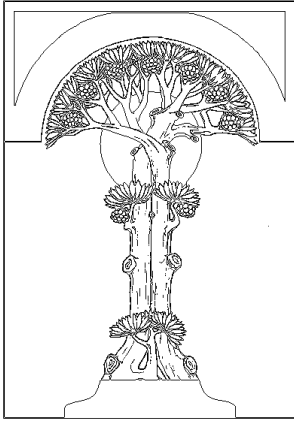


Centre for Integrative Medical Training



Intermediate Course in Medical Homeopathy

A Modular Course in Homeopathic Medicine for Healthcare Professionals

Tutorial Notes on Immunologically- Medicated Fatigue States

Unit 63
Therapeutic Pointers

Fatigue States 2 - Immunological Triggers / Dysregulation - Notes

Last week we looked at a possible approach to illness modelling where there was evidence of metabolic dysregulation as part of a Chronic Fatigue State.

This week we will examine the phenomenology of post-infective states and consider what aspects of the history and symptomatology might inform our treatment choices.

It is important to re-familiarise ourselves with the optimal response to an infective trigger before examining what factors may impair that response.

The primary immune response involves a sequence of inter-related events at a cellular level which give rise to a systemic response and are, in turn, responsive to that systemic response.

Time is an important factor affecting the course of events and the timing of both

- a) the endogenous responses and
- b) any extraneous factors (including treatment interventions)
can be critical to the primary immune response.

Patient Imperatives driving treatments that are often 'suppressive'

Fear of doing nothing
Fear of illness consequences
Fear of death

These drive early over-intervention while also causing autonomic dysregulation.

Patient Beliefs / Insecurity

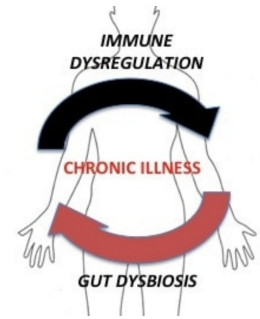
Mistrust of our biologically evolved defences, in favour of medical treatment.
Confounding symptom suppression with assisted cure.

Convergent and Concurrent aetiologies

pre-existing stress,
incidental treatment for an existing problem which negatively impacts on the primary immune response,
sources of toxicity
sensitised states and pre-existing sensitivities
exhaustion
deficiency syndromes
addictions

Homeostatic dysregulation:

over-shooting
under-reacting
chaotic alternations - paradoxical and contradictory states



Symptoms:

Check circadian rhythm for evidence of adrenal derangement
Check thermostatic responses for hypothalamic derangement

Look for 'shadow symptoms' in the chronic phase:

Chills alt. fever
Adynamic fever
Intermittent / remittent fever
Sub-clinical and incomplete fevers

Abuse of conventional drugs
'Abuse of quinine'

Then seek SRPs and guiding symptoms from the symptomatology

Stop suppression
Stop acetaminophen / paracetamol completely

Treatment:

Consider aetiological nosodes
eg Influenzinum, glandular fever nosode, Coxsackie B etc

Bowel nosodes (when antibiotics have been used acutely or subacutely and there is gut derangement)

Consider potencies of Cortisone acetate where there has been steroids / failure to rest in the acute phase

China officinalis

Chininum salts (depending on the symptom focus in a china state)

Others:

Menyanthes
Parthenium
Baptisia tinctora
Scutellaria

Additional Information:

<https://www.dropbox.com/scl/fo/m4pl58hyeube47jp3iv2t/h?dl=0&rlkey=w80e9b317o1pssahrv4g5gf4s>

<https://www.nice.org.uk/search?q=Chronic+fatigue+syndrome>

