Homeopathy and the Treatment of Mood Disorders
Or
The Osteopathy of Homeopathy

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Objectives

• Understand the basic theory of homeopathy, its guiding principles, and its utilization in the Osteopathic practice of mood disorder treatment.
• Be familiar with the tools of homeopathic prescribing, including the material medica and repertory
• Be able to discuss general case taking and evaluation of information obtained during the medical interview
• Recognize and discuss the similarities between Osteopathic and Homeopathic theory and practice
What to do?

Case Treatment #28,432

A 35 yr old female presents with complaint of acute swelling in the left forearm. Yesterday had a small bug bite that was itchy at the site of today’s complaint. Has noticed in last hour severe swelling, redness, heat and pain at the site. Area is tender, firm and inflamed. Motion of hand, wrist and elbow all increase pain at site.

Diagnosis and treatment?
“Science progresses funeral by funeral.”

- Max Planck
"Good news. You're going to live forever."
“Osteopathy to me is a very sacred science. It is sacred because it is a healing power through all nature. I am very jealous of it and will accept nothing from any man's pen as a truthful presentation of this science unless he courts investigation and proves by demonstration that every statement is truth.”
“Osteopathy is a science. Its use is in the healing of the afflicted. It is a philosophy which embraces surgery, obstetrics and general practice. An osteopath must be an man (or woman) of reason and prove his talk by his work. He has no use for theories unless they are demonstrated.”
The body is capable of self-regulation, self-healing, and health maintenance.

“Inherent mechanisms act automatically... for nature is active without training and without schooling in the essentials.”

HIPPOCRATES
Spirituality In Osteopathic Philosophy
A.T. Still, M.D.

- He viewed human beings as Triune (mind/body/spirit).
- The spiritual body woven into the mental and physical bodies:
  - Not out there somewhere, but intertwined into every cell, every tissue, every organ, every system, every body.
In motion Dr. Still saw life.
He saw life as the essence of wisdom and nature.
Life force
  - Animating principle uniting material body with spiritual energy.
  - The connecting thread in union of mind, body, spirit.
‘Similia similibus curentur’

Let similars be cured by similars

Dr. Samuel Hahnemann
In the beginning...

- After the discovery of law of similars, i.e., with Cinchona bark experiment, Dr. Hahnemann started proving of different drugs on him and from this he collected large numbers of symptoms in every drug. All these symptoms collected in books like “Materia Medica pura and chronic disease”.

- During his time approximately 100 drugs were proved. As remedies and proving multiplied, it became a problem to keep a track of all symptoms and master himself consciously felt the need for indexing the symptoms.
The highest ideal of cure is the speedy, gentle, and enduring restoration of health by the most trustworthy and least harmful way.
The greatest ideal of healing is the rapid, gentle and durable regeneration of health, or the removal and extermination of disease of full extent in the shortest, most reliable and least harmful of way (Aphorism 2 – Organon ed.6)
Definition of health: aphorism 9 of Organon

“in the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence”
EBM: All that?

SPECIAL ARTICLE

M. Cucherat · M. C. Haugh · M. Gooch
J.-P. Boissel, for the HMRAG group

Evidence of clinical efficacy of homeopathy

A meta-analysis of clinical trials

Received: 19 August 1999 / Accepted in revised form: 29 December 1999

Abstract  Objective: To establish, using a systematic review and meta-analysis, whether there is any evidence from randomised controlled clinical trials of the efficacy of homeopathic treatment in patients with any disease.  Data sources: Published and unpublished reports of controlled clinical trials available up to June 1998, identified by searching bibliographic databases (Medline, Embase, Biosis, PsychInfo, Cinahl, British Library Stock Alert Service, SIGLE, Amed), references lists of selected papers, hand searching homeopathic journals and conference abstracts, and contacting pharmaceutical companies.

Conclusions: There is some evidence that homeopathic treatments are more effective than placebo; however, the strength of this evidence is low because of the low methodological quality of the trials. Studies of high methodological quality were more likely to be negative than the lower quality studies. Further high quality studies are needed to confirm these results.

P = 0.000036. However, sensitivity analysis showed that the P value tended towards a non-significant value (P = 0.08) as trials were excluded in a stepwise manner based on their level of quality.
Annals of IM abstract

• Homeopathy is a 200 year old therapeutic system that uses ‘infinitesimally’ small doses of various substances to stimulate auto regulatory and self healing processes.

• Substances for treatment are based on selecting a substance which matches a patient’s symptoms with symptoms produced by these substances when given to healthy individuals.
Some data, both from randomized, controlled trials and laboratory research show effects from homeopathic remedies that contradict the contemporary rational basis of medicine.

Three independent systematic reviews of placebo-controlled trials on homeopathy reported that its effects seem to be more than placebo, and one review found its effects consistent with placebo.

There is also evidence from randomized, controlled trials that homeopathy may be effective for the treatment of influenza, allergies, postoperative ileus, and childhood diarrhea.
Full response occurred in 31.9% of the placebo-treated patients vs. 23.9% of the St. John’s Wort-treated patients and 24.9% of the Prozac-treated patients.....

Author’s Conclusion: This study fails to support the efficacy of St. John’s Wort in moderately severe major depression.
Homeopathy for childhood diarrhea: combined results and metaanalysis from three randomized, controlled clinical trials

JACOBS, JENNIFER MD, MPH; JONAS, WAYNE B. MD; JIMÉNEZ-PÉREZ, MARGARITA MD, PhD; CROTHERS, DEAN MD

Abstract

Background. Previous studies have shown a positive treatment effect of individualized homeopathic treatment for acute childhood diarrhea, but sample sizes were small and results were just at or near the level of statistical significance. Because all three studies followed the same basic study design, the combined data from these three studies were analyzed to obtain greater statistical power.

Methods. Three double blind clinical trials of diarrhea in 242 children ages 6 months to 5 years were analyzed as 1 group. Children were randomized to receive either an individualized homeopathic medicine or placebo to be taken as a single dose after each unformed stool for 5 days. Parents recorded daily stools on diary cards, and health workers made home visits daily to monitor children. The duration of diarrhea was defined as the time until there were less than 3 unformed stools per day for 2 consecutive days. A metaanalysis of the effect-size difference of the three studies was also conducted.

Results. Combined analysis shows a duration of diarrhea of 3.3 days in the homeopathy group compared with 4.1 in the placebo group ($P = 0.008$). The metaanalysis shows a consistent effect-size difference of $-0.66$ day ($P = 0.008$).

Conclusions. The results from these studies confirm that individualized homeopathic treatment decreases the duration of acute childhood diarrhea and suggest that larger sample sizes be used in future homeopathic research to ensure adequate statistical power. Homeopathy should be considered for use as an adjunct to oral rehydration for this illness.
“Homeopathy cures a larger percentage of cases than any other method of treatment and is beyond all doubt safer, more economical, and the most complete medical science.”

Mahatma Gandhi
Hahnemann says.....

- ‘Totality of symptoms’ is the only thing that the physician has to take note of to find out what is wrong in the patient and what is it that needs to be cured.
HEALTHY

IMMUNE

PSYCHE

NEUROLOGICAL

HORMONAL
Totality of symptoms

Outward reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires – the only thing that can determine the choice of the most appropriate remedy.

Aphorism 7
Toxicology 101

• What is causing the patients symptoms
• Effects and ‘Side effects’
• Do your History of chief complaint and review of symptoms (more on that later)!!
• Why do we have symptoms and what do they represent?
• Are symptoms there to stop or encourage?
• Have we ‘fixed’ the disease by making the symptoms disappear?
Allopathic Theory
reasonable, practical and expedient.

- **Suppression** - fever, pain, inflammation, sleeplessness, unwanted behaviors
- **Removal** - gall bladder, brain, tonsils, tumors
- **Replacement** - hormones, hips, O2
- **Eradicate** - infectious disease, tumors
- **Insertion** - myringotomy tubes, netting, plastics
Allopathy vs. Homeopathy

• Tradition pharmaceuticals force change by suppression, management, and/or maintenance of biochemistry, without correcting the underlying cause. One, two or three drugs per problem, often for multiple problems.

• Stimulates biochemical pathways via known and unknown pathways to allow more efficient management and apparent healing of symptom complexes (diseases and diagnosis).
The Practice of Opposites

• Stop or alter the body from doing what it’s doing, despite the reason it’s doing it.
  Ex. Strep., ear infections, ulcers, depression.
  Antibiotics, antidepressants, anxiolytics, stimulants, pain killers, anti-inflammatory

• Benefits

• Potential consequences
The Law of Similars

• If suppression doesn't cure and only manages the underlying reason someone is ill, what happens when you push the body in the direction its biochemistry (homeostasis) is attempting to correct itself? (as evidenced by symptoms)
   Ex. Strep., ear infections, ulcers, depression

• Like cures like.
   Ex. Fever, quinine, homeopathy
Homeopathic theory

- Stimulation instead of suppression
- Encourage Homeostasis
Allopathy vs. Homeopathy

• Homeopathic remedies seemingly allow the body to bring into balance conditions which it otherwise struggles to correct on its own utilizing organic and inorganic substances diluted to microscopic proportions (which removes toxic effects).

• The underlying cause is eliminated (clinical evidence) because the totality of the individual improves, not just the symptom or disease in question. **

• One remedy per person, for the majority of problems.
Case 1

• 18 y.o. W/F w/ diagnosis of severe anxiety, MR, seizure disorder. Possibly secondary to interventricular hemorrhage at birth w/ evidence of left frontal lobe damage on CT.

• Meds- Paxil, phenobarb., Dilantin

• Most dramatic difficulty is the severe anxiety which will turn into hysterical crying with inconsolability if mother leaves. She is unable to be alone, is terribly dependent, often needs reassurance, and directional prompting to do even simple tasks. Every day needs to know mom will pick up from school.
Case 1

• Usually cries in all other circumstances if away from mom. Can’t be alone with father cause misses mom so much. With anxiety is asking what’s going to happen, things need to be predictable because change causes dramatic meltdowns. Someone needs to be in room at all times, very fearful of being alone despite being occupied with TV or a puzzle.

• Very sweet, loves and craves being with people, open, talks with anyone, loves strangers. Tends to stare off, slow to respond at times.
Case 1 cont’d

• Often very silly or foolish- laughing or giggling for no reason with difficulty calming down. Not inappropriate sexually.
• At school swears, quick to anger or cry, anxious and restless, difficult to enter into new situations, anxious with mood swings. Can grab people in anger (no overt violence or striking). Speech difficult to understand generally, not much in new language in years.
• PMS- (severe)very irritable and short fused, gives staff a hard time, may call names, swear. More weepy, may call names “bitch.” Increased chocolate and sweet cravings.
• Thought perseveration, gets on a subject and can’t get off it (usually anxiety based), all day.
• Rx ???
Case 1 cont’d

- Analysis
- Pertinent symptom selection - what makes the case? Diagnosis vs. Problem

- Repertory
  200 years collected clinical experience and experimentation. The first repeatable clinical studies.

- Materia Medica
  Handbook of applied toxicology (The ‘Simillimum’)

- Prescription
  Minimum vs. Maximum dose
  Preparation and delivery
Totality of the Symptoms

• All the symptoms of the case which are capable of being logically combined into a harmonious and consistent whole, having form, coherency and individuality

• I.e., what’s the toxin?
Totality of the Symptoms

• In Homeopathy, the totality of the functional symptoms (‘picture’) of the patient is the ‘disease’ and constitutes the only perceptible form of disease, and therefore the only basis of curative treatment.
A picture is a work of art, which appeals to our esthetic sense as well as to our intellect. Its elements are form, color, light, shade, tone, harmony, and perspective. As a composition it expresses an idea, it may be of sentiment or fact; but it does this by the harmonious combination of its elements into a whole, a totality.
Remedies?

Nux Vomica
(poison nut.)

Angry, quarrelsome, irritable.
Hangover.

Chilly - feels cold inside, can't get warm.

Calcarea, rich foods

Well, Bill, BE!

Phosphorus
Similia Simillimum Curantur

When studying a case from the diagnostic standpoint, certain symptoms are selected as having a known pathological relation to each other, and upon these is based the diagnosis.

The classification of symptoms thus made represents the diagnostic idea. The "totality of the symptoms," is considered the basis of a homoeopathic prescription, and represents the therapeutic idea.
Like cures like

• The drug should be capable of producing the pathological process as that of the disease, hence,

Toxicology 101....

**Does the remedy cover the general picture of the patients presentation? Is it ‘Similar’

How do we find suitable choices?
Repertory

Who poisoned the water hole?
How do we find the drug?

- A Repertory is an index where information is stored or classified or arranged systematically so that it can be used more adventitiously to reach the similimum in short time. This information can be collected in book form, card form, stripes, or in the form of software.
nervous persons; in cramping (see MIND - Excitement - nervous - uterus)
nursing the child agg.: when: (5) Am, Cham, puls. SEC, SIL. cramping: (1) cham.
sharp: (1) SIL.

contraction during sore: (1) utm.-

palpitation in heart; with sympathetic sore
(see CHEST - Palpitation - accompanied - uterus - pain)

paroxysmal: (20) assf. BELL, Cau, caust. CHAM, Clinic, colic, con, ign, lac-c, mag-m nux-v. PLAT, PULS, SABIN, Sec, sep, sulph, Vip

periodically, same time each day: (1) cot.

poverty: from: (1) nux-v.

pinching pain: (7) arsin, bell, bry, caust. caust. Cham, con

pregnancy agg.: during: (7) assf., am, br, bry, geis, kali-p, lyc, plat.

cramping: (3) br. Cupr-ac, plat.
sore: (5) assf. BELL, ham, puls. SIL.

pressing pain: (32) Acon, aloe, amac, an, anti-c, BELL, ca, cald, calc-p, caust, cham, ch. Clinic, con, ign, lac-c, mag-m, nux-v. Puls, SABIN, Sec, Sep, stann, tarant, ust.

pressure: from: (1) nux-v.

squeezing as if: (1) kali-

tearing pain: (22) Acon, Am-c, ams, Bell, calc-p, caust, chin, Clinic, LACH, lyc, merc, nux-m, nux-n, nux-v, rata sil.

unbearable: (1) OP.

unbearable: from: (1) OP.

urging to: (1) op.

amel.: (7) bell, calc-p, Lach, mosh, sep, sulph, Zinc.
cramping: (1) calc-p.

beginning of menses
agg.: (12) Calc, Calc-p, Caust, dream-p, graph, kali-c, LACH, LAP, A, lyc, spong, tub. Vip

Menses-painful - beginning
should appear but do not; when menses:
cramping: (2) Calc, kali-c.
suppressed menses: from: (3) Calc, kali-c, PULS.
without:
cramping: (1) kali-c.

menstruation, during cramping (see Menorrhagia - accompanied - uterus - pain - cramping)
mortification: from: (1) Calc.
cramping: (1) Calc.
motion agg.: (11) arg-met, BELL, BRY, Clinic, COCC, con, kali-c, lyc, oncort, pul, salb.
cramping: (1) COCC.
cutting pain: (11) arg-met, BELL, BRY, Clinic, COCC, con, kali-c, lyc, oncort, pul, salb.
cramping: (1) COCC.
sore: (2) BELL, BRY.

sore: (1) Lappa
- dark: but curiously enough not in the: (1) lac-c.
  - walking - of - dark
  - Amnely - dark
  - dark: of: 81 Acon. aeth. agar. am-m. ant-c. arg-n. ars. Aur-s. bapt. bell. brom. calad.
    carc. cassia-s. Caust. chin. chinn-s. chir-fl. cic. Cupr. dys. gaert. gal-ac. galeoc-c-h. gard-j.
    merc. miml-g. marg. morph. nat-m. nat-p. nux-m. nux-v. op. ozone Phos. pop. prot. ptel. Puls.
    xan. zinc.
  - walking - of - dark
  - Amnely - dark
  - Darkness - agg.
  - Light - desire
    sanic. sil. Stram.
  - closing eyes: on: 1 carb-an.
  - trembling of hands: with: (1) ozone
  - dawn, of the return of: 1 kali-i.
  MANC. med. Merc. miml-g. Mosch. mygal. naja nat-c. Nat-m. nat-p. NIT-AC. nux-m. NUX-V.
  Puls. rad-br. raph. rheum Rhus-t. rob. Ruta sabad. Sec. sep. sium Spong. squil. stann. staph.
- Death - presentiment
  - morning: 3 con. kali-p. lyc.
  - afternoon
    17.30 h: (1) nux-m.
  - evening: 2 Calc. Phos.
  - bed: in: (1) nat-m.
  - midnight
    after
    1-2 h: (1) ars.
    1-3 h: (1) ars.
  - abortion: in: 7 Acon. apis coff. gels. kali-c. Sec. stram.
    tub.
Draw the Picture...

- Start with the mental symptoms
- Physical generals,
- Followed by the particular symptoms.
CASE SHOULD BE WORKED OUT IN FOLLOWING ORDER

Mental symptoms: first, intellectual and emotional including sexual, then...

General Characteristic symptoms, recording only those remedies listed under "Mental Symptoms".

All Particular Characteristic Symptoms, again omitting all those not found under the Mental and Physical Generals.
between: (2) cocc. ham. SEP.

during
drg.


Monos - pain


constricting, contracting pain.: (4) Agar. Bell. CACT. steph.


digging pain: (1) Nux-v.

drowning pain: (1) thyrot.


squeezed as if: (1) kali-s.


unbearable: (1) OP.

unbearable: (1) stess.

urgling to: (1) op.


creaming: (1) calc-p.

beginning of menses


Menses = pained - beginning

should appear but they do not: when menses:

creaming: (2) Cocc. Kali-c.

suppressed menses: from: (3) Cocc. Kali-c. PULS.

without:

creaming: (1) kali-c.

metrorrhagia, during

creaming

(Metrorrhagia = accompanied - uterus - pain - cramping)

mortality: from: (1) Cocc.

creaming: (1) Cocc.

motive agg.: (11) arg-met. BELL. BRY. Clinic. Cocc. con. kali-c. litt-ont. pall. salab. cramping: (1) Cocc.

cutting pain: (11) COCC.

sore: (2) BELL. BRY.

nervous persons in:

creaming

(seen MIND = Excitation - nervous - uteros)

nursing the child agg.: when: (5) Am. Cham. puls. SEC. SIL.

creaming: (1) cham.

shap: (1) SIL.

unbearable during

sore: (1) ult-

palpitation in heart: with sympathetic

sore

(see CHEST = Palpitation - accompanied - uterus - pain)


periodically same time each day: (1) cocc.

pessary: from: (1) nux-v.

pinching pain: (7) ars. bell. bry. cact. canth. Cham. con.

pregnancy agg.: during: (7) asf. am. br. bry. gels. kali-p. lyss. plat.

creaming: (5) asf. Cupr-ac. plat.


peeling

pressure

agg.: (3) caul. sep. tarent. ust.

sore: (1) abises-

amel.: (7) abises-c. ign. llt. Mag-m. nux-v. Pell. sep.

back on

amol.: (1) Mag-m.


reaching up with the hands agg.: (1) Graph.

creaming: (1) Rhus-t.

torticose (1) Sil.

torticose

creaming: (1) ozone

riding

agg.

stitching pain: (1) Arg-n.

carriage: in a

agg.

sore: (1) Arg-met.

shap: (6) ACON. andros. apis argo-mar. Con. syph.

sitting for a long time agg.: (1) Budo

sneezing: when: (1) kola


squeezed: as if: (5) bell-p. gels. kali-c. sep. tarent.

standing agg.

sore: (1) lappa
Repatorization - Case 1

Investigation window for remedies

1. Clipboard 1
   1. FEMALE GENITALIA/SEX - PAIN - Uterus - menses - during - agg. (53) 1
   2. FEMALE GENITALIA/SEX - PAIN - Uterus - menses - during - agg. - cramping (50) 1

2. Clipboard 2
   3. MIND - FEAR - death, of (173) 1
   4. MIND - FEAR - death, of - alone, when (12) 1

3. Clipboard 3
   5. MIND - FEAR - dark; of (81) 1
   6. MIND - ANXIETY - dark; in (16) 1
   7. MIND - DARKNESS - agg. (29) 1
• It allows the comparison and differentiation to be established between several remedies showing the same indications according to the degree of importance and modalities of the various remedies that are in the competition.

• Repertories are useful in cases where there are lot of characteristic symptoms making confusion for prescribing proper similimum
Common symptoms

• Common symptoms are symptoms common to all cases of certain diseases
• Not great use in picking out the individual remedy for a particular case of that disease
• It may be common to a very great number of drugs, and therefore indicate one of a large group of remedies only and of very little use in repertorising.
• Common symptoms in uncommon circumstances are of great value.
• Correct diagnosis is of imperative before using repertory as it helps to differentiate common & uncommon symptoms
"Eliminating" symptoms

• Hot & chilly is a general of highest importance & one of the most safest, useful eliminating symptom if strongly marked.

• It helps to cut out our tedious effort of repertorisation.
Remedies predominantly aggravated by heat

- APIS, ARG-NIT., FLUOR-AG, IOD, KALI-IOD., KALI-SUL., NAT-MUR., NAT-SUL., PULS., SABINA, SECALE.
Preparation

- Medicines are prepared by serial dilution and shaking, which proponents claim ‘imprints’ information into water.
- Although many conventional physicians find such notions implausible, homeopathy had a prominent place in 19th-century health care and has recently undergone a worldwide revival.
“Life surely is a very finely prepared substance, which is the all moving force of nature, or that force that moves all nature from worlds to atoms.”

Cant possibly work....

<table>
<thead>
<tr>
<th>Common Potencies</th>
<th>Dilution Factor</th>
<th>Number of Dilutions</th>
<th>Exponent Designation</th>
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<td>1x</td>
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<td>1</td>
<td>$10^{-1}$</td>
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<tr>
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<td>1</td>
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Nomenclature for common potencies, and their respective degrees of dilution.
Materia Medica

• And the poison is....
Materia Medica
PHOSPHORUS (phos.)

- Mind
- OPEN, EXTROVERTED, LIVELY, EXPRESSIVE.
- SYMPATHETIC.
- Sympathize with homeopath, sit forward on the chair.
- DESIRE FOR COMPANY (can be less in later stages).
- FEARS: Dark, being alone,
- thunderstorm, disease,
- something will happen, death,
- insects, ghosts, any fear.
- Anxiety for others.
- Startles easily.
- SENSITIVE TO ALL EXTERNAL IMPRESSIONS.
- Desire to be magnetized.
- Sensitive to suggestion and reassurance.
- Clairvoyance
PHOSPHORUS (phos.)

• Generalities
  - Tall, thin, delicate.
  - OVERSENSITIVE.
  - agg. While alone, twilight, left side, lying on left side, warm food, salt, fasting.
  - amel. Cold drinks, sleep (even short), rubbing, eating.
  - HEMORRHAGES. Ecchymosis.
  - One-sided paralysis after apoplexy.
  - BURNING PAINS.
• Food and drinks
  - Desire: SALT, HIGHLY SEASONED,
  - ICE CREAM, CHOCOLATE, Wine,
  - COLD FOOD AND DRINKS, FISH.
  - Aversion: Sweets, FISH, fruit, meat, oysters.
• Vertigo
  - agg. Looking upwards, rising.
PHOSPHORUS (phos.)

- IRRESTISTABLE DESIRE, PRIAPISM.
- Involuntary emissions.
- Female genitalia
- MENSES PROFUSE, BRIGHT RED.
- Metrorrhagia: bright red blood.
- Fibroids and tumors of uterus; ovarian cysts.
- OVEREXCITEMENT, SEXUAL DESIRE INCREASED.

amel. COLD DRINKS.
Sleep
- Position: ONLY ON THE RIGHT SIDE (Lyc).
- EASILY REFRESHED, except in later stages when the liver is affected.
Compl.
Ars., Calc, Carb-v, Kali-c., Sep, Tub.
Inimical
Caust.
Dd
Ars, Arg-n, Caust, Mill, Med, Puls, Rhus-t, Sang, Sep, Tub.
Case 1 follow up

• @ 1 month- (+) less anxious - more accepting of going to fathers with less concern if mom would be home when gets back, less impatience when asks questions, no silliness or foolishness. (-) more constipated with straining to go, up at night to try to have BM, seems more fatigued. Still needs company. Stop Rx for aggravation.

• @ 2nd month- First couple weeks improvements persisted, now everything worse. (-) More anxiety, “mommying”, grumpy, mood swings, swearing, inappropriate interruptions, squealing laughter and giggling, more allergy sx, stuck on subject for hours (+) bowels fine. DILEMMA: WHAT DO YOU WANT LONG TERM? Rx qd.
Case 1 follow up

• @ 3rd month- Mom wants to stop Paxil?! All inappropriate behaviors remarkably better, significant improvement generally. No swearing, no silly/foolish, stays in conversation with less distractions, more independence - self prompted to sweep floor which was a first. Pms ‘unbelievably’ better w/ no aggression, crying or cramping. Decrease in allergy sxs. BM’s straining again. Continue Rx
Case 1 cont’d

• @ 6th month- After Paxil stopped anxiety through the roof for short spell before improved. Using more full sentences instead of ‘I don’t know’, speech easier to understand, more self prompting with chores, decreased need of mom’s presence and affection (mommying). Pms great, some perseveration, no foolish /giggling, minimal restlessness, BM’s fine.

• @ 7th month great progress. Less thought perseveration, much more tolerant of mom leaving, and much less asking for her when she’s gone and when coming back. Fatigue gone, initiating chores (making bed), occasional ‘oh da_n it”. No weeping w/ contradiction.
Case 1 cont’d

• @ 1 year did 2 weekends with father came back happy, no anxiety. Chores around the house w/ laundry and dishes. More full sentences without prompts. Less attached to mom, asks to visit with dad. More eye contact, more ‘in the moment’. Hold on Rx
Case 2

- 8 1/2 y.o. w/m w/ high function autism and profound ADHD. Born @ 24 wks @ 1 lb. Screamed 20 hrs. a day for first 3 yrs till placed on Prosac. Couldn’t be held and was afraid of everything. Crawled @ 3, walked @ 4, talked @ 5 after signing and using PEX, said would rather talk, so did.

- Very restless, is often silly, foolish and goofy. Jumps up and down, runs around, and escalates to the point of out of control. Can clear countertop destructively, knocks down other kids toys. Pushes, no personal space boundaries. If not intervened soon enough (by redirecting -which everyone does every time) ends screaming on the floor for 10 -20 minutes unable to be pulled out of episode, trantrums 2-3x/day. Very impulsive. Thirst constant.
Case 2

- Perseverates and is obsessed w/ VCR’s - plays, pauses, rewinds, repeats. Takes apart tape recorders (over 100) can’t put them back together - that is all he cares about, resists doing anything else. Very jealous of one brother. Needs to be in charge, all attention needs to be on him. No reasoning w/ him.

- Brilliant but no common sense. Learns very rapidly. Taught self to play songs on keyboard, sings all the time making up words and songs. Better in net swing, trampoline, reading at school, masturbation. Very affectionate, likes hugging.

- Chronic constipated, never goes on own secondary to no urge and has to be reminded daily. Smudges underwear.

- Heedless to requests, unable to sit w/book 3 minutes, needs constant change. Rx - VERATRUM ALBUM
• VERATRUM ALBUM (verat.)

• Mind
• - MENTAL OVER-STIMULATION.
• - Intellectual precocity.
• - RESTLESSNESS. Tremendous hyperactivity. Need for motion.
• - Senseless, repetitive behavior out of internal restlessness, like cutting or tearing things, into smaller and smaller pieces.
• - Inquisitive.
• - CRITICAL. Hardhearted. Cursing.
• - Haughty.
• - Never happy with SOCIAL POSITION. Feel they deserved better.
• - Jealous.
• VERATRUM ALBUM (verat.)

• - Mania. RELIGIOUS DELUSIONS. ERRORS OF IDENTITY. Thinks he is Christ or appointed by God. Thinks he is a chosen person, send to save the world.
• - Erotic mania. exhibitionism. Kisses everyone.
• - Anxiety about salvation.
• - Gloomy before menses.
• - Waking with screaming from nightmares.
• - Lies, does not know what he is saying.
• Generalities
• - CHILLY. Internal coldness, as if ice-water in the veins.
• - agg. COLD.
• - WEAKNESS. COLLAPSE WITH COLDNESS, COLD PERSPIRATION.
• Food and drinks
• - Desire: SOUR, UNRIPE FRUIT, SALT, highly seasoned, ICE, COLD DRINKS, cucumber, herring, sardines, anchovies.
• - agg. Fruit, cold water.
•
- Dysmenorrhea: with coldness, prostration, vomiting and diarrhea.
- Respiration
- Asthmatic agg. cold, damp weather, amel. bending head back.
- Chest
- Sensation of coldness in the chest.
- Pneumonia. Chronic bronchitis.
- Extremities
- COLD. BLUE. Raynaud.
- Blue nails.
- Rheumatic pain agg. cold, wet weather, warmth of bed, amel. walking up and down.
- Compl.
- Arn, Ars, Carb-v.
- Dd
- Ars, Camph, Cann-i, Carb-v, Hyos, Med, Rhus-t, Tarent, Tub, Zinc.
Case 4  f/u

- @ 1 mos - (+)marked improvement in impulse control. Only 2 tantrums of 2 mins in 3 weeks, asks to be rocked instead. No episodes of staff reporting any inappropriate behavior. Marked decrease in destructive behavior. Reading independently at home (less VCR obsession, but still an issue). Decreased jealousy, able to ask for help instead of retaliating, asks if there is room for him. (-) chewing fingertips to bleeding, (but stopped when asked and left the bandaid alone. Bm’s same. Cont. Rx
Case 4  f/u

• @ 2 mos (+) no trouble at school, good impulse control, apologizing for misdeeds. More interactive, less in his own world, more caring about others. Mom went away with no difficulty, jealousy- none to speak of. Thirst and Bm’s same. Cont. Rx
Case 3

• 11 y.o. WM with long history profound difficulty maintaining focus on any task prefers not to do. Ie. Studies, reading, listening. Difficult initiating tasks with marked agitation at verbal prompts. Often confused with instructions and any multi-step tasks. Forgets what just told, read, what was about to do or about to say. Highly impulsive, does or says things without regard of consequences or impact on others. Heedless to those around him at times. Often very introverted with absolute refusal to answer questions or even acknowledge he’s being spoken to. Any attempt at discipline or forcing him
Case 3

- to engage in required activities can lead to violence, including throwing things and striking out. Actually quite intelligent, can recall lots of facts from 'Discovery' channel and adept at math. Most grades C/D. Always in trouble with teachers, very quarrelsome, things never his fault often blaming others who did things intentionally. Significant history of seasonal allergies with wheezing component (often needs Albuterol), and only complains of stomach aches d/p eating. No melena or hematochezia. Fears of scorpions, tornadoes, earthquakes and heights.
- Rx- Mercurius vivus 30c qod x 2 wks, if no change then qd.
Case 3 -

F/u @ 6 wks - Had marked aggravation after increase to daily dosing in agitation and tendency to quarrel. After stopping Rx for 1 week noticed his general ability to stay on task had markedly increased, less impulsive, better at multi-tasks, stomach worsened for about a week before sx eased and became less frequent (25%). Now very irritable, very introverted and refusing to answer when addressed. BUT!! RX- wait, stay off rx.

F/u @ 11 wks- Irritability persists but at pretreatment levels. Teachers want to know what’s being done because attention levels are remarkable. Stays on task, less confusion, no violent outbursts (less at home as well). Mom thinks impulsivity about 50% improved with less interrupting, less scattered when asked to accomplish ADL’s. Rx- wait
Case 3 cont’d

F/u @ 4 mos - Had major relapse in mental sx following tx for strep pharyngitis. Mom called p/day 5 on antibiotics with severe violence and confusion. Repeat RX 200c potency with sx resolving over next 3 days. Teachers estimate 80% improvement in performance cognitively, 50% in behaviors. Stomach sx rare. Still introverted, but better eye contact with public.
Rx - wait

F/u 3 yrs - Has required dosing sporadically, q 6-9 mos. A/B student. More social (excellent eye contact), occ. verbal outbursts without violence, no physical complaints.
Case 4

41 yo WF with C.C. Of “dippy head”, “like there’s smoke in there. Ongoing and worsening over last 3-4 mos. Thought secondary to stress of work and poor sleep (freq. waking with thoughts preventing falling back). Not particularly anxious but concerned because making job difficult. Memory horrible for what is about to do, what has already done. Mental clarity gone, gets confused d/ mental exertion, unable to maintain attention/ focus. The more exerts mind the worse it gets, q/thing takes longer. Having to reread q/thing because nothing is sticking. Emotions flat, sort of apathetic, but not depressed. Sleep helps a lot but doesn’t last. Generally quite fatigued. Physically cold all the time, else no overt physical sxs. Pmhx-pharyngitis 4 mos. ago with persistent fever which never quite recovered from.

Rx Picric acid 30c Bid
F/U @ 3 wks- “Most of my mind is back”, increased capacity to focus, energy increased, emotionally better. Was dramatically better till road trip and d/ meeting crashed, could’ t hold onto details, got forgetful again. D/ therapy developed weird stomach thing “like piece of food digesting slowly”, lasted 5 days a/ stopping Rx. Soon after saw mentals slipping. Sleep better generally, but still disrupted at times. Rx Picric Acid 30c qd.

F/U @ 6 wks- Sx free. Mentally clear and alert, sleep sound. Rare episodes of needing to reread, seems secondary to mind wandering, not prev. Brain freeze. Call prn.
• Questions?
You’re Eating Too Many Herbs!