Acute Case Sample: A Case of Idiopathic Urticaria, by Gregory Pais, ND, DHANP

Objectives-This case illustrates the successful homeopathic treatment of an acute disease (Competency #1). Additionally, this case demonstrates the use of the medicinal solution and a modification of posology. (Competency #5).

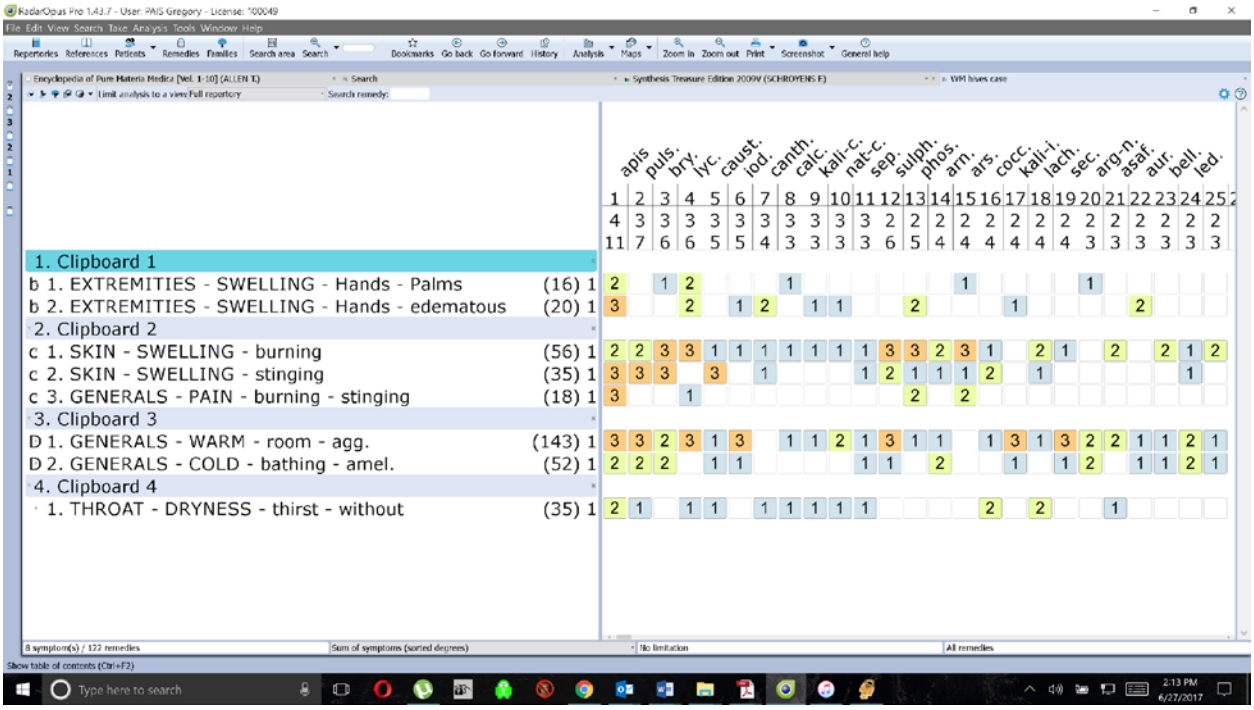
June 17, 2015: WM, a 57-year-old woman, presented with idiopathic urticaria, non-responsive to oral anti-histamines and topical steroid cream. Recent care was provided by a professional homeopath who prescribed 2 different homeopathic medicines in the previous 3.5 weeks (Sulphur, then Pulsatilla), both in 30c and 200c potency. Though there was about a 20% improvement with each remedy, each remedy prescription caused her to have intense symptoms (headache with Sulphur, nausea with Pulsatilla), dissimilar to her acute state, such that she discontinued each medicine.

Symptoms started about 4 weeks ago with a general sensation of swelling, especially hands, palms, and arms. Red, raised eruptions then came out on her hands and palms which were sore to the touch. After a day or so there was much burning and stinging of the skin, which continues now. Itching was worse and she felt worse while she was baking in the kitchen. Her palms were intensely itchy and burning whether or not there were raised eruptions. She got some relief washing her hands in cold water. She was less thirsty than normal, even though she complained of having a dry mouth and throat most of the time.

WM came to me for naturopathic treatment as she was reticent to try homeopathy again based on her previous experience. I convinced her to try working with the medicinal solution, letting her know that we would closely manage her dosing.

WM was prescribed Apis 30c, 1 pellet dissolved in 4 oz. water, succussed 5x before each dose.

Idiopathic Urticaria case Repertorization



(**Note**-1st 2 clipboards rubrics combined, 3rd clipboard rubrics crossed)

Apis mellifica *Allen's Encyclopedia of Pure Materia Medica*

819-Swelling of whole body

823-Painful red swelling

827-Hands, arms, swell considerably

840-Red blotches with great sensitiveness of skin to contact

844-Stinging feeling

846-Elevations on the skin, painfully sore, sensitive to touch

863-Vivid stinging pain and swelling

866-Stinging, burning, prickling, smarting, itching sensation, all over the skin

872-Intense burning itching all over his body

880-Itching of hands, palms

576-Closed rooms, especially if overheated, are perfectly intolerable to him

696-Burning and stinging in the hands, especially the palms, that became very red…Cold water relieves

369-No thirst with dryness of the throat

Initial directions were to dose 1 measured teaspoon, 15 minutes apart, for up to 4 doses. If there was a greater than 50% improvement after any dose, she was to stop and check in by email with me. Otherwise, she was to check in 2 hours after the 4th dose.

WM emailed me after the 3rd dose to let me know that the sense of swelling all over, and her itchy, burning palms were at least 50% better. I told her to stop dosing and check back when she felt her current level of improvement waning. She emailed me the next morning to say that she was not any better, and maybe her symptoms were starting to slip back. I told her to dose up to 3 more times, in the same manner, and then check back. WM called the following morning to let me know her symptoms were 95% better ever since the 5th dose (in total) of Apis 30c. She still had some slight itching when she worked in the kitchen but, the burning, stinging, and swelling were gone all together. I told her to not take any further doses. When I saw her the following week for her chronic hair loss she reported her symptoms being 100% resolved.

Rationale for use of medicinal solution

The Organon of Medicine, 6th edition, translated by Jost Kunzli

> Aphorism 246- "As long as there is a marked, obviously progressing improvement during treatment, no more medicine of any kind must be given, because all the good that the medicine taken can accomplish is speeding toward its completion. This is not infrequently the case with acute diseases."
> To "obtain a far more rapid cure, this can be accomplished very felicitously if the following conditions are fulfilled: firstly, if the medicine is very carefully selected so that it is accurately homoeopathic; secondly, if it is highly potentized, dissolved in water, and given in suitably small doses at intervals that experience has shown to be the most appropriate for the speediest possible cure. *But the degree of potency of each dose must be somewhat different from that of previous and that of the following dose,* so that the vital principle, which is to be diverted to a similar medicinal disease, is never roused and incited to untoward reactions, as

always happens when unmodified doses are repeated, especially at short intervals.

Aphorism 247- "It is inadmissible to repeat, even once, exactly the same dose of medicine without modifying it,**a** let alone many times (and at short intervals, because one does not want the cure to be delayed)."

"The vital principle does not accept such *identical* doses without opposition, i.e., without bringing out other symptoms of the medicine, symptoms not similar to those of the disease being treated" (see comment about reaction to dry doses of Pulsatilla and Sulphur above). "Now the patient can only be made sick in a different way by such an *unaltered* dose, basically more sick than before, because now the only symptoms left to act are the medicinal ones that are not homoeopathic to the medicinal ones that are not homoeopathic to the disease. Therefore no progress toward cure but only a real aggravation of the case can result."

"But if one slightly modifies the potency of each new dose by dynamizing it to a somewhat higher degree (para 269 and para 270), the sick vital principle allows itself to be altered further by the same medicine without ill effect (to have its awareness of the natural disease further reduced) and thereby to be brought nearer to cure."

"*But when each dose is modified in its degree of dynamization,* as I explain here, then the doses are not a shock to the organism, even if they are repeated frequently, no matter how highly the medicine is potentized, with however many successions. One might almost say that even the most perfectly chosen homoeopathic medicine can remove and extinguish the pathological disturbance of the vital principle in chronic diseases in the best possible way only *if it is used in several different forms."*

Note: This is one of many cases in the author's experience where Hahnemann's admonition to refrain from repetition of dry, unmodified doses has been borne out in clinical practice. As stated, previous homeopathic remedies were administered to WM, each one in multiple doses of dry pellets. In each instance, dissimilar symptoms were produced, as described by Hahnemann. WM would have been lost to homeopathic care if not for the utilization of the medicinal solution.

Case Submission Sample (Acute Prescription):

A case of acute Influenza A effectively treated with homœopathy

By Jamie Oskin, N.D.

Abstract:

This case submission demonstrates the successful homœopathic treatment of an acute infectious disease (Competency #1). Additionally, this case illustrates the efficiency of utilising Bönninghausen's *Therapeutic Pocketbook* method, using TBR_2,[1] the most accurate English translation of the *Therapeutisches Taschenbuch* [TT] .

Disclosure:

This case was published by me as the sole author within an article, "Polarity Analysis, A Critical Examination," in the *American Journal of Homœopathic Medicine* (AJHM), Winter 2014, Vol 107, Number 4, pp. 182-194. It is submitted here (revised) as a sample case submission for the HANP application as a sample of the homœopathic treatment of an acute infectious disease (Competency #1). This case shall not be republished without my consent or the AJHM's consent.

January 14, 2014:

A 31-year-old male, presented with acute *Influenza A* confirmed by laboratory analysis in a local emergency department the previous night. The symptoms started two days prior with a fairly steady cough and fever. The patient had tried *Phosphorus*, *Belladonna*, and *Sulfur* on the previous on his own without significant relief. This patient presented to me at 4 p.m. on January 14, 2014 with symptoms including an initial fever of 102.5°F (39.2° C) with intense chill that caused goosebumps and shivering, together with a dry cough – all worse by uncovering. The chill would be followed by heat without perspiration. The chill and goosebumps were worse upon first changing position and upon waking from a nap. The chill was throughout the body, yet he had a sensation of heat in the face. He had moderate thirst for cool water with the chill. There was a concomitant headache with an outward pressure that was worse only during the cough.

He experienced aching pain in the muscles of the eyes when looking upwards or laterally, and a profuse, watery, fluid coryza accompanied by violent paroxysmal sneezes.

The patient was prescribed *Sabadilla officinalis* 30c, 3 pellets, dissolved in the mouth, dry, 3 to 4 times per day. See the addendum to this case for a more complete explanation of this method of repeat (unchanged) dry dosing posology. This prescription was based on the repertorisation (Figure 2) using the computerized *Programme* version of TBR_2,[1] with reference to the symptoms that correspond via *similarity* in the materia medicæ listed below:

Figure 2: *Sabadilla officinalis* case using the computerized *Programme* version of TBR_2

ID	Symptom name (Desktop 1)	Sabad.	Bry.	Chin.	Bell.	Nux-v.	Rhus.
1732	Modalities, Temperature, Seasons, Weather, Warm (& warmth), Covering (warm covers) from, amel. (+ aggr. Uncovering) [56]	2	1	2	2	4	4
694	Heat, Single parts [125]	3	4	2	4	3	2
683	Chill, Goose-flesh (goose-bumps; cutis anserina), with [33]	3	3	2	3	3	
682	Chill, Shaking (violent shaking, rigor), with [48]	3	4	4	2	3	3
747	Compound fevers, Chill, then (followed by), Heat (C->H) [61]	1	1	2	3	3	3
679	Chill, Thirst, with [60]	1	4	2	1	4	3
1929	Modalities, From Situation & Circumstance, Eyes, looking, upwards (high) (+ raising the eyes) [24]	3	3	3	1		
577	Coryza (catarrhus narium, head-cold), Coryza, fluent (with mucus discharge) [100]	2	1	1	1	3	4
579	Coryza (catarrhus narium, head-cold), Sneezing [97]	4	3	3	3	2	4
2046	Modalities, From Situation & Circumstance, Movement (moving, motion), on beginning [36]	3	2	1			3
1297	Generals, Musculoskeletal, Muscles in general, Pressing (& aching) [85]	3	1	1	2	2	1
2156	Modalities, From Situation & Circumstance, Sleep, after (on or after waking) (+ concom. Awaking) [112]	3	2	3	2	3	3
	Symptom count [12]	12	12	12	11	10	10

Sabadilla officinalis – Allen's *Encyclopædia of Pure Materia Medica*:[2]

29. Painful pressure in the whole head, as if it were forced asunder, lasting three-quarters of an hour (after half an hour),[4].

76. Pressure upon the eyeballs, especially when looking upward; less when looking down,[2].

91. Copious, thin, and thickish, whitish, transparent, nasal mucus, sometimes coming out in large lumps, on blowing slightly, without catarrh, for several days; afterwards he has to blow his nose frequently, because it is filled with viscid, yellowish-grayish mucus,[10].

92. Violent sneezing from time to time, shaking the abdomen; followed by lachrymation (after three hours),[10].

272. Violent cough (immediately),[8].

273. *Short dry cough, produced by a scraping in the throat,*[8].

274. A few light paroxysms of short cough, with lachrymation,[10].

451. Fever; chilliness, at 9.30 P.M., so that he goes to bed; followed by shaking chill, so that the feather bed which was usually too much for him, did not suffice…[10].

453. Chilliness, with gooseskin and moderate thirst,[6].

454. Chilliness, all day,[10].

455. He is shaken and waked from sleep by a momentary chill, at 1 P.M.; he feels warm without sweating, with fine pricklings in the forehead (second day),[10].

457. Shuddering over the whole body, for ten minutes (immediately),[4].

458. Shuddering over the whole back; he feels chilly through the whole body (after three hours),[8].

459. Febrile shivering through the whole body (after half an hour),[5].

468. Heat in the head, which is not felt externally, with internal chilliness,[13].

474. Burning heat in the face, with chilliness over the body, especially in the extremities (after two hours),[3].

Sabadilla officinalis – Hering's *The Guiding Symptoms of Our Materia Medica*:[3]

- **|** Epidemic influenza: great sleepiness during day; chilliness, shivering and horripilations, pressure in eyes, particularly when moving them and when looking upward; pressing headache, particularly in forehead; hoarse cough, all the symptoms agg from cold; heat of face with chilliness and coldness of limbs or chilliness running up back, returning every ten minutes; cough immediately on lying down.
- Warm stove: chilliness amel.
- Chilliness and sensitiveness to cold.
- **|** Dry spasmodic cough with pain in ribs and tearing in all bones, during chill.
- **|** Chill: afternoon or evening, returning at same hour; often without subsequent heat; predominates particularly on extremities, with heat of face; runs from below upward.
- Heat in head not felt externally; internal chilliness.
- **|** Spasmodic sneezing. *θ* Influenza.

- **|** Fluent coryza. *θ* Influenza.
- Violent sneezing from time to time, shaking abdomen; followed by lachrymation.
- **|** Coryza with severe frontal pains and redness of eyelids; violent sneezing; copious watery discharge from nose.
- **|** Cough: dry, from scratching or roughness in throat; during chill; with stitch in vertex.
- **|** Cough agg: from cold, or becoming cold;
- Cold: agg all symptoms; cough agg; sensitive to.

The patient was significantly better by the next morning. He slept through the whole night, his fever reduced to 99.7°F (37.6° C) by 10:30a.m. when I called to check in on him the very next morning. His chills resolved and he could uncover. The violent sneezing was better and coryza was significantly better. He had much more energy and overall felt better. His symptoms were almost completely resolved within two days of starting the homœopathic remedy. With homœopathic treatment, this patient went on to fully recover from *Influenza A* uneventfully within in a shortened course compared to no treatment or treatment with neuraminidase inhibitors used in conventional medicine.[4]

Endnotes:

1. Dimitriadis, George, *The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English re-translation of Bönninghausen's Therapeutisches Taschenbuch carefully corrected with reference to his original manuscript*, [TBR2], Sydney: Hahnemann Institute, 2010.
2. Allen TF. *Encyclopædia of Pure Materia Medica, A Record of the Positive Effects of Drugs Upon the Healthy Human Organism* [1874] [AE]. Indian Reprint. New Delhi: B. Jain Publishers; 2000.
3. Hering, C.: *The Guiding Symptoms of Our Materia Medica*, Philadelphia, 1891, vol.10. Reprint. New Delhi: B. Jain Publishers, 1997.
4. Jefferson T, Jones MA, Doshi P, Del Mar CB, Heneghan CJ, Hama R, Thompson MJ. *Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children*. Cochrane Database Syst Rev. 2012 Jan 18;1:CD008965.

> "Time to first alleviation of symptoms in people with influenza-like illness symptoms (i.e. ITT population) was a median of 160 hours (range 125 to 192 hours) in the placebo groups and oseltamivir shortened this by around 21 hours (95% confidence interval (CI) -29.5 to -12.9 hours, P < 0.001; five studies) but there was no evidence of effect on hospitalisations based on seven studies with a median placebo group event rate of 0.84% (range 0% to 11%): odds ratio (OR) 0.95; 95% CI 0.57 to 1.61, P = 0.86)."

ADDENDUM:

An explanation of the repeat (unchanged), dry dosing posology technique based on evidence with citation to its origin in our homœopathic literature.

The repeated dry dose posology used in this case is a deviation from *Organon* §247 wherein Hahnemann warns against giving repeat doses of the exact same medicine without modifying the dose. This deviation is based on the research of Francisco Eizayaga, M.D. who methodically treated cases for 24 months collecting data on 95 cases treated with the "pure Plus Method" described in §247 versus 250 cases treated with repeat dosing of dry pellets (unchanged) with the same potency. Approximately 16% percent of cases treated with the "Plus Method" experienced an initial therapeutic aggravation, whereas only 10% experienced an initial aggravation in the cases treated with the repeat, dry dosing method. The "Plus Method" group experienced 3.15% late aggravations (*Organon* §161), while the repeat dry dosing group experienced less than 4% late aggravations. Here was the summary of their results from page 217 of Eizayaga's *Treatise on Homœopathic Medicine*:[a]

> "*Therapeutic result:* high efficacy in all cases studied. Without appreciable differences to the Plus Method, but with results very superior to those obtained with the unique dose followed by placebos. **We *do not think we* are cheating ourselves if we affirm that we have obtained the highest satisfactions of our life as physicians by employing this simple, positive method.**
>
> We do not ignore that these conclusions will cause surprise and will even be resisted by many traditional homœopaths who blindly believe in **Kent**'s and in

some of **Hahnemann**'s statements. But **Hahnemann** has already proved the benefits of the Plus Method during the last years of his life. To support our statements we could add that more than a thousand (1,000) cases should be added to these 250 "pure" cases thoroughly studied by us. The later started with the method of a unique dose and followed the repeated potency method which we now use systematically. At the time of writing this edition, the cases thus treated are more than 4,000. We beg our colleagues who read this work, before approving or rejecting it, to put the method of the progressively ascending repeated potency into practice with their patients, as their patients' symptoms require it, and we are sure they will adopt it upon seeing its results."

I will add here that I have safely tested Eizayaga's method of repeat (unchanged) dry dosing of remedies with thousands of homœopathic prescriptions (both acute and chronic) and have been quite happy to verify his positive results in cases like the one presented herein. I have found that it is only an occasional sensitive patient who does not respond well to this method and then requires an alternate posology strategy such as using Q potencies in water with the "Plus Method" described by Hahnemann in §247 or by another technique such as olfaction.

It is evident by Hahnemann's published cases and the various editions of the *Organon*, that he was constantly experimenting with posology, even to the time of his death in 1843. Had he continued to live, he likely would not have stopped with the posology that he developed in the 6th edition of the *Organon*. Over a span of more than 47 years (1796 to 1843), Hahnemann never wavered in the application of the *Law of Similars*. However, over that same span of time, he was constantly experimenting with the manufacturing process of remedies as well as the dose and potency strategies for administration of medicines. This experimentation was likely an attempt to live up to his ideals of safety expressed in *Organon* §2 in order to minimize therapeutic aggravations that he observed as his homœopathic prescriptions became more accurate (i.e. more *similar*). In 1796, he was giving crude doses (*Hahemann's Lesser Writings* (HLW), "In Search of a New Principle," 1796, pp. 249-303; "Case of Rapidly Cured Colicodynia," 1797, pp. 303-307). By 1815 he was giving drop doses of crude medicines

(Hahnemann, *Materia Medica Pura* (MMP), Vol I, Preamble, p. 21). By about 1830 he was routinely giving 30c (MMP - see introductions to Cannabis, Cantharis, Cina, Dulcamara, Nux vomica: all recorded in 1830 and were recommended in the 30th potency).

Then Hahnemann went on a stint of giving olfaction[b] doses for several years before developing the Q potency method that was recorded in §270 of the 6th edition of the *Organon* (although not available for publication until 1921, 78 years after Hahnemann died and 5 years after Kent died). However, these techniques for posology are merely that. They are techniques for giving the remedy that was already selected based on a solid foundation of *similars*. As evidenced by Hahnemann's almost 50 years of experimentation, the *Law of Similars* is a generalizable principle in nature. *Similars* has been proven by experience to be efficacious whether a medicine is taken in various preparations including crude dose, C potency, or Q potency, as well as in various delivery mechanisms such as by olfaction, water dose, or topical application (HLW, "On the Treatment of Burns," 1816, pp. 635-645). And, despite the resistance from many homœopaths to test this method for themselves, it is evident by the facts presented in Eizayaga's research and in my case herein that *similars* works even with repeat (unchanged) dosing of dry pellets.

I urge my colleagues to test the method of repeat (unchanged) dry dosing of homœopathically selected remedies for yourselves. As a lover of science, I urge you to please apply this experiment with critical observation, yet with an unbiased and unattached perspective, so that you can come to your own conclusions on the matter from the most valuable experiment, the test of experience. Then you will not have to trust Hahnemann, Kent, Eizayaga, me or any other teacher or authority figure on the matter. After purely experimenting, you will no longer have to hold an opinion based on belief or hearsay, but rather from the wisdom of experience. Please share with me your results, whether or not they confirm Eizayaga's (and my) experience or if they contradict it. This manner of open minded experimentation with critical observation is the only way that our "Science of Therapeutics" (Dunham, 1877) will progress.

Endnotes to Addendum:

a. Eizayaga, F. *Treatise on Homœopathic Medicine*, *Third Edition in Spanish, corrected and updated, First Edition in English*. Ediciones Marecel, Buenos Aires: 1991, pp. 211 - 219.

b. MMP, II:

   i. P. 346 under Pulsatilla: “The proper dose is a small globule moistened with the thirtieth potency, repeated at most every twenty-four hours; in acute diseases the olfaction of a globule the size of a mustard seed is preferable.”

   ii. P. 391 under Rheum: “A very minute globule moistened with the thirtieth dilution (X) suffices for all homoeopathic curative purposes, to be repeated if necessary. The olfaction of a globule the size of a mustard seed moistened with this dilution is almost always sufficient.”

Case Submission Sample (Acute Prescription):

A case of acute valley fever (Coccidioidomycosis) with complications of erythema multiforme effectively treated with homœopathy

By Jamie Oskin, N.D.

Abstract:

This case submission demonstrates the successful homœopathic treatment of an acute infectious disease (Competency #1). This case submission also demonstrates the successful change of potency without changing the remedy in the management of the acute case (Competancy #4). Additionally, this case illustrates the efficiency of utilising Bönninghausen's *Therapeutic Pocketbook*[1] method, using TBR_2[1], the most accurate English translation of the *Therapeutisches Taschenbuch* [TT] .

Disclosure:

This case was submitted for publication, but has not yet been accepted. The published case was co-authored with my former resident at SCNM, Kathryn Purvis, N.D. I was the supervising physician on the case and I was the author of all of the components of the case history, homœopathic analysis, and follow-up. Under my supervision, Kathryn authored the introduction and discussion sections discussing the background on coccidiomycosis to make the argument that Homœopathic treatment in this case was faster to heal the patient than no treatment or anti-fungal treatments based on the averages in the published literature. I left shortened versions of those sections in this case submission simply because they are an interesting read, however, the competencies relevant to the HANP case submissions were authored by me. This case is not to be republished without my consent because it has been submitted for publication elsewhere.

Introduction:

Coccidioidomycosis, valley fever, is caused by the inhalation of airborne spores of *Coccidioides immitis* or *C. posadasii* in endemic areas which include arid areas of the southwestern United States, Mexico, Central America, and South America (2). In the

United States, coccidioidomycosis is a reportable disease in Arizona, California, Nevada, New Mexico, and Utah (3). The CDC reports that there has been an increase in the incidence of coccidioidomycosis in those areas from 1998-2011. The incidence has increased from 5.3 per 100,000 population in 1998 to 42.6 per 100,000 in 2011 (4). It is estimated that 70% of all cases in the US occur in Arizona (5). Not only is valley fever an increasingly common infection in endemic areas, but it can also be severe with almost 75% of symptomatic patients missing school or work and more than 40% needing hospitalization (4).

Coccidoides infection most commonly presents as a self-limiting respiratory tract infection. On x-ray, findings are similar to other pneumonias. During a valley fever infection, many other organs can be affected and cutaneous manifestations do occur (5). During the acute phase, flu-like symptoms are common as well as "desert rheumatism" including fever, arthralgia, and erythema nodosum (6). While erythema nodosum is the most common cutaneous manifestation, commonly appearing 1 to 3 weeks after the first pulmonary symptoms are seen, other cutaneous manifestations can occur such as erythema multiforme and a papular rash. Erythema multiforme presents as target-like lesions. They usually occur within the first 48 hours of pulmonary symptoms. This presentation often occurs with pruritus and desquamation. A generalized exanthema can also occur (5).

The treatments for valley fever are often debated and commonly include antifungals. However, studies have shown that there was no difference in the rate of improvement between those receiving antifungal treatment and those not in the case of mild to moderate symptomatic valley fever. There are few guidelines on which patients should receive antifungal therapy (7).

In this case report, we used homœopathy for the treatment of acute valley fever. Homœopathy has a long history of successfully treating acute infectious disease and pneumonia. For example, prior to the widespread use of antibiotics, cases of pneumonia treated with other allopathic methods resulted in a mortality rate of 24.4%. By comparison, during the same time period there were only 866 reported deaths out of 25,216 cases of pneumonia when treated with homœopathy, which resulted in a mortality rate of 3.4% (8-10). A meta-analysis of community acquired pneumonia

involving 127 study cohorts with 33,148 patients demonstrated an overall mortality of 13.7% using current conventional interventions (8, 11).

Presenting Concerns and Interventions:

August 12, 2015:

On my student teaching rotation at SCNM, an 11-year-old male presented to clinic with high fever (103°F/39.44°C oral) times 3 days. The patient was extremely lethargic. He exhibited a dry cough with wheezes auscultated in the right middle and lower lungs, and splenomegaly on abdominal exam. The boy presented with a concomitant eruption that was consistent with erythema multiforme, for which there could have been many causes (See Figure 1, pictures A, D, G). The most striking, singular[1] characteristics (*Organon*, §153) in this case were the concomitant erythema multiforme. The rash was characterised by severely itching hives that were coalescing into a purple eruption that would turn into vesicles on scratching.

Given the positive lung sounds, fever, and rash, labs were run based on reasonable initial differential diagnoses (see Table 1). A chest x-ray was ordered to rule out pneumonia. His lab results were positive for Coccidioides IgM and IgG titers, and the chest x-ray documented infiltrates in right middle and lower lungs with mediastinal adenopathy (see Table 2). The chest x-ray combined with positive titers is consistent with a diagnosis of acute valley fever.

[1] *Organon,* §153 (Dudgeon, 5th Edition Translation):

"In this search for a homœopathic 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 morbific 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…."

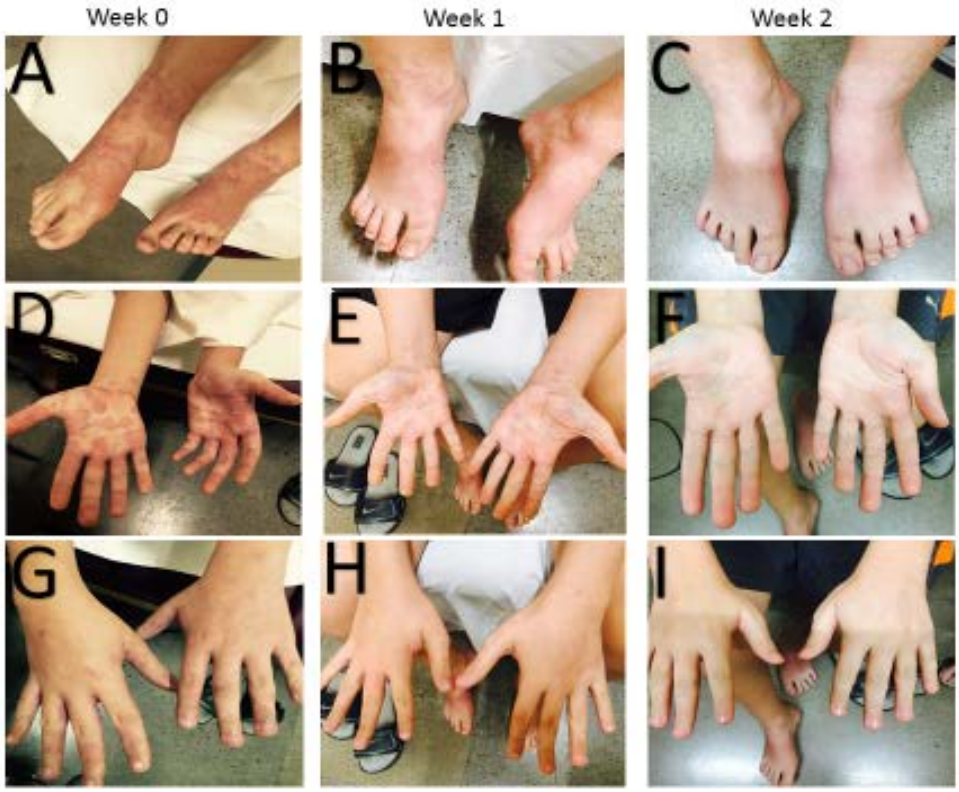


Figure 1

Lab	Aug. 12, 2015	Aug. 13, 2015	Sept. 2, 2015	Oct. 12, 2015	Reference range
WBC	11.9 H			6.3	3.4-10.8 X10E3/UL
Neutrophils (Absolute)	7.3 H		3.4		1.4-7.0 X10E3/UL
Eosinophils (Absolute)	1.7 H		1.4 H	0.6 H	0.0-0.4 X10E3/UL
Immunoglobulin E, Total	5751 H		4998 H		0-200IU/ml
Sedimentation Rate-Western	50 H		30 H	6	0-15mm/hr
C-Reactive Protein, Quant	107.0 H		8.0 H	0.6	0.0-4.9mg/L

Coccidioides Ab, IgG, EIA		0.156 H			Abs
Coccidioides Abs, QN, DID		Negative			Neg: <1:1
Coccidioides Ab, IgM, EIA		0.299 H			Abs
M Pneumonia IgG Abs		323 H			0-99U/ml
M Pneumonia IgM Abs		<770			0-769U/ml

Table 1: labs

Imaging	**Aug. 13, 2015**	**Sept. 3, 2015**
Chest x-ray	Findings: There is an ill-defined infiltrative process in the lower right lung field, which appears to be in the middle lobe. The left lung field is expanded and clear. There are no pleural changes. The heart is not enlarged. There is a mild fullness in the mediastinum suggesting enlarged nodes. There are no skeletal changes. Impression: 1. Infiltrative process in the lower right lung field. 2. Suggestion of mediastinal adenopathy.	Findings: An opacity in the right middle lobe is not evident currently. There is still some fullness in the right hilum and mediastinum suggesting prominent nodes. The heart is not enlarged. No pleural effusion. Impression: 1. Resolving infiltrate in right middle lobe. 2. Mild adenopathy.

Table 2: Imaging

Lachesis 1M, 3 pellets dry, dissolved in mouth every two hours was prescribed. Two rubrics were recruited from TBR_2 (1512, 1620 - see Figure 2) (1) to represent the most characteristic (*Organon*, §153) symptoms in the case of disease that pointed to corresponding symptoms via *similars* in the materia medica.

ID	Symptom name (Desktop 2)	Lach.	Hep.	Ars.	Merc.	Bell.	Bry.	Mang.	Rhus.
1512	Generals, Skin & externals, Eruptions, Vesicles (and bullae (blisters)), scratching, after [31]	4	3	2	1	1	1	1	4
1620	Generals, Skin & externals, Ulcers, Colour, bluish [19]	4	3	2	2	1	1	1	
	Symptom count [2]	2	2	2	2	2	2	2	1

Figure 2: Repertorization using TBR_2

To help explain my thought process of the brief (two rubric) repertorization, it is helpful to review Bönninghausen's own comments in the introduction to the 1846 original Preface to the *Therapeutic Pocketbook*,

> "Beyond doubt, the diligent and careful study of the "Materia Medica Pura" cannot be fully supplied by any Repertory whatever; nor have I ever had the intention of making the former superfluous, on the contrary I am of opinion, that all works, having such a tendency, unquestionably do a great deal of harm."
>
> "The object of this Pocketbook, as it has been stated on its title-page, is a double one, viz: to aid the memory of the practitioner at the sickbed in the selection of remedies and to serve the student of the Materia Medica Pura as a guide, by which he is enabled to find his way, to judge of the greater or minor value of each symptom and to complete and define them with greater accuracy."
>
> "But it is by far more difficult still for the less experienced homœopathic physician, to cure *without a Repertory* a disease with few symptoms, for which a great many remedies concur. In this place and its neighborhood, for instance, there is at present a malignant whooping-cough raging amongst the children and it is only in single cases and exceptionally, that the well known symptoms for *Drosera* present themselves, which are usually given for whooping-cough. However, there was always in the beginning a remarkable puffiness and swelling to be found, not so much on the face but particularly of that part immediately above the eyes, between the lids and eyebrows, where it often appeared like a thick, little bag, a symptom which hitherto has only been observed in *Kali. Carb*

(219), and, indeed, in the beginning of the present epidemic this was the only quick and sure remedy."

It is evident by Bönninghausen's comments, that the repertory is merely intended as a tool (for beginners like myself) to jog our memory and to point us toward the materia medica to investigate a group of likely candidates in order to seek the most *similar* remedy to the individual case of disease. More rubrics does *not* necessarily make a better repertorization. Some cases can be solved with one or two key rubrics that adequately point to the materia medica for further investigation, while other cases may require more rubrics to achieve the same goal.

My goal during case analysis, though not always achieved in reality, is to very critically select only the most singular characteristic symptoms to repertorize. In some sense, I would argue that "less is more." We can see by the quotes above that it was Bönninghausen's intention for the skilled repertory user to quickly remind him/her of the important remedies by use of a few carefully chosen rubrics. Familiarity and experience with the repertory helps to more expediently use the tool towards this end. As such, in the next section I will review symptoms of *Lachesis* that correspond via *similarity* to this case of valley fever. This serves to illustrate that in addition to *Lachesis* well matching the striking and singular (characteristic) erythema multiforme symptoms, it also matched the respiratory symptoms. Therefore, *Lachesis* was a good match for the *totality of characteristic symptoms* in this specific case of valley fever.

Although I did not repertorize the respiratory symptoms, the most striking and singular symptoms of the rash were enough to lead me to a group of likely candidate remedies to examine in the materia medica. After reviewing the materia medica, *Lachesis* appeared to be the most *similar* remedy for the totality of symptoms in the case, including those symptoms that were not repertorized (i.e. the respiratory symptoms).

Lachesis symptoms that corresponded via _similars_ in the materia medica (Hering's GS) (12):

I …dry and wheezing paroxysm of cough…

II Constantly obliged to take a deep breath

I Contraction of chest waking him after midnight, with slow, heavy, wheezing breathing, compelling him to sit up bent forward.

I …ulcers on legs with a purplish circumference

II Chronic indolent ulcers of legs, flat with purple skin…

I Itching over whole body, burning, yellow or purplish blisters…

I Itching intense, almost driving to distraction, mostly at night, but also by paroxysms in daytime, often changing to a severe, burning stinging sensation.

I Purplish color of affected part…

Itching: …in hands, in different places on tibia, of eczema on legs, of feet and ankles, of pustules in palms of hands…

***Lachesis* symptoms that corresponded via *similars* in the materia medica (13)**:

1325. In the forenoon the whole body began to bite and itch, especially on the upper arms; after scratching, thickish elevated spots appeared (hives), which soon disappeared (second day). [*Hering*]

1355. Eruption like nettle rash over the whole face (twenty-sixth day); it disappeared and returned. [*Hering*]

1356. Hives on the shoulders. [*Wesselhœft*]

1357. Itching hives on the legs. [*Hering*]

1358. Hives on the back. [*Wesselhœft*]

1364. Violent itching on the right heel, afterwards on both heels, then on the right hand and fingers, on the top of the foot, and toes; always worse and burning after scratching, *followed by small, hard, white, deeply seated vesicles*. [*Hering*]

1365. Many itching vesicles on the outer margin of the right hand, with voluptuous burning after scratching (during second week). [*Hering*]

1366. Itching in several places between the fingers, where, after scratching, hard shiny elevations appear, followed by small vesicles with burning and tension, often lasting a week. [*Hering*]

1367. Small itching vesicles on the backs of both feet. [*Hering*]

August 14, 2015:

Due to the high fever, severity of rash, and documented infiltrates in the lungs on x-ray, the patient was monitored closely. The fever began reducing within 24 hours of starting *Lachesis* 1M and the itching and hives began to lessen. However, by Friday, August 14th, the hives were slightly worsening. Because of the severity of the condition, and the approaching weekend, I chose to increase potency to *Lachesis* 10M, 3 pellets dry, dissolved in mouth every three to four hours or as needed on Friday, August 14, 2015.

August 19, 2015:

The patient came back for a 1-week follow-up on August 19, 2015. He had not had a fever since the weekend. His lung sounds were clear to auscultation. It should be noted that he was also taking an albuterol inhaler as needed because of a history of asthma. The rash was significantly improved with less itching, no hives, and the purple rash was significantly improved with the skin restoring to a normal color (See Figure 1, pictures B, E, H). The patient was continuing to react positively, so we continued *Lachesis* 10M, 3 pellets dry, dissolved in mouth 3 times a day.

September 2, 2015 (3 week follow-up):

The patient came back for a 3-week follow-up visit on September 2, 2015 and was continuing to improve. His rash was almost completely resolved, with only some slight remaining desquamation on the palms and soles (See Figure 1, pictures C, F, I). His lung sounds were clear to auscultation. Now, the patient's main concern was when he would be allowed to play basketball again because he was tired of being cooped up. Follow-up labs and chest x-ray were ordered to monitor progress (see Tables 1, 2), which indicated resolving infiltrates.

The patient was seen in office for another concern on October 21, 2015 and later on December 2, 2015. At both of those visits, he had no remaining or returning symptoms of valley fever or erythema multiforme.

Discussion:

Over the course of three weeks, the patient showed improvement in all of his valley fever symptoms including his erythema multiforme. His labs and imaging also showed evidence of improvement (see Tables 1, 2). The prognosis of valley fever is typically resolution within a few months (2). One study showed that median times from symptom onset to 50% reduction and complete resolution for patients with mild-moderate symptomatic valley fever in those not receiving treatment to be 9.1 weeks and 17.8 weeks, respectively. In those receiving anti-fungal therapy, median times from symptom onset to 50% reduction and complete resolution were minimally different from patients not receiving treatment, at 9.9 and 18.7 weeks, respectively (14). In contrast, this case demonstrates that homœopathic treatments have the ability to resolve the disease course within just a few weeks, a significantly faster disease course than either non-treatment or anti-fungal therapies. Additionally, erythema multiforme typically presents lesions over 1 to 2 weeks that subside within 2 to 3 weeks. Recurrence of lesions is common and occurs in up to one third of cases (15). In the case presented here, treatment was initiated 3 days from the onset of symptoms, suggesting that homœopathic treatment significantly sped up the patient's progression through the course of a typical case of erythema multiforme and valley fever with no recurrence of symptoms.

Even though valley fever is typically a self-limiting infection, this case shows that the time from onset of symptoms to resolution can be decreased with homœopathic treatment.

Endnotes:

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Case Submission Sample (Intercurrent Prescription):

By Jamie Oskin, N.D.

Abstract:

This paper presents the successful use of an intercurrent homœopathic prescription during the course of chronic treatment of a child with ADHD. The intercurrent emotional state was effectively resolved with homœopathic treatment within one month and was followed by continued chronic homœopathic treatment. The intercurrent emotional state was dissimilar to the chronic state and therefore required a different homœopathic remedy than the remedy that helped the chronic ADHD symptoms. Additionally, this case illustrates the efficiency of utilising Bönninghausen's *Therapeutic Pocketbook*[1] method, using TBR_2[1], the most accurate English translation of the *Therapeutisches Taschenbuch* [TT] .

Background Summary for Chronic Case:

This is the case of an 11-year-old male who I have successfully treated for ADHD over the past 5 years. He has most consistently responded to *Lycopodium clavatum* and now does quite well in school. He is raised by a single mother who continues his homœopathic treatment to maintain the good results. In August 2014 they moved to *Colorado* (into their own home) as the mother pursued a serious relationship, the romantic nature of which (due to her modest religious values) she only gradually revealed to the boy.

Initial Case History for Intercurrent Prescription - February 2015:

The mother reported that the boy was starting to have temper tantrums. For example, one night he was trying to control things. The mother's boyfriend was visiting and helping work on home projects. The boy was stalling going to bed because the boyfriend was still visiting, making lots of excuses for staying up. He kept "pushing and pushing and pushing." He came in and told his mother to "Go to bed!" in a bossy tone. Earlier he had told the boyfriend to leave – the boyfriend asked if they could talk about it, but the boy replied, "I just don't want you here!"

The mother described the boy's emotions as being like unrequited love. It was as if the child was trying to fill the role of his mother's boyfriend. He was "acting like I

dumped him." He will cry and say, "Mom, I feel like I'm losing you." He told the boyfriend that if they got married, the mother will pick the boyfriend over him, and he's afraid this man would take his mother away from him – that the boy would be replaced. He's always been affectionate with his mother, but now it went to a new level of intensity. He has been asking his mother to lie in his lap so as to play with her hair. The mother felt uncomfortable as if the boy was trying to fill the role of her boyfriend so that she wouldn't need her actual boyfriend. The mother reported, "It feels like romantic jealousy."

Case Analysis:

Here is the repertorization using the computerised version of Bönninghausen's *Therapeutic Pocketbook*, through its most accurate English translation, TBR_2:[1]

ID	Symptom name (Desktop 1)	Hyos.	Ign.	Plat.
1756	Modalities, Mind, Jealousy [5]	4	3	
1758	Modalities, Mind, Love, unhappy [11]	4	4	
1101	Generals, Spasms (cramps, convulsions), hysterical (convulsions) [43]	2	4	3
788	Mind (& Disposition), Haughtiness (arrogance, disdain, insolence, pride) [22]	2	1	4
	Symptom count [4]	4	4	2

Symptoms that correspond via similarity to the case herein from Hahnemann's *Chronic Diseases,* theoretical part:[2]

> "Among the mishaps which disturb the treatment only in a temporary way, I enumerate:… unsuccessful love with quiet grief (by *ignatia*); unhappy love with jealousy (by *hyoscyamus*); … (p.224)
>
> But during the treatment of chronic diseases by antipsoric remedies we often need the other non-antipsoric store of medicines in cases where epidemic diseases or intermediate diseases (*morbi intercurrentes*) arising usually from meteoric and telluric causes attack our chronic patients, and so not only temporarily disturb the treatment, but even *interrupt* it for a longer time. Here the other homoeopathic remedies will have to be used, …" (p.225)

Symptoms that correspond via similarity to the case herein from Hahnemann's *Materia Medica Pura*:[3]

> 547. The first day extremely lively and very crotchety, the second cross and much disposed to scold. [*Lr.*]
>
> 552. Jealousy.

553. Abusive talk, scolding, noise. [*Grünewald*, l.c. (III).]

554. Quarreling.

555. Quarreling. [*Grünewald*, l.c.]

556. Quarreling and abusive talk. [*Schulze*, l.c.]

561. Incontrollable frenzy. [*Costa*, l.c.]

578. He reproaches others, and complains of injustice that he imagines has been done him.

Rx: *Hyoscyamus niger* 30c, 3 pellets dissolved in mouth, once per day.

Follow-up - March 2015:

The boy has had no further meltdowns. He has been talking about the boyfriend with a more positive tone. Has been less upset when talking about the relationship. A couple of times he's said things like, "If XXX's going to be my Dad..." He has had no more jealousy. If anything, he's started suggesting that his mother not be alone and that she should have a romantic relationship.

We later resumed *Lycopodium clavatum* for treatment of his chronic ADHD when those symptoms slightly returned and he has continued to do well in school.

Discussion/Conclusions:

Hahnemann's pragmatic tips for managing intercurrent diseases requiring *Hyoscyamus niger* in the theoretical portion of *Chronic Diseases* helped this practitioner make a quick and successful prescription in this case. Additionally, this case illustrates the accuracy and efficiency of the TBR_2 repertorial method, even in cases that solely contain mental/emotional symptoms.

Endnotes:

1. Dimitriadis G.: The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English re-translation of Bönninghausen's Therapeutisches Taschenbuch carefully corrected with reference to his original manuscript [TBR_2]. Sydney: Hahnemann Institute; 2010.
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