Ulrich Welte

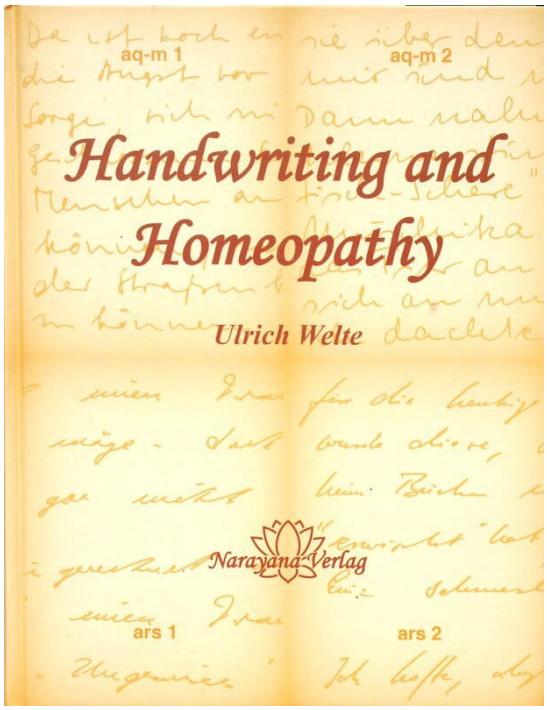
Handwriting and Homeopathy

Testo di esempio

Handwriting and Homeopathy

da Ulrich Welte

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Narayana Verlag è una casa editrice specializzata in libri di omeopatia, medicina alternativa e benessere. Pubblichiamo opere di autori innovativi e di grande prestigio come Rosina Sonnenschmidt, Rajan Sankaran, George Vithoulkas, Douglas M. Borland, Jan Scholten, Frans Kusse, Massimo Mangialavori, Kate Birch, Vaikunthanath Das Kaviraj, Sandra Perko, Ulrich Welte, Patricia Le Roux, Samuel Hahnemann, Mohinder Singh Jus e Dinesh Chauhan.

La casa editrice Narayana Verlag organizza seminari di omeopatia. Relatori di fama mondiale come Rosina Sonnenschmidt, Massimo Mangialavori, Jan Scholten, Rajan Sankaran e Louis Klein ispirano fino a 300 partecipanti.

A. Handwriting and its Use in Homeopathy

Handwriting and personality

Script is written language. It conveys thoughts and ideas with the help of words, which are made durable by written letters and symbols. The spoken word is more volatile and does not have this durability. This is true for printed as well as handwritten script. A printed text carries the same meaning, the same sentences etc, but handwritten text carries additional personal marks, which are entered unconsciously like physical marks. These personal marks are not intended to convey ideas. They are not specific for the content, but are specific for the individual. Handwriting is an expression of the creative power of the individual. The power to create forms and the individual identity flow into the handwriting. Handwriting is so characteristic to an individual that even a signature is legally considered sufficient to establish identity in a contract.

The structures of handwriting are nothing but old patterns of motion. These movements are engrained so deeply that they have literally entered our flesh and blood, and they have become automatic processes, which cannot be easily altered. The variable momentary state of the writer only modulates these basic patterns of motion. Similarly, structures of character and personality are nothing but old habits. They correspond to former frequently repeated ideas and movements of the mind. As they do not need any more consideration, they have sunk down into the subconscious and unconscious planes of the mind, from where they work as character. The present conscious state is more variable, but frequently it just modulates these old patterns, which are more difficult to change. A person whom we know well appears to us as the same person in different states or varying moods, and seldom do we feel: „Oh! You are quite a different person today“. Personality, character and handwriting are interdependent, because they all root in this unconscious level, which can be seen as the reservoir of all the memories of an individual. The structure of personality manifests in the handwriting as patterns of motion. The image of the handwriting can be seen as a simplified frozen image of characteristic motion-patterns of the mind. Thus handwriting can become important for homeopathy also, and it is worth learning to read this ‚script inside the script‘.

Handwriting as a clinical background symptom

Handwriting is a valuable symptom because it is specific to the writer. But how far is it specific to a remedy? It is just like any other good symptom: the more specific to a remedy the better. For the most part, the handwritings are not overly specific. Many remedies overlap in their handwriting structures. This is no surprise, because they also overlap in many of their symptoms. Like any other single symptom, the handwriting cannot and should not replace the full picture of a remedy, but it frequently completes this picture as an excellent background symptom. As such, it can give a kind of weaving pattern to the more differentiated foreground of pathological symptoms. This background can be of

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great importance. In analyzing the characteristic symptoms of a case, we may end up with 3 or 4 remedies, which cover the actual state sufficiently well. But if one of them covers the background also, it will be the most satisfying one in action. The others will also act on the surface and remove some symptoms pertaining to their domain, but they will not touch the general state much. Such remedies have to be repeated frequently to keep up their influence. The background remedy acts more deeply and need not be repeated as often. In most of our deeply cured cases, we found retrospectively a close similarity between handwriting and color preferences. This similarity was not necessarily present in cases of palliation of isolated symptoms, even if they were spectacular. Concerning only the color preference, we asked a German colleague to check some of his older cases accordingly, and he said many of his cases did not tally. But when he sifted these cases more thoroughly, he saw that the really deep ones did. In the cases presented in this book you will find many examples confirming this fact. Read the *Cicuta maculata* case for instance. Or look at the *Apocynum* case, which turned out to be *Cahinca*. Even the handwriting went sufficiently well with other *Apocynum* cases, but the color did not, and neither did the vital sensation of the plant family. Only *Cahinca* covered all the aspects, from the pathology to the handwriting and the color aspect of yellowish green, which goes along with the lively stimulated type of patient. This case also shows that the color preference goes even deeper than the structure of handwriting.

One can compare the images of handwriting and remedy picture with the front and back sides of a carpet. The handwriting can be compared to the coarser back side, as it shows only some basic features of a more detailed and sophisticated front side, which is the full remedy picture. But the background is the basis of the foreground and inseparably connected with it. If you want to stay with the simile of the web pattern, one can say that a single web pattern may produce several different images, but with the same basic pattern. Or take a plant family: numerous different species share the same basic structure. So the ‚ideal remedy' has a similarity on all levels, from specific pathology down to basic structures of character and constitution.

This somewhat fuzzy specificity of the handwriting is true for many other general symptoms. To get a ‚sharper image', just combine a few of the most relevant symptoms. This makes the choice of a remedy clearer. It is like a very complex scene, which you cannot survey completely from a single perspective. You understand the whole complexity only by looking from 2 or 3 different angles. Hering used to say: the chair stands firmly only on three legs. You start with the characteristic symptoms of the case, and then the handwriting can help you to differentiate.

Hahnemann did the same thing. He liked to give *Pulsatilla* only if the present symptoms of a patient pointing to *Puls* were in line with the background of this remedy. He describes the chronic *Puls* state as „persons of a shy, tearful disposition, with an inclination to inner mortification and silent anger". At least they are „mild and yielding when they are sick", but also „in their healthy days they are mostly sweet-tempered and mild, sometimes even frivolous and of a kindly joking humor". Again they are of a „slow,

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phlegmatic temperament“, and so they are „opposite to people of quick decisions and swift agility, even when these seem to be kind-hearted“. As a counterpart he mentions *Nux vomica*, which is mainly indicated in „very conscientious, keen, fervent and hot-tempered persons“, who can be also „malicious, mischievous or easily angered“, or „in chronic sufferers drinking much coffee and wine, who are used to work indoors and striving under sustained mental activity“.
These background symptoms are clinical symptoms. Hahnemann did not get them from provings, but he induced them from the profiles of patients cured by *Puls* or *Nux-v*. The handwriting symptom was found in the same way, as we wish to demonstrate in the next section.

History of this book
The German homeopath Dr. Hugbald Volker Müller (1921 - 2000) conceived the idea of using handwriting and color preference as clinical background symptoms. He added these new clinical symptoms to our homeopathic knowledge, conceiving them first between the years 1985 and 1988, and publishing some of them in 1990. Thus patients doing well on *Nux vomica* are not only keen and hot-tempered scholars sitting in their study and drinking a lot of coffee (Hahnemann), but they may share a similar handwriting and color preference too (Müller). H.V. Müller was a rare combination of a benign physician and a passionate researcher. Helped by his wife, he served a large clientele of patients in his medical practice in Cologne, and his working capacity was enormous. He worked usually more than 12 hours a day, and on the weekends he wrote his publications after doing a little garden work in his summerhouse in the Westerwald. Most impressive was the high quality of his cases. He left the polychrest idea behind and regarded every so-called small remedy as equally competent in curing if it was only similar to the case. Because of this, the number of his very good cases increased substantially. It is no wonder that many of his cures were done with remedies like *apoc, croton-t, daph, equis, gamb, rauw and senec*, just to mention a few. The high quality of his cases allowed him to secure new clinical symptoms like the handwriting and the color preference. After having the idea of color preference as a homeopathic symptom in 1985, he soon went further and hit upon the handwriting as another good candidate. From 1987 he proceeded systematically as he did with the color preference. Every patient was asked to give a standardized handwriting sample. Then he compared the scripts of patients cured by the same remedy, and his assumption proved true: many of them not only shared the same color preference but also similar handwritings. He checked and re-checked for 5 years until he was sure that he had not fallen prey to wishful thinking. In 1990 he published his first book on color preference as a homeopathic symptom. There he also briefly mentioned the importance of the handwriting, but he did not say more about it, because he wanted to explore the idea further. In the following years he published dozens of excellent cases in the *Allgemeine Homöopathische Zeitung*, including color and handwriting, but the handwritings shown were reduced in size and

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mostly brief. The long-awaited book on handwriting never came. So the method did not become available to the homeopathic community for more than15 years, and the present book is the first of its kind.
In the early nineties Müller introduced me to the secrets of finding the color preference. Thus started our cooperation. When Müller saw my innovative approach to color systems and how to find the true color of a person, he suggested that I create a new color standard system for homeopathic purposes and have it printed. I started immediately, but this project was beset with so many difficulties that it materialized only in 2003. Unfortunately he did not live to see it come to light. As he began to incorporate the handwriting systematically in his choice of remedies, he also shared his growing knowledge of this symptom with me. Around the year 1993 he gave me the first hundred copies of handwritings of his best cases. Since that time we shared our clinical experiences in the form of copied handwritings, mentioning the color codes and the remedy on the front page and a brief sketch of the clinical story on the back of the page. Our joint homeopathic practice in Kandern began to use handwriting mainly as a confirmatory symptom. We were often surprised how much it helped us in finding very good and often little known remedies we otherwise would not have used because of lack of understanding. Our number of good cases increased by leaps and bounds from the time that we began to add the combined method of color and handwriting. Until the year 2000 I frequently visited Müller at weekends. I used to bring along a little copy machine, and so we exchanged the latest handwritings of our best cases. The atmosphere was always friendly, joyful and intense, because the subject was so groundbreaking and new, and it was like harvesting the fruit of many years of labor. Three weeks before his death, still working every day in his clinic but obviously feeling his last days approaching, he wrote me a letter, in which he expressed his trust and hope that I would make his findings accessible to a larger public in the future. I am very glad to be able to do so now in the form of this book.

Color preference and handwriting

As background symptoms, color and handwriting make an ideal pair. They represent the state of the vital force from two different perspectives: mood and form. Basic temperament or mood (color) and creative form (handwriting) are two elementary principles of creation. They both root in the one indivisible fountain of life, the vital force. Color is even more elemental than handwriting. Color has no form of its own. The color to which a person feels connected reflects the vibration of the vital force or the level from which it operates. It further indicates the vegetative condition of a person, as Lüscher could show. On the other hand, handwriting is structured, it is form. The impressions of all forms and experiences rest in their causal state in this very vital force or Kundalini Shakti. In this function it is called as ‚mind-stuff' or ‚Chitta' *(The Primal Power in Man or the Kundalini Shakti,* by Swami Narayanananda). Handwriting is a crystallized image of the habitual movements of the mind. The problems of color

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preference and the different techniques of its assessment are fully described in *Colors in Homeopathy*. It is the logical complement to the handwriting book, and through their combination both symptoms will give the best results.

Handwriting as a symptom in acute and chronic cases

There is a frequent notion that every true homeopathic prescription should match the mental and constitutional background of a patient. This is evident in chronic cases. The larger and the deeper a remedy covers all the aspects, the better. But also acute infections and sudden problems leading to acute diseases are said to have developed from inside as an external manifestation of the individual state of the vital force. So a true homeopathic choice of a remedy even in acute cases must always consider the person's background. This view seems to me rather too one-sided. It is true that without the vital force there is no life and no reaction to anything. But as long as life is externalizing through the mind and the senses, there will be interactions of this vital force with the external world. It is rather the degree of self-control that determines how deeply such external influences can have sway over the individual. Homeopaths holding the view of 'everything comes from inside' usually give philosophic reasons like 'the world is only a projection of our own mind and becomes alive to us only by our individual perception'. This is a charming view, because it is true in the last analysis. Yet from that point of view the whole world is nothing but a subjective fiction of one's own mind and there is no such thing as objective reality. Only persons with a high degree of control over their own minds are able to keep up this view under the most trying and adverse conditions. It is these people who are really qualified to say so, but in practical life things look quite different to most of us:

a) Dominating external factors cause acute symptoms, which supersede the individual background: There are intensely aggressive bacteria or viruses, which are highly contagious and may supersede individual symptoms with their own characteristics. There are accidents which happen despite our best intentions. There are situations of mass hysteria, the influence of which very few can escape etc. In epidemics, most homeopaths look for the genius epidemicus, i.e. the characteristic symptoms of the general disease. Hahnemann and others used to treat cholera very successfully with *Camphora, Cuprum* and *Veratrum*, according to the prevailing symptoms. It gave homeopathy a good reputation in those days, because it was more effective than the allopathic treatment. In Hamburg in 1892, a lay practitioner Paasch treated more than 200 cholera patients with *Arsenicum* 3x or 4x plus campher applications and hot drinks with a mortality of 5%.

In such cases handwriting is basically of no importance.

b) „Approved indication": In symptoms after shock with feigning death or in postoperative constipation up to paralytic ileus, *Opium* will help in most cases. Or take very specific diseases like aseptic femur necrosis (like M. Perthes) or avascular necrosis of the hip. The clinical picture is itself so characteristic that its own individuality suffices to find specific remedies. In such cases we had good success with *Plumbum phosphoricum*.

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Even disregarding constitutional aspects there should be a statistically significant number of patients doing well with this remedy from this indication. This is suggested by a number of our and Jan Scholten‘s cases, although we did not conduct a study with it. Also in these cases the handwriting has seldom any significance.
c) Differentiating several acute remedies: If there are several remedies sufficiently covering the symptoms of an acute disease, and if these remedies cannot be further differentiated, we use the color preference and the handwriting to find the most similar one.
d) Acute diseases as an expression of constitutional disposition: A vast number of other acute diseases are nothing but flare-ups of a chronic background (Hahnemann). In these cases, the acute symptoms can lead us to a chronic remedy. Here we will have to see the acute and chronic symptoms as a totality, and here the handwriting is useful also in acute diseases.

Handwriting as a whole picture and single criteria of classification
How to understand the similarity of certain handwritings? One can look at a handwriting sample as one would look at a face. It is a whole picture with its own entity. It cannot be easily taken apart without losing some of its significance. We all have experienced the face of an unknown person suddenly reminding us of someone we know. It may be just the mouth or some other part of the face, but if we want to recognize the similarity clearly, we have to see the part in the context of the whole face and not separately. Likewise, in evaluating handwriting we do consider single aspects like size, direction and level of creativity, but we see them in the context of the whole picture rather than as isolated factors. If you search for the remedy of a patient and want to use this symptom, we would advise you to compare the handwriting of your patient with the handwritings of the remedies you take into consideration after analyzing the case. In doing so, first look at both scripts, as you would look at two pictures you want to compare. Only then, by and by, go into details of single letters, dashes, loops etc. Perhaps try with one line of the book-script and hold the patient’s sample next to it so you can continue reading the line and see if they feel similar. This is shown by the two samples of *Aqua marina* and *Arsenicum album* on the front cover of the book. Initially, many may only see letters and loops without knowing what to look for. The whole shape, the whole pattern and rhythm of the handwritings must look similar, if the choice is to be correct. The process of learning the language of handwriting takes time and requires some ability of comparing forms and structures. First see and then read. We would advise you first not to read the meaning of the words like you would read a letter, but to look at the totality of the picture. So form comes first, and meaning or content is second.
What could be possible criteria of classification? Can one use the handwriting like a repertory? The basic order is of course the alphabetic. This is like democracy. There are no groups and they are all treated the same. This is the order we have used mostly, also in this book. It is useful in the application of the handwriting as a confirmatory

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symptom. But like any other good symptom, one should be able to use it as a guiding symptom also. For this purpose, there are some possible aspects of classification:
Biometric methods: It would be certainly a rewarding task to anatomize the scanned scripts according to suitable graphic parameters. Appropriate software could reassemble the data according to chosen standards. Thus we could analyze handwriting like a cardiogram and get remedy suggestions by the computer. Of course an expert cardiologist will not rely on ECG software alone and will use his own expertise, but it provides suggestions to the general practitioner and is a reminder of possible interpretations. Similarly would be the expected use of biometric handwriting software.
Prototypes: One can choose a sufficient number of outstanding handwritings as prototypes, and then add similar scripts to each prototype. This method uses the form of the handwriting as a guiding symptom. You just have to know the prototypes well enough to know under which group to look for in every given patient's handwriting. We frequently found good remedies by this method according to Herbert Sigwart. The prototypes are like a nucleus around which a few very similar handwritings, some more of medium similarity and still more somewhat similar ones are grouped. Also in this method you will find many handwritings overlapping and fitting into different groups, but with the very similar ones you have a high degree of certitude.
Color groups: This was H.V. Müller's classification. He had files of each color group, in which he alphabetically collected all the handwritings of patients who shared the same color preference. So in the ochre-yellow group 3C you find the handwritings of *aesc, cer, cham, germ, hell, ip, lac-del, morph, myris, nux-v, olnd, psor, senec, verat-v, verb*, and some others (you can find a regularly updated color-remedy list under www.homeo.de). This classification is natural, as we have shown in the chapter on color preference and handwriting. It is very useful and frequently leads to good remedies. If you have found the color preference of a patient, just look at the handwritings of this group and see which ones go well with the patient's handwriting, of course always under the main view of the idea and symptoms of the case. With less accuracy, you can also look at the neighboring color groups like sunflower yellow 2C, pale yellow 2AB and 1AB, and still more distant even orange yellow 4C. This classification is best for those who work with a focus on background symptoms and who have gathered much experience with colors, as this is the leading symptom here.
Further classifications are possible like kingdoms of nature (mineral, plant, animal remedies, etc), series (iron-series, gold-series etc), stages or miasms, salts or group analysis (natriums, magnesiums, muriaticums, bromatums etc) or the botanical systems. These are open fields, and the computer offers best possibilities to use them all.

The value of new homeopathic approaches is proved by cases
This book is mainly a reference work for handwritings. So the scripts constitute the main part of the book. The case descriptions are deliberately kept short and serve as an illustration of the method. They appear only as footnotes under the respective

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handwritings. The use of handwriting and color preference will be new to many readers. It is advisable to read the case part once separately at a stretch, because it will give you an introduction to the method and also to our way of practice. It can give you a feeling of its usefulness, and you will see how far you may apply it yourself. You will also be able to judge the quality of cases for yourself, as these are the most solid proof of the validity of any new symptom.
It was a charming task but also very involved, to bring long case histories from the files into the shortest possible shape without losing their essence. You may sometimes think „can it be really that easy and simple?“ and we would say „yes, but don't forget the labors, which lay before“. It helped us a great deal that we have created a definitive habit. After every prescription we formulate the essence of the analysis in a few keywords and note them down in the file. This helps retrospectively to check the validity of the case analysis. If the remedy failed, most probably our analysis went in a wrong direction, the essence of the case might have been missed or other errors might have occurred. Successful prescriptions may indicate that the analysis was correct, and this adds to the improvement of clinical knowledge. If a certain strategy or group of symptoms is confirmed often, it becomes an indication of its usefulness. This method of re-checking and self-inspection is an essential part of scientific thinking, and it has two major advantages: it forces one to cultivate clear thoughts, and later it gives an account of their validity and relative truth. This method has proved of immense value in our practice. It is not only a way to a deeper understanding of homeopathy but also of one's own mind, and it helps develop flexibility and an undogmatic spirit. It helps to minimize errors, and mental freedom also grows.
The cases show how often the symptoms of handwriting and color preference helped in finding a good remedy. One will also notice how often the series and stages of Jan Scholten's interpretation of the periodic table proved true. Rajan Sankaran's recent and earlier findings were frequently verified. So our advice would be to study these ideas thoroughly. They are highly rewarding, and it will also make the case descriptions more understandable. You can find a short description of some new books in the appendix, and they have proved efficient as a supplement to the classical method.

How to get a sample

We give the patients a high-quality leather folder containing white copy paper and a little leather bag with different clean writing pencils of good quality. This gives a formal value to the desired handwriting sample. We also include an explanatory text, which you can find framed in the next section. Patients have enough time to write and they are alone at the time. This will frequently give very valuable information, perhaps not even offered during the consultation. Many examples of this can be found in the sample handwritings in this book. The way patients tell their story will often give valuable characteristics that suggest the correct remedy. Some others, feeling shy or otherwise, will just copy the explanatory text.

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Usually one will use the handwriting as a differentiating symptom after the analysis of the case. To do this, just put the sample next to the handwritings of the remedies, which suit your case evaluation and compare them. The comparison is directly possible because they are all printed in the original size and with the same distance from the borders. This is our most common use of handwriting as a symptom, and it is a seasoned and reliable practice. It will not interfere with your own habits of analysis – rather, it will help you make a more precise decision.

Introductory text for our patients

Handwriting and Homeopathy
We use your handwriting as a homeopathic symptom. It may help us to find a good remedy for you. We compare your handwriting with scripts of other patients whom we were able to help with a homeopathic remedy. If your handwriting is similar to one of them, it could mean that you need a remedy of the same group. It may even be possible that you need the same remedy, which cured this other person. Please do not write in block letters, standard lettering or calligraphy. Just write casually as if you were taking your own notes. We need at least half a page of written text to be able to compare properly.

What shall I write?
It would be best to write why you have come. Please describe your main complaints in simple words, unfiltered by medical explanations. Just write your main symptoms as you experience them yourself. You can also write down a dream that really impressed you. Only if you cannot think of anything described above, please copy this text.

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B. Survey and Evaluation of the Handwriting Samples and their Clinical Reliability as a Symptom

Selecting the handwritings

Material: The total of our handwriting samples is a collection of about 2200 scripts. These cases all responded well or very well to a single remedy. We have arranged copies in A4 size in alphabetic order according to remedies. The number of different remedies represented is 630. Naturally the well-known remedies are represented more often. So there are 19 cases of *Carcinosinum* and the lesser known remedies like *Phellandrium* or *Physalis alkekengi* amount to only one or two scripts. From the total material of 2200 cases, 750 samples were selected according to the following three inclusion criteria. These 750 scripts make up the contents of the book. 315 remedies are represented.

Inclusion criteria:

1) With few exceptions, only remedies with at least two similar handwritings were chosen. The similarity of at least two scripts of a given remedy narrows the error of possible misconceptions of the case and maximizes the likelihood of a deeply acting remedy. This criterion justifies the use of the selected handwriting as a homeopathic symptom, until a larger number of consistent cases confirms, refutes or supplements it. So every remedy in this book is represented by mostly two or three similar handwritings, and by comparing them you can also understand the range of variation in a given remedy. Especially in very good cases, scripts can be very similar - but how to assess this similarity objectively? So far we know of no validated scale to assess script similarity. The judgement is left to one's own power of gauging forms, structures and patterns. So the evaluation of handwriting is a subjective factor, and the reliability of the symptom depends on the ability of the person concerned.

2) The most difficult criterion is the clinical relevance of each case. Only handwritings were to be selected where cases were convincing and whose remedies were deeply effective. No homeopathic claim of any clinical symptom can be substantiated otherwise. This most important inclusion criterion can be difficult to determine. The homeopathic method is broad and considers much more than isolated and easy-measurable parameters like blood pressure, cholesterol levels etc. Apart from the very general quality of life (QOL) score there was no commonly accepted score for ‚good homeopathic practice' or for the quality of homeopathic cases. König once suggested a new score in LINKS, but there was little public resonance to it, perhaps due to its very complex structure. In his new book *Secret Lanthanides*, Jan Scholten suggests a new plausible, not too complicated and also not too simple case score. It refers to width, depth, cure and duration of a case and grades each parameter into 9 degrees. He emphasizes the curative effect as the most essential part. Our own approach was a general clinical evaluation

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scale with 4 grades. It surveys the overall clinical impression of the case while relying on (subjective) clinical experience. Grade 1 (very good case) was seldom given, grade 2 (good) was frequent, grade 3 (medium) was less frequent, and grade 4 (just sufficient) was rarely given, because such cases were superficial and were often dismissed from the handwriting stock. In this book we only admitted cases of grade 1 and 2. You may judge yourself by studying the case descriptions.
3) Another criterion is the matching of color preferences. We usually assessed only one, sometimes two, and occasionally three color preferences of each patient. Sometimes an aversion was included if it was notable. At least one of them had to match. This criterion was followed with very few exceptions even if it hampered the selection. You may think this is an unnecessary complication, but the matching of color(s) has shown to be a very reliable indicator of the depth of similarity. The advantage in the overall quality of the selected material counts more than the few lost cases. The measuring of color preference is easy and sufficiently exact. There are several standardized color systems. We are using the clinically validated color system „Colors in Homeopathy“, and the color codes under each handwriting sample refer to that system.

If these three criteria were arbitrary and without inner coherence, there would have been only few matching cases. The very fact that one third out of 2200 cases fulfill these criteria is ample proof for an inner connection between remedy, handwriting and color. There was a feeling of keeping track of a very deep natural law already in the process of sifting the whole material. It is only now that we begin to fully appreciate its significance. Especially the best and deepest cases come up with many congruencies. It is amazing to realize how similar different patients of the same remedy can be. They not only match in their color preferences and handwritings, but here also many different approaches of homeopathic analyses lead to the same remedy.
But this is still the exception. In some cases there seem to be different types of handwriting. Regarding the very limited range of our experience it is to be expected that many remedies may have different subtypes etc. Independent verification is very welcome, if it fulfills the criterion of good case quality. More than 90% of cases in this book come from 2 medical practices, i.e. from H.V. Müller in Cologne and from our joint medical practice in Kandern, South Germany (Herbert Sigwart, Ulrich Welte, Markus Kuntosch). As most cases come from only 4-5 MD’s, independent verification has been rare up to this time. The best independent contributions came from Johannes Klement, Graz, Austria, a very experienced homeopathic doctor, to whom I want to express my sincere gratitude for his kind and valuable support and suggestions. Many of his contributions are part of this book. Since the publication of „Colors in Homeopathy“, verifications came from many sides concerning the color. This was very encouraging. Especially Jan Scholten verified the given color-remedy connections in about 50% of his cases, and he already contributed several new ones. But concerning handwriting, it is completely new, at least to all English-speaking countries, and awaits further response.

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Clinical reliability of handwriting as a homeopathic symptom

Method: In our homeopathic prescriptions we wanted to find out a) how often handwriting played a part in good and very good cases, b) how often handwritings matched with those of known cases, and c) how reliable the symptom was for us. Another intention was to confirm the reliability of the remedy-color relation, which we had shown previously in a study of 450 children. For this purpose we reviewed 100 cases. There had to be at least one similar handwriting of another known case. We picked these representative cases at random from the common pool of 2200 samples. This pool contains all good cases of our adult patients.

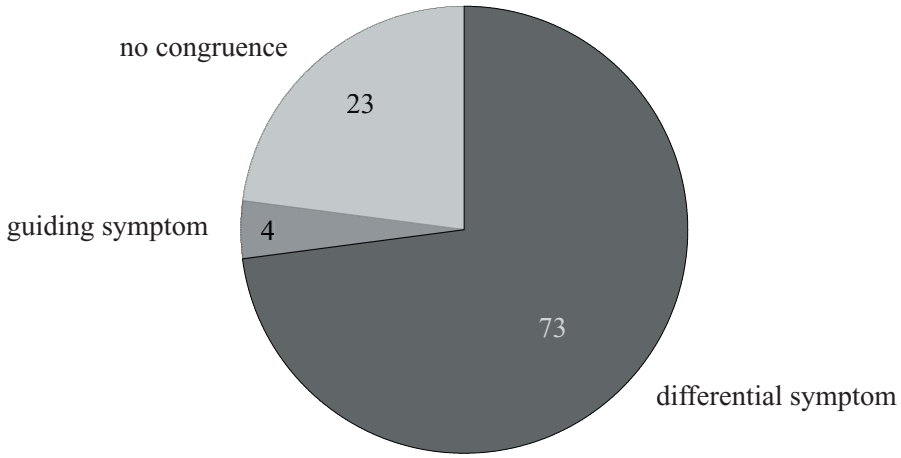
Results: Of 100 handwritings of our good and very good cases, 77% matched with reference scripts of known cases of the same remedy, and 23% did not match. In 73 of 100 cases, handwriting was used successfully as a differentiating symptom, and in 4 of 100 cases handwriting was used successfully as a guiding symptom.
The color preferences of our adult patients matched in 55%. This figure is exactly the same as in our previous study of cases of children. In 2003, we surveyed 450 successfully treated children. 290 were old enough to choose a color. Of these color relevant cases, 55% matched with the known color-remedy relations (see „Colors in Homeopathy“, p.32).

Interpretation and further investigation of reliability: The high success rate of 77% surprised us. From many years of practical experience with handwriting as a homeopathic symptom, we would have expected a lower specificity. So we checked the same 100 representative cases for possible chance matches. For each case we picked another random script from the total pool. We looked at these random pairs with the same criteria of similarity and treated them with the same goodwill that we would have given to the reference script of a fitting remedy. And indeed 30% matched by chance. In 8% there was even a very good similarity.
If we consider the relation of 77% matching handwritings and 30% chance hits, we get a good idea of the reliability of the handwriting symptom. The chance figure of 30% shows further how precise or uncertain we judge the similarity of handwritings. The degree of „blur“ results from years of acquaintance with the matter and allows a sufficient differentiation between interesting remedies without excluding too many. Of course it is desirable to be as precise as possible, but if we are too exact in handwriting similarity, too many very good remedies will get lost just because they do not match a single symptom.
The way that each homeopath uses the method depends on the depth of acquaintance he or she has with it. H.V. Müller had internalized the characteristics of the scripts to a high degree and could frequently tell some remedies from the very first look at a handwriting sample. It was as if he looked at a rubric in the repertory. So he could use the handwriting more often as a guiding symptom. Still he was very careful in doing so.

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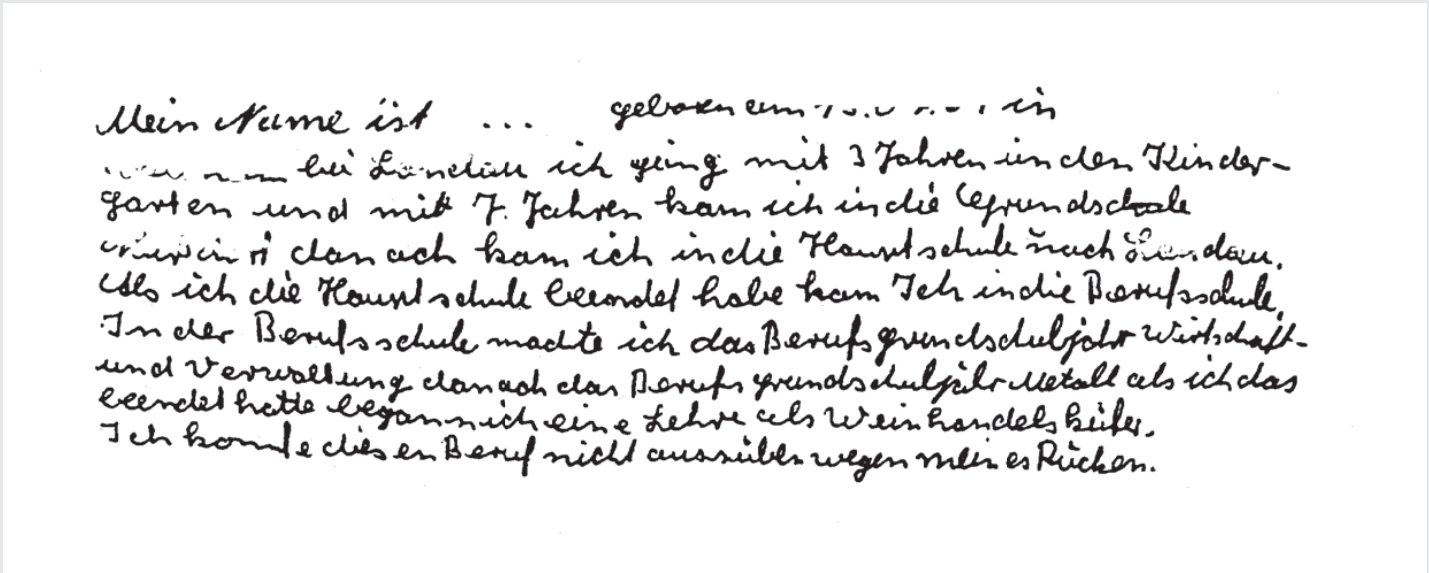
But he could sometimes find excellent remedies just by handwriting and color preference and knowing the main complaints and some of the generals of the patient. As for our way of practice, it was seen that we used handwriting as a differentiating symptom in most cases. There in lies its main advantage for us, and possibly also the best use for any untrained newcomer. The better the skill, the surer will be the hits. It goes without saying that we need time and patience to develop a feeling for it. We already have the passion!

Graph of 100 representative handwriting samples



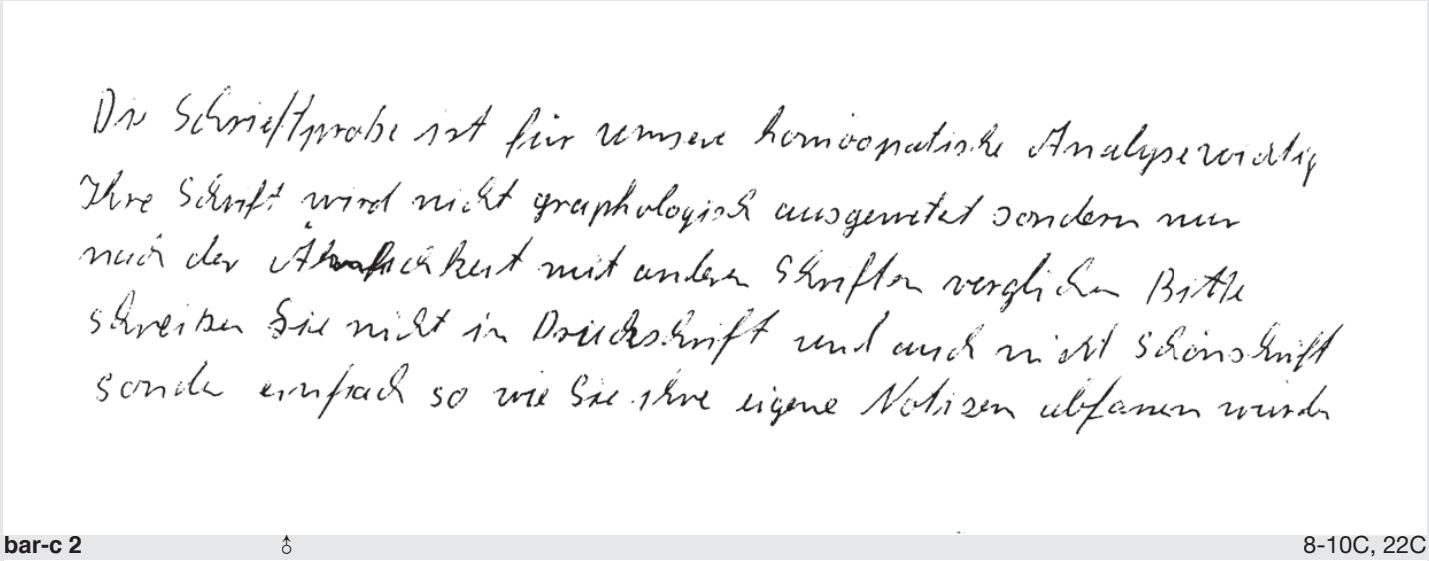
number of cases n = 100

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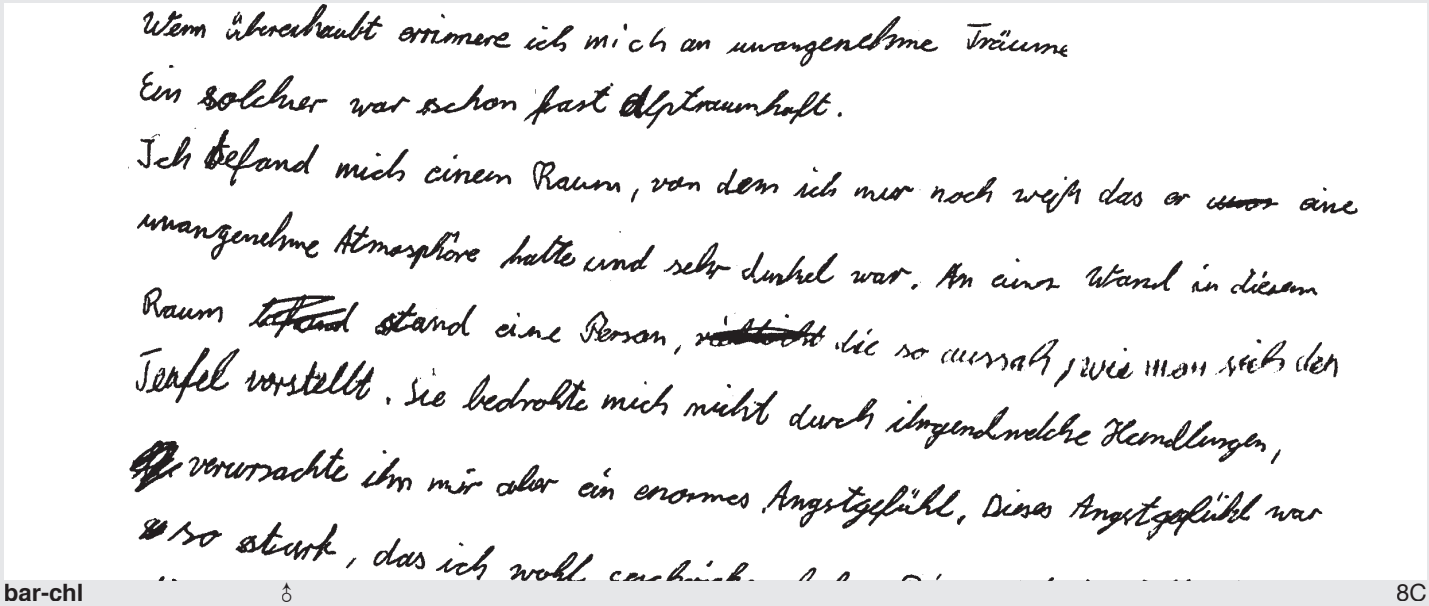
Mein Name ist ... geboren am ... in ... bei Landau ich ging mit 3 Jahren in den Kindergarten und mit 7 Jahren kam ich in die Grundschule [illegible] danach kam ich in die Hauptschule nach Landau. Als ich die Hauptschule beendet habe kam Ich in die Berufsschule. In der Berufsschule machte ich das Berufsgrundschuljahr Wirtschaft- und Verwaltung danach das Berufsgrundschuljahr Metall als ich das beendet hatte begann ich eine Lehre als Weinhandelsküfer. Ich konnte diesen Beruf nicht ausüben wegen meinem Rücken.

bar-c 1 ♀ 8C



Die Schriftprobe ist für unsere homöopathische Analyse wichtig Ihre Schrift wird nicht graphologisch ausgewertet sondern nur nach der Absonderlichkeit mit anderen Schriften verglichen Bitte schreiben Sie nicht in Druckschrift und auch nicht Schönschrift sondern einfach so wie Sie ihre eigene Notizen abfassen würden

bar-c 2 ♀ 8-10C, 22C

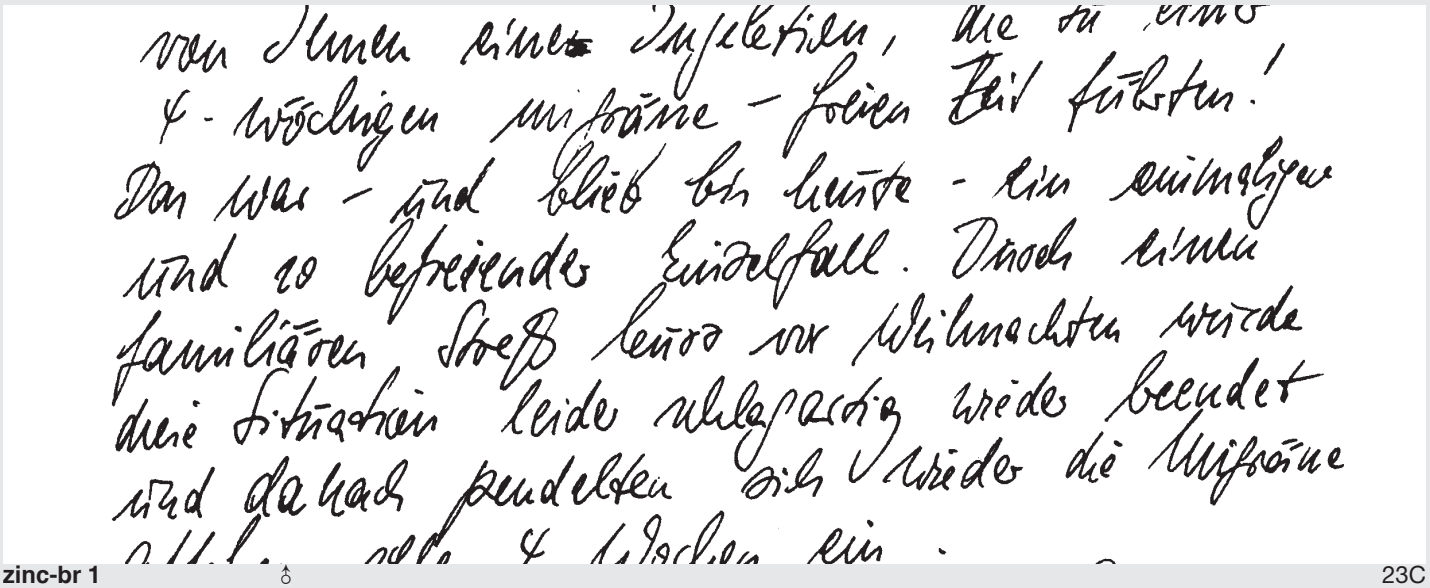


Wenn überhaupt erinnere ich mich an unangenehme Träume
Ein solcher war schon fast alptraumhaft.
Ich befand mich einem Raum, von dem ich nur noch weiß das er eine unangenehme Atmosphäre hatte und sehr dunkel war. An einer Wand in diesem Raum stand eine Person, die so aussah, wie man sich den Teufel vorstellt. Sie bedrohte mich nicht durch irgendwelche Handlungen, verursachte ihm mir aber ein enormes Angstgefühl. Dieses Angstgefühl war so stark, das ich wohl

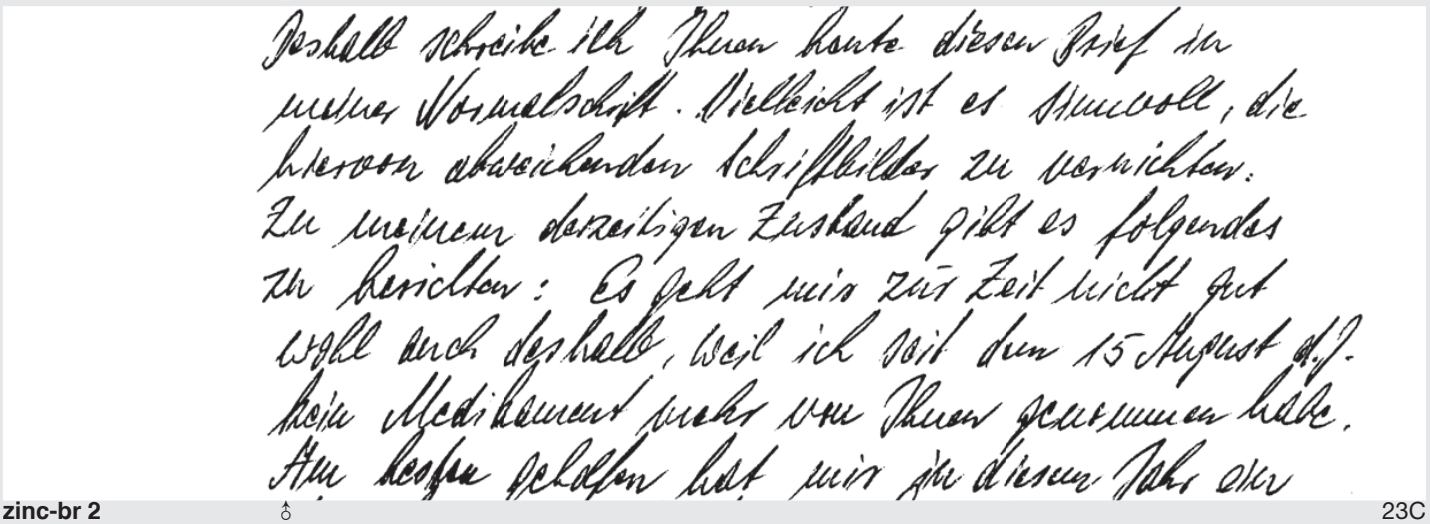
bar-chl ♀ 8C

Barium handwritings are easy to recognize. Most of them are small and a bit awkward - carefully scrawling, so to speak. With all that, they are mostly legible and look honest. Knowing the remedy picture, the homeopath is liable to interpret it thus: it is as if they want to make up for their awkwardness and insecurity by closely following the writing rules lest anyone should ridicule them.

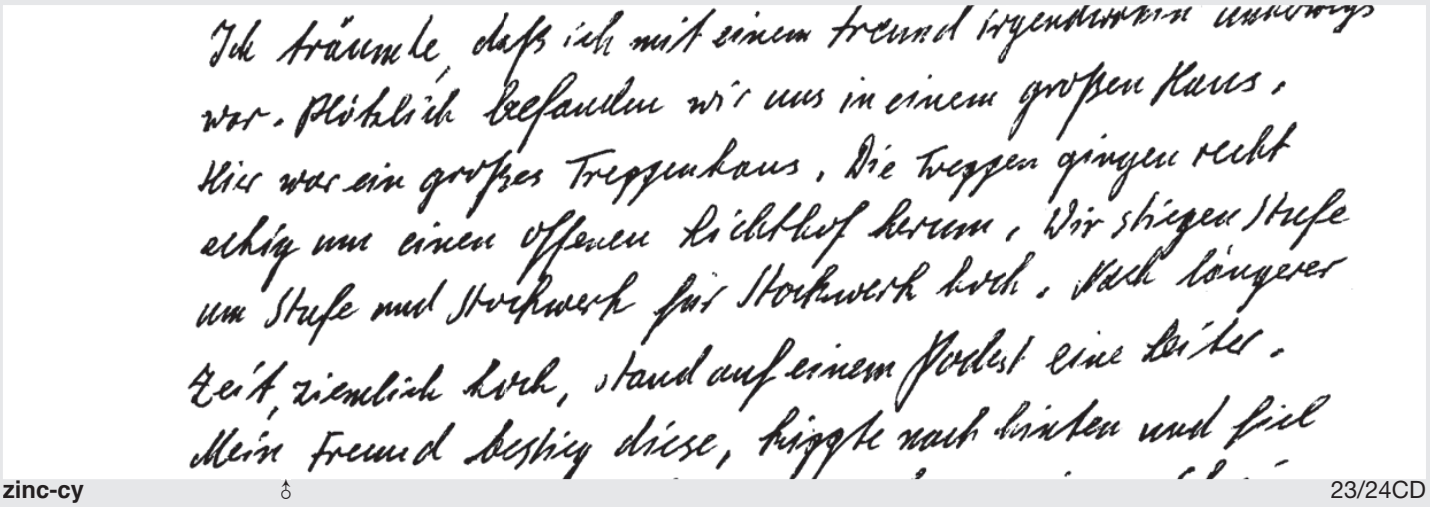
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zinc-br 1 ♂ 23C



zinc-br 2 ♂ 23C



zinc-cy ♂ 23/24CD

Homoeopathy and graphology

The number of men among all of our Zinc patients is remarkably over proportioned. Of the16 well-documented Zinc cases (adults) there are only two women. In children it seems to be the same. One of the principal themes of Zinc is exaggerated (st.12) discipline (iron series). In a number of our cases, this theme was clinically verified. It is probably due to the tendency of men to overwork. The tendency to over-intellectualization in a number of Zinc patients is reflected in their handwriting: the extended and thin upward strokes are considered to be a graphological expression of too much ‘brain work’. The marked slant to the right can be interpreted as an expression of a forward-directed hurry, which is hard to stop; they want to continue without rest. The subtle aspects of graphology could give us new insight into remedies by a comparative analysis of handwritings of favorable cases having the same remedy. So there is hope for homeopathy. May it grow and blossom and reap a rich harvest in the future!

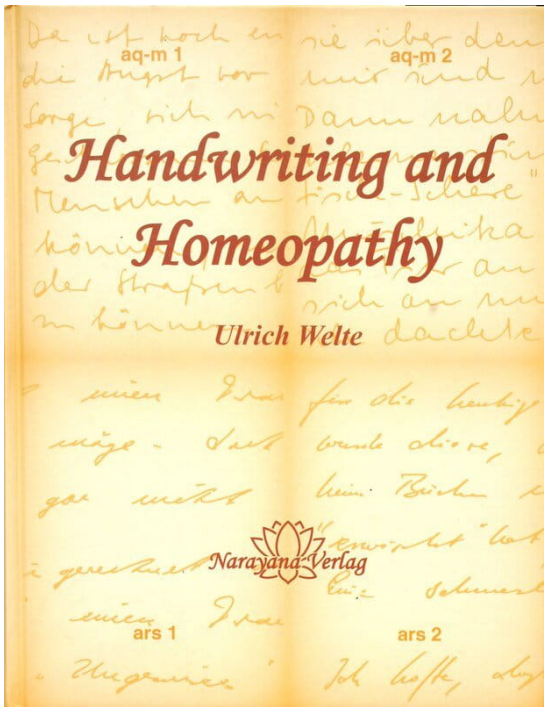
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