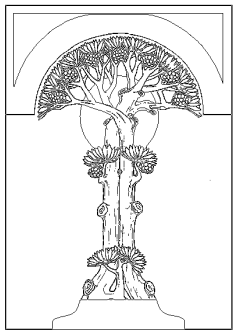
Centre for Integrative Medical Training
In Association with London Integrated Medical Health Education



Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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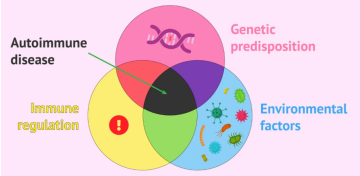
Unit 69

Therapeutic Pointers for Weeks 12 - 13

Autoimmune Diseases - Homeopathic Notes



Basic Overview

Autoimmune diseases involve impairment of self-tolerance, usually mediated by anomalies of immune memory. Most auto-immune conditions appear to be acquired, although genetic predisposition is an important factor in many conditions. Autoantibodies are found at increasing levels with age, which suggests that a degradation of the 'immune code' is more likely as we get older.

Autoimmune disturbance sometimes exert a dominant effect on one organ, as in Hashimoto's thyroiditis, or it can be more systemic as in SLE. Conventional treatment tends to involve, the relatively non-specific suppression of immune activity with steroids or chemotherapeutic drugs, in combination with symptomatic treatment.

Autoimmune conditions are clinically confirmed by means of detection of specific autoantibodies. Disease activity can assessed both clinically, and biochemically by means of antibody titres, inflammatory markers and, less commonly nowadays, sedimentation / RBC agglutination, and protein electrophoresis etc.

Homeopathic Approach

Until the advent of scientific immunology, conditions relating to impaired self-tolerance could not be diagnosed in terms of their relationship to autoimmune disturbance. We do find terms such as lupus and pernicious anaemia in our Homeopathic literature, but these are described there with reference to their clinical picture and therapeutically matched with similia for their symptomatology.

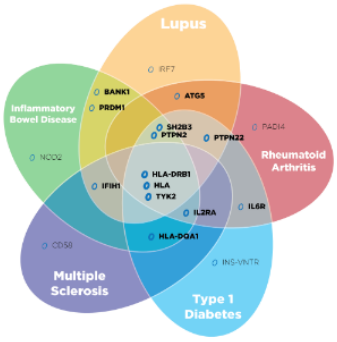
When treating these conditions homeopathically today, we still depend heavily on the symptoms and clinical signs of the disease. The diagnosis and conventional model for the condition remains of secondary value in finding an appropriate remedy.

This is not to say that the conventional diagnosis should be disregarded, as it will provide a helpful guide to the integrated management of the condition. Our increasing conventional knowledge of trigger factors, especially infections, however, can lead to the use of appropriate nosodes.

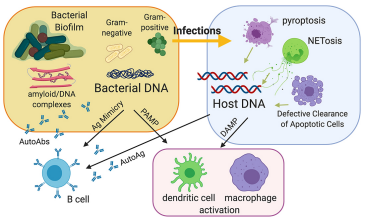
CASE TAKING

The Homeopathic approach to treating autoimmune disease is no different to any other deep-seated chronic disease. Effective history taking should pay special attention to those symptoms that are uncharacteristic, in terms of the normal disease manifestations.

The family history can be important in terms of tracing familial predisposition. Genetic testing and suitable counselling may be appropriate and, homeopathically, miasmatic 'shadow symptoms' can sometimes guide the use of nosodes etc.



Genetic links across auto-immune conditions



Model for infective triggers in Auto-immune Illnesses

It is important to note any incidental emotional triggers, especially those that were current at the time of the original onset (eg. grief, shock). Other external triggers should be sought, including accidents and medications; environmental influences and any gateway indications that suggest derangement of the intestinal flora that might have triggered the condition.

ANALYSIS

When analysing the case history it is sometimes using a miasmatic filter, if there are a lot of poorly differentiating symptoms in the search.

Chronic and insidious conditions that are characterised by progressive pathophysiological changes are often linked homeopathically to *syphilitic, canceric,* or *tubercular* patterns (See Intermediate Course).

We should generally approach the case from the standpoint of totality, and go back as far as possible in the patient's history, to seek out any causative threads, including any that appear to have existed throughout that person's entire life.

'ONE SIDED CASES'

Sometimes, however, we will be dealing with a so called "one-sided" case:

Organon §173

The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed one-sided, because they display only one or two principal symptoms which obscure almost all the others. These belong chiefly to the class of chronic diseases.

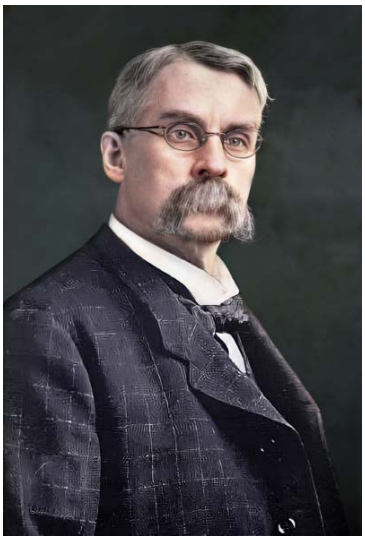
In the so-called, one-sided case, those symptoms not belonging to the condition, ie that are strange rare and peculiar (*Organon*, §153) are most likely to guide us to a prescription.

Before you label any case as ' one-sided' make sure that it is not your history-taking that is at fault. For any given presentation, explore the exact sensation experienced by the patient and look for corollaries in terms of other symptoms / signs, and/or associated feelings sensations and modalities.

Bear in mind that the so-called one-sided case often requires a treatment approach which is not strictly 'classical'. This can include various *sequential strategies*, the exploratory use of nosodes, *organotropic* remedies and even complex homeopathy directed at different parts of the illness process or its symptomatology. (This would be anathema to some unicist prescribers)

Before you embark on a non-classical approach, however, always try to identify specifics first. You should only move to an 'experimental' mode of prescribing if your standard constitutional, miasmatic and

organotropic approaches have been both considered and tested in practice and, yet, have drawn a blank.



James Tyler Kent (1849-1916)

TOTALITY REPERTORISING

Once we have collected our symptoms and weighted them we can proceed to repertorise. As pointed out above, the most valuable symptoms are those not diagnostically related to the disease.

If we have taken a good case history, our recorded 'image' should yield rubrics that reflect the mind, generals and physicals. Sometimes we see a 'line running through the case'. This might be an emotional habit, sensation, or a consistent modality common to more than one local. Despite individualising the symptoms, it is nonetheless useful to study some pathological rubrics, scanning them for confirmation of a selected remedy. Some useful rubrics to consider might be as follows:

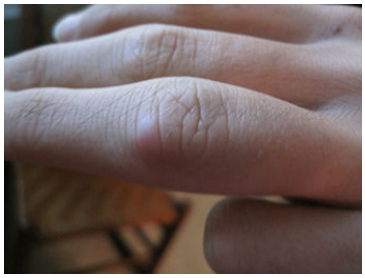
EXTREMITIES - RAYNAUD'S DISEASE
SKIN - LUPUS
NOSE - LUPUS
HEAD - LUPUS
GENERALS - MULTIPLE SCLEROSIS
SKIN - PURPURA
EXTREMITIES - DISCOLORATION - Leg - purpura
EXTREMITIES - DISCOLORATION - Lower limbs - purpura hemorrhagia
EXTREMITIES - DISCOLORATION - Hand - back of - purpura hemorrhagia
EXTREMITIES - DISCOLORATION - Upper limbs - purpura hemorrhagia
CHEST - PURPURA
MOUTH - PURPURA
NOSE - EPISTAXIS - purpura hemorrhagica, with

Once we have narrowed down our choice of remedies we can then proceed to select the most suited remedy by considering miasmatic patterns, organ affinity and the totality covered.

PRESCRIPTION

It depends very much on the vitality, dynamics of the disease and the pathology how we are going to prescribe the chosen remedy. As a rule of thumb, high potencies are suitable for those persons in early stages of the disease with little tissue change, a clear symptom picture, a good vitality, not on any medication.

Low repeated potencies such as 6c or 12c, or even LM potencies are indicated in more advanced stages of illness with low vitality, situations with a confused symptom picture, many common symptoms and in persons on conventional medication in particular on steroids and chemotherapeutics. To some extent, the posology should be individualised in the same way that the remedy choice is.



MANAGEMENT

Reviews

The initial follow-up after the first prescription is usually somewhere between four to five weeks. In very advanced cases progress is usually slow and remedies should not be changed quickly and light-heartedly. It may be worth waiting up to eight weeks for a response before considering altering the prescription (ie change of remedy or potency). It is useful to monitor anti-bodies and inflammatory indices, as they will reflect the response together with the clinical assessment.

Intercurrent Prescribing

In situations where a the action of a well indicated remedy does not last or well indicated remedies do not bring a response, intercurrent prescribing of nosodes, autonosodes or antibodies in potency may unblock the case. These approaches are explained in more detail below.

After giving the intercurrent remedy the previously prescribed remedy is repeated and will often have an improved action.

Miasmatic prescribing

Apart from integrating the miasmatic reaction patterns, it is useful to consider prescribing a nosode as an intercurrent treatment. (See Intermediate Course), particularly if there is no response to well indicated remedies or the response to the remedy wears off quickly. In these instances a single day's treatment with the 30c potency of the nosode is often sufficient to bring about the changes needed.

Autoisopathy and Isopathy

There are situations where an autonosode may be indicated. 12c or 30c potencies of the autonosode are given in the same manner as described for the other nosodes described above.

Tautopathy

Tautopathic prescribing may be necessary in those cases where there is no response to well indicated remedies and perhaps when patients are on steroids and/or chemotherapeutic drugs. The indicated tautopathic remedies are given in a 30c potency, either as a a single strategically timed treatment event or, alternatively, as a weekly dose, (especially if the conventional drug is ongoing).

Organ remedies

Targeting a particular diseased organ with remedies that have a strong affinity is another strategy, when well indicated remedies fail (Intermediate Course). The remedies are given in a low potency 3x or 6x up to twice daily. This treatment can initially be administered on its own to assess the response and later combined with a higher potency should it be necessary to continue with it.

PROGNOSIS

Overall the prognosis for Homeopathic treatment of autoimmune disease is favourable.

People with a strong vitality that display strong clear symptoms with modalities that are not common to the disease stand a good chance of benefiting from the treatment.

This applies particularly if treatment is commenced at an early stage before extensive tissue damage has manifested, or long-term use of immunosuppressive drugs has been established.

You may need to prepare your patient psychologically for protracted treatment over long time-frames, as you explore the use of different Homeopathic remedies and prescribing strategies.

	Prevalence per 10^5	95% C.I.
Autoimmune thyroiditis	2,619	2426–2824
Psoriasis/psoriatic arthritis	939	824–1065
Rheumatoid arthritis	552	466–651
Type 1 diabetes	464	384–554
Multiple sclerosis	224	170–290
Ulcerative colitis	124	85–175
Celiac disease	124	85–175
Systemic lupus erythematosus	81	50–124
Myasthenia gravis	35	16–66
Systemic sclerosis	35	16–66
Sjogren's syndrome	31	13–61
Crohn's disease	15	4–40

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Prevalence of each autoimmune disease per 100000 people.