



Addiction and Search and the SANUM Remedy MUSCARSAN

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„I have lost something, and I yearn to have it back. That gets a vital person going. In that respect life is indirect and is searching for something that has been lost. As is known, the 37 degrees of the primæval ocean from which we came re-occur in our bodies, puzzling though that is. The salt content of the primæval ocean also corresponds exactly to that of our kidneys. As part of the developmental process, it seems that happy moments from millions of years ago lie concealed within a tremendous memory capacity, and that our cells yearn for them.“

Alexander Kluge: „The Art of Differentiation“.

Again and again in my practice I meet children and adults who respond extraordinarily well to MUSCARSAN. Once in a while the successes are so spectacular that it seems a logical step to report on them in SANUM-Post. In my opinion MUSCARSAN is a remedy which deserves attention on a wider scale.

There is one aspect which I should like to bring out, which seems to me particularly important for these times: addictive illnesses. Over and above that, I should particularly like to raise questions, stimulate reflection and encourage people to regard this remedy in more of a holistic or even social context.

MUSCARSAN is a very suitable remedy for our times, and for our society too. On closer scru-

tiny our society actually reveals itself as an **addictive society**.

But what do we mean by “addiction“? Etymology is of little help, deriving from the Latin “addicere“, meaning “to assign“. As long ago as 1963 the WHO deleted the concept from its vocabulary, substituting the concepts of “dependency“ and “abuse“.

It defines “dependency“ as “an emotional, possibly also physical, state, which is characterised by the presence of an urgent desire or irrepressible need to consume the substance in question on an ongoing and periodical basis“. Thus, initially, the reference is to a substance-related dependency. And of course that is what we often think of initially when addictive illness is mentioned; we conjure up an image of the alcoholic, or the smoker, or the junkie. In the second half of the twentieth century, however, the concept of dependency was extended to refer to kinds of behaviour, to compulsive substitute acts, where the affected person is just as much at the mercy of their addictive behaviour as is the person who is addicted to a substance, in other words dependent on consumption, work, eating, sex, gambling, the internet, entertainment, or whatever it may be. Psychologically this is backed up by a representative **search** for a relationship, love, happiness, contact, contentedness etc. (Source: Wikipedia).

The later-capitalist consumer and cyber society in which we

live is sated, even over-sated, with material goods, blessed with everything the heart could desire - so we are told. For we have to stop talking about blessings if we just pause to think of the serious consequences of the high amount of animal protein in our diet, with which we, as SANUM therapists, are no doubt familiar.

It is quite obvious that the legacy of our one-sided orientation towards the satisfying of physical or material needs, which has lasted for decades, is a deficiency in the mental-emotional area which is becoming more and more obvious; we are suffering from this, even if many of us may not be at all aware of the fact. Anyone who has dipped into other societies, African ones for instance, will have discovered a light-heartedness and a genuine, unfeigned joie-de-vivre which is completely alien to us. On our return, of course, the emotional coldness and naked materialism that is prevalent here, hits us in the face. It is no coincidence that, in recent years, we have been inundated with people offering advice on how to find happiness. Would we have any need of them at all if we had access to good fortune and happiness?

So let us start looking! A person who is searching lacks something, has lost something, is incomplete, not „wholly“ complete or healthy.

Far too often we are distracted from ourselves, we are not aware. And how can one person be



tuned in to another, to his neighbour, if he cannot even manage to be tuned in to himself? My assertion is that all the distractions and possibilities for entertainment, even the dependencies, which modern life places at our disposal in such great quantities - all these have turned us all into junkies to a certain extent! We can be quite sure that that is the case once we consciously seek out a place where everything is missing that of course surrounds us nowadays in our everyday life: permanent background noise, consisting of music, television and traffic, coupled with the constant accessibility provided by mobile telephones and the internet.

And then, suddenly, one is completely thrown back on to oneself. Initially the silence that surrounds you there creates a disquieting feeling of emptiness; and then a restlessness ensues which, when we reflect on it honestly, turns out to be a withdrawal symptom.

So what are we missing now?

In recent years there has been an increase in complaints that match the symptomatology of muscarin, particularly in children, as reported by Konrad Werthmann as early as 1999. As so often happens, children seem simply to carry the symptoms of causative factors situated in their familial and social surroundings. Or, as Enderlein put it: In this case the social **milieu** is formed in such a way as to favour or produce forms of behaviour which correspond to the remedy picture of

Amanita muscaria and can be successfully treated by it.

In this context there is increasing mention of the so-called Attention-deficit and Hyperactivity Syndrome, which is escalating at a tremendous rate. I am not able to say whether this is actually the case, or whether children are simply being labelled more readily as ADHD cases nowadays if they do not conform to the expectations that people have of them, and which are certainly higher nowadays than they were a few years ago.

However, my own experience shows that children being brought to my practice frequently respond very well to MUSCARSAN. At this point I should like to present a few case examples - in abbreviated form:

1) A 33-year-old woman brought her 7-year-old son to me in July 2008. He was open and friendly towards me, and initially he simply seemed to be bright and lively. However, after about 15 minutes his powers of concentration declined rapidly and he began to turn my practice upside-down whilst I was trying to work out details of his past history with the mother. The main observation to be made in this respect is that the child more or less grew up with his grandparents and has been living with his mother since February 2007, after her separation from the boy's father. She described her son as "simply insufferable". I then gave him 5 drops of MUSCARSAN 6X every four days, whereupon

there was an abrupt change in his behaviour and in particular he calmed down. The mother was given 3 ampoules of MUSCARSAN 6X to inject over a period of two weeks, and she injected herself s.c. at 5-day intervals. In her case the changes were even more dramatic: even on the day after the first injection she noticed that she no longer had any desire whatsoever for coffee, which she had been drinking by the gallon up to then. She was unable to give up nicotine. But the main thing was that suddenly she was completely relaxed; now nothing could make her „lose her cool“. For a while this was the case to such an extent that she was no longer experiencing any feelings at all, which she did not like at all. However, her sensitivity soon returned. Now the way was prepared for her to undertake further psychotherapeutic measures.

2) In December 2007 I treated a 4½-year-old boy whose parents were on the point of giving him Ritalin on account of his manipulative behaviour, although they were actually opposed to this on principle. The boy was attracting so much attention that his three younger siblings were being starved of it. I gave him MUSCARSAN 6X, 10 drops once a day. Soon after that the mother reported that she hardly recognised her child now and everyone was doing fine. Later we were to discover that he was identified with a theme from his mother's side of the family which was trying to find expression in "impossible" behaviour.



3) A man of 27 consulted me in September 2003 because he felt “cut off from love“ and was suffering from a “lack of emotion“. He was very spiritual, and even in childhood he had been able to undertake astral travelling. In his youth he had made heavy use of marijuana. Taking MUSCARSAN 6X tablets, along with Toxex drops (Pekana) and Solidagoren drops (Dr. Klein) resulted in violent reactions, of which he would send me very vivid descriptions in e-mails. A large amount of THC must have been released in the process, as he made the whole return trip and had several flash-backs. However, after all this he was able once again to gain access to his emotions and dispense with the inner defensive ramparts that he had built up to protect himself.

My proposal is that we can considerably broaden our concept of addiction or dependency. Also that we may feel able to think more frequently of the potentised poison of the Fly Agaric when treating patients with problems that may be associated with living

conditions in Western society, with all its information technology.

The question remains as to what is missing, what we are lacking, when many of us are carrying a theme of addiction or dependency around with us. Of course it is quite conceivable that we are simply dealing with a concomitant manifestation of modern lifestyle, or with the price that we have to pay for the achievements of modern civilisation. Who would wish to do without these completely? Nobody wants to return to the Stone Age, nor does anybody wish to die of appendicitis.

Perhaps what we are seeing is a fundamental dilemma of human existence, which is only becoming more pronounced in modern times and which, after all, has already been described in the story of Adam and Eve. The thinking, self-aware person, who must always feel somehow separated and cut off for as long as he lives - until at some point *Mucor racemosus* and *Aspergillus niger* carry him off - **back**

to Mother Earth. The text at the beginning of this treatise strongly expresses a feeling of nostalgia for some primal state. And if we as therapists manage to free our patients from their distraction, from their dependencies, from their addictions and bring them back to themselves with the aid of MUSCARSAN, then we have obtained a great deal!

But what is missing? In what does the essential deficiency lie?

Might it be that, in the final analysis, it is all to do with love? That we have to rediscover how to experience genuine love, to give it and receive it? If we strip it right down to the essentials, then that must be precisely what it is about.

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