

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 3.5

Section 5 Learning about remedies with extended pictures

Our knowledge of materia medica matures over time, rather like good wine. In a sense, it is the subtleties of understanding that gives our subject both its depth and longevity. Short-term commodities pass with the fashion, and many of today's 'designer' drugs will also be gone tomorrow, when disillusionment with them has set in through experience.

Homeopathy, however, is continuously evolving. Like classic literature, art and music we can always discuss its meanings, imperfections and idioms over generations. We cannot ground it easily into a finished concept, however, because, like life, it exists in many different clinical contexts. Practitioners around the world apply it differently, within a limitless variety of patients and situations. In so doing, each practitioner evolves a unique palette of experiences, which ultimately enriches the discipline as a whole.

With this in mind please be patient, as we explore six important homeopathic remedies. These medicines are polychrests, which means they have several target tissues and a wide ranging symptom-picture, including a number of characteristic mental and emotional attributes.

The remedies we will study are: *Sulphur*, *Calcarea carbonica*, *Phosphorus*, *Sepia*, *Pulsatilla* and *Nux vomica*. Three of these are mineral remedies (although *Calcarea carbonica* is organically derived), two are plants, and one is an animal remedy (*Sepia officinalis*). As we discuss these materials, you will see that these distinctions can contribute something to our understanding of the remedies themselves.

Minerals and structure

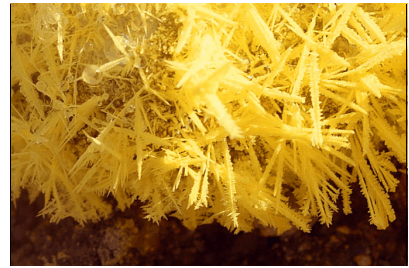
Minerals and elements often have a definably structural role in biology. Carbons for example are structural in many ways - chain lengths in fatty acids; ring structures in sterols and phenols; bi-lipid membranes etc. Phosphates are also structural, within the matrix of bone, for example. Sulphur has a role in the structure of integuments: a sulphur-sulphur double bond is integral to the structure of keratin, for example.

It is not surprising, therefore, that mineral polychrests are more often associated with morphological types, than the plant and animal remedies, which tend to be linked more to characteristics of personality and behaviour. These are generalisations, of course, and we will find structural dimensions to some of the organic remedies and characteristic behavioural aspects to the minerals.

Let us begin with one of the most represented remedies in the materia medica - Sulphur.

SULPHUR

Sulphur is well known to us from our studies in inorganic chemistry. A yellow non-metal, it is only found in its native state around volcanic vents, otherwise it exists as sulphur compounds. Pure sulphur can take a few different forms, it will sublime or crystallise, and anyone who has dropped molten sulphur into water can attest to a rather unusual pure form known as 'plastic sulphur'.



Sulphur is reactive and burns easily with a wide range of elements. It is combined with nitre and carbon in the manufacture of gunpowder and match-heads.

As an aid memoire to the constitutional themes associated with Sulphur, try to remember the following:

<i>Natural Property</i>	<i>Homeopathic metaphor</i>
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allotropism	- appearance
reactivity	- bonding with things
surface eruption	- skin eruption
burning	- heat and redness

We will return to each of these themes in the discussion that follows.

1. Appearance - typology

The internationally reknowned homeopath, George Vithoulkas, describes two basic Sulphur types. 1. A tall, lean, stoop-shouldered type, who is idealistic and philosophical. 2. A lazy, obese type who has a lot of impractical ideas which are never realised.

2. Bonding with things

Sulphur-sensitive people of both types tend to collect ideas or things. They can be erudite but rather indiscriminate collectors of facts or objects. Their life can become cluttered. Their minds and bodies can become congested, they have problems with elimination and focus.

'*MIND: Delusions: rags are riches*' is a well known mind symptom that can be applied to some Sulphur sensitive individuals. They may collect old broken things like cars or HiFi equipment, with the intention of restoring them to their former glory. In reality these objects usually lie around for years, awaiting the chance discovery of a spare part and the time to repair them. Those who are unlucky enough to inherit the estate of Sulphur patients, have to organise a massive clear out of their collected trash: books magazines, ephemera, eccentric trivia etc.

Some Sulphur-sensitive individuals collect information or ideas, and may be working on a 'magnum opus' - a lengthy academic tract on an obscure

subject. Sulphur academics fill their writings with numerous cross references and footnotes. Such works are often left unfinished, or become so heavily worked that they are difficult to read, even if they are eventually recognised as the definitive reference for the subject they present.

3. Appearance - presentation

People with a Sulphur constitution often base their self-esteem on what they know. *'I am an authority on x,y,z' 'I have some fascinating facts to tell you.'* They can be very disregarding of their personal appearance and hygiene. What is important, as far as they are concerned, is what is in their head, or in their unique collection. While neglecting their personal appearance, they may appear in public wearing shabby unmatched clothing. If they live, unchecked by a long-suffering spouse, they may be dirty, malodorous and unkempt.

Whether they are industrious or lazy, they are often sedentary. As a result they often become unfit, or overweight and plethoric. This tendency can be compounded by poor diet and the overuse of alcohol, which they sometimes use as a foil for anxiety-depression - particularly if life seems, for them, to be descending into unproductive chaos. Sulphur patients can crave fatty, starchy, foods, salt and over-seasoned foods. Haemorrhoids are not uncommon.

4. Surface eruption:

Sulphur sensitive patients frequently present with skin problems. The most typical problems are eczema or dermatitis. Redness of complexion and hot red skin eruptions are often seen in these patients. They get short term relief of their local heat and itching with exposure to cool environments and cool applications. They also improve for a short time after scratching the affected areas, which soon rebound into further aggravation. They are warm-sensitive and tend to stick their legs out from the bedclothes at night, particularly if they are inflamed in any way.



Activity



Now watch a lecture presentation on Sulphur, using the materia medica outline on page 4 as a guide.

<https://youtu.be/CvKIvuVpkHQ>

Note that the illustrative cases on page 5 is incorporated into this presentation. When you come to the activity on Page, 6 you should pause the video when directed to do so, in order to undertake the learning activities described there.

It is a good idea to print out the second illustrative case (Page 6) beforehand, so that you can mark up the transcript in accordance with the the learning activity described there.

Sulphur

(Brimstone, burning stone)

Outline Summary

Self-centred, eccentric, imaginative, theorising 'ragged philosopher'

burning, redness, offensiveness, dirtiness, warm-blooded,
congestion, likes fresh air

Typology

Two types:

- 1 lean, stoop-shouldered
- 2 obese, full-blooded

Tissue Affinity

- Skin (eczema, psoriasis, inflammatory conditions)
- Mucous membranes

Mentals

Two types:

- 1 philosophical, theorise, enjoy discussions, full of ideas
 - 2 practical, idealistic
- Tendency to laziness
 - Issue around clothes, either very messy or very particular, often wearing bright colours
 - Self-absorbed, brusqueness, garrulous

Generals

- Burning, excoriating discharges, red orifices
- Warm-blooded

Desire for:

- Fat, spices, sweets, alcohol

Aversion to:

- Eggs

Aggravated by:

- Suppression
- Bathing
- Heat, in bed (throw covers off, stick feet out)

Ameliorated by:

- Open air

Some of Sulphur's Clinical Indications

- Chronic skin conditions
- Allergies
- Hypertension
- Hot flushes
- Arteriosclerosis

Activity



The first illustrative case is provided to give you a sense of one of the constitutional presentations for this polychrest. Watch it through twice. In the second viewing, underline or note down the attributes that support the remedy choice.

Sulphur Clinical Study 1

Patient: I noticed well, the asthma certainly, it was actually three or four days after I went to see you, that weekend I went out for quite a taxing walk ... and enjoyed it very much, but I suppose about that time it started a little bit asthmatic at odd times, there are maybe triggers for it ... it does seem to ... I've had it a couple of times after meals when we've had guests ... and there have been two elements there that I suppose were vaguely unusual ... one was apricots, and the other one was red wine, which I normally take on such occasions ... not in vast quantities. [There has been] a certain amount of sweating, not a lot, but one or two nights when there was more of that than [I would have] expected. Tendency to other things that were there... a slight feeling of a sort of out-of-phasesness on the left hand side, as opposed to the right hand side ... I suppose that it could have something to do with the fact that I turned an ankle the other day ... it might do. And then again there is a problem with the left arm which has been there for a long time .. the osteopath [deals with] that. And there is some anxiety and so forth, yes! Well I've got something again, objectively, to be anxious about ... I'm trying to write two papers for two conferences in ten days time, and one has been extremely slow to get itself produced ... it's on translation theory which is a difficult subject ... and you've got to take your ideas out and look at them, then decide that they are not the ideas you had, and adjust them ... in fact I've written about twenty pages of which I have discarded ten, you know it's that kind of thing ... and there's certainly some anxiety about being able to finish that, crowding out other tasks and so on ... more than I would say is rational for it, although they say this is an irrational course. Taken all round I can see that pattern coming in again, and I thought it might be nice to shift it, now quite how we time the shift of it I don't know. I will keep writing on this, and the subsequent paper, over the next week ... and if they don't get done the whole thing collapses ...



Clinical Study 1: N R

Activity



The second illustrative case provides many more physical leaders for sulphur. Read your materia medica first, then run the video and underline all the sulphur indications in the transcript below. <https://youtu.be/50xq7RiCl8E>

Sulphur Clinical Study 2

We will now watch the second *Sulphur* case extract. Note down your observations in the box provided. http://youtu.be/UNGRMmC_Trq

- Doctor: I sent you some tablets. Did you feel they were helpful?
- Patient: The tablets didn't [work], and I wrote to you, and you sent me powders. *Sulphur* I think you said it was, and you said to stop the tablets, and I just took the powders.
- Doctor: And they helped?
- Patient: Yes, the powders? Yes, the tablets didn't [Still got them in the house. I didn't take them at all. I just took the powders you sent me.]
- Doctor: And how quickly did they help?
- Patient: They helped me quite quickly.
- Doctor: And how long did it [take]?
- Patient: Maybe about 2-3 weeks. [This patient has had varicose eczema for 5-6 years.]
- Doctor: In what way did they help?
- Patient: The itching wasn't so bad.
- Doctor: Are you sweating?
- Patient: Yes a lot of heat in the body.not so much sweating as heat, you know, the skin gets awful warm .
- Doctor: Do you have to uncover at night?
- Patient: No [changing her mind], yes, sometimes yes, because my body gets so warm .
- Doctor: The skin, is it still clearing?
- Patient: Its clearing slowly, but now and again....I don't know what makes it start up again. It can flare up quite quickly.
- Doctor: Does stress aggravate it?
- Patient: Yes.
- Doctor: In what way?
- Patient: If I get upset about something, or if there is something on my mind.....
- Doctor: Do you speak your feelings?
- Patient: Yes, I speak my feelings .
- Doctor: Do you have any hobbies?
- Patient: Yes, I go out to the bingo.....that's about all.
- Doctor: Do you collect things?

- Patient: No [changing her mind] well I have a habit of opening the paper to look for things to lift, and put them in a book, you know all the things that are of interest.
- Doctor: What kinds of things?
- Patient: Recipes, and maybe something for the house.....and yet I don't do them.....its normally to look at all these nice things to put.....and sort out.....you know how to make a house nice you know how to set up.....but its not long since I've moved, and everything is still in the same way, and I'm finding it very upsetting as everything is lying around in the way and I can't get out of the bit .
- Doctor: You haven't managed to get it all tidied and organised?
- Patient: No. I find it quite upsetting at times. I've just got to take time for things. Perhaps my son can come and help me.
- Doctor: How is your tummy?
- Patient: Oh that's okay.
- Doctor: How's your appetite?
- Patient: Good.
- Doctor: What are you fond of eating?
- Patient: I'm fond of eating most things, I don't like the plain meals I used to have I like chilli and things like that, things that are really tasty and has a lot of nice..... and sweetsalthough I don't take sugar in my tea, I like sweets, Steaks
- Doctor: Do you like fat on meat, if it is well done.
- Patient: Yes, yes I do. I always think I should be.....I'm getting a bit more.....I was never a house person, but I'm getting a bit more settled, I don't like the quietness, and am still like that, I need to hear the television make a noise, I can't just sit for hours reading. I get quite nervous. I've got to get on, I might read for a minute, and then I like a noise. I like to hear something [around]. I like going out myself sometimes, out of the house. It's just nervousness.
- Doctor: How does the weather affect you?
- Patient: Well dampness goes for my legs. It makes them awful.....I notice from when I come in that I can't stick the dampness too much, you know those kind of days when it's rather drab.
- Doctor: And the skin gets worse on those days?
- Patient: Yes it does, when I come in and there is any dampness.
- Doctor: How does washing affect the skin?

Patient: all that starts up sometimes, sometimes in the morning when I get up. I like cold water on the skin and it helps at the time, I think all that feels better now. Before it would feel as though my skin was dead and there is no life in it. Doctors: How long does that help?

Patient: Maybe for a good part of the day, maybe till the end of the day, and then I start to get itchy. Especially round the rough bit at the bottom of my leg. And then on my body, sometimes I feel itchy here [points to her back] as if there is something biting you, and you start to feel as though you could do with that shower all over again.....that's the way I go. Doctor : Does scratching help the itch?

Patient: Yes, ooh 'ay..... yes scratching helps it. I know you shouldn't, but I feel ooh I have to get right into that.

Doctor: Do you tend to plan things very carefully, or do it on the spur of the moment?

Patient:yes I would like to plan it. I like to feel as if I was going to make it, you know just because I feel as though I might now have the confidence.

Doctor: Do you get round to doing most of your plans?

Patient: Mostly.....[changes her mind]....no not really. No I don't.

Observations: *Sulphur*

At home read about Sulphur in your course reader *H W Boyd, Introduction to Homoeopathic Medicine*, page 247.

Further Relevant Reading

Try to read as many of the articles of particular interest to you as possible.

Choudhury SM

Sulphur tested in relationship to the chronological appearance of symptoms

J Am Inst Homeopath 1975 Jun;68(2): 108-113

Currim AN

Clinical cases diarrhea, sulphur, rectal dis, pancreatitis, lycopodium, bryonia, adenocarcinoma

J Am Inst Homeopath 1983 Dec;76(4): 127-133

Hiltner R

Sulfur: a homeopathic medicine and an environmental contaminant

J Am Inst Homeopath 1980 Dec;73(4): 11-20

Datta DD, Bose PC, Ghosh D

Spectrophotometric estimation of elemental sulphur in homeopathic sulphur mother tincture and

J Am Inst Homeopath 1972 Mar;65(1): 53-56

Trexler HL

Presentation of an allergy case

J Am Inst Homeopath 1970 Dec;63(4): 238-240

Currim A

A case of interstitial cystitis

J Am Inst Homeopath 1988 Sep;81(3):102-7

Reckeweg HH

Das Homöopathikum. Sulfur

Biol Medizin 1986 Jun;15(3):142-47

Demarque D

Sulphur

Homeopathie 1985 May-Jun;2(3):5-14

Demarque D

Sulphur . Clinical indications and dosage (French)

Homeopathie 1985 May-Jun;2(3):15-9

Townsend I

Sulphur . A major remedy

Homeopath Alternat 1984 Summer:12-3

Illing KH

Five sulphur cases

Br Homeopath J 1982 Jul;71(3):115-7

Thomas MP

Report of a dermatological case successfully treated with sulphur

Hahnemann Glean 1983 Dec;50(12):521-6

Genis J

Sulphur

Homeotherapy 1978 4(2): 4-11

Genis J

Sulphur : some clinical indications

Homeotherapy 1978 4(2): 12-17

Kunzli J

A clinical case – multiple warts

Homeotherapy 1980 6(2): 53-55

Kent JT

Sulphur

Homeotherapy 1981 7(5): 155-158

Burford G

The values of high potencies in surgery. A *Sulphur* case

Homeopathic World 1925 Mar;60(711): 63-66

Tyler ML

Some drug pictures. Chamomilla

Belladonna *Sulphur*

Homeopathic World 1924

Apr;59(700): 91-94

Anon

Sulphur

Homeopathic World 1918

Jul;53(7): 266-284

Day JR

A *Sulphur* case

Homeopathic World 1912

Jul;47(7): 320-321

Tyler ML

Sulphur . Drug pictures 37

Homeopathy 1935 Jan;4(1): 25-30

Borland DM

Children's Types. No. 4

Homeopathy 1938 Sep;7(9): 276-283

Tyler ML

Little cases – Diabetes – sulphur

Homeopathy 1941 Aug;10(8): 240

Parsch T

NMR spectra of sulphur

potencies: artefacts of potentizing

Berlin J Res Homeopath 1991

Mar;1(2):132-3

Boyd WH

Skin problems

Homeopathy 1982 32: 147-152

Borland DM

Children's types – Group 4

(contd)

Homeopathy 1967 Jul;17(7):

102

Ross AC

Sulphur

Homeopathy 1964 Mar;14(3):

37

Ross AC

Three anti-psorics

Homeopathy 1964 Dec;14(12): 182

SAQ 3.2



Without looking at the text, how many of the keynotes
of *Sulphur* can you remember?

Mind

General, environmental and constitutional features

Local

Frequent pathological indications

At home read *Sulphur* in your *materia medica*:

Page 920 Vermeulen

Page 1299 Clarke

Page 620 Boericke (2nd British ed)

Page 871 Neatby and Stonham

Page 566 Phatak

Page 393 Jouanny

Page 297 Boyd