

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

Therapeutic Pointers: *Infections*

Part 4.5

Emerging Issues for the Treatment of Infection

At the end of the last unit, you reviewed the potential indications for homeopathy in infections.

This is a difficult and controversial area at the present time. On one hand, there are observational studies which suggest that the prescribing of antibiotics is lower in practices that use complementary treatments, including homeopathy. See below:



<https://www.bmj.com/company/newsroom/surgeries-employing-gps-with-additional-training-in-complementary-medicine-appear-less-likely-to-prescribe-antibiotics/>

This has important implications for preserving antibiotic effectiveness. On the other hand, most infections are self limiting, in that our immune response is highly evolved to deal with a wide range of common pathogens spontaneously and naturally, with no pharmaceutical assistance at all.

Antibiotics have, of course, transformed the prospects for patients who contract chronic infection, with eg TB, syphilis, or gonorrhoea - at least for the time being.

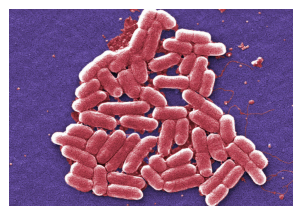
However, it is also clear that a 'sea-change' in the way antibiotics are prescribed is needed to preserve this advantage.

One could argue that the use of homeopathy provides a buffer to the routine overprescribing of antibiotics 'on demand'. This could be particularly important in reducing over prescribing of antibacterials for the majority of uncomplicated self-limiting infections and would be an important contribution, even if the question of effectiveness has yet to be fully answered.

The human population, however, has been inculcated into an increasing fear of infections over decades. Hysterical media reporting of 'flesh eating superbugs' has certainly not helped confidence in non-pharmaceutical treatments and, latterly, Covid-19 has suddenly made everyone an expert in the danger of infection. Widespread fear increases public demand for biochemical answers and generates political strategies based on control rather than facilitation.

Recent events are therefore unlikely to improve support for homeopathic intervention in the majority of the uncomplicated infections that we face daily - in spite of a long and extensive heritage of use, both in primary care and hospital medicine.

Research funding will also continue to be woefully lacking, due to the unpatentable nature of homeopathy (which makes it impossible for companies to exploit our remedies commercially). Only when antibiotic resistance becomes critical, and emerging antibacterials prove to be too toxic for routine use, does it seem likely that non-pharmaceutical approaches to infection, including homeopathy, will be given the scientific attention they deserve.



Here, below, is a notional list of remedies with indications in infection. By mirroring the physiology of the host response, these remedies optimise the primary immune response when selected carefully on their acute symptom picture.

Viral Infection

Ailanthus glandosa
Arsenicum album
Aconitum
Apis
Belladonna
Bryonia
Cantharis
Chamomilla
Gelsemium
Nux vomica
Phosphorus
Phosphoric acid
Pulsatilla
Ranunculus bulbosus
Silica
Rhus tox
Ferrum Phosphoricum

Fungal Infection

Arsenicum album
Arsenicum iodatum
Bromium
Calcarea salts
Dulcamara
Graphites ()*
Hepar sulph
Kali carbonica
Medorrhinum
Mezerium
Nitric acid
Phosphorus
Sepia
Silica
Sulphuric acid
Viola tricolor
Antimonium crudum
Psorinum
Rhus tox.
*Thuja **

Bacterial Infection

Apis
Arsenicum album
Belladonna
Bryonia
*Calendula **
Cantharis
Chamomilla
China officinails
Colchinum
Crotalis horridis
Echinacea
*Euphrasia **
Ferrum Phos.
Hepar sulph
Kali phos
Kreosotum
Lachesis
Mercurius solubilis
Phosphorus
Sabina
Pulsatilla
Secale
Sepia
Silica
Stramonium
Phytolacca
Pyrogen
Staphysagria
Sulphur
Sulphuric acid
Tarentula cubensis
Veratrum viridae
Vespa
Vipera

* often used topically

It is important to realise however that the effectiveness of any remedy depends on how closely it mirrors the disease state in the individual patient.

It is not possible to describe all these remedies in detail at this stage and so we have chosen four of the most important anti-infective remedies for more detailed discussion.

- *Phytolacca*
- *Mecurius solubilis*
- *Hepar sulphuris calcareum*
- *Silica*

Materia Medica Studies

For the purposes of the Primary health Care Examination you require only a 'bare-bones' grasp of predominantly local symptoms for the remedies listed above.

Phytolacca - streptococcal throat with tender cervical glands and a dusky purply-red appearance of the fauces / pharynx. (Sometimes followed closely with Streptococcal nosode).

Mercurius solubilis - sore throat with painful aphthous ulceration and bad breath. The tongue is moist and flabby and bears the imprint of the teeth round its margins.

Hepar sulph. - boils and furuncles, typically small staphylococcal foci - just as they are pointing and prior to discharge. These infective foci are tense, painful and 'exquisitely' sensitive to the lightest touch. (Sometimes followed closely with Staphylococcal nosode).

Silicea (Silica) - small deep 'cold' infective cysts. These are subacute or chronic and evolve slowly either in subcutaneous tissues or proximity to bone. Small apical abscesses in the teeth, often with undramatic low grade symptoms and responding slowly to treatment. May also be indicated for splinters or small foreign bodies in the tissues, to assist extrusion and prevent/treat focal infection.

You can go a long way to using these four remedies effectively just for these simple localised problems and with only this information to go on.

However, the remedies themselves have interesting and evolved symptom-pictures. Merc sol, Hepar sulph and Silica are considered polychrests and, of these, Mercurius and Silica also have identifiable constitutional affinities.

With this in mind, we are going to explore these remedies further, so that:

- a) you can recognise the need for them when faced with other presentations and pathologies,
- b) use them constitutionally to improve global parameters of your patients' health, or
- c) improve resistance to infection and help in the prevention of acutes and relapsing states.

Hepar Sulphuris Calcareum

(*Hepar sulph*)



Watch a video presentation on this remedy by Dr Todd Rowe. <https://youtu.be/dUZv1-3OMyQ>

KEYNOTES

Mentals

Oversensitive to all impressions.
Irritable and dissatisfied with everything.
Aversion or fear of being touched.

Generals

Infected or inflamed areas are exquisitely sensitive to the slightest touch.
Profuse offensive sweat from exertion.

Modalities

< in cold dry weather
> in warm damp weather

Clinical indications

Quinsy
Tonsillitis
Croup and upper respiratory infections.
Laryngitis and bronchitis following chill in winter.
Hydradenitis suppurativa

Tendency to suppuration and unhealthy skin in 'lymphatic' types, with glandular swellings.



Hepar sulph: clinical case

Mrs Susan N. Age 37

Diagnosis: Hydradenitis suppurativa

Abscess in axillae for past 14-15 years. These can become very large and are cystic. They started on the left side and she has had them surgically excised on two occasions.

Acute episodes have been treated with antibiotics, but she is on no preventative treatment at present. There have been many swabs taken. She is not able to tell us which organisms were growing.

There are two current cysts. They are typically slow to open and slow to discharge. There tends to be suppuration and pus, particularly at the operation site.

The exacerbation has been much more painful this time.

Very little has helped in the past 6 months in terms of antibiotic treatment. She experiences a flare up every fortnight.



General symptoms

She is susceptible to temperature changes. She chills very quickly and can become overheated in warm surroundings. Her feet are typically very cold. She is not good in her energy from 3 o'clock in the afternoon. Her head tends to drop forward and she snoozes at the least opportunity. There is a family history of carcinoma in three of her grandparents. She has a desire for fruit or vegetables. She has a liking for salt but is not fond of sweet.

Local symptoms

Rather sensitive to bright light with some sensitivity to sound - tends to be startled very easily. Inflammatory conditions tend to cause marked sensitivity to touch - very painful. She has recurrent root abscesses in her teeth and has received a course of antibiotics with these - four courses in total recently. She has had a lot of dental work but has not received much amalgam. A number of mercury fillings were replaced recently. There has been some joint pain. Mentally active
Gets on well with people
Loves cooking
Used to ski a lot
Generally a good listener
'I am an awful person for not asking questions.' Quite retrospective
Rather nostalgic - thinks of happy times
Loves animals
Joint pain better in the summer
Aggravated in warm damp weather

Follow-up appointment

Shorter aggravations since remedies were taken.
No immediate reactions to the powders, but after two days she experienced a local aggravation which lasted a further four days.
During this time there was a discharge of several cysts which yielded yellow smelly pus.
Each exacerbation seems less severe and certainly less painful. The odour has changed and there has been less odourous pus at the last flare up.
Generally feels fine.
Her joints are presently pain free.

Further Relevant Reading

Try to read as many of the following articles, relevant to *Hepar sulph*, as possible.

Schmidt P

Thorny tale of splinters, slivers and nails
lobelia inflata, hepar sulphuris calcareum
J Am Inst Homeopath 1976 Sep;69(3): 159-161

Crothers D

Pediatric cases
alopecia, hepar sulphuris calcareum, warts, psorinum, calcarea carbonicum
J Am Inst Homeopath 1984 Mar;77(1): 24-30

Goldberg B

Some important keynotes in homeotherapeutics with case reports
cistus, cadmium sulphuratum, pyrogen, bowel nosodes, hay fever, hepar sulphuris calcareum
J Am Inst Homeopath 1966 Mar-Apr;59(3-4): 74-81

Del Mas R

Hepar visite sanicula
Cah Group Hahnemann Doct P Schmidt 1990;27(8):306-11

Tyler ML

Hepar. Drug pictures 22
hepar sulphuris calcareum
Homoeopathy 1933 Oct;2(10): 303-309

Coleman DE

Verification of mercury
hepar sulphuris calcareum
Homoeopathic World 1919 Apr;54(4): 129-130

Wheeler FJ

Cases from Southport
natrum muriaticum, ruta, hepar sulphuris calcareum
Homoeopathic World 1912 Jan;47(1): 23-26

McLaren KA

Hepar sulphuris calcarum
Homoeopathy 1939 Sep;8(9): 283-285

Borland DM

Pneumonias (contd.)
hepar sulphuris calcareum
Homoeopathy 1940 Jan;9(1): 12-20,36-43

Borland DM

Digestive drugs IV
graphites, hepar sulphuris, calcareum, hydrastis, ignatia
Homoeopathy 1940 Oct;9(10): 273-280

Reed WL

Surgical cases treated homoeopathically
ABSCESS
Homoeopathy 1940 Dec;9(12): 330-333

Tyler ML

Calcarea sulphurica. Drug pictures 124
calcarea sulphurica, hepar sulphuris calcareum
Homoeopathy 1942 Sep;11(9): 115-116

SAQ 4.5



Without looking at the text, how many of the keynotes of *Hepar sulph.* can you remember?

Mind

General, environmental and constitutional features

Local

Frequent pathological indications

Now read *Hepar sulph.* in your *materia medica*:

Page 482 Vermeulen

Page 894 Clarke

Page 325 Boericke (2nd British ed)

Page 495 Neatby and Stronham

Page 286 Phatak

Page 172 Jouanny

Page 203 Boyd

Take a break before you study the next remedy in this unit, *Silica*.

This is a polychrest remedy with a well developed constitutional picture.

Although you will only be examined on its local symptoms at PHCE, it is well worth getting to know this remedy well, as you will encounter patients from time to time who will require it.