

Centre for Integrative Medical Training
In Association with London Integrated Medical Health Education



Intermediate Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 36

PRINCIPLES & PRACTICE - methodological studies for Week 4

When A Well Indicated Remedy Fails

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<https://youtu.be/onpwJ7SKgwo>

This is a common problem, even for the best prescribers. There are a number of reasons why a prescription in which we had confidence might fail. Above all we should always consider that the prescribing data, on which our last remedy selection was based, was perhaps unreliable or outdated.

In this section we will review the circumstances which often attend a failed prescription and consider the ways in which progress might be restored.

Basic Problems

Before prescribing a nosode or 'miasmatic' remedy, consider more basic problems:

Compliance

Is the patient taking the treatment? If not, why not?
Fear of aggravation?

Antidoting

Is being the treatment antidoted? Camphor, menthol, olbas oil, and various aromatics for colds and flu have all been implicated at some time or another.

Coffee is considered by some to antidote only a few plant remedies (eg *Nux vomica* and *Colocynthis*). Others expressly advise the patient to stop coffee completely. Tea has been observed by some to antidote *Thuja*.

How much is being masked by conventional treatment? Sometimes patients on steroids will start to respond when the dose is cut. Be careful.

Life-style and habits

Is the remedy failing because of the patient's life-style, for example, a bronchitic who continues to smoke, or sufferers of osteoarthritis of the knees who won't (or can't) lose weight?

Have You Prescribed the Wrong Remedy?

Take the history again, paying close attention to the guiding symptoms and modalities.

Patients are often initially unobservant of their own disease. The first consultation may be the first detailed appraisal they have encountered. This sometimes stimulates them to observe more closely and patients often return with more refined prescribing information. Advanced disease is often relatively featureless: 'I have stiffness all over, all the time!' So actively seek correlative, alternating and corroborative features.

Were you trying to be too clever with your prescribing?

Perhaps you latched onto a single 'rare, strange or peculiar' symptom at the expense of the broader picture.

Talk to a relative or spouse. They may have some very illuminating observations.

A feature which the patient plays down or is unaware of (because it is second nature) is often highlighted by relatives as a typical feature.

Probe for hidden psychological dynamic

Examples of these are:

- concealed depression in a 'coper' - *Natrum mur*
- masked depression - *Sepia*
- concealed indignation/resentment - *Staphisagria*

Review the Case History

Did you record the presenting complaint - not the name of the disease but what the patient actually complains of - in the patient's own words? Did you pick up on the following?

History of present complaint:

Temporal aspects

Duration, pace and pattern of evolution

Precipitating factors:

Mental shock, acute

Mental stress, chronic

Other illnesses, surgery

Local and General modalities:

Time
Perspiration
Weather: cold/wet, hot/dry, prediction
Local temperature
Local pressure
Exertion
Other

Systemic enquiry:

Head, upper respiratory tract
Chest
Neck and back
Stomach, food allergies & reactions, desires and aversions
Bowel, urinary
Menstrual
Skin

Mind symptoms can be among the most sensitive parameters:

Reaction to illness
Affect
Sympathy/consolation
Anxiety, nature, free-floating/specific, irrational fears
Specific mentals
tidy/untidy
assertive/gives in
irascible/weepy
libido, etc

Is direct observation and recognition the key?

Not what they say, but how they say it

Argentum nitricum – quick, twitchy, nervous, excitable
Lycopodium – ‘donnish’, intellectual, reserved
Nux vomica – precise, assertive, may be aggressive and demanding
Pulsatilla – soft-spoken, maybe vague
Sulphur – theories • about disease
Lachesis, Cimicifuga – loquacious •
Phosphorus – attractive, maybe flirtatious
Platina – arrogant, supercilious
Staphisagria – seething anger

Can you cross-reference the pathological features to a remedy or group of remedies?

Clinical Examination

Many remedies have characteristic appearances. The appearance of skin lesions, for example, can be almost pathognomonic:

Skin

<i>Graphites</i>	- flexor distribution, cracked, exuding, may involve nipples
<i>Sulphur</i>	- non-flexor, red excoriated
<i>Arsenicum</i>	- tense, chilly, desquamation •
<i>Rhus tox/ven</i>	- fine vesicles
<i>Cantharis</i>	- large blisters
<i>Natrum mur</i>	- hair margin

In rheumatological disease direct observation is vital:

Joints

<i>Causticum, Formica</i>	- contracture (joints)
<i>Apis</i>	- hot swollen joint
<i>Hypericum</i>	- metatarsalgia

The appearance, taste or odour of discharges and sputum may be characteristic and easily cross referenced in the repertory.

<i>Arsenicum</i>	- frothy sputum
<i>Phosphorus</i>	- small flecks of blood in expectoration
<i>Kali bich</i>	- small tough bits
<i>Stannum met</i>	- profuse sputum

Remember to look at the tongue.

<i>Mercurius</i>	- tooth-marked (also saliva •, halitosis)
<i>Natrum mur</i>	- geographical
<i>Nitric acid</i>	- ulcers (other remedies also)

The appearance of the hair and nails may be indicative of metabolic or endocrine disturbance or an important guide to the patients' remedy sensitivities.

<i>Silica</i>	- longitudinal ridging, cold clammy palms, very fine hair
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Graphites - transverse ridging
Natrum mur - dry hair, greasy skin
Ignatia - myokymia ('live flesh')
Sil, Graph - cheloid

Ask again about trigger factors. Something may have occurred to the patient on reflection, after the first interview.

Shock, stress

Apis, Ignatia – acute psychological

Natrum mur, Sepia,

Causticum – chronic psychological

Arnica, Opium – physical

‘Never well since’

Nosode eg reactive arthritis:

Medorrhinum – Reiter’s

Bowel nosode, especially

Syc co – post diarrhoeal

Thuja – immunisation

Tuberculinum – Past history or strong family history of TB

(NB: *Pertussin* still prescribable for ‘never well since’)

The evolution of the disease may be characteristic.

Arthritis

Ledum – starting in feet or ankles, migrating up (‘centripetal’)

Kalmia – centrifugal migration

Pulsatilla, Kali bich – erratic migration

Kali bich – alternation with asthma

Others

Graphites – skin alternating with internal condition

Pulsatilla – onset at menarche

Lachesis, Calc carb – onset at menopause

Finally...

1. Consider a ‘miasmatic’ remedy – *Sulphur, Thuja*

2. Consider a nosode:

Medorrhinum, Psorinum, Carcinosis, Tuberculinum, Syphilinum

Bowel nosode (see Paterson’s list of associated remedies, reprinted *British Homoeopathic Journal*, April 1988)

Staphylococcin, Streptococcin, etc