws our attention to the "energetic" correlation between miasmatic disturbances and the susceptible vital force. This implied "energetic" transmission of susceptibility (though one may infer the notion of a microorganism) correlates clearly with Hahnemann's signature discovery of drug dynamization to treat such susceptibility. For instance, he teaches how no disease can appear without the preceding latent "miasmatic infection" of psora. Manifest disease symptoms pervade the entire organism long after the use of superficial ointments to suppress the well-known primary "itch" eruption (the physical disease then was named "psora"). Only dynamized drugs,

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each possessing their unique characteristics, can reach deep enough into the recesses of the organism to neutralize individual effects. Hahnemann states:

"There are many signs of psora which is gradually increasing within, but is as yet slumbering, and has not come to the full outbreak of a manifest disease; but no one person has all these symptoms; the one has more of them, the other a smaller number; the one has at present only one of them, but in the course of time he will also have others; he may be free from some, according to the peculiar disposition of this body or according to the external circumstances of different persons." (*Chronic Diseases*)

His study of miasms becomes a flexible yet specific science of classification, as experienced masters have also borne out in practice. As symptoms migrate internally to combine and recombine with latent miasmatic tendencies over time, new patterns emerge. As we know, early homeopathic physicians used miasmatic diagnosis to study and corroborate Hahnemann's first three identified miasms: psora, syphilis

and sycosis (i.e. from psora, syphilis and gonorrhea infections, respectively). As clinical experience validated and demanded, miasmatic diagnosis continued to expand on Hahnemann's first three classifications. Further innovations included Swan's provings of *Medorrhinum*, *Syphilinum* and *Tuberculinum* nosodes (i.e. made from infectious disease products) and clinical additions advanced by Foubister's *Carcinosin* nosode. Among classical homeopaths today, it is generally agreed that there are five core miasms:

1. Psora
2. Syphilis
3. Sycosis
4. Tubercular
5. Cancer

Although we await its general acceptance in practice, Norland's proving of the AIDS nosode suggests a new miasmatic expansion compatible with Hahnemann's original architecture. Hahnemann's innovative style as a scientist and his clinical experience with the various effects of disease upon the vital force allowed for a steady expansion of miasmatic classification that generally extends over generations of observation and experience.

Homeopathy's medical identity was radically transformed as Hahnemann interwove homeopathic principles with his miasmatic healing art. However, our roots in more concrete medical pathology and disease still remain relevant and strong. For the healing arts practitioner today, the relevance of miasmatic praxis persists and grows stronger because our approach to chronic illness is so different to that of medical science. As we are reminded in practice every day, the chronic illness in a client demands that we must choose the best indicated remedy, but only after discerning whether the case requires a "true acute" remedy or one for an "acute manifestation of the chronic" — miasm. Moreover, miasmatic praxis is our only means to arrest deeper disease, especially emotional and mental varieties, while helping us anticipate how specific disease predispositions may extend to subsequent generations. Our healing art is retroactive and proactive at the same time, defining an effective approach to family health care.

Our radical healing art

As a standard of professional practice today, a certified classical homeopath (CCH) must hold the requisite medical knowledge of common pathological symptoms and should continually work to increase this understanding. This essential minimum standard protects the public we serve and increases accuracy in judgment. It is critical to our progress as a profession for the classical homeopath to recognize when to exclude clients with medical pathology that is outside our scope of practice. Medical knowledge enables differentiation between common pathology and homeopathic and/or mias-

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matic symptoms. Recall that Jahr, one of Hahnemann's earliest proponents who was also a physician as most homeopaths were at the time, balanced medical knowledge with miasmatic understanding of venereal diseases (see *Venereal Diseases*). He clearly demonstrated for the medical community how infectious disease rests upon the internal disturbance of the individual *dynamis*. To orthodox physicians at the time, the primary symptoms of syphilis, in addition to secondary (i.e. latent) symptoms, were well known, though they rejected the use of homeopathy to address them. Jahr, on the contrary, deemed the miasmatic healing treatment of syphilis as an art, not as a medical science: "To eradicate this process, and not merely to suppress a few isolated manifestations thereof, should be the task of the true healing art." (*Venereal Diseases*)

Like Hahnemann, Jahr knew the virtue of perseverance in miasmatic healing and Kent later emphasizes it in his *Lectures* on the "second prescription." In his treatment of venereal disease, Jahr notes that "one single remedy is scarcely ever sufficient, in the secondary period, to overcome and excrete the contagium after its nature had become modified by the most diversified combinations." "Radical cure" is still possible, "although we should never except [sic] to accomplish such a cure as rapidly as we cure primary ulcers; notwithstanding that, even after curing them, *we still have to keep a watchful eye on that which may yet happen to come afterwards*" (italics mine).

Hahnemann teaches that miasmatic healing takes months, if not years. The "rapid" healing referred to in the *Organon* pertains to locating the closest simillimum at a given moment. It is unrealistic to effect miasmatic healing in short periods of time, even when accurately choosing a remedy.

Educating the client

Continual education about the healing process is the only way to help a client come to terms with the realistic timescale involved in this healing process. The homeopathic client will need more encouragement compared with conventional and CAM practices which are often psychologically more appealing and immediate. But this should not deter the classical homeopath from using miasmatic praxis as an opportunity

to educate about minimizing mental, emotional and physical aspects of suppression and the importance of follow-up appointments in chronic illness. Some practitioners may feel that client education detracts from objectivity. But dealing with frustration as a result of clients who may come for a quick fix, a fact of practice I often hear about, requires tact, poise and readiness on the part of the practitioner, lest the consultation room become a revolving door through which new clients swiftly pass. Introducing Hering's Law of Cure (i.e. the centrifugal direction of cure) can enlighten a client about how a classical homeopath traces the deepest roots of suffering and elucidates the long-term commitment involved in the healing process.

Potential impediments to educating clients (and their physicians) about miasmatic healing can be easily addressed. For instance, practitioners must assess how to skillfully and routinely inquire and make note of the reproductive and/or sexual histories of clients and their family. At the same time, technical terms, including remedies we use such as nosodes, may distance the homeopath from their clients. I do not recommend raising technical terms about homeopathy or miasmatic healing during private consultation, nor do I discuss at length the analysis or details of remedy symptoms, for instance, as it detracts from the personal attention I wish give to the suffering at hand. However, I do take opportunities to clear up myths and misperceptions about "constitutional personalities" or the use of microdoses to vaccinate, or complex remedies to cleanse organ systems. These do not advance but may obscure miasmatic understanding about chronic disease and suffering, as Hahnemann taught us.

Miasmatic materia medica

To prepare myself for applying miasmatic diagnosis in casework, I had to first educate myself about miasmatic classification in the materia medica. I started by consulting a number of useful texts in the homeopathic literature; some are more systematically indexed than others and some are not compatible enough with Hahnemann's basic understanding. Inconsistency and variation exist, of course, depending on the training, clinical experience or country of origin of the author. Flexible learning accommodates the expected clinical variance encountered in many lists of anti-miasmatic remedies in the literature. This variation may add richness or confusion, depending on one's learning style. Inherent variability of individual disease is also expected when studying materia medica. However, if persistent, individual miasmatic characteristics will emerge.

To maintain consistency as much as possible, I used reliable reference lists that do not contradict one another. They had to be compatible with Hahnemann's core principles and the five main miasms mentioned earlier. This is especially critical while teaching homeopathic students the importance of foundational miasmatic prescribing. Learning a wider

range of miasmatic definitions as a foundational training is often confusing, if not contradictory in practice. Mixing this educational process with incompatible definitions is not advisable for the early miasmatic prescriber. It's important to become familiar with masters like Bönninghausen, Hering, Kent, H.C. Allen, and Clarke, among others who mention miasmatic disease patterns and the anti-miasmatic remedies used to treat them. It is also helpful to study some contemporary classical homeopaths, who may classify basic miasmatic disease patterns more consistently than old masters (each classical homeopath likely has their own favorites) but who are also compatible with Hahnemann's definition of the miasmatic diagnosis as much as possible. Here is a short list from my collection that includes variation in country, language, training and ways of thinking: Agrawal, Banerjea, Bhanja, Choudhury, Creasy, Heudens-Mast, Norland, Ortega, Santwani and Speight.

I learned from and collated as many miasmatic reference materials as I could find. I then turned to the materia medica, creating short lists of miasmatic characteristics for each remedy under study, finally accumulating my own miasmatic materia medica, as I call it, against which other reference lists are judged as compatible or not. Miasmatic patterns will emerge from reliable proving data (such as Hahnemann's and Allen's) and/or will be confirmed by trustworthy rubrics, materia medica sources and experienced practitioners. I have learned to heed the advice of E.A. Farrington, an early expert in the systematic drug classification of plant, mineral or animal kingdoms, who urges the study of materia medica as a separate discipline and activity from case study. I have learned that miasmatic materia medica study in this way heightens clarity and simplifies the complex work at hand when classifying a multitude of drug data. I fortunately had the opportunity to study with Henny Heudens-Mast, who clarified the complexity of anti-miasmatic drug study. Along with colleagues who have learned the value and coherence that miasmatic thinking lends to practice, I have learned to sketch miasmatic disease patterns more systematically and in greater detail for every new, old, polycrest or small remedy I now encounter in our materia medica.

The Foundation of the Chronic Miasms by Henny Heudens-Mast is a particularly valuable introduction for all prac-

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tioners. She provides practical examples of live conference cases in the process of cure and details the professional's role in tracing the five basic miasmatic disease patterns while managing miasmatic prescriptions over several years. I am a miasmatic prescriber who classifies characteristic symptoms of a remedy under study. Whenever possible I use proving symptoms, reliable rubric and materia medica sources to determine the respective proportions of each of the five main miasms covered by that remedy. Heudens-Mast is a preeminent miasmatic prescriber in this regard, as anyone will attest who studied with her.

The natural order, habitat, species and signature characteristics are also of the essence in materia medica study and a practitioner is urged to become familiar with these classifications. However, learning miasmatic diagnosis does not depend on extensive knowledge or mastery of additional classifications from other disciplines like botany, mineralogy or zoology. The homeopathic student saves time by directly accessing primary proving texts to reduce bias in interpretation and to hone observational and diagnostic skills. As I alluded to earlier, the advancement of classical homeopathy may be impeded when new definitions or more complex models of interpretation are engrafted upon our existing foundation of knowledge. It may become too complex or confusing to teach widely and reproduce in practice. Perhaps this is due in part to the fact that classical homeopathy is both an institution and a professional practice; the former being more resistant to change with the unwavering principles at its base and the latter being more liberal, individually diverse and supportive of those styles of practice.

A more characteristic totality of symptoms (reinforced by their miasmatic characteristics) emerges when using this miasmatic classification approach. I encourage practitioners to commit the time to master the technique when studying materia medica and casework. The miasmatic healing art involves learning to match the anti-miasmatic remedy to fit, proportionally, the active miasmatic symptoms (and to anticipate which latent miasms may be present). This technique in case analysis and casework, which is too detailed to describe here, requires close materia medica study and on-going experience in practice, preferably under qualified supervision. Miasmatic diagnosis expands my practical homeopathic knowledge and also lessens the likelihood of veering off course with poorly chosen remedies throughout long-term healing. Each time I use this process, I take myself back to the satisfying roots of Hahnemann's core teaching.

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