

## Clinical practice improvement

Dengue

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- Joint pain and stiffness
- Psychological disorders

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The science behind the homeopathy debate

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Teaching  
Clinical  
Homeopathy

# CEDH. *magazine*

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**Continue using the  
homeopathic therapeutic**

# 59

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# The desire to continue using the homeopathic therapeutic

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**Yves Lévêque, MD**  
Editor in Chief



**T**he general situation remains difficult, we must continue our evolution while adapting, building on the existing, while diversifying. We must always strive for quality to promote clinical homeopathy. The context is somber with: the ongoing pandemic situation, social consequences, impact on medical practices. A positive element lights up this picture, **the desire expressed by patients to continue using the homeopathic therapeutic.**

We continue to capitalize on our virtual Miami Conference with 5 articles in this edition of our magazine. The content is in phase with today's pressing issues: presentation of an emerging disease, clinical research, pain related to anti-aromatase use and the study of a chronic disease, asthma.

The CEDH decided to facilitate the access to the **2021 9<sup>th</sup> International CEDH Conference** to all healthcare professionals by offering its content online.

The theme of the conference is **Homeopathy, one health, one world, one planet.** The conference offers:

- Inspiring plenary sessions presented by Tarik Chechak, Elsa Godard, Rachel Roberts and Alexander Tournier
- One-hour practical workshops on specific topics and adapted to each country's needs!

You can watch everything on demand and in four different languages (English, French, Spanish and Italian) by registering at: <https://www.cedh.org/training/189>

## **The CEDH is constantly evolving:**

- We have harmonized our training courses; they can now be conducted face-to-face or remotely.
- We continue to develop and foster our community by diversifying our training methods and enriching the offer available to all.

It is essential to keep up with our training, and constantly improve to meet the expectations of our patients, by delivering simple, precise, and effective prescriptions.

Quality is always at the forefront of our approach, to promote clinical homeopathy.

I would like to quote Tarik Chechak: *"After a crisis, the challenge is not to rebuild, it is to learn and change paths."*

---

1. CHRONIC ASTHMA IS RATHER A ..... CONDITION:

- ☐ A *Psoric*
- ☐ B *Sycotic*
- ☐ C *Psoric-tuberculinic*

2. FOR DR. YOUNGRAN CHUNG, THE MEDICINE SHE COMMONLY USES IN CHRONIC ASTHMA IS:

- ☐ A *Sulphur*
- ☐ B *Natrum muriaticum*
- ☐ C *Thuya occidentalis*
- ☐ D *Natrum sulphuricum*

3. FOR CAUSTICUM EARLY-ONSET ATROPHY AFFECTS:

- ☐ A *Extensors*
- ☐ B *Flexors*
- ☐ C *Both*

4. OUT OF THE 129 RANDOMIZED CONTROLLED TRIALS VS. PLACEBO HOW MANY HOMEOPATHIC TREATMENT STUDIES HAD POSITIVE RESULTS?

- ☐ A 51%
- ☐ B 45%
- ☐ C 10%
- ☐ D 4%

5. ON AVERAGE HOW MANY TRIALS YIELD POSITIVE RESULTS IN CONVENTIONAL MEDICINE?

- ☐ A 51%
- ☐ B 45%
- ☐ C 10%
- ☐ D 4%

6. A POLYCHREST IS SYSTEMATICALLY INDICATED IN DENGUE, WHICH ONE?

- ☐ A *Phosphorus*
- ☐ B *Causticum*
- ☐ C *Mercurius solubilis*

7. ANOTHER MEDICINE IS INDICATED SYSTEMATICALLY IN CASE OF DENGUE, WHICH ONE?

- ☐ A *Bellis Perenis*
- ☐ B *Lachesis mutus*
- ☐ C *Arnica montana*

8. SHOULD PATHOGENESES TAKE INTO ACCOUNT THE NOCEBO EFFECT?

- ☐ A *Yes*
- ☐ B *No*

9. WHAT MEDICINES ARE INDICATED FOR PAIN IMPROVED BY HUMIDITY?

- ☐ A *Causticum*
- ☐ B *Kalium carbonicum*
- ☐ C *Medorrhinum*
- ☐ D *Natrum carbonicum*

10. FOR DR. GUY VILLANO THE MEDICINE OF THE PERSON CORRESPONDS TO:

- ☐ A *A complete Sensitive Type*
- ☐ B *An incomplete Sensitive Type*
- ☐ C *A double Sensitive Type*

→ *Answers on the last page (p.102)*



# Dengue



**Michèle Hasenfratz and  
Géraldine Douchy Mellin, MD**  
New-Caledonia



**T**he context we face today with the COVID-19 pandemic, underlines the fact that diseases evolve into viral conditions for which there are no specific treatments. Dengue, which has been well known in the Pacific for many years, is a very good example

## 1 Epidemiology

The worldwide number of dengue cases has increased greatly in the past decades. It is believed that about half of the world population is exposed to the disease. The prevalence of dengue is estimated at 3.9 billion people in 128 countries, especially tropical and subtropical regions. However, the real number of cases is under reported, since several cases are not correctly reported.

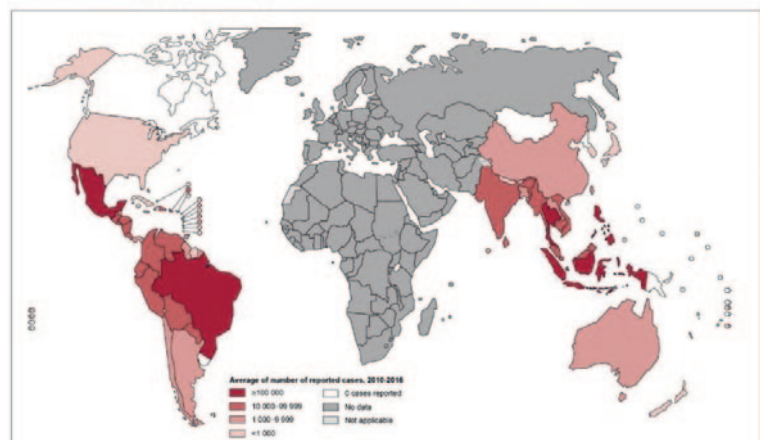
Before 1970, only 9 countries had experienced severe dengue epidemics. Nowadays, the disease is present in more than 100 countries in Africa, the Americas, Middle East, Southeast Asia and Western Pacific, the last two regions being the most affected.

Annually, 500,000 persons with severe dengue, including a high proportion of children, need to be hospitalized. The mortality rate is 2.5 %.

Today there is the threat of a dengue epidemic in Europe and local transmission was reported for the first time in France and Croatia in 2010.

In travelers coming back from low or middle-income countries, dengue is the 2nd cause of diagnosed fever after malaria.

Distribution of dengue, worldwide, 2016

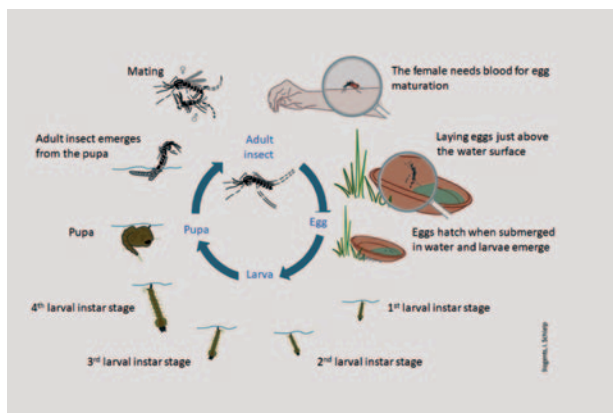


Geographical distribution of Dengue cases (Source: WHO 2016)

# 2 Vector and transmission

## MOSQUITO: AEDES AEGYPTI

The dengue vector is a mosquito from the *Aedes aegypti*, living in the urban habitat.



Reproductive cycle of the Asian Tiger mosquito

The mosquito only lays eggs in recipients with small quantity of clean, soft water, generally located next to houses (in gardens: flower pot saucers, gutters, toys, watering cans, buckets). The mosquito feeds during the day, with an activity peak early in the morning and at night before dusk. During each period where the female eats, she bites multiple persons. During the 30 or 60 days of life, the female can lay 500 eggs, i.e., 100 eggs at a time.

In tropical conditions, 7 to 10 days are sufficient for the egg to become a new adult mosquito. These eggs have the ability to become dormant when climate conditions are not auspicious to their development (too cold or not humid enough). They can stay dormant in a dry area for a year. Once climatic conditions become auspicious again, eggs can hatch.

The mosquito only operates within 100 meters of its larval area. These data explain the high contamination in urban areas. Its cousin, *Aedes albopictus*, secondary vector of dengue in Asia, spread to North America and in 25 European

countries, mostly because of the international sales of second-hand tires (larval nest) and circulation of goods. This mosquito also spreads the viruses of chikungunya, yellow fever and Zika. Mosquitos is in fact the deadliest animal in the world!

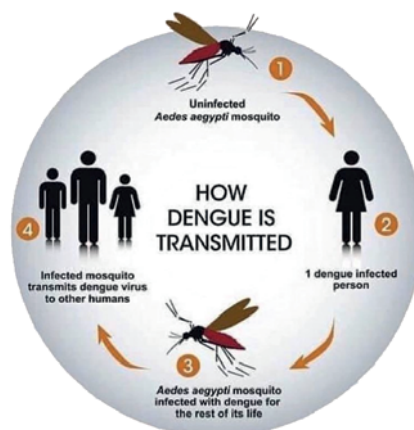
## VIRUS TRANSMISSION

The virus is transmitted to humans by the bites of infected female mosquitoes. After incubation, clinical symptoms can appear between 24 hours and 10 days after the bite.

The infected human can have symptoms or be asymptomatic, but becomes the main vector of the virus; he or she becomes the new contamination source for mosquitoes that are not yet infected.

There is no human-to-human transmission of the virus, however a contamination between mother and baby is possible during delivery and when breastfeeding if the mother is infected.

We differentiate 4 serotypes, closely intertwined, for the dengue virus: DEN-1, DEN-2, DEN-3 and DEN-4. Infection with any of the four dengue serotypes induces protective immunity to that serotype, but does not confer long-term protection against infection by other serotypes, only a short term one. In fact, it has been evidenced that a new infection by another serotype increase the risk of developing severe dengue.

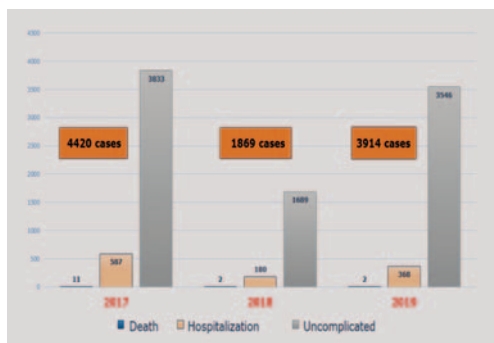


The 4 stages of transmission of the Dengue virus



*Aedes aegypti* or asian tiger mosquito

“ *This mosquito also spreads the viruses of chikungunya, yellow fever and Zika. A mosquito is in fact the deadliest animal in the world!* ”



Dengue cases in New Caledonia

## THE CASE OF NEW-CALEDONIA

In New-Caledonia, similarly to the entire Western Pacific region, there are annual dengue epidemics. It is mandatory to report the disease. The DENV-2 serotype is the one most often encountered. However, there can sometimes be an epidemic with a new serotype, with a great number of cases because the population does not have immunity yet. This was the case in 2017 with the circulation of the DEN-1

serotype, leading to the contamination of 4,431 patients and 11 deaths. This serotype had not spread to New-Caledonia for over 10 years, explaining the epidemic's virulence.

## 3 The disease

### CLINICAL SYMPTOMS

- **FEVER SYNDROME:** at first a fever syndrome, often with the sudden onset of high fever up to 39-40 °C.
- **SEVERE HEADACHES.**
- **PAIN BEHIND THE EYEBALLS:** a very common and specific symptom.
- **MUSCLE ACHES AND JOINT PAIN.**
- **FATIGUE AND LOSS OF APPETITE.**
- **SOMETIMES DIGESTIVE DISORDERS** (nausea, vomiting, diarrhea).
- **SOMETIMES SKIN RASH,** urticaria-like: on the chest, limbs, palms of the hands and sole of the feet, with sensation of burning pain and itching, commonly seen on Day 6 of the disease's progression and marking the end of the fever stage.

# Dengue

## BIOLOGICAL TESTS

- **LYMPHOPENIA AND NEUTROPENIA** appearing early on at the beginning of the fever stage, at first moderate then with a progressive aggravation.
- **THROMBOCYTOPENIA** with a maximum risk around D5-D7 of the disease's evolution, when clinical symptoms can improve; clinical aggravation is then very sudden in patients exhibiting less symptoms.
- **CYTOLYTIC HEPATITIS** in almost all patients, with transaminase levels two to three times higher than normal, sometimes the onset is delayed in relation to the clinical symptoms.

## COMPLICATIONS

- **HEMORRHAGIC DENGUE BY THROMBOCYTOPENIA:** with intestinal or brain hemorrhage.
- **SEVERE DENGUE DUE TO MULTIPLE ORGAN FAILURE:** acute liver and renal failure, associated with Disseminated Intravascular Coagulation (DIC) leading to death. Like in other viral infections, these complications can be caused by a cytokine storm.
- **OCULAR LESIONS WITH OPTIC NEURITIS:** some cases of ophthalmological conditions have been reported since 2016 with partial, even complete blindness due to optic neuritis. The latter can be resolved with steroid medications early on in the disease progression.



■ Urticaria-like skin rash, characteristic symptom of Dengue

- **SPONTANEOUS MISCARRIAGES DUE TO HEMORRHAGES OF THE PLACENTA:** sometimes late in the pregnancy, even in the last trimester.

Risk factors for developing complications are the presence of comorbid conditions (e.g., high blood pressure, cardiac disease, Type 2 diabetes, obesity) or having already had an episode of dengue.

This is the paradoxical risk of pre-immunity: some antibodies produced during the first encounter with a viral subtype can, during a second encounter, facilitate the entrance of the virus inside the cell rather than blocking it.

These facilitating antibodies can explain certain severe and explosive clinical pictures.

## CONVALESCENCE

- It can last from several weeks to several months.
- Cytolytic hepatitis reverts over several weeks.
- Lesion of the hair and nails, hair loss, peeling skin over the urticaria patch, occurring 3 to 6 weeks after the recovery.
- Dehydration and poor appetite can continue.
- Fatigue lingers for several weeks and even several months after the acute episodes, sometimes with post-dengue depressive syndromes.

# 4 The treatment

## ALLOPATHIC RESPONSE

- Danger and contraindications (CI) of certain allopathic medicines: the only allopathic medicine prescribed is **Paracetamol** (Acetaminophen) with moderate efficacy on painful symptoms and a real hepatic risk



in this condition leading systematically to cytolytic hepatitis.

- Medical risks of Grade 2 analgesics.
- Contraindication to the prescription of **Aspirin** and NSAIDs in persons at risk of digestive bleeding.

## HOMEOPATHY

- Adapted to the Individual Reaction of the Patient (IRP).
- Preventive role in the onset of complications: according to the Histo-PathoPhysiological Similitude (HPPS) on the risks of hemorrhages, thrombocytopenia and hepatitis.
- Action on decreasing the convalescence time.
- Preventive action according to the Sensitive Type (ST) on the risk of complications in the acute stage as well as convalescence period.

# 5

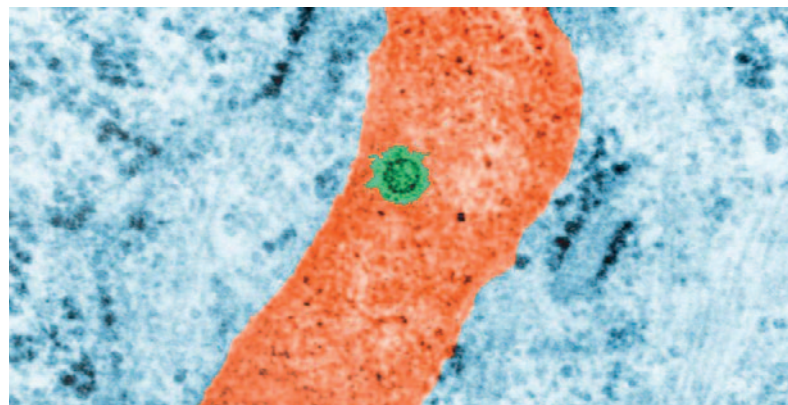
## Clinical cases

Based on clinical cases over three consecutive years (2017-2018-2019), we identified key homeopathic medicines prescribed in dengue management.

### CASE 1

**2017, FIRST CONSULTATION OF MRS. M., 60 YEARS OLD, AT DAY 2 OF A FLU-LIKE SYNDROME:**

- Sudden onset of sensation of extreme weakness, associated with chills and muscle aches, temperature 39 °C.
- She had a very bad night: agitation, alternation of sweats and chills, profuse sweats and permanent throbbing headaches.
- No appetite, she is thirsty at times and feels very despondent.



Neuronal cells infected by the Dengue virus

### INITIAL PRESCRIPTION

- ***Belladonna 15 CH***  
(fever with a sudden onset, 39 °C, alternating with sweats, throbbing headaches) and
- ***Gelsemium sempervirens 15 CH***  
(sweats, chills, tremors, aches, sensation of heavy limbs, severe exhaustion), 5 pellets according to the fever.

### BIOLOGICAL RESULTS

- Moderate leukopenia: 3,800/mm<sup>3</sup>
- Platelets: 190,000/mm<sup>3</sup>
- C-reactive protein (CRP): 25 mg/L
- Awaiting results on the Dengue test

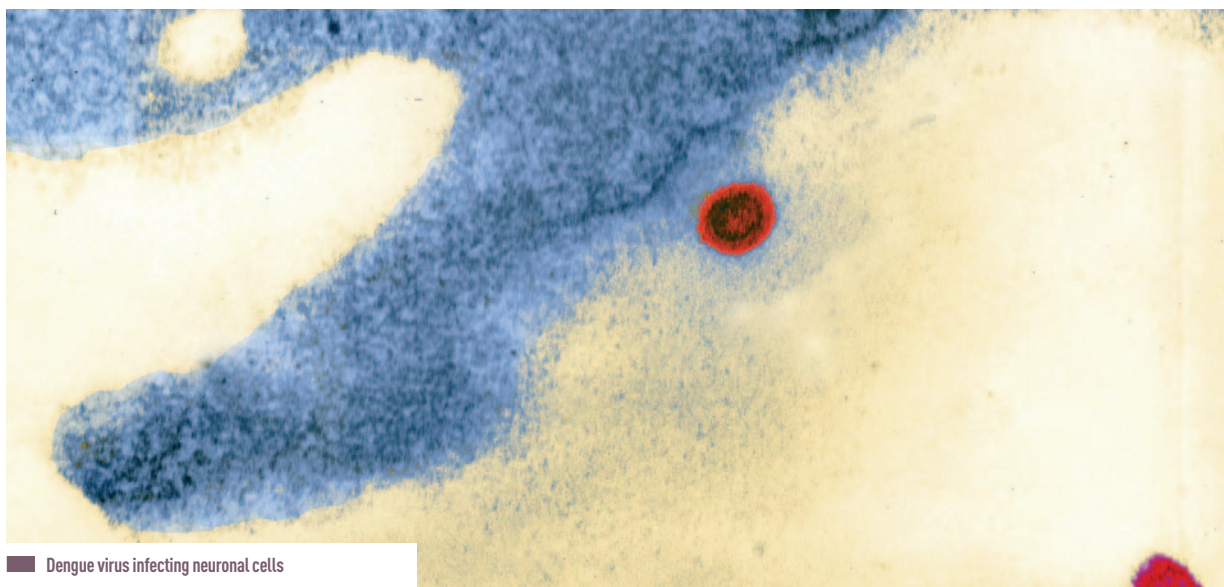
### CLINICAL PROGRESSION

- The general state gets worse, onset of digestive disorders, nausea and vomiting, complete loss of appetite.
- Mild diarrhea but fetid odor.
- Great anxiety with fear of hemorrhagic complications.

### NEW PRESCRIPTION

- With biological results pointing to Dengue, we add the HPPS medicines:
  - ***Phosphorus 15 CH*** (to prevent hemorrhages) and
  - ***Arnica montana 15 CH*** (as capillary protection), 5 pellets morning and evening.
- For the IRP:
  - ***Arsenicum album 30 CH*** and
  - ***Baptisia tinctoria 15 CH*** (both for digestive disorders), 5 pellets according to the nausea and diarrhea episodes.

# Dengue



Dengue virus infecting neuronal cells

## BIOLOGICAL RESULTS AT DAY 5

The Dengue test came back positive:

- Thrombocytopenia: 82,000/mm<sup>3</sup>
- Neutropenia: 800/mm<sup>3</sup>
- Lymphopenia: 500/mm<sup>3</sup>
- Cytolytic hepatitis with levels twice the normal range.

## ON A CLINICAL LEVEL

- Improvement of digestive disorders, appetite progressively comes back.
- Biological follow-up every 48 hours until platelets return to normal at D9.
- Patient history: irritable bowel disease, GERD, digestive migraines, idiopathic urticaria flare-ups.

## DURING CONVALESCENCE

- **Phosphorus 15 CH** (kept as liver protection) and
- **China rubra 15 CH** (for the fatigue following diarrhea), 5 pellets morning and evening for 15 days
- **Lycopodium clavatum 15 CH** (as the medicine of her Sensitive Type, to get her back to her previous balanced state), 5 pellets per day for 1 month.

## CASE 2

**2018, FIRST CONSULTATION OF MR. D., 42 YEARS OLD**  
for progressive onset of muscle pain in this athletic

patient, sensation of joint stiffness not improved by analgesics (acetaminophen)

## AFTER 48 HOURS:

- Onset of frontal and occipital headaches associated with severe ocular pain and photophobia; the slightest ocular movement is extremely painful. Floaters in the visual field with associated dizzy spells.
- Sensation of muscle aches and severe lumbar pain, he cannot get up and has been in bed for the past 2 days.
- Fever at 38.5 °C, no sweats, no chills.

## INITIAL PRESCRIPTION

- **Phosphorus 15 CH** (for the hemorrhagic risk) and
- **Arnica montana 15 CH** (for capillary protection), 5 pellets morning and evening.
- **Eupatorium perfoliatum 15 CH** (for pain in the eyeballs) and
- **Gelsemium sempervirens 15 CH** (for the fever syndrome with headaches and numbness), 5 pellets 4 to 6 times per day.



**BIOLOGICAL RESULTS**

The blood work validates the diagnosis of dengue:

- Moderate neutropenia: 1,500/mm<sup>3</sup>
- Moderate lymphopenia: 1,200/mm<sup>3</sup>
- Moderate thrombocytopenia: 105,000/mm<sup>3</sup>

**ON A CLINICAL LEVEL**

- Headaches improved by the homeopathic treatment, ocular discomfort is quite debilitating, severe fatigue, he hasn't been out of bed for 5 days, gets up for 20 minutes to eat but needs to get back to bed because of the dizzy spells
- Since this morning, sensation of intense heat and itching of the soles of the feet and palms of the hands, which are red with a slight edema
- Urticaria-like rash on the legs and arms

**NEW PRESCRIPTION**

- ***Apis mellifica 15 CH*** (skin rash with edema) and
- ***Urtica urens 15 CH*** (aspect of the urticaria with itching), 5 pellets 4 to 6 times a day.

**3<sup>rd</sup> CONSULTATION AT D12**

- Feels much better
- Peeling skin on the palms of the hands and soles of the feet
- No orbital pain but set spots in the visual field
- Consultation with an ophthalmologist: small papilledema, **Prednisolone** oral administration for 3 days
- Worried because he needs to fly to Metropolitan France for his job
- Wants to know if he can travel, but mostly if he can resume his athletic training
- Feels depressed for having been inactive all this time (7 days), cannot stand to see himself physically diminished

**BIOLOGICAL RESULTS**

- Normal CBC
- Transaminases: 4 times higher than normal! Even though he has no symptoms

**NEW PRESCRIPTION**

- ***Phosphorus 30 CH*** (liver protection, high dilution because of the important cytolysis) and
- ***Apis mellifica 15 CH*** (papillary edema), 5 pellets morning and evening for 1 month.
- ***Sepia officinalis 30 CH*** (medicine of the Sensitive Type), 5 pellets per day for 1 month.

**CASE 3****2019, FIRST CONSULTATION FOR MRS. G., 32 YEARS OLD,**

progressive onset of a fever, muscle aches, dysphagia, severe oral dryness, severe thirst, associated headaches.

The clinical examination unveils a simple pharyngitis.

**INITIAL PRESCRIPTION**

- ***Bryonia alba 15 CH*** (inflammation and dryness of the mucous membranes with thirst) and
- ***Phytolacca decandra 15 CH*** (pharyngeal aspect), 5 pellets 3 to 6 times per day.
- ***Acetaminophen***: 1 gram every 6 hours.

**EVOLUTION**

- Calls the next day because she thinks she is "allergic" to the treatment, skin rash with erythematous patches all over the body, chest, face and limbs, no itching
- Has never had any allergies, feels really tired, she is always full of energy
- Presents with small purpura spots essentially on the feet and lower legs

**LAB TEST RESULTS:**

- Moderate neutropenia 2,000/mm<sup>3</sup>
- Moderate lymphopenia 1,200/mm<sup>3</sup>
- Platelets 145,000/mm<sup>3</sup>
- CRP 22
- Transaminases are 1.5 higher than normal
- Awaiting the diagnostic results for Dengue

# Dengue

## NEW PRESCRIPTION

- **Phosphorus 15 CH** (liver protection) and
- **Arnica montana 15 CH** (capillary protection), 5 pellets morning and evening.
- **Apis mellifica 15 CH**,
- **Urtica urens 15 CH** (for the urticaria skin rash) and
- **Lachesis mutus 15 CH** (for purpura lesions), 5 pellets 3 to 6 times per day.

## EVOLUTION

- At D5, visual discomfort with pain of the eyeballs, sensation of visual blur, no headaches but difficulties concentrating
- Loss of appetite without digestive disorders
- Fatigue
- She continued working at first, her husband forced her to stay home when her visual disorders started
- She is not really worried, she is never sick, she would need to regain her concentration quickly, she has responsibilities and doesn't want to miss work for too long

## 3<sup>rd</sup> PRESCRIPTION

- **Eupatorium perfoliatum 15 CH** (pain in the eyeballs) and
- **Apis mellifica 15 CH** (prevention of papillary edema), 5 pellets morning and evening.
- For convalescence:
- **Kalium phosphoricum 15 CH** (fatigue with decreased concentration), 5 pellets morning and evening for 1 month.
- **Sulfur 30 CH** and **Nux vomica 15 CH** (to help her Sensitive Type), 5 pellets per day for 1 month.

# 7 Homeopathic medicines

Understanding the pathophysiology of the disease helps us quickly select homeopathic medicines according to the HPPS:

## PHOSPHORUS

- Lesions of the main organs and blood disorders with a risk of bleeding

- **15 or 30 CH**
- Systematic prescription

## ARSENICUM ALBUM

- Lesions of the main organs and blood disorders with hemorrhagic risk, digestive symptoms
- **15 or 30 CH**
- +/-systematic prescription

## ARNICA MONTANA

- Capillary weakness with blood suffusion
- **15 or 30 CH**
- Systematic prescription

## APIS MELLIFICA

- Ophthalmological or skin symptoms, possible edema of the optic nerve
- **15 or 30 CH**

## MEDICINES ACCORDING TO THE IRP

### MEDICINES OF FEVER SYNDROME

## BELLADONNA

- Sudden fever 39-40 °C
- Oscillating
- Sweats and redness of the face
- Alternation exhaustion/agitation
- Sometimes hallucinations

## GELSEMIUM SEMPERVIRENS

- Progressive fever 38-40 °C
- Sweats, chills, tremors, aches/heaviness of the limbs
- Prostration and exhaustion
- Crimson face with head congestion
- Aggravation by heat

## RHUS TOXICODENDRON

- Chills at the slightest air draft
- General sweats, except on the face
- Thirst for cold water
- Aches and joint stiffness, impossible to find relief in any position

**BRYONIA ALBA**

- Progressive fever 38-40 °C
- Extreme dryness of the mucous membranes
- Severe thirst for great quantities of cold water
- Severe muscle aches
- Pain in set locations, improved by immobility
- Sweats relieving the patient

**MEDICINES OF MUSCLE ACHES****GELSEMIUM SEMPERVIRENS**

- Generalized aches, heavy limbs, fullness of the head
- Tremors due to violent chills
- Lassitude, general weakness, prostration leading to stupor

**ARNICA MONTANA**

- Muscle bruising
- Sensation that the bed is too hard

**EUPATORIUM PERFOLIATUM**

- Generalized aches
- Sensation of bruising, "crumbling" at bone level
- Continuous need to change position, without finding relief

**RHUS TOXICODENDRON**

- Generalized aches
- Sensation of bruising, muscle pain, pain at pressure points
- Stiffness and periarticular ankylosis
- Need to change position without getting relief

**BRYONIA ALBA**

- Pain in set areas
- Aggravation by movement
- Seeking complete immobility

**BAPTISIA TINCTORIA**

- Muscle pain, bruising sensation
- Sensation that the bed is too hard
- Pain aggravated by movement
- Pain in eyeballs and concomitant diarrhea

**MEDICINES  
OF HEADACHES****BELLADONNA**

- Pounding, throbbing headaches, often at the temples
- Redness of the face with conjunctival hyperemia
- General hyperesthesia, dizziness, photophobia

**GELSEMIUM SEMPERVIRENS**

- Helmet-like headache
- Occipital headache with pain shooting to the neck and back of the eyes
- Prostration, obnubilation, stupor

**EUPATORIUM PERFOLIATUM**

- Numbness of the eyeballs: pain at the slightest eye movement and when applying pressure
- Photophobia

**BAPTISIA TINCTORIA**

- Headache with hot and congested face
- Pain of the eyeballs
- Muscle aches
- Diarrhea

**MEDICINE  
OF DIGESTIVE DISORDERS****BAPTISIA TINCTORIA**

- Diarrhea, digestive rumbling sounds
- Pain in the right iliac fossa, abdominal distension
- Yellow coating on the tongue with dry mouth and bitter taste

**ARSENICUM ALBUM**

- Vomiting
- Burning, fetid diarrhea, not very profuse
- Weight loss
- Alteration of the general state
- Reactional anxiety

**COLOCYNTHIS**

- Paroxysmal spasmodic pain
- Improvement by flexion and heat

**CUPRUM METALLICUM**

- Severe cramping pain, with violent beginning and end

# Dengue

## NUX VOMICA

- Nausea relieved by vomiting
- Spasmodic pain
- Great irritability
- Dyspepsia with white coating on the posterior part of the tongue

## IPECA

- Nausea not improved by vomiting
- Relatively clean tongue, sialorrhea
- Disgust for all foods
- Medicines for skin rash

## BELLADONNA

- Scarlet-fever like eruption
- Sensation of radiating heat

## URTICA URENS

- Urticaria skin patch, edema with mild erythema
- Burning pain, intolerable pruritus aggravated by scratching

## SULFUR 30 CH

- Burning pruritus
- Aggravation by the heat of the bed
- Located on the palms of the hands and sole of the feet (common in dengue)

## RHUS TOXICODENDRON

- Exanthema (looking like leopard skin) (punctuated by areas of healthy skin) improved by hot applications

## LACHESIS MUTUS

- Prone to hemorrhages, spontaneous bruising
- Purpuric spots
- Intolerance to the slightest contact, tight clothes
- Medicines of convalescence

## KALIUM PHOSPHORICUM

- Physical and psychological fatigue, intellectual exhaustion
- Headaches, memory disorders

## PHOSPHORICUM ACIDUM

- Deep fatigue caused by loss of bodily fluids (commonly a complementary medicine of *China* in Phosphoric subjects)
- Depressive reaction due to exhaustion

## ARSENICUM ALBUM

- Alteration of the general state and all physiological functions
- Weight loss, anemia, cold-sensitivity, anxiety
- Cytolytic hepatitis
- Continue during the convalescence period as a protective medicine

## PHOSPHORUS

- Fatigue with urges to snack
- Physical and psychological exhaustion with headaches
- Cytolytic hepatitis
- Medicine continued during convalescence as hepatic, renal and hematologic protection.

## CHINA RUBRA

- Fatigue, loss of bodily fluids
- Weakness, paleness, dizziness

## MEDICINE OF THE SENSITIVE TYPE (ST)

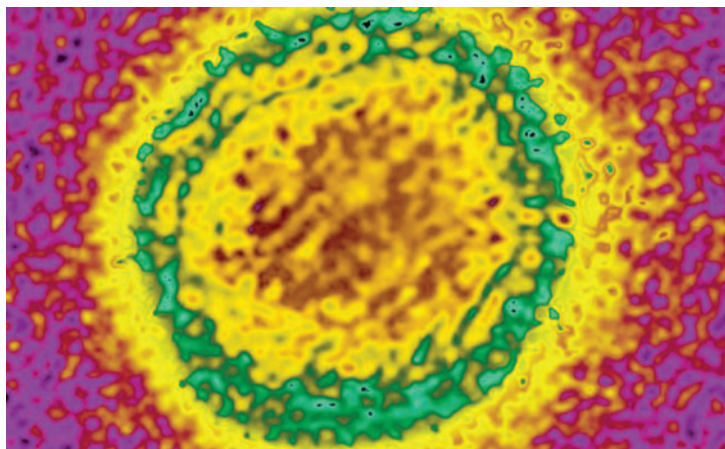
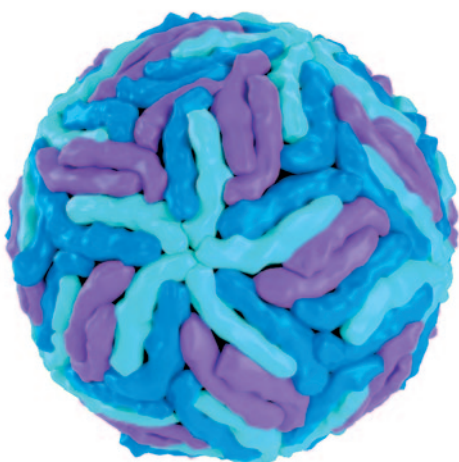
The treatment of the IRP will be strengthened by the prescription of the Sensitive Type medicine of a person, to restore the balance after this intense cellular stress.

Furthermore, it helps identify patients at risk of acute complications, as well as those at risk of depressive states during convalescence.

We will monitor closely subjects with hepatic or vascular weakness, prone to dehydration or depression.

## PHOSPHORUS

- The ST will be identified on the targets of the medicine: risk of hepatic, renal or hemorrhagic complications.
- Patient with the *Phosphorus ST* will have a difficult convalescence with physical and psychological exhaustion in subjects with hypersensitivity and fatigue. The possible



Two representations of the Dengue virus: 3D model (on the left) and electronic microscope view (on the right)

reactional depression is to be feared, patient is “exhausted”, “burnt”, has no more energy.

#### ARSENICUM ALBUM

- The ST will be identified in the targets of the medicines: increased hepatic and cardiac risks during dengue, important alteration of the general state.
- Digestive signs such as loss of appetite and abdominal pain are at the forefront. Anxiety is severe, there is a recurrent fear of complications and side effects of medicines.
- Convalescence is long-lasting because of the weight loss, anemia and prolonged fatigue often leading to a reactional depressive syndrome, sometimes out of proportion with the patient's clinical state and lasting much longer than the normal convalescence time.

#### LACHESIS MUTUS

- The ST will be identified on the targets of the medicine: hemorrhagic and infectious risk related to micro-thrombosis and DIC, necrosis leading to severe septic states.
- In a patient with the *Lachesis* Sensitive Type, anxiety with fear of death and nightmares is at the frontline, systematic purpuratic rash, the patient cannot stand tight clothes.
- Risk of withdrawal with mood swings requires specific monitoring after dengue.

#### NATRUM MURIATICUM

- The ST will be determined on the targets of the medicine: the risk of dehydration is central.
- Patients with the *Natrum muriaticum* Sensitive Type are “dried-up”, they present with palpitations, headaches, dry skin, lesions of the mucous membranes (cracked lips, labial herpes).
- Fatigue can continue during convalescence with the persistence of functional disorders (palpitations, headaches, tingling of the extremities), we can observe the decompensation of a skin terrain (eczema, herpes), allergic (rhinitis), urinary (urinary tract infections) and/or the onset of ENT conditions every 15 days.
- It can be difficult to gain weight, with long-lasting eating difficulties with anorexia or bulimia to compensate.
- On a psychological level, major despondency, recurrent pathologies on a Tuberculinic mode, fatigue and functional disorders are at the origin of a light depressive syndrome, real fatigue in spite of good quality sleep.

#### LYCOPodium CLAVATUM

- The ST will be determined on the targets of the medicine: digestive terrain with hepatic weakness without cytolysis.
- The flatulent dyspepsia with functional digestive disorders lingering over time, association of migraines.
- On a psychological level, there is an irritability with intellectual fatigue and memory loss, which the patient cannot not accept or confess to. The fear of not being up

# Dengue

to the task at work leads to sleep disorders, patient brood over their worries and gets anxious.

## NUX VOMICA

- The ST will be determined based on the targets of the medicine: spasmodic digestive terrain, angry, hyperactive.
- The digestive terrain is also at the forefront with spasmodic abdominal pain and dyspepsia.
- Above all, there is a risk of medication overdose. The patient cannot stand pain, hyperesthesia, severe headaches, neuralgia, contractures, and irritability are the frontline symptoms.
- Hyperactive, they remain full of energy for a long time but crash during the convalescence when tired. There is a risk of severe depression with overdose of toxics (alcohol, medications), poor therapeutic observance, suicidal risk, the patient is unmanageable.



## Conclusion

**IN DENGUE, SIMILARLY TO ALL OTHER CONDITIONS, THE CHOICE OF HOMEOPATHIC MEDICINES IS BASED ON:**

• **HISTO-PATHOPHYSIOLOGICAL SIMILITUDE (HPPS)**, thanks to the precise study of the disease's pathophysiology.

• **ACCORDING TO THE INTERNATIONAL REACTION OF THE PATIENT (IRP)**, thanks to the clinical examination and precise patient interview, we use this medicine to relieve painful and functional symptoms in acute conditions.

• **ACCORDING TO THE SENSITIVE TYPE (ST)**: based on the knowledge of our patients as whole individuals, we can anticipate the risks of dengue in the acute stage but also during the convalescence period. Dengue is a viral disease and its symptoms can vary from one year to the next (some years the digestive symptoms are at the forefront, other years eye symptoms are the most noticeable), for identical or different serotypes.

In this work, there is the notion of a common toolbox of medicines related to lesions (those of the HPPS), patients' ST, and the IRP that changes at each epidemic wave.

This rich strategy, presented here for dengue, can be applied to all viral conditions. ■



# Relevance of Homeopathy in the Treatment of asthma today

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Feinberg School of Medicine  
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**A**sthma is a global health problem affecting both adults and children. For many decades, standard of care pharmaceutical treatment for asthma has entailed the use of the same classes of medications for all patients regardless of its variable presentations. Homeopathy already addresses the heterogeneity of asthma by a treatment approach that is tailored to the varied clinical presentations. This article will briefly review the current standard of care for treatment of asthma, then outline a general homeopathic approach to the treatment of asthma which takes into account our current knowledge of the pathophysiology of asthma and its variable clinical expressions. An example of personal experience with often used homeopathic prescription will be shared as well as justification for systematic use of certain homeopathic medicines for asthma. Also discussed will be the potential relevance of homeopathy in this era of Precision Medicine, where specific drugs are used to target different asthma subpopulation based on a patient's genotype

## 1 Introduction

Asthma is a disease characterized by chronic inflammation of the airways resulting in variable and recurrent airway obstruction that is reversible. It is a heterogeneous disease with symptoms that are variable which may be wheezing, coughing, shortness of breath, chest tightness or pain. The airway obstruction can become persistent over time.

Current standard drug treatment for asthma uses the same classes of medications for all patients regardless of its variable presentations. It is largely a "one size fits all" approach. For example, main class of medications used for most patients are beta agonists (bronchodilators such as albuterol, ventolin®, salbutamol®), inhaled corticosteroids

(fluticasone, mometasone and others); leukotriene receptor antagonists (montelukast and others), corticosteroids (acutely or add-on low dose long term). But asthma is a heterogenous disease consisting of different phenotypes which is likely why there is variability in drug response. For example, 30%-35% have a poor or no response to inhaled corticosteroids and not all respond to leukotriene receptor antagonists. As this became recognized in recent decades, biologicals and cytokine targeted therapies have emerged and used as add on for select patients (e.g. anti-IgE, and anti-interleukins).

Homeopathy already addresses the variability of clinical expression in an individual with the same asthma diagnosis. Patients with

# Relevance of homeopathy in the treatment of asthma today

asthma can have different triggers (e.g. allergy, exercise, weather, infections, emotions) and their symptoms can vary, such as cough versus wheezing predominant, and with varying degrees of features such as mucus hypersecretion, chest pain, with or without different psychoemotional expressions.

“ **Homeopathic approach addresses the heterogeneity of asthma and its variable presentation.** ”

## 2 Symptomatic / Acute medicines

SELECTION OF ACUTE HOMEOPATHIC MEDICINE IS BASED ON ASKING THE FOLLOWING:

- Cough predominant versus bronchospasm predominant ?
- Dry cough dry versus wet?
- Rales?
- Time of aggravation?
- Modalities? (cold air, exercise, emotions, etc)
- Etiological factors (triggers)

Some of the Acute Symptomatic homeopathic medicines are found by looking at the classification based on the general clinical characteristics:

- **MUCUS HYPERSECRETION:** *Ipeca*, *Blatta Orientalis*, *Kali carbonicum*, *Antimonium tartaricum*.
- **SPASM & EDEMA:** *Arsenicum album*, *Lachesis mutus*, *Drosera*, *Sambucus nigra*, *Aralia racemosa*, *Cuprum metallicum*.

The choice of the medicine is an individualized approached taking into account an individual's unique asthma symptom expression. Depending on the

severity of the presentation these acute medicines may be used acutely alone, or in conjunction with beta agonist bronchodilators for any breakthrough asthma episode.

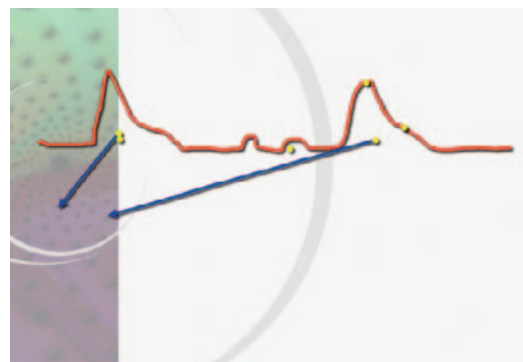
## 3 Importance of chronic medicines to modify the evolution of asthma

While these acute homeopathic medicines can be effective in treating acute episodes, it is imperative that we consider Chronic Reactional Mode (CRM) medicines in order to modify the evolution of asthma long term. Keeping in mind that the inflammation in asthma is chronic and not just present during an acute episode, it is important to focus on chronic medicines that may address this.

- Asthma is a chronic disease
- Asthma episodes are recurrent
- Homeopathic medicine's strength is in
  - 1) Reduction of severity and frequency of episodes
  - 2) Prevention

## CHRONIC REACTIONAL MODE MEDICINES FOR ASTHMA

**PSORIC CRM MEDICINES:** Episodic recurrent nature of asthma fits this CRM pattern.



# Relevance of homeopathy in the treatment of asthma today

Main medicines of the Psoric Reactional Mode are: *Sulphur*, *Calcarea carbonica*, *Lycopodium*, *Arsenicum album*, *Psorinum*.

## SULPHUR

is often seen when there is alternation or succession of morbid tendencies. For example, asthma flares up, then eczema, then asthma and so on. These patients tend to be hot and congested.

## LYCOPODIUM CLAVATUM

is seen in patients with skin issues, plus digestive or other system problems that are concomitantly or alternately involved.

## ARSENICUM ALBUM

individuals have asthma which often follows eczema and they have severe anxiety during asthma attacks which are often at nighttime.

## PSORINUM

is indicated in patients with no other pathological manifestations. They have responded very poorly to previous treatments for asthma.

## PSORO-TUBERCULINIC CRM MEDICINES

**A SUBGROUP OF PSORIC REACTIONAL MODE,** is often seen in asthma especially in children or young adults.



They tend to be thin, with tendency to have adenopathies; cold-sensitive; prone to recurrent ENT affections; periodicity is often very short so their well period is brief. These are children with "weak" immune system and often referred to by their parent as being "sick all the time" especially in the winter.

Main medicines of this CRM are *Sulphur iodatum*, *Arsenicum iodatum*, *Pulsatilla*, *Natrum muriaticum*, *Silicea*, *Tuberculinum*.

## ARSENICUM ALBUM

acts on asthma with allergic causes.

## PULSATILLA

often have ENT infections that trigger their asthma.

## NATRUM MURIATICUM

Patients with asthma and characteristic mucus membrane affections such as periodic rhinitis that alternate between dry and wet, along with nutrition issues, craving for salt, depressive tendencies makes us think of *Natrum Muriaticum*.

## SILICEA

## SULPHUR IODATUM

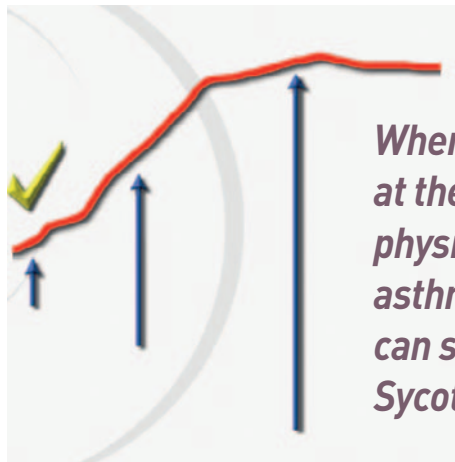
In pediatrics, it is also useful to use *Silicea* and *Sulphur iodatum* in addition to their individual CRM medicine as children often have recurrent ENT or respiratory infections that trigger their asthma.

## ADDRESSING PERSISTENT AIRWAY INFLAMMATION IN ASTHMA

We think asthma starts out PSORIC then gradually becomes SYCOTIC, but

- Asthma is a disease of CHRONIC airway inflammation
- Airway inflammation is present even in between attacks
- So we should consider use of a systematic SYCOTIC medicine in all asthma

# Relevance of homeopathy in the treatment of asthma today



*When we look  
at the patho-  
physiology of  
asthma, we  
can say it is  
Sycotic.*

**MAIN MEDICINES OF THE SYCOTIC CRM MEDICINES INCLUDE:**

*Thuja occidentalis, Medorrhinum, Natrum Sulphuricum, Nitricum acidum, Causticum.*

**THERE IS ALSO THE MIXED PSORIC/SYCOTIC WHICH ARE**  
*Sepia, Silicea, Calcareo carbonica.*

## NATRUM SULPHURICUM

Of these, *Natrum sulphuricum* is a medicine to highlight for the following reasons:

*Natrum sulphuricum* is a medicine of the Sycotic reactional mode. So its characteristics are as follows:

- It is a “gateway” to sycosis
- More than any other remedy, the physical or behavioral sensitive type is neither necessary nor sufficient for its prescription
- Inflammation of the mucous membranes with excretions that are yellowish and watery, or greenish and thick
- Aggravated by cold or warm humidity
- Associated with regular use of certain drugs (corticosteroids for example). <sup>[1]</sup>

*Natrum sulphuricum* is a “gateway” to sycosis. It is a medicine that could prevent or slow down progression and even turn a Sycotic to Psoric state. So *Natrum sulphuricum* may be considered for use as a systematic CRM treatment for asthma. This could help modify the evolution of a person’s asthma.

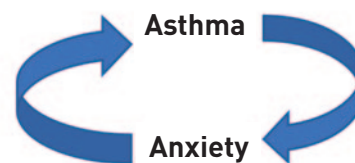
## AUTHOR’S EXPERIENCE

*Natrum sulphuricum* needs to be used long term (years) due to the chronic nature of asthma.

- A memorable case in my practice is a young child who took it weekly for 3 years. His asthma which was triggered by allergies resolved as did his asthma.
- Another case is that of a middle aged adult with mild to moderate asthma who faithfully took *Natrum sulphuricum* weekly for about 18 months. Her asthma symptoms improved such that she did not require any bronchodilator inhaler for a year, and her Pulmonary function test also improved significantly in one year..

## 4 Psychoemotional Etiologic factors in asthma

**ETIOLOGY** in asthma can also be psychoemotional, especially occurring on an anxious terrain.



**THESE ARE SOME MEDICINES OF ANXIETY:**

- *Ignatia* (anxiety, nervous apprehension),
- *Gelsemium* (anticipation anxiety, emotional shock),
- *Argentum nitricum* (anxiety, nervous anticipation),
- *Staphysagria* (repressed emotions).

# Relevance of homeopathy in the treatment of asthma today

## AUTHOR'S EXPERIENCE

A 12 year old female with asthma having recurrent wheezing episodes only at school, despite appropriate maintenance medications. A possible etiologic factor was anxiety whenever she was in school. These episodes resolved promptly once she was started on **Argentum nitricum** for anxiety.

## CO-MORBID CONDITIONS CAN AGGRAVATE ASTHMA

Other factors that need to be addressed as well are the co-morbid conditions that can aggravate asthma.

### THESE INCLUDE:

- **GASTROESOPHAGEAL REFLUX DISEASE**, for which symptomatic medicines along with CRM medicine can be used;
- **OBSTRUCTIVE SLEEP APNEA** (in children often due to large tonsils/adenoids) can be treated with
  - **Silicea 30C** weekly
  - + **Baryta carbonica**
 (or **Baryta iodatum 9C BID**, but some may require surgery);
- **OBESITY** is an important comorbid condition which would require looking at Sensitive type & CRM medicine, along with other non homeopathic therapy.

## EXAMPLE OF AN ASTHMA PRESCRIPTION

Using the above approach, here is just one example of a prescription.

- IF TRIGGERS ARE COLDS, OR FLU:
  - **Oscillocochinum®** preventive (weekly and as needed)
- PREVENTION & RECOVERY FROM INFECTIONS:
  - **Sulphur iodatum 9C BID** x 10 days, then once a week during winter.
  - Plus **Silicea 30C** once a week

### • IF THERE IS ETIOLOGY :

- Damp weather:

■ **Dulcamara 30C** daily or weekly during damp season.

- Allergies: Symptomatic medicines

■ **Apis, Histaminum, Nux vomica, Sabadilla, Allium cepa**

### • PSYCHOEMOTIONAL MEDICINES

- CRM: Psoric, or Psoro-tuberculinic or other Sycotic medicines

- SYSTEMATICALLY:

■ **Natrum sulphuricum 30C** 10 pellets once a week

- SENSITIVE TYPE

# 5

## Can homeopathy help prevent development of asthma?

Inhaled corticosteroids have not been shown to prevent the progression of disease or completely reverse airway remodeling. If we can identify the Risk population and intervene early with homeopathy, this may prevent development of asthma.

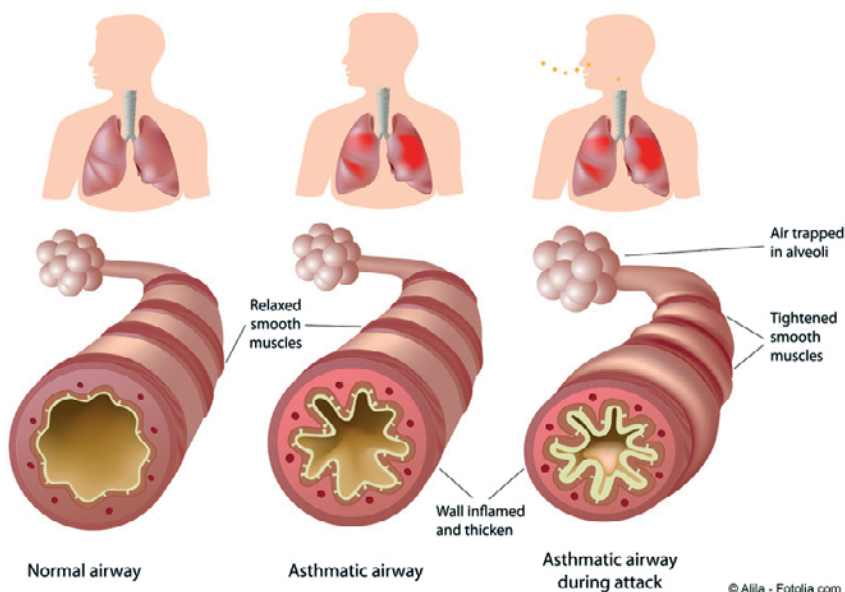
### AT RISK POPULATION\* ARE THOSE WITH A HISTORY OF:

- Parental asthma
- Parental allergic disease
- Bronchiolitis before age 1 year (boys)
- Atopy
- Use of Antibiotics at young age
- Breast fed or not
- In utero smoking
- Race (white, black, Hispanics)
- High BMI

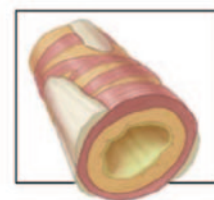
\* Above risk factors may depend on age & Gender

Recognizing these early life factors may provide a window of opportunity to start appropriate homeopathic medicines that could modify the evolution or progression into asthma in susceptible individuals.

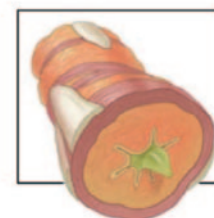
# Relevance of homeopathy in the treatment of asthma today



Mechanism of bronchospasm



Normal bronchus



Inflammatory bronchus

Aspects of the bronchii

## EARLY INTERVENTION WITH HOMEOPATHY TO MODIFY ASTHMA DEVELOPMENT?

### WHAT ARE THE POSSIBLE EARLY INTERVENTIONS ?

- Modulate immune system: Consider *Silicea*, *Thuja*, or *Medorrhinum*
- Reduce antibiotic usage and target "weak" organs : e.g. *Sulphur iodatum*, *Silicea* +/- CRM or Sensitive type to prevent recurrent ENT infections.
- Prevent development of Sycosis after vaccines: *Thuja*
- Treat etiologic factors including psychoemotional events

### EXAMPLE OF EARLY INTERVENTION WITH HOMEOPATHY TO PREVENT ASTHMA DEVELOPMENT

A patient with repeated ENT infections, antibiotic and/or corticosteroid use, with a history of asthma onset after vaccination.

### AUTHOR'S EXAMPLE PRESCRIPTION

- *Silicea* (15 or 30C) 10 pellets once weekly during Fall/Winter plus *Thuja* 30C 10 pellets once weekly, plus CRM & /or Sensitive type, plus
- *Natrum sulphuricum* 30C 10 pellets once weekly



## Asthma in this century: Where it is heading

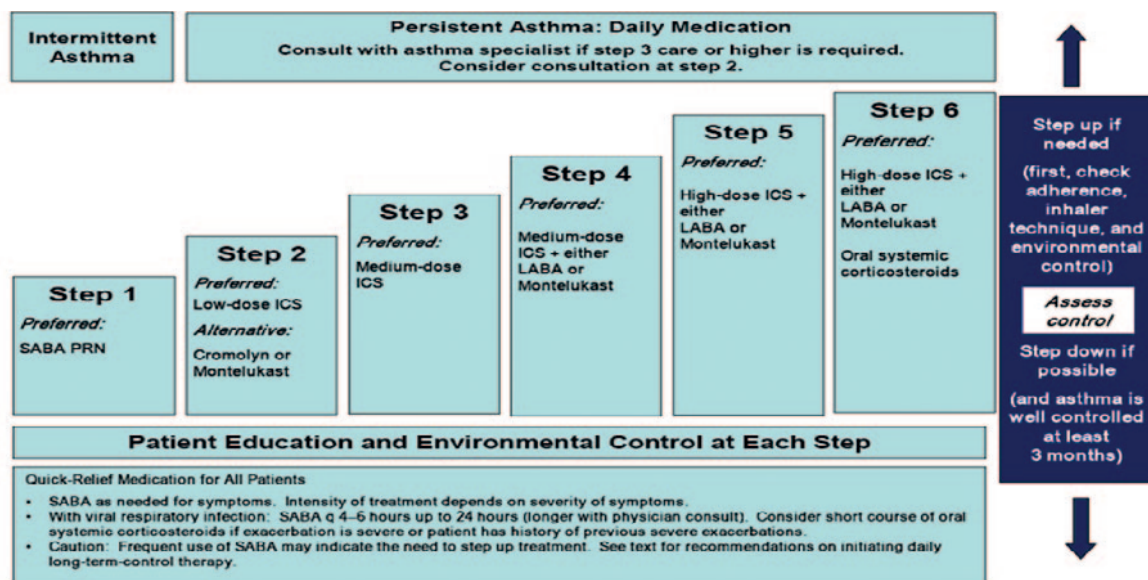
Response to asthma treatment is heterogeneous with great inter-individual variation in response to asthma drugs, which is in large part due to genetics. This has brought us to the era of Precision/Personalized Medicine for asthma, which is targeted therapies according to a person's phenotype (symptom, triggers, atopy, age of onset), endotype (pattern of inflammation), biomarkers (exhaled Nitric Oxide, lung function etc) and genotypes linking different expressions of asthma phenotype.<sup>[2]</sup>

### HOMEOPATHY IN THE ERA OF PRECISION MEDICINE

Homeopathy already recognizes the different clinical expressions of asthma: For example, selection of Acute medicines may be based on presence of mucus hypersecretion versus



# Relevance of homeopathy in the treatment of asthma today

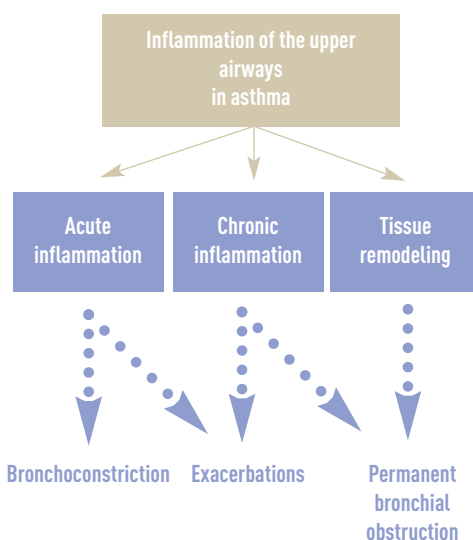


**Key:** Alphabetical order is used when more than one treatment option is listed within either preferred or alternative therapy. ICS, inhaled corticosteroid; LABA, inhaled long-acting beta<sub>2</sub>-agonist; SABA, inhaled short-acting beta<sub>2</sub>-agonist

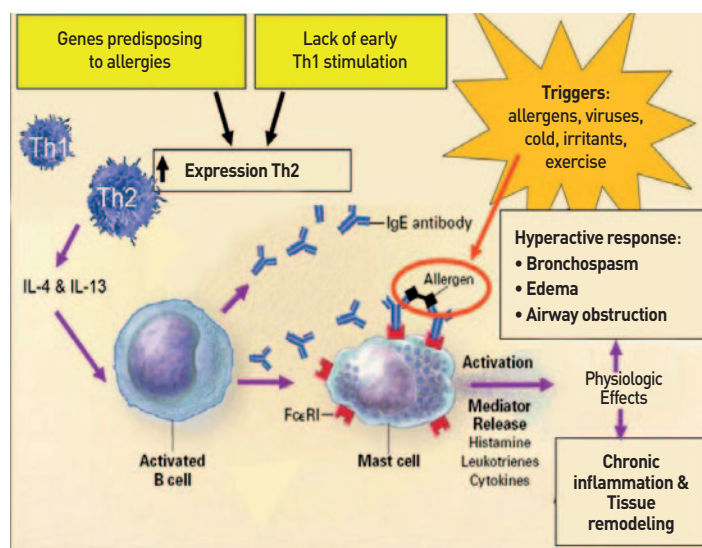
## Notes:

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- If alternative treatment is used and response is inadequate, discontinue it and use the preferred treatment before stepping up.
- If clear benefit is not observed within 4–6 weeks and patient/family medication technique and adherence are satisfactory, consider adjusting therapy or alternative diagnosis.
- Studies on children 0–4 years of age are limited. Step 2 preferred therapy is based on Evidence A. All other recommendations are based on expert opinion and extrapolation from studies in older children.

■ Staged approach to the treatment of asthma in children aged 0 to 4 years



■ Asthma: inflammatory process and clinical presentation



■ Asthma pathophysiology

# Relevance of homeopathy in the treatment of asthma today

spasm dominant symptoms, as well as many other symptoms presentation discussed above. Chronic reactional mode and sensitive type medicines will be different depending on the individual. There is not one medicine for asthma, though a **Natrum sulphuricum** is one that fits the pathophysiology of asthma and could be considered for systematic used in many patients.

Homeopathy has aimed to lessen the intensity and frequency of asthma episodes by using Chronic medicines as well as Acute medicines. As more is known linking genotypes to different asthma phenotypes, homeopathy could be used to intervene early based on anticipated development of that asthma subtype.

## 7 Summary

- Standard conventional treatment for asthma relies on same drugs for all
- Homeopathy already takes into account the individual variation/expressions of asthma
- Asthma is a disease of chronic airway inflammation. To target this, consider use of **Natrum sulphuricum** systematically in addition to the individual's CRM medicine.
- Homeopathy has the potential to modify asthma evolution by early intervention in those with risk factors.
- Future direction: Homeopathy may also be able to utilize knowledge derived from genomic based/ precision medicine that links genotype to phenotype to arrive at a CRM medicine specific to a patient.
- It is important to continue pharmaceutical drugs in the treatment of asthma when necessary. However, homeopathy can be integrated into the treatment protocol to lessen the frequency and intensity of asthma over time, thereby requiring less of these drugs. Furthermore, homeopathic approach could impact the evolution of asthma especially when intervention is done early especially in those with identified risk factor. ■

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  - <sup>2</sup> *Advances in asthma in 2016: Designing individualized approaches to management*. J Allergy Clin Immunol. 2017 Sep;140(3):671-680.
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***Homeopathy has the potential to modify asthma evolution by early intervention in those with risk factors.***



# The science behind the homeopathy debate

Dr Alexander Tournier & Rachel Roberts ,  
Homeopathy Research Institute (HRI),  
London, United Kingdom



**H**omeopathy has long courted controversy due to the use of high dilutions, sometimes to the point beyond which one would expect to find any molecules of the original substance. Detractors frequently claim that it simply does not work, because it cannot work.

However, the idea that a substance can be damaging in large amounts, but beneficial in small amounts is not new to science, in fact this concept (“hormesis”) has been around for decades and is increasingly well documented in such fields as biology and toxicology.

There are even examples of ‘like cures like’ in conventional medicine e.g.

- **DIGITALIS** in high doses causes arrhythmias, but this drug is used routinely in low doses to treat this condition
- The stimulant amphetamine-based drug **RITALIN** is used to treat Attention Deficit Hyperactivity Disorder (ADHD)
- Small doses of allergens such as **POLLEN** are used to de-sensitise allergic patients.

An important difference in homeopathy is that the medicinal doses given are so small that toxic side-effects are avoided.

Low potency homeopathic medicines (up to **12C** or **24X** potencies) will contain molecules of the original substance they are made from. For this reason, in

most countries, remedies made from toxic substances are only available in higher potencies, from the ‘first safe dilution’ upwards.

It is the higher potencies, which do not contain molecules, which are most controversial as we do not yet understand their mechanism of action.

It is because of this that critics often argue that homeopathic medicines are ‘just sugar pills’ and any reported benefits are due purely to the placebo effect.

With any medical treatment there is likely to be some degree of ‘placebo effect’ and in this respect homeopathy is no different, but the theory that homeopathy’s effects are only a placebo response is not supported by the scientific evidence.

# The science behind the homeopathy debate

## THAT ARGUMENT FAILS TO HOLD WHEN ONE CONSIDERS:

- 1** The existence of positive high quality placebo-controlled trials. These trials are designed specifically to separate out the placebo effect from the real clinical effect of the treatment being tested.
- 2** Homeopathic medicines having effects in laboratory experiments. Effects have been seen on white blood cells, frogs and duckweed to name just a few examples.
- 3** The fact that homeopathy can work in animals. A rigorous research study found that a homeopathic medicine can prevent *E. coli* diarrhoea in piglets<sup>1</sup> – a big problem in commercial farming.

Another fact that many people are unaware of is that scientists in highly respected universities, research institutions and hospitals around the world are carrying out research into homeopathy using the same research techniques as those used to investigate conventional medical treatments and publishing their findings in peer reviewed journals.

**THIS IS DEMONSTRATED MOST CLEARLY AT HRI'S INTERNATIONAL RESEARCH CONFERENCES** – the most recent of which included presentations by 75 researchers from 27 countries (see [www.HRILondon2019.org](http://www.HRILondon2019.org)).



Packed plenary room at a HRI International Research Conference in London (UK)

“

*Another myth is that conventional medicine is fully 'tried and tested' while homeopathy is not. In fact, the scientific evidence is not so black and white for either discipline and the balance of evidence is more similar than you might imagine.*

Homeopathy research is a relatively new field, but the number of articles published in peer reviewed journals has risen significantly over the past 40 years so whilst it's true to say that there are not a huge number of studies, some evidence is very different from no evidence.

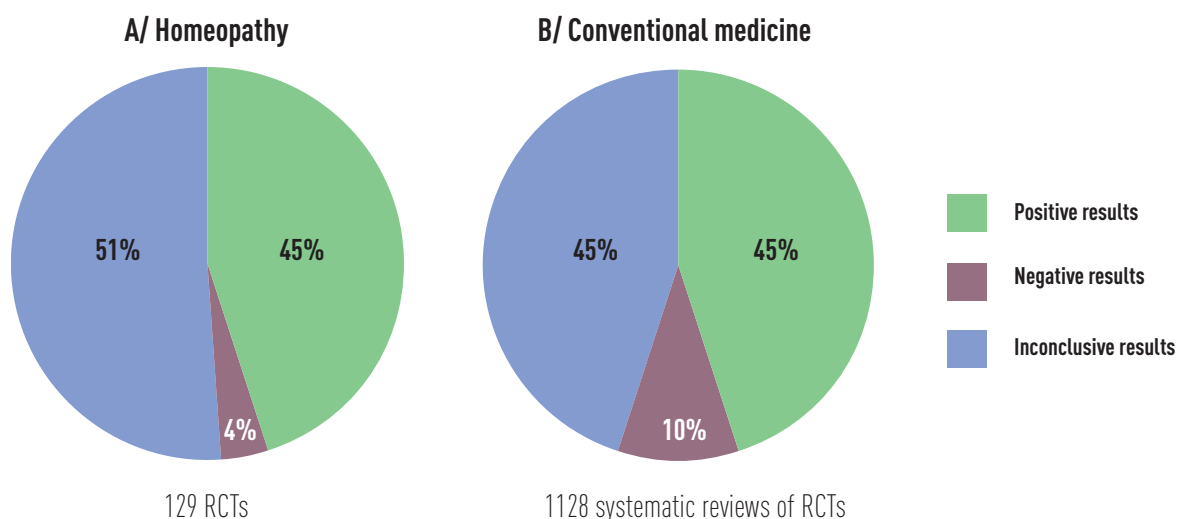
Another myth is that conventional medicine is fully 'tried and tested' while homeopathy is not. In fact, the scientific evidence is not so black and white for either discipline and the balance of evidence is more similar than you might imagine.

■ By the end of 2019, 221 randomised controlled trials of homeopathic treatment for 115 medical conditions had been published in peer-reviewed journals.

→ Of these, **129** placebo-controlled trials covered **77** different medical conditions<sup>2</sup>:

- **45% were positive** (58 trials) – finding that homeopathy was effective
- **4% were negative** (5 trials) – finding that homeopathy was ineffective
- **51% were inconclusive** (66 trials)

## The science behind the homeopathy debate



Results of randomised controlled trials (RCT) in 2019

■ An analysis of 1128 systematic reviews of RCTs of conventional medicine had strikingly similar findings<sup>3</sup>:

- **45% were positive** – the treatments were likely to be beneficial
- **10% were negative** – the treatments were likely to be harmful
- **45% were inconclusive** – the evidence did not support either benefit or harm.

Although the percentages of positive, negative and inconclusive results are similar in homeopathy and conventional medicine, it is important to recognise a vast difference in the quantity of research carried out.

**CHART A** shows analysis of 129 studies out of a total of 221 individual trials on homeopathy.

**BY CONTRAST, CHART B** shows analysis of 1128 out of over 4000 Cochrane systematic reviews on conventional medicine published by 2011, each analysing multiple individual trials.

This highlights the need for more research in homeopathy, particularly large-scale high quality repetitions of the most promising positive studies.

Science is a constantly evolving field and what the scientific establishment declares to be “impossible” in one era, is often proved to be ‘fact’ in another. If significant progress can be made in the field of homeopathy research, the implications for both healthcare and the environment are potentially enormous.

“

***This highlights the need for more research in homeopathy, particularly large-scale high quality repetitions of the most promising positive studies.***

## The science behind the homeopathy debate

The evidence we have so far and the potential benefits stemming from a greater understanding deserves further investigation.

**To find out more about the Homeopathy Research Institute, visit [www.HRI-Research.org](http://www.HRI-Research.org)**

**For any enquiries contact [info@HRI-Research.org](mailto:info@HRI-Research.org).**

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<sup>3</sup> BOAS PJFV, SPAGNUOLO RS, KAMEGASAWA A, ET AL. *Systematic reviews showed insufficient evidence for clinical practice in 2004: what about in 2011? The next appeal for the evidence-based medicine age*. J Eval Clin Pract, 2013; 19(4):633–7



# Joint pain and stiffness

related to aromatase inhibitors  
in menopausal women

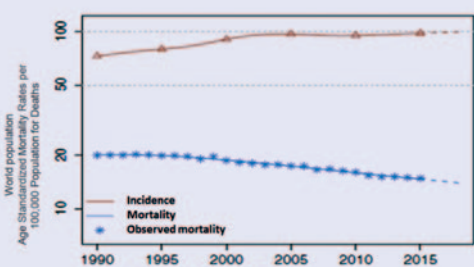
Impact of a homeopathic treatment

**Jean-Claude Karp, MD**  
Troyes, France

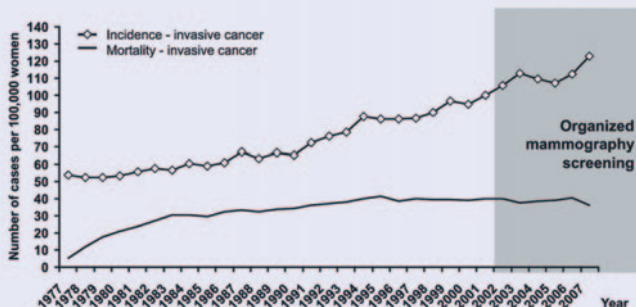


## Breast cancer in numbers

ref: ISBN-NET : 979-10-289-0559-0 Jouve Santé Publique France juillet 2019



Source: National estimation of cancer incidence and mortality in Metropolitan France between 1990 and 2018 – Volume 1 – Solid Tumors



- In 2018 there were 58,459 new cases of breast cancer in Metropolitan France
- Incidence rate: between 1990 and 2018, the yearly rate of new cases of breast cancer in women almost doubled, going from 30,000 to 58,400 annual cases, i.e., an average of +1.1 % per year.
- Estimation of 12,146 deaths in 2018 in Metropolitan France
- Median age at the time of death: 74 years
- Decreased mortality rate: an average of -1.5 per year between 2005 and 2012
- At 5 years the age-standardized survival is 87 %; at 10 years: 76 %

Ref :

[https://www.e-cancer.fr/var/inca/storage/images/media/images/00-illustrations-contenu/incidence\\_mortalite\\_sein/3777098-3-fre-FR/IncidenceMortaliteSein.png](https://www.e-cancer.fr/var/inca/storage/images/media/images/00-illustrations-contenu/incidence_mortalite_sein/3777098-3-fre-FR/IncidenceMortaliteSein.png)

- About 1 in 8 U.S. women (about 12%) will develop invasive breast cancer over the course of her lifetime.
- In 2020, an estimated 276,480 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 48,530 new cases of non-invasive (in situ) breast cancer.
- About 2,620 new cases of invasive breast cancer are expected to be diagnosed in men in 2020. A man's lifetime risk of breast cancer is about 1 in 883.
- About 42,170 women in the U.S. are expected to die in 2020 from breast cancer.

Ref :

[https://www.breastcancer.org/symptoms/understand\\_bc/statistics#:~:text=About%201%20in%208%20U.S.,\(in%20situ\)%20breast%20cancer.](https://www.breastcancer.org/symptoms/understand_bc/statistics#:~:text=About%201%20in%208%20U.S.,(in%20situ)%20breast%20cancer.)

## Joint pain and stiffness related to aromatase inhibitors...

# 1 Hormonal treatments for breast cancer

With about 54,062 new annual cases in France and 270,000 in the US, breast cancer is the most widespread gynecologic cancer. It is estimated that one out of eight women will be affected during her lifetime. Its incidence (number of new cases per year) has doubled between 1980 and 2005 to progressively stabilize. Mortality (number of deaths per year) has not increased since the eighties. This underlines the incredible advances made in screening and care management for this disease. We estimate that 3 breast cancers out of 4 are cured.

Breast cancers develop from milk ducts (in situ ductal carcinoma) or from lobules (in situ lobular carcinoma). In 25% of cases, they are called in situ or non-invasive, most often located in the milk ducts, they do not create metastases at a distance.

In 75% of cases, they are invasive and can disseminate locally, outside of the breast. Invasive cancers are ductal in 75% of cases and lobular in 10% of cases, rare types make up the rest of the cases.

Over 80% of breast cancers in women over 50 are hormone-dependent (*ref: Albain K.S Mono NCI 1994*). This means that their estrogen or progesterone receptors bind to plasma membranes. Once stimulated by the corresponding hormone, these receptors trigger a reaction cascade that will lead to cell multiplication.

The objective of hormone therapy is to prevent this stimulation to avoid cancer recurrences after treatment (adjuvant treatment) or to limit tumor propagation in case of metastatic cancer.

For several years, the first-line treatment for hormone-dependent cancers was Tamoxifen management for 5 years, regardless of the menopausal status of women (Dent, 2011). The Selective Estrogen Receptor Modulator (SERM) will block, in a selective manner, the breast receptors. Hormone receptors present on the other organs are rarely affected. Thus, hypothalamic hormone cycles are not inhibited, there is no vaginal dryness, no deprivation osteoporosis and the musculoskeletal

system is not impacted. Main side effects expected are hot flashes and hypertrophy of the uterine lining.

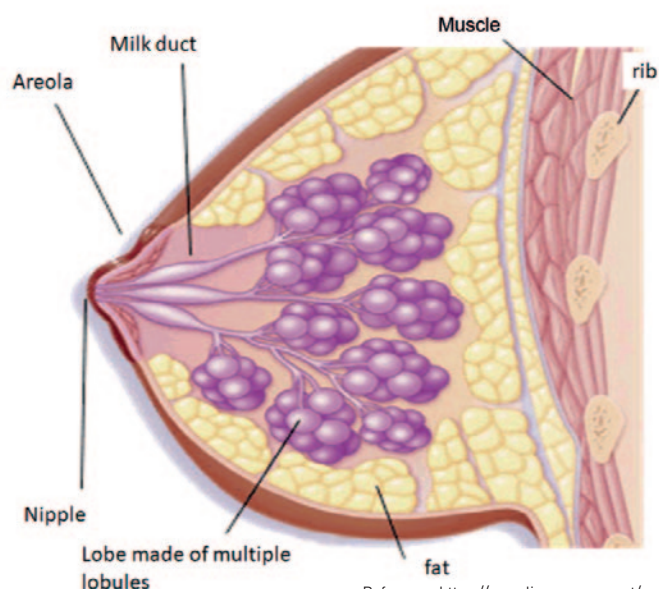
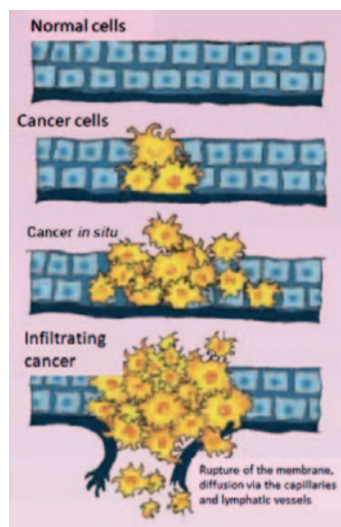
In menopausal women, the only remaining sexual hormones result from androstenedione secreted by the adrenal glands being converted into estradiol by an aromatase, enzyme present in fat tissues. Large-scale clinical trials showed that aromatase inhibitors (AI) were more effective than Tamoxifen in terms of recurrences, survival and adverse side events in menopausal women (Baum, 2003; Coombes, 2004; Goss, 2005). Three 3<sup>rd</sup> generation AIs are routinely prescribed today in menopausal women, usually as first-line treatment: Anastrozole (Arimidex®), Letrozole (Femara®) and Exemestane (Aromasin®).

These hormone therapies lead to adverse side effects related to a deficit in estrogens, they manifest as different types of disorders. There are hot flashes and vaginal dryness. The bone demineralization is increased and as such pre-existing osteoporosis is a contraindication to the treatment.

Clinical observation also shows that AIs are responsible for musculoskeletal adverse side effects that can be grouped under an arthralgia syndrome (Burstein, 2007). This musculoskeletal pain is more frequent with AIs than tamoxifen. It is responsible for AI treatment interruption and constitute a real loss of chance for women. These treatment interruptions increase the risk of recurrences and decrease patient' survival (Hershman, 2011).

# 2 Arthralgia incidence with aromatase inhibitors and treatment interruption

Arthralgia syndrome is one of the major adverse side effects associated with aromatase inhibitors (Niravath, 2013), and can be observed regardless of the type of AI used (Donnellan, 2001).

Reference: <https://www.ligue-cancer.net/>ref : <https://cdn.futura-sciences.com/>

**“Mortality has not increased since the eighties. This underlines the incredible advances made in screening and care management. We estimate that 3 breast cancers out of 4 are cured.”**

(Left) The breast, structure and vascularization. (Right) Development of cancer cells in breast cancer.

Most times, data collected are based on patient's reports without any standardized rheumatological evaluation. The absence of definition and systematic assessment of these symptoms explain why the incidence of arthralgia under AI varies from 5% to 60% according to the different studies (Coombes, 2004; Yagata, 2016; Oberguggenberger, 2011). Studies comparing 3 aromatase inhibitors did not show a difference in arthralgia incidence (Campos, 2009; Rose, 2003).

Studies led in “real life” conditions found an incidence of AI-related pain or joint stiffness close to 50% (Crew 2007; Mao, 2009; Oberguggenberger, 2011; Chim, 2013; Yagata, 2016).

Overall, 20 to 57% of untreated menopausal women present with arthralgia, mainly due to estrogen deficiency (Nevitt, 2001; Barnabei, 2005). Thus, it is difficult to differentiate arthralgia present before AI treatment initiation and those induced or aggravated by the aromatase inhibitors. Our experience seems to validate the results observed by Crew and Oberguggenberger that women treated with aromatase inhibitors reported that 50% of women treated with AIs attributed their new

pain or aggravation of pre-existing pain to the treatment (Crew, 2007) (Oberguggenberger, 2011).

Clinical studies showed that 5% to 20% of women do not finish their initially prescribed AI treatment. If we look at real life studies, especially with an anonymized questionnaire, the incidence of AI treatment cessation is much higher, it could even reach 40%. In 5 to 30% of cases, treatment cessation is the consequence of musculoskeletal symptoms (Henry, 2008; Henry, 2012; Briot, 2010; Chim, 2013; Coombes, 2004).

The study published by Hershman in 2011 concluded that an early cessation or non-observance of tamoxifen or AI hormone treatment was associated with a mortality increase (Hershman, 2011).



## Clinical expression of arthralgia and musculoskeletal symptoms related to aromatase inhibitors

Women treated with AIs describe joint pain or stiffness. The clinical picture can vary, yet generally it includes the onset of bilateral pain and aches affecting in decreasing order the hands, wrists, knees, spine, feet. Shoulder and

## Joint pain and stiffness related to aromatase inhibitors...

hips are less affected.

This pain is associated with joint stiffness in the early morning and at the first movements after a period of rest, it leads to sleep disorders. In its study, Baker et al reported that 55.6% of women treated with AIs experienced sleep disorders (Baker, 2005). The pain can start from a few days to two years after the start of treatment. However, most times it appears in the first few months. Some studies report that 3 out of 4 women present with pain in the first 3 months following the onset of the AI treatment (Mao, 2009) with a median duration of 1.6 months (Henry, 2008). The spontaneous resolution of symptoms is rare during the treatment, but quite common after its cessation.

## 4 Etiology

### ESTROGEN DEFICIT

The origin of AI-associated musculoskeletal disorders remains unclear. The sudden drop in estrogens triggered by AIs is the most likely mechanism. This hypothesis is supported by the observation of peri- and postmenopausal women commonly presenting with back pain, joint pain and stiffness improved by hormone replacement therapy and exacerbated by AI treatment (Felson, 2005).

Estrogens being associated with anti-nociceptive effects, an estrogen deficit would lead to increase pain sensitivity (Gaillard, 2011). In fact, opioid neurons (anti-nociceptive) express estrogen receptors.

### INFLAMMATION

Estrogens are known for their anti-inflammatory properties (Marta). Some studies have identified radiological changes and signs of joint inflammation, especially in women with severe pain (Morales, 2007) (Dizdar, 2009). Furthermore, only 5 to 18% of patients who developed severe joint symptoms also presented with high levels of inflammatory or rheumatologic markers (Henry, 2008). No changes in the levels of circulating inflammatory markers was identified before and after the start of AI treatment on a small cohort of patients (Henry, 2010). One can conclude that AI-triggered arthralgia is not necessarily associated with a systemic inflammatory response.

### OSTEOPOROSIS

The AI-induced estrogen deficit participates to the development of osteoporosis. The latter promotes musculoskeletal disorders in menopausal women (Watanabe, 2004). In our experience, only women with a rapid bone demineralization progression seem concerned by this pain-inducing mechanism.

## 5 Predictive factors of arthralgia

Some women are more inclined to develop musculoskeletal symptoms under AI treatment, especially obese women (Sestak, 2008 ; Mieog, 2012), those who had a recent hormone deprivation (interruption of replacement hormone therapy, recent menopause), those who underwent chemotherapy, especially taxane-based, before the start of AIs (Crew, 2007 ; Henry, 2012 ; Kanematsu, 2011) as well as women with a history of joint pain.

## 6 Therapeutic options

There is no treatment of reference in musculoskeletal symptoms related to AI treatment. Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are the most frequently used in spite of the absence of evidence regarding their effectiveness.

For patients with chronic pain, the prolonged use of AIs exposes patients to the known adverse events of this therapeutic class, especially gastrointestinal, cardiac, ontological and renal side effects. The efficacy of non-opioids analgesics, opioids and the association of analgesics prescribed with or without NSAIDs remains to be established, furthermore they are not devoid of side effects (Burstein, 2007).

## ...in menopausal women. Impact of a homeopathic treatment

Acupuncture seems to have an effect on AI-induced arthralgia by reducing its severity and improving patients' quality of life (Crew, 2010; Mao, 2009; Mao, 2014).

Moderate physical exercise during and after treatment also has a positive impact validated by two meta-analyses, with also an improved prognosis for patients with breast cancer (Schmitz, 2005; Courneya, 2003). An open, randomized study showed that exercising for 12 months (150 minutes per week of aerobics) can significantly reduce AI-related joint pain (Irwin, 2015).

Vitamin D treatment also seems indicated. The estrogen decrease can trigger a vitamin D deficit and thus a potential joint pain syndrome (Khan, 2010; Prieto-Alhambra, 2011).

Sometimes, this treatment is replaced by tamoxifen, known to cause less arthralgia than aromatase inhibitors. We can also propose a therapeutic window followed, or not, by a change in the AI molecule (Briot, 2010).

## 7 Relevance of a homeopathic treatment

### HOMEOPATHY AND ADJUNCTIVE CARE IN ONCOLOGY

Homeopathy has been used frequently in oncology and for many years. The MAC-AERIO study, conducted from January to March 2010 in 18 French care centers with 850 patients showed that 60% of cancer patients used alternative therapeutics. One patient out of three reported using homeopathy during his or her cancer treatment (MAC-AERIO study).

This tendency is increasing, as underlined by the thesis of Adeline Legrand conducted in Strasbourg under the leadership of Jean-Lionel Bagot. A first French prevalence study, conducted in 2005 in Strasbourg, reported 18% of users. Twelve years ago, on a cohort of 535

patients, 164 used homeopathic medicines, i.e., 30.7%. The main objective for using homeopathy was to decrease side effects of cancer treatments (75%). Among the users, 82.6% reported being "quite or very" satisfied vs. 15.5% who were "mildly" satisfied, and 1.9% were "not at all" satisfied. Patients reported an improvement of fatigue, pain, nausea, anxiety, sadness and diarrhea in more than 80% of cases. Conversely, the symptoms less improved were alopecia, weight disorders and decrease sex drive. The conclusion of the thesis was that with a 30.7% prevalence, homeopathy was the alternative medicine most used in Strasbourg in integrative oncology. Almost all persons interviewed reported being satisfied and were more inclined to inform their physicians than in 2005 (Legrand A).

### FIRST-LINE HOMEOPATHIC TREATMENT

#### **RHUS TOXICODENDRON**

Faced with musculoskeletal pain aggravated during the first movements and improved by continuous movement, the first medicine that comes to mind is *Rhus toxicodendron*, or poison ivy. It contains an oily resin, urushiol, responsible for vesicles on the skin. Thus, the indication of *Rhus toxicodendron* in herpes zoster or cold sores. It also contains fisetin, which has an anti-inflammatory action, preferentially targeted on the joints.

#### IN THE MATERIA MEDICA WE FIND:

#### EXPERIMENTATION

The experimentation validated an elective action on the periarticular fibroconnective tissues (tendons, ligaments, aponeurosis): painful joint stiffness improved by prolonged movement.

#### PERIARTICULAR SYMPTOMS

In fact, with *Rhus toxicodendron* the serous membranes are respected:

- Sensation of painful joint stiffness improved by movement (*Natrum sulphuricum*, *Radium bromatum*). Pain lingers at the beginning of the movement, then goes away, and it reappears with fatigue. Improvement by heat and aggravation by dampness.

#### SENSATIONS

- Aches (*Baptisia tinctoria*, *Eupatorium perfoliatum*), bruising, stiffness, numbness.



# Joint pain and stiffness related to aromatase inhibitors...

## AGGRAVATION

- by dampness, humid cold, lengthy contact of the skin with a wet object,
- by rest and immobility,
- by the beginning of the movement and excessive fatigue.

These aggravation factors are very important, even when isolated, they can be a possible cause for the indication of the medicine.

## IMPROVEMENT

- by slow movement, change in position, for skin rashes, joint pain or fever-associated phenomena,
- by heat and warm applications,
- by dry and warm weather.

## CONCOMITANT SIGNS

- Need to move around, friction the limbs (*Arnica montana*, *Ruta graveolens*) due to the characteristic modality of the medicine: improvement by movement and heat.

In the treatment of primary fibromyalgia, two double-blind clinical studies were conducted (Fisher, 1986; Fisher, 1989). These two studies, bearing similar results, each focused on a group of 30 patients presenting with primary fibromyalgia. Results from the second study showed a statistically significant difference in favor of the *Rhus toxicodendron 6 CH* treatment on each of the 4 parameters explored: severity of the pain, sleep quality, general state, number of sensitive points after the active treatment vs. after the placebo period (Fisher, 1989).

## RUTA GRAVEOLENS

The second medicine we will bring up is *Ruta graveolens* or common rue.

IN THE MATERIA MEDICA, WE FIND THE FOLLOWING ELEMENTS:

## PHARMACOLOGY

The mother tincture has anti-inflammatory, anti-microbial and anti-fungal properties.

## EXPERIMENTATION

Elective action on:

- the periosteum,
- aponeurosis, tendons and cartilages with an elective action on the wrists, and ankles,
- muscles and tendons of the oculomotor system.

## SENSATIONS

- aches, stiffness, bruising pain, mainly located on the joints of the wrists, ankles and spine.
- Sensation that "tendons are too short", bruised, painful with an elective action on the flexors.

## AGGRAVATION

- by rest,
- by damp cold.

## IMPROVEMENT

- By movement and heat.

## MAIN CLINICAL INDICATIONS AND PRESCRIPTION

### TRAUMA AND RHEUMATOLOGY

- Simple sprains or complex sprains with avulsion fracture of the tendon and ligaments.
- Dislocation pain after reduction (*Rhus toxicodendron*).
- Tendinitis, periostitis, periarthritides, post-traumatic exostoses. Tendinitis of Achille's tendon (*Actaea racemosa*, *Ammonium muriaticum*, *Symphytum officinale*).
- Pain of the synovial cysts of the wrist, nodes of the ligaments and tendons.
- Low back pain, lumbosacral pain, lumbar-sciatic pain aggravated by rest and improved by moving around.

The difference between these two medicines lies in the fact that *Rhus toxicodendron* has an elective action on the joints and periarticular tissues such as tendon and ligament insertions, capsules of the synovial membrane.

*Ruta graveolens* is more indicated in myotendinous or muscle tendon pain.

In our experience, the initial pain related to aromatase inhibitors in the first month of treatment corresponds to a deficit in the stimulation of the local receptors and not joint inflammation or destruction as seen in arthritis for example. Upon palpation, there is little referred pain, as such it is very hard to know

## ...in menopausal women. Impact of a homeopathic treatment

if the pain comes from the joints or tendons. In fact, it is difficult to differentiate both medicines.

In some cases, we note an initial mild joint inflammation. Both medicines seem effective on pain and inflammation. A double-blind clinical study was conducted on rheumatoid arthritis management (Gibson, 1980), 23 patients had a NSAID treatment completed by a personalized homeopathic treatment compared to a similar group of 23 patients treated with NSAIDs and placebo.

Between the first and last visit, authors observed in the homeopathy group a significant improvement of the pain (VAS), joint pain index (Ritchie, 1968), grip strength measured with a dynamometer (Deodhar, 1973), morning joint unlocking time, and functional index (Lee, 1973). No significant improvement was observed in the placebo group. *Rhus toxicodendron* and *Ruta graveolens* were both commonly prescribed medicines.

We led a comparative observational study at the Troyes Hospital and the Reims Jean Godinot Institute on 40 patients who started an AI treatment for breast cancer management (Karp, 2016; Sanchez). Out of these 40 patients, 20 followed the traditional therapeutic treatment and made up the control group, and 20 were treated with 2 homeopathic medicines *Ruta graveolens* 5CH and *Rhus toxicodendron* 9CH, prescribed during a homeopathic consultation, in addition to the conventional therapeutic management.

Study results showed a significant decrease of the joint pain score (frequency, severity and number of painful locations) in the group of patients treated with AIs associated with the two homeopathic medicines compared to the control group not treated with homeopathy.

Furthermore, analgesic consumption was greater in the control group, and pain had a greater impact on patients' sleep in this group.

Joint pain	p 0.0001
Joint stiffness	p 0.0141
Pain at first movements	p 0.29 NS
Number of painful joints	p 0.04
Pain frequency	p 0.0004
Analgesic use	p 0.034
Pain severity	p 0.0004
Pain stiffness upon waking up	p 0.0198
Pain stiffness at first movements	p 0.19 NS
Joint pain upon waking up	p 0.0173
Sleep disorders	p 0.0083

**Table1 :** As a reminder  $p < 0.05$  shows a significant difference between both groups. Statistically, there are less than 5 chances out of 100 for these results to be due to random luck.

These same medicines are also recommended by the International Homeopathic Society Of Supportive Care In Oncology (IHSSCO)

**We recommend a preventing treatment for AI-related pain associating *Rhus toxicodendron* 9CH and *Ruta graveolens* 5CH, 5 pellets morning and evening, to be started as soon as possible, ideally a few days before the start of treatment (Karp JC, Roux F.).**

When a patient has already started an AI treatment, but for less than 6 months, we prescribe the same treatment in the absence of specific symptoms. If the patient reports pain or stiffness we prescribe an individualized treatment.

# Joint pain and stiffness related to aromatase inhibitors...

## A PRECIOUS MEDICINE

### SEPIA OFFICINALIS

We normally see patients after 3 months, and often we can observe the symptoms of a third medicine, *Sepia officinalis*.

This is not surprising since the Materia Medica of *Sepia officinalis* contains several symptoms corresponding to hormone deprivation. These symptoms are present in numerous women, who do not necessarily have the *Sepia officinalis* Sensitive Type.

This is mostly due to slacking of the connective tissue and can manifest by circulatory disorders, heavy and painful legs, sensation of pelvic heaviness, digestive disorders with dyspepsia, sensation of gastric heaviness, slacking of the abdominal organs, dryness of the mucous membranes, sallow skin with liver spots, some irritability, hypersensitivity with depressive tendency. In fact, we observe a clinical picture similar to hormone deficiency evidenced in premenstrual syndrome or menopause.

## HOMEOPATHIC SUPPORT OF SYMPTOMATIC PATIENTS

However, some women develop joint pain after a few months of treatment. This is often related to the fact that hormone deficiency triggers an arthritic evolution in these patients. This is different from the initial pain related to hormone deprivation of estrogen receptors and is common in patients with arthritis.

In this case, we need to interview and examine our patients, get out of our Materia Medica and our repertoires and find the individualized treatment for each one of our patients. We will base it specifically on the IRP, the Individual Reaction of the Patient, to find the corresponding medicine.

**SEVERAL MEDICINES CAN BE INDICATED. WE WILL PRESENT SOME OF THEM BELOW, THE ONES THAT SEEM THE MOST COMMONLY FOUND.**

## AGGRAVATION OF THE PAIN BY DAMPNES

### NATRUM SULPHURICUM

could be indicated in case of aggravation by dampness. It corresponds to joint pain with stiffness improved by slow movement and aggravated by dampness. It is not easy to

differentiate it from *Rhus toxicodendron* and *Ruta graveolens* based only on those symptoms. We will then base ourselves on other symptoms corresponding to this medicine or associated signs. *Natrum sulphuricum* corresponds to patients with inflammation of the mucous membranes, especially the digestive mucous membranes, with diarrheic stools associated with gas and respiratory disorders such as chronic productive cough.

### THUYA OCCIDENTALIS

also corresponds to joint pain aggravated by cold and dampness. The diagnosis will be made on signs of Sycosis, benign skin growth, such as warts, molluscum, ruby skin spots, development of adipose tissues, chronic inflammation of mucous membranes, mostly with recurrent urinary tract infections and chronic sinusitis. We will also remember that *Thuya occidentalis* is a medicine of chronic intoxication, which is frequently the case in women who had multiple cancer treatments.

### DULCAMARA

is indicated in women with joint pain and stiffness also aggravated by dampness, improved by slow movement. The diagnosis of *Dulcamara* will be made on the clear aggravation at the precise moment of being exposed to dampness. There will be an association with inflammation of the ENT mucous membranes, chronic laryngitis/pharyngitis with throat clearing, and eventually diarrhea in damp weather.

### KALIUM CARBONICUM

also corresponds to patient aggravated by dampness but can be differentiated by the presence of low back pain and hip pain related to muscle weakness. This explains the improvement of low back pain in these women when they are sitting in a chair with proper support. We can also find respiratory disorders, such as asthma, chronic bronchitis with whitish or grayish secretions or even digestive disorders with major bloating after meals.

## ...in menopausal women. Impact of a homeopathic treatment

### PAIN IMPROVEMENT BY DAMPNESS

#### CAUSTICUM

is often indicated in elderly patients with metastatic breast cancer taking aromatase inhibitors on the long term to stop or at least slow down the disease progression.

*Causticum* corresponds to a retraction of tendons and muscles with painful stiffness. The diagnosis will be strengthened by general signs, such as fatigue, teary sadness, a great sensitivity and aggravation at dusk.

#### MEDORRHINUM

is a medicine of arthritis. It corresponds to an infiltration with sclerosis of the connective tissues, with osteophytes. The diagnosis will also be made on modalities, which are improvement when lying on the abdomen, by the seaside and at night.

### WITH STIFFNESS AND MUSCLE WEAKNESS

We will not go over *Causticum* and *Kalium carbonicum* again since we covered them above.

#### NATRUM CARBONICUM

is not as well-known, but is regularly indicated in aging women. It corresponds to joint pain located mostly in the shoulders, lower back and sacrum, improved by movement with repeated sprains probably related to muscle weakness. Associated signs are similar to *Kalium carbonicum* with flatulent dyspepsia and eventually asthma with respiratory failure. The skin is sallow and prone to chronic eczema.

### WITH AN INFLAMMATORY SYNDROME

Finally, some medicines can be indicated in specific targets, for example, inflammation. I will not detail *Phosphorus*, *Sulphur* and *Lachesis mutus*, since their diagnosis will be based on the known signs of the sensitive type.

#### SULPHUR IODATUM

however, can correspond to multiple patients with different sensitive types. It is indicated in inflammatory flare-ups in arthritis. We can see associated symptoms such as recurrent ENT infections and the development of cervical adenopathies.

### WITH OSTEOPOROSIS

In preamble we noted that, in some rare cases, the pain can be related to bone demineralization. In our experience, only patients with a quick drop of bone mineral density secondary to hormone deprivation can be concerned by these types of pain.

We will not detail *Natrum muriaticum*, *Silicea* and *Pulsatilla*, their diagnosis will be based on the Sensitive Type.

#### CALCAREA FLUORICA

is a more polyvalent medicine corresponding to joint and bone pain, especially pain in the spine related to osteoporosis. *Calcarea fluorica* is also a medicine of repeated sprains and low back pain.

#### RADIUM BROMATUM

is a medicine often prescribed in arthritic patients with osteoporosis. Its Materia Medica deserves to be better recognized and underlines its indications:

#### LOCOMOTOR SYSTEM

- Painful sensitivity in the cervical region at C6 and C7.
- Sensation of weakness in the lower back and lower limbs.
- Arthralgia aggravated at the beginning of the movement and improved by continuous movement (*Natrum sulphuricum*, *Rhus toxicodendron*), aggravated at night, improved by hot baths.
- Pain in the bones of the limbs and fingers; toe pain.

#### SKIN, HAIR AND NAILS

- Radiation-induced dermatitis: erythema followed by hair loss and brown spots on skin without skin flakes; sometimes blisters, ulcerations.
- The skin remains hairless, atrophic, dry.
- Sustainable subcutaneous edema.

# Joint pain and stiffness related to aromatase inhibitors...

- Gnawing ulcerations, necrotic skin, keloid scars.
- Skin epitheliomas.
- Painful fissures, alterations of the nails.
- **Pruritus on the entire body, with sensation of burning pain, aggravated when getting undressed** and improved by scratching.

## SENSATIONS

- **General burning heat with craving for fresh air.**
- Sudden pain, switching location.
- General numbness and heaviness of the entire body, improved by continuous movement, with desire to go to bed.
- **Generalized pruritus** with sensation of burning pain, aggravated at night when getting undressed, improved by scratching.
- **Painful tenderness in the cervical region, at the level of C6-C7.**
- **Sensation of weakness in the lower back and lower limbs (*Kalium carbonicum*).**
- **Rheumatoid pain aggravated by movement and relieved by continuous movement**, aggravated at night, improved by hot baths (*Rhus toxicodendron*).
- **General sensation of burning heat associated with a need for fresh air.**

Several symptoms are present in menopausal women, even more so when they had chemotherapy, radiotherapy or AI for their breast cancer, even all 3 treatments.



## In summary

- In prevention, we recommend prescribing *Rhus toxicodendron* and *Ruta graveolens* when your patient starts a treatment with aromatase inhibitors.

Often, after a few months of treatment, *Sepia officinalis* symptoms start to appear, pointing to the medicine. When the onset of pain is much later, it is often related to arthritis due to hormone deprivation. In that case we need to find the corresponding general and symptomatic treatment.

*Radium bromatum* seems interesting on the long term, for the treatment of pain and joint stiffness and for the potential consequences of radiotherapy on the long term. ■

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# Are we all addicts?

## Addictive behaviors

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**N**owadays we preferably use the term “addictive behaviors” rather than “addictions”. It allows, on the one hand, to part from the stigmatizing vocabulary of alcoholism and drug use, and on the other hand it focuses on abusive behaviors leading to addiction.

## 1 What is addiction?

**Addiction** may be defined as a process whereby a behavior, that can function both to produce **pleasure** and to provide relief from internal **discomfort**, is employed in a pattern characterized by:

- 1-recurrent failure to control the behavior (powerlessness) and
- 2- continuation of the behavior despite significant negative consequences (un-manageability).



[Source: *Addiction: definition and implications*, A. Goodman, British Journal of Addiction, 1990]

Addiction is defined as a **chronic**, relapsing **brain disorder** characterized by compulsive drug seeking and use despite **adverse consequences** [Source: definition from the National Institute of Drug Abuse (NID) 2010.]

Thus, **addiction** can be defined as a person's **dependence** on a substance or behavior generating pleasure, without the ability to stop.

## 2 How can we identify addiction?

The addictive behavior is underlined by a specific addiction phenomenon called **craving**, i.e. the irrepressible need to use in spite of the will to stop.

# Are we all addicts? Addictive behaviors

- The addiction is characterized by the **misuse of a substance** or behavioral activity that at first generates pleasure (reward craving)
- Afterwards, the continuous use of the substance or addictive activity, which the person can no longer control, leads to a negative emotional state with “withdrawal-like” discomfort, which become the main reason for using (**withdrawal relief craving**).

In the term addiction, we find the notion of lost control over one’s desire, regardless of what is desired.

- Either related to substance abuse (overdose, binge-drinking => alcohol-induced coma);
- Or triggered by the long-term secondary effects (cancers linked to smoking or drinking, neurological and psychiatric disorders in regular drug use, HIV contamination...) The repeated drug use (or addictive activities) promotes psychological and cognitive disorders (language, concentration and memorization difficulties), which can negatively impact school results and impair work, progressively leading to dropping out of school or marginalization.

In the long term, severe and untreated addiction often leads to isolation, social exclusion and poverty.

## 3 What are we addicted to?

- The most common addictions are cigarette smoking (nicotine) and alcohol.
- Then we find cannabis, and far behind opioids (heroin, morphine) cocaine, amphetamines and synthetic drugs.
- There are also addictions related to certain activities (and not substances), such as gambling, video games, sex or even compulsive shopping.
- Regarding these addictive activities, only **gambling addiction** is recognized in the international diagnostic classifications (Source: DSM 5, *Diagnostic and Statistical manual of Mental disorders*, 2013.)

Intensive gaming, sexual or professional hyperactivity are not considered true addictive behaviors today, because there is no convincing scientific evidence (!). However, our daily medical practice and recent events, largely covered by the media, point to the contrary.

Other long-term consequences remain poorly known, especially the effects of alcohol and cannabis on the brain of adolescents (cannabis-induced psychosis). During this period (until the age of 20-25 years), the brain is still maturing and appears more vulnerable to the toxic effects.

Furthermore, it was evidenced that substance abuse early in life led to a higher risk of long-term addiction.

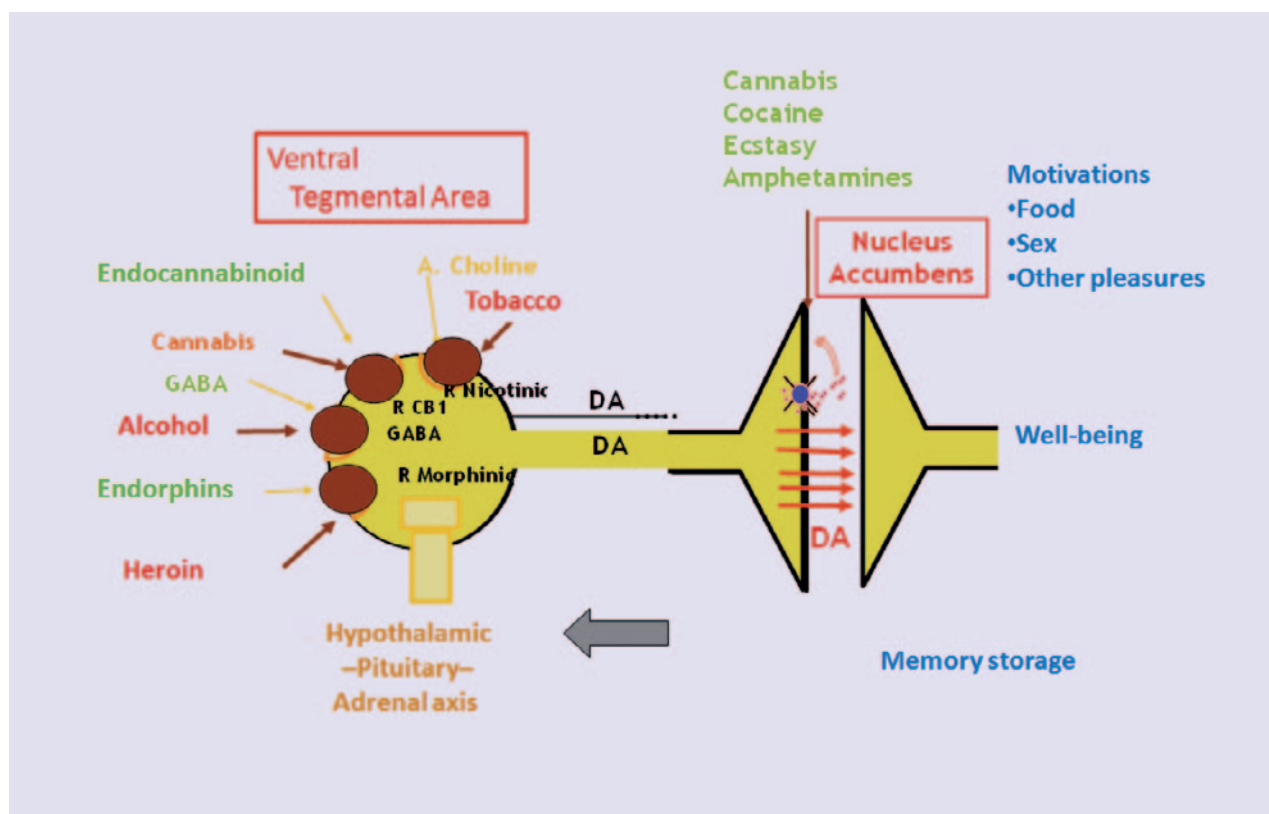
## 5 How does addiction start?

Addictions start essentially with the **pleasure** generated by the addictive substance or activity. This sensation is due to electrochemical changes in the brain in response to using the substance. Specifically, we observe a **release of dopamine**, the “pleasure” and reward molecule, in the ventral tegmental area (VTA) and the nucleus accumbens. Increased dopamine levels results from

## 4 What are the consequences?

Addictions always lead to negative consequences:

## Are we all addicts? Addictive behaviors



### Dopaminergic synapse modulation

Matthes et al, Nature 1996 – Maldonado et al., Nature 1997 – Ledent et al., Science 1999

changes in the synaptic transmissions in the different brain areas, the substance use can interfere with neurotransmitters or their receptors.

Drugs are psychoactive substances triggering the reward system in the brain.

There are other mechanisms at play, especially **release of serotonin** or **activation of endorphin receptors**, endogenous molecules involved in analgesia and sensation of well-being. Let's note that the release of endorphins in the blood flow, related to the pleasure triggered by substance use, doesn't exist for obsessive compulsive behavior.

In case of regular drug use, the repeated stimulation of these receptors leads to a **decreased natural production** of endorphins. From that point on, pleasure is only obtained via the use of an external substance leading to increased tolerance to this substance and withdrawal symptoms when the consumption stops.

On the long term, this repeated substance abuse modifies the brain networks and disrupts the experience of pleasure. The dopaminergic network overacts and triggers a **relentless need for pleasure**.

Other brain adaptations end up creating a **negative** effect in the dependent subject (dysphoria, anxiety, irritability). This negative emotional state, with the unpleasant sensations of withdrawal, will then become the main motivation for using (withdrawal relief craving), beyond seeking pleasurable effects (**reward craving**).

# Are we all addicts? Addictive behaviors

Furthermore, addictive substances change the synaptic plasticity, i.e., the ability of the neuronal network to reorganize itself to integrate new data +++. It seems to **alter the memory of the experience**, to make it maybe even more pleasurable than it was, and sustainable over time, inciting the user to renew the experience.

Finally, stimuli repeatedly associated to drug use (conditioning), such as the same place or same time of day, can, after a while, **trigger the release of dopamine even before the drug intake**. This is how psychological dependence is created: for example, the need for cigarette when drinking coffee. This phenomenon can explain how the enticing signals in the environment can trigger a relapse even after a long period of abstinence.

## 6 Addiction diagnosis

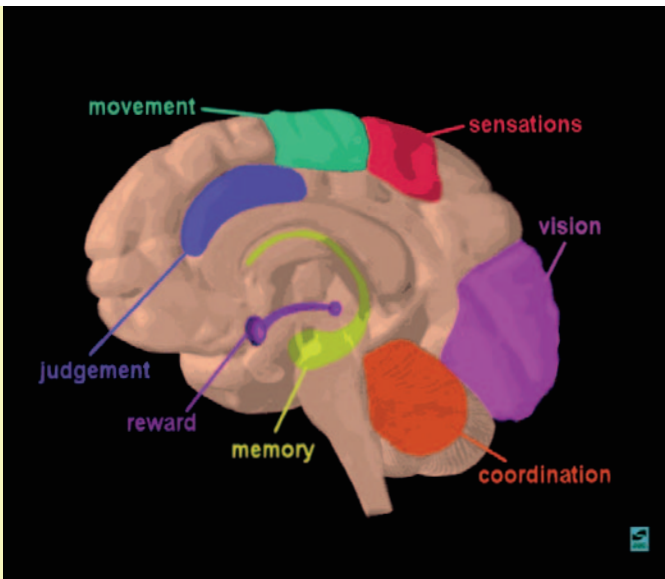
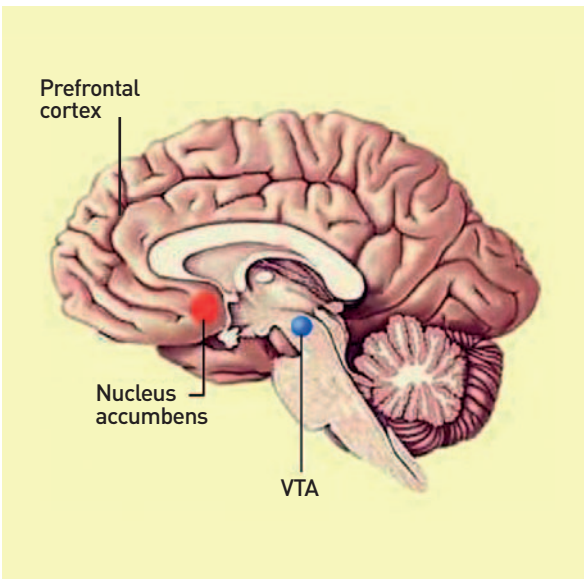
The diagnosis of addiction (or dependence) is based on well-defined criteria, set by international mental health organizations and listed in the Diagnostic and Statistical manual of Mental disorders (DSM), the fifth edition dates back to 2013.

### ■ AMONG THESE CRITERIA, WE FIND:

- Loss of self-control,
- Drug use is interfering on school activities or work,
- Continued use in spite of being aware of its adverse side effects.

### ■ THE DIAGNOSIS OF ADDICTION IS MADE WHEN INDIVIDUALS HAVE AT LEAST TWO OF THE SYMPTOMS LISTED BELOW IN A GIVEN YEAR:

- 1 Using more of a substance (gambling) than planned, or using a substance for a longer interval than desired
- 2 Inability to cut down despite desire to do so
- 3 Spending substantial amount of the day obtaining, using, or recovering from substance use (or gambling)
- 4 Cravings or intense urges to use (or gamble)



## Are we all addicts? Addictive behaviors

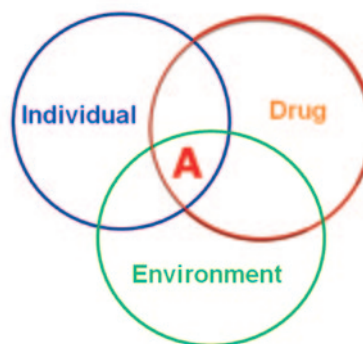
- 5 Repeated usage causes or contributes to an inability to meet important social, or professional obligations
- 6 Persistent usage (or gambling) despite user's knowledge that it is causing frequent problems at work, school, or home
- 7 Giving up or cutting back on important social, professional, or leisure activities because of use
- 8 Using in physically hazardous situations, or usage causing physical or mental harm
- 9 Persistent use despite the user's awareness that the substance (gambling) is causing or at least worsening a physical or mental problem
- 10 Tolerance: needing to use increasing amounts of a substance (gambling) to obtain its desired effects
- 11 Withdrawal: characteristic group of physical effects or symptoms that emerge as amount of substance in the body decreases

The addiction is **mild** if 2 to 3 criteria are **met**, **moderate** for 4 to 5 criteria and **severe** for 6 criteria and more.

## 7 How/Why do we become addicted?

Studies have tried to better describe mechanisms involved in addictive behaviors (onset, long-term addiction, relapse).

They have also tried to identify individual,



The 3 components of addiction

societal and environmental vulnerability factors, for better prevention and care management.

### THE ONSET OF ADDICTION INVOLVES AT LEAST THREE MECHANISMS:

- Increased motivation to use the substance (seeking pleasure),
- Negative emotional state (seeking relief),
- Decreased ability to self-control (loss of substance use control).

### FOR AN ADDICTION TO EMERGE, THERE NEEDS TO BE THE INTERACTION OF THREE ELEMENTS:

- An individual, with his or her own specificities,
- Substance or psychoactive activity, which could lead to dependence,
- A specific (psychosocial) environmental context.

### RISK FACTORS

Some factors promote dependence,

- **INDIVIDUAL FACTORS:**
  - Genetic determinants
  - Psychological determinants
- **ENVIRONMENTAL FACTORS:**
  - Family influence
  - Sociocultural factors
  - Stressful life events
- **ADDICTIVE SUBSTANCE OR BEHAVIOR**

### PROTECTIVE FACTORS

There are “protective” factors, especially in at-risk children:



# Are we all addicts? Addictive behaviors

- High-level intelligence
- Good problem-solving skills
- Social abilities
- Positive self-esteem
- Family support
- Flexible affect regulation
- Highly aware of school competencies

## THE DIFFERENT TYPES OF SUBSTANCE USE

In addictive behaviors certain types of substance use have been evidenced (*Reference: DSM-4 TR*).

### RECREATIONAL USE

- The substance use or addictive behavior does not lead to somatic, psychological or social complications and/or damages.
- Occasional use and in small quantities
- Occasional use triggered by curiosity, peer-pressure
- Seeking thrills, unknown sensations, and new experiences. The use is a related to emotional immaturity and poor self-image.



=> PLEASURE

### AT-RISK USE

- At-risk use is defined by taking qualitative, quantitative or circumstance-related risks.
- This at-risk use is often seen in adolescents: looking for answers, need to be recognized, and seeking self-awareness. It underlines the need to "exist and be free" with intolerance to frustration and ...boredom.

=> REFUSING REALITY BY OPPOSITION.



### HARMFUL USE

- Repeated use leads to negative physical, psycho-emotional or social consequences (e.g., family, school, environment) for individuals and their environment.
- This behavior leads to a process of avoiding constraints and escaping reality.
- There is a need to seek "solace" in the substance or addictive behavior.

=> ESCAPING REALITY BY FEAR



### DEPENDENCE

It is the impossibility to stop using. Withdrawal leads to psychological and/or physical pain while being fully aware of the harmful consequences of this abuse. The person's life is focused on scoring the substance and using it.

According to the drug used, the dependence will settle in progressively or very quickly and will lead to a vicious circle with:

- Unsuccessful efforts to cut down or control substance use,
- Incapacity to stop using,
- Downward spiral, leading to a loss of self-esteem, self-confidence, and self-representation

=> SELF-DESTRUCTION



## 8 How can we envision homeopathy support in addictive behaviors?

Addicts may exhibit the same clinical presentation but they do not share the same past and experience. Behind these addictions we always find emotional deprivation, emotional wounds, dissatisfaction, life hurdles, despair, rebellion, idleness, negative influences, trying to escape life...

=> Addiction unveils a deeper ill-being, known or unknown.

We are born to be dependent. We are all potential addicts: addicted to love, life, a partner, the way he or she looks at us, **Addiction reflects this need to exist!** When life is no longer interesting, or when there are too many hardships, we can be tempted to compensate by becoming addicted. To feel something again or forget about our troubles. We have the feeling of having regained our balance. This addiction will often be the one best suited to our lifestyle and environment.

Homeopathy is highly relevant because it considers patients in their individuality. Each person is influenced by parameters that can promote addictive behaviors.

“Our addictions look like us.

*“If I know who you are, I will understand your addiction”*

*Addict, who are you? =*

*The Medicine of the Person\**

## Are we all addicts? Addictive behaviors

*\*Let's refine this term "medicine of the person": the Sensitive Type corresponds to a 100% similitude, the Medicine of the Person is an incomplete Sensitive Type.*

The homeopathic therapeutic can help patients take a step back and reflect on their addiction, help with their self-acceptance. Of course, if one is able to do so, in the end only the addict, according to his or her own capacity, can decide to break the cycle. It is important for homeopathic physicians to learn the **underlying mechanisms of our patients**, and understand the process that led to being addicted. We must be benevolent in our attitude and listen to our patients.

### MY EXPERIENCE

#### IT IS NOT EASY TO TREAT ADDICTS!

A long-term multidisciplinary management is essential. The results of this partnership between the patient and our homeopathic therapeutic are often "astounding", and are relatively quick to act. But in this type of pathology, often concerning a "specific" population, it is important to be cautious, humble and perseverant.

#### THE RELEVANCE CRITERIA FOR THIS WORK, RESULTING FROM SEVERAL YEARS OF CLINICAL PRACTICE, ARE:

- First or second-hand recruitment (i.e. a patient who came to see me directly or was referred by a psychiatrist, psychologist, addiction specialist or primary care physician.
- Minimum of 3 patients illustrating the medicine of the person except for medicines corresponding to "extreme" cases (you will recognize them!)
- Except in these extreme, highly "volatile" cases, there was a 6-year follow-up minimum, some patients did not come back regularly, but sometimes made an unexpected appearance, as if to say: *"Hello, I am still alive"*

#### ■ MY PRESCRIPTION

##### For Medicines of the Person:

- In **5 to 9 CH**, twice a day.
  - In **15 to 30 CH**, once a week.
  - In dual dilution 9 times out of 10.
- In first-line treatment, I rarely prescribe these medicines in **30 CH**.

# Are we all addicts? Addictive behaviors

In fact, these patients are often in a “borderline” state, which is quite common in addictive behaviors, and cannot “sustain” right away the important stimulation triggered by their Medicine of the Person prescribed in high dilution, it could lead to impressive and sudden impulses (suicide, violence, etc.).

### MY MEDICINES OF THE PERSON RANKING

I have categorized the Medicines of the Persons according to the different types of substance use, as underlined in the DSM-4 TR, which were detailed above (pleasure, refusing reality in opposition, escaping reality by fear, self-destruction).

These four interdependent uses (recreational, at-risk use, noxious, dependance) underline the progression of the addictive behavior.

The Medicine of the Person can assist the patient in the different aggravation stages.

FOR EACH MEDICINE OF THE PERSON STUDIED WE WILL FOLLOW THE FOLLOWING STRUCTURE:

- 1. **THE MEDICINE:** adult and/or adolescent
- 2. **THE PRIMUM MOVENS:** the reasons for the addictive behavior
- 3. **THE HOOK:** what started the addiction
- 4. **THE FALL:** what made the addiction sustainable
- 5. **THE USE:** its significance
- 6. **THE FUTURE:** chances to get better

## PLEASURE

### CHARACTERIZED BY:

- Thrill seeking
- Risk-taking behavior
- Poor self-image
- Emotional immaturity

### FOUR MEDICINES:

- *Aurum metallicum*
- *Nux vomica*
- *Sulphur*
- *Platina*

### AURUM METALLICUM



- **The medicine:** it is for adults
- **The primum movens:** the boss.
- **The hook:** power to enjoy life.
- **The fall:** limit of their power.
- **The use:** hiding their despair.
- **The future:** power to self-destruct.

JULES, 50 YEARS OF AGE, IS THE CEO OF A LARGE COMPANY, HE ALSO HAS A WINE DOMAIN.

*“I’ve already had two stents, but I am still the boss! Trust me everyone does as I say! I export all over the world! I am on top of my game! We will see how long it will last! Politicians are just a pain in the butt, they are useless...  
Two bottles of wine per day with a good cigar and a bit of coke before sex, that’s life! I have 32 vintage cars. I have a mistress...  
One should enjoy life as much as possible before it’s over!  
What’s the deal with this colon polyp?  
Is this for real? In any case, I don’t want chemo! I think you are bluffing!  
It won’t stop me from buying 30 more acres of land and 2 more cars, and I won’t stop drinking, smoking or having sex!  
Plus, cocaine helps me stay in shape and not think about it!  
Anyway, I am in control!  
The future? At my age I have nothing else to prove: I don’t care. I have a gun at home, it will be faster.”*

### WHAT WE NEED TO KEEP IN MIND:

- Deep despair.
- Ruthless inspection of others, but he avoids his own reflection.

## Are we all addicts? Addictive behaviors

- The forced acceptance of his powerlessness and futility are the deep reasons for the addictive behaviors of *Aurum metallicum*.

### NUX VOMICA



- **The medicine:** for adult patients.
- **The primum movens:** constructive hyperactivity. *Nux vomica* is hyperactive and craves recognition and success. He attaches a lot of importance to what others think of him.
- **The hook:** Achieving success. This success leads to life habits and "partying". *"I enjoy it, I am having fun, and it's so great". "I can stop whenever I want"*.
- **The fall:** Being intoxicated by success. Obligation to continue this lifestyle, to continue "pretending".
- **The use:** It is the vicious cycle. At work, feel-good compulsive shopping, alcohol ++, tobacco, prescription drugs, sex (real). Sometimes: getting high on other drugs (cocaine).
- **The future:** all along the course of his life. *Nux vomica* can easily stop using, but he will fall back just as quickly. He acts by episodes, according to his life experience.

### SULPHUR



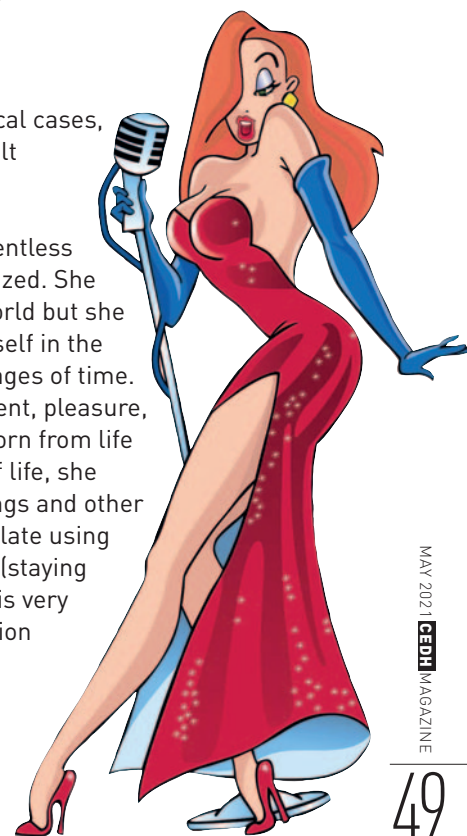
- **The medicine:** for adults.
- **The primum movens:** the life force. When enjoying this life force, they forget everything will come to an end.
- **The hook:** their « invincibility ». Why not? *"Taste it, try it, live your life:"* *Sulphur* is afraid of missing an experience, all the while thinking *"I won't get caught, I am not like the others"*. The feeling of invincibility obliterates their limits, their fragility.
- **The fall:** their vulnerability. Often caused by severe emotional or health issues (deaths, grief, heartbreaks). *Sulphur* suddenly realizes he has limits, which leads to decompensation.

When the rock is shattered => major addictions and severe downfall++. Always the possibility of bouncing back++

- **The use:** They love life. Alcohol but before all else, good food, gambling to *"spend and win"* and quench their thirst for life. And sex (real) with diverse drug use (cannabis, heroin, cocaine, synthetic drugs) but *"only occasionally and up to a point"*.
- **The future:** Their pride. Rarely "chained to their addictions" except alcohol. *Sulphur* patients remain more or less "in charge" of their substance use. They can, generally, like the phoenix "rise from their ashes" thanks to their pride.

### PLATINA

- **The medicine:** in my clinical cases, this medicine concerns adult women.
- **The primum movens:** her brilliance. *Platina* has a relentless need to shine, to be recognized. She has a harsh vision of the world but she cannot stand to look at herself in the mirror and witness the ravages of time.
- **The hook:** power, enjoyment, pleasure, seduction, manipulation. Born from life enjoyment and pleasures of life, she enjoys her influence on things and other people, she likes to manipulate using her looks to seduce people (staying young at all costs) and she is very good at the power/submission game.
- **The fall:** She doubts her





# Are we all addicts? Addictive behaviors

“brilliance”. Hostility of “others” who reject her, making her doubt the reality of her “brilliance”. It is the beginning of a pathetic decline.

- **The use:** Masking her decline. Clear-headed, *Platina*, in order to exist will mask her decline with plastic surgery, intense exercising and sexy outfits. Workaholic, she will abuse real or virtual sex, alcohol and hard drug that “poison” her: amphetamines, cocaine, synthetic drugs.
- **The future:** dependence, destructive despair. Faced with her future, *Platina* plays with her dependence. First to exist, then to self-destruct.

## REFUSING REALITY BY OPPOSITION

**ESSENTIALLY CHARACTERIZED BY:**

- Intolerance to frustration
- Intolerance to boredom
- Identity-related depression

**THREE MEDICINES:**

- *Calcareea phosphorica*
- *Natrum muriaticum*
- *Tuberculinum*

### CALCAREEA PHOSPHORICA

- **The medicine:** concerns adolescents.
- **The primum movens:** rebellion.
- **The hook:** misunderstood by their closed ones.
- **The fall:** “*Growing up sucks*”
- **The use:** “I fly away”
- **The future:** “?”

“I am fed up!” **Erwann, 15 years old**, has the feeling he doesn’t exist. He is rebelling against this “*crappy*” society, gives up on his studies “*it’s useless*”. He is tired, he is always in conflict with his parents because of his disastrous grades. His brainy girlfriend broke up with him because she found him too lazy, she didn’t understand him, he remains in bed and watches a lot of TV. A friend sold him cannabis resin. With it, he forgets and he chills. “*Growing up sucks*”. In front of his



screen, he watches TV and porn. “*Hash along with Gin & Soda, it is just great. You feel like you are flying and leave the morons to figure it out.*” The future? “*Well, I am going to stop, I don’t want to ruin my health, but they really need to stop being on my case.*”

**IMPORTANT TO REMEMBER:**

It is his growth “weakness”, hyperactivity, low resistance to the influence of others, are at the origin of the addiction of *Calcareea phosphorica*.

### NATRUM MURIATICUM



- **The medicine:** concerns adolescents ++ and adults +/-.
- **The primum movens:** Existential angst. *Natrum muriaticum* patients do not like their image or what they are. They are afraid of the judgement of others. “*I don’t feel good about myself; I hide... so you can look at me... Help me!*”
- **The hook:** emotional treason. Heartbreak, emotional trauma++, locked up in an ivory tower. The fear of a new failure will lead to losing faith in oneself and others, body dysmorphic disorder, emotional withdrawal, alexithymia, dropping out of school, depression.
- **The fall:** poor self-esteem. To escape from this poor self-esteem, the addiction becomes a desperate way to exist.
- **The use:** to exist. Video games, alcohol, “*soft and hard*” drugs: cannabis++, cocaine, synthetic drugs. Sex is more virtual than real.

## Are we all addicts? Addictive behaviors

• **The future:** Benevolence in the eyes of others. The person can finally see his or her self-worth in the eyes of others. If the addiction and its consequences are not too severe, the reconstruction is spectacular.

### TUBERCULINUM

- **The medicine:** concerns adults and adolescents.
- **The primum movens:** refusal to be tied down. No anchor points because doesn't want to be stuck somewhere++. *"I'm leaving because it sucks here, no need for me to stay".*
- **The hook:** social and emotional "partying". Instability. Weakness. Overly emotional. Immature personality. Need to change constantly: job, house, city/country, boyfriend/girlfriend. *Tuberculinum* travels a lot. *"Somewhere else is always better than here!"* = great excuse to run away.
- **The fall:** refusing the slightest difficulty. Takes risks and puts himself/herself in danger without realizing it. Depressive, prone to schizoid traits ++, loner, feels rejected, misunderstood, plunges into addiction...using = last sign of freedom!
- **The use:** "Freedom". Experiments and abuses anything or anyone, depending on the circumstances.
- **The future:** social and emotional anchoring. Only a solid emotional and social anchoring can distract *Tuberculinum* from his/her addiction (usually not for long).



### ESCAPING REALITY BY FEAR

**WEAKNESS IN REACTION TO LIFE EXPERIENCES,  
USUALLY CHARACTERIZED BY:**

- Poor self-image
- Emotional immaturity
- Low self-esteem
- Weakness of the self
- Seeking affection from others
- Alexithymia (cannot express emotions)
- Anxiety and phobia of being out there in the world
- Maintains an emotional distance with others
- Need to do the right thing
- Seeks gratification and rewards

### SIX MEDICINES:

- *Silicea*
- *Phosphorus*
- *Pulsatilla*
- *Calcarea carbonica*
- *Lycopodium clavatum*
- *Lachesis mutus*

### SILICEA



- **The medicine:** mostly adults.
- **The primum movens:** physical limits.
- **The hook:** lack of self-confidence.
- **The fall:** *"to hang on..."*
- **The use:** *"and forget"*
- **The future:** a boost of confidence from others.

**Julien, 30 years old,** is a stock associate in a large grocery store. He is not very strong and he is always afraid of getting fired. In spite of his good will and tenacity, he has a hard time keeping up with the physical demands of his job. *"I am not up to the task". "I have to keep up with my colleagues and my boss".* So, *"In the evening I drink rum and smoke pot while watching videos with friends. I can forget and relax a bit, it helps with my anxiety."*



## Are we all addicts? Addictive behaviors

*"I do coke in the morning, for work. If my boss would trust me more and stop pressuring me, I would stop. My girlfriend as well, she thinks I won't do much in life."*

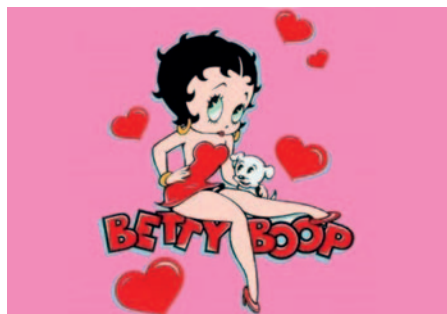
In *Silicea* the feeling of physical weakness, lack of confidence in oneself and in life are at the root of the addiction. Only a boost of confidence from others will help them go on and start the recovery process.

### PHOSPHORUS



- **The medicine:** adults and adolescents.
- **The primum movens:** Life is short. Because of their "dual" personality, *Phosphorus* patients have a deep perception of the ephemeral nature of things in their life. There is a need to "burn" this life, which scares them.
- **The hook:** Escaping reality. This "dual" functioning is at the core of their hypersensitivity, emotional and sentimental euphoria; it leads to anxiety because they cannot control life events. As such they start escaping the reality of their daily life.
- **The fall:** continue to exist in spite of this deep fear of life. The need to exist in spite of being afraid of living this life, which they are trying to escape and which escapes them, but they want to live it and to the fullest.
- **The use:** Consuming life. Compulsive shopping for pretty things, video games with alcohol: "I go into another world". All "hard" drugs (cocaine, heroin, synthetic drugs, acids) concomitant with sex, sometimes extreme sex.
- **The future:** Burned out! *Phosphorus* has been burnt by his/her addiction. It is almost impossible to recover, especially when there often is considerable brain damage.

### PULSATILLA



- **The medicine:** concerns adults and adolescents.
- **The primum movens:** Being loved. Anxiety of not being loved.
- **The hook:** Monopolizing love. To please others and be loved ++, *Pulsatilla* needs to seduce "others", an individual or a group, and thus monopolize their love.
- **The fall:** "What you want". Weak personality (real or pretend), "under influence or pretending to be under influence", *Pulsatilla* "tastes" to do like others, to belong to a group. "I use just like the others" and "I do everything you want so you will love me". It is a very dangerous game for this black hole of love!
- **The use:** Trapped. Very quickly *Pulsatilla* is trapped in his/her affect and dependence, *Pulsatilla* abuses tobacco, alcohol, real sex, drugs (mainly cannabis, cocaine and synthetic drugs).
- **The future:** Love, hatred. *Pulsatilla* has a lot of resources and can, when lucid, regain his/her freedom for love or hatred.

### CALCAREA CARBONICA



## Are we all addicts? Addictive behaviors

- **The medicine:** concerns adults.
- **The primum movens:** Fear of change. *Calcareea* is clinging to material things, which hides a "shameful" and bottled up sensitivity.
- **The hook:** loss of landmarks. Life changes, loss of landmarks, uncertainty, will lead to addiction.
- **The fall:** Feeling unstable. Getting into a spiral that can be difficult to manage depending on what triggered this loss of stability.
- **The use:** Solace. Compulsive shopping because there is a need to accumulate. Alcohol ++ and food to fill up the void and keep anxiety at bay. Video games (rather "hardcore" ones) => "I am someone else". Escapes regularly via "soft" drugs (cannabis), rarely hard ones (fear). The sex is virtual++
- **The future:** "safety in numbers (buddy system)". *Calcareea carbonica* carries on with his/her life. The addiction becomes a familiar companion.

### LYCOPodium CLAVATUM



- **The medicine:** concerns adults.
- **The primum movens:** their intellect. Their great intellect overpowers the physical weakness and emotional debilitation.
- **The hook:** boosting their brain. "My brain is my life, my future. I am giving it just a bit of fuel. No worries, I am in control!"
- **The fall:** Trying to keep up intellectual performance. And "it's great but I want more".
- **The use:** always more to feed the brain, Drugs to boost performances, leading to the abuse of "enhancing" substances:

amphetamines, cocaine, synthetic drugs but not much alcohol because "it makes me sleepy and my liver can't take it".

- **The future:** Clear-headed downfall. The future is dark, because under the influence of drugs, the downfall is even more painful since they analyze it with CT-scan precision.

### LACHESIS MUTUS

- **The medicine:** concerns adults and more and more adolescents.
- **The Primum movens:** their non-identity. The dire need to have a "territory", one that would give them a sense of self.
- **The hook:** what is my life purpose? "Who am I? Where am I going?" What is the meaning of my life+++
- **The fall:** loss of territory. It is the inexistence of a territory. Absence of projects. No perspectives, no future. "I can't breathe". This extreme anxiety leads to extreme excesses!
- **The use:** To forget one's existence. Violent video games to control or reclaim a territory. Escape using alcohol++ and all hard drugs in association with real sex to forget at all costs. It's the high++
- **The future:** running away from their inner selves. How can I find my identity again, a territory I never knew or no longer recognize? Running away from myself, what other choice do I have?



## SELF-DESTRUCTION

### ESSENTIALLY CHARACTERIZED BY:

- Poor self-image
- Loss of self-esteem

### SIX MEDICINES INCLUDING ONE WE ARE DISCOVERING AT THIS STAGE:

- *Pulsatilla*
- *Sepia officinalis*
- *Lycopodium clavatum*
- *Natrum muriaticum*

# Are we all addicts? Addictive behaviors

- *Aurum metallicum*
- *Platina*

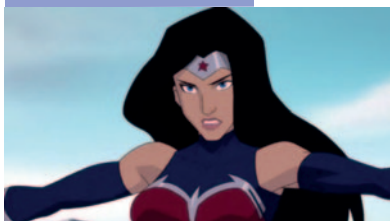
## PULSATILLA



- **The medicine:** concerns adults and adolescents.
- **Primum movens:** monopolizing love. Absorbing all the surrounding love while never giving anything back, *Pulsatilla*, black hole of love will become alone and abandoned, chained by his/her addiction that becomes the reflection of his/her bitterness and vengeance, he/she will enter into a destructive fury for him/her and the others "it's your fault if I drink!!"
- **The future:** even at this stage, *Pulsatilla*, if "in love" again could recover

IN SELF-DESTRUCTION WE FIND RIGHT AWAY

## SEPIA OFFICINALIS



- **The medicine:** concerns adults.
- **The primum movens:** sense of duty, pride. The strong characteristics (and weak points) of *Sepia* patients are their sense of duty and pride, their need to be essential.
- **The hook:** against all odds... After so many sacrifices and battles, *Sepia*, by pride, must mask the extreme physical and psychological lassitude, anxiety "at dusk"++
- **The fall:** Treason. Failure. Lack of recognition. Treason (love-related or not) leads to despondency and giving up +++: "What's the point!", "I screwed up, so why not do drugs", "it will piss them off!" them = others (family members, fake friends...)

- **The use:** Atonement. Always uses alone with shame, alcohol ++ and hard drugs (heroin) abuse, destructive and suicidal despair.

• **The future:** broken spring. If their vital spring is really broken, *Sepia* will go to the end of this destructive addiction.

## LYCOPodium CLAVATUM



- **The medicine:** concern adults. Betrayed by their brain, the addiction for *Lycopodium* patients is necessary to remain "intelligent", to exist and forget they are forgetting.

## NATRUM MURIATICUM

- **The medicine:** concerns adolescents. "No one loves me because I am not worthy of being loved." "I hate them! But it's all my fault...I suck". For *Natrum muriaticum* patients, addiction is a suicidal withdrawal.

## AURUM METALLICUM

- **The medicine:** concerns adults. Severe physical and intellectual decline++ *Aurum* is abandoned by his/her strength and others. Addiction becomes punishment because gold no longer shines! It will lead to suicide.



## PLATINA

- **The medicine:** concerns adults. "Others do not recognize me: Why?" Faced with the destruction of their image, *Platina* patients witness the harsh reality of their decline. Addiction is a mask, facade, oblivion. It leads to suicide

The future for these 4 medicines is often quite despairing at this stage of the decline.

## THE VISION OF THE HOMEOPATHIC PHYSICIAN

MY HOMEOPATHIC APPROACH ALLOWED ME TO EVIDENCED THE “SCHEDULED” ADDICTION, FOR WHICH WE FIND:



- Family history of substance abuse,
- Genetic determinants,
- Psychological determinants,
- Destructive, cultural and social factors.

### THREE MEDICINES:

- *Medorrhinum*
- *Mercurius solubilis*
- *Luesinum*

### MEDORRHINUM

#### THE MEDICINE CONCERNS

##### ADOLESCENTS:

- The young offender
- Angel and demon
- Everything is a huge mess
- Everything and its opposite
- “I use, so what?”
- “Go to hell!”



### MERCURIUS SOLUBILIS



#### THIS MEDICINE CONCERNS ADULTS AND ADOLESCENTS:

- The wacky individual
- No-limits, socially inadequate, even absence of affect
- The dealer who uses

## Are we all addicts? Addictive behaviors

### LUESINUM



#### THE MEDICINE CONCERNS ADULTS AND ADOLESCENTS:

- “Pure evil”
- The pervers
- Out of control
- Unstable emotional live
- Child of alcoholics or drug users

#### USING FOR ALL THESE THREE MEDICINES:

- Alcohol
- Hall hard drugs
- Solitary use for *Luesinum*

#### THE FUTURE FOR THESE THREE MEDICINES:

Unfortunately, even though I was able to identify them, I could not help these patients with “scheduled” addictions. I saw them very occasionally during one, two or exceptionally three consultations. I never got any direct feedback from them. I learned that they were all stuck in their addictions, and will probably stay stuck their entire life.

## SYMPTOMATIC MEDICINES

Along these Medicines of the Person, symptomatic medicines will help with the withdrawal process. For this withdrawal process to be sustainable it is important to act progressively.

### THE INESCAPABLE MEDICINES

IN MY EXPERIENCE THREE MEDICINES ARE INESCAPABLE.

### DOPAMINE

= PLEASURE.

I prescribe it in **5 CH**, twice a day at the beginning of the withdrawal process and in **15 CH**, twice a day afterwards continuously.

# Are we all addicts? Addictive behaviors

## SEROTONINUM

= DEPRESSION.

I prescribe it in 5 CH, twice a day, continuously

## STAPHYSAGRIA++

= THE MEAN TO OPEN COMMUNICATION ++ AND START THE ACCEPTANCE PROCESS ++.

I prescribe it in 9 CH, twice a day, or in upscale dilutions 9-12-15-30 CH, 1 different dose in increasing order every day over 4 days, to be repeated according to the needs to “prompt” this self-awareness.

## COMPLEMENTARY MEDICINES

DURING THE WITHDRAWAL PROCESS, OTHER SYMPTOMATIC MEDICINES ARE IMPORTANT:

- **AGGRESSIVENESS:**
  - *Nux vomica*
  - *Chamomilla vulgaris*
- **ANXIETY:**
  - *Ignatia amara*
  - *Gelsemium sempervirens*
  - *Aconitum napellus*
  - *Naja naja*
  - *Argentum nitricum*
  - *Arsenicum album*
- **AGITATION, EXCITEMENT:**
  - *Coffea cruda* (after gambling, taking cocaine, amphetamines)
  - *Opium* (insomnia, hyperacusis)
  - *Lachesis Mutus* (logorrhea)
  - *Stramonium* (night frights)
- **ABULIA, DEPRESSION, CACHEXIA:**
  - *Phosphoricum acidum*
  - *Kalium phosphoricum*
  - *Zincum metallicum*
  - *Aceticum acidum*
- **THERE ARE OTHERS... LET’S NOT FORGET THE SPECIFIC MEDICINES FOR “SMOKING”:**
  - *Agaricus muscarius*
  - *Lobelia inflata*
  - *Caladium*
  - *Tabacum*

“

*In my practice, in order to be effective, all these symptomatic medicines need to be prescribed in association with the Medicine of the Person, which remains the key element of addictive behavior treatment.*



Faced with addiction, the patient's life force is the key to deliverance. Thanks to the Medicine of the Person, we can understand the way these addicted patients work. We can assist in freeing them from their addictions, relying on their abilities, their possibilities and their will to get better. ■



# Specificity of the homeopathic medicine

Denis Demarque, MD (1915-1998)



**S**pecificity is a fundamental natural element. It characterizes animal and plant species, chemical, cellular, tissular or organic groups. Biological personality is a mosaic of specificities.

The reaction of an individual to a pathological aggression depends on this personality, it is also nature-appropriate, thus specific to the aggressor.

It is the same thing for a medicinal substance. Its specific pharmacodynamic action corresponds to the metabolism and known action of the molecules studied via classic pharmacology on animals, but also on specific groups of symptoms observed in human pathogeneses.

Experimental animal research on the specific pathophysiological mechanisms underlying the action of an active principle is completed by clinical trials on healthy humans to highlight specific side effects to be differentiated from eventual unspecified nocebo effects.

This is why it seemed necessary to me to remind the reader of the essential role of placebo and nocebo effects in therapeutic prescription of a traditional or homeopathic medicine, before looking at the criteria of homeopathic specificities.

## 1 Placebo medicines with an unspecified action

The contemporary thinking on placebo and nocebo effects has mildly disrupted pharmacology. For a substance with no active principle to have a therapeutic action, thus behave like a medicine, deserves more attention. The recent study of **Bernard Lachaux** and **Patrick Lemoine** gives placebo its status of "a medicine looking for the truth"<sup>38</sup>.

The mean efficacy of placebo is estimated at 30% with variations according to indications and authors. *See extract n° 27, p. 87.* Placebo is a medicine that can act in certain pathologies, even severe ones. Its action can be translated into objective phenomena: eosinophil and lymphocyte counts, serum electrolytes, steroid levels...

Whether general or local, the symptoms cured are unspecified, not disease-specific or patient-specific. They are common symptoms: headaches, pain with no precise modalities, sleep disorders... Psychosomatic conditions are particularly influenced. However, **Bernard Lachaux** and **Patrick Lemoine** report that "all symptoms and conditions studied with



## Specificity of the homeopathic medicine

*the double-blind method can react to placebo, even diabetes, angina pectoris and cancer. Interestingly, a greater efficacy is noticed in the treatment of chronic diseases...Placebo can be defined by its non-specificity, yet the latter is very different from inactivity"*

**However, the largest specificity is the essential condition of the homeopathic action.**

Conversely to the placebo effect, the nocebo effect plays a role in the pathogenetic experimentation. Experiments made from substances stripped of all toxicity are clustered with nocebo symptoms with a null value. Studies on the reliability of pathogeneses must take this element into account.

Several common symptoms recorded in the original pathogeneses should no longer be featured in the Materia Medica books and Repertories, except if their frequency and severity give them a specific facet.

**“Conversely to the placebo effect, the nocebo effect plays a role in the pathogenetic experimentation**

It is useless to discuss at length the presence or absence of pathogenesis of a common symptom: heavy head, difficulties concentrating, sleepiness. Homeopathic-specific software should rid the pathogeneses of all these irrelevant symptoms rather than accumulating them.

## 2 Medicine specificity criteria in classic pharmacology

Classic pharmacology isolates in the medicine a minimum of specific factors. It is a specificity restricted to the morbid phenomenon or a specific cause. In clinical trials it establishes a distinction between verum and placebo. The verum medicine, for example a synthetic chemical molecule, has a specific pharmacodynamic action, validated on animal experiments. Placebo has an unspecified



**“Placebo can be defined by its non-specificity, yet the latter is very different from inactivity”**

Bernard Lachaux & Patrick Lemoine authors of : «Placebo - A medicine looking for the truth», MEDSI/Mc Graw Hill, Paris, 1988

## Specificity of the homeopathic medicine

pharmacodynamic action. In therapeutic the specific action is the result of two factors.

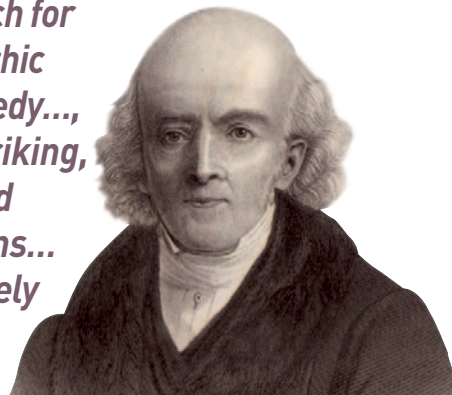
The restricted specificity promotes the use of the medicine on a large number of patients, but the weighed dose prescription cannot avoid the onset of other specific, iatrogenic effects. Today's methods for evaluating verum vs. placebo medicines are restrictive. The pathology studied is artificially reduced down to a symptom deemed responsible for all the disorders because its mechanisms of action was highlighted via highly-sophisticated analytic research. However, the medicine is pharmacologically active on a cause that is considered specific to the disease studied.

The reality is more complex. Each patient exhibits his or her disease in his or her own way and the plurality of causes is quite common. Furthermore, it is impossible to recuse the placebo or nocebo effects inherent to each drug prescription.

**Bernard Lachaux** and **Patrick Lemoine** strongly highlight the difference between experimental models and medical practice.

See extract n° 28, p. 87.

“*In this search for a homoeopathic specific remedy..., the more striking, singular, and peculiar signs... are most solely to be kept in view...*”



Quotation of Samuel Hahnemann in the *Organon*

The use of infinitesimal dilutions prevents the onset of iatrogenesis. If the medicine is not indicated, it behaves like a placebo. A medicine is not homeopathic in itself. It becomes homeopathic by its application, according to the similarity to the intertwined patient-disease couple. In the diverse editions of the *Organon*, **Hahnemann** described precisely the conditions underlying the specificity of homeopathic medicines.

Paragraph 153 resumes the core reasoning, but in order to avoid altering the words of the Master, it is essential not to take it out of the context. It is necessary to carefully read the following paragraph.

*“In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.” (end of § 153)*



## Medicine specificity criteria in homeopathic pharmacology

The medicine is homeopathic when it corresponds to a maximum of individualized and valorized specific factors.

The specificity is large. All specific pharmacodynamic actions recognized according to the law of similitude are the basis for the indication of the medicine and its efficacy. The global therapeutic result also depends on an unspecified placebo action inherent to any drug prescription.

## Specificity of the homeopathic medicine

**FOR HAHNEMANN, THERE SHOULD BE A DISTINCTION BETWEEN:**

- Common, non-specific symptoms, prone to disappearing alone or with a placebo action.
- Specific characteristic signs, regardless of their nature.

### 4 “Specific in the circumstance”

The next paragraph of the *Organon* brings an important refinement, the morbid state. The disease progresses, the rapid change in an acute disease is slower in a chronic disease. Specific indications change according to the temporal stage of the disease, the circumstance. This is why it is important to change the medicine according to a pluralist technique of succession of medicines indicated over time and the eventual prescriptions of antidotes and complimentary medicines.

**Hahnemann** was a pluralist. He didn't mix medicines in one single formula to avoid altering their specificity, but generally he would give several in the treatment of a disease. His text is unequivocal:

*“If the antitype constructed from the list of symptoms of the most suitable medicine contains those peculiar, uncommon, singular and distinguishing (characteristic) symptoms, which are to be met with in the disease to be cured in the greatest number and in the greatest similarity, this medicine is the most appropriate homoeopathic specific remedy for this morbid state; (§ 154 - 6<sup>th</sup> edition)... The specific in the circumstance” (§ 154 all previous editions)*

**Hahnemann** does not differentiate the value of general and local symptoms. He loudly criticizes the notion of local diseases (*cf. § 185 to 193*).

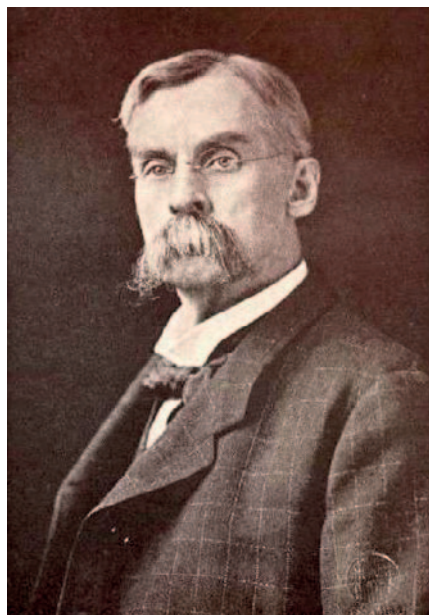
On paragraph 193 he insists on the fact that a disease, which appears local *“should only be regarded as an inseparable part of the whole, as one of the most considerable and striking symptoms of the whole disease.”* In paragraph 198, he qualifies the local affection of chief symptom. However, this symptom is often a pathogenic sign of the disease, eczema for example, thus it is a histopathological symptom.

He criticizes the topical application of medicines or destruction via cauterization, incision, application of astringent agents on the local affection, *“The mere topical employment of medicines, that are powerful for cure when given internally, to the local symptoms of chronic miasmatic diseases is for the same reason quite inadmissible; for if the local affection of the chronic disease be only removed locally and in a one-sided manner, the internal treatment indispensable for the complete restoration of the health remains in dubious obscurity; the chief symptom (the local affection) is gone, and there remain only the other, less distinguishable symptoms, which are less constant and less persistent than the local affection, and frequently not sufficiently peculiar and too slightly characteristic to display after that, a picture of the disease in clear and peculiar outlines”.* (§ 198)

In the next paragraphs, **Hahnemann** refines the methods in chronic diseases: looking for the etiology, studying the patient's history, treatments taken, importance of the environment. He insists on *“the state of the disposition of the patient often chiefly determines the selection of the homoeopathic remedy”* (§211). But he constantly comes back on the need to take into account the whole and treat in the same manner *“The instructions I have to give relative to the cure of mental diseases may be confined to a very few remarks, as they are to be cured in the same way as all other diseases, namely, by a remedy which shows, by the symptoms it causes in the body and mind of a healthy individual”*. (§ 214)

*“If one drove the reasoning to absurdity, we would need as many specific medicines as there are patients”*

## Specificity of the homeopathic medicine



Samuel Hahnemann and James Tyler Kent (1849-1916).

*A completely opposite conceptual drift, the one from J.T. Kent's school, was to erase the disease and only see the patient, taking solely into account the general symptoms. We are far from Hahnemann's thinking, which was much more nuanced and closer to clinical realities.*

**Hahnemann** was holding both ends of the stick. He was looking both at the somatic and psychological reality. In spite of the clarity and precision of his advice, his disciples didn't always follow him. The value given to the symptoms and their hierarchy in the individualized choice of the medicine(s) are the fundamental issues underlying the practice of homeopathy.

**Hahnemann** encountered many difficulties to reconcile the notion of specific disease characterized by pathogenic signs with patients presenting specific individual symptoms in reaction to the disease. He was faulted for his apparent contradictions. Yet, there are contradictions that are inherent to medicine. Nominalist privileged the notion of morbid species. They had a tendency to prescribe based on the disease names. A completely opposite conceptual drift, the one from **J.T. Kent's** school, was to erase the disease and only see the patient, taking solely into account the general symptoms, particularly mental ones. We are far from **Hahnemann's** thinking, which was much more nuanced and closer to clinical realities.

## 5

### Concrete specifics

In clinical practice, we always get back to reconciling the individual and the general. According to his writings, **Hahnemann** accentuates one or the other. Each patient is an individualized case and the disease only exists in relation to him/her. If one drove the reasoning to absurdity, we would need as many specific medicines as there are patients. In reality, the notion of species implies the notion of a group. In practice, there are groups of analog symptoms, groups of syndromes, of diseases identified by their causes and their evolutions, groups of patients according to their sensitive types. A German homeopathic physician, **Schroen**, a contemporary of **Hahnemann**, qualified the homeopathic medicines of "*concrete specifics*" to never forget "*the specific case by worrying about the form of the disease.*"<sup>40</sup>

#### THERE ARE HOMEOPATHIC-SPECIFIC MEDICINES OF:

- **A QUALIFIED FUNCTIONAL SYMPTOM** by its intensity, localization, modalities and concomitants.

- for example, a patient comes to the consultation for



## Specificity of the homeopathic medicine

biliary colic. The notion of spasm, sufficient for the prescription of a classic antispasmodic medicine, not free from iatrogenic side effects, does not yield in itself the specificity criteria able to motivate the choice of an effective homeopathic medicine. The presence of modalities: improvement by local heat, wide pressure, and, above all, when bent forward, characterizes *Colocynthis*. The trigger of the painful crisis by an anger fit in an irritable subject adds an additional qualification.

• **A QUALIFIED SYNDROME** by a characteristic group of symptoms.

- Thus, the association of paleness, sweats, vasovagal syncope, sometimes sleepiness, underlines the urgent indication of *Antimonium tartaricum*. It is important to look for the etiology.

• **A QUALIFIED HISTOPATHOLOGICAL LESION**

- by the location and concomitant symptoms,  
- corresponding to a known morbid cause,  
- corresponding to a general reactional mode.  
The histopathological lesion is only local in appearance. Results of a general process, it has the advantage of being objective. Sometimes it takes the lead in the individualization.  
- The false membranes of *Mercurius cyanatus*, blisters of *Cantharis*, vesicles of *Rhus toxicodendron*, are already highly specific. It is important to analyze these lesions in relation to the disease, all the symptoms, the etiology, and sometimes a general reactional mode.

• **A STAGE, A STATE OF AN ACUTE OR CHRONIC DISEASE**

- by its cause  
- by its clinical types and its evolution.  
It is the "specific in the circumstance" according to Samuel Hahnemann.

• **ALL THE ETIOLOGICAL SPECIFICITIES OF A CHRONIC DISEASE CONCERNING** External physical and psychological causes of the diseases, and internal causes, specific dispositions of the patient in his or her individuality.

## 6 Specificity and Sensitive Type

Individuals have their own specificity. The sum of their psychological and physical specificities makes their biological personality.

In fact, there are group of individuals, families, with similar morbid pre-dispositions and reactional aptitudes. During a pathogenic experiment or a clinical trial, those are the "good responders", according to the modern expression. **Hahnemann** already made this comment, two centuries ago regarding the experimentation of *Pulsatilla*.

The existence of disease species is the foundation of nosology, the notion of "species of patients" is the foundation of what we could call the "morbid type", without any racial implication.

The pathogenic experiment in high, potentiated dilutions, of inert substances in weighed doses, such as club moss, calcium carbonate or silica, allowed **Hahnemann** and his disciples to reveal on sensitive subjects, their multiple latent morbid dispositions, characterized by subjective symptoms, sometimes even objectives ones, such as the recall of a prior skin rash, for example. Pathogeneses conducted with high dilutions do not yield symptoms belonging to primitive effects of the medicine studies. Those are reactional symptoms characteristic of a terrain.

Pathological signs related to a Reactional Mode, morbid tendencies (spasms of *Nux Vomica*, venous insufficiency in *Pulsatilla* ...), behavioral and personality signs, sometimes

“... never forget  
“the specific  
case by worrying  
about the form of  
the disease.”  
(Ludwig  
Griesselich)



## Specificity of the homeopathic medicine

“***There are group of individuals, families, with similar morbid pre-dispositions and reactional aptitudes.***

morphology, can help describe the morbid sensitive types with multiple possible combinations.

Two centuries of purely empirical clinical observations, validated their relevance in the therapeutic of chronic diseases.

This individual specificity related to a great terrain medicine is very useful to guide us. Its relevance fades if the specific signs of the disease are strong, and vice-versa. It is impossible to ignore the objective histopathological data.

The interpretation of subjective signs corresponding to a Sensitive Type gave way to incredible abuse. Signs with a pathological aspect are the most interesting. The slightest, strictly individual fantasies, might be bizarre and colorful, but they have no value. However, most repertories list them carefully!

There is another trap: morphology. The latter cannot exclude the indication of a medicine. Morphology is not pathogenetic. It only concerns a small number of patients, the extremes: tall and thin as well as short and fat!

In the pathway of **Antoine Nebel**, since the beginning of the century, the homeopathic morphological schools cleaned up the *Materia Medica*. We will better understand the relationships between the great medicines from mineral origin and the main Polychrest from plants and animals.

Clinical practice validates the more frequent indication of phosphorus and its salts in tall and lanky subjects, calcium carbonate in short and stocky patients, *Natrum muriaticum*, in patients experiencing weight loss in their upper body...but these medicines act very well outside of the morphology, when they are indicated on their experimental pathogenic characteristics.



■ Dr Antoine Nebel (1870-1954), well-known french homeopath during his jubilee (82 years old)

It is not always easy to highlight the specificity criteria of homeopathic medicines.

There are defective or messy cases.

What is important is to reason as a good clinician, to know the distinct symptoms of natural diseases and those of the main pathogeneses, as well as pathology and *Materia Medica*. Let's never forget that without diseases there would be no patients, but there would be no patients without diseases . ■

“***Let's never forget that without diseases there would be no patients, but there would be no patients without diseases.***”



# Specificity of the homeopathic medicine

## Extracts and quotations

### EXTRACT N°27

**BERNARD LACHAUX AND PATRICK LEMOINE,**

*Placebo effect: accessory or essential?*

E.M.C. Instantanés médicaux, 2-1991 - p. 3

“Just like pharmacological active medicines, placebo have pharmacokinetic actions: short-lasting latency period, rapid maximal activity, variable duration of action, dose-effect relationship: the efficacy often varies with the number of takes or size of the pills.

Let's report the observation of a patient treated for her high blood pressure with a placebo. The latter was effective but led to weight gain, which was easily corrected by reducing the number of placebo bills. There is a cumulative effect, or wasting of effects, a potentiation between placebos and other therapeutic methods, side effects, and a possibility of dependence. ■

### EXTRACT N° 28

**BERNARD LACHAUX AND PATRICK LEMOINE,**

*Placebo effect: accessory or essential?*

E.M.C. Instantanés médicaux, 2-1991 - p. 3

Two types of pharmacodynamic actions can be differentiated: one is specific and corresponds to metabolism and the known action of molecules, the other one, unspecified, results of the combined action of several factors.

The specific pharmacodynamic action of a medicine is permanently amplified, inhibited or even reversed by the unspecified pharmacodynamic action [...]

Placebo is not just an idea. It is a reality. Any therapist has observed it and thus must take it into account.

The placebo marks the hiatus between the “in vitro” pharmacology and “in vivo” therapeutic.

It is located in between, contesting the all-mighty pseudo-scientific rational thinking. ■



## NOTES

<sup>38</sup>. B. LACHAUX ET P. LEMOINE, *Placebo - Un médicament qui cherche la vérité*, MEDSI/Mc Graw Hill, Paris, 1988

<sup>39</sup>. S. HAHNEMANN, *Organon*, 6<sup>th</sup> edition, trad. M.-C. Roy, Boiron, 1984

<sup>40</sup>. Cf. L. GRIESSELICH, *Homeopathic Medicine*, Baillière, Paris, 1891 -p.43

## WHY THIS NEW SECTION DEDICATED TO MATERIA MEDICA SHEETS?

→ Because the CEDH *Materia Medica* is the basis of our educational teachings, all physicians use it during their consultations to select medicines to be prescribed, this will find the synthetic presentation of these sheets quite helpful.

## WHAT IS IT?

→ The objective of these sheets is to present the essential elements of a homeopathic strain. Using these sheets brings an added-value to your continuous work on the *Materia Medica*, which remains your book of reference.

## WHAT WILL YOU FIND?

→ This section is made of **3 sheets** articulated around one strain and the same structure will be used in all the following CEDH magazines.

- The 1<sup>st</sup> one is a table containing
  - **The targets** on a blue background,
  - **The IRP** on an orange background,
  - On a white background, the highlighted elements underline in a useful manner **the Etiology, Sensitive Type** and **Chronic Reactional Mode**.

- The second page presents a focus on the indications directly related with the targets (blue background). In synthesis, you will find the keywords associated with the strain studied.

- The 3<sup>rd</sup> page allows to focus on one indication, analyzing it deeply and propose a comparison of medicines. The specific indications to each medicine are highlighted in green. .

Since everything we do is geared towards medical practice, **clinical cases will end this *Materia Medica* section.**

**Now it's your turn!**

## LEXICON AND DEFINITIONS

### • TARGET:

Each medicine acts on certain organs or body functions, this is what we call the targets of a medicine. Knowing them allows to determine the clinical indications and pathological tendencies of the ST if it is a Polychrest medicine.

### • ETIOLOGY:

It is a cause responsible for the onset of the clinical symptom.

### • IRP:

The Individual Reaction of the Patient is the clinical expression of a disease, specific to each person. It is characterized by:

- Sensations experienced by the patient
- Modalities of improvement or aggravation of the symptoms
  - "Aggravation / aggravated by" is written as: < ,
  - "Improvement / improved by" is written as: > ;
- Concomitant signs.

### • ST:

The Sensitive Type is defined by

- Precise pathological tendencies
  - Family history,
  - Personal history,
  - Ongoing pathologies,
  - Behavioral tendencies ;
  - Specific morphology.

### • CRM:

The Chronic Reactional Mode is the expression of the disease over time.



# Causticum

## TARGETS

### SKIN



- Dehydrated, atrophied, wrinkled skin with fissures
- Large, pediculated warts with thickened skin under the nails or on the face
- Hypertrophic scarring



### MUCOUS MEMBRANES

- Inflammation of the ENT, ocular, bladder, and gastric mucous membranes



### OSTEOARTICULAR SYSTEM

- Joint ankylosis
- Tendon retractions
- Muscle contractions



### CENTRAL AND PERIPHERAL NERVOUS SYSTEM

- Paresis, paralysis (facial, laryngeal, digestive, sphincter, of the limbs), progressive loss of muscle strength and muscle atrophy



### BEHAVIORAL DISORDERS

- Depression, emotional and impressionable individual

See the corresponding information on the next page

## ETIOLOGY

- None

### Triggering factors

- Cold and dry weather
- Neuron trauma (infectious, ischemic, mechanical)
- Neonatal or early infancy suffering (neurological, psycho-affective)
- Long-term psychological suffering, grief, indignation, fear

## CRM

- Sycotic

## IRP

### SENSATIONS

- Burning pain of the skin, mucous membranes
- Raw wound on the skin and mucous membranes
- Tearing pain in the muscles and joints
- Joint stiffness with need to unlock in the morning, sensation that the tendons are too short
- Spasms, blockage, tremors
- General physical and psychological weakness, local weakness in the limbs

### MODALITIES

#### • Aggravation

- Dry cold (paralysis, pain)
- Going from cold to hot (cough)
- In the middle of the night (cough, pain)
- In the evening (behavioral signs)
- Thinking about his/her ailments (behavioral signs)

#### • Improvement

- By heat (paralysis, pain, cough)
- In humid and rainy weather (paralysis, pain, cough)
- By drinking cold water (cough, hoarseness)
- When standing up (bowel movement)
- Right laterality (joint symptoms)

### CONCOMITANT SIGNS

- Fatigue, sadness, cognitive disorders
- Anxiety, feeling of guilt, sensation of imminent doom, irritability, anger for small things
- Craving for cold drinks and aversion for water
- Craving for smoked and spicy foods, beer
- Aversion for sweets

## SENSITIVE TYPE

### Pathological tendencies

- See TARGETS

### Behavioral tendencies

- Children:
- Clumsy, delayed acquisitions
- Enuresis in the first part of the night

#### • Adults:

- Impressionable
- Irritable for the smallest things
- Distracted
- Very judgmental

#### • Elderly:

- Teary, affected by everything
- Angry, progressive psycho-intellectual impairments

### Morphological tendencies

- Thin, cold-sensitive, "dry" individual with a gaunt face and visible muscles
- Slow, with joint stiffness, scrawny hands, knotty fingers



# INDICATIONS

## NEUROLOGICAL

- Dysphonia following vocal exertion, intubation, after a viral infection
- Labial-glossal-pharyngeal paresis: dysphonia, dysarthria, dysphagia, tongue lesions
- Bell's palsy
- Herpes zoster: post-zoster pain, ptosis
- Cervicobrachial neuralgia, sciatica, early secondary amyotrophy
- Restless leg syndrome
- Peripheral paralysis post stroke,



- following spinal cord injury
- Neurological sphincter paresis: urinary incontinence, bowel incontinence or accidents, childhood enuresis in the first part of the night
- Digestive paresis: constipation
- Bladder paresis: urine retention

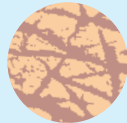
## RHEUMATOLOGICAL



- Arthralgia with joint stiffness, ankylosis

- Aponeurotic retractions (Dupuytren's contracture)
- Tendinopathies with sensation that the tendons are too short
- Contractures (writer's cramps, torticollis, low back pain)

## DERMATOLOGICAL



- Painful, bleeding warts under the nails
- Large or pediculated facial warts (tip of the nose, eyelids, lips)
- Senile pruritus
- Sclerotic dermatitis (dry, atrophic, fissures): eczema, intertrigo

- Burning and pruritic skin ulcers, blisters
- Cheloid, hypertrophic, retracted (burning pain) scars, old post-traumatic, postoperative scars or burn scars

- Dry and painful laryngotracheitis



## ENT

- Neurological dysphonia, hoarseness of speakers and singers
- Tinnitus, hypoacusis, Meniere's disease

## OPHTHALMOLOGICAL

- Ocular paralysis, strabismus
- Conjunctivitis, blepharitis
- Cataract



## GASTROENTEROLOGICAL



- Burning gastric pain, acid dyspepsia
- Paretic constipation, dry stools covered with mucus
- Protruding hemorrhoids, stinging pain during bowel movements

## UROLOGICAL



- Post-traumatic urinary tract pain (surgery, catheterization)
- Urine retention from a paretic origin
- Urinary incontinence during efforts and urge incontinence,

post-traumatic incontinence (surgery, catheterization)  
Childhood nighttime enuresis

## PSYCHO-BEHAVIORAL



- Following early psychological suffering

### Adults

- Distracted, hypersensitive, irritable
- Aggravated in the evening, at night
- Anticipation anxiety

### Children

- Delayed acquisitions, clumsiness



## NEUROLOGICAL IMPAIRMENTS

The neurological elective action of **Causticum** spreads to all tissues of the Central (CNS) and Peripheral (PNS) Nervous System. There is a sensorimotor neurological impairment, followed by early muscle atrophy, tremors, sensations of joint locking with ankylosis in flexion. The central neurological pathogenesis associates physical disorders to psychological disorders. We will focus on medicines that share with **Causticum** central neuropsychological impairments and disorders of the CNS.

MEDICINES	TARGETS for the CNS/PNS SENSATIONS especially TRIGGERING FACTORS	MODALITIES
<b>Causticum</b>	<b>CNS, PNS</b> <ul style="list-style-type: none"> <li>• Paresis, paralysis (III, VII, VIII, IX, X, XI, XII cranial nerves, sciatica, sphincters) slowly and progressive onset, old lesions</li> <li>• Locking, ankylosis in flexion, early atrophy of the <b>flexors</b>, ptosis</li> <li>• Dyschesia, incontinence, enuresis, constipation</li> <li>• Hypoesthesia, spasms, tremors</li> <li>• Psychological weakness, anxiety, hypersensitivity, irritability</li> <li>• <b>Following cold weather</b> (Bell's palsy in chronic phase)</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Humid weather</li> <li>• Local heat</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Cold weather</li> </ul>
<b>Aconitum napellus</b>	<b>PNS</b> <ul style="list-style-type: none"> <li>• Acute neuralgia (especially trigeminal neuralgia, sciatica)</li> <li>• <b>Following dry cold</b> (Bell's palsy in the acute phase) or sudden fright</li> <li>• Paresthesia, secondary anxious agitation</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Dry weather</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Dry cold</li> <li>• At midnight</li> </ul>
<b>Alumina</b>	<b>CNS, PNS</b> <ul style="list-style-type: none"> <li>• <b>Weakness</b> and paresthesia of the lower limbs, walks with small steps, lack of motor coordination</li> <li>• Oculomotor paralysis, ptosis, dizziness, hoarseness, bowel disorders</li> <li>• Slow thinking, cognitive impairments, depression</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Dry weather</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Dry cold</li> <li>• At midnight</li> </ul>
<b>Arsenicum album</b>	<b>PNS</b> <ul style="list-style-type: none"> <li>• Limbs, neuralgia, sensorimotor paralysis, areflexia, muscle atrophy, tremors</li> <li>• <b>Burning pain</b> along the nerve path</li> <li>• Secondary anxious agitation, death anxiety</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• All types of heat</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• At night (1 am)</li> <li>• Cold</li> </ul>



MEDICINES	TARGETS for the CNS/PNS SENSATIONS especially TRIGGERING FACTORS	MODALITIES
Bryonia alba	<b>PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Immobility</li> <li>• Strong pressure</li> <li>• Local heat</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Movement</li> <li>• Brushing</li> </ul>
	<ul style="list-style-type: none"> <li>• Neuralgia on arthritis</li> <li>• Trigeminal neuralgia</li> <li>• Severe pain in localized area</li> </ul>	
Cobaltum metallicum	<b>PNS</b>	<b>Aggravation</b> <ul style="list-style-type: none"> <li>• Sitting down</li> </ul>
	<ul style="list-style-type: none"> <li>• Motor impairments of the lower limbs, <b>paresthesia on low back pain</b></li> <li>• Weakness</li> </ul>	
Cocculus indicus	<b>PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Confined, locked room</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• At night</li> </ul> <b>Need for air</b> <b>Need to change positions</b>
	<ul style="list-style-type: none"> <li>• Glossopharyngeal-labial paralysis</li> <li>• Paresthesia of the lower limbs</li> <li>• Fainting spells</li> </ul>	
Colocynthis	<b>PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• <b>Strong pressure</b></li> <li>• Facial muscle cramps (trigeminal neuralgia)</li> <li>• Hyperflexion (sciatica)</li> </ul>
	<ul style="list-style-type: none"> <li>• Neuralgia (first cranial nerve), trigeminal neuralgia, sciatica</li> <li>• Paroxysmal, <b>cramping pain</b></li> <li>• Following anger fits (sometimes)</li> </ul>	
Conium maculatum	<b>PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Dangling lower limbs</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Alcohol</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Ascending paresis and paralysis</b> of the lower limbs, paraplegia</li> <li>• Functional paralysis of the pharynx, esophagus, bladder, ptosis</li> <li>• Myoclonus</li> <li>• Delayed consequences of spinal cord trauma</li> </ul>	
Gelsemium sempervirens	<b>CNS, PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Fresh air</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Heat, being in a confined environment, heat stroke</li> <li>• Hot and humid weather</li> <li>• Apprehension anxiety</li> </ul>
	<ul style="list-style-type: none"> <li>• Paresis, paralysis (I, II, VII, IX cranial nerve)</li> <li>• Lagophthalmos, ptosis, diplopia, strabismus, aphonia, dyspepsia, bladder insecurity, labor dystocia</li> <li>• Tremors, cramps, paresthesia, migraines with aura, psychomotor inhibition, obsessive thoughts, memory loss</li> <li>• Following heat stroke, viral infection, psychological stress</li> </ul>	



MEDICINES	TARGETS for the CNS/PNS SENSATIONS especially TRIGGERING FACTORS	MODALITIES
Gnaphalium polycephalum	<b>PNS</b> <ul style="list-style-type: none"> <li>• Trigeminal neuralgia (area of the V2 cranial nerve), sciatic pain, cruralgia</li> <li>• Cramping pain alternating with paresthesia</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Sitting down (sciatica)</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Walking</li> </ul>
Kalium bromatum	<b>CNS, PNS</b> <ul style="list-style-type: none"> <li>• Neurosensory impairment (taste, smell, hearing, touch), hypoaesthesia, hyporeflexia progressing to paralysis, enuresis</li> <li>• Intellectual impairment, cognitive disorders, sleep disorders, <b>agitation of the hands</b>, dulling of the moral senses, parasomnia</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Sitting down (sciatica)</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Walking</li> </ul>
Kalium phosphoricum	<b>CNS</b> <ul style="list-style-type: none"> <li>• Cognitive impairments</li> <li>• Intellectual exertion</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Mealtime</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Intellectual activity</li> </ul>
Kalmia latifolia	<b>PNS</b> <ul style="list-style-type: none"> <li>• <b>Fulgurant neuralgia</b> (trigeminal, cervicobrachial, intercostal, sciatica), paresthesia</li> <li>• Herpes zoster complications</li> </ul>	<b>Aggravation</b> <ul style="list-style-type: none"> <li>• Late in the evening, early in the morning</li> </ul>
Lachesis mutus	<b>CNS, PNS</b> <ul style="list-style-type: none"> <li>• Neuralgia, localized paralysis, bulbar affection of the cardiorespiratory centers, neurovegetative lesions</li> <li>• Weakness, tremors, alternation of excitement/depression, vasomotor disorders</li> <li>• Brain overactivity, logorrhea, macabre dreams, craving for alcohol</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Cold</li> <li>• Logorrhea</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Touch</li> <li>• Heat</li> <li>• Sleep</li> </ul> <b>Left laterality</b>
Magnesia phosphorica	<b>PNS</b> <ul style="list-style-type: none"> <li>• Neuralgia (trigeminal nerve, sciatica)</li> <li>• Cramps, <b>spasms</b> (blepharospasm, nystagmus, strabismus, facial myoclonus disorders)</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Hyperreflexia</li> <li>• Strong pressure</li> <li>• Local heat</li> <li>• Massage</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Cold</li> </ul>



MEDICINES	TARGETS for the CNS/PNS SENSATIONS especially TRIGGERING FACTORS	MODALITIES
Mercurius solubilis	<b>CNS, PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Dry climate</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Damp cold</li> <li>• At night</li> </ul>
	<ul style="list-style-type: none"> <li>• Throbbing, deep neuralgia (trigeminal nerve)</li> <li>• Hyporeflexia or areflexia, paralysis of the extensors</li> <li>• Anosmia, headaches</li> <li>• Cognitive sluggishness, affective indifference, agitation, hastiness, phobia, psychopathy</li> </ul>	
Mezereum	<b>PNS</b>	<b>Aggravation</b> <ul style="list-style-type: none"> <li>• Brushing</li> <li>• At night</li> </ul>
	<ul style="list-style-type: none"> <li>• Neuralgia (trigeminal nerve, intercostal) with paresthesia</li> <li>• Spasmodic contractions (blepharospasm, trismus)</li> <li>• Hyperesthesia to brushing</li> <li>• Consequences of herpes zoster</li> </ul>	
Natrium sulphuricum	<b>CNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Dry, sunny weather</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Humidity (hot or cold)</li> <li>• Immobility</li> </ul>
	<ul style="list-style-type: none"> <li>• Mood disorders, sadness, eye watering, early morning irritability, headaches</li> <li>• Following spinal cord injury or traumatic brain injury</li> <li>• Persistent post-concussive symptoms</li> </ul>	
Phosphorus	<b>CNS, PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Mealtime</li> <li>• Sleep</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Overwork</li> </ul>
	<ul style="list-style-type: none"> <li>• Ischemic or hemorrhagic stroke</li> <li>• Following high blood pressure flare-up</li> <li>• Any type of neuralgia with localized burning pain, paresthesia, dizziness</li> <li>• Feverish agitation, cognitive impairments</li> </ul>	
Plumbum metallicum	<b>CNS, PNS</b>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Strong pressure</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• Movement</li> <li>• Brushing</li> </ul>
	<ul style="list-style-type: none"> <li>• Peripheral neuropathy, polyneuritis, all localizations</li> <li>• Fulgurant cramping neuralgia</li> <li>• Paralysis of the <b>extensors</b>, steppage gait</li> <li>• Early muscle dystrophy, tremors</li> <li>• Brain sclerosis, brain fog</li> </ul>	

MEDICINES	TARGETS for the CNS/PNS SENSATIONS especially TRIGGERING FACTORS	MODALITIES
<b>Rhus toxicodendron</b>	<b>PNS</b> <ul style="list-style-type: none"> <li>• Tearing, burning sciatic neuralgia, paresthesia</li> <li>• Arthralgia and stiffness</li> </ul>	<b>Improvement</b> <ul style="list-style-type: none"> <li>• Massage</li> <li>• Changing positions</li> </ul> <b>Aggravation</b> <ul style="list-style-type: none"> <li>• First movement (unlocking)</li> <li>• Damp cold</li> <li>• End of the night</li> </ul>
<b>Zincum metallicum</b>	<b>CNS, PNS</b> <ul style="list-style-type: none"> <li>• Neuralgia with hyper or hypoesthesia, paresthesia</li> <li>• Hyperreflexia, then areflexia, paralysis</li> <li>• Myoclonus, spasms</li> <li>• Restless leg syndrome</li> <li>• Physical, intellectual fatigue, obnubilation, despondency, depression</li> </ul>	<b>Aggravation</b> <ul style="list-style-type: none"> <li>• Alcohol, coffee</li> <li>• Psychotropic drugs</li> <li>• Noise</li> </ul> <b>Need to stretch out</b>

# Causticum

Relationships to other medicines and complementary medicines for the neurobehavioral indications: "emotional disorders and intellectual impairments"

François Mulet, MD  
Angers



## 1 Description of the medicine

Also called *Tinctura acrisime Kali preparatum Hahnemanni*, or "*Hahnemann's Causticum*", the strain used is a complex preparation issued from the distillation of a mix of minerals: lime and potassium bisulfate, leading to a clear liquid, miscible in water and alcohol. The strain belongs to the "*ammonium*" group.

*"It is neutralized with 45ml of water, 140g of calcium oxide and is left to rest for 30 min. We then add 180g of monopotassium sulfate previously melted and crushed. We grind the mixture. Major heat emanates from the mix. It is then introduced in a glass distillation apparatus before adding 180ml of water. We heat it up and collect most of the distilled mixture between 120 °C and 150 °C"* (Homeopathic Materia Medica, M. Guermonprez, M. Pinkas, M. Torck, Boiron, 2009).

No classic pharmacological experimentation has studied *Causticum*. It is a special medicine in Homeopathy, completely unknown before Samuel Hahnemann.

### THE PRESCRIPTION OF *CAUSTICUM* WILL BE BASED ON:

- **SIMILITUDE OF THE TARGETS:** mucous membranes, skin, nervous system and osteoarticular system;
- **CLINICAL EXPERIENCE** ("any dysfunction", warts, tracheal cough, tendon and joint stiffness, urinary tract infection post-catheterization and some behavioral disorders).

## 2 General action – semiology targets

Its general action is rooted in chronicity and triggers multiple lesions of the tissues (Polychrest):

- **MUCOUS MEMBRANES:** inflammation, sensation of burning, tearing pain.
- **DERMATOLOGICAL:** warts under the nails and face, cheloid scars, pruritus.

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# Causticum

- **NEUROLOGICAL:** paresis, paralysis with dysesthesia, paresthesia, sensory deficits; affecting the face, eye, inner ear, pharynx, larynx, limbs, digestive tract, sphincters.
- **PSYCHO-BEHAVORAL:** impressionability, pathological compassion, judgmental mind, depression, intellectual deficiency.
- **RHEUMATOLOGICAL:** joint stiffness, muscles contractures, tendon retractions, muscle atrophy, ankylosis.

etiologies of the Sycotic CRM are not directly at the origin of *Causticum's* prescription, which in fact is not related to a specific etiology.

Nevertheless, it directs to clinical situations at the origin of the secondary onset of neurological (toxic neuropathy) or rheumatological impairments (post-arthritis stiffness) that could point later on to *Causticum* as a medicine of lesional similitude.

- **REPEATED STRESS:** This etiology of the Sycotic CRM can be a triggering circumstance justifying the prescription of *Causticum*, especially in case of physical or psychological suffering during the neonatal period or early childhood, with notion of long-lasting grief.

## 3 Sycotic Chronic Reactional Mode

### 4 OF THE 5 POINTS OF THE SYCOTIC CRM CONCERN CAUSTICUM:

- 1 SLOW AND INSIDIOUS DEVELOPMENT:** neurosensory disorders, joint stiffness with ankylosis, intellectual and cognitive impairments.
- 2 CHRONIC CATARRH OF THE MUCOUS MEMBRANES:** gastritis, anal infection with fissures, tracheitis, urethritis, blepharoconjunctivitis.
- 3 PRODUCTION OF BENIGN TUMORS:** hyperkeratosis, warts, scarring disorders, dermatitis with atrophy and fissures, thickened skin.
- 4 GENERAL DEPRESSIVE TENDENCY:** fatigue, sadness, depression, anxiety and phobia.

**THE 5TH POINT,** water retention is not specific to *Causticum* which, on the contrary, has in its pathogenic signs: dehydration of the tissues, skin, mucous membranes and joints (histo-physiopathological similitude).

### THERE ARE 5 ETIOLOGIES OF SYCOTIC CRM. ONLY ONE CONCERNS CAUSTICUM.

- **RECURRENT INFECTIONS, LONG AND REPEATED TREATMENTS, VACCINES, EXPOSURE TO DIFFERENT POLLUTANTS:** these

## 4 Relationships and complementarities for Neurobehavioral indications

The keywords of *Causticum* psyche are: judgmental mind, exaggerated compassion, inconsolable associated later on with intellectual impairment.

Let's note that all conditions that could be treated with *Causticum* do not necessarily require the presence of behavioral signs. It is the pathogenic experimentation that allowed the identification of psycho-behavioral indications of the medicine.

**LET'S REFINE THIS BEHAVIORAL TARGET WITHIN THE DESCRIPTION OF THE *Causticum* SENSITIVE TYPE**  
*The patient will present with:*

### PATHOLOGICAL TENDENCIES

These are subacute or chronic pathologies, especially skin and mucosal lesions (warts, wound healing disorders), lung (asthma) neurological (local or general paralysis and paresis), rheumatological (deforming joint pains from inflammatory or degenerative origin) and psycho-behavioral (anxiety, depression, sleep) disorders.

**A MORPHOLOGY**

No obvious morphological elements. However the subject often presents with a pale and yellowish complexion, subject is thin and dry, hollow temples with brownish spots; cold sensitive with joint stiffness, emaciated hands, knotty fingers and visible muscles ("like cords"). This morphology is often seen in elderly individuals.

**BEHAVIORAL TENDENCIES**

- **CHILDREN** are afraid, often appearing clumsy (repeated falls), hypersensitive and very emotional, weeping for the smallest things, sometimes related to early psychological or physical suffering. Often presenting with mild acquisition delays (sitting up, walking, talking).

- **ADULTS** appear nervous, impressionable and distracted. They are anxious, afraid of the dark, with a feeling of imminent doom associated with a feeling of guilt.

- **ELDERLY INDIVIDUALS** become hypersensitive to everything, weepy, tearful, can appear irritable and vindictive.

**INDICATIONS AND BEHAVIORAL RELATIONSHIPS OF CAUSTICUM****EMOTIONAL DISORDERS AND INTELLECTUAL**

**IMPAIRMENT** are the keywords describing *Causticum* in its neurobehavioral disorders. The emotional disorders of *Causticum* are characterized by a **judgmental mind**, **exaggerated compassion**, they are **inconsolable**. The intellectual impairment appears in elderly individuals, *Causticum* being a helpful support in neurological and rheumatological geriatrics, but also in psychiatric care. An original aggravation modality for the neurobehavioral target of *Causticum* is "aggravation when thinking of his/her ailments".

**JUDGMENTAL MIND**

It is characterized by an excessive tendency to notice in others the element to be contradicted.

It leads to irritability, contradiction, **fights**, with the notion of persistent **grudge** that could lead to seeking vengeance.

**WE CAN COMPARE IT TO:****ARSENICUM ALBUM**

- Very critical and always pessimistic
- Demanding, meticulous, tidy, stingy
- Afraid of solitude, darkness, decline, abandonment, death
- Aggravation at dusk and at night

**LYCOPODIUM CLAVATUM**

- Very critical of himself/herself and others, self-deprecation, irritability, rare and violent anger fits
- Demanding of himself/herself and others, conscientious, exaggerated scruples (times, obligations, work), persistent grudge
- Aggravation when hungry or when waking up

**SEPIA OFFICINALIS**

- Permanent disappointment with himself/herself and others
- Pessimistic ("everything is black"), annoyed, dependency, mental fatigue
- Improvement by keeping oneself busy at all times
- Aggravation by consolation

**EXAGGERATED COMPASSION**

It is characterized by being **hypersensitive to the misery** of others, and of strangers ("universal hypersensitivity"). It often appears paradoxical in a subject who is mistrustful, wary even mean, and some can say that the subject needs to feel sympathy from others, it protects him/her from existential despair.

**WE CAN COMPARE IT WITH:****PHOSPHORUS**

- Empathetic, enthusiastic, intellectually hyperactive
- Emotional and affective exaltation, passionate personality, craves to be loved (seeks affection and admiration), needs to shine



# Causticum

- Alternation according to short cycles with periods of brutal decompensated states with disinterest, affective indifference and fatigue
- Aggravation in the evening

## PULSATILLA

- Very empathetic with the mother, or mother figures
- Cannot stand to upset others
- Changing mood, sentimentality, dependence, submission
- Improvement by consolation

## SULPHUR

- Very sociable, communicative, optimistic, euphoric
- Illusions of success, grandiosity, beauty, superior intelligence, exaggeration of feelings, sometimes close to mythomania
- Craving for alcohol

## INCONSOLABLE

Following sorrows or long-lasting grief. It can be associated to anxiety by anticipation, fear of darkness in children (using a nightlight), sensation of imminent danger or doom (adult), fear of being murdered (elderly) with a sad and gloomy mood, often leading to despair.

### WE CAN COMPARE IT TO:

## AURUM METALLICUM

- Feeling of indignation and deep permanent despair, from an endogenous origin
- Feverish hyperactivity, brain overexcitement, irritability with violent angers
- Risk of suicide with long and secret premeditation
- Craving for alcohol

## IGNATIA AMARA

- Depression, following being upset, trying situations, grief
- Anxiety, inhibition, melancholy state, cries, sighs, yawns, mood swings
- Munchausen syndrome
- Improvement by distraction

## NATRUM MURIATICUM

- Depression following lasting grief, despondency
- Gloomy sadness, pouting, isolation, mood swings, eye watering
- Aggravation by consolation

## PSORINUM

- Depression and feeling of never being cured
- Absolute despair, melancholy, fear of poverty, abandonment, hospitalization, suicidal thoughts
- Following chronic, recurrent, despairing diseases
- Improvement by eating

## PHOSPHORICUM ACIDUM

- Disinterest, general indifference, isolation, depression, "burnout"
- Slowness, intellectual obnubilation, cognitive disorders, headaches
- Following great sorrow or intellectual overexertion, often passionate
- Improvement by sleep

## INTELLECTUAL IMPAIRMENT

Progressive onset with a slowing down of ideas and cognitive impairment. The subject can mistake syllables and letter while talking. It can be part of a validated depressive syndrome (depression of the elderly) with fatigue, inactivity, anticipation anxiety, defiance and sadness with aggravation at dusk. Reversed circadian rhythm (daytime sleepiness with numerous yawns and nighttime insomnia with agitation of the lower limbs).

### WE CAN COMPARE IT TO:

## ANACARDIUM ORIENTALIS

- Irritability, anger especially at night, sometimes strong aggressiveness, touchiness, anger, defiance, weariness
- Memory loss, headaches, intellectual fatigue
- Improved when eating

- Aggravation with intellectual efforts

#### **BARYTA CARBONICA**

- Neuropsychological slowness, brain fog: difficulties with abstraction, attention, memory, motor coordination (clumsiness)
- **CHILDREN:** delayed acquisitions, childlike behavior lasting for a long time, sad for everything, even irrelevant things.
- **ELDERLY:** stroke consequences, disorientation, lassitude, physical and intellectual sclerosis

#### **LYCOPodium CLAVATUM**

- Cognitive deficit in adulthood, fear of trying new things
- Becomes overly emotional and tearful, cries if a friend pays attention or when hearing good news
- Unjustified self-deprecation, then real intellectual impairment

#### **ZINCUM METALLICUM**

- Intellectual and physical fatigue, brain fog, difficulties understanding things
- Slow, impatient, irritable
- Following late nights, aggressive and repeated treatments
- Aggravation by stimulants (alcohol, coffee, medicines)
- Sensory hyperesthesia (noise, conversations)

#### **AGGRAVATION WHEN THINKING ABOUT HIS/HER AILMENTS**

It concerns fatigue with despondency, anxiety, sadness, cognitive disorders

#### **WE WILL COMPARE IT WITH:**

#### **ARSENICUM ALBUM**

- Anxious depression, morbid thoughts, believes their case is hopeless but remains very demanding regarding their care management



*Emotional disorders and intellectual impairment are the keywords describing Causticum in its neurobehavioral disorders. The emotional disorders of Causticum are characterized by a judgmental mind, exaggerated compassion, they are inconsolable. The intellectual impairment appears in elderly individuals, Causticum being a helpful support in neurological and rheumatological geriatrics, but also in psychiatric care.*

- Fatigue, even exhaustion, weight loss, anxiety, agitation
- Meticulous, tidy, phobic
- Nighttime aggravation (1 AM)

#### **HELONIAS DIOICA**

- Heavy pelvic pain, premenstrual syndrome
- Depressions with set ideas (urogenital)
- Improvement by distraction, keeping busy at all times
- Aggravation by contradiction, consolation

#### **IGNATIA AMARA**

- Overly emotional, fatigue and anxiety triggered by being upset, emotions and sorrows
- Functional spasms, paraphrenia, Munchausen syndrome, erratic punctiform pain
- Improvement by distraction
- Aggravation by consolation

# Causticum

## **CALCAREA PHOSPHORICA**

- Overly emotional, physical, psychological and intellectual fatigue
- Adolescent instability, headaches
- Aggravation by intellectual overexertion

## **NATRUM MURIATICUM**

- Overly emotional, isolation, depression following lasting sorrow
- Headaches, eye watering, mood swings
- Aggravation by consolation

## **OXALICUM ACIDUM**

- Myelopathy, Complex Regional Pain Syndrome (CRPS) with paresthesia, vasomotor disorders, pain and stiffness
- Headaches, chest pain, shoulder joint pain, back pain, low back pain, cruralgia, sciatica.

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## CLINICAL CASE N°1

**Abasse, 9 years old**, is brought by his mom to consult for lingering primary enuresis. He is from Gabon and was adopted by his French family at the age of 12 months after having spent a year in an orphanage.

### PERSONAL HISTORY

- Lingering laryngitis in the wintertime, with frequent superinfections and repeated treatments.
- Oozing eczema located behind the ears, starting at the beginning of the cold season.

### THE INTERVIEW

- Bladder accidents start during the first sleep, abundant; odorless they do not wake Abasse up. Very few accidents during the daytime, essentially when coughing in the winter.
- The mother describes a fearful child, impressionable and irritable for the slightest thing, can only fall asleep with a night light on.
- He is seeing a speech therapist for delayed language acquisition associated with a slight stuttering. A psychomotor therapist helps him for general clumsiness with tics of the face and neck.

### CLINICAL EXAMINATION

- Fearful, weepy child.
- Several bruises, related to frequent falls, and a few warts: one at the edge of lips, pediculated, bleeding easily at the slightest contact, one at the tip of the finger and one under the nail of the hallux.
- Nothing to report that day for the lungs and skin

### ■ PRESCRIPTION

- **Causticum 30 CH**, 5 pellets, once a day in the morning.
- **Equisetum hiemale 5 CH**, 5 pellets, once a day in the evening.
- **Vasopressine 15 CH**, 5 pellets, once a day at bedtime.

→ *Prescription for 2 months, see the patient again at that time to reassess the treatment*

### DISCUSSION

#### CAUSTICUM

- In **30 CH** once a day if it is the Sensitive Type (ST), Chronic Reactional Mode (CRM) or Individual Reaction of the Patient (IRP) medicine.
- The **Causticum** Sensitive Type takes into account the impressionability, history of delayed acquisitions, mild neuromotor disorders. Even more important, psychological suffering in early childhood when he was in an orphanage point to the **Causticum** Sensitive Type, almost a pathogenic etiology for this medicine.

# Around Causticum

- We can discuss the prescription of *Pulsatilla* in the context of enuresis during the first sleep, and separation anxiety disorder; we did not select it right away because the symptoms and history added more value to *Causticum*.
- *Causticum* Chronic Reactional Mode because of the characteristic warts, telltale of the Sycotic CRM, completed by chronic dermatitis every winter and lingering, productive ENT conditions during the cold season.
- IRP integrating *Causticum* due to the enuresis characteristics: at the beginning of the night, the child doesn't notice he is urinating, daytime incontinence when coughing. The medicine is also indicated for Abasse's IRP for the warts, language acquisition delay and tics.

## EQUISETUM HIEMALE

- Target Medicine, so it needs to be used in low dilutions, complementary medicine for nighttime enuresis
- Profuse urine output
- No notion of urinary tract defects that could justify the enuresis.
- We do not retain *Chloralum* present in several publications; lack of evidence for the efficacy of this homeopathic medicine.

## VASOPRESSINE

- In *15 CH* as a medicine of histopathological similitude with the hormone pathway Anti-Diuretic-Hormone (ADH), manufactured by the hypothalamus, released by the posterior pituitary gland, regulating the volume and osmolarity of the urine. Specifically, it acts in the distal convoluted tubule and collecting ducts.

## CONCLUSION

It is important to see Abasse again before the cold season to anticipate the wintertime, when there are dermatitis and other laryngeal infections, due to his *Causticum* terrain.

This case shows how *Causticum* is a frontline treatment in children, physicians do not always think of it outside of the IRP.

# CLINICAL CASE N°2

**Eric, 49 years old,**  
is a certified accountant. He complains of various physical and psychological symptoms after his COVID-19 disease.

- At the beginning of April 2020 he was infected by the SARS-COV-2, resulting in a clinical picture in two stages: a first flu-like viral stage, illustrated by a dry and resistant cough, headaches and muscle aches; the fever only lasted 48 hours.
- On day 8, there was a sudden onset of chest oppression with shortness of breath; the headaches came back with major fatigue, even exhaustion.
- Oxygen levels dropped to 87 % in two days, he was admitted to the hospital and later in the Intensive Care Unit (ICU) for bilateral infectious lung disease, myocarditis and finally hepatic cytolysis.
- He was hospitalized for 17 days, intubated, on a ventilator, with gastric and urinary catheters, and positioned on his abdomen. Mid-may he was discharged back home, completely exhausted.

## PERSONAL HISTORY

- A very pruritic and chronic rash.
- A peptic gastric ulcer.
- Asthma during efforts.

## PATIENT INTERVIEW

- Eric seems very weak; he leans on his wife to get into the office. He is neatly dressed and groomed, as always, even though he is very weak; he is wearing layers of clothes in spite of the warm May weather. He is pale, waxy



complexion, he has lost weight, his cheeks are sunken, and he is short of breath and walks with hunched shoulders.

- His voice is veiled, and vocal efforts are painful. He wears a mask and a face shield. He is scared of being contaminated again from being in my office, he is also afraid of contaminating others. He doesn't touch anything, except for his hand sanitizer which he keeps applying.

- He complains of fatigue and muscle pain, especially in the chest, painful sensation of tendon retraction of the upper and lower limbs, making him switch position quite often. Generalized joint stiffness with unlocking, painful and tiring cough that just won't go away.

- Some bladder incidents since his catheterization worry him, leading to dark thoughts and despair. However, he continues to be very demanding regarding his care management and monitors the different exams and treatments to be implemented

- Hospital physicians told him that he had lung sequelae (fibrosis), and that he needed to be closely monitored for his heart after his myocarditis episode, revealed by an unstable angina pectoris on de novo atrial fibrillation. His results are good and evidence the recovery: lab tests (CPK and kinetics of troponin), electrocardiogram (quick return to normal sinus rhythm) and cardiac ultrasound.

## CLINICAL EXAMINATION

- **BLOOD PRESSURE:** 95/60 mmHg.
- **PULSE:** 84/min, with some extrasystoles at the auscultation.
- **HEIGHT:** 178 cm.
- **WEIGHT:** 56 kg, weight loss of 12 kg in 2 months.

- **DIFFUSE MUSCLE ATROPHY**, some unusual tremors.

- **PAINFUL JOINT STIFFNESS** when moving around, to improve the pain Eric showers with burning hot water.

- **PSORIASIS AGGRAVATED** in terms of limb extensions and pruritus, the patient scratches until it bleeds.

## ■ PRESCRIPTION

- **Causticum 30 CH**, 5 pellets, once a day.
- **Psorinum 30 CH**, 5 pellets, once a day.
- **Arsenicum album 30 CH**, 5 pellets, once a day.
- **Rhus toxicodendron 9 CH**, 5 pellets, twice a day.
- **Calcarea fluorica 15 CH**, 5 pellets, once a day.
- **Arsenicum iodatum 15 CH**, 5 pellets, once a day.

→ *Prescription for one month, patient should be seen again in a month to reassess the treatment.*

## DISCUSSION

Experience in COVID-19 management, underlined the need to follow the histopathological similitude pathway in organizing our prescription, both for the acute viral stage as well as the post-inflammatory convalescence stage.

## CAUSTICUM

- In **30 CH** and in daily takes, it is the histopathological similitude (HPPS) medicine in the COVID-19 convalescence stage.

- Neurological sequelae (hoarseness, post-catheterization dysuria), cognitive disorders (difficulties in concentrating, despair), general weakness, useless cough characteristic of lung disease convalescence, joint-muscle ankylosis with painful stiffness.

- We will think also of another "great toxic", which is very similar: **Mercurius solubilis**. It is the HPPS leader in the COVID-19 acute phase, it can find

## Around Causticum

its place in Eric's convalescence period for spasmodic chest pain, deep alteration of the general state, neurological (tremors, paresis) and cognitive disorders, but it is mostly indicated in subacute or chronic suppurations with satellite adenopathies.

### PSORINUM

- Inescapable HPPS medicine in the post-COVID-19 convalescence period, it is the leader of difficult convalescence, so 30CH in daily takes.
- Eric has the 4 keywords justifying *Psorinum*: fatigue, weight loss, anxiety and feeling that he will never be cured. However, Eric doesn't give up.
- *Psorinum* will also be justified as a medicine of IRP for the anxiety and pruritic psoriasis.

### ARSENICUM ALBUM

- In **30 CH** daily because it is a second medicine of HPPS, but also corresponding to Eric's Sensitive Type, Chronic Reactional Mode and IRP.
- The HPPS elements pointing to *Arsenicum album* are: lung and cardiac lesions, as well as alteration of the general state. We also noted kidney (interstitial neuritis) and digestive (bleeding cholangitis) disorders, not reported in Eric's clinical history. *Arsenicum album* is the medicine of quick aggravations and severe complications of infectious syndromes, including COVID-19.
- The *Arsenicum album* Sensitive Type is justified by the cold-sensitivity, neatness, morbid fear of contamination or re-contamination, pathological tendencies with digestive ulcer, effort asthma, dry and pruritic dermatitis.
- The Chronic Reactional Mode seems to be Psoric. Eric presents with recurrent conditions, but he recovers completely, the targets point to *Arsenicum album*: digestive, respiratory mucous membranes, skin. Midterm progression will tell us if Eric's MRC remains Psoric or progresses to Sycosis (likely *Causticum*), or Luetic (likely *Mercurius solubilis*).

- Alongside the IRP elements that point to *Causticum*, we find a "decompensated *Arsenicum album* IRP": cardiac symptoms (arrhythmia with tachycardia, low blood pressure), psychological disorders (anxiety, despair while being very demanding with his care management), pruritic dermatitis, scratching until it bleeds and relieved by heat.

### RHUS TOXICODENDRON

- It is the IRP medicine for painful muscle-joint stiffness, improved when changing positions and aggravated at the first movement (joint unlocking).
- Very complimentary of *Causticum* in this indication.
- Think about prescribing massages for Eric, justified because *Rhus toxicodendron* is "improved by massages"

### CALCAREA FLUORICA

- It is the first HPPS medicine for interstitial fibrosis, regardless of the organ involved.
- At the first sign of bacterial infection, we will prescribe *Silicea* as a complement. It is also a medicine of HPPS for fibrosis, essential lung fibrosis (and lymph nodes) but also suppuration.

### ARSENICUM IODATUM

- It is the HPPS medicine for myocardial interstitial sclerosis.
- Very good addition to *Arsenicum album* in its pathogenic involution with arrhythmia: atrial fibrillation, which unveiled in Eric a myocarditis triggered by the onset of functional angina pectoris, and tachycardia, which left him with extrasystoles.
- Complementary of *Calcarea fluorica* for

the “interstitial fibrosis” HPPS but its only targets are vascular and cardiac tissues.

## CONCLUSION

This case is a classic illustration of post-COVID-19 syndrome, for which we observe an involution of the CRM towards new or aggravated Sycotic states. In Eric's case, his “simply” Psoric past was disrupted by the COVID-19 disease, which pushed him towards a Sycotic CRM with fibrosis of multiple organs and chronicity of the psychophysical disorders. A very early management of this new Sycotic state with **Causticum**, leader of the HPPS for post-COVID-19 lesions, can encourage a stabilization of the disorders and a return to a Psoric balanced state.

# CLINICAL CASE N°3

**Guy, 79 years old**, consults for chronic shoulder pain.

## PERSONAL HISTORY

- Stroke at the age of 72, with sequelae: left facial paresis and mild swallowing disorders.
- Chronic depressive syndrome since the stroke.
- Endogenous hypercholesterolemia, gout attacks on hyperuricemia.
- Diffuse eczema, recurrent in the spring and autumn.
- Gastroesophageal reflux disease (GERD) without imaging evidence of hiatal hernia.
- Family history: father with gout and cholecystectomy, mother: diabetes, brother: migraines.

## PATIENT INTERVIEW

Guy presents with painful stiffness of the right shoulder, the orthopedist links it to an adhesive capsulitis of the shoulder that started 5 years ago, shortly after his stroke. Range of movement is limited, atrophy of the deltoid, bicep and pericapsular muscles. Joint pain is described as “tearing”, aggravated at night and improved by hot humidity (hot bath, hammam). Shoulder X-rays evidence a decreased space between the acromion and the humerus, with the presence of several small calcifications in the joints.

## CLINICAL EXAMINATION

Guy is thin, with a gaunt look, not very active, fatigued, chronically depressed since his stroke. He cannot get over this stroke. He cries easily and everything seems to affect him. His daughter reports frequent anger fits for “nothing” and that he “is forgetting things”, when he used to be very sharp on a cognitive level, very demanding at work, and would rarely get angry. One element that remains constant is the lack of self-confidence.

## ■ PRESCRIPTION

- **Causticum 30 CH**, 5 pellets once a day.
- **Solanum malacoxylon 9 CH**, 5 pellets, twice a day.
- **Sanguinaria canadensis 9 CH**, 5 pellets, twice a day.
- **Calcarea fluorica 15 CH**, 1 dose, once a week.

➔ Prescription for 2 months, the patient needs to be seen again at that time to reassess the treatment.

## DISCUSSION

### CAUSTICUM

- In **30 CH** because it is his medicine of Sensitive Type, Chronic Reactional Mode and Individual Reaction.
- The pathological tendencies of the ST are stroke sequelae with facial paresis and swallowing

# Around Causticum

disorders, as well as the joint conditions with stiffness, ankylosis and muscle atrophy. Guy's neurobehavioral tendencies enrich the ST with weeping, empathy for everything, cognitive disorders, frequent anger fits for nothing. The morphology confirms *Causticum*, if needed, with a thin and gaunt appearance

- We can think of *Lycopodium clavatum*, given his personal history and heredity. It probably was his ST treatment when he was younger, but his ST changed: the *Lycopodium* "characteristics" have progressively aged into *Causticum* ST characteristics.
- Since the stroke, Guys' CRM appears Sycotic, with a tendency to chronic depression and the onset of a joint condition without remission.
- Let's note the aging of the *Lycopodium* Psoric CRM, which progressed to a *Causticum* Sycotic CRM, the stroke precipitated this Sycotic state.
- In Guy, the *Causticum* IRP associates joint stiffness, limited range of movement, muscle atrophy and improvement by humid heat.

## SOLANUM MALACOXYLON

- Target medicine: shoulder.
- HPPS medicine: tendon calcification.
- IRP medicine: shoulder inflammatory pain.

## SANGUINARIA

- IRP medicine for pain in the right shoulder, unlocking-type pain, nighttime aggravation.

## FERRUM METALLICUM

- could have been selected for the same reasons, but in recent cases, during the congestive phase, which is not Guy's case.

## CALCAREA FLUORICA

- HPPS medicine for bone tissue (bone demineralization with complex regional pain syndrome) and for tendon tissue (calcifications).

## CONCLUSION

Guy's clinical case illustrates the effects of time and pathological events on the Sensitive Type and Chronic Reactional Mode. The pathological tendencies of *Lycopodium*, developed on a corresponding Psoric CRM, were affected by stroke, very damaging in terms of its brutal onset and medium-term physical, physiological and psychological consequences: evolution of the *Lycopodium* ST towards the *Causticum* ST and involution of a *Lycopodium* Psora towards a *Causticum* Sycosis. ■

# How to approach a consultation for Psychological disorders?

**Maryvonne Nadaud-Lechner, MD**  
Montastruc-la-Conseillère, France



**W**hen we need to conduct an interview in a field as complex as psychological disorders, it is important to reflect on the orientation and specific progression of the interview to achieve a comprehensive and global approach of our patients and their clinical situation, without neglecting a sole item from the usual homeopathic consultation

## 1 Reason for consulting

**THE PATIENT TELLS US:**  
"I am here ...":

- "... for my anxiety"
- "... because I am depressed"
- "... because I am tired"
- "... because I can no longer work"
- "..."

- Life changes?

- **FAMILIAL:** divorce, moving house, isolation, no more friends...
- **OCCUPATIONAL:** new boss, "ostracized", termination of employment...
- **PERSONAL:** ongoing disease or condition...

## 3 Individual Reaction of the Patient (IRP)

It is important to ask questions on the main complaint, the other items can be relevant as concomitant signs.

### EXAMPLE: "I AM ANXIOUS"

- **WHERE AND WHEN DO YOU FEEL THIS ANXIETY?**  
Ask for precise elements:
  - Throat, stomach?
  - Weight, oppression, tremors?
  - Palpitations, tingling?

## 2 Since when, and after what?

- How long have you felt that way? Is it the first episode? It can give us an indication on how long this disorder has been going on and/or its evolution mode.
- What happened around that time? This is an important question to find an etiology:
  - A specific event (death, fear, bad news...)?



# How to approach a consultation for psychological disorders?

- Sensation of imminent fainting?
- ...

## • TEARS? IRRITABILITY?

Look for an aggravation of the usual behavior, for example: improvement or aggravation by consolation, more anger fits or getting annoyed, expressing things or keeping them bottled up, etc.

## • PHYSICAL FATIGUE

(with aggravation timetable) or rather

- **ILL-BEING** and “not wanting to do anything”?



## 4 Progression during the interview

To help determine the Sensitive Type (ST) medicine

### “DOES YOUR STATE HAVE AN IMPACT ON...?”

#### → SLEEP

• **LATELY:** does the patient wake up correctly? Wakes up at night? At what time? Additional symptoms (digestive disorders, nightmares, hyperideation, apprehension of a medical examination, agitation, etc.).

• **USUALLY:** good or poor sleeper, what is the usual sleeping position, etc.

#### → APPETITE

• **LATELY:** loss of appetite or anorexia? Or prone to bulimia, sweets or salty foods? Take this opportunity to ask for food cravings and aversions.

#### • USUALLY:

- Do you have a good appetite, do you eat quickly?
- Do you have or have you had (part of the interview on the personal history) digestive disorders?
- Are those digestive disorders more important now that you are “stressed”?

- Nausea, disgust for certain foods?
- Heartburns?
- Colon inflammation?
- Transit disorders?
- ...

#### → EXPERIENCE OF TEMPERATURE

• **SPECIFIC COLD-SENSITIVITY** because of the nervous state? Take this opportunity to ask if the person is usually cold-sensitive, if her hands and feet are cold, if she has sudden hot flashes due to the anxiety or emotional state, etc.

• **“THERMOSTAT” ISSUE?** The patient is often cold but cannot stand the heat. Thyroid dysfunction?

• **SWEATING:** is it normal or increased lately (when tired, emotional...)? General sweats or localized to certain parts of the body.

### DISRUPTION AT A DISTANCE

For each category, it is important to ask a question to go deeper inside the patient’s history to refine the pathological tendencies.

**QUESTION:** “Does this state trigger a specific weakness? Does it wake up old symptoms or conditions?” on the different levels:

# How to approach a consultation for psychological disorders?

## → ENT

- **EXAMPLES:** hoarseness (psychological origin), aggravation of tinnitus during tension headaches...
- **"ALWAYS SICK":** rhinopharyngitis, flu-like syndrome, cough...

## → SKIN

- More frequent flare-ups of certain conditions: eczema, herpes, psoriasis, and others

## → URINARY

- Return of urinary tract infections.
- Urinary tract pain with clear urines when upset, stressed, repressed anger...

## → GYNECOLOGY

- **ASK THIS QUESTION FIRST:** *"Was it going well before this state of fatigue and depression?"*

Assess the "basal" gynecological situation.

### • "AND SINCE?":

- Disrupted menstrual cycles? Amenorrhea?
- Aggravation of the premenstrual syndrome (breast pain, headaches...)
- Aggravation of the hot flashes ...
- Sexual life: unchanged or loss of desire and pleasure? Delicate question, but it could unveil a depressive state.

## → RHEUMATOLOGY

The common expression *"pain in the neck"* is well known, but patients can experience an increase of their pain symptoms at that time:

- Neck pain
- Back pain
- Low-back pain

## → INTELLECT

We can ask whether our patient experiences a decrease in intellectual performances, with memory and concentration disorders that could lead to:

- Decreased self-confidence,



# How to approach a consultation for psychological disorders?



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- Self-deprecation,
- Or “simply” fatigue and headaches aggravating the negative mood

## 5 Objective

The objective is to take into account the different items of the consultation to answer the question:

***“What can I do for my patient?”***

It is possible, if necessary, to do this in two steps with:

- **1ST CONSULTATION:** implement a “first-level” prescription considering the etiological context and the IRP, with additional advice on a healthy lifestyle. Treatment for 3 weeks or one month.
- **2ND CONSULTATION:** a “second-level” prescription, more refined searching for the essentials in this area – to boost the results – medicine of the ST and medicine of the dominant emotional type. Treatment for 2 months.

It is obvious that a “conventional” allopathic treatment will be implemented if needed, as well as

any necessary support the physician deems useful (psychotherapy, sophrology, etc.).

### → IMPORTANT

Even if patients are taking a “conventional” treatment, they will improve faster with a homeopathic treatment corresponding to who they are and what they are experiencing and feeling.

### → FINALLY, ONE LAST ESSENTIAL POINT

see your patient regularly, go through the different paragraph of the clinical observation to note what has been improved and what could benefit from more improvement. ■

Homeopathy in  
**Musculoskeletal  
disorders (MSD)**

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**Franck Choffrut, MD**  
Paris, France

**M**usculoskeletal disorders (MSD) belong to the category of work-related diseases and represent an important burden on the economy. However, and above all else, these musculoskeletal disorders cause great pain to individuals concerned. These disorders have been known for two centuries, but have only really been recognized in the past thirty years. Ergonomists are in charge of prevention but their work is contingent on the good will of employers. The treatment of these disorders is based on multidisciplinary care management, the homeopathic therapeutic has a key role to play.

# 1 Musculoskeletal disorders: work-related conditions

The definition of musculoskeletal disorders (MSD) is both hazy and specific. They are injuries or disorders of the muscles, nerves, tendons, joints, cartilage, and spinal discs. The work environment and performance

of work contribute significantly to the condition; and/or the condition is made worse or persists longer due to work conditions <sup>[1]</sup>. Prevalence varies from one publication to the next but are quite astounding: MSD represent roughly 80% of occupational diseases <sup>[1, 2, 3]</sup>.

According to **Umberto Eco**, the human being is an “Artifex” (artisan, artist), i.e., creator of tools that help modify nature. Thus, humans design all sorts of “prosthetics” to replace (cane, glasses, etc.) stretch (spoon, pliers, etc.), improve (hammer, bow, etc.) or magnify (violin, computer keyboard, wheel, etc.) the body’s capacity <sup>[4]</sup>.

Regarding the two last types of “prosthetics”, there is no longer a relationship between shape and function. They require a specific involvement of the body, and their sustained use can, consequently, trigger disruptions.

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# Homeopathy in musculoskeletal disorders

Nowadays, the world economy is the true leader, occupational profitability (construction workers, professional musicians, farmers, secretaries, cashiers or healthcare professionals in charge of elderly and/or debilitated patients) is preponderant. French evaluations have underlined that treating shoulder MSD amounts to 43,000 euros per patient [5]. This amount includes non-homeopathic pharmacological treatment (analgesics, anti-inflammatory drugs, cortisone shots), physiotherapy, orthosis, etc.

However, these are not the only costs related to MSD, the latter are responsible for a third of sick leaves in European countries [6]. On the long term, we need to look at other MSD-related expenses: risk of disability when these disorders become chronic, costs related to re-organizing work teams, risks of workplace injury, decreased production...and poor image for companies [7]!

focused on diseases that affected the upper classes of society. He observed the workers himself and classified their different disorders. Not only did he study the working class: miners, barbers, bakers, printers but he also studied singers, musicians, notaries and public writers.

His first epidemiological study based on the observation of a group of workers, allowed to determine the specific etiological circumstances of these conditions:

- Risks due to vapors, mineral or plant powders;
- Risks caused by noise, heat, cold and humidity;
- Continuous and/or violent and/or irregular movements;
- Unnatural body position at work (prolonged standing or sedentary work);
- Heavy lifting.

Regarding disorders in working minors, he wrote: “(...) I attribute them to certain violent, uncoordinated movements and improper body position, as such the Vital Machine is altered...” [in 3, 430, TdA ].

Logically, he came to the conclusion that it is necessary to regularly interrupt work to decrease the frequency of the disorders observed.

However, we will have to wait three centuries for work-related disorders to be recognized, at least in certain countries.

## 2 Ancient history

In 1700, **Bernardino Ramazzini** (1633-1714) published in Modena *De morbis artificum diatriba* (workers' diseases). Philosopher and physician, member of the *Academy of the Dissonant Ones* of Modena, *Academy of the Curious as to Nature* from the *Royal Society of Berlin* and *Arcades of Rome*, chair of theory of medicine at the University of Modena and Professor of Medicine at the University of Padua. **Ramazzini** was different from other physicians at the times, who only

“ (...) I attribute them (disorders in working minors) to certain violent, uncoordinated movements and improper body position, as such the Vital Machine is altered... “

*Bernardino Ramazzini*  
(in *De morbis artificum diatriba*)

## 3 Promoting factors

In the 21<sup>st</sup> century [1, 2, 7], we find all the triggering causes already described by **Ramazzini**:

- Repeated movement,
- Poor posture for long periods of time,
- Exposure to cold.

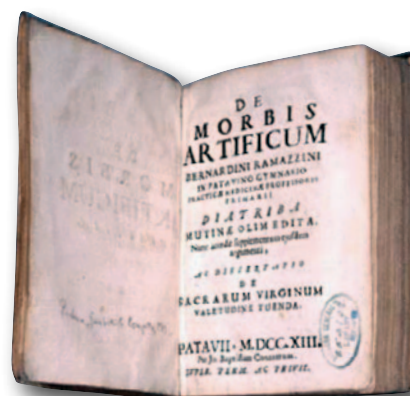


## Homeopathy in musculoskeletal disorders



■ Bernardino Ramazzini (1633-1714), was different from other physicians at the times, who only focused on diseases that affected the upper classes of society.

“ In 1700,  
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published in Modena  
*De morbis artificum  
diatriba (workers' diseases).*  
He observed the workers  
himself and classified their  
different disorders.



### BUT ALSO, ADDITIONAL MECHANICAL FACTORS:

- Intensity of muscle strength and contraction (absence of periods of time where muscles and tendons can be relaxed, and thus leading to vascular disorders),
- Duration and cumulated amount of muscle work.

### WORKPLACE ERGONOMIC FACTORS:

- Organization of the workstation (not enough space, poor lighting),
- Exposure to vibrations.

### ADDITIONAL PSYCHOLOGICAL FACTORS:

- Workplace dissatisfaction and deprecation (demanding deadlines, open-space, etc.),
- Absence of moral support,
- Conflicts due to rearranging the workstation and changes in team work.

### AND FINALLY, PREDISPOSING INDIVIDUAL FACTORS <sup>[2]</sup>:

- diabetes,

- excessive weight,
- immune system disorders,
- etc.

## 4 MSD prevention

If the role of the primary care physician is important, the occupational physician has a major role to play. He/she can get the employer to adjust the workstation, organize breaks during the worktime.

### RECOMMENDATIONS TO EMPLOYERS ARE CLEAR <sup>[6]</sup>:

#### REORGANIZE WORK TASKS

- Reduce and adapt as much as possible the cumulated hours of muscle work to the worker's abilities (especially for jobs requiring continuous

# Homeopathy in musculoskeletal disorders

kneeling or sitting position with arms above the head or arms extended forward).

- Organize regular breaks for employees working in a cold environment or doing repetitive gestures.

## ROLE OF THE ERGONOMISTS:

They will advise on workstation reorganization.

- Place the top line of the screen at 30 degrees below eye level, hands positioned flat on the keyboard with elbows bent at a 90° angle.
- Place tools in an easy-to reach location that is directly accessible.
- Provide a swivel chair with foot rests, even a specific chair to absorb shocks (for drivers).
- Ensure there is enough lighting on the workstation, encourage specific and adapted corrective lenses to look at the computer or work stand (orchestra musician).
- Make knee pads mandatory for jobs requiring prolonged kneeling positions.
- Breakdown the heavy loads to be carried, identify with a specific logo the heaviest loads.
- Teach specific postural techniques (Alexander technique) to prevent and treat injuries, especially for recurrent low-back pain. Teaching proper techniques to lift heavy loads, by keeping the load as close as possible to the body, or to lift or move an elderly person, to avoid MSD recurrences.

- pain, fatigue muscle stiffness;
- loss of muscle strength;
- clumsy gesture.

## HOWEVER, LOCATIONS ARE A BIT MORE PRECISE [2, 5]:

- cervical, thoracic, lumbar spine (low-back pain, lumbar-sciatica, cruralgia);
- shoulder (rotator cuff injury);
- elbow (epicondylitis);
- wrists, hands (carpal tunnel syndrome);
- knee (bursitis).

First, the condition affects the muscles. However, joint (tenosynovitis, ligament lesions, meniscus of intervertebral disc lesions), neurological or bone (micro fractures, degeneration) injuries also exist.

These disorders can be acute and reversible (muscle spasms or tears, locking of intervertebral joints, even bone fracture) or chronic (tenosynovitis, disinsertion or rupture of the ligaments).

We will list some homeopathic medicines that can be used in MSD. Of course, these medicines are not found with the same frequency in all patients [8, 9, 10, 11, 12]. Finally, the anatomical classification, to simplify the description of symptoms indicating the medicines, is purely theoretical: for example, nerve lesions can also appear as muscle disorders.

## MUSCLE DISORDERS

Muscle overuse or misuse can trigger **muscle aches**.

In case of brutal and important efforts (lifting heavy loads in a poor position), the risk becomes more important: **muscle strain** (with local edema and pain during active mobilization), even **muscle tear** (with whipping-like pain, immediate impotence, retraction “in a lump” and internal hematoma) requiring an ultrasound to rule muscle disinsertion or compartment syndrome.

# 5 Physical disorders and homeopathic treatment

Documents regarding MSD [1, 7] have poor descriptions of the symptoms observed. Only very vague terms are listed, such as:

## Homeopathy in musculoskeletal disorders

	Muscle aches, strains and tears
<b>Arnica montana</b>	Medicine of muscle trauma. <b>Muscles are bruised, "broken"</b> . The slightest palpation is painful or tender.
	Muscle ache
<b>China rubra</b>	Muscle aches occur after intensive muscle work with profuse sweating. These aches are associated with physical or even psychological exhaustion.
	Muscle strain (associated with rest, or ice application)
<b>Apis mellifica</b>	Local edema, improved by cold applications.
	Muscle tear (associated with ice application and mechanical compression)
<b>Ledum palustre</b>	Resorption of blood effusion.

Sometimes, **cramps after efforts** can be promoted by the intake of certain non-

homeopathic drugs (thiazide diuretics, calcium inhibitors, chlorofibrate).

	Muscle cramps or spasms
<b>Colocynthis and Magnesia phosphorica</b>	Painful spasms or muscle cramps, <b>relieved by massage, forced flexion and hot applications</b> .
<b>Strychninum</b>	Very violent muscle cramps, <b>very aggravated by massage</b> .
<b>Cuprum metallicum</b>	Cramping or burning pain, especially to cold, <b>not improved by friction, improved by forced extension</b> .
<b>Secale cornutum</b>	Cramps in <b>limbs that remain cold</b> with sensation of burning pain in contracted muscles, <b>improved by cold applications</b> .
<b>Nux vomica</b>	Cramps appearing after <b>too much alcohol, used to cope with major work-related stress</b> .

**Muscle contracture** is defined by muscle fibers that shorten and do not return to their initial state. Good examples of this condition are **non-spasmodic torticollis** and **acute low-back pain**. A muscle contracture is also a type of protective reaction that prevents intervertebral micro movements. However, this reaction is not always effective and there can be an irritation of the nerve root with paresthesia and distal motor disorders.

### THERE CAN BE SEVERAL ETIOLOGIES:

- after getting cold;
- vibrations triggered by a work instrument;
- poorly coordinated movement (chest rotation while being bent forward);
- visual disorders (poor lighting leading to neck tension, lenses not adapted to the eye-screen distance, ocular motility impairment evidenced by computer use).

# Homeopathy in musculoskeletal disorders

FOR THIS LAST ETIOLOGY:

	Ocular motility disorders (with corrective lenses adapted to the computer screen viewing distance)
Ruta gravelons	Eyestrain after reading or working on a computer.

Obviously, before bringing up the etiologies below, or inflammatory joint pain. we need to discard bone metastasis

	Non-spasmodic torticollis
Zincum metallicum	Contractures and pain in the neck muscles (computer work, monitoring an assembly line).
Cicuta virosa	Spasms of neck muscles and fingers at the slightest movement..
Agaricus muscaris	After getting cold, facial spasm and torticollis; exhaustion after intellectual overexertion or by stimulant abuse (alcohol, psychostimulant drugs, smoking, hash); improvement by heat.
Cuprum metallicum	Torticollis after intense intellectual fatigue or after getting cold, improved by massages; with numbness, tremors or involuntarily retraction of the fingers.
Lachnantes tinctoria	Neck stiffness and torticollis caused by contractures of the sternocleidomastoid and trapezius muscles with sensation of burning pain in the shoulder when attempting to turn one’s head.
Paris quadrifolia	Neck stiffness and sensation of heaviness in the neck and shoulder muscles, aggravated when massaging the tender area; sensation of finger numbness.
Phytolacca decandra	Sensation of electric jolts coming from the neck associated with muscle pain and getting worse in humid weather.
Actaea racemosa	Sensation of arm numbness, pain in the neck muscles and neck stiffness prompting to tilt the head backward; worse during movement.

	Low-back pain improved by movement
Dulcamara	Low-back pain starting with humid cold, nighttime discomfort; improved when walking.
Rhus toxicodendron	Low-back pain with sensation of stiffness occurring in humid cold, sitting down is unbearable; better when lying down on a firm mattress or when walking slowly.
Aloe socotrina	Low-back pain with discomfort when seated, sensation of heaviness in the pelvis and hemorrhoids.
Sepia officinalis	Low-back pain improved when walking, constipation, oozing hemorrhoids and anal pain; sensation of general weakness and exhaustion, depressive tendency with perfectionism.

## Homeopathy in musculoskeletal disorders

	Low-back pain aggravated by movement
<b>Calcarea fluorica</b>	Low-back pain starting with humid cold; static disorders ( <b>scoliotic posture</b> ).
<b>Natrum muriaticum</b>	Low-back pain in the morning <b>improved when putting a pillow behind the back, underdeveloped chest muscles, very shy.</b>
<b>Bryonia alba</b>	<b>Acute low-back pain, patient is stuck in a position for low-back pain relief, improved by wide pressure (lumbar back brace).</b>
<b>Kalium carbonicum</b>	Low-back pain, <b>improved when staying in bed, lying down</b> , severe bloating, constipation and painful hemorrhoids that bleed.
<b>Nux vomica</b>	Low-back pain <b>preventing the person from sleeping and turning in bed, need to seat up, improvement by soft massages: cold-sensitive, situation of severe work-related stress.</b>
<b>Medorrhinum</b>	Low-back pain after efforts, <b>better after a hot shower; low-back pain is poorly experienced since inactivity is unbearable.</b>

## CLINICAL CASE

**Loreline C. (22 years old)**, flute student at the **Paris Conservatory of Music**, consults for low-back pain. She was referred by a physiotherapist specialized in treating musicians, to help with her rehabilitation. Her pain was triggered by intense work when she was getting ready for a recital, her gesture when playing her flute was modified due to issues with her instrument's key.

Mostly low-back but also neck pain, severe cramping pain aggravated by massages. She only gets temporary relief by sitting straight up in a chair with a hard back. There is no specific history. Furthermore, she complains of allergy-related rhinitis, eczema flare-ups in the folds of the elbows, sleep disorders with a difficult time falling asleep and getting tired mid-morning. She is feeling down, especially as she is isolated from her family and close friends, she says she has a hard time making friends.

### TREATMENT PROPOSED

- **Natrum muriaticum 15 CH**, 1 dose per week (low-back pain improved by strong support, allergies, sleep and mood disorders),
- **Strychninum 15 CH**, 5 pellets 3 times a day (spasm-like pain aggravated by massages).

→ To be taken until improvement of symptoms.

### NEUROLOGICAL DISORDERS

Neuralgia (**brachialgia, intercostal pain, sciatic pain and cruralgia**) is part of musculoskeletal disorders:

- repetition of the same precise gesture (computer mouse, repeated copy/paste, etc.) or vibrations due to the work tool (or musical instrument) can either trigger a local neurological inflammation, or evidence a conflict between flexor and extensor muscles belonging to the same muscle chain with secondary neurological disruption.

# Homeopathy in musculoskeletal disorders

Inflammation can also be caused by the compression of anatomical elements via a ligament (**carpal tunnel syndrome**). In the end, the treatment for this condition is often surgery. Nevertheless, a homeopathic treatment is indicated to delay the procedure for as long as possible.

## HOWEVER, NEURALGIA CAN UNVEIL THE PRE-EXISTENCE OF

- a herniated disc, aggravated by being overweight or poor spine posture. In a sitting position there is a 125kg pressure exerted on the intervertebral disc, 100kg when standing up and 0kg when lying down

with the legs up;

- osteophytes, arthritic lesions or friction between bone and nerve (cervicobrachial) with irritation of the nerve root or part of the nerve.

## AN MRI REMAINS AN ESSENTIAL EXAM TO DISCARD ANY OTHER ETIOLOGY.

Pain and sensorimotor disorders are well known. Nerve tear and nerve crushing do not really belong to musculoskeletal disorders but are possible secondary injuries promoted by fatigue and lack of attention due to chronic MSD.

	Nerve pain
Arsenicum album	Burning nerve pain, improvement by hot applications.
Hypericum perforatum	Nerve pain after direct nerve trauma (osteophyte).

	Brachialgia with pain
Strontium carbonicum	Pain from the shoulder to the elbow <b>at the slightest air draft</b> .
Rhododendron chrysanthum	Violent pain in the arm appearing <b>during changes in the weather and before a storm, decreased when moving the arm</b> .
	Brachialgia with ankylotic sensation
Paris quadrifolia	Sensation of <b>finger numbness</b> ; stiffness of the neck and sensation of heaviness in the neck and shoulder muscles, <b>worse when trying to massage the tender area</b> .
Chininum sulphuricum	Sensation of arm ankylosis or numbness, <b>triggered when sitting against the back of the chair</b> .
Plumbum metallicum	Sensation of arm ankylosis or numbness, <b>difficulty opening the hand; especially at night, better when rubbing the arm</b> .
Phosphorus	Sensation of arm ankylosis or numbness, <b>in the morning upon waking up, sensation of burning pain in the palms of the hands and shoulder blades; exhaustion and repulsion to any type of work (physical or intellectual)</b> .
	Brachialgia with sensation of jolts in the arms
Phytolacca decandra	<b>Sensation of electric jolts running along the arm</b> associated with muscle pain; <b>very aggravated in humid weather</b> .
Kalmia latifolia	Great weakness in the arm; <b>at the slightest movement, sensation of electric shocks running down from the shoulder to the fingers</b> .



## Homeopathy in musculoskeletal disorders

	Intercostal pain
<b>Kalmia latifolia</b>	<b>At the slightest movement</b> , sensation of electric shocks from the back to the chest, <b>sensation of oppression due to a weakness of chest muscles.</b>
<b>Magnesia phosphorica</b> and <b>Colocynthis</b>	Chest neuralgia, <b>triggered by cold</b> , improvement by warming the back, <b>painful spasms of chest muscles.</b>

	Carpal tunnel syndrome with ankylosis of the fingers
<b>Cuprum metallicum</b>	Numbness, tremors, <b>involuntary closure of the fingers</b> , after severe intellectual fatigue or getting cold, <b>better when massaging the area.</b>
<b>Paris quadrifolia</b>	Numbness sensation in the fingers; stiffness of the neck and sensation that chest and neck muscles are heavy, <b>worse when attempting to massage the tender area.</b>
<b>Bovista gigantea</b>	Upon waking up, sensation of swelling or objective swelling of the fingers and hands <b>with clumsy fingers.</b>
<b>Secale cornutum</b>	<b>Cold, pale</b> , numb hand, but <b>perceived as hot or burning hot</b> , improved by cold baths.
	Carpal tunnel syndrome with sensation of burning pain in the fingers
<b>Cuprum metallicum</b>	Numbness, tremors, <b>involuntary closure of the fingers</b> , after severe intellectual fatigue or getting cold, better when massaging the area.
<b>Cicuta virosa</b>	<b>Spasms in finger extension at the slightest movement and the slightest stimulation.</b>
<b>Plumbum metallicum</b>	<b>Difficulties opening the hand</b> ; sensation of ankylosis or numbness of the arm, <b>especially at night, better when rubbing the arm.</b>
	Carpal tunnel syndrome with sensation of burning pain in the fingers
<b>Phosphorus</b>	<b>Sensation of burning pain in the hands, in the morning when waking up</b> , sensation of numbness or ankylosis of the arm <b>and burning pain between the shoulder blades.</b>
<b>Secale cornutum</b>	<b>Hand is ice cold, pale, numb</b> , but <b>perceived as hot or burning hot</b> , improved by cold baths.

	Sciatica improved by movement
<b>Colocynthis</b> and <b>Magnesia phosphorica</b>	Sciatica with <b>numbness</b> of the leg, <b>relieved when flexing the leg.</b>
<b>Thuja occidentalis</b>	Sciatica with pain in the entire leg or painful areas of the buttocks, outer part of the leg or foot with sensation of <b>numbness of the limb, better when stretching; nosophobia.</b>

# Homeopathy in musculoskeletal disorders

	Sciatica improved by movement (continued)
Kalium bichromicum	Sciatica with <b>pain in the entire leg or painful areas of the buttocks</b> , outer part of the leg or external part of the foot with sensation, improved when walking.
Phytolacca decandra	Sensations of <b>electric shocks</b> along the leg, <b>triggered by humid weather</b> , upon waking up and improved when walking.
Valeriana officinalis	Sciatica with <b>burning pain</b> aggravated when staying upright, not moving and improved when walking.
	Sciatica improved by immobility
Dioscorea villosa	Sciatica improved when lying in bed.
Kalmia latifolia	Sciatica with sensation of <b>electric shocks, shooting down the leg</b> at the slightest movement, with weakness of the leg, better with rest.
Ammonium muriaticum	Sciatica <b>aggravated when sitting for long periods of time</b> , improved when staying in bed.
Gnaphalium polycephalum	Sciatica with sensation of leg <b>numbness</b> , when moving and when lying down, <b>better when sitting in a chair</b> .
	Cruralgia
Coffea cruda	Cruralgia aggravated with movement, improved when sitting up, back well <b>positioned against the back of the chair</b> .
Xanthoxylum fraxineum	Cruralgia with sensation of leg weakness <b>improved by staying in bed</b> .

## CLINICAL CASE

**Philippe V. (26 years old)**, first chair violinist of a national orchestra, consults for cervicobrachial pain on the left side. The pain has been going on for two years. He “exerted” himself to win first chair. He practices his instrument 5 hours per day, then plays 2 hours with the orchestra. His physiotherapist noticed that his left triceps his

underdeveloped.  
The pain is in the territory of the ulnar nerve. The most uncomfortable sensation is swelling of the fingers, lack of precision when pressing on the violin cords. Of course, this increases his anxiety.

**No PERSONAL HISTORY.** We note debilitating digestive disorders (he needs to have a bowel movement after any intake of food), lack of energy during the day and sensation of dizziness upon waking up.

## Homeopathy in musculoskeletal disorders

### TREATMENT PROPOSED

- **Phosphorus 15 CH**, 5 pellets per day, and
- **Bovista 15 CH**, 5 pellets 3 times a day.

→ To continue until improvement.

→ Furthermore, aside from continuing his physiotherapy, I recommend the Alexander technique for his rehabilitation.

### JOINT PAIN

**Tendinitis** or rather **tenosynovitis** (since

the tendon sheath is very often injured) and **bursitis** are also MSD. Intra-articular inflammatory phenomena can be promoted by some non-homeopathic medicines (valaciclovir, indinavir) or micro-crystals (uric acid, calcium).

In MSD, the etiology will be above all the repetition of micro-traumas (vibrations), bone frictions or poor positioning during work tasks.

The joint is painful, sometimes swollen (hygroma) and, when severe there is ankylosis (epicondylitis).

	General joint swelling
<b>Apis mellifica</b>	Swollen and pinkish-red joint with <b>sensation of internal stinging pain, very aggravated by massaging the area, improved by applications of cold water.</b>
<b>Ledum palustre</b>	Swollen, <b>hot</b> joint, <b>discomfort at night, improved by hot baths.</b>
<b>Guaiacum officinale</b>	Swollen, <b>stiff, joint, aggravated by any bandage</b> (or orthosis), <b>improved by cold applications.</b>
<b>Bryonia alba</b>	Swollen joint with <b>sensation of internal stinging pain, discomfort mostly when moving, improved by a bandage</b> (or orthosis) <b>when the joint is completely immobilized.</b>

	Joint ankylosis in general
<b>Causticum</b>	Sensation of joint stiffness and <b>that the tendons are too short, aggravated by movement, improved by humid weather or baths</b> (physiotherapy results are improved in hot water).
<b>Rhus toxicodendron</b> and <b>Ruta graveolens</b>	Sensation of stiffness and <b>numbness of the joint right upon waking up, after immobilization</b> (orthosis) <b>or by humid cold, improved by active or passive slow movement</b> (physical therapy).

	Joint pain in general
<b>Dulcamara</b>	<b>Joint pain at the slightest change in weather or in humid weather, improved by movement.</b>
<b>Natrum sulphuricum</b>	Joint pain with <b>intra-articular cracking and popping sounds when there is a change in the weather or in humid weather, temporarily relieved by movement.</b>
<b>Formica rufa</b>	Joint pain <b>triggered by movement and cold, relieved by a bandage immobilizing the joint.</b>

# Homeopathy in musculoskeletal disorders

	Shoulder pain
Sanguinaria canadensis	Pain is predominant in the <b>right shoulder</b> . Preventing patients from raising their arm, associated with migraines. <b>Nape of the neck and neck are stiff and painful</b> . There can be burning pain in the right hand.
Iris versicolor	Pain in the <b>right</b> shoulder only <b>appears when lifting the arm</b> , with <b>severe migraines</b> , which can trigger acid and burning vomiting.
Nux moschata	<b>Left</b> shoulder seems heavy, as if made of lead. The discomfort is only <b>relieved by hot wraps</b> . It often appears in a context of fatigue, exhaustion with decreased reflexes and sensation of numbness.
Ferrum metallicum	<b>The left shoulder is painful</b> , but the pain <b>decreases when slowly moving the arm</b> . Often seen in a context of fatigue, exhaustion with violent and pounding headaches.

	Pain in the wrists and fingers
Actaea spicata	Pain <b>in the wrists and fingers</b> , with <b>painful swelling of the joints</b> ; fatigue, movement and simple contact increase these symptoms.
Sabina	<b>Wrist</b> pain <b>radiating to the elbow</b> and <b>appearing mostly when moving the joint and to the touch</b> .
Caulophyllum	Pain in the <b>wrists and fingers</b> with <b>stiffness</b> and sensation of tugging pain; especially in <b>women when periods are delayed</b> or menopause.

## CLINICAL CASE

**Pierre M. (24 years old)** studies classical guitar. For the past year, he has been bothered by a wart under the nail of his right thumb along with tendon pain of the right thumb and index finger. In his history, we notice that he was diagnosed with Hodgkin’s lymphoma two years earlier. The treatment lasted seven months. Furthermore, the nails are stained and soft they break off easily. Gums are retracted with marked cold sensitivity. He sleeps well, but he needs to wear many layers of clothing and makes sure his room is warm enough. His mood has improved, he is getting his guitar aptitude certificate. He experiences tendon pain when he plays. He has not noticed any aggravating circumstance.

### TREATMENT PROPOSED

- **Silicea 15 CH**, 5 pellets per day (nails and gum disorders, cold-sensitivity), and
- **Causticum 5 CH**, 5 pellets in the morning and evening (warts under the nail, tendinitis).

→ Continue the treatment until improvement of symptoms.

### BONE DISORDERS

In this work we only look at healing of the secondary disorders resulting from repetitive tasks.

## Homeopathy in musculoskeletal disorders

	Bone crack or bone stress fracture
<b>Symphytum officinale</b>	Speeds up the healing after a bone crack.
<b>Calcarea phosphorica</b>	Bone tenderness with pain after trauma, even mild trauma.

## 6 Conclusion

In the 19<sup>th</sup> century, **Hahnemann** stated that he could cure with homeopathic medicines Psoric conditions as unbelievable as near-sightedness, inguinal hernia or seizures <sup>[13]</sup>. In these quite disarming affirmations, we can see a will to convince others of the qualities of the homeopathic treatment.

Today, a homeopathic physician has a wide therapeutic array, which has greatly evolved in the past two centuries and convincing evidence (if one is willing to read it), validating the efficacy of homeopathic medicines in musculoskeletal disorders <sup>[14, 15]</sup>. In MSD multidisciplinary care management is essential with physiotherapy (if necessary,

***“The homeopathic therapeutic has a role to play in this MSD management since it addresses all symptoms.”***

orthotics) and/or osteopathy, with occupational therapy. The homeopathic therapeutic has a role to play in this MSD management since it addresses all symptoms. As such it adapts to physical symptoms reported and experienced by the patient, but it also takes into account the psychological impact of these symptoms.

**This is the role of the terrain treatment.**



■ In MSD multidisciplinary care management is essential with physiotherapy (if necessary, orthotics) and/or osteopathy, with occupational therapy.

# Homeopathy in musculoskeletal disorders

I want to thank my friend Jean-François Becker for his edits and suggestions.

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## QUIZ / THE ANSWERS

### Question 1:

☐ B Sycotic

### Question 2:

☐ D Natrum sulphuricum

### Question 3:

☐ B Flexors

### Question 4:

☐ B 45%

### Question 5:

☐ B 45%

### Question 6:

☐ A Phosphorus

### Question 7:

☐ C Arnica montana

### Question 8:

☐ A Yes

### Question 9:

☐ A Causticum  
☐ C Medorrhinum

### Question 10:

☐ B An incomplete Sensitive Type







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