

MEDICAL HOMŒOPATHY

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INTRODUCTION

My intention in writing this book is to provide practitioners and students alike with an easy and accessible reference tool. Having taught medical sciences in several Colleges of Homœopathy over the last 10 years, it has become apparent that there is no text that effectively bridges the homœopathic and medical divide – that is the purpose of this book. As you work your way through each chapter, there are a few brief notes on the anatomy and physiology of the system (in the form of a quick recap.) You'll notice that there are no pictures – there are thousands of resources in other places with fabulous 3-D, full colour, even animated pictures, so I recommend you search them out to refer to alongside this text. My aim has been to simplify the typical disease processes that occur within each system.

The advantage of this approach is that the book can be used as an instant reference for students and practitioners of homœopathy. Every chapter clearly places conventional medical terminology, diagnoses, and treatment within a homœopathic context, whilst also collating the very best specific and therapeutic homœopathic remedies within a medical framework. The remedies and adjunctive treatments laid out here are culled from my own clinical experience and that of those of the busiest and most successful practitioners in the homœopathic world.

How this book works

For ease of reference I have divided the human body into systems - Cardiovascular, Musculoskeletal, Nervous System, and so forth. Each of these systems forms the basis of a separate chapter. Each chapter is broken down in the same way, which is discussed further below:

- Recap of anatomy and physiology
- Pathology
- Conventional treatment
- Homœopathic treatment including specifics and therapeutics
- Where necessary, adjunctive treatment

Thus, if a patient comes to see you suffering from conjunctivitis for example, you can immediately turn to the chapter on the visual system, remind yourself of the relevant anatomy and physiology, look at the conventional treatment they are likely to have been offered, and then examine the homœopathic specifics and therapeutics.

OVERVIEWS OF ANATOMY AND PHYSIOLOGY

Most sections begin with a little bit of a 'memory jogger' covering the anatomy and physiology of that system. These are by no means exhaustive, and those with an interest in the detail of the body's function will probably want to delve deeper. I have included several excellent resources in the 'Preparatory Reading' section.

PATHOLOGY

This is where homœopathy meets medical sciences – our patients turn up with a disease, and frequently with a clear diagnosis. This section explains what these diagnoses mean, and sometimes how they are arrived at. Most pathologies will be accompanied by the typical signs and symptoms of the disease.

Diseases are usually discussed in simple, fairly basic terms – I have tried to keep the information straightforward and plain. I have sometimes added in the cause of the disease; in these instances I am referring to the cause as proposed by our colleagues in the conventional medical world, allowing homœopathic philosophy to take a back seat for a while.

CONVENTIONAL TREATMENT

It may seem rather unorthodox to include a section on conventional treatment in a homœopathic book, but I would contend that it is very important – by understanding what a diagnosis means, what the conventional treatment options are and to recognise where a patient is in terms of their conventional treatment, both the homœopath and patient are empowered.

If our patients are using conventional medicine (as is often the case) then homœopathy is not their alternative medicine – it is their complementary. It seems to me that if the patient is not ‘operating in isolation’ then neither should we.

In this book I have decided to use conventional terms when discussing conventional medicine. This doesn’t always sit easily with homœopathic philosophy but in this instance it seems appropriate. So when, in this section, you see the terms diagnosis, prognosis and side effects, it’s important to understand that these terms apply to the allopathic approach. It is highly likely that the same disease will have a different prognosis from a homœopathic perspective, but it seems reasonable to inform the reader of each perspective separately.

HOMŒOPATHIC TREATMENT

Many diseases will have a specific list (or table) of remedies that are suitable for that condition. Often I will suggest some ways to help you choose which remedy is the most appropriate. I do not wish to imply that this ‘short-cut’ homœopathy is the only (or even the best) way to practice. I believe that careful, well-considered constitutional homœopathy is the height of our craft; no other approach has the depth of action or length of impact. Nevertheless the constitutional approach can be slow, and it is notoriously difficult to master. Additionally, some diseases demand a rapid response from homœopathy; if the patient doesn’t get results, they abandon the process, and often become a member of the small (but vociferous) group who say, “I tried homœopathy ... it didn’t work.”

There are some homœopaths who are philosophically opposed to using specific or therapeutic remedies, but in my experience – and these are the three key words – I have seen, day after day, week after week, and month after month that giving a remedy suited to the disease (as opposed to one that is suited to ‘the whole person’) can have a dramatic and rapid effect.

My approach, at least initially, is to concentrate on what the patient has identified as the most important symptoms they want cured. Once they experience success with homœopathy they are more willing to explore other, more subtle aspects of their case. But it often takes a significant improvement in their physical symptoms (their presenting pathology) to give them (and us) the breathing space to work on more subtle matters.

The remedies mentioned in this book fall into several categories – as follows:

SPECIFICS AND THERAPEUTICS

These are remedies that have worked before in similar circumstances, that have been shown by clinical experience to have a rapid effect on a particular pathology. The most famous example in homœopathy is probably *Arnica* for trauma situations. Many of the tables are lists of specifics. These lists have been drawn from the work of respected homœopaths and from my own clinical experience.

Often within the lists or tables I have given clear differentials. These usually comprise quick and simple ways to choose from a list of a few remedies ... basic remedy information (specific to the pathology in question) along with remedy keynotes and modalities. Sometimes this is referred to as “Differential homœopathy”, or “Therapeutics.”

None of the lists are exhaustive – there are rarely more than a dozen remedies, often less. It is typical that every homœopath constructs his or her own lists. This can take years of being in practice – the remedies I’m giving are simply a starting point.

AFFINITIES

As each system is discussed it will become clear that some remedies that are useful within a particular system crop up again and again – these are ‘the usual suspects’ – remedies whose action is known to have an affinity with a particular part or system of the body. A classic example would be *Rhus tox*, which has an affinity for the musculoskeletal system. It can be priceless in practice to have a ‘toolkit’ of a dozen or so remedies for each system, it makes the decision process highly efficient, which can be a great benefit to practitioner and patient alike.

ADJUNCTIVE TREATMENT

In a few pathologies or systems I have included a little adjunctive advice, usually in terms of diet and exercise that experience has shown to be helpful. Along with the doubtless benefits that accrue from looking at adjunctive treatment, I sometimes suspect that patients get better in a shorter time if they are participating in the process. Changing aspects of their diet or their exercise routine encourages them to become an active part of the healing process.

ABBREVIATIONS AND CONVENTIONS

There are only a couple of frequently used abbreviations in this book they are:

< which means worse for

> which means better for

SRP which stands for Strange, Rare and Peculiar (in relation to a symptom)

Most of the remedy names however, have been abbreviated ... the full botanical or chemical names of the remedies have a resonance and a poetic beauty all their own. In this book I have used the common argot of the homœopath and homœopathic student. As this is a practical reference book it seemed appropriate to use the names we commonly use in practice.

FINALLY

My hope for this book is that it will get dirty, scruffy, written in, and generally dog-eared from overuse. It is intended as a working tool and as a useful, comprehensive reference. My belief is that homœopathy can be a relatively simple craft, and my aspiration is that this book will make it easier still. Now go and heal the sick.

Steve Smith
September 2007

PREPARATORY AND ACCOMPANYING READING

I have deliberately designed this book so that it can be read without any preparatory work. However, as I said in the Introduction, there is a general assumption throughout the book that anatomy and physiology has been studied. Either system by system (as the book is laid out) or in its entirety.

The books I use as an accompaniment to the lectures on which this volume is based are:

Wynn Kapit & Lawrence M Elson **The Anatomy Colouring Book**

Benjamin Cummings Publishing

ISBN 0-8053-5086-1

Wynn Kapit & Lawrence M Elson **The Physiology Colouring Book**

Harper and Row Publishers, New York

ISBN 0-06-043479-1

I think that it is really important to have a good Medical Encyclopaedia or Dictionary. I use these two, but anything of quality will do.

Peter Wingate **The Penguin Medical Encyclopedia**

Penguin Books

ISBN 0-14-051220-9

Elizabeth A Martin (Editor) **Concise Medical Dictionary**

Oxford University Press

ISBN 0-19-281991-7

For those who demand the very best and most thorough medical reference I suggest The Merck Manual, however it is **very** thorough, and most non-medical people will need a dictionary by their side to make it through the text.

Mark H Beers and Robert Berkow (Editors)

The Merck Manual of Diagnosis and Therapy

Merck Research Laboratories *ISBN 0911910-10-7*

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The musculoskeletal system can be a particularly daunting area to study. With the body containing more than 650 individual muscles and over 200 bones there's a lot to remember. In my experience the homœopathic profession is, on the whole, pretty hopeless when it comes to naming muscles, muscle groups, or bone structures. Our colleagues in other disciplines (reflexologists, aromatherapists, and especially the 'hands on' therapies) are much better educated.

It seems that there is, however, a pretty good argument for not even trying to cram in the name and location of every bone and muscle (although this is a laudable aim) as long as you know where to look for the information when you need it. I would recommend a good, up-to-date anatomy and physiology book; something that you can easily reference and whose style suits you. Some of these textbooks can be rather inscrutable for homœopaths, especially if they are targeted at those with a more thorough grounding.

However, it is important to have a clear grasp of the processes of bone formation and to be clear about our definitions of the components of the musculoskeletal system. So I will cover those aspects, naming all the muscles and bones is for other books and other people.

THE SKELETAL SYSTEM

Bone is the exceptionally hard and dense connective tissue that forms the skeleton of the body. It's composed of a matrix of fibres (collagen fibres) that are impregnated with bone salts. The salts are of importance to us as homœopaths as they correspond to the remedies *Calcarea carbonica* and *Calcarea phosphorica*, remedies which are of great importance in skeletal disorders. Bones also contain small traces of fluoride and magnesium.

The skeleton begins to form in the womb and is initially constructed of only cartilage. By month six mineralisation starts and calcium is taken from the mother's blood, and if necessary from her bones too. As children grow the bones elongate; the growth point being just below the end of the bone (the epiphysis). It is at the epiphysis that large quantities of osteoblasts are engaged in producing new bone, which is later hardened by ossification with the deposit of minerals. It isn't uncommon to hear of a 'slipped epiphysis'; this is when a child has fractured the epiphysis and it has not been correctly realigned, thus causing crooked growth. It should be remembered that bone is a living tissue and consequently in a constant state of flux. Its constituents are constantly being deposited and removed.

Three types of cells perform the regulation of the living bone; Osteoblasts, Osteocytes and Osteoclasts. These cells create, preserve and destroy the bone respectively.

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Three types of cells perform the regulation of the living bone; Osteoblasts, Osteocytes and Osteoclasts. These cells create, preserve and destroy the bone respectively.

- Osteoblasts are continually building up new bone (and are therefore at their most active in childhood).
- Osteocytes are the cells which are 'left behind' to act as caretakers for the bone. They are capable of detecting stress or fracture and can summon the Osteoblasts back again to undertake any necessary repair.
- Osteoclasts are responsible for removing any unwanted bone.

Obviously these three have to work in some harmony and if there are disturbances to their functioning, then diseases of bone can occur.

Despite common belief to the contrary, bone is an active tissue, which is forming and remodelling constantly in response to the physical stresses and structural demands placed upon the body. At sites of continued excess pressure or traction the bone will form overgrowth, thus creating bone spurs or osteophytes. With chronic joint inflammation or hormonal/mineral imbalance bone will lose substance and increase in brittleness – causing osteoporosis.

CURVATURE OF THE SPINE

Curvatures of the spine mainly occur in one of two ways. The normal curvature of the spine (from the 'front' of the body to the 'rear' – technically anterior to posterior) can be exaggerated; this is called a Kyphosis. Perhaps the most familiar condition associated with this type of spinal curvature is hunchback. This is a humped condition of the dorsal spine resulting from an extreme curvature of the spine.

As a result of the spinal deformity in hunchback, the ribs become contorted, compressing or displacing the lungs and other structures within the chest cavity and thrusting the collarbone and shoulder blades into distorted positions. Deformities take place in the hips and other parts of the body in its effort to maintain balance. So one can see a systemic pathology, which is traceable to a particular problem.

The spine can also deform laterally (side to side) causing a curvature known as Scoliosis. Sometimes the spine deforms twice forming an 'S' shape; this is known as a double scoliosis. Scoliosis is sometimes addressed surgically by insertion of a metal rod along the spine. In some cases the spine twists in both the lateral and posterior planes; perhaps inevitably this is called Kyphoscoliosis.

SPINAL COLLAPSE

Collapse may occur in elderly people, particularly women, whose bones can become soft and brittle, causing a dorsal kyphosis. When curvature results from collapsed vertebrae, the person loses height along with developing the curvature.

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BOOK TEXT CONTINUE A FEW PAGES, THEN....

CONVENTIONAL TREATMENT FOR CURVATURE OF THE SPINE

Treatment for a hunchback condition is varied. A mild kyphosis can often be corrected with plaster casts and braces if diagnosed before the skeletal frame has completed its growth. It is said that congenital deformities cannot be cured; only a certain amount of the deformity can be minimised by surgery and local manipulation. Hunchback caused by spinal disease is also only slightly amenable to surgery and local treatment. Traction, pads, and plaster-jacket supports are commonly used in manipulative treatments. Conventional medicine asserts that there is no cure for many spinal conditions, and certainly it may be difficult to change such deep pathology. However, there are a number of things that can be done to improve the situation. As usual exercise and homœopathy often combine well to help, and physical complementary therapies are often wonderfully effective; chiropractic manipulation, osteopathy, reflexology and good massage can be life-changing.

EXERCISE

Use it or lose it. Gentle exercise should be beneficial, possibly the best option being Tai Chi. This slow, controlled form of the martial arts is intended to release blocked energy in the body and may indeed help increase flexibility. It also enables people in pain and discomfort to do something with minimal discomfort.

HOMŒOPATHIC TREATMENT

As usual there can be no substitute for a well-indicated constitutional remedy, and if the curvature is congenital, then you need to look carefully at the miasmatic background. However these are the specific remedies worth considering... if in doubt check Murphy's Repertory; Diseases, Spinal curvature, (p.439). [SRP, below = Strange, Rare and Peculiar]

Remedy	Comments
Asafoetida	Syphilitic, extremely sensitive. SRP > cold wet weather.
Calc fluor	< rest, change of weather. > heat and warmth.
Calc phos	Soreness of back as if broken, stiff, cold and numb.
Hecla lava	Tumours, caries of bone, enlarged glands.
Merc corrosivus	< evenings, night, acids. > while at rest.
Phos ac	< exertion, being talked to. > warmth. Scraping pains.

PAGET'S DISEASE

This is a disorder of the normal balance between creation and destruction of bone. In Paget's Disease it is the osteoblasts that are in error in that they are creating more bone than is actually needed and also creating it in an irregular fashion. For the forgetful, osteoblasts are the cells that are responsible for bone formation; osteoclasts are those that remove unwanted bone; and osteocytes

are the “caretaker” cells which detect fractures or stress and summon back the osteoblasts (which usually disappear after childhood). This extra creation of cells means that large cavities are produced. These cavities can be filled with vascular fibrous tissue (and consequently with blood). The effort required to circulate the increased volume of blood may lead to heart failure.

SIGNS AND SYMPTOMS

Early symptoms of Paget’s disease include bone pain, joint pain (especially in the back, hips and knees), and headache. Physical signs include enlargement and bowing of the thighs (femurs) and lower legs (tibias), and enlargement of the skull in the area of the forehead.

As the disease progresses, other signs and symptoms often appear. These may include further bowing of the affected limbs, a waddling manner of walking, muscle and sensory disturbances, and hearing loss. Congestive heart failure (high-output) may occur. Tumours of the bone (osteogenic sarcoma) are also a rare complication. Most cases of Paget’s disease however, are without symptoms and are mild. These may be identified through x-rays of the pelvis. When symptoms occur, they are often vague and hard to distinguish from those of many other bone diseases such as lumbar spine diseases or osteoarthritis.

Diagnosis is confirmed through blood tests – so you need to encourage your patient to get them if you are not sure. X-rays showing characteristic lesions on the back of the head (occiput) and thigh bones (femur) are also important diagnostic findings.

CAUSES

The exact cause of Paget’s Disease is not known. Recent scientific research suggests that Paget’s disease may be caused by a slow virus. This type of condition involves a virus that may stay dormant in the body for many years, and then reactivate later in life causing disease symptoms. More research is needed to determine whether genetic and/or slow virus factors are involved in the cause of this disorder. It is considered possible by conventional medics that Paget’s Disease may have a genetic factor; of course, as homœopaths we feel that all patients have ‘genetic factors’, consequently this angle should be noted when treating Paget’s Disease.

HOMŒOPATHIC TREATMENT

One specific remedy for the condition (under Osteo Deformans in Clarke’s Clinical Repertory) is *Hecla lava*. This is a fascinating small remedy and can be studied in Clarke’s Dictionary of Materia Medica; Clarke says that one of his acquaintances, when travelling in Iceland, noticed that the sheep in the vicinity of Hecla had immense exostoses (benign cartilaginous outgrowth from a bone) on the jaws.