

Centre for Integrative Medical Training
In Association with the Centre for Integrative Care &
The Academic Department, Royal London Hospital for Integrated Medicine



Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Part 5.1

Viral shedding & The mucocutaneous viral syndromes

Most of the viral infective conditions discussed so far have involved pathogens whose main focus is in the respiratory tract, where they replicate and where shedding takes place.

In this Unit we will discuss a few conditions where viral shedding either takes place primarily in the skin, or where the skin is subject to characteristic exanthemata.

We will discuss the homeopathic approach to:

Chickenpox
Herpes zoster
Herpes simplex

Measles

Papilloma virus

You will already be aware that the symptom picture changes in different phases of a viral episode.

Prodromal - The host is infected but not yet evoking clinical signs as the immune system is not yet reactive to the virus.

Viral replication - often with malaise and emergent fevers.

Viral Shedding - associated with raised cytokines and inflammatory factors, with active clinical signs at the locus of greatest viral activity and systemic symptoms.

Resolution - as the immune system antigenically tags viral proteins and actively destroys free / viable viruses.

Recovery (or, unfortunately, post-viral debility states)

Specific pathogens often give rise to characteristic clinical syndromes, ie. they evoke broadly similar symptoms in all hosts affected by the virus. In the absence of symptom suppression or disease complications, these syndromes usually subtend a 'best fit' remedy that is found helpful for the majority of cases.

This is known as the '*genus epidemicus*'.

Around the turn of the nineteenth century, Hahnemann treated scarlet fever epidemics almost entirely with *Belladonna*, for example and, in his opinion, *Pulsatilla* was the *genus epidemicus* for measles.

Staging and the Similimum

In the repertorisation below you will see a 'thumbnail' representation of the symptoms listed against the main indicated remedies for measles.



	Puls.	Acon.	Rhus.	Bry.	Bell.	Phos.	Ip.	Sulph.	Dros.	Nux-v.	Coff.	Ign.	Carb-v.	Cham.	Chin.	Ars.	Stram.
Number of hits	4	4	4	4	4	3	4	3	4	4	4	4	3	4	4	3	4
Sum of grades	12	12	11	11	11	9	9	8	7	7	7	6	6	6	6	6	5
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
compound fevers in general [101]	3	3	4	4	4	3	2	4	2	4	2	3	2	3	3	4	2
skin, eruption measly [20]	4	4	3	3	3	3*	3	2	2	1	2	1	2	1	1	1	1
< measles [20]	4	4	3	3	3	3*	3	2	2	1	2	1	2	1	1	1	1
1. Class. Remedies from shortest duration of action [12]		1					1				1						1
2. Class. Remedies from short duration of action [38]	1			1					1	1		1		1	1		
3. Class. Remedies of median duration of action [47]			1		1												

Clearly, if you encounter an early case (perhaps a confirmed contact) before the characteristic clinical symptoms appear, you can apply short-acting acute remedies like *Aconitum*, or *Belladonna*, or perhaps provide these as standby doses with instructions to use them when the child spikes his/her first fever.

Conversely, if you are late on the scene, you may need to treat the dominant late-stage symptoms with one of the other similia listed, depending on whether the main problem is fatigue, cough, catarrh, loss of appetite, headache, skin symptoms ...

For the majority of cases, however, *Pulsatilla* will serve them well and, particularly if there are any constitutional indicators or acute keynotes for the remedy, it should be given without hesitation.

You will recall from earlier in the course, that Boeninghausen recognised the clinical staging for croup and routinely treated these children with the so-called 'Boeninghausen Croup Powders':

1. Viral replication stage with viraemic fever: *Aconitum*
2. Viral shedding stage with inflammatory secretion: *Hepar sulph*
3. Complicated cases
ie those that progress to respiratory congestion: *Spongia*

Chickenpox

Most children with chickenpox are given Rhus tox as the first line treatment, although you will see more other candidates in the repertorisation below.



	Puls.	Bell.	Ars.	Rhus.	Acon.	Ant-t.	Thuj.	Carb-v.	Ip.	Nat-m.	Nat-c.	Cycl.	Sep.	Ant-c.
Number of hits	3	3	3	3	3	3	3	3	3	3	3	3	2	2
Sum of grades	8	8	7	7	6	6	6	6	5	4	3	3	6	5
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0
chicken pox [16]	4	3	2	2	2	3	3	3	2	1	1	1	3	4
compound fevers in general [101]	3	4	4	4	3	2	2	2	2	2	1	1	3	1
1. Class. Remedies from shortest duration of action [12]					1				1					
2. Class. Remedies from short duration of action [38]	1											1		
3. Class. Remedies of median duration of action [47]		1		1		1	1			1				
4. Class. Remedies of longer duration of action [19]			1					1			1			

Those children who scratch the lesions, causing superinfection, can benefit from a few doses of *Staphylococcus nosode*.

Lingering cases, or those that complicate, can be given the Chickenpox nosode *Vaccinia*, (or even the smallpox nosode *Variolinum*, if their lesions are really widespread or appear to be scarring.)

Shingles

	Merc.	Rhus.	Ars.	Graph.	Sil.	Thuj.	Puls.	Selen.	Sulph.	Bry.	Cham.	Nat-c.
Number of hits	4	4	4	3	4	4	4	4	4	3	3	4
Sum of grades	9	11	9	7	9	7	7	7	7	5	4	6
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0
skin, eruption, vesicles, blisters [77]	2	4	4	3	2	2	1	2	3	3	2	3
skin, zoster (zona), shingles [12]	4	4	3	3	3	3	2	2	2	1	1	1
skin, eruption, painful [52]	2	2	1		3	1	3	2	1			1
2. Class. Remedies from short duration of action [38]							1			1	1	
3. Class. Remedies of median duration of action [47]	1	1				1						
4. Class. Remedies of longer duration of action [19]			1					1				1
5. Class. Remedies of the longest duration of action [11]				1	1				1			

Herpes zoster is occasionally diagnosed early on the basis of regional / segmental pain, paraesthesiae, fatigue and mild fever. *Herpes zoster nosode*, *Belladonna*, or *Mezerium* can sometimes be helpful if prescribed early.

Rhus tox is usually indicated when vesiculation and viral shedding occurs. If the lesions look somewhat bluish, then also think of *Ranunculus bulbosus* at this stage.

Arsenicum and *Sulphur* can be helpful for residual pain, but consider repertorising post-herpetic symptoms, with their modalities, to identify the best similimum for persistent pain.

Herpes Simplex

All members of the family of viruses known as herpesviridae contain double stranded DNA at the central core. The envelope consists of polyamines, lipids and glycoproteins. The glycoproteins are antigenic in the host and are capable of giving rise to unique antigenic reactions.



It was the differences in antigenic response between type 1 (HSV-1) and type 2 (HSV-2) herpes viridae that was first noted in 1968 and made clinical differentiation possible. Research by Nahmias and Dowdle showed a greater incidence of HSV-2 in genital herpes infections.

In comparison, HSV-1 is more frequently associated with non-genital herpes.

Transmission of both HSV-1 and HSV-2 requires intimate contact with inoculation of the shed viruses directly onto mucous membrane or skin. The incubation period is 4-6 days as HSV replicates in epithelial cells. The viral load then begins to cause cell lysis giving rise to characteristic vesiculation on an inflamed base. Lymphatic drainage of the region causes lymphadenopathy and wide systemic involvement can occur in immunocompromised hosts.

In all hosts the virus travels via afferent sensory nerves to reach the dorsal root ganglia. There is then a secondary spread to other mucocutaneous surfaces via peripheral sensory nerves.

Herpes viruses are unique in their ability to persist in a clinically inactive state. They will typically lie dormant for a variable period of time after HSV has been established in the dorsal root ganglia.

Reactivation is often unpredictable but has been frequently associated with stress, exposure to ultraviolet light, menstruation and other trigger events.

Homeopathic Treatment of Herpes

Where the patient presents with ulcerated areas which may also have secondary infection, we have traditionally treated the case with topical antibiotics.

However, palliative treatment might also include *Propolis* or *Hypercal* (hypericum/calendula) tinctures made up into mouthwashes for frequent oral use.

Herpes Simplex - Standard and Individualised Strategies

Cold sores are painful and can be psychologically distressing. Some practitioners simply advocate frequent applications of Rhus tox. cream and *Rhus toxicodendron* 30c taken three times daily until symptoms have ceased.

This can often have the effect of reducing the severity of the flare. Some prescribers have found that this strategy appears to reduce the frequency of recurrence in those patients subject to repeated attacks (in some cases they have never returned).

More commonly it merely reduces the duration of the current attack from a typical 10 days down to 3-4 days.

Herpes simplex: more detailed standard prescribing

I Prodromal

Aconite (for first exposure)

High fever shortly after first encounter

Belladonna

Flushed. High fever with hot dry skin.

If there is severe headache, give belladonna but beware of possible CNS involvement and refer as appropriate.

II Onset of vesiculation and local inflammation

Rhus toxicodendron

Burning itch > by scratching.

Small vesicles on an erythematous base, contain a clear liquid

Hot compresses >

Hot baths >

Movement > (hence restless)

Arsenicum album

Burning lesions

Hot application >

< 1-3 am

Restless. Fearful. Thirsty (sips)

Lachesis

Bluish vesicles with disproportionate amount of pain <
light touch
> pressure
< cold applications

Apis mellifica

Burning and stinging pain with much swelling.
Large vesicles, sometimes confluent
Warmth <
Touch/pressure <
Cold applications >

Cantharis

Large bullous vesicles
Itching and burning
Cold applications >

III Radiculomyelitis and neuralgia

Chronic facial pain sometimes leads to a presumption that disorders of occlusion are giving rise to pain syndromes with a predominantly mechanical cause. In some patients, however, the history will reveal a likelihood of radiculo-myelopathy.

Many cases of chronic facial pain require a whole-person centred approach which addresses the problem pathologically, physiologically and psychologically. Such management is largely outwith the scope of this foundation course. There are a few materials which you might wish to consider for these patients, however. They are all practicable and safe to dispense.

Mezerium

Severe neuralgic pains.
Vesicles with burning itch.
Typically itch > by scratching but moves elsewhere and is replaced by burning.
Vesicles contain thick white or yellow liquid and tend to form thick brown crusts.
< light touch (e.g clothing)
> pressure

Ranunculus bulbosis

Severe neuralgic pains with bluish vesicles in clusters,
intense itching and burning

< Touch

< Pressure

< Cold

Stillingia

mucous membranes feel scalded and dry

large tender lymph nodes

sharp shooting/darting pains

< movement

< walking

< cold air

> pressure

Herpes simplex - individualised strategies

	Sulph.	Calc.	Sep.	Sil.	Con.	Rhus.	Ars.	Nat-c.	Caust.	Graph.	Nux-v.	Merc.	Bry.	Lyc.	Staph.	Nat-m.	Bov.	Thu.
Number of hits	6	6	5	5	5	5	5	6	5	5	5	4	5	4	4	4	5	5
Sum of grades	19	19	18	16	16	16	15	14	14	14	13	13	12	12	12	12	11	11
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
lichens(ecthyma, crusta serpingiosa, impetigo, herpes, lichen, lichen scrofulosus, pityriasis, psoriasis) [77]	4	4	4	4	4	4	4	3	3	4	1	4	3	4	3	2	4	1
< sunlight [30]	3	4			4		1	3		4	2		2					
face, eruption, mouth, around [73]	3	3	4	3	2	4	4	3	3	2	3	2	4	2	4	4	3	1
face, eruption, nose, around [20]	2	1	3	2		4		2	3								2	3
genitals, in general [120]	4	3	4	3	2	3	3	2	2	3	4	4	2	3	3	3	1	4
unwell, indisposed, attacks of being [77]	3	4	3	4	4	1	3	1	3	1	3	3	1	3	2	3	1	2

Recurrent herpes simplex is treated constitutionally whenever possible. Some polychrests do appear to be more frequently indicated in recurrent herpes than others. (Nat-m., Nat-c., Kali-c., Graph., Staph., for example)

Consider the following sequential approach for cold-sores that aggravate with emotional stress, or following exposure to strong sunlight.

Herpes simplex nosode 30c - as a single stat dose monthly

with

Natrum mur 1M (or indicated constitutional) as a stat dose every 3 months (start the sequence with this.)

and

Cortisone acetate 30c immediately after a stressful event, or as soon as tingling is felt at vulnerable locations.

Viral Warts

You will see from the following repertorisations that there is a core set of remedies with indications is viral warts. These remedies appear in different configurations in the analyses below. This is notionally due to the fact that the remedies themselves have slightly different regional affinities.



Anal warts

	Lyc.	Nit-ac.	Staph.	Caust.	Calc.	Thuj.	Nux-v.	Sulph.	Sep.	Lach.	Bar-c.	Sabin.	Ph-ac.	Dulc.	Sil.	Euphr.	Rhus.	Cham.	Iod.	Bell.	Hep.	Ant-t.	Petr.	Mez.	M-aus.	Bry.	Sars.
Number of hits	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sum of grades	7	7	6	6	6	6	6	6	6	5	5	5	5	4	4	4	3	3	3	3	2	2	2	2	2	2	2
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
skin, figwarts [30]	4	4	4	3	3	4	2	2	2	3	2	3	3	3	2	3	2	2	2	1	1	1	1	1	1	1	1*
anus [107]	3	3	2	3	3	2	4	4	4	2	3	2	2	1	2	1	1	1	1	2	1	1	1	1	1	1	1

Axillary warts

	Lyc.	Staph.	Nit-ac.	Sep.	Sulph.	Thuj.	Sil.	Rhus.	Hep.	Bar-c.	Dulc.	Caust.	Calc.	Bell.	Ph-ac.	Lach.	Petr.	Bry.	Iod.	Selen.	Mez.	
Number of hits	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sum of grades	7	7	7	6	6	5	5	5	5	4	4	4	4	4	4	4	3	3	3	3	2	2
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
skin, figwarts [30]	4	4	4	2	2	4	2	2	1	2	3	3	3	3	1	3	3	1	1	2	1	1
armpit [69]	3	3	3	4	4	1	3	3	4	2	1	1	1	3	1	1	2	2	1	1	1	

Facial warts

	Staph.	Sulph.	Thuj.	Calc.	Sep.	Caust.	Rhus.	Ph-ac.	Lyc.	Bar-c.	Sil.	Bry.	Bell.	Nux-v.	Nit-ac.	Mez.	Cham.	Dulc.	Hep.	
Number of hits	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sum of grades	7	6	6	6	6	6	6	6	6	5	5	5	5	5	5	4	4	4	4	4
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
skin, figwarts [30]	4	2	4	3	2	3	2	3	4	2	2	1	1	2	4	1	2	3	1	1
face, lips [75]	3	4	2	3	4	3	4	3	2	3	3	4	4	3	1	3	2	1	3	1

Digital warts

	Lyc.	Thuj.	Staph.	Nit-ac.	Calc.	Rhus.	Caust.	Ph-ac.	Sil.	Sulph.	Lach.	Sep.	Bar-c.	Nux-v.	Sabin.	Sec-c.	Euphr.	Dulc.	Cham.	Petr.	Hep.	Iod.	M-aus.	Mez.	Sars.	Ant-t.	Bell.	Bry.	Selen.
Number of hits	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sum of grades	8	8	7	7	6	6	6	6	6	6	5	5	4	4	4	4	4	4	3	3	3	3	3	3	3	3	2	2	2
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
skin, figwarts [30]	4	4	4	4	3	2	3	3	2	2	3	2	2	2	3	1	3	3	2	1	1	2	1	1	1*	1	1	1	1
fingers [116]	4	4	3	3	3	4	3	3	4	4	2	3	2	2	1	3	1	1	1	2	2	1	2	2	2	2	1	1	1

Genital warts

	Thuj.	Nit-ac.	Lyc.	Staph.	Sulph.	Calc.	Sep.	Ph-ac.	Sabin.	Nux-v.	Rhus.	Sil.	Caust.	Iod.	Lach.	Hep.	Dulc.	Euphr.	M-aus.	Ant-t.	Bell.	Cham.	Selen.	Bar-c.	Petr.	Mez.	Bry.	Sars.	Sec-c.
Number of hits	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sum of grades	8	8	7	7	6	6	6	6	6	6	5	5	5	4	4	4	4	4	4	3	3	3	3	3	3	3	3	2	2
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
skin, figwarts [30]	4	4	4	4	2	3	2	3	3	2	2	2	3	2	3	1	3	3	1	1	1	2	1	2	1	1	1	1*	1
genitals, in general [120]	4	4	3	3	4	3	4	3	3	4	3	3	2	2	1	3	1	1	3	2	2	1	2	1	2	2	2	1	1

Neck

	Staph.	Calc.	Lyc.	Bar-c.	Rhus.	Nux-v.	Nit-ac.	Ph-ac.	Caust.	Thuj.	Sep.	Sulph.	Sil.	Lach.	Sabin.	Dulc.	Bell.	Bry.	Iod.	Petr.	Cham.	Sars.	Mez.	M-aus.	Selen.	Ant-t.	Sec-c.	Hep.
Number of hits	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Sum of grades	8	7	7	6	6	6	6	6	6	6	5	5	5	5	5	4	4	3	3	3	3	3	2	2	2	2	2	2
Polarity difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
skin, figwarts [30]	4	3	4	2	2	2	4	3	3	4	2	2	2	3	3	3	1	1	2	1	2	1*	1	1	1	1	1	1
external throat, neck [110]	4	4	3	4	4	4	2	3	3	2	3	3	3	2	2	2	3	3	1	2	1	2	1	1	1	1	1	1

The above remedies are for soft pedunculated viral warts.

Hard keratotic warts / verruca

Hard, keratotic warts (including verrucae) have a somewhat different materia medica. The most used remedy for these is probably *Antimonium crudum*, repeated in low potency. (A black sulphide of antimony)

	Ph-ac.	Sulph.	Dulc.	Ran-b.	Ant-c.	Calc.	Lach.	Sil.
Number of hits	1	3	3	2	3	3	3	3
Sum of grades	3	11	4	5	4	7	4	8
Polarity difference	0	0	0	0	0	0	0	0
warts, hard [8]	3*	3	2	2	1	1*	1*	1
fingers [116]		4	1	3	1	3	2	4
foot, soles [107]		4	1		2	3	1	3