Published: *Simillimum Volume XIX* Summer/Fall 2006

Homeopathy: Medicine of the Individual

by Lisa Samet, N.D.

Although we know very well to individualize the remedy selection when treating a patient (i.e., treat the patient, not the disease), I have found that it can be easy to overlook this very principle in certain situations when selecting a remedy or determining the posology. I will illustrate this point with two case examples from my practice. Each shows generalizations I made or had been taught that nearly prevented me from helping the patients. The goal of this article is to help you avoid this pitfall. It is interesting to note that the human mind routinely tries to simplify, categorize, boil down, generalize, and make formulas - often to the detriment of practicing homeopathy most effectively!

Case I – A 67 y.o. woman with Parkinson's

July, 2005: Y.F. was diagnosed with of Parkinson's disease in 2003. She had the typical symptoms of resting tremor, muscular rigidity and stiffness and fatigue. Her balance and coordination were slightly, but noticeably, affected. In taking her case, a three-hour event, I noted the following symptoms to be most characteristic and striking:

1. All her complaints were better from motion. While this is not uncommon for patients with Parkinson's, I was struck by how true this was as a thread throughout her story: she feels better (energy) after a workout and her tremor is less; when her low back pain wakes her she is often able to fall back to sleep after exercising her hip. She feels stiffness from rest, better the more she moves, better stretching, worse getting out of bed in the morning, worse rising from a chair after sitting for a while, better changing position.
2. Her complaints are worse from becoming cold or getting a chill.
3. She has genital herpes with an outbreak once a month since 5 years. The outbreak is described as vesicles near the anus. She also has a history of herpes around her lips from exposure to the sun.
4. She feels dizzy after 15 minutes in the direct summer sun.
5. She has a tired, stiff feeling between the shoulders and neck after standing for a while.
6. She has a history of restless legs in bed at night, gone since 10 years.
7. She has lost hearing due to chronic fluid in the middle ear, which the ENT specialist describes as being caused by physiologically narrow Eustachian tubes. She had tubes surgically inserted a few years ago in both ears.
8. She has a grief-filled history of death of her father at 6 y.o., separation from her mother and sisters at 8 y.o., a divorce 10 years ago and a disappointment in a relationship just before the onset of the Parkinson's. She is always better from consolation.
9. Physical exam revealed a very brown tongue (since 4-5 years) and nothing else remarkable.

She is taking Selegiline and Miraplex for the Parkinson's.

I prescribed Rhus-tox 200c as it covered the key symptoms quite well. Rhus tox should be considered when the complaints are worse from cold, better from warmth. The patient is worse from rest, worse from first motion, better from continued motion and restless with pains because they get relief from changing position. Rhus tox is also a common remedy for vesicular eruptions, labial and oral. Less known about the remedy is that it can cause a brown tongue (Rhus tox is a bold remedy in the rubric: Mouth, Discoloration, brown, tongue).

I had her take one pellet and told her to repeat one pellet in 2 weeks if there was no change, fairly standard instructions for me in terms of potency and timing unless circumstances clearly suggest otherwise. Three weeks later during the first follow-up she reported that there was neither aggravation nor improvement after the two doses of Rhus tox. I studied the case again. I then prescribed over the next few weeks Zincum met 200c and Sulphur 200c with similarly poor results. During the follow-up after Sulphur, she mentioned that just that morning she got a typical vaginal herpes outbreak and wanted to know if she should start her Valtrex. I looked over my notes again and instructed her to take Rhus tox 200c every four hours for a total of four doses and check in with me the next day or two. I suggested that she not take the Valtrex. I prescribed Rhus tox as it was this very symptom that confirmed the remedy for me initially and I thought that even if the remedy didn't help her generally, maybe she could at least use it to replace the Valtrex.

A week later she made an appointment to speak to me. She immediately told me how pleased she was. She said she had been taking the Rhus tox every four hours, about 4 times a day, since we spoke a week ago (!!!) and not only did the herpes outbreak get much better, but her energy was improved, her balance and coordination were 15% better, the tired feeling in the upper back much better (75%) and her mood was much more positive. She was thrilled. I was shocked. She had taken about 20 doses of Rhus tox 200c in about 7 days with no aggravation, just a marked improvement. I was pleased that my original prescription had been right… but struggled to understand how so many repetitions could have helped after no result at all from two initial doses. And what about the minimum dose? If I had not decided to give her the Rhus tox for the acute herpes eruption, I likely would have missed helping her. Key point: if you're fairly sure of the remedy, but there is no change after one or two doses, increase the posology. In a word, individualize.

Now, seven months later, Y.D. continues to do well on Rhus-tox for mostly all symptoms except the intensity of the tremor. She is quite pleased with the improvements. She has consistently done better taking the remedy more often, even at higher potencies.

Case II – A 3 y.o. boy with asthma

November, 2005: L.P. came with his mother to see me for chronic asthma, which presents with an incessant dry cough. This has been going on for a year and a half and happens every two to three weeks. The mother has been giving him Salbutamol and Ventolin, which help the cough temporarily, but the overall condition is unchanged or worse over the past year. The meds make him hyper and over-stimulated.

The cough usually starts with a cold: a clear runny nose, worse mornings, with a husky, raspy voice. Then the cough starts which is described as 'choking him, with the intervals between coughs getting closer and closer until he is coughing more or less non-stop with difficulty to catch his breath.' This has landed them in the emergency room on more than one occasion. There is no obvious wheezing. The modalities of the cough are: worse mornings on rising (2-3), worse waking after a nap (2), better 3-6am, worse exertion (1), worse stress, like starting school or tension in the home (1), better bathing (1), worse in the summer (2).

Generalities: There were minimal characteristic symptoms: L.P. is a warm-blooded child who never sleeps with the covers on. His food cravings were striking: sweets (2), eggs (2), fish (2), yogurt (2), aversion milk (2). Very thirsty (2). He has an acute sense of smell (2). His mother reported that he seemed sadder over the past few months and more aggressive in the class with other kids. He can easily have temper tantrums from not getting his way. He does not want consolation at these times. He is very bright with a hunger for knowledge and also quite affectionate.

Of the dozens of cases I have seen with asthma, it was the first time for me to see a child without a family history of asthma, or any allergies, or eczema. It struck me as odd that there was no obvious etiology. Also, it was an unclear case. I could have made a weak argument for many remedies, Spongia, Lachesis, Nux vomica, Carbo-veg if I focused more on the cough, Calcarea carbonica, Phosphorus, Sulphur possibly if I focused more on the generals. No one remedy seemed to cover the particulars of the case fully; in any case, there weren't that many particulars.

I decided to question the mother further about something that she mentioned earlier in the interview. She had said that the pregnancy was stressful because of her relationship with L.P.'s father. I asked her to tell me more about that. She got pregnant and her boyfriend wanted nothing more to do with her when she decided to keep the baby. He is a very wealthy man and she asked him for some financial support and he refused. Legal proceedings were begun and things got very nasty with his side calling her a gold-digger and treating her like dirt. The man was influential in the community and did his best to give her a bad name. She cried a lot during the pregnancy. From six months until the birth she thought constantly about giving L.P. up for adoption as the pressure had become too much. She described herself as angry, frustrated, enraged and depressed throughout the whole pregnancy. She talked about the situation incessantly to her friends. When I asked her to summarize her main feeling during the pregnancy, she said: shock and anger.

As luck would have it, I had recently gotten back from taking a comparative materia medica course where it was pointed out that Hahnemann described in his introduction to Aconite that <u>shock</u> with <u>anger</u> were main components of the remedy. He wrote, "Although Aconite, on account of the short duration of its action, might be useful only in acute diseases, it is an

indispensable accessory remedy in even the most obstinate chronic affections….It produces all the morbid states similar to those seen in persons who have had a shock combined with anger ("schreck"), and is also the surest and quickest remedy for them." Could this be a case of Aconite? I was more familiar with Kent's interpretation of Aconite: "Aconite is a short-acting remedy. Its symptoms do not last long….There are no chronic diseases following it." I would not normally have considered this remedy in a chronic case, because it did not fit into my understanding of Aconite as an 'acute' remedy. In addition, while Aconite covered the description of the cough, it was not very strongly indicated.

The most striking thing about the case was the intensity of the mother's feelings during the pregnancy and the drama of the story. How might that have affected the fetus? Also, the fact that for the last 4 months of the pregnancy the mother wrestled with giving the baby up – maybe it was the baby who felt his own shock and anger! Individualizing a case, then, also means finding out about the individual from *conception!*

I decided to prescribe Aconite 200c at the first sign of a runny nose or raspy voice with the instructions for the mother to call me when she gave it. The rest, as they say, is history. The mother reported in our most recent follow-up that she has only had to use the meds one time in the past three months, and that Aconite has stopped the cough in its tracks every other time. She also reported that the episodes of illness are getting further and further apart and that his temperament is much improved.

I believe that L.P. will need another remedy at some point to address his heat and his food cravings, and other symptoms that are likely to crop up as he gets older. But for now, he is doing very well with Aconite, a remedy that I can say is helping him chronically. Key points: always prescribe on the most striking aspect of the case and test 'rules', which may be unfounded.

In summary, I have learned yet again how attempts to simplify the practice of homeopathy and my understanding of homeopathic remedies using generalizations only works to my detriment and the detriment of my patients! One must use discipline to avoid stereotyping remedies or treatment plans. Stay open to the individual patient and case presented to you. Yes, it makes homeopathy that much more challenging, but considering the increased success your patients will enjoy with this wonderful system of medicine – it will be a worthwhile effort!