

## 1.3 Basic Principles - 'Tuning In'



**ACTIVITY:** Watch the case excerpt (Sandra W.) <http://youtu.be/Fo92NeljWFs>.

### First Viewing

As you watch this consultation write down as you normally would any features you think relevant. Then, if possible, give a diagnosis or differential diagnosis, saying which investigations, if any, are in order. Choose a treatment and underline any features - other than diagnosis - which influenced your choice.

### Miss Sandra W. Outline

Female Aged 39



### Presenting Complaint:

Longstanding paroxysmal cough and vomiting of unknown aetiology.

### Investigations:

X-ray: no abnormality

Thyroid function: within normal range

Respiratory function tests: normal

Direct laryngoscopy: cords slightly thickened, no focal abnormality

You will find a transcript of the interview below, which you may find helpful as you listen to the consultation.

## Tuning in

Excerpt of a live patient consultation: transcript

- Doctor:** So can you describe the symptoms for me ?
- Patient:** Every morning when I waken up, I cough so badly that I am violently sick.
- Doctor:** Is it when you waken up, or when you get up ?
- Patient:** When I waken up I start coughing, but as soon as I start to move about.
- Doctor:** So is it the waking that is the trigger, or is it the moving around that is the trigger ?
- Patient:** I would say probably the moving around.
- Doctor:** OK., and the cough - what is it like ?
- Patient:** Painful
- Doctor:** ..and what does it sound like ?
- Patient:** It sounds like a chesty cough.
- Doctor:** Is there catarrh ?
- Patient:** No. I would describe it as what looks like foamy water.
- Doctor:** Is that what comes up when you are sick ?
- Patient:** Yes.
- Doctor:** ..but there is no spit comes up with the cough ?
- Patient:** No
- Doctor:** ... and you got this cough after an infection ? (referring to referral letter)
- Patient:** The first doctor I used to go to, reckoned that it was whooping cough. After taking various cough medicines which didn't work, he gave me codeine phosphate.
- Doctor:** ...and what is the bad taste in the mouth like ?
- Patient:** I don't know how to describe it.. it is just not very pleasant.
- Doctor:** Is it, metallic, acidic or putrid, do you think.

- Patient:** Putrid I would think.
- Doctor:** Are there stomach problems.
- Patient:** Non that I am aware of.
- Doctor:** Any skin trouble ?
- Patient:** No
- Doctor:** Do you have catarrh in the daytime.
- Patient:** No, but I am aware that I seem to have a lot of saliva. I always swallow all the time.
- Doctor:** When does the cough stop in the day ?
- Patient:** When I'm sick. It's only in the morning.
- Doctor:** Does the weather have any effect on you ?
- Patient:** ... over the years I have tried to make notes about when I am bad, and I seem to be worse in the winter.
- Doctor:** Does damp have any effect on you ?
- Patient:** I would say I'm probably worse when it is damp.
- Doctor:** And they've done some "breathing tests" on you to check see if you have asthma ?
- Patient:** Yes I've had all these tests.
- Doctor:** ...and did they show anything ?
- Patient:** No
- Patient:** I would say I'm definitely better for exercise.
- Doctor:** Are you still in bed when the cough comes on ? Or are you up ?
- Patient:** Sometimes I can be actually up and moving about before I cough, and other times it comes on as soon as I waken up.



Now stop the video and write down your responses, in accordance with the instructions for the first viewing given at the beginning of this section.

Before we view the case study again read the following sections:

1. Pause for some new ideas - *The Principle of Similars* (below)
2. Exploring Symptoms - What are *modalities* (page \*)

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## 1. PAUSE FOR SOME NEW IDEAS - *The Principle of Similars*

What a substance can cause in terms of toxic or physiological symptoms, it can also cure when administered in a homoeopathic form.

### ***Similia Similibus Curentur***

Onion (*Allium cepa*) can produce coryza, conjunctival and mucosal irritation. It can also ameliorate symptoms when administered to hay fever sufferers, with similar symptomatology. <http://youtu.be/nQ8-KBIshps>

When a patient is ill, it follows that they are not responding efficiently or appropriately to external triggers, trauma or invasions. An efficient and appropriate reaction would quickly restore health within the organism.

Such disease states will sensitise the organism to suitable homoeopathic stimuli. If a homoeopathic drug is introduced, which has pattern-information analogous to the disease state (*similimum*), the organism will "recognise" the deficiencies in its current response, and displace the illness by means of an appropriate response.

#### Corollary idea: *The Minimum Dose*

The remedy must be in a form which is suitably attenuated, such that it will provide a sub-clinical stimulus, rather than a toxic one. ie administered in the form of a homoeopathic potency (described later)

#### Corollary idea: *The Single Remedy*

The remedy must be chosen to accurately reflect the ***current state*** of the patient to be effective. Incorrectly chosen remedies are not recognised as relevant, and are ineffective.

In some conditions there are disturbances of local tissue response. In this situation, a material with a ***toxic affinity*** for the tissue in question, can be applied in a homoeopathic form. If it reflects suitable pattern information which is relevant to the local disturbance, the tissues will 'resonate' with the material and evoke a healing response. Materials used in this way are often used in the form of micro-doses. Chronic states sometimes require frequent repetition of the dose.

Paradoxical effects of '*microdoses*' may relate in part to various receptor threshold phenomena. *Digoxin* will produce arrhythmias when given in toxic concentrations, but will stabilise rhythm when given as microdoses or in the form of a potency.

## 2. EXPLORING SYMPTOMS - What Are *Modalities*?

### MODALITIES are - '*Modifying Factors*'

- Circumstances or Conditions (heat, cold, movement, pressure light ...)
- Times of Day

**Aggravation**            Represented by '<'    eg: Pain < Movement (pain worse for movement)  
**Amelioration**        Represented by '>'    eg: Pain > Movement (pain better for movement)

### MODALITIES can apply to any or all of the following:

- Local Physical Symptoms
- Mind Symptoms
- General or global state of the patient

### The importance of recognising and recording modalities is that they:

- Allow us to *Individualise* the patient and his/her symptoms and this makes it possible for us to identify the *Medicine* which is the best 'mirror' to the patient's illness state. ie The *Similimum* (or 'best fit' homeopathic treatment for his/her presentation)

**MODALITIES are frequently provided for us by the patient** and it is often unnecessary to ask a lot of extra questions. So:

- *Listen carefully and Observe* throughout the interview

## TUNING IN - ANOTHER LOOK

### Replay of Video Consultation

#### Second Viewing

Now that you have refreshed your memory for the Principle of Similars and have been introduced to modalities, review the case of Sanda W.

- On the transcript underline those symptoms which are characterful or unusual and circle the modalities described by the patient.

NOTES:

**Question:** Are you aware of any materials, which might be applied on the basis of the *Principles of Similars*, in treatment of this case? (Our suggested answer is on Page 8.)

#### Analysis and outcome

The diagram below is an extract from a computer program which cross-references the patient's symptomatology to materials which are associated with these symptoms. The indicated remedies are selected by the program because their *symptom-pictures* are similar to the patient's illness, either in terms of their *toxicology* or by virtue of their *pattern information*. Each remedy is presented in abbreviation along the top axis of the table.

Symptom	Remedies																				
	P	L	S	K	A	L	I	N	C	A	R	R	V								
Rubrics Covered	6	5	5	5	5	4	4	4	4	4	3	3	3	3	3	3	3				
Grades score	13	12	9	8	10	10	9	7	9	6	7	7	6	8	7	6	8	3	6	6	
Weighted score	110	61	60	99	78	51	46	42	35	31	25	25	54	177	40	69	68	31	23	23	
COUGH-WHOOPING,VOMITING	3	2			2	2															
WHOOPING COUGH-AILMENTS AFTER																				1	
VOMITING-COUGHING,ON,IN WHOOPING COUGH				2		1							1								
COUGH-< MORNING,ON WAKING				2				2												3	
VOMITING-COUGHING,ON,WHOOPING COUGH,CHOKING					2																
VOMITING-COUGHING,ON	3	2	1	1	2	2	1	1	2	1	3	1	2	2	2		2	1	1	2	
VOMITING-COUGHING AFTER																					
FOOD-SALT DESIRE							3	3		3	1		3							2	3
TASTE-PERVERTED,ALTERED,ACID,ASTRINGENT,SOUR	3	2		3	2				2		2	2			2	2				3	
SALIVA-INCREASED, ACCOMPANIMENT, AS A				1																	
SALIVA-SWALLOW, MUST	1											1									
VOMITING-WITH SALIVATION	3	2	3														2				
SALIVA-INCREASED (SALIVATION)	1	2			2		3	3	2	3	1	1				2				1	
CONSTANT-LYING < SITTING UP >	3														3	3				1	
PAROXYSMAL-SITTING UP >																					
VOMITING-SOUR,(Time) MORNING					1	1															
TASTE-SOLID,(Time) MORNING	2				2																

**Transcript of followup consultation:** [http://youtu.be/RBo\\_X0MXBE0](http://youtu.be/RBo_X0MXBE0)

**Doctor:** What happened after the remedy ?

**Patient:** I was great right away...it seemed to work right away...no coughing or sickness, and then as the weeks went on I started to cough and [retch] but I wasn't physically sick. But its not lasting as long, and again I don't bring anything up. Before [treatment] it was lasting 20 minutes to half an hour, it's not even lasting 10 minutes now. I feel a lot better...less tired at night.

**Note:** It was subsequently established that the remedy action had been blocked (See Unit 4.) The symptoms resolved completely after repetition of *Ipecacuanha* 200c as a single dose.

Our suggested answer to the question on Page 6 : *Ipecacuanha*

Classically used to invoke vomiting (in combination with a strong cough reflex) in A&E situations  
- hitherto routinely used in cases of childhood poisoning after accidental ingestion of non-caustic agents.