Treating acutes with homeopathy – part one

by Grace DaSilva-Hill MSc LCPH MARH
MAAMET RGN

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

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

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

Definitions

In aphorism 72 of the Organon, Hahnemann defines acute diseases as: ‘rapid illness processes of the abnormally mistuned life principle which are suited to complete their course more or less quickly, but always in a moderate time. Therefore, an acute is a condition which is limited in time and duration; it has a beginning, a middle and an end. It is self-limiting and one should expect to see a resolution within two weeks. Hahnemann refers to these affectations as ‘transient flare-ups of latent psora which spontaneously returns to its dormant state...’}. Anything beyond that, which has not been resolved, is not an acute any more; it has become semi-chronic and probably has miasmatic influences.

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

There are three kinds of acute:

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

Methodology

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

Relationship of emotions to organs

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

<table>
<thead>
<tr>
<th>Table B - Chinese organ clock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
</tr>
<tr>
<td>Lungs</td>
</tr>
<tr>
<td>Large bowel</td>
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<tr>
<td>Stomach</td>
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<tr>
<td>Spleen</td>
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<tr>
<td>Heart</td>
</tr>
<tr>
<td>Small bowel</td>
</tr>
<tr>
<td>Bladder</td>
</tr>
<tr>
<td>Kidneys</td>
</tr>
<tr>
<td>Thymus</td>
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<tr>
<td>Triple Warmer</td>
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<tr>
<td>Gall Bladder</td>
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</tbody>
</table>

People can be embarrassed about emotional causes of acutes.

Approaches

If a patient is receiving constitutional homeopathic treatment, an

Table A - Table of relationships

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

Grace DaSilva-Hill has been a healthcare professional for over twenty-five years with a background in nursing and nurses’ education. She graduated from the College of Practical Homeopathy in 1997, and then did a post-graduation course at the Lakeland College in London. Grace practises Homeopathy, Flower Essences Therapy and Emotional Freedom Technique (EFT). She has a busy practice in Thornton Heath, teaches and supervises students of homeopathy, and runs a monthly low-cost students’ clinic and courses in EFT.
Acute could be considered a positive response to the treatment where the chief complaint is actually getting better, and further homeopathic treatment may not be necessary.

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

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

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

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

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

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

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

Sometimes, there is underlying miasmatic activity which interferes with the progression of the acute, and a nosode has to be given to correct this. For example, Syphillinum needs to be given when a well indicated remedy does not act, or has some action which does not last. This invariably works, and homeopaths are advised not to doubt their choice of remedy in the first instance.

The symptomatic miasm, being hidden, does not show itself in the same way as psora or sycosis.

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

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

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

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

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

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

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

I have developed the ability to recognise different types of coughs and their respective remedies, so I will always ask the person to cough so that I can hear it; or they will ring later in the day when they have a coughing fit and record the cough on my telephone answering machine. It is quite common for my answering machine to have a recorded message followed by a cough, as my patients have now become accustomed to my ways of working. I am quite good at recognising a Spongia tosta cough for example, or an Antimunum...
tartaricum cough, or whooping cough. This system has become
invaluable, because over the past three years, I have become aware
of how much whooping cough there is in the local area. Sadly,
it goes unreported, because GPs dismiss it, arguing that it can not
be whooping cough because the child has been vaccinated, although
whooping cough is a notifiable disease. However, in my experience
whooping cough often does not have the expected 'whoop'. Never-
theless, it is a fact that invariably, long-standing coughs respond
amazingly well to remedies such as Pulsatilla, Drosera and other
well known whooping cough remedies.

Prescribing and management
As well as prescribing the indicated remedy, I make liberal use of
nosodes with excellent success. For example Medorrhinum and
Tuberculinum work well for
people who do frequent colds. Psorinum is a good remedy for
when the person has no energy and feels tired. Baccinum should be
considered in a tubercular case where there are no mental symp-
toms. The bowel nosodes are invaluable too, specially where
antibiotics have been used before, or where there is a history of pre-
vious bowel infection for example salmonella or undefined food poi-
soning. Carcinosinum works well too in repeated inflammatory con-
ditions, or for 'never been well since' whooping cough or glandu-
lar fever, and so on.

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

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

In acutes, one must be prepared
to change the remedy as and when it is necessary. I remember once
supporting a teenager who for two
weeks did a mental acute whereby
every day he developed new and
different symptoms which required
a remedy change. Luckily his
mother was a sensible, trusting
woman, and the psychiatrist in-
volved supported the continuation
of homeopathic treatment. The
patient made a full recovery with-
out any allopathic medical inter-
vention at all.

The ability to think laterally and
use your intuition can be reward-
ing too. I recently treated a young
child who came with a cold. After
some questioning, it became appar-
ent that there was disharmony
in the case of a serious acute. I
remember doing this with a small
child where I suspected bacterial
meningitis and had two very anx-
ious parents asking for a homeo-
pathic remedy.

It requires a great deal of trust
between patient and homeopath,
for a serious acute to be treated
solely with homeopathy. Questions
arise about informed consent, espe-
cially in the case of a child, or from
an adult who may be feeling so ill
that their decision-making process
could be impaired. As registered
homeopaths we also have other
factors to consider such as the
client's family's opinions and reac-
tions, possible unfavourable out-
comes and one's own reputation.

Generally, I tend not to take sole
responsibility for someone's health
in the case of a serious acute. I
guess it's the voice of my nursing
background still lingering some-
where reminding me of profession-
al accountability to a statutory
body. I believe that any side-effects
of allopathic treatment can always
be addressed and cleared. I also
believe that there are times when
allopathy is the most well indicated
form of initial therapy – for example
in the case of a skull fracture or a
pneumothorax.

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

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

Serious acutes
This is an area which in my expe-
rience, we as homeopaths rarely
see. The most common reaction
amongst people is to take the
patient to the hospital. Indeed,
my own response would be to
give the indicated homeopathic
remedy on the way to the hospital.
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child where I suspected bacterial
meningitis and had two very anx-
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However, it is helpful to have an idea of the signs and symptoms of serious acute situations. Therefore, here are some of the most common serious acute situations with their signs and symptoms.

**Head Pains**

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

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

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

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

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

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

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

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

**Stroke** – paralysis and unconsciousness.

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

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

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

**Thoracic pain**

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

**Myocardial infarction** – may have
My own response would be to give the indicated homeopathic remedy on the way to the hospital.

Lateral abdominal pain

Ectopic pregnancy – history of missed periods, assuming cycle is regular; pain in one iliac fossa which may later refer to one or other shoulder; may be preceded by generalised pelvic pain, discharge and bleeding. Woman may look very unwell.

Hepatic abscess – complication of obstructed gallstones, abdominal wounds, appendicitis; spiking fevers, rigors, jaundice, dull pain in right hypochondrium; obviously ill patient.

Kidney stone – pain (which can be severe) from loin to groin < jarring with frequent urination and vomiting; sweating and extremely restless (if at mid-cycle suspect ovarian cyst).

Obstructed gallstone – pain starts in epigastrium, shifts to right hypochondrium and may refer back to shoulder blade or shoulder-tip. Steady pain, increasing in intensity without relief. Later fever, rigors and jaundice.

Glossary

Concussion – a head injury resulting from impact with an object, or from a blow or a fall.

Compression – pressure on the brain, resulting in a skull fracture; more serious than concussion.

Cullen's sign – bluish discolouration of the umbilical skin due to intrauterine haemorrhage. This may be caused by ectopic pregnancy or acute pancreatitis.

Kernig's sign – a symptom of meningitis evidenced by reflex contraction and pain in the hamstring muscles when attempting to extend the leg after flexing the thigh upon the body.

REFERENCES


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

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