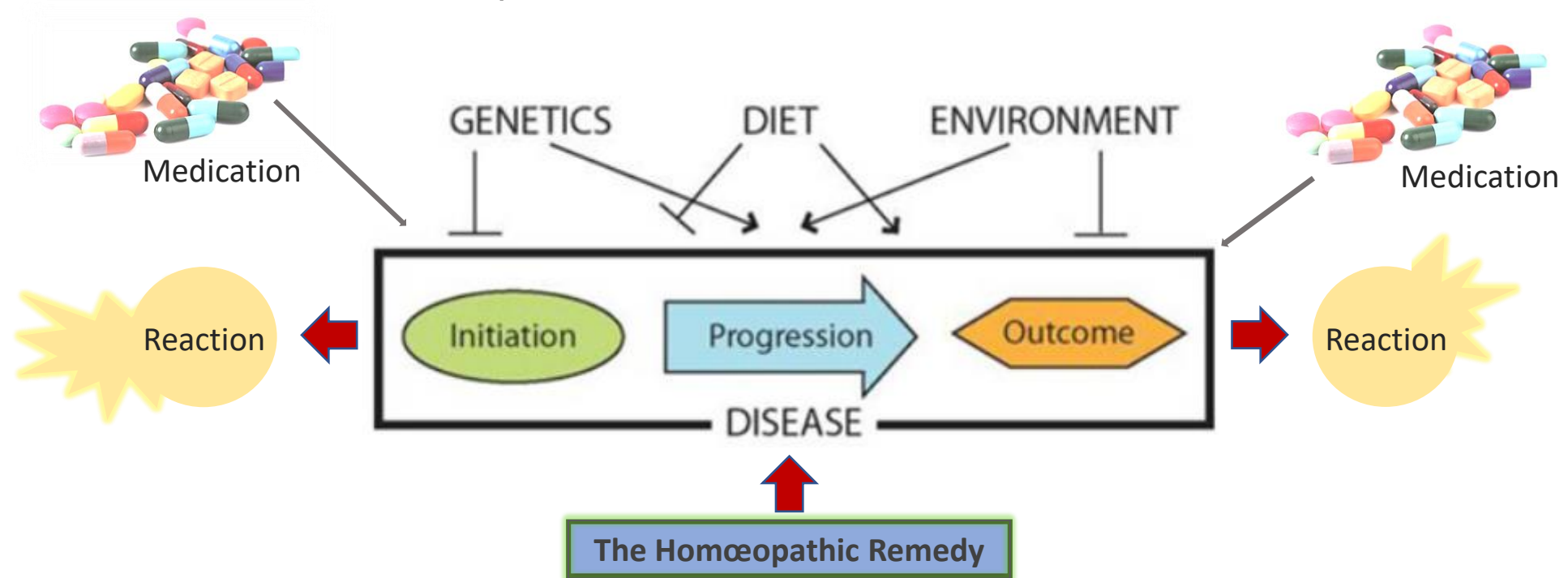


Understanding Remedy

reaction



The Art & Science of Follow-up Prescriptions

Finding The Remedy!



It's Always About Finding the Remedy!



The First Prescription is Kindergarten



The real art is long-term case management!



The real art is long-term case management!

“After a prescription has been made the physician commences to make observations. The whole future of the patient may depend upon the conclusions that the physician arrives at from these observations, for his action depends very much on these observations, and upon his action depends the good of the patient. If he is not conversant with the import of what he sees, he undertakes to do wrong things, he will make wrong prescriptions, he will change his medicines and do things to the detriment of the patient.”

Kent's Lectures on Homœopathic Philosophy, lecture 35

The real art is long-term case management!

“Finding the right homeopathic remedy to begin treatment of a patient is important, but being able to interpret *the effect* of the prescribed remedy is often more valuable. The homeopath must be able to tell whether the patient is progressing in the right direction (toward a possible cure) after the prescription. If the homeopath does not fully understand what is occurring with the patient’s organism, he or she is liable to make mistakes in treatment. Unfortunately, it is commonplace for homeopaths to assume that after giving a remedy and eliminating a few symptoms, the objective of the cure has been accomplished.”

Levels of Health by George Vithoulkas

The real art is long-term case management!

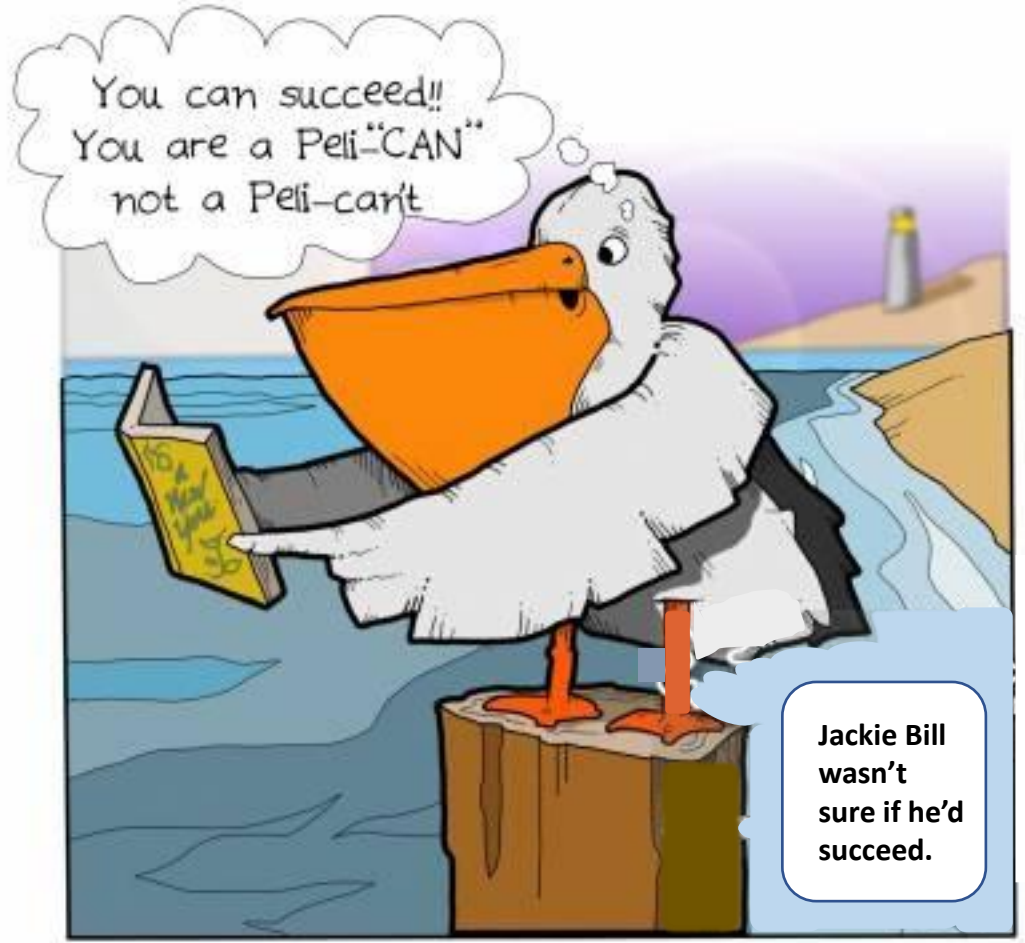
“...follow-up visits cannot be made simplistically or casually. ...the follow up prescription is very likely the most *difficult* prescription. In the first interview the goal is relatively simple: to analyze the case in such a way as to arrive at the correct remedy. Follow-up interviews, however, involve much more complex judgements. Is the patient *truly* better? Is the remedy producing the desired response, or has it missed, or produced only a partial effect? Now that the response to the initial prescription is known, what is the true prognosis of the patient? Should a remedy be given at this point, or should the potency be changed?”

The Science of Homeopathy by George Vithoulkas

Essential to Success in Practice



"Now you have all the tools to succeed."

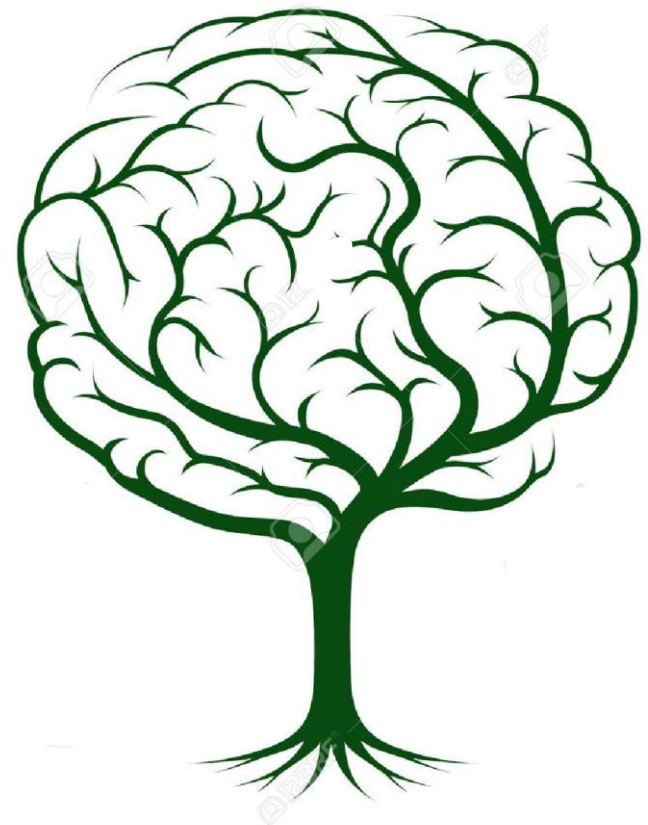


Daily Affirmations

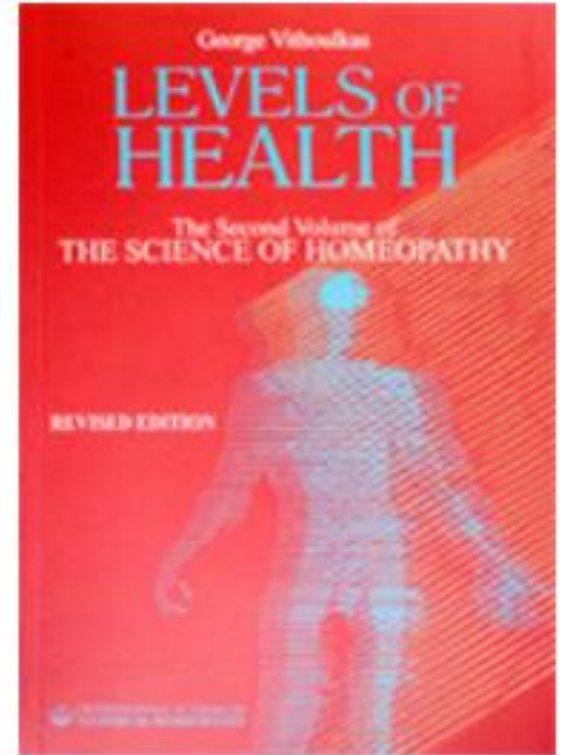
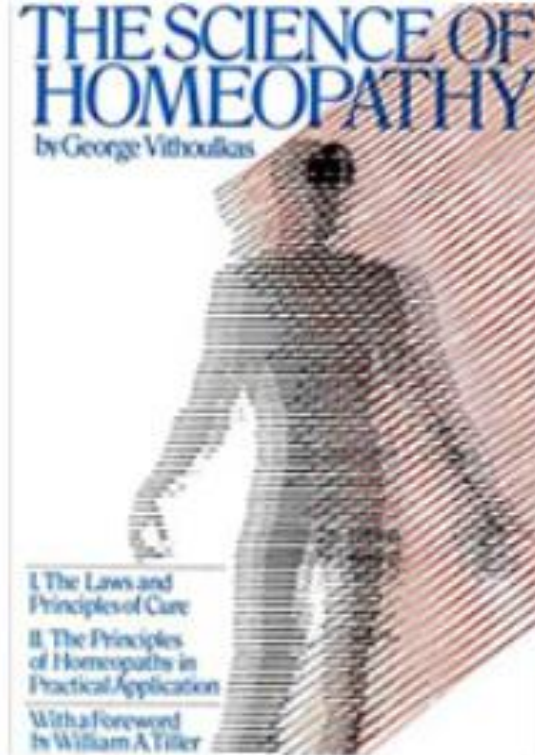
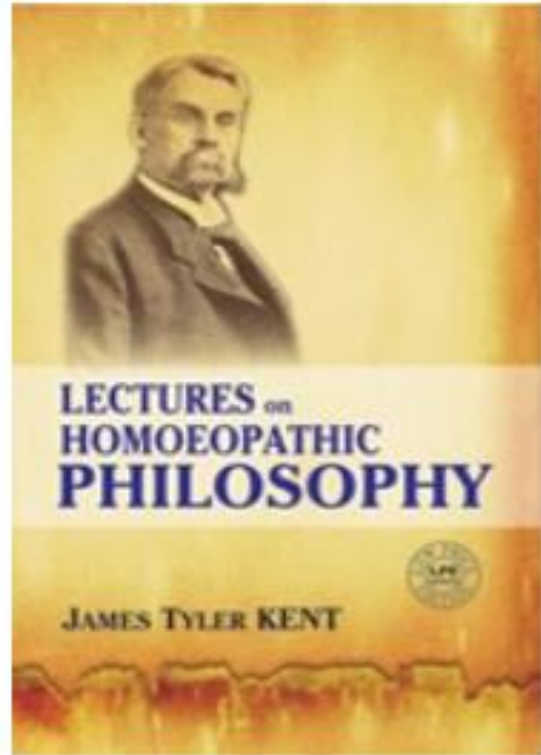
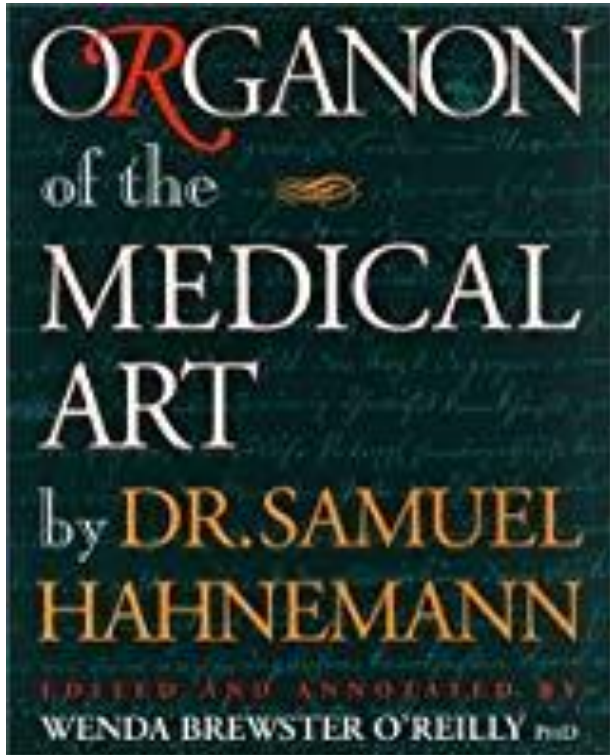
What the Course will Focus on

We'll discuss all of the factors that are relevant to **remedy reactions** and **follow-up prescriptions** including:

- Case taking (receiving)
- Posology & Potency
- The meaning of “totality”
- Patient susceptibility
- The nature of dissimilar diseases
- Antidoting factors
- Complementary remedies
- Placebos
- Levels of health

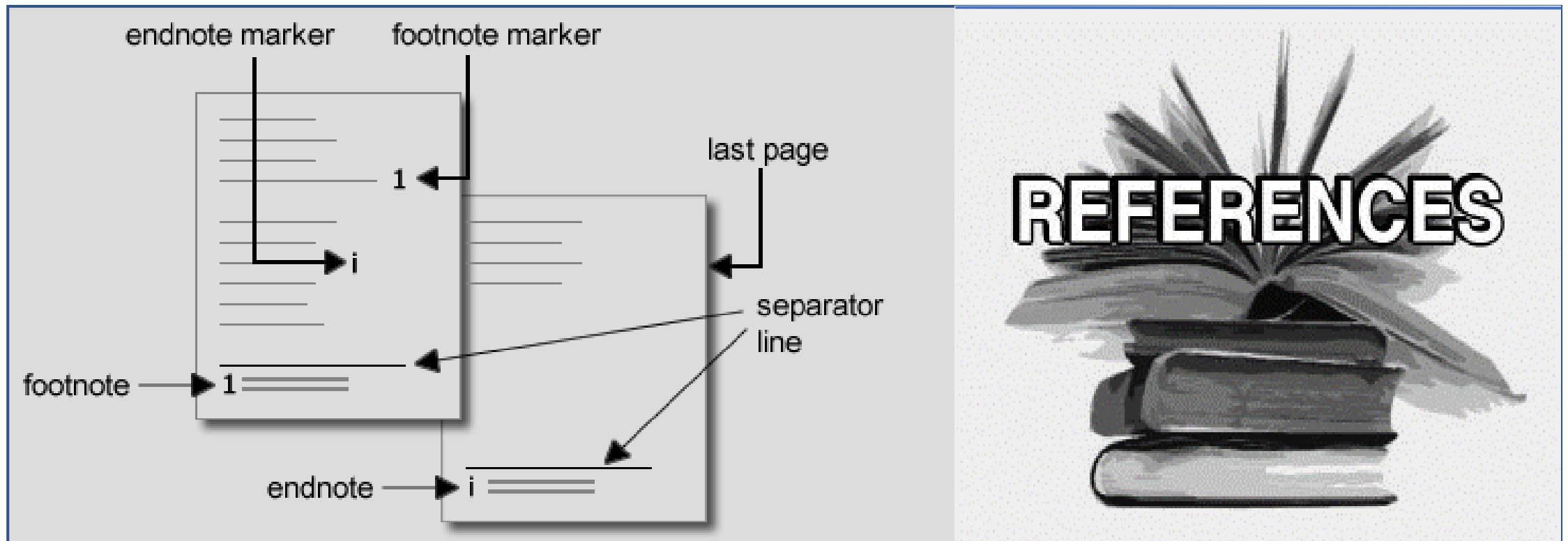


Primary Sources

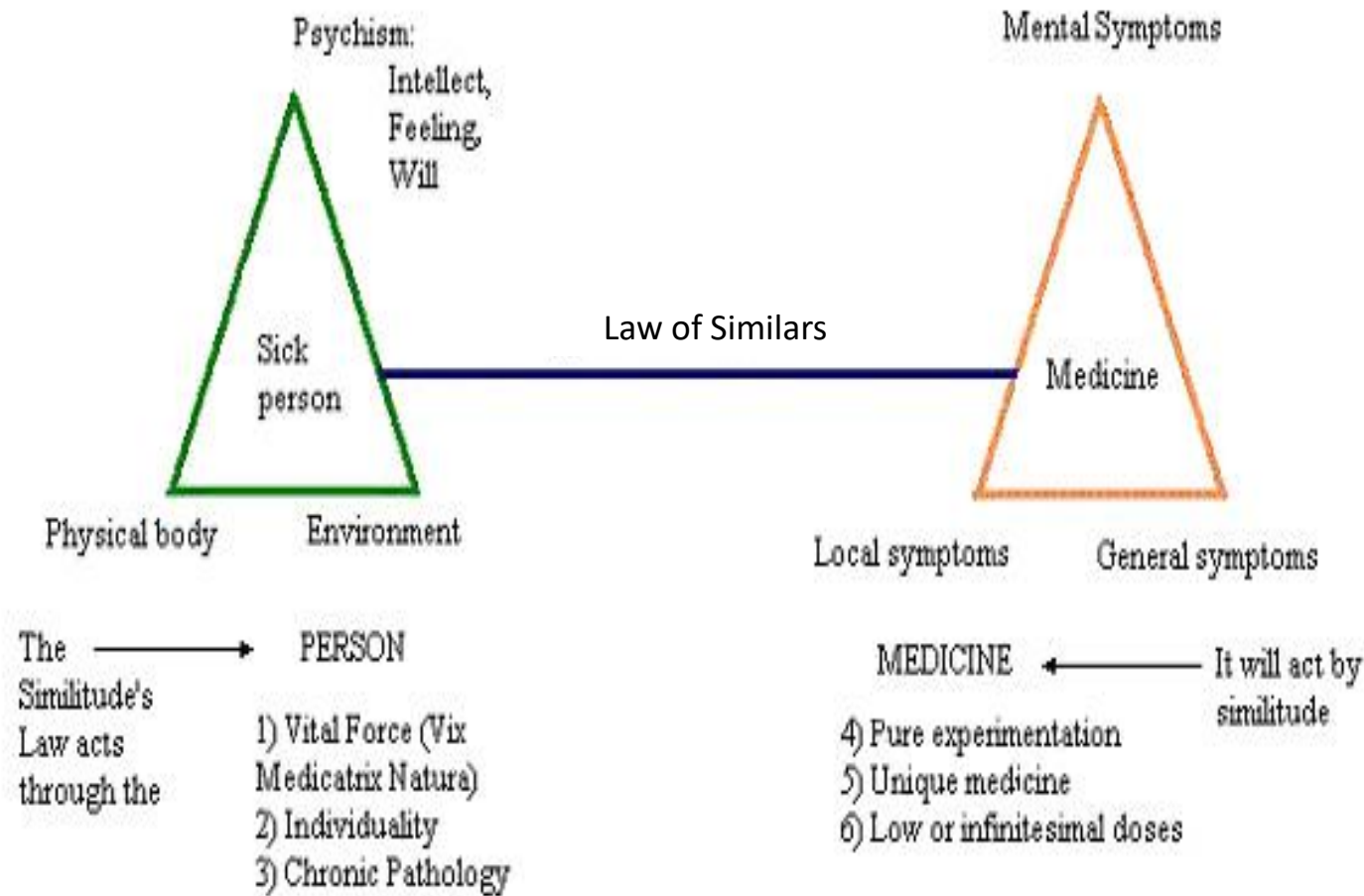


Notes for the Slides

A separate PDF document will provide notes for the presentation slides.



Learn the Principles & Work on Cases



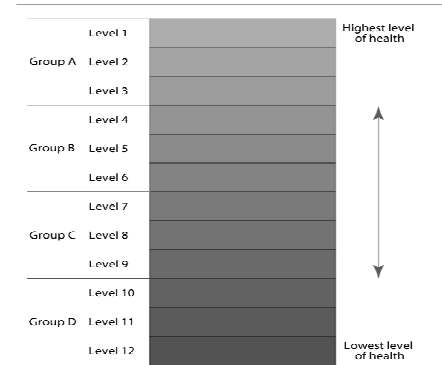
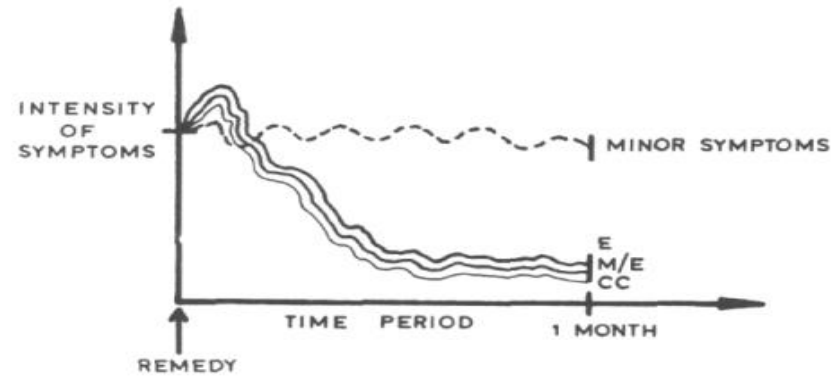
Follow-up question

A patient experiences a similar aggravation after every dose no matter how low the potency. It doesn't seem to matter whether you prescribe C potencies or \bar{L} potencies, the aggravations always follow each dose.



Follow-up scenarios

- Interpretation
- Prescription
- Posology approach
- Level of health



Different Potency & Dose Methods

- Organon der Heilkunst (4th Edition) – Dry dose and wait approach
- Organon der Heilkunst (5th Edition) – Split dose using C potencies
- Organon der Heilkunst (6th Edition) – Use of 50 millesimal potencies

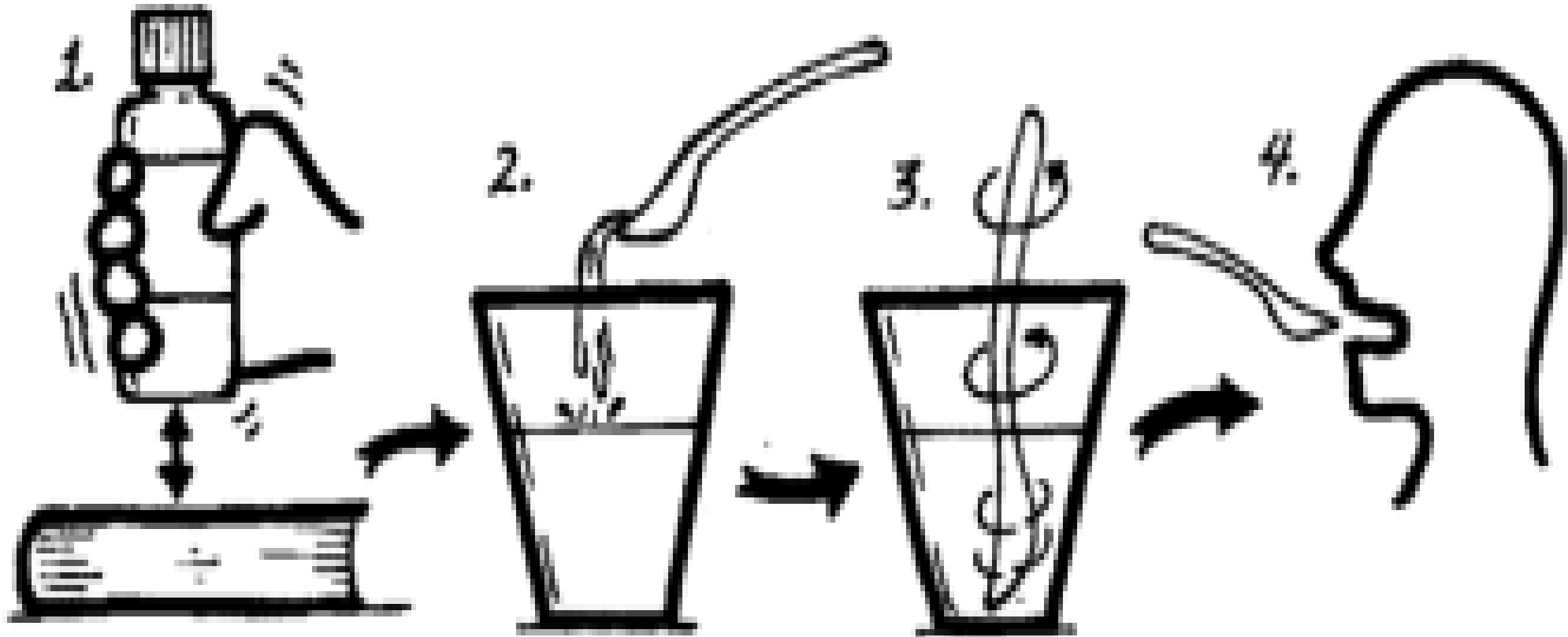
Different Potency & Dose Methods

- Organon der Heilkunst (4th Edition) – Dry dose and wait approach
Dry dose and wait approach until about 1828 – 1830
- Organon der Heilkunst (5th Edition) – “Split” dose using C potencies
 - 1) Use of higher potencies (up to 30C)
 - 2) Remedy is put in solution
 - 3) Possible to repeat the remedy while the patient is improving
- Organon der Heilkunst (6th Edition) – Use of 50 millesimal potencies

Different Posology Methods

- Organon der Heilkunst (4th Edition) – Dry dose and wait approach
Dry dose and wait approach until about 1828 – 1830
- Organon der Heilkunst (5th Edition) – Split dose using C potencies
 - 1) **Use of higher potencies (up to CM or even higher)**
 - 2) Remedy is put in solution
 - 3) Possible to repeat the remedy while the patient is improving
- Organon der Heilkunst (6th Edition) – Use of 50 millesimal potencies

Using Water Solutions

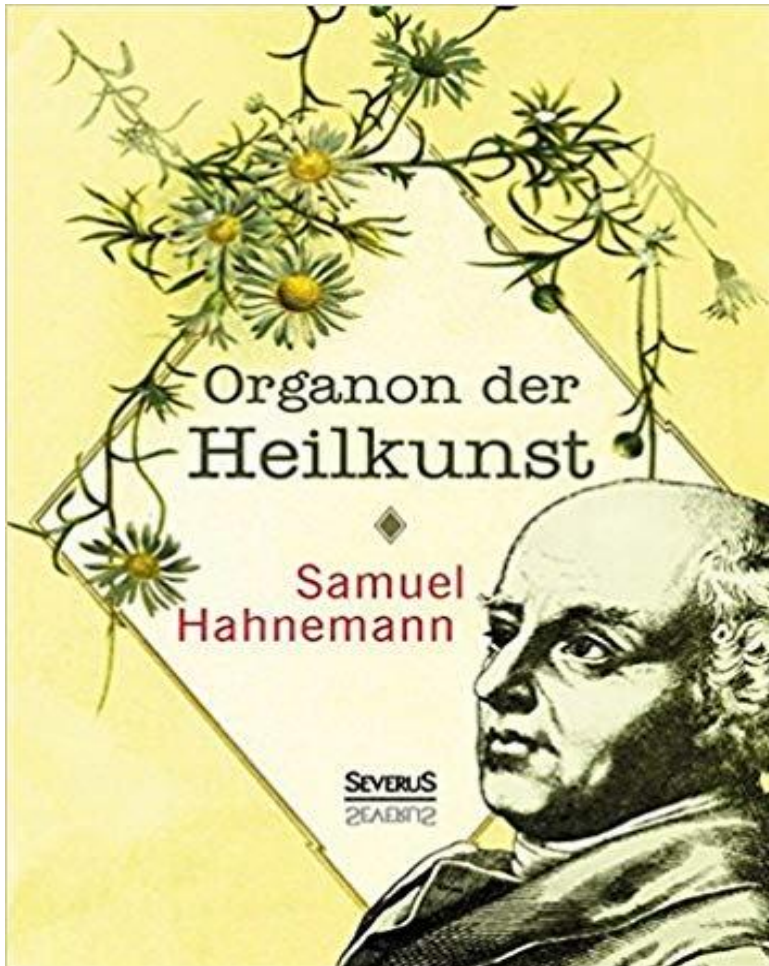


George Vithoulkas' *Levels of Health*

GROUP A	LEVEL 1: Highest life expectancy, up to 90 years or more
	LEVEL 2: Life expectancy up to 80 years
	LEVEL 3: Life expectancy up to 75 years
GROUP B	LEVEL 4: Life expectancy up to 70 years
	LEVEL 5: Life expectancy up to 65 years
	LEVEL 6: Life expectancy up to 60 years
GROUP C	LEVEL 7: Life expectancy up to 55 years
	LEVEL 8: Life expectancy up to 50 years
	LEVEL 9: Life expectancy up to 40 years
GROUP D	LEVEL 10: Life expectancy up to 30 years
	LEVEL 11: Life expectancy up to 10 years
	LEVEL 12: Lowest life expectancy, not more than 5 years

Example on how to interpret life expectancy of an individual according to the levels of health. Please note that this is an over-simplified example just to give an insight to the basic idea.

The Organon der Heilkunst



As the Organon is written in a language from 200 years back, we need to take into account the former meaning of words, as the usage of various German words has changed since then, e. g., Beruf today means job, profession, occupation, but at Hahnemann's time it meant primarily calling (§1). So we need to examine the former usage of words and to compare these findings with Hahnemann's writing. By this investigation, we may see certain passages in a new light. Not only will this help us to get more clarity about the very passages, but it throws light on some related principles in the Organon of the Art of Healing. **This knowledge adds delightfully to what we already know and may thus widen the possibilities in the treatment of our patients. Also, with sound basics, the results in the treatment of our patients will be best.**

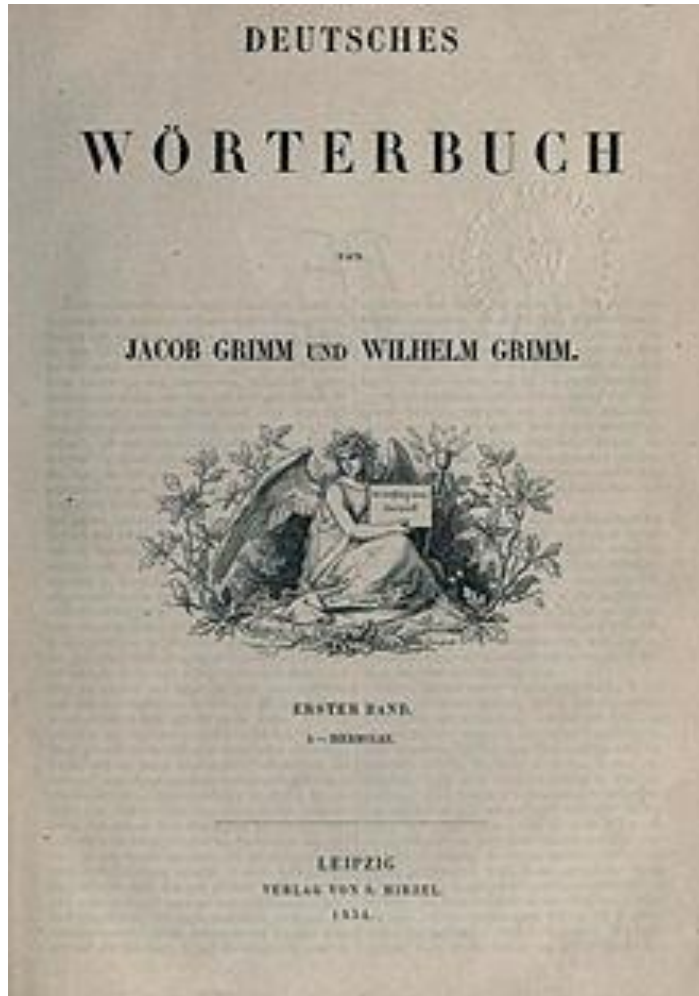
Words in the Organon – Part 1 by Monika Grünh

Old German Dictionaries



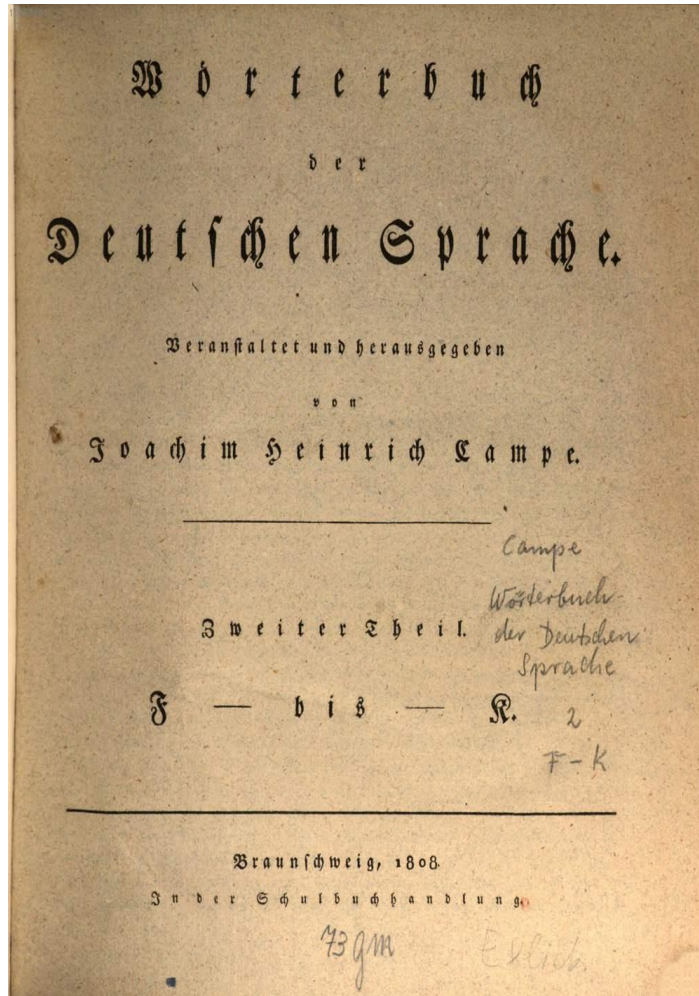
Dictionary by Johann Christoph Adelung

Old German Dictionaries



Dictionary by the two Grimm Brothers

Old German Dictionaries

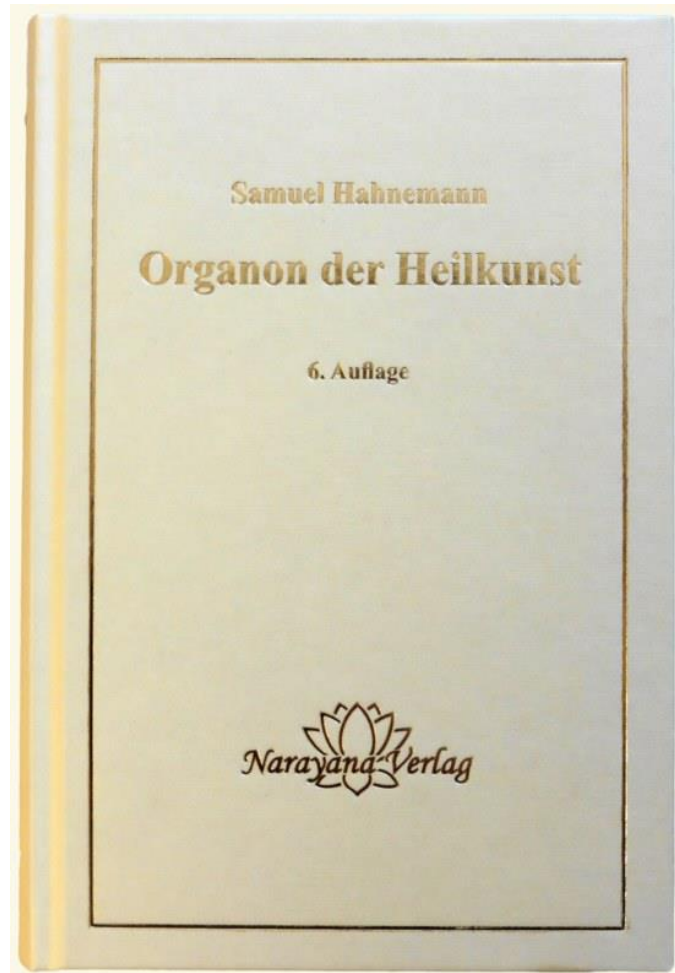


Old German Dictionaries



Goethe-Wörterbuch (dictionary)

Aphorism 6 – German Text



Der vorurtheillose Beobachter die Nichtigkeit übersinnlicher Ergründungen kennend, die sich in der Erfahrung nicht nachweisen lassen, - nimmt, auch wenn er der scharfsinnigste ist, **an jeder einzelnen Krankheit** nichts, als äußerlich durch die Sinne erkennbare Veränderungen im Befinden des Leibes und der Seele, Krankheitszeichen, Zufälle, Symptome wahr, das ist, Abweichungen vom gesunden, ehemaligen Zustande des jetzt Kranken, die dieser selbst fühlt, die die Umstehenden an ihm wahrnehmen, und die der Arzt an ihm beobachtet. Alle diese wahrnehmbaren Zeichen repräsentieren die **Krankheit** in ihrem ganzen Umfange, das ist, sie bilden zusammen die wahre und einzig denkbare Gestalt der **Krankheit**.

Aphorism 6

“an jeder *einzelnen* Krankheit”

The adjective *einzel*. We see more in the old German dictionaries. The old German dictionary – Adelung states that *einzel* is related to the numeral *ein* (one) and probably to *Zahl* (number), i. e., “existing only once... alone, standing freely, separate from other things of its kind...”

In §6, Hahnemann talks about “every single disease” (“jeder *einzelnen* Krankheit”; Krankheit is disease).

From Homeopathic Links, Winter 2012: *Word in the Organon Part 1* by Monika Grün, Germany

Aphorism 6 – English Translation



“The unprejudiced observer... takes note of nothing in **every [single] disease [cholera]**, except the changes in the health of the body and of the mind...he notices only the deviations from the former healthy state of the now diseased individual [coldness, vomiting, diarrhoea, etc.]... **All these perceptible signs represent the disease [cholera] in its whole extent**, that is, together they form the true and only conceivable portrait of the disease [cholera].” (Translation by Monika Grünh)

Aphorism 6 – English Translation

The unprejudiced observer realizes the futility of metaphysical speculations that cannot be verified by experiment, and no matter how clever he is, he sees in any given **case of disease** only the disturbances of body and soul which are perceptible to the senses: subjective symptoms, incidental symptoms, objective symptoms, i.e., deviations from the former healthy **condition of the individual now sick** which the patient personally feels which people around him notice, which the physician sees in him. **The totality of these perceptible signs represents the entire extent of the sickness;** together they constitute its true and only conceivable form.

Translation by Jost Kunzli, M.D., Alain Naude and Peter Pendleton

Aphorism 6 – Case of Disease

“Krankheit-s-fall”

This term is not specially introduced in the Organon. It is composed of Krankheit-s-fall, literally **disease's case**, or case of disease. **Krankheit** is disease, sickness, illness. **Fall**, in the original sense of the word, is a *downfall... Brothers Grimm* wrote: “CASE..., casus, occurrence, incident”. So what we can see from these old German dictionaries is that Fall (case) was then used as the occurrence of something.

Today, we rather use Fall/case in medicine for a person suffering from a disease, and **we normally assume that a case in the *Organon* would be a *person***. If this be so, it should be possible to replace case in the *Organon* by person. Does this work in all instances? ((by Monika Grünh)

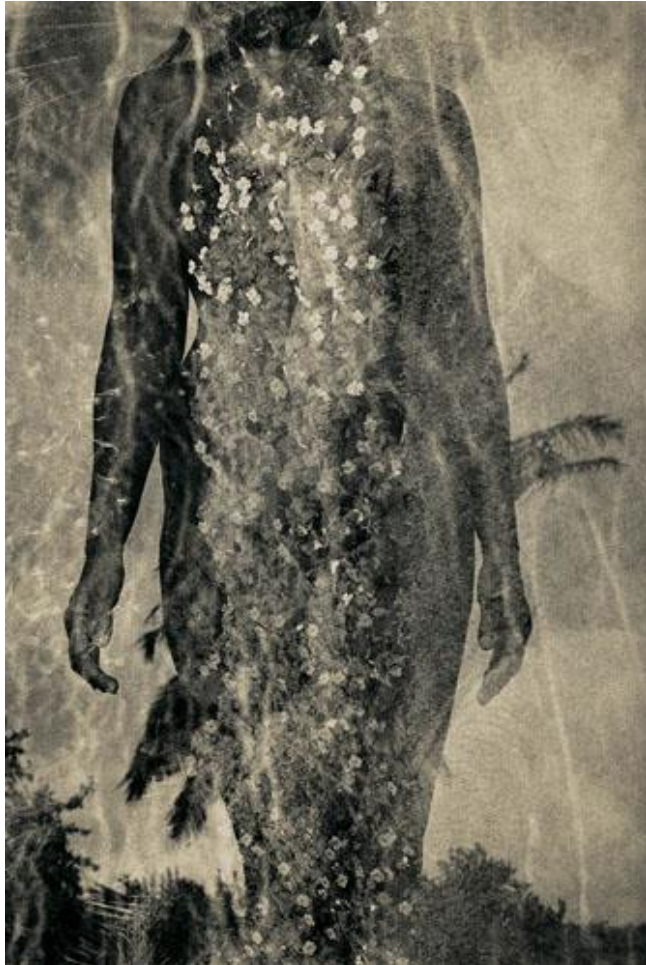
Aphorism Examples of Disease Cases

§27 reads, when translating einzeln into single: “each [single] case of disease is... annihilated and removed only by a [homeopathic] medicine”; this is correctly translated. **If we replace case of disease by person, §27 would be about annihilating the person by means of a homeopathic medicine** –indeed? However, when the case (occurrence) of disease is removed – from the person – then a real cure takes place.

§73 on acute epidemics reads: “...the cases of disease have an identical origin...”, e.g., the cases of cholera have an identical origin. (Please note that here the term case of disease is used for cases of acute epidemic diseases.) – **Or do the persons have the same origin in an acute epidemic?**

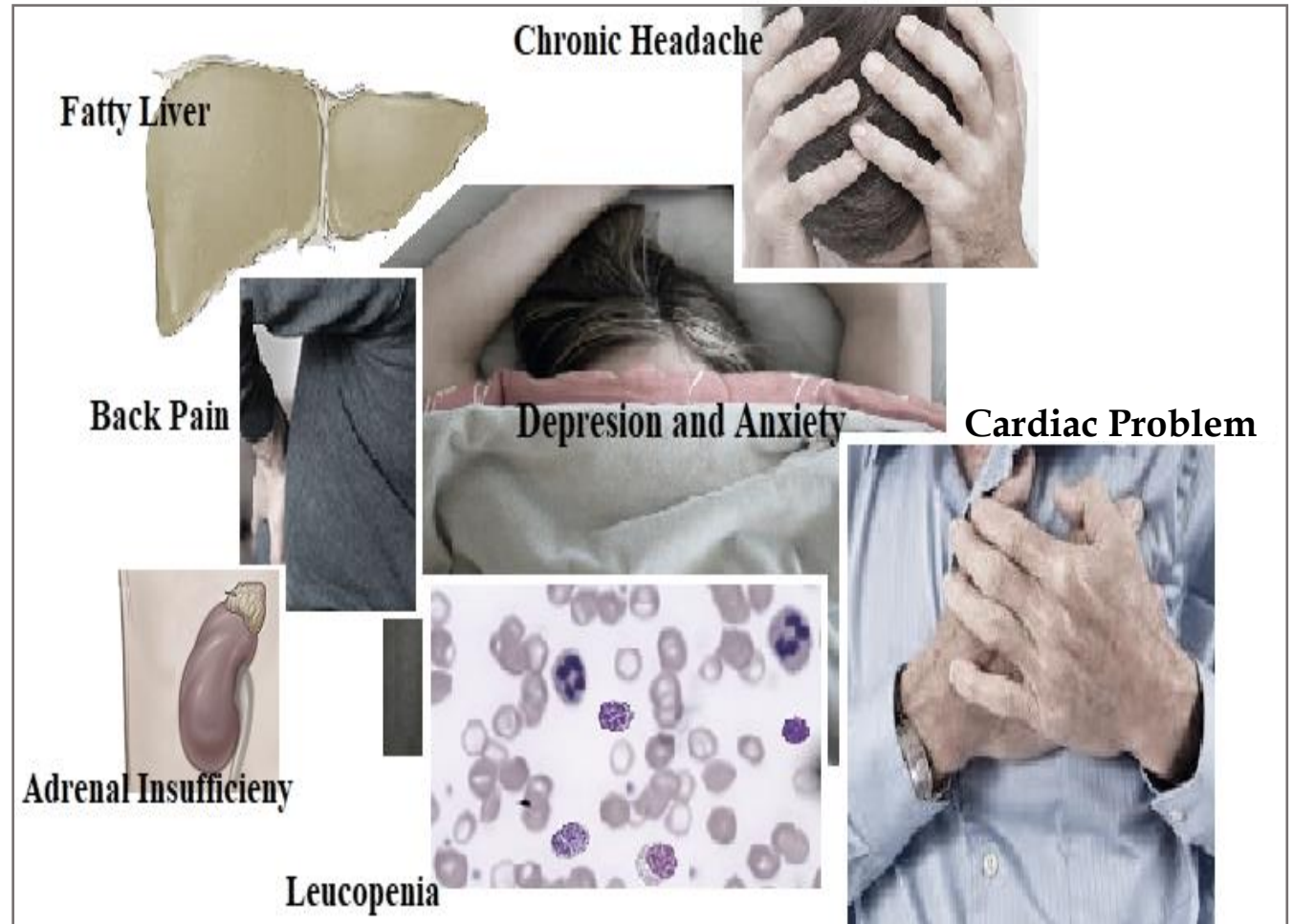
(Monika Grünh, *Words in the Organon, Part 1* – Homeopathic Links, Winter 2012)

Which Totality do we use?



The Entire Body-Mind

Or



Different Diseases each with their own Symptom Totality

How many diseases can you have?



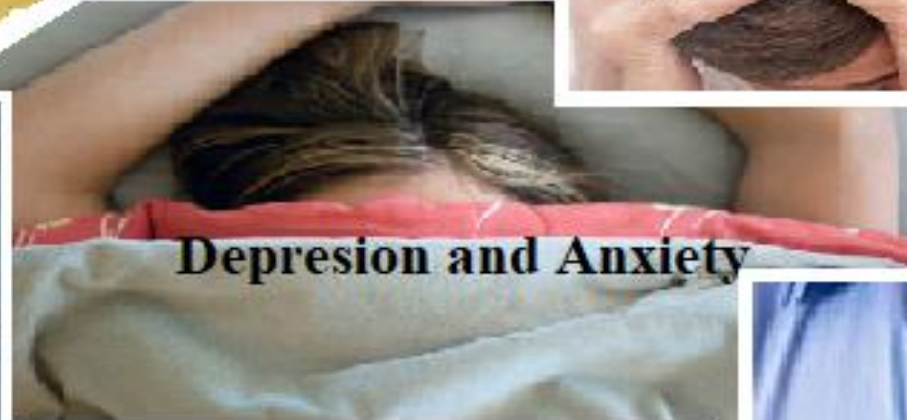
Chronic Headache



Back Pain



Depression and Anxiety



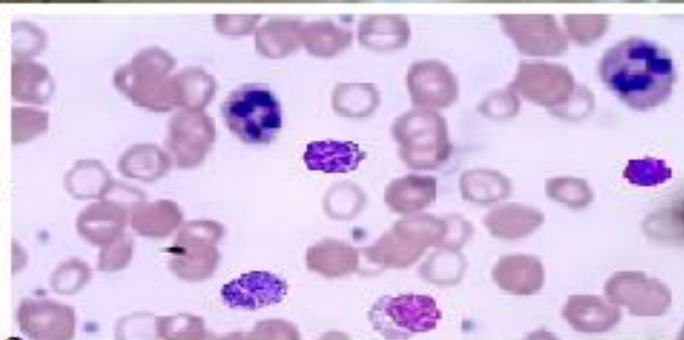
Cardiac Problem



Adrenal Insufficiency



Leucopenia



Dissimilar Diseases

The Organon der Heilkunst, aphorisms 35 – 40

Aphorism 36 (partial)

If two *dissimilar* diseases meet together in the human being and they are either of equal strength, or the *older* one happens to be stronger, then the older disease will keep the new one away from the body.

Aphorism 38 (partial)

Or the *new dissimilar disease is stronger*. In this case, the weaker disease that the patient already has is postponed and suspended by the stronger supervening disease until the new one has run its course or been cured, and then the old one comes forth again *uncured*.

Translation by Steven Decker and Wenda Brewster O'reilly

Dissimilar Diseases

The Organon der Heilkunst, aphorisms 35 – 40

Aphorism 40 (partial)

It can also happen that the *new disease*, after impinging for a long time on the organism, *joins the old one that is dissimilar to it*, and they form a *complicated* disease. Each disease takes in its own region in the organism, that is, it takes the organs especially appropriate for it. As it were, it takes only the peculiar place that is proper to it, leaving the rest of the organism to the dissimilar disease.

1. From careful experiments and cures of complex diseases of this kind, I am now firmly convinced that no real amalgamation of the two takes place, but that in such cases the one exists in the organism *besides* the other only, each in the part that is adapted for it, [because] their cure will be completely effected by a [well-timed] alternation of the best [antisyphilitic remedy] with the remedies specific for the psora, each given in the most suitable dose and form.

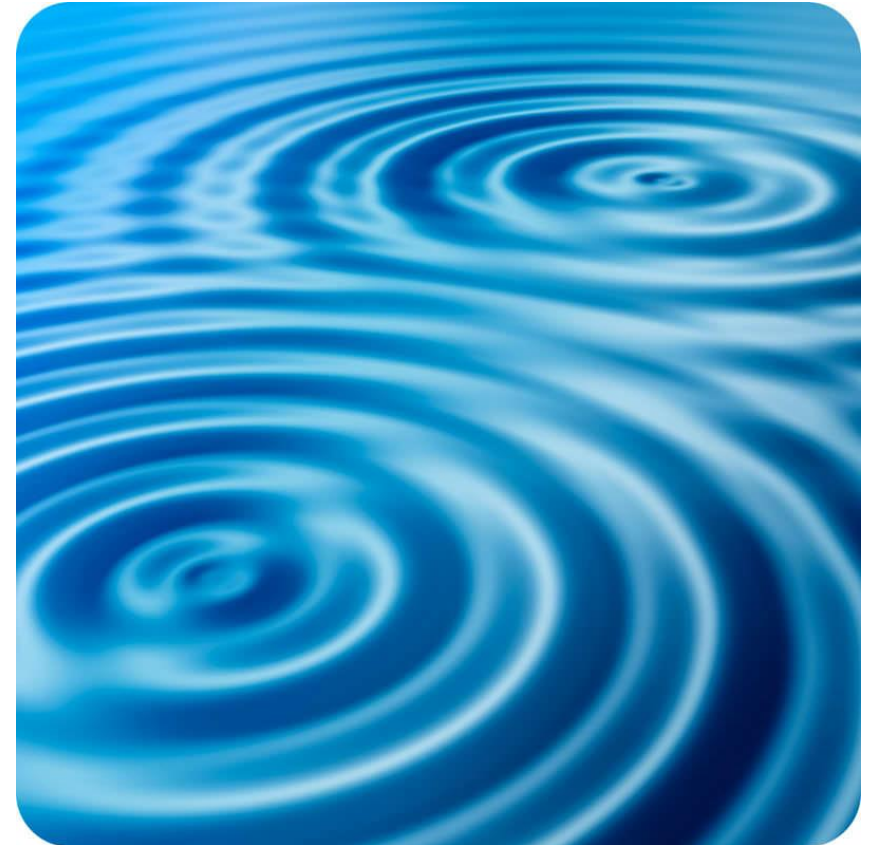
Dissimilar Diseases

The Organon der Heilkunst, aphorisms 35 – 40



Dissimilar Diseases

The Organon der Heilkunst, aphorisms 35 – 40



Dissimilar Diseases

The Organon der Heilkunst, aphorisms 35 – 40



The use of Pathognomonic Symptoms

Should we use pathognomonic symptoms when deciding upon the remedy? If so, which of those pathognomonic symptoms do we use?

Disease	Pathognomonic Sign / Symptom
Abdominal aortic aneurysm	Pulsating abdominal mass
Addison's disease	Bronze skin pigmentation
Amoebiasis	Bloody mucoid stool
Angina pectoris	Levine's sign (hand clutching of chest)
Appendicitis	Rovsing sign (palpation of LLQ elicits pain in RLQ) ,psoas' sign (pain from flexing the thigh to the hip)
Basilar skull fracture	Raccoon eyes (periorbital ecchymosis), battle's sign (mastoid ecchymosis)
Buerger's disease	Intermittent claudication
Bulimia nervosa	Chipmunk facies (parotid gland swelling), Russell's sign
Carbon monoxide poisoning	Cherry red face
Cardiac Tamponade	Beck's triad muffled heart sounds, hypotension, distended neck veins
Carpal tunnel syndrome	Tinel's sign, positive Phalen's test
Cataract	Cloudy vision
Cerebral pals	Scissor gait
Chicken pox	Vesiculopopular lesions that starts in chest and moves outward.
Cholecystitis	Murphy's sign (pain on deep inspiration when inflamed gallbladder is palpated)
Cholera	Rice watery stool
Chronic hemorrhagic pancreatitis	Greyturner's sign (ecchymosis in flank area)
Coarctation of the aorta	Notching of ribs
Congenital hip dysplasia	Ortholani's click
Cushing's syndrome	Moon face, trunkal obesity, buffalo hump
Cytomegalovirus (cmv) infection	Owl's eye appearance of cells (huge nucleus in cells hence the name)
Deep vein thrombosis	Homan's sign
Dengue fever	Herman's sign (petechial rash)

Hepatic encephalopathy	Asterixis
Herniated nucleous pulposus	Lasague's sign
Herpes zoster	Lesions follow peripheral nerve pathway.
Hirschsprung's disease	Ribbon like stool
Hodgkin's lymphoma	Reed Sternberg cells (large multinucleated cells)
Hypocalcemia	Chvostek & trousseau sign
Intussusception	Sausage shaped mass , currant jelly stool
Kawasaki disease	Strawberry tongue
Leprosy	Leonine facies (thickened lion like facial skin)
Liver cirrhosis	Spider angioma, caput medusae
Measles	Koplik's spot
Meningitis	Kernig's sign & Brudzinski's sign
Multiple sclerosis	Descending paralysis
Multiple sclerosis	Nystagmus
Myasthenia gravis	Ptosis (drooping of eyelids)
Osteoarthritis	Heberden's node, Buckard's node
Osteoporosis	Dowager's hump
Patent ductus arteriosus	Machinelike murmur
Pericarditis	Pericardial friction rub
Peritonitis	Rigid, board-like abdomen
Pernicious anemia	Red beefy tongue
Pertussis	Whooping cough
Pneumonia	Rusty sputum
Pott's disease	Gibbus formation
Pregnancy induced HPN	Proteinuria, hypertension, edema
Pulmonary edema	Pink frothy sputum
Pyloric stenosis	Olive shaped mass, projectile vomiting
Rabies	Hydrophobia, Ptyalism
Retinal detachment	Flashes of light shadow with curtain across vision
Retinoblastoma	Cat's eye
Rheumatoid arthritis	Swan neck deformity
Scarlet fever	Pastia lines, rasperry tongue
Scoliosis	Uneven shoulders, positive Adam's forward bend test.
Systemic lupus erythematosus	Butterfly rash
Tetanus	Locked jaw or trismus, Risus Sardonicus
Tetralogy of Fallot	Clubbing of fingers, squatting on cyanotic episodes
Thrombophlebitis	Homan's sign (bend knee, dorsiflex ankle, pain at popliteal area)
Typhoid	Rose spots in abdomen.
Volvulus and intussusception	Currant jelly stool

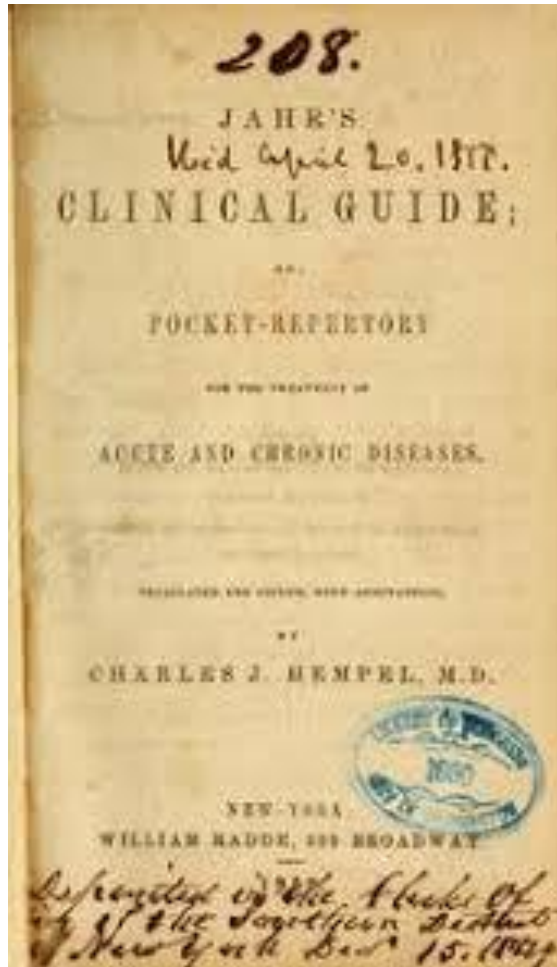
George Heinrich Gottlieb Jahr



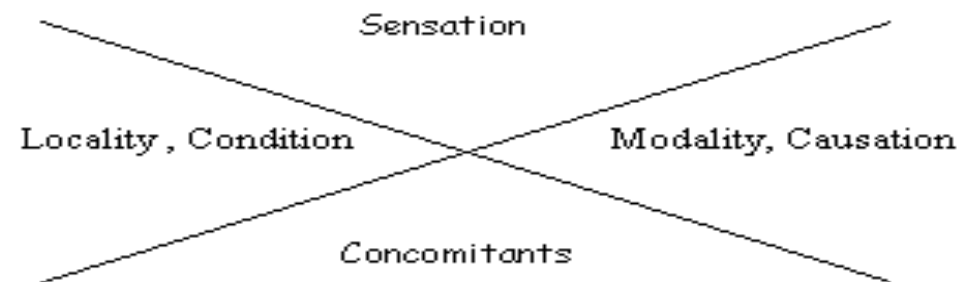
1800 - 1875

Born in Neudietendorf, Saxony, Jahr became interested in homœopathy, after Julius Aegidi who was practicing in Dusseldorf, cured Jahr of a chronic illness. Aegidi suggested that he study homœopathy and introduced him to Hahnemann. Jahr worked with Hahnemann from about 1825, helping him to arrange the symptoms in Hahnemann's *Materia Medica Pura* and *Chronic Diseases*. He followed Hahnemann to Paris in 1835, and was allowed to practice medicine because he was an approved medical author. His literary output (over 250 works) were not limited to homœopathy but included a wide range of topics. He died in Belgium in 1875 after being barred from practice.

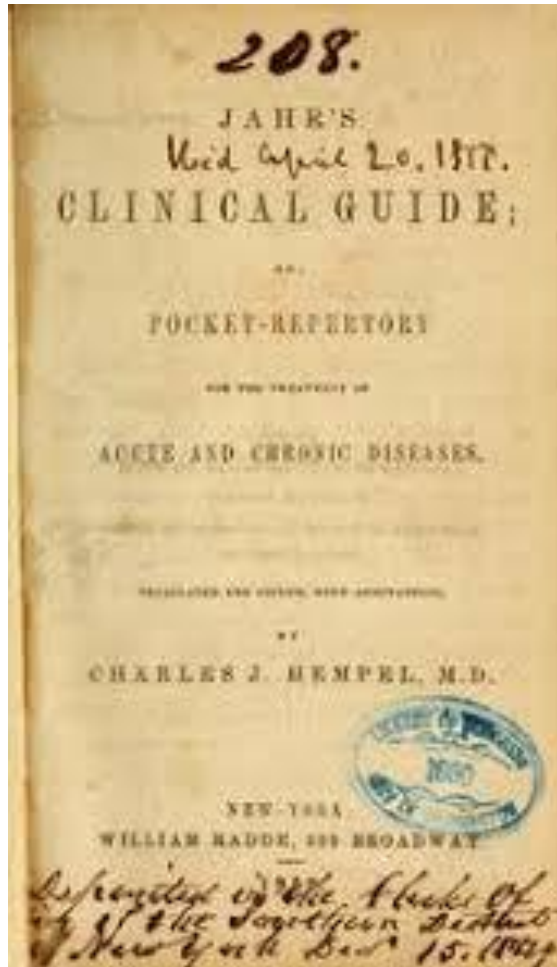
Preface to *Jahr's Clinical Guide* (1849)



“The truly characteristic signs of each case of disease must always be sought not only apart from the sphere of the pathognomonic signs of the identified disease, but even apart from the sphere of all special pathological forms of this disease; i.e., the characteristic signs must be sought among those symptoms which can never occur as fixed and essential symptoms, but can always only occur as absolutely accidental symptoms in any form of the said disease.” (Translation by Monika Grünh)



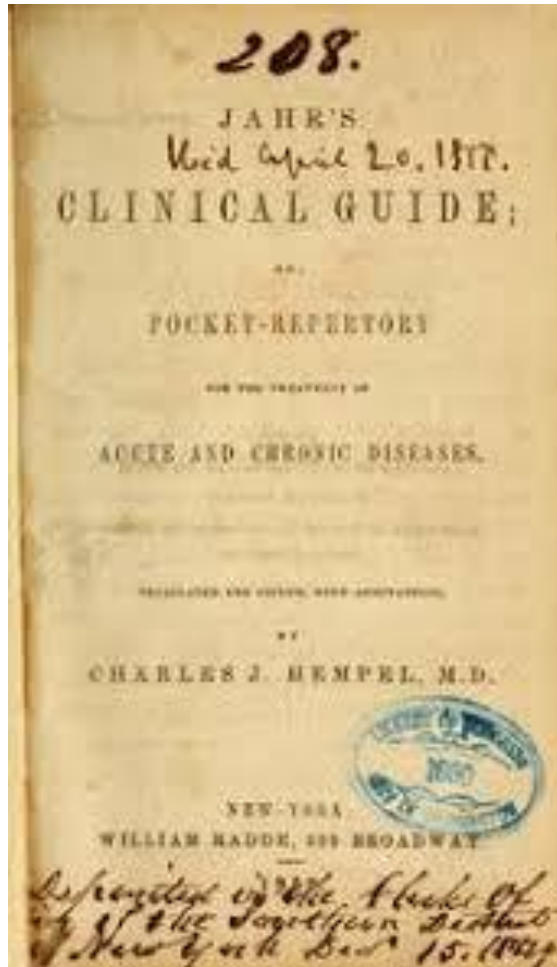
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What’s going on here? It certainly seem as if Jahr is saying that only the “accidental” or non-pathognomonic symptoms are of importance in determining the best remedy for any given case.

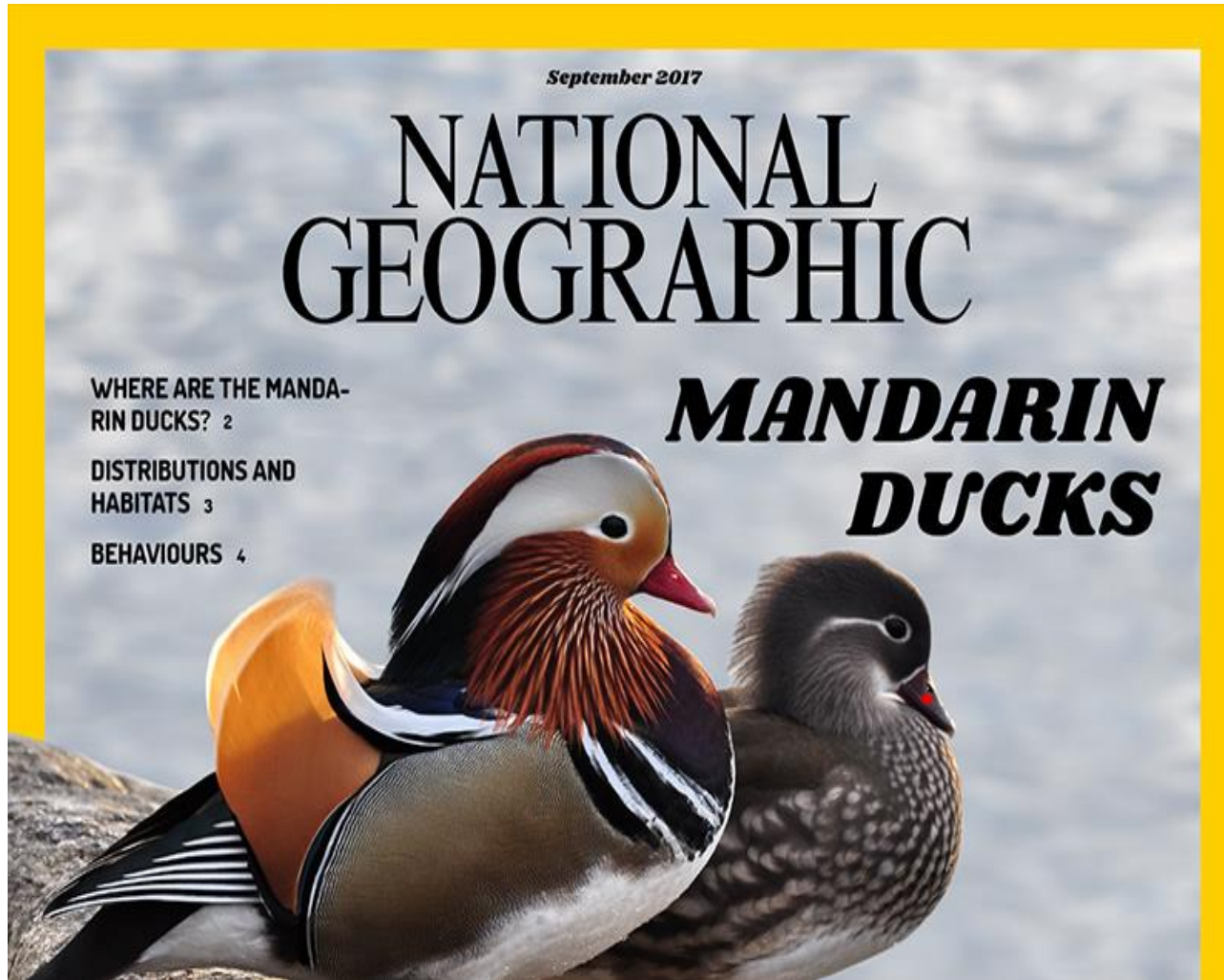
Preface to *Jahr's Clinical Guide* (1849)



“Those are essential symptoms of a given case of disease, which must necessarily be attributed to the disease itself, by constituting its diagnosis; characteristic symptoms, however, are those which the sick individual adds accidentally to the symptoms necessarily given by the disease, either through his particular constitution or through other accidental circumstances. **According to Hahnemann’s rule, you always need the symptoms of both [the disease and the individual] for choosing the remedy; the essential symptoms [i.e., the symptoms of the disease] determine the eligible remedies, and the characteristic ones [i.e., those ‘added’ by the sick individual] indicate the remedy to be selected.**”

(Translation by Monika Grün)

Diseases and Organ & Tissue Affinities



Aphorism 153

In the search for a homœopathically specific remedy, that is, in the comparison of the complex of the natural disease's signs with the symptom sets of the available medicines (in order to find among them an artificial disease potency that corresponds in similarity to the malady to be cured) **the more striking, exceptional, unusual, and [peculiar]* (characteristic) signs and symptoms of the disease case are to be especially and almost solely kept in view.** These, above all, must correspond to very similar ones in the symptom set of the medicine sought if it is to be the most fitting one for cure. **The more common and indeterminate symptoms** (lack of appetite, headache, lassitude, restless sleep, discomfort, etc.) are to be seen with almost every disease and medicine and thus ***deserve little attention unless they are more closely characterized.***

“Accidental” Symptoms Help us Individualize



Aethusa cynapium

Fool's Parsley



Aethusa cynapium

Fool's Parsley



Kent in his Lectures on *Homœopathic Materia Medica* stated – “Before Aethusa was known a certain class of cases of **cholera infantum**, and **vomiting and diarrhea in children**, all resulted fatally, because there was no remedy that looked like these extremely serious cases.”

In a case of cholera infantum with **deathly nausea and sickness** and **extremely violent vomiting** where the **infants falls back asleep immediately after vomiting**, we will think of Aethusa cynapium. With these symptoms, the infant has *rice-water stools**. They also seem to **get startled out of sleep with shrieking and crying**.

Diseases and “Accidental” Symptoms

Kidney Stones – Examples

Belladonna – flushed face with cold hands and feet, clots in urine.

Berberis vulgaris – worse left side, urine sediment like reddish dirt.

Lycopodium clavatum – bloating in the abdomen, worse 4 p.m. to 8 p.m., pain better after urination.

Nux vomica – irritable, desire to urinate and have a bowel movement.

Ocimum canum – dark yellowish orange urine, vomiting with pain.

Sarsaparilla – urination is difficult to start, pain worse at end of urination.

Pathognomonic Symptoms – Hering



Constantine Hering wrote that in “the group of symptoms written down, every aberration from the healthy state of the several functions of the system, must be included, whether pathologically connected or not.”

Jahr G., Hering C. *Manual of Homœopathic Medicine*

Pathognomonic Symptoms – Hering



Constantine Hering wrote that in “the group of symptoms written down, every aberration from the healthy state of the several functions of the system, must be included, whether pathologically connected or not.”

Jahr G., Hering C. *Manual of Homœopathic Medicine*

The symptoms of a medicine are to be read carefully through several times, from beginning to end... one thing or other is always to be... attended to. **At first attention should be directed to the *organs* in which the symptoms occur.**

Hering C., *Study of Materia Medica*

Carroll Dunham



1828 - 1877

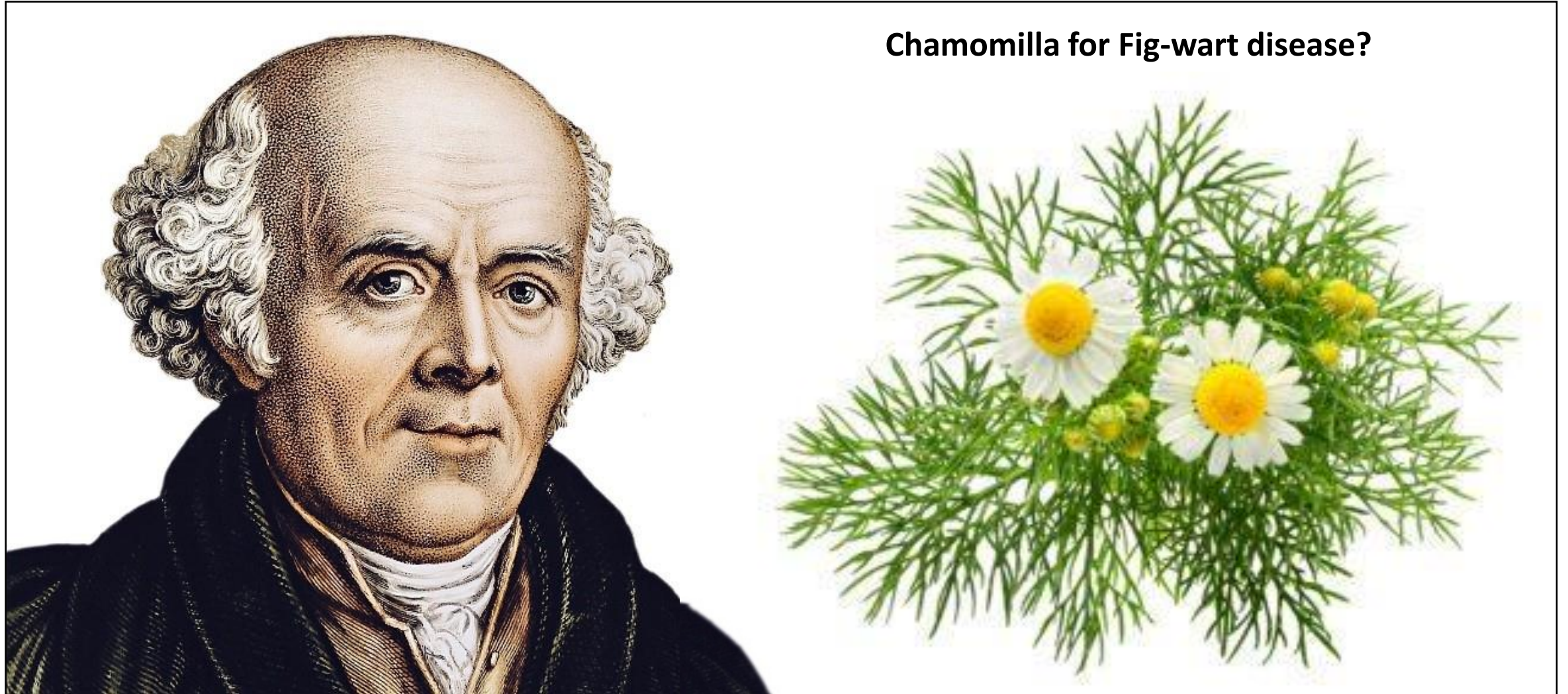
Dr. Dunham graduated from Columbia University with Honors in 1847. In 1850 he received an M.D. degree from the College of Physicians and Surgeons of New York. While in Dublin, he received a **dissecting wound that nearly killed him**, but with the aid of homœopathy he **cured himself with *Lachesis***. He visited various homœopathic hospitals in Europe and then went to Munster where he **stayed with Dr. Bönninghausen and studied the methods of that great master**. While **with Bönninghausen, he made careful and elaborate notes of the cases he saw, their treatment and the results**. Dunham returned to the United States a year later and commenced practicing in Brooklyn, New York. After practicing four or five years sickness required him to take a vacation. He returned to Europe, and again spent several weeks **renewing his studies with Bönninghausen, passing most of every day with him**. For twenty-five years, he regularly contributed articles. Among his works are *Lectures on Materia Medica* and *Homœopathy - Science of Therapeutics*. Whatever subject he touched he treated it with the best of his ability and revealed **his thorough grasp of Hahnemann's fundamental principles**.

Carrol Dunham's Article

Pathognomonic Symptoms and Characteristic Symptoms

“What are generally called **organic diseases, well-defined and tolerably far advanced structural modifications** of the nobler organs, **we can never expect to see produced in any proving**. For example, a proving can hardly be expected to be carried so far as to exhibit unequivocal signs of pneumonia. If, for example, because it is known that Tartar emetic, Phosphorus, Aconite and Bryonia have produced actual pneumonia [in poisonings – MG], we should allow ourselves to look upon these as the sole remedies for this disease, we should be in danger of neglecting other remedies, such as Lycopodium, Sulphur, Chelidonium, Cepa, and a number of others which, though never known to produce the organic symptoms of pneumonia, have yet shown in practice a power to cure that disease speedily and completely when their general symptoms corresponded to those of the particular case in which they were given.

Hahnemann's Hesitance to Share the Remedy



Clinical Rubrics in Practice



Lack of Available Medicines?

Aphorism 162 – 172 of the *Organon der Heilkunst*

Treating diseases with an inadequate stock of medicines

Aphorism 162:

Because there are still only a moderate number of medicines which are exactly known as to their true, pure action, it sometimes happens that only a portion of the symptoms of the disease to be cured are met within the set of symptoms of the still best-fitting medicine.

Consequently, this imperfect medicinal disease potency must be employed for lack of a more perfect one.