Treating acutes with homeopathy – part one

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People can be embarrassed about emotional causes of acutes.

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Treating an acute physical or mental condition can be both challenging and rewarding for the homeopath, as well as being an excellent way to get an individual truly interested in homeopathy.

Sadly, I often hear people saying that acutes can be difficult to treat, and I feel that some homeopaths lack the experience and confidence in dealing with such events.

I learned to treat and manage acutes during my homeopathic training at a clinic in South London, where a special Acute Clinic was available six days per week. I developed confidence and the skills necessary to take a case in 10-15 minutes and to prescribe a remedy there and then. This experience has stood me in good stead over the years, and I believe that this part of my homeopathic practice is stronger for this training.

Definitions

In aphorism 72 of the Organon, Hahnemann defines acute diseases as:

> … rapid illness processes of the abnormally mistuned life principle which are suited to complete their course more or less quickly, but always in a moderate time.

Therefore, an acute is a condition which is limited in time and duration; it has a beginning, a middle and an end. It is self-limiting and one should expect to see a resolution within two weeks. Hahnemann refers to these affectations as 'transient flare-ups of latent *psora* which spontaneously returns to its dormant state …'. Anything beyond that, which has not been resolved, is not an acute any more; it has become semi-chronic and probably has miasmatic influences.

Within the homeopathic context, the patient often "does" an acute as a means of releasing toxins, to restore or to attain a higher level of health. Therefore the homeopath needs to monitor this process, understand what the patient is bringing up through the perceived weak organ(s) and assess any related emotions.

There are three kinds of acute:

- Mild – which can last just a few hours.
- Normal – which can last a few days.
- Severe, or prolonged, or not done well – this type goes on to become semi-chronic, and often is a result of the suppression of acute illness in the past.

Methodology

Over the years, I have developed my own way of dealing with acutes which I have found to be effective, not only in treating the acute, but also in showing people that a set of physical symptoms represents much more than an isolated physical event. Many clients ask me 'how did you know that', when for example, I suggest that their cough could be related to something they are not expressing in their lives.

Relationship of emotions to organs

It often helps me to ask the person relevant questions related to the organ that is discharging through the acute. I use the following table of relationships (Table A).

The Chinese organ clock or organ aggravation times can also be useful to understand the process (Table B).

These times are GMT times, so in the UK we need to add one hour in the winter months.

Approaches

If a patient is receiving constitutional homeopathic treatment, an

Table B - Chinese organ clock

Liver	1-3am
Lungs	3-5am
Large bowel	5-7am
Stomach	7-9am
Spleen	9-11am
Heart	11-1pm
Small bowel	1-3pm
Bladder	3-5pm
Kidneys	5-7pm
Thymus	7-9pm
Triple Warmer	9-11pm
Gall Bladder	11-1am

Table A - Table of relationships

Tongue	heart – (small Intestine) – melancholy or laughter
Lips	spleen – (stomach) – sympathy or anxiety
Nose/throat	lungs – (large bowel) – grief (weeping)
Ears	kidneys – (bladder) – fear (groan)
Eyes/ears	liver – (gallbladder) – anger (shouts)

> acute could be considered a positive response to the treatment where the chief complaint is actually getting better, and further homeopathic treatment may not be necessary.

If I know the person, I usually spend some time communicating with them, reassuring and explaining that an acute could be considered a positive event, and pointing out that the chief complaint is getting better. I remember a woman, for example, who came to me for thyroid treatment. She then did an acute which lasted two weeks, but the thyroid condition improved considerably.

Clients can use various self-help measures; for example, sage tea gargles or honey and lemon for a sore throat, Echinacea tincture to build up immunity, or vitamin C and so on. While not really homeopathic, my granny's traditional recipe for carrot syrup is normally a winner for coughs. This empowers the person by giving them something positive to do which involves them in their treatment.

I also use the work of Louise Hay – the book *Heal your Body* – to help the person understand the connections between the physical acute and their emotions or beliefs.

My granny's cough syrup

Wash a carrot, slice it very finely and spread the pieces out on a plate. Sprinkle lightly with brown sugar and leave for a couple of hours. Syrup will form as the carrot slices soften and shrivel. Take one teaspoon of the syrup as and when needed for dry, tickly, stubborn coughs. Make sure to prepare a second plate before going to bed, to use during the night.

I suggest to the patient that they could choose to welcome the acute, do an affirmation to help release it, and go to bed to rest. This often works with those who are not *Arsenicums* constitutionally.

If the patient is unknown to me, or they insist on being treated with homeopathy, I will then take the case and prescribe accordingly. In my experience many acutes are not true acutes, for often the person has suffered with the condition for longer than two weeks, and has already been to the GP, taken antibiotics, and so on. So these cases have actually become semi-chronic.

My approach in these cases is to explain to the person what is happening, link the weak organ to the organ chart, and use the work of Louise Hay to help the client to engage with the process of what is happening with them. I give them what I perceive to be the most indicated remedy and get them to come back for constitutional treatment. Often the acute prescription only palliates, and the chronic underlying condition needs to be treated for effective outcomes to be achieved.

When treating an acute, remember that what the client needs is immediate help with the acute, because that is what is bothering them most, that is what they want **now**. So, my job as a homeopath is to support the patient at this point, rather than impose my views on the situation. However, when they go away to think about what might have caused their imbalance, they then have the choice of pursuing it further or not.

For me, coughs present the greatest challenge

Sometimes, there is underlying miasmatic activity which interferes with the progression of the acute, and a nosode has to be given to correct this. For example *Syphillinum* needs to be given when a well indicated remedy does not act, or has some action which does not last. This invariably works, and homeopaths are advised not to doubt their choice of remedy in the first instance. The syphilitic miasm, being hidden, does not show itself in the same way as psora or sycosis.

Taking the Case

An acute could be considered as a layer according to Eizayaga's methodology. Therefore, I take the symptoms of the layer (the acute) plus any *new* mental symptoms since the acute, or mentals that have become accentuated.

Aetiology is most important in acute case taking. It is much easier if you have an aetiology, rather than for example chasing up what are generally the common symptoms of a cold.

Ask the patient what they were doing at the time on the day that the symptoms developed, or on the previous few days. Also ask about any emotional upsets, changes in weather, any changes in their lives, the death of a pet, etc. Often people don't see it as important to mention any emotional cause, or they feel embarrassed to talk about it. The conventional health care system tends to focus on the physical body, so people think it strange that we homeopaths should ask about their emotions or what has upset them.

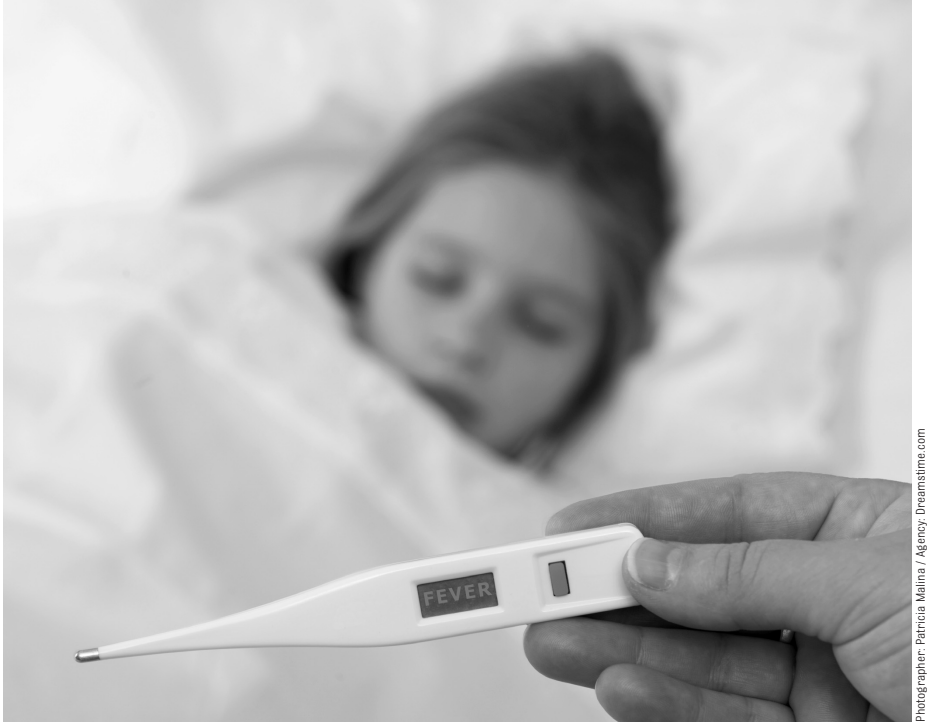
If there is no apparent aetiology, ask about uncommon symptoms, strange, rare and peculiars, generals, concomitants and relevant modalities. Symptoms such as a runny nose in a cold or a headache in influenza are not very helpful, for these are expected symptoms that most people will have.

The three-legged stool approach is also useful, whereby one ascertains three specific symptoms characteristic of a remedy, thus leading you to the remedy fairly quickly.

If the person has difficulty in describing the symptoms, or if treating a child, one can ask them to draw a picture of the symptoms, or ask what kind of voice do the symptoms have, and any feelings associated with them. Get the person to talk to the symptoms, establish a dialogue between the organ, or the part and the person – this way healing has already started from within.

For me, coughs present the greatest challenge. Often people have difficulty in describing a cough – 'it is just a cough' – I hear them say, although that simple cough will have particular characteristics!

I have developed the ability to recognise different types of coughs and their respective remedies, so I will always ask the person to cough so that I can hear it; or they will ring later in the day when they have a coughing fit and record the cough on my telephone answering machine. It is quite common for my answering machine to have a recorded message followed by a cough, as my patients have now become accustomed to my ways of working. I am quite good at recognising a *Spongia tosta* cough for example, or an *Antimonium*



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tartaricum cough, or whooping cough. This system has become invaluable, because over the past three years, I have become aware of how much whooping cough there is in the local area. Sadly, it goes unnotified, because GPs dismiss it, arguing that it can not be whooping cough because the child has been vaccinated, although whooping cough is a notifiable disease. However, in my experience whooping cough often does not have the expected 'whoop'. Nevertheless, it is a fact that invariably, long-standing coughs respond amazingly well to remedies such as *Pertussin*, *Drosera* and other well known whooping cough remedies.

Prescribing and management

As well as prescribing the indicated remedy, I make liberal use of nosodes with excellent success. For example *Medorrhinum* and *Tuberculinum* work well for people who do frequent colds. *Psorinum* is a good remedy for when the person has no energy and feels tired. *Baccilinum* should be considered in a tubercular case where there are no mental symptoms. The bowel nosodes are invaluable too, specially where antibiotics have been used before, or where there is a history of previous bowel infection for example salmonella or undefined food poisoning. *Carcinosinum* works well too in repeated inflammatory conditions, or for 'never been well since' whooping cough or glandular fever, and so on.

I usually prescribe one remedy, and give two others to keep in case the first choice has no effect. Most of my regular patients now keep a comprehensive homeopathic first aid kit at home, so it is much easier to support them on the telephone when their requirements change.

My policy for the treatment of acutes in babies and small children is that parents are told that if they leave a message on my answer phone, I will ring back as soon as I am free to talk with them. This is reassuring to the parents and ensures that the child gets the best and fastest treatment that I can provide. Alternatively, I provide people with the telephone number for the Homeopathic Helpline, if I know that I will not be available to answer their calls.

In acutes, one must be prepared to change the remedy as and when it is necessary. I remember once supporting a teenager who for two weeks did a mental acute whereby every day he developed new and different symptoms which required a remedy change. Luckily his mother was a sensible, trusting woman, and the psychiatrist involved supported the continuation of homeopathic treatment. The patient made a full recovery without any allopathic medical intervention at all.

The ability to think laterally and use your intuition can be rewarding too. I recently treated a young child who came with a cold. After some questioning, it became apparent that there was disharmony in the family home. *Ammonium muriaticum* cured the cold within days. Weeks later, I was told that her eczema (which I knew nothing about) had also completely cleared, but which was obviously part of the picture. The maintaining cause remained however, and it became necessary to talk with the parents about the issue within the family. Sometimes other causes may indeed need delving into, in order to ascertain the true nature of the acute problem.

Potency

I work from the belief that prescribing in homeopathy is about resonance – matching energy with energy. If the energy of an acute is high for example a fever, then we must match that high energy with a high potency. This means prescribing high potencies from 200c to 10M or even higher.

I personally don't subscribe to the teaching that low potencies are for physical symptoms and high potencies are for emotional. That to me is not homeopathy, rather it resembles allopathy. In homeopathy, we are matching energy with energy so that resonance occurs with similarity.

Serious acutes

This is an area which in my experience, we as homeopaths rarely see. The most common reaction amongst people is to take the patient to the hospital. Indeed, my own response would be to give the indicated homeopathic remedy on the way to the hospital. I remember doing this with a small child where I suspected bacterial meningitis and had two very anxious parents asking for a homeopathic remedy.

It requires a great deal of trust between patient and homeopath, for a serious acute to be treated solely with homeopathy. Questions arise about informed consent, especially in the case of a child, or from an adult who may be feeling so ill that their decision-making process could be impaired. As registered homeopaths we also have other factors to consider such as the client's family's opinions and reactions, possible unfavourable outcomes and one's own reputation. Generally, I tend not to take sole responsibility for someone's health in the case of a serious acute. I guess it's the voice of my nursing background still lurking somewhere reminding me of professional accountability to a statutory body. I believe that any side-effects of allopathic treatment can always be addressed and cleared. I also believe that there are times when allopathy is the most well indicated form of initial therapy – for example in the case of a skull fracture or a pneumothorax.

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However, it is helpful to have an idea of the signs and symptoms of serious acute situations. Therefore, here are some of the most common serious acutes with their signs and symptoms.

Head pains

Acute glaucoma – may be present as similar to migraine in sub-acute stage; unilateral headache and blurring or loss of vision; halos around lights at night. Acute presentation: reddened eye, enlarged sluggish pupil, eye feels stony on pressure.

Cerebral abscess – complications of ear infection or sinusitis; symptoms may have been masked by antibiotics; drowsiness and personality changes, later fits and palsies; also check for mastoid swelling and tenderness.

Encephalitis – headache and restlessness leading to stupor and delirium; often related to herpes virus; check for previous history of herpes; may manifest 1-3 weeks after measles, mumps or associated vaccinations.

Head injury – headache is surprisingly rare; vomiting, confusion, lack of pupil response to light; can be either concussion or compression. Skull x-ray will help to confirm any fractures.

Malaria – must be suspected in severe headaches after foreign travel whether or not prophylaxis has been used; cerebral malaria is fatal within days.

Malignant (accelerated) hypertension – prostrating headache, vertigo, blurring of vision, confusion and vomiting; protein and granular casts in urine.

Meningitis and meningism – fever and photophobia, severe headache, stiff neck; Kernig's sign is diagnostic but may be absent in infants. A purpural rash on the trunk or buttocks may precede all other symptoms and indicates meningococcal meningitis.

Poliomyelitis – may present without serious symptoms; paralysis is a rare complication; tiredness, sore throat and headache. Paralysis, if present, may affect any muscle group; respiratory arrest can cause death.

Stroke – paralysis and unconsciousness.

Subarachnoid haemorrhage – sudden intense head pain, neck stiffness and Kernig's sign; absent knee and ankle reflexes, loss of consciousness; may have history of high blood pressure, being on contraceptive pill, smoking, multiple pregnancies.

Subdural haemorrhage – suspect injury and check for bruising; headache < on waking and << exertion; loss of memory and disorientation.

Tumour – headache and vertigo < waking, and any exertion which raises blood pressure, such as stooping, coughing, straining at stool.

Thoracic pain

Aortic aneurysm – normally sudden and without warning. Severe radiating retrosternal pain with shock; differing radial pulses.

Myocardial infarction – may have

history of angina (chest pain < exertion, > rest); prolonged epigastric or retrosternal pain not > by rest. Pain described as crushing or constricting and may radiate to jaw or arms; acute state of shock with pallor, cyanosis, sweating and anxiety; temperature is often elevated after an infarct.
Pneumothorax – severe continuous unilateral chest pain without apparent aetiology; pain referred to shoulder, retrosternum or epigastrium; increasing dyspnoea and cyanosis, absence of lung sounds on affected side; may follow injury, bronchitis or spontaneously in tall, healthy young people.
Pulmonary embolism – may follow DVT in leg or pelvis; complication of injury, surgery, pregnancy, the contraceptive pill, heart attack. Either presents as collapse, dyspnoea, cyanosis, hypotension (massive obstruction), or increasing pleuritic pain with dyspnoea, cough and bloody sputum (yawning).
Rib fracture – risk of pneumothorax; result of injury or sustained coughing; pain at the site of fracture on springing the ribs (apply pressure to the sternum).

Epigastric pain
Pancreatitis – may follow mumps, hepatitis, steroids, tetracycline, contraceptive pill, alcoholism; acute severe epigastric pain radiating into back > leaning forward; vomiting, shock, fast pulse, jaundice and Cullen's sign.
Peptic ulcer – gastric (pain < immediately after eating); duodenal (pain > eating < later); coffee-ground vomit indicates bleeding in the stomach.
Perforated peptic ulcer – history of peptic ulcer, and / or h/o NSAIDs and aspirin; sudden onset of severe abdominal pain and may refer to shoulder tip; patient is disinclined to move with the pain; pain < coughing and deep breathing; tenderness and guarding of the abdomen and absent bowel sounds.

Umbilical pain
Appendicitis – onset of pain in umbilical region shifting to right iliac fossa; furring of tongue and possibly nausea and vomiting; rebound tenderness is diagnostic but not always present.
Intestinal obstruction – can be caused by post-operative adhesions. Small bowel obstruction presents with colic, complete constipation and absence of flatus; colonic obstruction presents with increasing constipation alternating with diarrhoea.
Intussusception – common under two years of age; previously healthy child develops severe colic with knees drawn up; pallid and listless between bouts of colic. Vomiting, and passes blood from rectum on straining; blood and mucus give rise to classic 'red-currant' stool.
Lead poisoning – old pipes, old toys, petrol, potters and painters, and Asian children who have eyes decorated with surma; copious vomiting and obstinate constipation with severe colic; lack of abdominal rigidity; blue-black line (Burton's sign) may be present on the gums.
Peritonitis – may follow ruptured appendix, abdominal surgery, injury or termination of pregnancy; use of steroids in Crohn's disease. Location of pain depends on underlying cause; distension, rebound tenderness, guarding, absent bowel sounds.
Strangulated hernia – normally in the inguinal area, and palpable lump will be apparent.

Hypogastric pain
Acute retention of urine – complication of operations, prostatic enlargement and diuretics; rare complication of herpes zoster or anal herpes; inability to urinate with tense and easily palpable full bladder.
Torsion of testis – abrupt onset of pain, often during sleep; pain may be localised in the testis, inguinal area or iliac fossa; testis is enlarged and retracted into upper part of scrotum; this diagnosis should be assumed in all acute testicular pain until specifically excluded.

My own response would be to give the indicated homeopathic remedy on the way to the hospital

Lateral abdominal pain
Ectopic pregnancy – history of missed periods, assuming cycle is regular; pain in one iliac fossa which may later refer to one or other shoulder; may be preceded by generalised pelvic pain, discharge and bleeding. Woman may look very unwell.
Hepatic abscess – complication of obstructed gallstones, abdominal wounds, appendicitis; spiking fevers, rigors, jaundice, dull pain in right hypochondrium; obviously ill patient.
Kidney stone – pain (which can be severe) from loin to groin < jarring with frequent urination and vomiting; sweating and extremely restless (if at mid-cycle suspect ovarian cyst).
Obstructed gallstone – pain starts in epigastrium, shifts to right hypochondria and may refer back to shoulder blade or shoulder-tip. Steady pain, increasing in intensity without relief. Later fever, rigors and jaundice.

Glossary
Concussion – a head injury resulting from impact with an object, or from a blow or a fall.
Compression – pressure on the brain, resulting in a skull fracture; more serious than concussion.
Cullen's sign – bluish discolouration of the umbilical skin due to intraperitoneal haemorrhage. This may be caused by ectopic pregnancy or acute pancreatitis.
Kernig's sign – a symptom of meningitis evidenced by reflex contraction and pain in the hamstring muscles when attempting to extend the leg after flexing the thigh upon the body.

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Homeopathic Helpline
tel. 090 65 34 34 04; 9am – midnight; daily; cost to caller £1.50 per minute.

In part two of her article, Grace will cover the most important remedies for the most common acutes. She can be contacted at gracehomeopath@aol.com. □