

How to choose a single deep acting remedy – Louise Barton and Ellen Kire

Is there any value within the homeopathic model of defining a pathology or type of disease as experienced by a patient? The answer is both yes and no. Yes, because that set of symptoms and that diagnosis is what we are treating – or at least what we are aiming to abate so as to leave the patient in better health and greater comfort. And no because we are not treating the disease – we are treating the patient. And in doing so the knowledge of that disease is not always relevant to how we choose the most appropriate remedy. Meaning, we are looking at how the symptoms are presenting and what is individual to that patient to help us choose a remedy that works. Always focusing on a bigger picture than the disease itself. Every time a practitioner is presented with a disease, our mind should not be jumping to “matching” remedies, because until we know the pattern of a patient’s illness, and therefore the patient themselves, we are only guessing.

Knowing remedies, that is “knowing” their qualities and their “essence” is a very difficult business. A single remedy such as Sulphur has approximately 15,000 proving symptoms all found in our repertory within matching rubrics. If a patient who needs Sulphur has less than 20 of these symptoms, imagine how many possible permutations can exist within the one remedy? The pictures we read in materia medicas, or hear at seminars, are at best only a limited picture of the one remedy – but often presented as if those pictures ARE the remedy; when that particular picture is just a drop in the ocean (like homeopathy itself) of the potential of that remedy and all the ways it can be used. Bringing remedies down to their smallest image – via keynotes, essence, or the materia medica, actually prevents many remedies being tried. If we use only 100 remedies those 100 can still suit a billion different types of people. So instead of “knowing” the remedies, we need a system to find the best remedy out of those 100. And we have a system, as defined by Hahnemann himself. Find the totality, use a miasmatic approach and always repertorise. So even with a billion types of people, and only 100 remedies, we can find a match for the majority of our patients with any type of illness.

When learning remedies, getting to know their keynotes, their essence, or their materia medica picture is helpful – but only to a degree. Because each remedy is so much more than these pictures. When practitioners have a true understanding of the breadth of the proven remedies – the homeopathic polychrests – they can use any of these remedies for any pathology or disease – with greater results than applying limited pictures of these remedies.

So instead of looking at a digestion case and doing a differential on Pulsatilla, Calc Carb, Lycopodium, Nux Vomica, Carbo Veg or China, know that there is potential to treat digestive complaints (or any other complaint) with any of the 100 or more polychrest remedies. And on many occasions the best digestive remedy is not one of the “common” digestive remedies. And more importantly, an individual prescription can bring about deeper healing than a remedy which only matches the pathology picture.

The methodology to find those remedies is straightforward. Once the case is taken, look for the general symptoms within the case. Choose between 4 and 8 of those symptoms and only add a mental or emotional symptom if it is very obvious – otherwise leave it out. Then examine the facial structure of the patient to determine the patient’s dominant miasm. Use the Homeopathic Facial Analysis (HFA) method (www.vcch.org) and then repertorise the symptoms. The majority of the polychrests have been tested against the facial structure of patients to determine their dominant miasm. From the repertorisation only choose a remedy which has the same dominant miasm as the

patient. The remedy must match both totality and miasm. Using this approach 80% of patients find a deep acting totality/miasm remedy within four remedy choices. In half of those cases a deep acting remedy is found on the first remedy. This method brings homeopathy away from the subjective guessing game that is essence, into the clarity and reproducibility of a system that prides itself on its scientific foundations.

Here is a case to illustrate. This case was taken by a graduate of the Victorian College of Classical Homeopathy HFA course. Although the case presents with personal information, note that the rubrics chosen are only generals and there has been no mental or emotional subjective interpretation made to find the correct remedy. The continued daily dosage of the correct totality/miasm remedy also indicates how long the body can tolerate the right remedy – without any negative effects or a proving – whilst continuing to heal and to maintain homeostatic balance.

Louise Barton – Training Manager Victorian College of Classical Homeopathy and co-researcher and founder of the Homeopathic Facial Analysis method developed by Grant Bentley.

www.vcch.org

Case

D. Female, age 22 yrs

Chief complaint: abdominal pains with diarrhoea, menorrhagia, itchy scalp

Initial consult: 2nd October 2010

D. has been married for two years. She's enrolled in a two-year dental hygiene course and works full time split between two jobs on evenings and weekends. Her husband works full time. Their plan is for her to graduate, secure a good job in her field and then he will return to college in a field that will offer a good income. He has school loans that are due from a prior school year and hers are pending after graduation.

When I ask about her childhood and difficult times in her life, she says that at age 8 she was sent to live with her aunt for a few months because her younger sister was very ill. D. says she coped well during this time away from her immediate family, and that she enjoyed being the "only child" due to all the attention she received. Schoolwork has always been easy and because of this found it boring - that she "loves a challenge". She was at the top of her class, an A student. In 6th grade her boyfriend cheated on her with her best friend and she felt betrayed. She did not want to stay in school after this but did finish the school year. She was home schooled the next year after begging her mom to be allowed to do her schoolwork at home. She didn't date again until she met her husband at age 19. Another stressful time occurred after she and her husband became engaged, when the elders in her faith accused her of sexual misconduct with him. She was angered, felt unjustly accused and both decided to leave their local church. Money is an ongoing issue and they are on a very tight budget with D. in charge of their finances. When first married, they rented a small apartment, but because of financial hardship have moved in with her parents. This living arrangement is stressful for her husband, but not for her. She worries about paying their school loans and if they will be able to afford a home of their own.

D. complains of lower abdominal pains at night that wake her from sleep between 1-3 am with massive bouts of explosive diarrhoea. She has to push hard on her stomach in a small spot to go. These episodes started 6 months ago, occurring once a week and then increased to every night for 1-2 weeks. She changed her diet - quit eating meat and dairy products - which alleviated the nightly abdominal pain and diarrhoea. Before the diet change she had

black stools. Greasy foods and dairy cause either diarrhoea or constipation. Her feet are always icy cold which causes nausea or vomiting. Putting her feet in very cold water will make her vomit. Warm drinks can cause nausea at times.

She tells me she has two types of menstrual periods that last for four days and occur 28 days apart. Occasionally she skips a month with no menses. One is intermittent - bleeds for 24 hours, stops for next 24 hours followed by two more days of bleeding. Profuse, heavy menses (10+ pads daily) with bright red blood and only one clot at end. Swells with menses everywhere, including her fingers and has distension in her abdomen. She hurts all over with an achy pain and one ibuprofen will stop the pain. Pain in abdomen, hips and back ache relieved by heat. The second type is painless and she needs to eat constantly or she becomes tired and irritable. She craves chocolate, pasta, and salads. No PMS before either type of menses. She does not use birth control because it is not natural.

Her scalp is very itchy and worse in winter and from the cold with dry, red, itchy blotches that started 8-12 years ago after she used a body wash product on her head. Her doctor says it is not psoriasis or eczema. Baby oil is the only thing that helps after trying numerous hair and scalp products but she dislikes the oily hair. Her face has dry, scaly patches on the cheeks and forehead, and a patch on the right thigh and left upper arm - but they do not itch or cause discomfort. Her skin in general and her scalp are worse from perspiring, showering, and swimming.

Migraines began in 4th grade from fluorescent lights and floor cleaners at school. They are worse from odours and perfumes - scented candles. Her eyes feel tired and her vision is 20/20. She experiences a sensation of "moving backwards slowly" when riding in the car. She has shoulder and neck tension not related stress- cause unknown. Imitrex or ibuprofen helps with migraines.

Ear infections were an issue in both ears from birth until age 6 that responded to antibiotics. She has tinnitus with a ringing sound in the ears. After showering she feels as if there is water trapped in ears.

Her feet are very cold all year long. The tendons in both hands and knees "snap or crack" which is worse on her right side. She is better from cracking her joints in fingers, back, and knees.

Sleep problems began at age 8 when she went to live with her aunt. She has difficulty falling asleep and is always tired on waking whether she gets a little or a lot. Some nights she will sleep only a few hours and other nights she will sleep for 14 hours straight. But she only needs 2 hours sleep to function. Her sleep is not restless and does not have any dreams but she snores loudly and has a deviated septum on her left side. Her energy is high in the winter and loves the cold; low from heat and worse in summer.

Obesity has been an issue all her life which she attributes to an unhealthy diet as a child that was too high in fat and dairy. Her current weight is 220 pounds and was 180 pounds in high school. She is not hungry in the morning and doesn't need to eat until 7-8 pm. But she is very thirsty and prefers icy cold drinks. She drinks 6-8 bottles of soda (Mountain Dew or Coca Cola), 2-3 glasses of white grape juice, and 4 glasses of water every day. She only urinates on waking and once more between 5-8 pm. She does not perspire in general and only from exercise - just a little on face and in armpits. She is not chilly or hot in general.

Food preferences- she craves spicy foods and on a scale of 0 -10 she rates spicy as 12+, pasta 10, soda 11, cheese 9. Aversion to milk and celery. Worse from fat, milk, cheese, ice cream, and egg nog which cause either constipation or loose stools.

Health history: Ear infections, chicken pox, insomnia, dermatitis, nausea, diarrhoea and constipation, obesity, migraines, dysmenorrhea, tinnitus, deviated septum. Medications- Imitrex or ibuprofen for migraines.

Comments

D. has a reserved, serious demeanour and appears to be self-confident in telling her complaints and worries. She did not share much about her past or her husband except to say she is happily married.

Rubrics Chosen (Complete Dynamics software)

Stomach; thirst; extreme (331)

Female; menses; profuse (445)

Female; menses; intermittent (112)

Generalities; food and drinks; fat and rich food; agg. (136)

Generalities; food and drinks; spices, condiments, piquant, highly seasoned food; desires (119)

Generalities; bathing, washing; agg. (221)

Generals, cold, agg. (718)

The following remedies repertorise for all rubrics:

Sulph, phos, puls, nit-ac, nux-v, sep, caust, acon, lyc, arg-n, verat, nux-m, carc (1)

Remedies are colour highlighted to indicate the dominant miasm of each remedy that matches the HFA method.

(Yellow psora, Red sycosis, Blue syphilis, Orange syco-psora, Purple syco-syphilis, Green tubercular, Brown cancer) (2)

Face Analysis

Yellow (psora) 2 points	Red (sycosis) 6 points	Blue (syphilis) 4 points
Smile	Lips	Asymmetry
Freckles	Nose	Forehead 50%
	Brow	Hairline
	Forehead 50%	Teeth
	Bridge	
	Gums	

Remedy and Dose

The patient's facial analysis shows that sycosis is her dominant miasm with six facial features belonging to that group. Where a primary miasm is two or more points ahead of the next closest primary miasm, that miasm - or conjoined miasm if the points are within 1 point of each other - is considered dominant. Therefore, a red or sycotic remedy is required. If there was an equal number (or one-point difference) of sycotic (red) and syphilitic (blue) features, the syco-syphilitic (purple) miasm would be dominant.

Sepia is the sixth remedy in the repertorisation graph and the only sycotic (red) remedy in all chosen rubrics.

2nd October 2010 (Initial consult) Rx: Sepia 30c, daily dose, one pill

Follow Up

2nd December 2010 (2 months after initial consult in October) She reports normal monthly periods with much less bleeding and less pain. She says Sepia definitely helps and she is feeling less stressed from school and work. Wakes easily and is less lethargic; more clear-headed. No loose stools. She is urinating more frequently instead of only twice daily. Head is still itchy at times. This is a good response and remedy has held for 2 months so I decide to continue with Sepia.

Rx: Continue Sepia 30c, daily dose.

2nd January 2011 (3 months later) She is still doing well and feels good with nothing new to report. Normal periods - no heavy bleeding and not much pain or swelling with menses. No migraines. She is trying to eat better, drink less soda and is now eating celery (had aversion in past).

Rx: Continue Sepia 30c, daily dose.

1st April 2011 (6 months later) Menses are still normal, and occur monthly. Mood is better and not weepy with menses. Digestion is good- no diarrhoea/constipation or abdominal pain. Head is much less itchy. No headaches. Sleep - she has a hard time falling asleep at times but sleeps through the night. She had a cold that dragged on for 4 weeks when the stress level at school was high but now her energy is good and she feels fine. I suggest she take the remedy more frequently when she has a cold or going through a very stressful event because more energy is required to sustain and replenish during periods of increased physical or mental stress.

Rx: Continue Sepia 30c, daily dose.

10nd June 2011 (8 months later) She is still doing well with no new symptoms, no abdominal pain or digestion issues. No migraines. Normal menses. Skin issues and itchy scalp are much improved. Sleep is better and she wakes refreshed though occasionally has trouble falling asleep.

Rx: Continue Sepia 30c, daily dose.

15nd October 2011 (1 year later) She has nothing new to report and still feels good on a daily dose of Sepia 30c. I suggest she discontinue the daily dose and try taking Sepia as needed - if she feels stressed or has any minor physical ailments such as a cold or headache. She replies that she feels so much better on Sepia that she may continue on it daily and is reluctant to stop taking it every day. I tell her to contact me if she has any further health problems or concerns.

Ellen V. Kire CFHom, HFA

Ellen lives in the US has 13 years of experience in classical homeopathy. She has completed all HFA (Homeopathic Facial Analysis) courses offered by the Victorian College of Classical Homeopathy with Grant Bentley, including the online foundation course in Homeopathic Facial Analysis and Soul and Survival Principles. She has also graduated with a certificate in Foundations of Classical Homeopathy from the Caduceus Institute of Classical Homeopathy, CF Hom.

Ellen has used HFA exclusively since 2009 for treating children, teens and adults. By applying the principles of Homeopathic Facial Analysis, she has been successful in treating animals as well. She has a BS in Forestry from the University of New Hampshire and is a member of the National Center for Homeopathy, the Maine Association of Homeopaths and is a group coordinator in Maine for Science of Spirituality.

- (1) Complete Dynamics Software (Practitioner Version with HFA remedy filter) Note the HFA filter is also available in RADAR software
- (2) *Appearance and Circumstance* (2003) Grant Bentley
Facial Analysis and Homeopathy (2011 – B Jain Publishers) – only available to Asia and Africa