

On the 27th and 28th of March 2010 Liz Lalor will present a lecture in Perth for the WA branch of AHA.

The program in Perth will include one day on the *Liz Lalor Fertility Program* and one day on Understanding the *Disturbance* behind Destructive Disease — the treatment of Chronic disease.

Day One:

Liz Lalor Fertility Program – Success Speaks for itself – 207 Babies Born out of 237.

The Fertility lecture will provide a clear and instructive step-by-step clinical guide for homoeopaths which covers:

- The relevance of Vannier prescribing to modern-day infertility
- Why the need for Vannier prescribing and not a Constitutional approach
- Vannier Ideology — Four Remedies working as one whole
- Fundamental Remedy
- Functional or Drainage Remedy
- Lesional Remedy
- Nosode — Miasmatic Remedy
- Case-analysis and the patient interview
- What to note in the patient's history
- Menses history
- Ovulation history
- Ovulation testing
- What can affect ovulation
- Numerous case studies including follow-up analysis
- What to look for in the follow-up consultations
- How to adjust and change the program in follow-up consultations
- Nutritional and herbal supplements for the woman and man.

All homoeopaths will be competent to run this program within their practice at the end of this lecture. Furthermore Liz will provide follow-up email advise and case support for difficult cases to all participants.

The Liz Lalor Fertility Program is based on, and inspired by the ideology of Dr. Leon Vannier.

From Liz Lalor

In 1950 Dr Leon Vannier a French homeopath wrote *La Pratique de L'Homoeopathie*. The Vannier system is based on the assumption that all the

homoeopathic remedies will work far better if you clear the 'Toxic' pathways. Vannier stated that all suppressive damage within the organism should be considered as a 'Toxic Ratio'. Infertility caused by the suppressive effects of a drug needs to be considered as a 'Toxic Ratio'. The 'Toxic' pathways in this case are accumulated toxicity and lesional damage from the suppression of ovulation by a drug called the Oral Contraceptive Pill (OCP). Vannier devised a homoeopathic drainage and lesional treatment method which I perceived to be absolutely perfect for the suppressive effects of the OCP. After the cessation of the pill it frequently takes women one to two years to start ovulating. Having formulated my Fertility Program upon the principles of Vannier I went ahead and expanded and developed this work into a system of homoeopathic remedies which are able to achieve ovulation within a few cycles. Hahnemann said in aphorism 153 of The Organon, that in the search for a homoeopathic specific remedy we should concentrate on "the *more striking, singular, uncommon and peculiar* signs and symptoms of the case". In the case of suppressed ovulation as a result of the woman taking the OCP the homoeopathic prescription is not symptomatic of a situation requiring a constitutional prescription. This is not an unusual situation requiring an examination of a set of *striking, singular, uncommon and peculiar* signs and symptoms of the case. The *peculiar, queer, rare, or strange* [PQRS] symptoms which form the basis of constitutional case-analysis do not apply to our modern-day suppression of ovulation. If the woman has been on the OCP for a lengthy period of time her symptoms are consistent with a suppressive drug profile; this is *not* consistent with a constitutional prescribing profile. My program is designed to undo the suppressive effect of the OCP and achieve a successful pregnancy. My infertility patients present with what is a typical set of symptoms that one would associate with suppression of ovulation: she has no healthy mucus – she has no sexual surge – her menses may be irregular – her menses may be too heavy or too light – and she is *not ovulating*. Vannier stated that any sudden elimination of toxic substances will *always* overwhelm the organism. Before I formulated this program I treated five women constitutionally. Five times the Follicle Stimulating Hormone (FSH) levels became elevated as a result of the constitutional prescription. When FSH is elevated the woman has become *over stimulated* and she cannot ovulate. I have not doubted the validity of my constitutional prescription, but I have subsequently questioned the validity of prescribing a constitutional remedy to a woman who was experiencing a suppressed organism. Infertility caused by the suppressive effects of a drug picture needs to be considered as a 'Toxic Ratio' affecting the function of the entire organism. A patient in this condition can easily be overwhelmed by an 'eliminatory crisis' – "a sudden elimination of toxic substances which overwhelm the organism". The risk of the FSH becoming elevated is that it can take six months to a year in my experience to lower the FSH once the woman has been over stimulated. For a woman who is aged in her twenties this is conceivably not problematic, but for a woman aged in her late thirties or early forties it could conceivably lose her, her last fertile years.

I have considered and tried many approaches in my clinical treatment of infertility. The approach which is the most successful is the program I have

formulated. If the lack of ovulation is, as I suspect, associated with years of being on the OCP then a Vannier system that includes several detox *Drainage* and *Lesional* remedies will, and has been successful. My statistical success stands in its own right and has been validated by the hundreds of homoeopaths all around the world who are using this method. Given the complexities of this century's lifestyle 'Toxic ratio' I have changed and adapted the system according to the severity and intensity of the *Lesional*, *Drainage*, and Miasmatic damage from modern-day toxicity. This program is a small but extremely important part of my homoeopathic consulting practice. I do not profess to be a supporter of one approach of homoeopathy over another. However, I do have 207 babies and 207 couples who are very happy. If you would like to work in this area just try it with a few patients, it has consistently come back to me from homoeopaths using it all over the world that their success rate matches my own statistical success which is far higher than medical In-Vitro Fertilization (IVF).

Day Two:

Understanding the Homoeopathic Psychology Behind Destructive Disease

The video cases presented in this lecture tour come from Liz's thirty years of experience counselling patients suffering from debilitating diseases. This body of work is an in-depth study of the conflict evident within destructive diseases. Liz offers insights into the illusions of the mind that each patient reveals within their destructive disease state and their psyche. Liz will illustrate the psychodynamic crisis within each patient which is the causation or the 'never-well-since-event'. Using video cases Liz will seek to teach how to probe and discover the primary formations of disturbance within the case-studies which become the precursor of future pathology. These causation events are often interpreted by the patient in a way which is disproportionate to reality. They are events which become a misrepresentation of reality and they form the platform of disturbance which are repertorised as a Delusion rubric in case-analysis. Her work is also an extensive analysis of the psychological understanding of the Delusion rubrics which has never before been presented to homoeopaths. Her psychological insight into the use and meaning of the Delusion rubrics provides homoeopaths with a clear direction in case-taking and case analysis. Liz will teach how to find and identify psychological meanings and emotional phrases and phases in a consultation.

Her aim is to teach homoeopaths how to repertorise the case based on the actual words the patient has relayed in the consultation and not rely on themes. Liz's methodology will provide a bridge between the disturbance of the case and the sensation. The Sensation methodology, although well-constructed, has often proved itself to be elusive and time consuming. Liz will illustrate through understanding the psychology within disease states how to arrive at the delusional disturbance within the first thirty minutes of the consultation. Her psychological insight into the mental and emotional disturbance in patients

suffering with chronic disease has been formulated into an innovative and simple case-taking tool. Liz aims to teach homoeopaths how to use simple counselling techniques to ask leading questions which will elicit leading answers to illuminate the simillimum. If you have been struggling for sometime in the expanse between the sensation of the case and the theme then this lecture will provide some clear and simple answers to your case-taking dilemmas.

Prerequisites

The homoeopathic students and homoeopaths attending the lecture should buy or currently own *Synthesis*. Liz has noted that all other Materia medica and repertories have rewritten and rephrased the wording of the *Delusion* rubrics which has changed their psychological application and meaning. If the homoeopath has Radar™ as their repertory then accessing the *Delusion* rubrics will be *considerably* quicker and easier. Liz's lecture does not require any software of any description. Her methodology does not require any software.

This work will provide sound psychiatric and psychological frameworks for the use and meaning of the *Delusion* rubrics which have previously been underutilized or misused or misunderstood in case-analysis and case taking. Her case-analysis will instruct in the use of a repertory and instruct homoeopaths in psychological training. Her new book *Homoeopathic Psychiatry* is the companion to the lecture circuit. *Homoeopathic Psychiatry* has been developed into a new and innovative case-taking tool and Rubric Module for Radar™. The lecture is not based on this software but rather on live video cases, case-analysis, and homoeopathic repertory skills to find the simillimum. Liz will provide extensive notes on each video case as well as case-analysis notes from her new Radar Module.

From Liz Lalor

In 2010 I will present a series of lectures called *Understanding the Homoeopathic Psychology Behind Destructive Disease*. The purpose in identifying psychological behavioral patterning inherent within the constitutional remedy profile is that this understanding can then be applied to identifying the simillimum in case-analysis. The reason why it is important to know the disturbance in a case is because any severe disease state can often be a reflection of our deep subconscious struggles. This disturbance can form the foundation of our inner angst and form the basis of future pathology. The key point I reveal within in each case presented is that the patient has an avoidance of reality which is a psychological delusion. This is the core basis of the use of a *Delusion* rubric in the case-analysis. In a psychiatric consultation, the psychoanalyst seeks to understand the need behind why the patient has created the psychological delusion to avoid reality. In both modalities – psychiatry and homoeopathy – the psychological delusion is recognized as being injurious to health and recognized as the first indicator of potential illness across all levels – the emotional, mental and

physical. The treatment of the patient in homoeopathy is based on the cure from the simillimum. The psychotherapeutic understanding of the patient's need for the psychological delusion is the indicator of, and explanation for, the simillimum. The ability to find the simillimum is based on *exacting* listening, and understanding the true psychiatric meaning of the *Delusion* rubrics. This understanding in homoeopathic case-analysis is an integral part of case taking which will indicate the simillimum in the case.

I have identified five stages that a patient will progress through in case taking. I use these stages to group the rubrics accordingly. I take the most commonly used *Delusion* rubrics that I have found in my practice, group them according to the five rubric headings and explain their delusional use. In this lecture I will provide extensive lists on each rubric-category. Recognizing the psychological stages will assist in finding the simillimum because it allows you to narrow down the remedies being considered in case-taking to the remedies listed in those particular rubric-categories. If you learn how to recognize these five psychological stages in the consultation within your patient, it will help you practically in the rubric-repertorisation and in finding the simillimum.

How Does this Work?

Last week a homoeopath sought my advice concerning a patient who has MS. She had been treating the patient with *Plumbum*. The patient was suffering with severe psychological delusions of persecution¹. All of the patient's physical interstitial cystitis had cleared, but nothing had changed with her feeling that "everyone at work is out to get me." *Plumbum* is an excellent paralysis remedy covering interstitial cystitis. Furthermore, *Plumbum* have numerous persecution complexes; the prescription *should* have worked. The homoeopath wanted to prescribe *Lachesis*. I asked what did the patient believe had caused her MS. The patient believed that *she had not caused* the MS; her sister had caused the MS. She *had not done anything wrong*. She was still angry with her sister. Her anger that she felt towards her sister was the only reason she *could not get rid of her MS*. Understandably, because of the anger component, the homoeopath had repertorised this to be a *Lachesis* case. However, there is a flaw in her case-analysis because *Lachesis* have numerous psychological delusions of having done something wrong – *Delusion* rubric: *he had committed a crime*: lach., and the *Delusion* rubric: *he has done wrong*: Lach. I teach how to listen to the patient's *exact* words. The correct Causation *Delusion* rubrics for the case are the rubrics:

- *Delusions: enemy: rest; enemy allowed him no*: dros. [1] 1.
- *Delusions: vexation: offenses; of vexations and*: cham. chin. dros.
- *Delusions: pursued; he was: enemies, by*: absin. anac. ars. aur. Bell. carneg-g. Chin. cic. Cocain. con. crot-h. cupr. cycl. dros. hell. Hyos. Kali-br. Lach. lepi. lyc. med. meli. merc. nat-c. nux-v. plb. positr. Puls. rhus-t. sil. stram. stry. zinc.

The correct prescription must be a remedy which has as the Causation: anger at offences. The simillimum must have no other *Delusion* rubrics pertaining to personal blame. *China* and *Drosera* fit this requirement. The simillimum must match the patient's belief that nothing can change because their enemy (sister) is continuing to cause them trouble. This is the *Delusion* rubric: *enemy allowed him no rest*. *Drosera* is the only remedy² listed. *Drosera* is a paralysis remedy.

Drosera as a homoeopathic remedy was the principle remedy used by Hahnemann for whooping cough (Boericke). The theme running through *Drosera* is violent reactivity, followed by ineffectual action or paralysis. Physically, the cough which needs the homoeopathic remedy *Drosera* is noted for its violent coughing followed by ineffectual spasms of the larynx. These symptoms are mirrored in the constitutional remedy profile. *Drosera* are easily angered by people who they suspect of deceiving them. Conversely, however, *Drosera* are completely ineffectual in carrying through their anger and they give up and are inclined to self-denigrate themselves to the point where they suicide. *Drosera* maintain their paranoid 'persecution complex' because it helps cover up their own suicidal ineffectualness. *Drosera* have hubristic rubrics of heightened clairaudience and clairvoyance which reinforce their paranoia about being deceived or pursued rather than reinforce their 'delusions of grandeur'. *Drosera* are anxious and paranoid, easily undermined and full of 'persecution complexes'. The simillimum will not be *Drosera* unless the homoeopath is able to perceive the extreme polarities evident within all plant remedies: sensitivity to real or perceived persecution, and reactivity to real or perceived persecution. *Drosera* have the *Mind* rubrics: *discouraged about the future*, and *suspicious of his best friends*. *Drosera* have the *Mind* rubrics: *rage at trifles*, and *beside oneself with anger at trifles*. The self-defeating ineffectual tendencies within *Drosera* are fueled by guilt over their *vexations*. All their anger is oppressed and undermined by strong suicidal tendencies. The psychosomatic symptoms associated with the homoeopathic use of the remedy *Drosera* is an irritated throat followed by ineffectual coughing and spasms. *Peculiar* to the constitutional remedy profile of *Drosera* is that they do not enact effective or productive change in their lives.

1. Denial: *Delusion* rubric: *fancy illusions, of: dros. Delusion* rubric: *voices: hearing: dros. Delusion* rubric: *visions, has: dros.* [These hubristic rubrics of heightened clairaudience and clairvoyance can be seen to re-enforce their 'delusions of paranoia' about being deceived or pursued.] *Delusion* rubric: *tall: things grow taller: dros.* [Normally this rubric would pertain to 'delusions of grandeur'. Within *Drosera* it contributes to exaggerate persecutory fears.]
2. Forsaken: *Delusion* rubric: *persecuted: he is persecuted: DROS. Delusion* rubric: *betrayed; that she is: dros. Delusion* rubric: *pursued; he was: dros. Delusion* rubric: *deceived; being: dros. Delusion* rubric: *enemy: surrounded by enemies: dros. Delusion* rubric: *enemy: rest; enemy allowed him no: dros.* [1] 1. *Delusion* rubric: *specters, ghosts, spirits: dros. Delusion* rubric: *images, phantoms; sees: dros. Delusion* rubric: *calls: someone calls: dros.* [This rubric can be allocated into 'delusions of grandeur'; pertaining to God calling.

Alternatively, this rubric can be allocated into 'delusions of persecution'; pertaining to the devil chasing someone for sins committed.]

3. Causation: *Delusion* rubric: *vexation: offenses; of vexations and:* dros.
4. Depression: *Delusion* rubric: *news: expecting news: unpleasant news:* dros. *Delusion* rubric: *suicide; impelled to commit: drowning; by:* dros. [1] 1.
5. Resignation: *Delusion* rubric: *enemy: rest; enemy allowed him no:* dros. [1] 1. [This rubric can pertain to 'delusions of persecution' or to persecutory illusions when the patient is sick. When *Drosera* are sick they feel unable to rest until they can "expel" the sickness from their body.]

Constitutional analysis is based on the assumption that it is a state of being the patient moves into as a result of an emotional, mental, or physical trauma. Every patient who is consulting a homoeopath will be dealing with loss. This loss might be loss of emotional health, loss of mental health, or loss of physical health. The psychotherapeutic formation of the development of the *Delusion* rubrics follows five psychological stages which the patient will take as they struggle to acknowledge or resign themselves to their loss of good health.

Doctor Elisabeth Kübler-Ross³ defined five stages that a patient moves through when they are struggling to come to terms with acknowledging dying. The five stages of grief in her model are: denial, anger, bargaining, depression, and acceptance. In my Rubric Model I have also identified five psychological stages. The rubric-categories match the psychological delusions and the psychological stages which all patients manifest in an illness. The developmental order of the groups follows the psychological processing of delusional states within patients as they *deny* rather than acknowledge their loss of well-being. In all homoeopathic consultations the patient will move through *some* or *all* of these five states as they struggle to acknowledge that they are suffering an illness. A patient will *often* start their story from the arrogant assumption, or misapprehension of immortality; we all assume that we are entitled to health and long life.

Denial

"I am not sick."

"I will be cured."

"I will cure myself."

"I should not have got sick."

"This should not have happened to *me*."

Forsaken

"My body has let me down." (abandonment).

"My illness has been caused by others." (persecution).

"I have been cheated of my life." (abandonment and persecution).

"I have been singled out for punishment." (abandonment and persecution).

Causation

"I have caused my disease."

"This is my fault."

"I must have done something wrong to deserve this."

"I have been bad."

"I have sinned."

Depression

"I will never become well."

"I will never succeed."

"I will always fail."

"This is my fate."

Resignation

"I am dying."

"I am sure I have cancer."

"I am sure I have a terrible disease."

"I am too weak to survive this world."

In the Rubric Module I take the most commonly used *Delusion* rubrics that I have found in my practice, group them according to the five rubric headings and explain their delusional use.

1. Denial: 'hubristic denial' of disease.
2. Forsaken: disproportionate feelings of abandonment, or persecutory delusional beliefs.
3. Causation: disproportionate guilt.
4. Depression: predictions of failure.
5. Resignation: overblown resignation to disease and death, or exaggerated hypochondriacal fears of illness.

They encompass respectively, the psychological 'delusions of grandeur', 'delusions of abandonment', 'delusions of persecution', 'delusions of original sin', 'delusions of impending doom' and the 'delusions of hypochondria'. The purpose of understanding these five psychological stages is to match the simillimum to the psychological presentation of your patient's delusional state, whether it be 'delusions of persecution' or 'delusions of hypochondria', etc. If you learn how to recognize these five psychological stages in the consultation within your patient, it will help you in the rubric-repertorisation and in finding the simillimum.

1. I have allocated all the *Delusion* rubrics which pertain to 'delusions of grandeur' into Denial. If the patient's trauma starts with denial of, and disbelief

in, their illness/sickness, then the simillimum is listed in Denial. If the trauma inside your patient starts with martyrdom and/or delusional belief in divine cure then the simillimum is listed in Denial. If your patient unrealistically believes they are so *great* or *superior* that they will not die then the simillimum is listed in all the *Delusion* rubrics: *immortality, in communication with God, under an all powerful influence, or being divine.*

2. I have allocated all the *Delusion* rubrics which pertain to psychological 'delusions of abandonment' or 'delusions of persecution' into Forsaken. If the trauma inside your patient starts with them feeling alone and abandoned, or singled out for punishment by their illness then the simillimum is listed in all the *Delusion* rubrics: *forsaken* or *persecution*.
3. I have allocated all the *Delusion* rubrics which pertain to psychological 'delusions of original sin' or self-blame into Causation. If the trauma inside your patient starts with them feeling guilty and unrealistically responsible for their illness then the simillimum is listed in the all the *Delusion* rubrics: *he is sinful, he has committed a crime* or *he has done wrong*, and is allocated to the section Causation.
4. I have allocated all the *Delusion* rubrics which pertain to psychological 'delusions of impending doom' into Depression. If the trauma inside your patient starts with them feeling hopeless doom about being sick or them feeling like they will never succeed in becoming well in life, then the simillimum is listed in the *Delusion* rubrics: *failure* and *he will not succeed* and is allocated to the section Depression.
5. I have allocated all the *Delusion* rubrics which pertain to psychological 'delusions of hypochondria' into Resignation. If the patient's trauma starts with hypochondria or delusional doom about being sick, or you feel that your patient is exaggerating their weakness or sickness then the simillimum is listed in the *Delusion* rubrics: *death*, and *disease* and is allocated to the section Resignation.

Each remedy profile will present in one, or all, of the psychological stages. Each patient will have a tendency to be *predominately* in denial, forsakenness, persecutory paranoia, guilt, depression, or hypochondria.

In this lecture I will teach homoeopaths how to identifying and understand the psychological processing within a patient's dialogue. This instruction allows homoeopaths to narrow the remedies being considered to the remedies listed in those particular psychological stages and rubric-categories. Participants will learn how to identify and understand the psychology behind destructive or life-threatening diseases. I will present a progressive study of the use and meaning of *Delusion* rubrics in case-analysis and case taking. The above *Drosera* case is a simple example of how beneficial psychological insight into case-analysis can provide homoeopaths with an instructive and practical case-taking tool.

Biography Liz Lalor



Liz Lalor is the originator of the Liz Lalor Fertility Program. Liz has worked with 237 different women and has been successful with 207¹ babies born. Liz is altruistically inspired to have homoeopathy reach the mainstream public. Infertility is a modern-day problem faced by millions of women. Liz has experienced that the addition of her outstandingly program to her clinical practice has attracted many couples who would never have previously considered using homoeopathy. Aside from the goodwill she has experienced in making so many couples extremely happy, Liz has created a thriving homoeopathic practice.

Liz Lalor has worked as an integrative natural therapist for 30 years. Liz has a practice covering all aspects of health, in particular specializing in the treatment of autoimmune disorders and Infertility. Her successful treatment of her son's illness in 1990 was the catalyst in cementing her belief in the unique healing abilities of homoeopathy. Liz was also altruistically inspired to write a book which would appeal to the main stream public. Her book: *A Homeopathic Guide to Partnership and Compatibility* is an exploration of constitutional remedy profiles and romantic compatibility. This is the first Materia medica to be sold in main stream bookshops. Liz brings to her teaching, experience in counselling and somatic psychotherapy. Liz uses constitutional homoeopathy within a conventional counselling practice to help her patients understand more about themselves as a particular 'homoeopathic constitutional type'. Liz is able to draw upon her experience of counselling the more 'unusual' constitutional remedy profiles and has written articles on – *Agaricus* and Alice in *Alice's Adventure in Wonderland* – Frodo and Gollum and the remedy profiles of *Anacardium* and *Mancinella* from Tolkien's tale *The Lord of the Rings* – Hamlet and the remedy profile of *Muriaticum acidum* – *Tarentula hispanica* and the character of Iago from Shakespeare's *Othello* and *Anhalonium* and Queen Galadriel from Tolkien's tale *The Lord of the Rings*.

¹ All 207 babies have been born in perfect health. Two women have had twins on Liz's program. The twin is not recorded as an additional number. For the consistency of recording statistical success rates Liz has counted the birth of the twins as a *single* successful attempt to conceive.

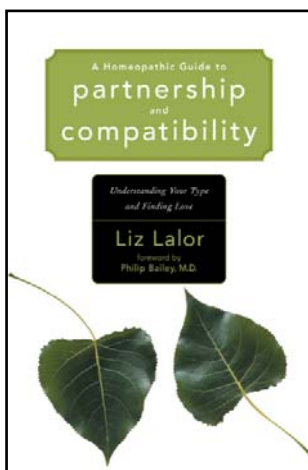
Liz has taught her Fertility Program in Australia, London, and the Netherlands. She has written articles on Vannier and her approach to Infertility in *Similia*, *Homoeopathic Medical Panorama*, *Homeopathy in Practice* and *Links*. Liz consults daily via email with hundreds of homoeopathic practitioners world-wide who are currently using her program. In 2008 Liz presented a series of lectures on her video cases in a lecture series called 'Revealing the Disturbance in the Case' in London, Belgium and the Netherlands. She has currently finished her second book – *Homoeopathic Psychiatry* – which covers the psychological meaning and application of the *Delusion* rubrics in case-analysis and case-repeterisation. Liz will launch her new book – *Homoeopathic Psychiatry* on her 2010 lecture circuit in Germany, Belgium, London, and Wales.

CV

- *Similia*, February 2002, Using Homoeopathy to Choose a Partner.
- *Similia*, November 2003, Fertility Success using Homoeopathy.
- *Links*, Summer 2004, Choosing the Right Partner *Carcinosin*.
- Book, *A Homeopathic Guide to Partnership and Compatibility*, 2004, North Atlantic Books.
- *American Journal of Homeopathic Medicine*, Autumn 2004, *Magnesium carbonica* and *Sulphur* Compatibility in Homeopathy.
- *Free Spirited*, January 2004, Heal Your Relationships with Homeopathy.
- *Homeopathy International*, Summer, 2004, Choosing the Right Partner *Sepia* and *Medorrhinum*.
- *Homoeopathic Medical Panorama*, April, June, 2004, Liz Lalor Fertility program.
- *Links*, Winter, 2005, The One Ring *Anacardium* and *Mancinella*: Frodo and Gollum.
- *Homeopathy in Practice*, Summer, 2005, *Agaricus* - Alice in Wonderland.
- *Links*, Spring, 2005, Fertility Success using Homeopathy and the Vannier Method.
- *Homeopathy in Practice*, Spring, 2005, Power Struggle - *Lachesis* and *Lycopodium*.

- *Homeopathy in Practice*, Winter, 2005, Hamlet - To be or not to be - *Muriaticum acidum*.
- *Homeopathy in Practice*, Summer, 2006, Infertility Treatment.
- *American Journal of Homeopathic Medicine*, Summer, 2006, Revengeful Insanity – Iago and Othello – *Tarantula hispanica*.
- *Links*, Winter, 2006, The Ring of Ninya – Elven Queen Galadriel and *Anhalonium*.
- National Conference, October 2006, Liz Lalor Fertility program, Perth, Western Australia.
- One Day Conference, November 2006, Sydney, Australia, Liz Lalor Fertility Program and the Vannier system.
- *Homeopathy in Practice*, Summer, 2007, Contrasting extremes: a *Medorrhinum* case.
- One Day Conference, May 2007, Adelaide, South Australia, Liz Lalor Fertility Program and the Vannier system.
- *American Journal of Homeopathic Medicine*, Spring, 2007, *Anacardium* case: *sins from this and many lives*.
- *American Journal of Homeopathic Medicine*, Summer, 2007, Shaken Baby Syndrome: *Baryta Carbonica* Case
- One Day Conference, November 25th 2007, Melbourne, Australia, on Fertility Program and the Vannier system.
- One Day Conference, May 4th 2008, Melbourne, Australia, Liz Lalor Fertility Program and the Vannier system.
- *Links*, Summer, 2008, *Delusion: he has committed a crime: A Case of Veratrum album*.
- One Day Conference, London, June 7th, 2008, Phoenix Talks, Liz Lalor Fertility Program and the Vannier system.
- One Day Conference, London, June 8th, 2008, Phoenix Talks, Revealing the Inner Conflict.
- One Day Conference, Den Haag, June 13th, 2008, Liz Lalor Fertility Program and the Vannier system.

- One Day Conference, June 15th 2008, CKH Centrum voor Klassieke Homeopathic School, Leuven, Belgium, Revealing the Inner Conflict and Disturbance.
- Quest presentation, June 25th 2008, A *Luna* case, Alize Timmerman's International Course, Den Haag, Netherlands.
- *Homeopathy in Practice*, Summer, 2008, *Natrum sulphuricum* Sons and Lovers.
- *Links*, Winter, 2008, Alice in Wonderland – Growing Big and Growing Small *Agaricus* Case.
- National Conference, September 2008, Sydney, Australia, *Baryta carbonica* Case program: Shaken Baby Syndrome.
- *Similia*, December 2008, The Universal Energy of a *Luna* Case.
- One Day Conference, Brisbane, Queensland, AHA, July 25th, 2009, Revealing the *Disturbance* in the Case.
- One Day Conference, Brisbane, Queensland, AHA, July 26th, 2009, Liz Lalor Fertility Program and the Vannier system.



'Liz Lalor's *A Homeopathic Guide to Partnership and Compatibility* is a useful guide to self-discovery, as well as a help to people understanding how and why they feel so compatible with some people and so incompatible with others.'

John Gray, *Men Are from Mars, Women Are from Venus*.

'Though many homeopaths have toyed with this idea, Lalor gives concrete shape to it and uses it also to illustrate more basic ideas of homeopathy.'

Rajan Sankaran, *The Spirit of Homeopathy, The Substance of Homeopathy, and Insight into Plants*.

'Liz Lalor has done a remarkable job in describing common personality types in a manner which is easily comprehensible, yet also covers the essence of each type with enough subtlety to satisfy the serious reader. A serious and entertaining exposition of how homeopathic types interact in relationships.' Philip M. Bailey, MD, *Homeopathic Psychology*.

'No other homeopathic study has looked at the issues of compatibility and at the psychology of relationships through the eyes of homeopathy. If you are a homeopath and you have never thought about analyzing your patients by what they are like in relationships, then this book will provide useful insight.'

Liz Lalor, *A Homeopathic Guide to Partnership and Compatibility*.

¹ A 'persecution complex' is psychological terminology applied to an array of complex behaviors that specifically deal with the feeling of being persecuted for various possible reasons, imagined or real. A self-imposed persecution complex is applied to the patient who deliberately instigates predetermined 'delusions of persecution'. 'Delusions of persecution' is applied to the patient who believes that the whole world is against them. 'Delusions of persecution' can justify retaliation acts excused by the presumed hostility of the world. The acts of hostility become a self-fulfilling prophecy: the person is rejected by the world for their acts of hostility.

² When I was studying homeopathy, I was taught that if a remedy is graded as a *one* in a rubric heading, it meant the rubric heading was of little significance. My experience of the importance of the psychological delusions which are revealed in the *Delusion* rubrics has led me to disagree with that teaching. The *peculiar* rubrics which contain only one remedy are exquisite gems which I treasure because they are *the more striking, singular, uncommon and peculiar signs and symptoms* of that particular remedy only. [Aphorism 153 The Organon.] The *Delusion* rubrics which contain only one remedy are indicative of the conflicting psychological delusions in each constitutional remedy.

³ Elisabeth Kübler-Ross first introduced her stages known as the 'Five Stages of Grief' in 1969 in her book, *On Death and Dying*. The 'Five Stages of Grief' describes in five distinct stages the mental and emotional processing by which people allegedly deal with grief and tragedy, especially when diagnosed with a terminal illness.

