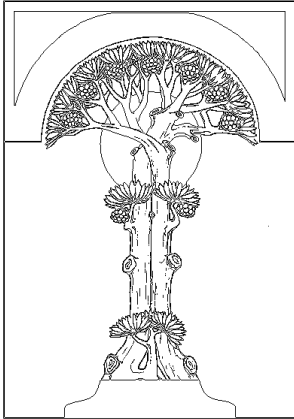


Centre for Integrative Medical Training



Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 65

Therapeutic Pointers

Prescribing in Rheumatological Conditions

In this section we will outline the pathogenesis, classification and clinical manifestations in musculoskeletal medicine and the bearing these factors have on the homeopathic treatment possibilities.

Classification

The following classifications can be helpful when considering aetiological prescribing:

- traumatic
- infectious
- toxic
- systemic
- degenerative
- autoimmune
- postural
- metabolic



Manifestations

If you are intend to repertorise it is important to match the illness picture accurately to the regional localities and organ affinities:

articular

1. monoarticular
2. polyarticular
3. migratory

non-articular

- referred pain
- neurogenic
- muscular
- visceral

Therapeutics

Most cases will require your to formulate a prescribing strategy that will determine:

- the selection of your remedies,
- the timing and /or sequencing of treatment,
- their potency and posology.

To some extent these decisions will depend on whether you are applying a) a local, or b) a systemic stimulus:

In the case of the former, it is a remedy that is selected to reduce the inflammatory response in the affected tissues locally at low potency or, alternatively, it is a stimulus aimed at re-setting part of the immunological background to the problem locally at high potency.

Prescribing Models

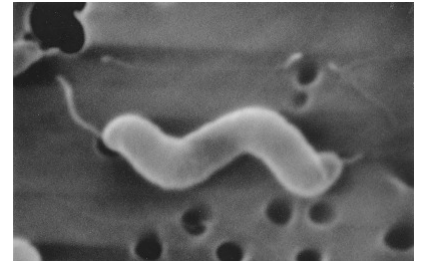
Totality (and Constitution)

The use of a 'totality' model is ideal if you are able to identify a remedy with clear local indications which can also be more widely contextualised to the whole person.

Other prescribing models include:

- aetiological nosodes - where a known infective trigger initiated the illness
- other nosodes whose gateway indications **and** their known clinical pictures appear to be appropriate: eg. Bowel nosodes
The bowel nosodes most closely associated with the inflammatory arthritides are: *Bacillus 7*, *Dys.*, *Gaertner* and *Sycotic co.*
- the structural affinities of different homeopathic remedies (organotropism, drainage, and pathological prescribing)

Fibrous peri-articular structures
Serous, endothelial / synovial membranes
Periosteum
Connective tissue and muscle



Reactive arthritis is an RF-seronegative, HLA-B27-linked arthritis often precipitated by genitourinary or gastrointestinal infections. The most common triggers are intestinal infections with *Salmonella*, *Shigella* or *Campylobacter* (shown) and sexually transmitted infections (with *Chlamydia trachomatis*). It also can happen after Group A *Streptococcal* infections.

Reactive arthritis has also been recorded after viral infections including Coronavirus.

In the History look for:

Individualising information, including:

- the subjective nature of the sensation (modalities and refined symptom information)
- ie the '**Complete Symptom**' wherever possible.
Consider using a polarity analysis questionnaire to avoid missing symptoms that might have vital discriminatory value as you work through your short-listed remedies.
- Aetiology / evolution of the condition eg. trauma, sustained inflammation and degenerative progression.
 - The pathological environment: repetitive triggers, disease modifying factors.
 - The operating environment: weather, time, posture, occupation, relationships ...
 - The therapeutic environment: drugs, nutrition, orthopaedic aids, prosthetics, physiotherapy etc.

Activity:

Watch this presentation by Dr Peter Fisher on finding the most important indicating information for the key rheumatological remedies.



<https://youtu.be/3YC826hhTOk>

Homeopathic Prescribing In *Musculoskeletal Medicine*

Prescribing acutely following accidents and injuries.

Homeopathic support after operation and during rehabilitation.

Chronic prescribing for the sequelae of injury.

Homeopathic Prescribing In *Rheumatology*

The Inflammatory Arthritides

- Rheumatoid arthritis
- SLE
- Reiter' s syndrome
- Ankylosing Spondylitis
- Other autoimmune arthritides
- Gout
- Psoriatic arthropathy

Synovitis:

*Acon ant-t apis arn bell berb bry calc calc-f canth caust ferr-p fl-ac
Hep iod kali-c kali-i led lyc merc myris phyt puls rhus-t ruta Sabin
sep sil slag stict sulph verat-v.*

Gout (acute):

colchicum, formica, sabina, urtica urens

Gout (chronic):

benz-ac., chin., colchin., euon-a., guaj., rhod., sal-ac., sars., staph



Gout



The study remedies for Weeks 9 & 10 are:

Colchicum., Guaiacum, Myristica, Rhododendron and Sabina

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