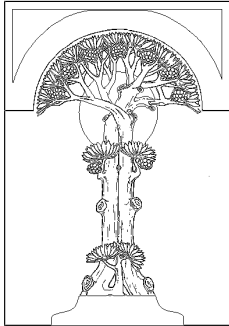


Centre for Integrative Medical Training
In Association with London Integrated Medical Health Education



Intermediate Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 23

Materia Medica Studies and Therapeutic Pointers for Week 3

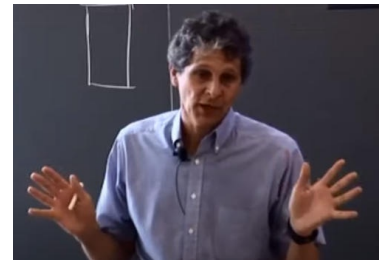
Acute on Chronic Prescribing Scenarios

Every homeopathic practitioner meets the situation where a patient who has been attending for a chronic problem, suddenly appears before them with an acute problem.

Listen to a perspective on prescribing in acute on chronic scenarios by Dr Andre Saine:



<https://youtu.be/BgXKuDUmHuk>



This is a potentially confusing area of methodology. Here are a few pointers.

If homeopathic treatment up to that point has not worked well, then the new acute presentation often presents a clearer symptom picture than the chronic symptomatology (and remedy choice often becomes easier).

If it is not a medical emergency requiring close specialised assessment, then you should prescribe as clearly as possible for the current state and you may well find that the patient responds well at all levels and doesn't revert to such a low point in terms of their background condition when the acute has passed.

If your treatment, prior to the acute, has been effective then there are some important considerations that need to be explored before prescribing acutely:

firstly, does the acute picture represent a destabilisation of the chronic condition, or has something completely new happened to the patient?

If you have been treating the patient for chronic prostatitis, for example, and they incur a whiplash injury, it is likely that they should be treated acutely for the whiplash as a priority, returning to the more longstanding problem when the acute problem has settled.

If on the other hand you have been treating someone successfully for asthma with a general sustained improvement over months, and they become acutely wheezy on the first night of a holiday to their brother's old fixed caravan, ie an environment which has been out of use for months and is full of dust. Then there is a question of whether an acute on chronic prescription is warranted, because you do not want to block a constitutional remedy response for short term gain.

This involves judgements around the severity of the acute picture, whether it will resolve spontaneously if the causation is removed, and whether there are non-homeopathic treatments that are actually more appropriate under the circumstances.

A key aspect to consider to consider is whether the acute phase is likely to be self-limiting. So, generally, if constitutional treatment is underway and showing promise at a deep level, you will probably not choose to treat, for example, a common cold with a new acutely selected remedy.

If an acute picture is less severe than expected on past form, then consider that the constitutional treatment has probably changed the patient's susceptibility to the acute triggers and the case should be treated conservatively ie with no new remedies introduced.

The second thing to consider is whether the pre-acute treatment is based constitutionally, or locally. If you have been prescribing Thuja successfully in low potency for warts, then there is probably not an important constitutional response underway at the time if they incur a urinary tract infection. Under these circumstances you might stop the thuja for a week or two, treat the acute UTI and when you are sure they are past the acute, consider whether you need to restart treatment for the warts.

Rarely, and inadvisably, if you have been treating the superficial symptoms of a systemic disease with persistent local remedies, do watch out for serious acutes that could indicate that you have been engaging in suppression. The acute picture in these circumstances would often involve the expression of the remedy picture of the 'abused' medicine.

Here is a further short video discussion of Acute on Chronic prescribing by Dr Russell Malcolm



<https://youtu.be/Wu8Rk7p22XU>



References:

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