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CEDH magazine

CONTINUING MEDICAL EDUCATION CEDH MAGAZINE · JANUARY 2026 · NUMBER 72

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SUMMARY

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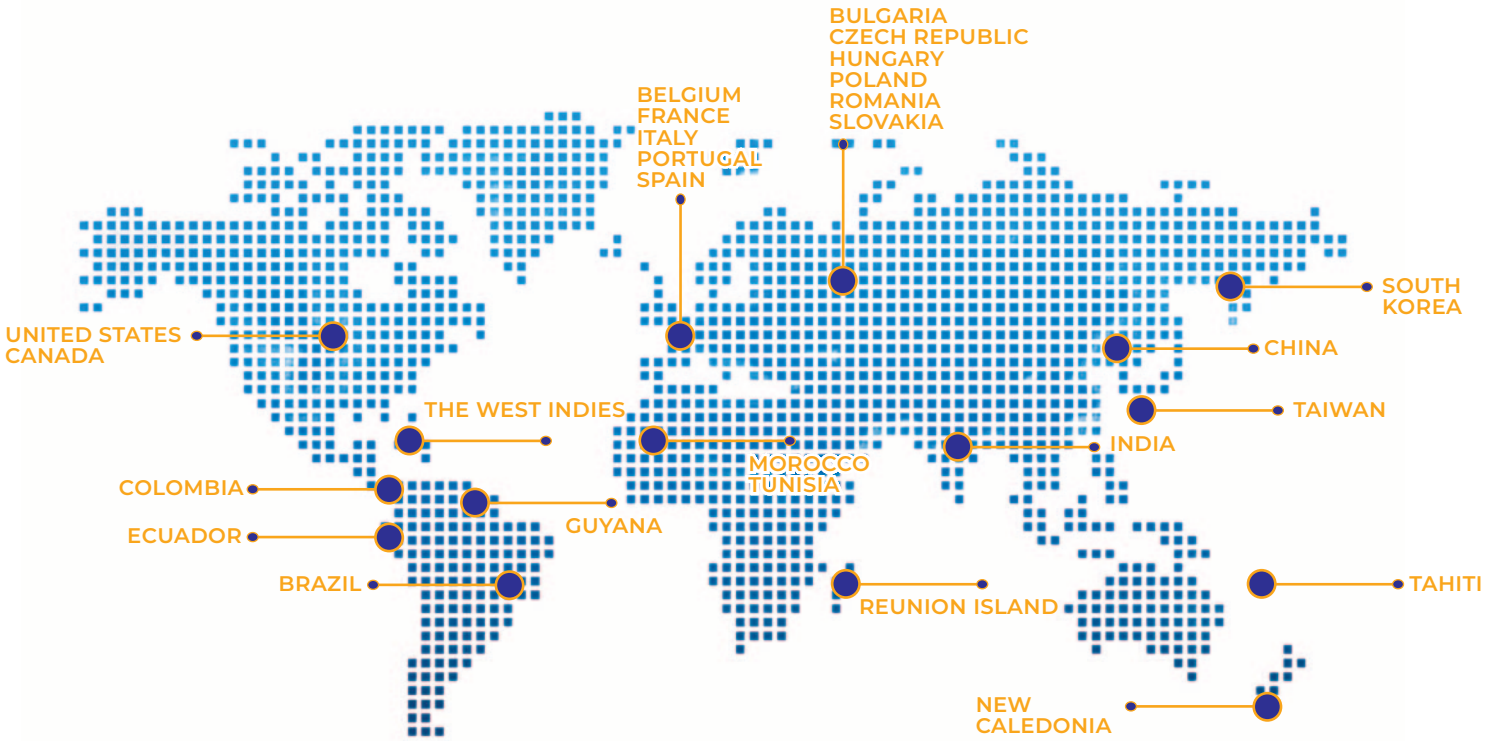
CEDH

Center for Education and Development of Clinical Homeopathy

in the world



Founded in 1972 and present in more than 25 countries, the CEDH is the leading clinical homeopathic training school in the world.

Around 45,000 physicians and healthcare professionals have been trained since its creation.

The CEDH offers a tailor-made and progressive training to allow healthcare professionals to implement homeopathy in their practice.

The courses are illustrated with daily clinical cases (seen in private practice or at the hospital) for immediate implementation in one's practice.

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EDITORIAL

To look ahead with confidence

Martine Tassone, MD
Editor in Chief

As we approach the end of the year, I don't want to dwell on the past, but rather focus on the future. In a world where medicine is often pulled between technical precision and dehumanization, between immediate efficiency and the search for meaning, homeopathy represents a path decidedly oriented toward the future. ***A future in which health is more than the absence of disease — it flourishes through physical, psychological, and social balance, through prevention, and through respect for the person as a whole****. This issue of our journal reflects that perspective: through inspiring clinical cases, bold explorations of pathology, and international perspectives on practice, we outline the contours of a dynamic, open, and hopeful homeopathy.*

The clinical cases we present are more than simple testimonials. They are living proof that homeopathy, when practiced with rigor and sensitivity, can profoundly change lives. Each case teaches us humility and perseverance, reminding us that medicine, before it is a science, is an art — the art of listening, observing, and accompanying. These stories, often involving complex therapeutic journeys (including patients living with multiple sclerosis), demonstrate that ***homeopathy is not a marginalized alternative, but a valuable ally in comprehensive patient care, even in challenging and chronic conditions.***

> ***"...capable of adapting to today's challenges while remaining faithful to its foundational principles."***

This issue also includes areas that are rarely explored, such as ***bladder polyps and Sycosis****. These articles go beyond listing treatment protocols — they encourage reflection on how homeopathy can contribute meaningfully within multidisciplinary care.*

The homeopathy of tomorrow will not be a rigid discipline, but one in motion, ***capable of adapting to today's challenges while remaining faithful to its foundational principles****. It will not be built in opposition to other forms of therapy, but through thoughtful complementarity. My wish for 2026 is this: that dialogue continues to grow among conventional medicine, complementary approaches, the human sciences, and technological innovation. Everyone involved in healthcare — scientists and patients alike — stands to benefit.*

This issue invites us ***to look ahead with confidence****. Homeopathy is not a relic of the past, but a field in full evolution, offering fresh possibilities for today's health challenges. It embodies a vision of medicine where patients are fully engaged in their health journey, where prevention comes before intervention, and where the therapeutic relationship remains central to care.*

It's up to us, as practitioners, to carry this vision forward with ***boldness and humility****.*

Enjoy reading, and above all, onward toward the homeopathy of tomorrow!

QUIZ

QUESTIONS ON ARTICLES FROM MAGAZINE NO 72

Mastering one's subject means regularly reviewing the Materia Medica, the characteristic symptoms of each medicine and their specific indications

1. Which homeopathic medicine may be considered in a patient with multiple sclerosis (MS) presenting with muscle cramps?

- A *Arnica montana*
- B *Cuprum metallicum*
- C *Gelsemium*
- D *Bryonia*

2. Which homeopathic medicine can be helpful for a patient with MS presenting with sudden, shooting neuralgic pain?

- A *Lycopodium clavatum*
- B *Belladonna*
- C *Kalmia latifolia*
- D *Arnica montana*

3. Which homeopathic medicine may be considered in a patient with MS presenting with muscle weakness, tremors, clumsiness, and variable mood with discouragement?

- A *Argentum nitricum*
- B *Arnica montana*
- C *Strychninum*
- D *Agaricus muscarius*

4. Which homeopathic medicine may be considered in a patient with MS presenting with blepharospasm, accommodation disorders, and ptosis?

- A *Argentum nitricum*
- B *Hypericum perforatum*
- C *Physostigma*
- D *Agaricus muscarius*

5. The VICAN 5 study investigates outcomes in patients with cancer:

- A *5 weeks after diagnosis*
- B *5 months after diagnosis*
- C *5 years after diagnosis*
- D *10 years after diagnosis*

6. The primary motivation for using non-conventional medicines in addition to conventional cancer treatments is improvement in quality of life:

- A *For 9 out of 10 patients*
- B *For 5 out of 10 patients*
- C *For 1 out of 10 patients*
- D *For no patients*

7. Which sensation suggests Argentum nitricum in headaches?

- A *An intermittent throbbing sensation in the forehead*
- B *A sensation of heat in the head*
- C *A sensation of increased head volume relieved by cold applications*
- D *A sensation of increased head volume relieved by tight bandaging*

8. Which medicine is indicated for esophageal spasm with a sensation of a foreign body stuck in the lower esophagus, followed by a relieving bout of belching?

- A *Ignatia amara*
- B *Abies nigra*
- C *Robinia pseudo-acacia*
- D *Gelsemium*

9. Which medicines should be combined to prevent recurrence of bladder polyps in a patient with a history of gonorrhea?

- A *Arnica montana / Thuya occidentalis*
- B *Medorrhinum / Sulfur*
- C *Medorrhinum / Thuya occidentalis*
- D *Natrum muriaticum / Sepia officinalis*

10. Which medicines are indicated for profuse hematuria with dark blood in a female patient with severe fatigue and bladder polyps?

- A *Ustilago / Sepia officinalis*
- B *Sabina / Sepia officinalis*
- C *Natrum muriaticum / Sepia officinalis*
- D *Phosphorus / Lachesis mutus*

→ *Answers on the last page (p.73)*

History of the CEDH in the Czech Republic

Jaroslav Čupera, MD, Hana Váňová, MD, Renata Semeráková, MD

Because of its geographical location, the Czech Republic is sometimes referred to as the "heart of Europe." As a true crossroads of the continent, it has long served as a meeting point for diverse cultures and influences. The country is renowned for its historical monuments, natural landscapes, good beer, and excellent wine. Geographically, it is composed of Bohemia, Moravia, and Silesia. Its capital is Prague, and it currently has a population of approximately 10.9 million. Among the many encounters that have taken place throughout its history, homeopathy also found its place in the Czech lands.

1 History of homeopathy in the Lands of the Bohemian Crown before 1989

Homeopathy was established around 1810 by the German physician **Christian Samuel Hahnemann**.

His theory was initially met with strong criticism, and from 1819 onward, homeopathy was prohibited in the Habsburg territories, including what is now the Czech Republic.

In 1828, by order of Emperor Francis I, homeopathy was reassessed as a therapeutic method. Following highly convincing results during the treatment of the cholera epidemic in 1831, the medical faculties of Prague and Vienna issued favorable opinions. However, the ban on practicing homeopathy as an official therapeutic method was not lifted until 1837.

Prague: The Charles Bridge over the Vltava River

Homeopathy in the Czech Republic

▲ The pioneers of homeopathy in Czech territory: Mathias Marenzeller (from 1818) followed by Friedrich Peithner and around 1850 by Dr Elias Altschul.

The first homeopath practicing in the Czech territory was the Austrian physician **Matthias Marenzeller**. He became interested in homeopathy in 1815 and practiced it in Prague from 1818 onward.
He was followed by **Friedrich Edmund Peithner**, who held a special authorization to practice homeopathy, as well as by **Rudolf Schiller**, who also used homeopathy despite its prohibition.
Other physicians likely followed the same path, but no records have been preserved.

▲ Prague in the 19th century: Wenceslas Square

From the first half of the 19th century onward, homeopathic pharmacies began to open, and Czech and Moravian homeopaths became members of the Austrian Medical Society, founded in 1848. However, most homeopaths practiced independently, outside this society.
In 1850, **Dr. Elias Altschul** played a decisive role in enabling the Faculty of Medicine in Prague to open studies in homeopathic therapeutics. He became a legitimate member of the teaching staff and later founded the Prague Homeopathic Polyclinic.

After the end of World War II, homeopathy declined in the Czech Republic.
In the 1950s, with the advent of the repressive communist regime in Czechoslovakia, homeopathy was completely banned. A few individuals continued to practice despite the prohibition, but they were threatened with severe penalties and remained very few in number. Knowledge and awareness of homeopathy disappeared entirely from the country. It was only after the Velvet Revolution, at the end of the communist regime in 1989, that homeopathy re-emerged.

2 The revival of homeopathy in the Czech Republic – the beginnings of the CEDH

Shortly after the Velvet Revolution and the collapse of the totalitarian communist regime, society opened up, and the first methods of alternative medicine began to appear and be taught. One of these was homeopathy, and the CEDH was the first school to offer structured courses.
Dr. Miloš Rýc, who had discovered homeopathic therapeutics during his studies in France, played a major role in this revival. Together with pharmacist **Zdeněk Procházka**, he founded the company Rhodon, which enabled the teaching of CEDH courses in the Czech Republic, published homeopathic literature, and offered homeopathic consultations.
The first year of training began in 1991 in Prague, in a lecture hall at the Motol University Hospital, and brought together more than 300 students. Initially, teaching was provided by French instructors, including **Dr. François Cousset**, **Dr. André Pellegrini**, **Dr. Josette Nouguez**, and others.

▲ Dr. Miloš Rýc, architect of the homeopathy revival since 1991

▲ The Motol University Hospital in Prague, where the first university courses in homeopathy took place

Soon thereafter, a highly qualified team of Czech instructors was formed (**Drs. Miloš Rýc**, **Miroslav Černý**, **Miriam Kabelková**, **Hana Váňová**, **Kateřina Formánková**, among others). The training program lasted two years: a foundational first year followed by a Master-level course aimed at deepening knowledge. At the end of the two-year curriculum, students were required to pass an examination to obtain their diploma.
In the years that followed, these programs were very successful, and thousands of physicians were trained. In addition to foundational seminars, two-day specialization seminars were organized in ENT, rheumatology, pediatrics, headaches, allergology, and many other fields. Regular *"Consultation Days"* were also held—afternoon meetings of homeopaths in many Czech cities, during which current topics and clinical case studies were discussed.

Homeopathy appeared to be gaining an increasingly important position in the Czech Republic. It was admitted into the professional medical association, *the Czech Medical Society of Jan Evangelista Purkyn* . Homeopathic medicines were registered with the *State Institute for Drug Control* (SÚKL). A homeopathy sub-department was created within the *Institute for Continuing Education of Physicians and Pharmacists* (ILF), placing homeopathic education on an equal footing with other medical disciplines.

Homeopathy in the Czech Republic

Training is at the heart of the activities of the HLA (Homeopathic Association of Physicians)

However, approximately five years later, this department was dissolved, and the Rhodon company also ceased its activities. Critics and skeptics had emerged and were gaining influence. They began exerting pressure on the highest authorities, and in 1996, homeopathy was excluded from the Purkyně Society.

3 Back in the game – the founding of the HLA

On July 2, 2007, in response to the need for an independent official institution responsible for CEDH training and for bringing together physicians and other healthcare professionals wishing to practice homeopathy, the Homeopathic Medical Association (HLA) was founded. The founding members were **Drs. Hana Váňová**, **Miriam Kabelková**, **Miroslav Černý**, **Tomáš Janíček**, and **Václav Holzbauer**. **Hana Váňová** was elected as the first president.
Reflecting on the founding of HLA, she stated:
"We set three fundamental long-term objectives, which remain fully valid today:
– That every physician be familiar with homeopathy, its possibilities, and its limits;
– That every patient receive appropriate treatment, homeopathic or otherwise;
– That responsible institutions recognize homeopathy as a legitimate treatment method."
The main credo of the HLA reflects this vision:

"There is only one medicine, and homeopathy is part of it!"
Accordingly, beyond our personal activities, we sought to participate in medical congresses and to disseminate homeopathy, its principles, and its benefits among physicians of all specialties. Numerous publications and media presentations by members of the association contributed—and continue to contribute—to this effort.

From the outset, membership in HLA was open to physicians, veterinarians, pharmacists, and clinical psychologists. Homeopathic training, always following the CEDH model, lies at the heart of HLA's activities and is delivered by a highly experienced teaching team. Between 2017 and 2023 alone, 1,710 physicians, 120 veterinarians, and more than 1,000 pharmacists completed these programs. In addition to the DTH, several MTH programs are offered (pediatrics, psychosomatic disorders). HLA currently has 17 instructors dedicated to physician training.
Within the DTH program, in-person teaching is preferred. To support students in their clinical practice, a WhatsApp consultation group is available, allowing them to share experiences and seek advice from colleagues or experienced instructors.
In addition, HLA organizes specialization seminars on current topics, generally twice per year. Each spring, a multi-day *Spring*

Dr. Ilona Ludvíkova, president of the HLA from 2014 to 2025

▲ Students at the end of their training session receiving their diploma in therapeutic homeopathy

Seminar is held and is particularly popular. "*Clinical Afternoons*," meetings focused primarily on clinical practice, are also regularly offered.
During the COVID-19 pandemic, when in-person meetings and seminars were not possible, online teaching was introduced. Between 2020 and 2023, 24 webinars were organized, attended by 1,485 physicians and 1,095 pharmacists. These webinars included training sessions for physicians, pharmacists, and pharmacy assistants.

For interested professionals and HLA members, the website *www.hla-homeopatie.cz* provides information about the association as well as updates on homeopathy worldwide. A members-only section contains archives of seminars and the *Homeopathic Journal*. For the general public, the website *www.svethomeopatie.cz* offers guidance on homeopathic treatment for common conditions, articles on *Materia Medica*, and much more.

From 2014 to 2025, the president of HLA was **Dr. Ilona Ludvíková**. The association is currently chaired by **Dr. Jaroslav Čupera**.

4 Pharmaceutical Section

Between 2013 and 2016, instructors delivered homeopathic courses and lectures on specific topics for various educational organizations. In 2016, a single unified program was introduced, entitled "*Homeopathy Training for Healthcare Professions*," consisting of two cycles:
- **The first cycle** included four seminars on the foundations of homeopathic treatment and essential homeopathic medicines;
- **The second cycle** focused on the use of homeopathic medicines in various clinical indications.

In 2017, the Pharmaceutical Section was established under the leadership of pharmacist **Renata Semeráková**. This section brings together pharmacists with an interest in homeopathy and

currently includes approximately 100 members, 50 of whom are active. The *Pharmaceutical Section* ensures continuing education in homeopathy for pharmacists and other healthcare professionals, with seminars currently delivered by five instructors.

Renata Semeráková summarizes the reasons for establishing the *Pharmaceutical Section* as follows:
• Pharmacists provide professional counseling and are therefore essential in supporting safe, effective, and guided self-medication;
• Under Czech and European legislation, homeopathic products are medicines, yet they are marketed without indications, are available over the counter, and thus recommended for self-medication;
• Creating a homeopathic bridge between pharmacists and physicians based on cooperation, strengthening mutual respect and professional competencies;
• Supporting the exchange of homeopathic experience among pharmacists and between pharmacists, physicians, and other healthcare professionals to promote knowledge acquisition and information sharing.

5 Veterinary Section

In 2018, the *Veterinary Section* was created within the HLA. Its goal is to educate and promote homeopathy among professionals and the general public. We aim to demonstrate to veterinarians that homeopathy can be used in daily practice and that its use contributes to sustainable management of landscapes and rural areas. We strive to implement and apply homeopathic research in everyday veterinary practice and to support veterinary colleagues as they begin their work in homeopathy.

6 Conclusion

For more than 30 years, we have built a solid foundation for high-level clinical homeopathy in the Czech Republic. Our experienced teaching team

"The main credo of the HLA reflects this vision: "There is only one medicine, and homeopathy is part of it!"

presents clinical homeopathy according to CEDH principles. We support both beginning and advanced homeopaths through WhatsApp groups and organize online and in-person seminars across multiple specialties and topics.

We also offer training for the general public on the use of homeopathy in simple everyday situations via the website www.svethomeopatie.cz.

We are ready to provide foundational education in clinical homeopathy at medical faculties. The first courses began in 2025 at Masaryk University (MUNI) in Brno. Within the framework of activities of the Czech Ministry of Health aimed at improving the quality of medical care and raising public awareness of self-medication and prevention, the Council of Complementary Medicine was established. Within this council, the HLA holds an indispensable role.

We are convinced that homeopathy has a promising future in the Czech Republic and worldwide. Nevertheless, we know that homeopathy and its application in daily medical care and prevention must be defended continuously. No one will do it for us.

Homeopathy is a path toward integrative health and individual freedom. Many among us have experienced the fragility of freedom. We also know that unity creates strength. This is why, as members of the HLA, we place great importance on cooperation between the CEDH and the ECH (*European Council of Homeopaths*).
The time has come to unite around a global homeopathic vision. ■

The homeopathic pellet retains the full biological activity of Arnica montana

Effects on In Vitro Inflammatory Markers

François Mulet, MD
Stéphanie Chanut, Head of the Research Department,
Justine Verre, Research Analyst,
Sandra Tribolo, Research Project Manager,
Boiron Laboratories, Lyon (France)

Does medication of a homeopathic dilution onto pellets (mother tincture diluted and succussed) on a substrate composed of 85% sucrose and 15% lactose alter its properties in biological models? *In the scientific literature, only a few basic research studies have investigated the effects of dissolved homeopathic pellets, whereas the vast majority of the hundreds of fundamental research studies in homeopathy report results obtained using homeopathic dilutions prepared in water.*
Therefore, the objective of our scientific team was to demonstrate that the activity of homeopathic dilutions on various biological markers is preserved when pellets or globules are dissolved in water.

1 Introduction

Before medication, the pellets and globules are neutral carriers composed of 85% sucrose and 15% lactose. The homeopathic preparation of *Arnica montana* used for medication is produced from the mother tincture, diluted and succussed in successive steps in accordance with standard homeopathic manufacturing procedures. This process yields the homeopathic medicine used in clinical practice. In basic research, however, the dilutions are generally prepared in purified water to protect cell viability. This study was conducted using pellets and globules medicated with various dilution levels of the *Arnica montana* homeopathic preparation.

▲ Whether wild or cultivated, the entire flowering plant is selected and controlled

The homeopathic pellet retains the full biological activity of Arnica montana:

1. THE FIRST STEP OF THE PROCESS involves **manufacturing the *Arnica montana* mother tincture**, which allows extraction of the plant's active constituents using a hydroalcoholic solvent. Whether wild or cultivated in origin, the whole fresh flowering plant is selected and controlled (botanical identification, moisture content, absence of foreign material), cleaned, cut, and then placed in maceration using a ratio of one part plant to 10 parts 45% v/v ethanol, in accordance with European and French pharmacopoeia guidelines. Maceration lasts approximately three weeks in an opaque container at room temperature. The mixture is regularly stirred to optimize extraction. At the end of maceration, the preparation is pressed and filtered, then stored in amber glass bottles or stainless-steel containers. The mother tincture obtained is validated through several analytical procedures:

- thin-layer chromatography (TLC),
- high-performance liquid chromatography (HPLC),
- gas chromatography (GC)

to ensure quality, particularly regarding concentration of relevant phytochemical compounds (sesquiterpene lactones), absence of impurities (heavy metals, pesticides), and ethanol content.

2. THE SECOND STEP consists of preparing ***Arnica montana*** homeopathic dilutions by diluting the mother tincture in a hydroalcoholic mixture of appropriate strength (30%–70%) using a precise ratio, for example 1:100 for a centesimal Hahnemannian dilution (CH).

3. DYNAMIZATION consists of vigorous succussion for each dilution prepared, at 150 shakes in 7.5 seconds. The resulting homeopathic dilution is then sprayed onto pellets and globules using a **triple-medication process** (Boiron patent, 1961), ensuring homogenous distribution of the homeopathic preparation throughout the entire substrate.

To date, hundreds of scientific publications have addressed fundamental research in homeopathy [1]. In the majority of experimental protocols in these studies, hydroalcoholic dilutions prepared from homeopathic mother tinctures are used. It should be noted, however, that cell culture models are extremely fragile and require very low ethanol concentrations in the tested dilutions. This is why homeopathic dilutions used in cell culture protocols are generally prepared in purified water rather than hydroalcoholic mixtures. This study demonstrates the biological effects of pellets and globules dissolved in water on two inflammatory markers: the synthesis of Intercellular Adhesion Molecule-1 (ICAM-1) and the production of reactive oxygen species (ROS).

▲ *Arnica montana* - Botanical illustration of *Köhler's Medicinal Plants* (1897).

- **ICAM-1** is a transmembrane glycoprotein involved in cellular adhesion, facilitating interactions between immune cells and endothelial cells during inflammatory and immune responses. It plays a key role in leukocyte migration by diapedesis through the endothelial barrier, allowing them to reach the site of inflammation triggered by injury or a foreign body.

- **ROS** (Reactive Oxygen Species) are reactive oxygen-derived species, such as superoxide anion (O2-) or hydroxyl radical (OH),

characterized by the presence of an unpaired electron. Under physiological conditions, they participate in cell signaling and immune defense. In cases of overproduction, however, they can induce oxidative stress, causing damage to cellular structures through phospholipid membrane peroxidation, oxidation of protein functional groups, and lesions of the constituent bases of nuclear DNA.

2 Methods

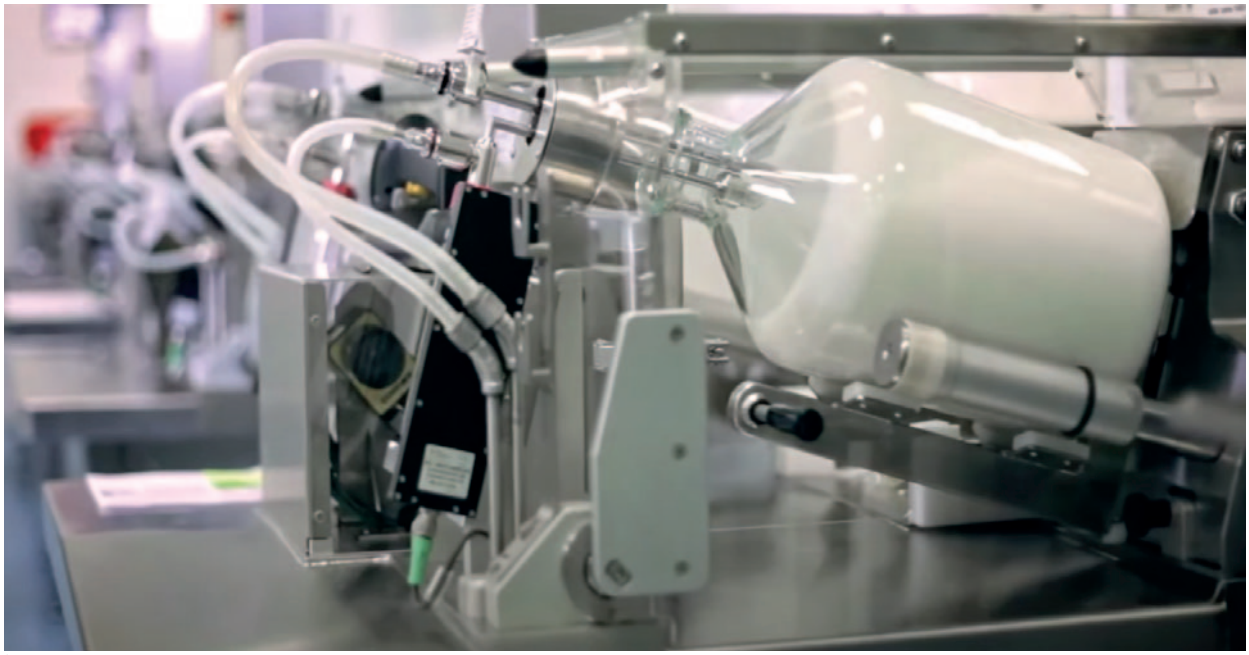
Both types of observations (ICAM-1 and ROS measurements) were carried out on **two types of cell cultures**, and **two different dosage forms** were tested.
Cell models:
1. Mouse microglial cells for quantification of ROS and **Human endothelial cells** for quantification of ICAM-1.
Homeopathic dosage forms:
2. Pellets and globules (**pellets** for the ROS studies; **globules** for the ICAM-1 studies)

PREPARATION OF HOMEOPATHIC SAMPLES

For experiments involving globules, 1 g of ***Arnica montana*** globules at ***4CH***, ***9CH***, ***15CH***, and ***30CH***, as well as 1g of neutral globules, were dissolved in 100 mL of non-succussed sterile purified water and stored at +4°C overnight before use in the experiments.
For experiments involving pellets, 10 pellets (equivalent to 1 g) of ***Arnica montana 5CH***, ***9CH***, ***15CH***, and ***30CH***, as well as neutral pellets, were prepared using the same procedure.
The cell cultures were incubated with 6% (v/v) of each of these solutions.

MEASUREMENT OF ROS IN MOUSE MICROGLIAL CELLS

Mouse microglial cells, cultured in 48-well plates, were **incubated for 4 hours with *Arnica montana* globules or pellets** at ***4CH***, ***9CH***, ***15CH***, and ***30CH***, previously dissolved in water (6% v/v). Cells were also incubated with water alone (6% v/v) as a placebo control, or with **dexamethasone** (0.625 µM), a reference corticosteroid anti-inflammatory agent, as a positive control. **Cells were stimulated** with 10 ng/mL of **LPS** (lipopolysaccharide, an endotoxin present on the surface of Gram-negative bacteria and a standard pro-inflammatory stimulus) for 24 hours.



▲ The process of manufacturing homeopathic dilutions consists of diluting the mother tincture in a hydroalcoholic mixture of appropriate strength (from 30 to 70%) and according to a precise ratio.

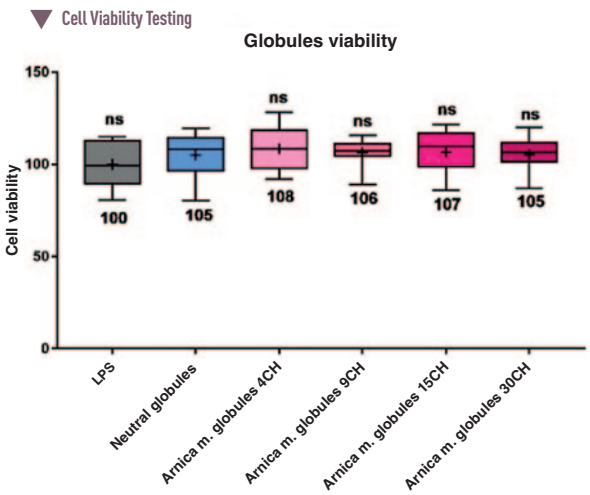
The homeopathic pellet retains the full biological activity of Arnica montana:

Following stimulation, cells were incubated with the CellROX™ Deep Red probe (10 µM) for 30 minutes, then rinsed with phosphate-buffered saline (PBS) and fixed with 3.7% paraformaldehyde prior to image acquisition using a **fluorescence microscope**. CellROX™ becomes fluorescent when oxidized in the presence of ROS.
Fluorescence intensity was quantified using image analysis software (ImageJ) and is directly proportional to the level of ROS produced by the cells.
Three independent experiments were performed, and statistical analysis of the results was conducted.

MEASUREMENT OF ICAM-1 IN HUMAN ENDOTHELIAL CELLS

Human endothelial cells, cultured in 12-well plates, were **pre-treated for 1 hour** with *Arnica montana* pellets at ***4CH, 5CH***, ***15CH***, and ***30CH***, previously dissolved in water (6% v/v), with water alone (6% v/v) as a placebo control, or with a **celecoxib-derived positive control** (0.5 µM OSU03012, a reference non-steroidal anti-inflammatory agent). Cells were then stimulated with 1 ng/mL of TNF-α for 16 hours. ICAM-1 levels were measured using an ELISA (enzyme-linked immunosorbent assay) performed on the supernatant obtained after centrifugation of the cell lysate. To validate ICAM-1 quantification, total protein concentration was measured using the **BCA** (bicinchoninic acid assay).
Three independent experiments were conducted, and statistical analysis of the results was performed.

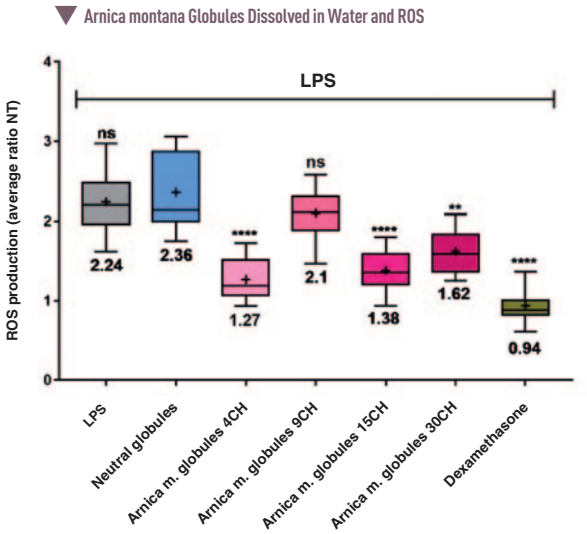
CELL VIABILITY TESTING



A standard laboratory control was performed to verify that treatment during the experiment did not impair cell survival in vitro. In this study, **no loss of viability was observed with either neutral globules or *Arnica montana* globules dissolved in 100 mL of sterile water**.

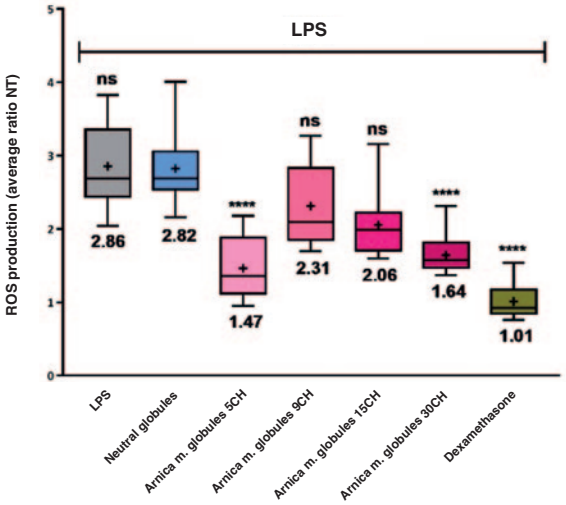
3 Results ROS / Murine Microglial Cells stimulated with LPS

ARNICA MONTANA GLOBULES DISSOLVED IN WATER AND ROS



The effects varied depending on the ***Arnica montana*** globules used. Globules at 4***CH***, ***15CH***, and ***30CH*** dissolved in water significantly reduced oxidative stress by 46% ($p < 0.0001$), 41% ($p < 0.0001$), and 31% ($p < 0.01$), respectively, whereas no effect was observed with neutral globules. In this model and for this marker, no measurable effect was demonstrated with ***Arnica montana 9CH***.

ARNICA MONTANA PELLETS DISSOLVED IN WATER AND ROS



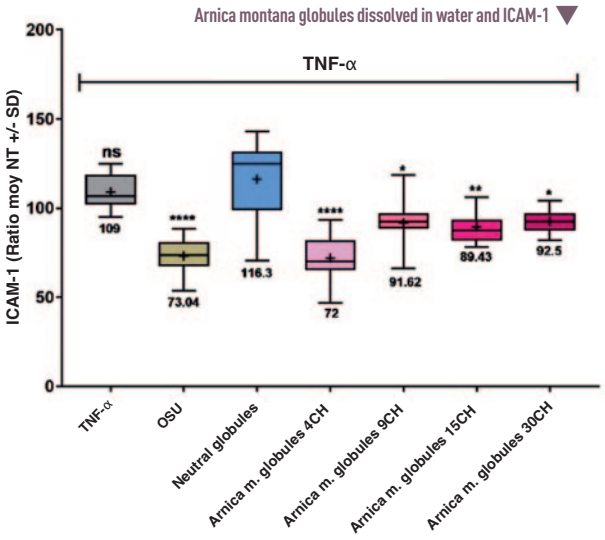
▲ Arnica montana pellets Dissolved in Water and ROS

Arnica montana pellets at *5CH* and *30CH* **dissolved in water produced a strong reduction in ROS generation, decreasing oxidative stress by 48**% ($p < 0.0001$) and **42%** ($p < 0.0001$), respectively, whereas no effect was observed with neutral pellets.
Pellets dissolved in water at *9CH* and *15CH* showed no measurable effect in this model or for this marker.

4 Results ICAM-1 / Human endothelial cells inflamed with TNF-α

ARNICA MONTANA GLOBULES DISSOLVED IN WATER AND ICAM-1

The positive control (OSU) significantly reduced ICAM-1 production by 33% in TNF-α–inflamed cells ($p < 0.0001$). Neutral globules had no effect on ICAM-1 production compared with inflamed cells alone.



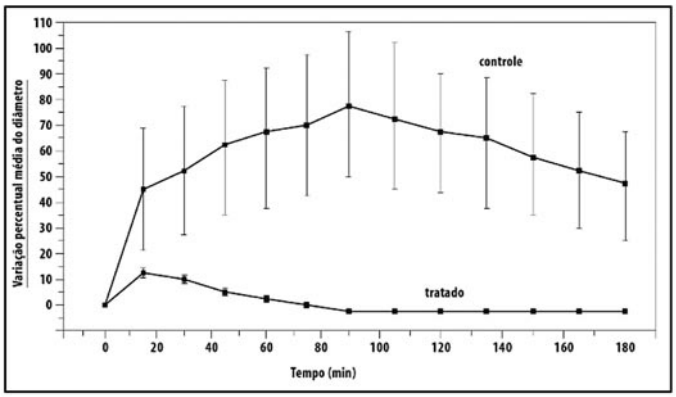
All solutions obtained from *Arnica montana* globules (*4CH*, *9CH*, *15CH*, and *30CH*) dissolved in water significantly decreased ICAM-1 production **by 20% to 38%** ($p < 0.05$ to $p < 0.0001$) in inflamed endothelial cells compared with neutral globules. This confirms the anti-inflammatory activity of the homeopathic medicine in its galenic form.
Observations involving *Arnica montana* pellets dissolved in water are ongoing at the time of publication of this article and are not yet available.

5 Discussion

ARE OTHER STUDIES INVESTIGATING WATER-BASED SOLUTIONS OBTAINED FROM GLOBULES/PELLETS MEDICATED WITH MOTHER TINCTURES?

In 2007, Alecu et al. investigated the effect of *Arnica montana 7CH* on 40 mice subjected to a standardized mechanical trauma (contusion) [2]. A solution was prepared from one *Arnica montana* pellet dissolved in 1 mL of water, and 0.2 mL of the solution was administered once by gastric gavage to half of the sample (20 mice) immediately after trauma. The treated group demonstrated a statistically significant reduction in traumatic symptoms (edema, pain, and recovery time) compared with placebo.

The homeopathic pellet retains the full biological activity of Arnica montana:



▲ Alecu et al. testing, 2007.

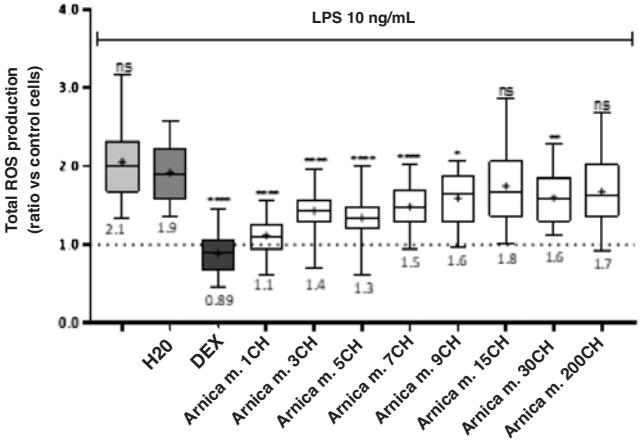
The control group presented substantial and persistent swelling, which was significantly greater than in the group treated with ***Arnica montana 7CH*** dissolved in water ($p < 0.0001$). In the treated group, swelling completely resolved within 105 minutes ($p < 0.0001$).

In 2022, Jacques et al. reported findings on the effects of globules medicated with a ***4CH*** dilution of interferon-gamma (IFN-γ) on immune-related metabolic pathways in various cellular models [3]. The tested product was derived from a synthetic cytokine dilution prepared from an initial solution of IFN-γ (1 µg protein in 1 mL of water).
The results showed that IFN-γ ***4CH*** stimulated proliferation, activation, and phagocytic capacity of primary immune cells, modulated cytokine secretion, and altered expression of membrane immune markers in immune and endothelial cells, in proportions comparable to the biological effects of commercially available recombinant human IFN-γ.
Each assay was performed only once, preventing statistical analysis of the observed data.

Do mother tincture dilutions of Arnica montana in water and solutions prepared by dissolving Arnica montana globules/pellets in water yield comparable results?

Regarding ROS production, results observed with solutions prepared from globules/pellets dissolved in water overlap with those reported in previous publications using water-based Mother Tincture dilutions:

In 2022, Paumier et al. evaluated the in vitro antioxidant effect of water dilutions of Arnica montana, Arsenicum album, and Lachesis mutus Mother Tinctures on ROS production in LPS-inflamed murine microglial cells [4]. Findings for ***Arnica montana 1CH***, ***3CH***, ***5CH***, ***7CH***, ***9CH***, and ***30CH*** showed a significant reduction in ROS production ranging from 15% to 42.1%, with the greatest effect observed for ***Arnica montana 1CH*** (–42.1%).

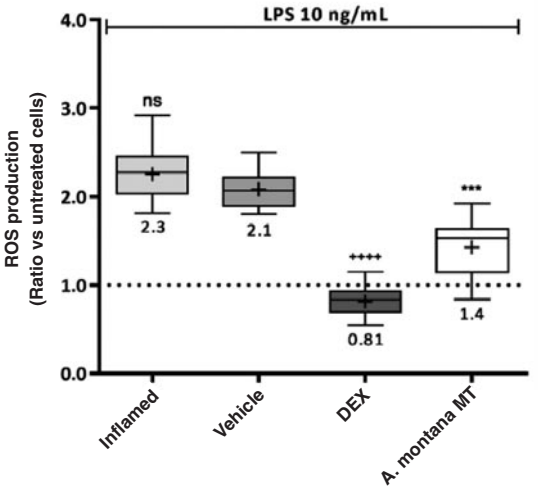


▲ Paumier et al. testing, 2022.

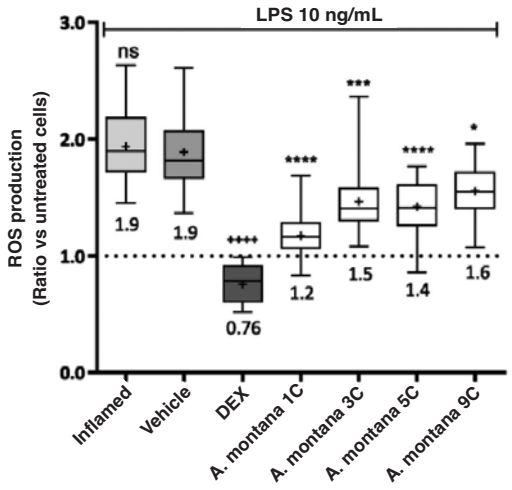
Each test was performed independently three times.
ROS data from water-based Mother Tincture dilutions and water-based globule/pellet solutions were of the **same order of magnitude (31% and 48% reduction, respectively).**

In 2024, Verre et al. tested *Arnica montana* Mother Tincture and a range of water-based homeopathic dilutions in several human and murine cell culture models to demonstrate anti-inflammatory properties by measuring markers including ROS and ICAM-1 [5]. Observations also involved tumor necrosis factor-alpha (TNF-α), interleukin-6 (IL-6), cyclo-oxygenase-2 (COX-2), and monocyte chemoattractant protein-1 (MCP-1).

Effects on in vitro inflammatory markers



Verre et al.testing, 2024, regarding ROS.

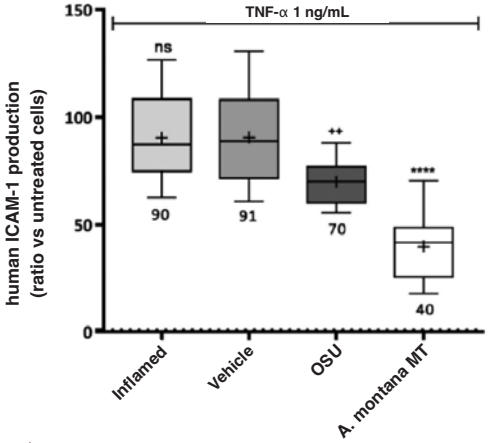


Verre et al. testing, 2024, regarding ROS (following)

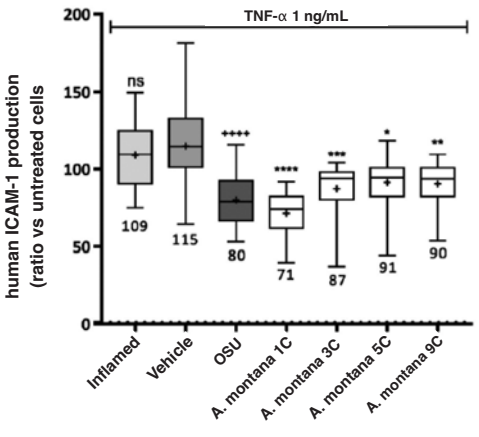
Regarding ROS, ***Arnica montana*** Mother Tincture and water dilutions induced a significant and consistent reduction in ROS production in inflamed murine microglial cells: **–33% (Mother Tincture), –37% (*1CH*), –21% (*3CH*), –26% (*5CH*), and –16% (*9CH*). Tests were performed in triplicate**.

Regarding ICAM-1, its expression was significantly reduced by Mother Tincture (**-56%**) and by dilutions ***1CH*** (**–38%**), ***3CH*** (**–24%**), ***5CH*** (**–21%**), and ***9CH*** (**–22%**) in inflamed human endothelial cells compared with vehicle controls.
Triplicate testing and the inclusion of positive and negative controls increased the reliability of the results.

Thus, transferring the homeopathic medicine to solid carriers (globules/pellets) during the manufacturing process preserves the biological action of the original preparation.



Verre et al.testing, 2024, regarding ICAM-1



Verre et al.testing, 2024, regarding ICAM-1 (following)

6 Conclusion

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Arnica montana globules and pellets dissolved in water demonstrate measurable biological effects in *in vitro* cell culture (murine microglial cells and human endothelial cells) on inflammation-related metabolic pathways, including ROS production (oxidative stress) and ICAM-1 synthesis (an adhesion molecule involved in inflammatory processes).

Independent repetition of experiments in triplicate and statistical processing of the data **support the reliability of the findings**.

Solutions prepared from globules/pellets dissolved in water show effects comparable to those observed with water-based homeopathic dilutions of Mother Tinctures in previous fundamental research studies published in peer-reviewed scientific journals. **Thus, transferring the homeopathic medicine to solid carriers (globules/pellets) during the manufacturing process preserves the biological action of the original preparation**.

According to current scientific standards, this study demonstrates the in vitro biological action of galenic forms commonly used in clinical practice. **The biological action of globules and pellet is validated**.

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CLINICAL CASE

Shingles
in Ms. D, 55 years old

Véronique Lavallée, MD
Bordeaux (France)

CLINICAL CASE

INITIAL CONSULTATION: SEPTEMBER 2019

I have known **Ms. D.** for approximately 10 years. She presented with pain described as intense burning, heat, and tingling sensations in the back (left scapular region) for the past 3 days.
The symptoms were present daily, with occasional sharp, electric shock–like pains radiating toward the left shoulder. She was concerned about cardiac pathology due to significant professional stress — she was preparing for an internal competitive exam within the French national education system, which she had already attempted the previous year.
No improvement modalities were noted

Pain was worsened by even light touch; she could not tolerate bed sheets or wear a bra. Pain occasionally woke her from sleep, after which she had difficulty falling back asleep.

On physical exam:
Blood pressure was 120/60 mmHg, resting heart rate 70 bpm. Cardiovascular and pulmonary examinations were normal. There were no cutaneous lesions or erythema of the upper limb, back, or chest.
The rest of the examination was normal (neurological / neuromuscular)
She underwent a cardiology evaluation the previous year for a positive family history of cardiovascular disease, and her routine laboratory work within the last 6 months was normal.

Her past medical history was notable for:
• Chronic venous insufficiency of the lower extremities (managed with Class II compression stockings, ***Hamamelis compose***, and ***Vipera reda 9CH***, 5 pellets each morning and evening during warm weather).
• Long-standing inflammatory bowel syndrome, managed with diet and weekly ***Lycopodium clavatum 15CH*** (used as her Sensitive Type medicine).

History of eczema in childhood, adolescence, and during periods of stress or emotional strain.

I prescribed a short course of symptomatic homeopathic treatment and advised resuming ***Staphysagria*** for underlying anxiety that she rarely expresses except during occasional marked emotional outbursts. She reports that this medicine helps significantly (her own words).

I instructed her to conctact me if pain persisted.

Prescription:

- ***Belladonna 9CH***: 5 pellets, three times daily
- ***Hypericum perforatum 15CH***: 5 pellets, three times daily
- ***Staphysagria 15CH***: 5 pellets at bedtime

Shingles in Ms. D, 55 years old

BELLADONNA

Homeopathic medicine of inflammation: redness, heat, pain, and edema. I decided to prescribe it even in the absence of skin redness, because, pain was provoked by even minimal contact (e.g., bed sheets, clothing), consistent with ***Belladonna***'s sensory hyperesthesia and worsening with jarring or movement.

HYPERICUM PERFORATUM

Hypericum is traditionally indicated as a "nerve Arnica," particularly when pain follows irritation of nerve tracts. In this case, recurrent, localized electric sensations from the scapular region toward the shoulder were typical of ***Hypericum*** indication.

STAPHYSAGRIA

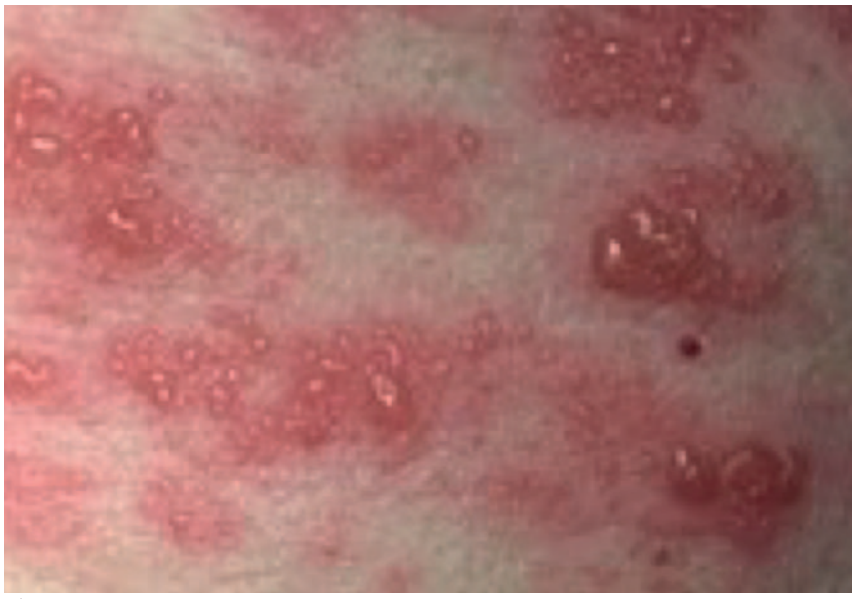
Selected because of her anxiety, which she hides from those around her, along with episodes of intense feelings of injustice and frustration (which tend to crystallize in the days leading up to this important work exam), related to her inability to openly express her emotions both within her family and in her professional relationships.
Also selected due to a degree of somatization of this anxiety, both dermatologic (history of eczema and erratic pruritus aggravated by stress) and gastrointestinal (history of painful bloating and intestinal spasms triggered by significant emotional upset).

She has exhibited this pattern of digestive and dermatologic symptoms on several occasions, which previously led me to prescribe ***Staphysagria 15CH*** and ***Lycopodium clavatum 15CH*** (her "Sensitive Type" medicine) multiple times over the last 10 years.

SECOND CONSULTATION — 8 DAYS LATER

Ms. D returned because her pain had worsened; she was worried and nearly called the emergency services during the night.

She described persistent, very intense burning sensations in the back and under the arm, along with unbearable pruritus and frequent, intense electric shock–like pains, only partially relieved by ***Hypericum perforatum*** (providing about 30 minutes of partial relief).



▲ Here is a photo of the dorsal eruption (with her permission)

> ***"The diagnosis was thoracic herpes zoster. I therefore prescribed a homeopathic treatment targeted to herpes zoster for 15 days, along with recommendations for local skin care."***

Shingles in Ms. D, 55 years old

Her sleep was severely disrupted by the pain, which was intolerable at night; she woke around 3:00 a.m. feeling highly anxious due to the pain, resulting in daytime fatigue.
She also reported a slight decrease in appetite over the past few days (–1.5 kg).
Throughout the day she felt very anxious and feared she might have a serious illness.

She did not report any particular aggravating or relieving factors, apart from complete intolerance to even the slightest touch, movement, or jarring.
She had taken acetaminophen with codeine on two occasions due to the intensity of the pain.

On physical examination that day, there was a vesicular eruption on the back beginning to extend around the thorax, with lesions that appeared either clear or purulent, distributed along the nerve pathway. The diagnosis was therefore thoracic herpes zoster. She had not noticed the rash earlier that morning and had not thought to look at her back. The diagnosis was very reassuring for her (and for me as well!).
A photograph of eruption on her back was taken (with her permission).

I therefore prescribed a homeopathic treatment targeted to herpes zoster for 15 days, along with recommendations for local skin care.

Prescription

- ***Vaccinotoxinum 15CH***: one dose daily for 3 days
- ***Hypericum perforatum 30CH***: 5 pellets each morning for one month
- ***Arsenicum album 15CH***: 5 pellets each evening for one month
- ***Rhus toxicodendron 9CH***: 5 pellets three times daily for 15 days
- ***Mezereum 9CH***: 5 pellets three times daily for 15 days

VACCINOTOXINUM

A biotherapeutic medicine prepared from dilutions of viruses in the Poxviridae family. It is useful in the course of infections involving Herpesviridae and Poxviridae, particularly for prevention of post-herpetic neuralgia.
It may be used in acute settings, as in this case, or chronically, typically at ***15CH***, one dose per week for at least one month.

HYPERICUM PERFORATUM

I increased the dilution and retained this medicine solely for the etiology (nerve and nerve-ending trauma), as it had been minimally effective as a symptomatic medicine.

ARSENICUM ALBUM

Appeared to be essential in this case. Pain associated with ***Arsenicum album*** is typically described as intense burning pain, "as if from hot coals," classically improved by heat (though this modality was not present in Ms. D). However, she did present with fatigue and a moderate decline in general condition (which greatly distressed her due to fear of serious illness), anxiety, and aggravation between 1:00 and 3:00 a.m.

RHUS TOXICODENDRON

Selected as a symptomatic medicine corresponding well to small, clear vesicles on an erythematous base, with severe burning pruritus that is not relieved by scratching. The "leopard skin" appearance — alternating erythematous and unaffected skin — was clearly visible in the clinical photograph.

MEZEREUM

Another symptomatic medicine for vesicular eruptions characterized by opalescent or purulent fluid, sometimes hidden beneath a crust. Pruritus is also intense and tends to shift location after scratching.

I instructed her to return in 15 days or earlier if needed.

Shingles in Ms. D, 55 years old

FOLLOW-UP — MID-OCTOBER 2019

She returned after 15 days to evaluate progression of her herpes zoster. She reported persistent burning sensation but much less intense, and no longer waking her at night. She had not required analgesics for more than one week. Electric shock–like sensations were almost completely resolved.
The eruption had now extended around the entire thorax, with purulent lesions progressively replaced by dry crusts.

Prescription

- ***Continue Mezereum 9CH*** — 5 pellets morning and evening for an additional 15 days
- ***Arsenicum album 15CH*** — 5 pellets each evening
- ***Antimonium tartaricum 9CH*** — 5 pellets morning and evening

This prescription is for 2 months

ANTIMONIUM TARTARICUM

Prescribed for wound healing of superficial erosions and varioliform lesions (such as those observed in acne, varicella, and, in this case, herpes zoster). For this indication, a medium dilution (***9CH***) is typically used.

CLINICAL CASE

Can rhinitis treatment cause anal itching?

Dominique Goiran, MD, Belley (France)

Individual sensitivity to medicines is a central issue when using a homeopathic treatment. A well-chosen homeopathic medicine is all the more effective when the patient is sensitive to it and when the complete set of symptoms corresponds closely to the toxicological and experimental signs of that medicine. Equally important is the choice of dilution which, while taking individual sensitivity into account, must not be too low, as it may cause the patient to develop the full toxic symptom picture of the medicine.

CLINICAL CASE

The case presented here illustrates the potential emergence of a "toxic" symptom during an otherwise well-chosen and effective treatment, raising the question of the most appropriate dilution.

Marius is two years old. He spends three days per week with a caregiver who looks after two other infants, aged 13 months and 6 months, along with a three-year-old child who has just begun preschool.

Since he was six months old, during each episode of rhinopharyngitis with clear then thick nasal discharge, sneezing, fatigue, decreased appetite, mild cough that becomes productive, and in addition to nasal saline spray, his mother has been administering single-dose liquid solutions of a homeopathic medicine containing:

- ***Allium cepa 3CH***
- ***Belladonna 3CH***
- ***Gelsemium 3CH***
- ***Kalium bichromicum 3CH***
- ***Sabadilla officinarum 3CH***

This approach has proven effective, with improvement of symptoms within five days and no ENT complications.
The only drawback is that Marius systematically develops anal itching during this treatment. His mother is asking what solution could be recommended.
Reviewing the different components highlights the following:

ALLIUM CEPA

Profuse irritating clear nasal discharge, non-irritating tearing, cough aggravated by cold air, hoarseness, but also rectal pain and anal itching.

Can rhinitis treatment cause anal itching?

BELLADONNA

Redness, heat, pain, and swelling of the nasal mucosa; possible tympanic inflammation; painful, dry pharynx with dysphagia; dry nighttime cough; sudden fever with sweating; non-characteristic thirst; abdominal spasms, but no description of itching.

GELSEMIUM

Sneezing, nasal dryness, watery discharge sometimes irritating, gradual onset fever, chills, trembling, absence of thirst. No itching.

KALIUM BICHROMICUM

Yellow, thick, sticky discharge; postnasal drip; nasal obstruction; abundant expectoration; red throat with tendency toward canker sores. Itching is described only in the presence of skin vesicles.

SABADILLA OFFICINARUM

Sneezing, nasal discharge, tearing, throat irritation involving the posterior nasal passages and palate, thick expectoration, constant need to swallow, fever with chills (warm head and cold extremities), dry skin, and **anal itching**.

Careful review of the characteristic signs of the medicines administered to Marius shows that two of them — ***Allium cepa*** and ***Sabadilla officinarum*** — include anal itching among their key symptoms. They are therefore capable of provoking this "undesired effect" in sensitive patients if the chosen dilution is too low.
The recommendation to this mother is to give Marius a higher dilution of ***Allium cepa*** and ***Sabadilla officinarum***, namely an intermediate dilution of ***7CH*** or ***9CH***.

Conclusion

The appearance of an aggravation during homeopathic treatment is far from rare and reinforces our certainty of a pharmacological effect of our dilutions. Naturally, this is not something to encourage, and choosing the most appropriate dilution should be prioritized and justified — something that is not always observed in the self-medication situations we frequently encounter. ■

CLINICAL CASE

Review of two clinical and pharmacoepidemiologic studies on

Homeopathic Supportive Care in Oncology

Véronique Lavallée, MD
Bordeaux (France)

Introduction

Since becoming a physician, and even before, I have been drawn to clinical studies, and more particularly to observational and epidemiological studies. These studies reveal, sometimes subtly and sometimes very clearly, how people behave and respond when faced with illness or trauma. They help us better understand the range of therapeutic options that can be offered to patients on an individualized basis. This approach resonates deeply with the very essence of homeopathic therapeutics.

The EPI3 pharmacoepidemiologic study was a true turning point for me, highlighting the relevance and importance of large-scale pharmacoepidemiologic research. It shed light on the reality of everyday practice in medical offices with a homeopathic orientation.
The two studies discussed in this article evoked the same impression on reading as EPI3: observations of patient behavior and disease trajectories in a population that closely resembles those we encounter in practice, offering a real-world perspective.

When François Roux, a pharmacist specializing in homeopathic supportive care in oncology in Toulouse (France), and I turned our attention to the post-cancer period and the role homeopathy may play in supporting patients, the VICAN 2 and VICAN 5 studies particularly captured our interest. A first part of these findings was discussed in a previous article (*CEDH Magazine Nr 69*).

After reviewing some of the most striking figures, I will focus on another, less widely known but highly informative section of the study addressing complementary approaches, originally referred to as non-conventional medicines (NCM).

More recently, a very large observational study involving 98,000 women with breast cancer made a strong impression on me. This is the study by Médioni et al., published in 2023. Its findings were presented at the SHISSO 2023 conference by one of the co-authors, Dr Yecenia Lopez Marquez, and were also discussed during part of my presentation at the meeting in Bordeaux in December 2024, after the 11th International CEDH Conference.

CLINICAL STUDY 1

VICAN 2 and VICAN 5 Studies ©

"Life Five Years After a Cancer Diagnosis"
(INCa, June 2018)

In 2012, the French National Cancer Institute (Institut National du Cancer, INCa) conducted a survey examining life two years after a cancer diagnosis (VICAN 2). Investigators

Review of two clinical and pharmacoepidemiologic studies...

quickly realized that this timeframe was too short to fully assess patients' long-term outcomes following a cancer diagnosis.

The VICAN 5 survey explores multiple dimensions of life five years after a cancer diagnosis, including health status, long-term sequelae and follow-up, difficulties in activities of daily living, and the impact of disease and treatment on financial resources and employment. The study included individuals covered by the French national health insurance system, residing in metropolitan France, who had been diagnosed with cancer approximately five years before the survey. Participants were between 18 and 82 years of age at the time of diagnosis. Twelve cancer sites, including the most common, were selected.
In addition to the telephone survey, medical record data and healthcare utilization data were collected.

In total, 4,174 individuals were interviewed, including 2,009 participants from the VICAN 2 cohort and 2,165 additional participants.

Among the many detailed findings related to persistent treatment-related sequelae, including fatigue, pain, body image disturbances, and sexual dysfunction, several figures were particularly striking:

- 48.7% of patients reported persistent fatigue affecting daily life, and 46% experienced recurrent anxiety symptoms.

- 73% of patients reported pain within the preceding 15 days.

- Changes in professional and social life further illustrate the long-term, and sometimes very long-term, impact of cancer:

- 20% of respondents were no longer working.

- 28% were working part-time, often with substantially reduced income.

Perhaps most strikingly,

- 33% of patients reported no longer receiving specific follow-up for their cancer.

Another section of the report addresses broader behavioral and lifestyle aspects, including social relationships, religion, information-seeking behaviors, and the use of complementary approaches.

▼ TABLE 16.8 USE OF NON-CONVENTIONAL MEDICINES FIVE YEARS AFTER DIAGNOSIS

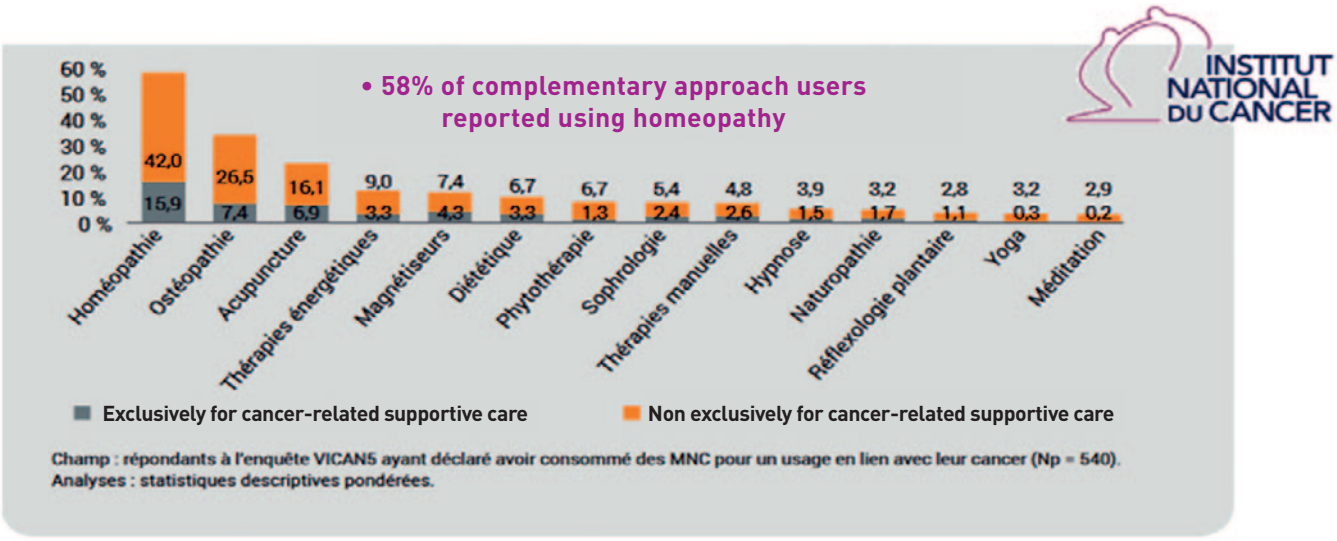


TABLE 16.3. MOTIVATIONS FOR THE USE OF NON-CONVENTIONAL MEDICINES AMONG INDIVIDUALS REPORTING USE IN RELATION TO THEIR CANCER (VICAN5, 2016)

To improve physical well-being	90.6%
To maintain or restore balance	79.6%
To strengthen the body / terrain	78.6%
To improve emotional well-being	77.3%
To reduce side effects of cancer treatments	74.1%
To prevent the risk of recurrence or relapse	44.2%
To fight the disease	40.3%
Because you were already using them prior to diagnosis	40.3%

- Population: Respondents to the VICAN5 survey who reported using non-conventional medicines in relation to their cancer (Np = 540).
- Analysis: Weighted descriptive statistics.

These findings are consistent with more recent studies, particularly those conducted at the Strasbourg Integrative Care Hospital (Groupe Hospitalier Saint-Vincent, Dr. Bagot).

• One quarter of respondents (25.4%) reported searching the internet for health-related information or advice. Most did so to confirm information provided by healthcare professionals (74.5%) or to supplement it (71.1%).

• In addition, 51% sought information about medical treatments, and 30.7% searched for information on non-conventional or complementary approaches.

• In the earlier VICAN 2 survey conducted two years after diagnosis, 16.4% of participants reported using complementary approaches. In the VICAN 5 study, this proportion increased to 21.4%.

• The most frequently used NCM are detailed in Figure 16.8 below.

• Homeopathy was by far the most commonly used NCM, whether in relation to cancer or for other health concerns. Overall, 57.9% of complementary approach users reported using homeopathy, including 15.9% specifically for cancer-related supportive care. Other frequently used approaches included osteopathy (33.9%) and acupuncture (23%).

• Furthermore, 66.4% of respondents reported being completely satisfied with these approaches, and 30.6% reported being partially satisfied.

• The primary motivation for using complementary approaches was improvement in physical well-being, reported by nine out of ten users.

• Nearly 80% used these approaches to maintain or restore balance, strengthen the body, and/or improve emotional well-being.

• 74.1% used them to alleviate treatment-related adverse effects, 40.3% viewed them as a way to combat disease, and 44.2% as a means of reducing the risk of recurrence.

• Notably, more than 60% of patients who used homeopathy during their cancer had not used it previously (*See Table 16.3 above*).

CLINICAL STUDY 2

Pharmacoepidemiologic Study in Breast Cancer[1]

This large retrospective observational study included 98,009 women with non-metastatic breast cancer who were followed for five years from the date of surgery.

• The objective was to evaluate the impact of homeopathic treatment on the consumption of conventional supportive care medications in women who had breast cancer surgery, and thereby assess quality of life in patients with or without homeopathic treatment.

One of the distinguishing features of this study is its reliance on data from the *French National Health Data System* (*Système National des Données de Santé*, SNDS), which aggregates data from the French healthcare system and complementary private insurance, hospital stays, and out-of-pocket expenditures paid by patient.

Inclusion criteria comprised all women who underwent surgery between 2012 and 2013 for non-metastatic breast cancer and were followed for five years postoperatively.

Three groups were defined based on dispensed homeopathic medicines. Self-medication was not evaluated, as these data were unavailable.

- **Group 1**
consisted of patients receiving no homeopathic treatment (conventional treatment alone).
- **Group 2**
included patients with intermediate use, defined as 1 to 2 homeopathic medicines.
- **Group 3**
included patients with regular use, defined as more than 3 different homeopathic medicines.

Several categories of conventional supportive care medications were analyzed:

- antiemetics, antidiarrheals, gastric protectants,
- analgesics, steroids, immunostimulants,
- anxiolytics, hypnotics, and antidepressants.

Patient characteristics were also examined, including socioeconomic status, employment status at inclusion, income level, diet, and physical activity. The number of sick leave days was compared across the three groups.

Other forms of supportive care were not included in the analysis.

RESULTS[2]

• Only 2% of patients were lost to follow-up, and 8% died during the five-year period.

• The mean age was 61 ± 13 years. Seventy-nine percent underwent lumpectomy, and 21% underwent total mastectomy.

• Peak use of homeopathic medicines occurred in the six months before and the six months after surgery, with 26% and 22% of patients, respectively, using homeopathy during these periods. Eighteen percent continued use during the second postoperative semester.

• Five years after surgery, 15% of patients were still using homeopathy, compared with 11% one year prior to surgery.

Overall, patients in Groups 2 and 3 had fewer comorbidities, including diabetes, cardiovascular disease, and hypertension, than those in Group 1, with differences ranging from 2% to 6% (all $p < 0.1$).

• There was an overall reduction in the use of conventional supportive care medications among patients who regularly used homeopathy (more than 3 dispensations)

- 21% in immunostimulants
- 18% in corticosteroids
- 17% in antidiarrheals
- 10% in antiemetics.
- No significant differences were observed for anxiolytics or antidepressants.

Regarding sick leave, patients in the homeopathy groups (Groups 2 and 3) had fewer sick leave days in the immediate postoperative period (first six months). This trend reversed during semesters two and three.
The authors attribute this to the younger age and higher socioeconomic status of patients in Groups 2 and 3, which may allow for greater investment in personal health.

This study, the first of its kind to evaluate quality of life using data from the French healthcare system, suggests that '*homeopathic treatments may play an important role in helping patients better tolerate cancer treatment-related adverse effects and reduce the use of conventional supportive care medications*"

Conclusion

Homeopathic supportive care treatments contribute to improved quality of life for patients and should be more systematically considered. Improved coordination of care among the various healthcare professionals involved, along with greater visibility of homeopathic supportive care for oncologists, radiation oncologists, and surgeons, represent key areas for future development. These studies provide an essential foundation for such progress. ■

> ***"Homeopathic treatments may play an important role in helping patients better tolerate cancer treatment-related adverse effects and reduce the use of conventional supportive care medications."***

Notes

1/ *Medioni and al 2022*, Clinical Breast Cancer. J. Medioni, D. Scimeca, Y. Lopez Marquez, E. Leray, M. Dalichampt, N. Hoertel, M. Bennani, P. Trempat, N. Boujedaini, Benefits of homeopathic complementary.

2/ *Treatment in patients with breast cancer: A retrospective cohort study based on the French nationwide healthcare database*, Clinical Breast Cancer (2022).

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• Sorrentino and al *"Is there a role for homeopathy in breast cancer surgery?"* A first randomized clinical trial on treatment with Arnica montana to reduce post-operative seroma and bleeding in patients underdoing total mastectomy". Ethnopharmacol, pmdi 28163953, 2017

• Maisel-Lotan A et al. *Arnica Montana and Bellis Perennis for Seroma Reduction Following Mastectomy and Immediate Breast Reconstruction: Prospective, Randomized, Double-blinded, Placebo-controlled Trial*. Plast Reconstr Surg Glob Open. 2019

• EPI 3 Study: *Pharmacoepidemiological study of the public health impact of care modalities for three groups of pathologies*, conducted by LASER for Boiron Laboratories, resulting in 12 scientific publications between 2011 and 2018.

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CLINICAL CASE

A One-Year History of ENT Infections in a Child

Nadège Putod, MD
Chantilly (France)

CLINICAL CASE

CONSULTATION 1

Luca was 3½ years old when I saw him for the first time in June. His parents were seeking a homeopathic treatment for their son's recurrent otitis media.
The episodes had started 10 months earlier, when he entered daycare, and were initially treated with antibiotics every two weeks. An ENT specialist had been consulted and found no significant underlying pathology, but recommended discontinuing milk in the evening, suspecting gastroesophageal reflux disease (GERD).
This led to a temporary spacing of the otitis episodes, but only briefly. Luca then went on to experience successive episodes of tracheitis, rhinopharyngitis, and gastroenteritis, approximately once a month.
Between episodes, he fully regained his energy.
His medical history was therefore marked by multiple ENT infections and episodes of acute gastroenteritis over the past year, with frequent antibiotic use.
Pregnancy and delivery were unremarkable.
There was no notable family history, in particular no asthma or eczema.

Luca was a lively, energetic child who moved constantly, except when ill, at which point pallor and fatigue became evident. These symptoms alerted his mother.
He had several bowel movements per day, usually of normal appearance, sometimes pellet-like, and he frequently complained of abdominal pain. There were no overt signs of GERD. He liked chocolate but not milk. He perspired easily from the head and had had mild cradle cap as an infant. He was always warm and tended to uncover himself at night.

ENT examination was normal, nasal breathing was unobstructed, and there was no lymphadenopathy. Appetite was variable.
He measured 95 cm and weighed 12.9 kg, with stable weight over the past year. The remainder of the physical examination was normal.

I PRESCRIBED THIS TREATMENT FOR 3 MONTHS:

- ***Sulfur 15CH***: 5 pellets each morning (as a ST medicine, given the alternating episodes and near-return to baseline, heat intolerance)
- ***Silicea 15CH***: 1 dose weekly on Sundays (as a CRM medicine, in view of clear weight stagnation following recurrent infections and repeated antibiotic courses)
- ***Nux vomica 9CH***: 5 pellets each morning (for hepatic drainage)
- ***Ferrum phosphoricum 9CH***: 5 pellets every hour at the onset of symptoms, as needed
- ***Hepar sulfur 30CH***: 1 dose at symptom onset, to be repeated up to three times
- Probiotics

Note: I did consider ***Calcarea carbonica***, but chose to reserve it for a later stage if needed.

CONSULTATION 2

As planned, I saw Luca again 3 months later, at the end of August. Since the previous visit, he had experienced a very mild episode of gastroenteritis that resolved quickly (a single episode of vomiting and two liquid stools within 24 hours). For the past three weeks,

he had had a productive cough without fever, disturbing his sleep, associated with sneezing.
A transient synovitis of the hip was considered during the first 24 hours but was not confirmed thereafter.
His appetite had clearly improved, and his weight had increased to 13.6 kg, representing a gain of 700 g.
The physical examination remained unremarkable despite the cough.

I MAINTAINED THE JUNE PRESCRIPTION, SPACING THE PROBIOTICS TO TWO DAYS PER WEEK, AND ADDED:

- ***Calcarea carbonica 15CH***: 1 dose weekly on Wednesdays (also as a ST medicine, recognizing that several facets may coexist; given directly as weekly doses to facilitate adherence)
- ***Blatta orientalis 15CH***: 5 pellets 3 times daily as needed for productive cough (persistent summer cough with sneezing)

Two weeks later, Luca's mother contacted me regarding difficulties with sleep onset. She explained that following a move several months earlier, the entire family had slept in the same bedroom while renovations were being completed. Once the work was finished, each family member returned to their own room, but Luca was no longer able to fall asleep without his mother's presence for 1.5 to 2 hours. He reported fear of monsters and not wanting to be alone. Repeated reading and leaving a light on were ineffective; only the reassuring presence of one of his parents (preferably his mother) allowed him to fall asleep. He would get up if they left the room and woke during the night crying for his mother. She was concerned that he might become fatigued now that he had started school.

I PRESCRIBED

- ***Pulsatilla 9CH + Valeriana 4DH***: 5 pellets of each in the evening and at bedtime.

CONSULTATION 3

I saw Luca again as scheduled three months later, in early December. Since starting ***Pulsatilla***, he had been falling asleep well and his school days were going smoothly. One month earlier, he had developed rhinopharyngitis complicated by pneumonia, requiring amoxicillin treatment. He was now having one bowel movement per day and weighed 14 kg. Whenever he was ill, he consistently complained of abdominal pain at the same time. The physical examination was normal.
I rarely see Luca during the acute phase, as coordinating his parents' schedules with mine is difficult, and they live 40 minutes from my office.

- I discontinued ***Nux vomica*** and added
- ***Aviaire 15CH***, 1 dose weekly for one month, in addition to the ongoing background treatment with
- ***Sulfur***, ***Silicea***, and ***Calcarea carbonica***, 1 weekly dose of each at ***15CH***.

CONSULTATION 4

At the end of February, Luca had still not experienced any further episodes of otitis, but continued to have mild Psoric-type manifestations from which he recovered quickly: influenza at Christmas, a food poisoning episode, and hand-foot-and-mouth disease. His weight remained at 14 kg.
He was still very active, and the physical examination was normal. Sleep onset was satisfactory, but he would wake at night and calmly go to his mother's room, without crying or distress. I learned at that time that his mother was experiencing burnout.

- **I prescribed the same treatment for Luca, but at a reduced frequency: 1 dose every 2 weeks.**

CONSULTATION 5

I saw Luca's mother again in June, one year after the initial consultation, for her other son. She reported that Luca was doing very well, had gained a little weight (14.4 kg), and had experienced no notable events since February.
I renewed the same treatment and asked to see Luca again in person in September.

THERAPEUTIC FILE

Homeopathy and **Multiple sclerosis**

Guy Villano, MD
Avignon (France)

Multiple sclerosis (MS) is a chronic, inflammatory, autoimmune, neurodegenerative disease first described in 1868 by Jean-Martin Charcot (1825–1893). MS affects the central nervous system (CNS). A dysfunction of the immune system produces lesions that cause motor, sensory, cognitive, visual, and bowel/bladder symptoms.

1 From inflammation to demyelination

MULTIPLE SCLEROSIS GRADUALLY ERODES MYELIN.

The myelin sheath protects and nourishes the neuron, allowing rapid transmission of information between the brain and the rest of the body. Oligodendrocytes produce myelin in the central nervous system; Schwann cells produce it in the peripheral nervous system.
Lesions ("plaques") are scattered throughout the CNS.

THE PROCESS IS INITIALLY INFLAMMATORY

(Tuberculinic). It leads to demyelination and often axonal degeneration. Most of the time, inflammation recedes and repair mechanisms are activated. Remyelination then allows partial or complete regression of symptoms. This spontaneous remyelination is often incomplete and limited to the edges of plaques, but can involve large areas. On MRI, it appears as areas of lighter myelination ("shadow plaques").
As the disease progresses, or during intense inflammatory attacks, repair mechanisms become insufficient, resulting in persistent demyelination and symptoms, and the gradual development of irreversible disability over time. (In homeopathic terms, this destructive process [Sclerosis] corresponds to Luetic/Syphilitic pathology.)

WHO IS AFFECTED?

- Young adults (20–35 years)
- Three women for every man

WORLDWIDE DISTRIBUTION

- About 130,000 people in France; 5,000 new cases diagnosed each year
- More frequent in the Northeast than in the Southwest of France

- About 1 million people in Europe
- About 2.8 million people worldwide
- More frequent in industrialized countries
- More frequent in individuals of Northern European origin
- More frequent in both hemispheres as one moves away from the Equator

2 Risk Factors

MS is a multifactorial disease, with risk factors that remain only partially understood.

GENETIC FACTORS

MS is not a hereditary disease, but the risk of developing MS is higher in relatives of affected individuals than in the general population. There is a relationship between MS risk and carrying specific genetic variants in HLA system loci.

More than 200 genetic variants associated with MS have been identified. Most of the genes involved play a role in immunity.

EPIGENETIC AND ENVIRONMENTAL FACTORS

- Climatic factors and sun exposure (vitamin D deficiency) ++
- Migration after age 15: the person retains the risk profile of the region of origin
- Migration before age 15: the person acquires the risk profile of the new region
- Early adulthood: entry into working life?
- Pregnancy
- Major life upheavals (physical and psychological)
- Viral infections: rabies, herpes, rubella, measles, varicella, certain retroviruses...
- Infection with Epstein–Barr virus (a double-stranded DNA virus) is found in nearly all MS cases. Some scientists remain convinced that an infectious agent may be involved in triggering the disease (Tuberculinic context).
- Active or passive smoking during childhood
- Airborne pollutants
- Obesity
- Certain vaccinations? Although official studies have concluded that vaccines against hepatitis B and HPV are not responsible for MS, several cases I have treated (including a familial case in a hospital resident) raise the question of a possible vaccine-related trigger. Coincidence? True causality? Epigenetic trigger?
- The microbiota: as in other autoimmune diseases, its composition likely influences inflammation and immune regulation (hence the major importance of diet).

Given all of these risk factors, predicting the onset of multiple sclerosis remains very difficult.

3 Diagnosis

INVESTIGATIONS

MRI demonstrating lesions disseminated in time and space
Inflammatory nature confirmed by cerebrospinal fluid (CSF) analysis

CLINICAL SIGNS

Symptoms vary greatly from one person to another and may also change over time in the same individual. They depend on the location of lesions in the brain or spinal cord.

WHETHER ISOLATED OR ASSOCIATED, THEY MAY INCLUDE:

- Motor impairments related to muscle weakness, affecting upper and/or lower limbs, reducing gait ability

• Sensory impairments, which often reveal the disease: tingling, prickling, sensations of cold or water trickling over the skin, band-like tightness, numbness, pain, or even electric shock–like sensations along the spine when the patient flexes the head (Lhermitte's sign)
• Visual disturbances: double vision (diplopia) or decreased visual acuity
• Balance and coordination disorders, or vertigo
• Urinary and sexual dysfunction
• Cognitive impairments, with difficulties in attention, concentration, memory, and mental slowing

At disease onset, motor and balance impairments, urinary/sexual impairments, and visual impairments are common, followed by speech difficulties, marked fatigue, and sometimes paralysis.

Disease progression may be steady, with or without acute attacks.

4 Variable Course

Multiple sclerosis is highly heterogeneous from one patient to another, both in symptom expression and in its pattern of progression.

THREE MAIN CLINICAL COURSES ARE DESCRIBED:

• Relapsing–remitting
• Secondary progressive
• Primary progressive

1. RELAPSING–REMITTING MS (RRMS)

The most frequent form: 85% of cases at onset
Characterized by attacks (relapses) developing over hours or days, often accompanied by profound, unusual fatigue.

Symptoms then partially or fully resolve over several weeks. Remission periods vary. During early years, recovery is usually complete, and months or years may pass between relapses.

2. SECONDARY PROGRESSIVE MS (SPMS)

Five to twenty years after onset, some patients develop continuous worsening with no relapses.

3. PRIMARY PROGRESSIVE MS (PPMS)

Represents about 15% of cases.
Usually begins after age 40, affects men and women equally, and presents with slow, steady worsening without relapses.

5 The treatments

Allopathic treatments modulate the immune system. They reduce the frequency of relapses and improve quality of life, but do not prevent medium-term progression of disability.

CORTICOSTEROIDS

High-dose corticosteroids are administered during relapses to shorten symptom duration.

Immune system "self-recognition" is the primary strategy of immune defense.

In response to infection, immune action can take several forms:

• Production of antibodies (B-lymphocytes / plasma cells) that mark foreign cells for destruction by macrophages
• Cytotoxic T-cells (CTLs or "killer cells") that recognize and destroy infected cells
• T-lymphocytes, after recognizing the intruder, activate all branches of the immune response

Homeopathy and Multiple Sclerosis

• Interferons slow infection until the body produces antibodies; interferons are classified (by structure and size) into alpha, beta, and gamma

IMMUNOMODULATORS

Interferon-beta

Its therapeutic mechanism remains poorly understood. It appears to act on multiple molecules that initiate a cascade resulting in decreased gamma-interferon concentration.
Gamma-interferon is believed to be involved in MS onset.
Identifying myelin as a "foreign intruder" leads to excessive gamma-interferon production.

In addition to its inherent toxicity, gamma-interferon triggers a cascade of reactions producing large numbers of "killer cells." These cells, normally responsible for eliminating abnormal cells, mistakenly target and destroy myelin-producing cells.

Two interferon beta-1a medicines:
• Avonex®
• Rebif®
One interferon beta-1b:
• Betaseron®
• Extavia®

Other immunomodulators

• Glatiramer acetate (Copaxone®)
• Dimethyl fumarate (Tecfidera®)
• Teriflunomide (Aubagio®)
These medicines are used as chronic treatment in MS. They reduce relapse frequency by 30–50% and decrease formation of new lesions seen on MRI.

IMMUNOSUPPRESSANTS

Immunosuppressants cause depletion of B- and/or T-lymphocytes.
• **Fingolimod** (GILENYA®):
prevents lymphocytes from leaving lymphoid organs

• **Ocrelizumab** (OCREVUS®):
anti-CD20 monoclonal antibody inactivating B-lymphocytes; prescribed in early primary progressive MS and active relapsing forms. Risk: serious infections and potential malignancies

• **Natalizumab** (TYSABRI®):
blocks lymphocyte entry into the central nervous system

• **Alemtuzumab** (LEMTRADA®):
anti-CD52 monoclonal antibody rapidly destroying select white blood cells (B- and T-lymphocytes). Prescribed for active relapsing MS; risk of severe immune and cardiovascular adverse events (stroke, myocardial infarction, pulmonary hemorrhage, autoimmune hepatitis)

• **Cladribine** (MAVENCLAD®):
structurally similar to purine, necessary for DNA synthesis; disrupts DNA production and decreases lymphocytes involved in inflammatory processes. Indicated for very active relapsing MS

> ***"Multiple sclerosis is highly heterogeneous from one patient to another, both in symptom expression and in its pattern of progression.***

News in Research

- New immunotherapy strategies
- Bruton tyrosine kinase (BTK) inhibitors block development of B-lymphocytes and also block innate immune cells (macrophages, microglia), now recognized as key actors in tissue destruction
- Exogenous remyelination via transplantation of myelinating cells (bystander effects promoting endogenous myelin production)
- Encouraging animal model results leading toward early-phase human clinical trials

These molecules reduce relapse frequency by >50% and significantly decrease development of new MRI lesions.
In primary progressive MS, they have modest impact on disability progression.

They carry major risks, particularly severe infections.

SYMPTOMATIC MEDICINES

Treatments for fatigue, pain, anxiety, depression, tremors, abnormal movements, muscle rigidity, and incontinence rely on appropriate symptomatic medicines.

• **Baclofen** (LIORESAL®):
antispastic agent for painful contractures associated with MS

• **Fampridine** (FAMPYRA®):
improves gait in people with MS and motor impairments; acts by improving electrical impulse transmission along nerves

PHYSICAL THERAPY

Physical therapy is essential at every stage of the disease. It maintains muscle function, prevents complications from immobility, and helps patients perform daily activities.
It may also exert a beneficial effect on disease course.

PHYSICAL ACTIVITY

Athletics, tai-chi-chuan, and qi gong are recommended.

6 The resources of homeopathic therapeutics

Based on the 37 MS cases I followed over periods ranging from 6 to 41 years, here are the homeopathic medicines I have commonly prescribed.

• Medicines are listed chronologically by disease worsening

• They are followed by letters referring to primary MS impairments

• Dilutions indicated reflect my assessment of the most effective dosing

As with many clinicians, word-of-mouth following improvement in my first two MS patients gave me the opportunity to follow this patient group.

Homeopathy and Multiple Sclerosis

SYMPTOMATIC MEDICINES

Early stage

***CUPRUM METALLICUM* 5-7 CH ++** **M**

- Cramps
- Muscular spasms

***KALMIA LATIFOLIA* 9-15 CH** **S**

- Lightning-like pain
- Neuralgia

***MAGNESIA PHOSPHORICA* 5-7 CH ++** **M**

- Peripheral "spasmophilia" with paresthesia and minor contractures
- Neuralgia worse from cold, better from flexion and friction

***GELSEMIUM* 9-15 CH+++** **M-S**

- Fatigue
- Tremors
- Poor muscle response
- Tingling

***IGNATIA AMARA* 9-15 CH** **S-C**

- Panic attack, hyperventilation
- Numbness, tingling
- Intensified pain experience
- Heightened perception of disability
- Anxiety

Ignatia amara along with ***Staphysagria*** will remain necessary throughout the life of MS patients.

Evolution

***AGARICUS MUSCARIUS* 9 CH** **M-S-V-E-C**

- Muscular weakness with tremors (motor impairments)
- Clumsy movements (initially), later choreiform movements
- Paresthesia with tingling and electric-shock neuralgia (sensory impairments)
- Myoclonus
- Unsteady gait, "drunken" walk (balance impairments)
- Nystagmus, foggy or double vision (visual impairments)

Legend

- **M: Motor impairments** — muscular weakness affecting upper and/or lower limbs; spasms, gait impairments.
- **S: Sensory impairments** — numbness, tingling, pain
- **V: Visual impairments** — double vision, reduced acuity
- **E: Balance and coordination impairments** — vertigo, unsteady gait
- **U: Urinary and sexual impairments**
- **C: Cognitive impairments** — attention, concentration, memory, mental slowing

- Variable mood with anxiety and discouragement (cognitive/emotional impairments)

***GELSEMIUM* 9-15 CH+++** **M-S-V-U-C**

We find this medicine again, with an "aggravated" picture — additional manifestations of the disease appearing on top of those already noted: fatigue, tremors, poor muscular response, tingling.

- Mild, partial, and reversible paralytic signs
- Flaccid paralysis
- Stabbing or sudden neuralgias
- Visual impairments with weakened vision, visual "fog"
- Diplopia, retrobulbar neuritis
- Frequent, abundant urination
- Bladder paralysis
- Prostration

Gelsemium is indicated in the vast majority of MS cases. It has a marked neurologic tropism, especially in the spinal cord (Demarque).

***COCCULUS INDICUS* 7-9 CH** **S-E-C**

- Numbness and tremors of the limbs
- Vestibular or cerebellar syndrome with imbalance
- Near-fainting episodes

• Rotational or nauseating vertigo
• Sensation of weakness as if from lack of sleep

STRYCNINUM 5 CH M

• Muscular spasms with painful rigidity of the neck, back, and laryngeal muscles
• Exaggerated reflexes
• Tremors of the hands
• Explosive irritability

PHYSOSTIGMA 5-7 CH M-V

• Paresthesia of hands and feet
• Muscular tetany triggered by light touch
• Muscular weakness, incoordination
• Gait impairment with tendency toward paresis, even paralysis
• Impaired accommodation
• Ptosis with painful difficulty lifting the eyelids
• Blepharospasm

ARGENTUM NITRICUM 9-15 CH +++ M-E-U-C

• Weakness of the lower limbs
• Cerebellar syndrome
• Vertigo in the dark
• Tremor of the hands
• Urinary incontinence
• Fatigue, poor stamina with exertion
• Hasty, precipitate behavior with constant fear of falling forward

CAUSTICUM 9-15 CH ++++ M-S-E-U-C

• Loss of muscular strength with cramps, tremors, stiffness
• Difficulty swallowing
• Tearing, drawing pains
• Ocular paresis
• Vertigo with tendency to fall forward or to one side
• Urinary impairments with frequent, urgent urination
• Bladder paresis
• Weakness, weight loss
• Cognitive decline

PLUMBUM METALLICUM 9 CH +++ M-V-E-U-C

• Tremors of the upper limbs
• Worse with movement
• Atrophy of the extensors
• Progressive paralysis of finger and toe extensors, and peroneal muscles
• Paroxysmal, lightning-like neuralgias
• Eye pain, nystagmus, strabismus
• Vertigo
• Frequent urge to urinate
• Bladder paresis
• Depressed state with discouragement and disgust for life

CONIUM MACULATUM 9 CH M-E-U-C

• Tremors, myoclonus preceding paralysis of the pharynx, esophagus, and bladder
• Ascending paralysis
• Rotational vertigo triggered by head movement
• Impaired balance with paraplegia
• Cognitive impairment with confusion
• Depression

LATHYRUS SATIVUS 7-9 CH M

• Spasticity
• Exaggerated reflexes
• Intention tremor
• Contractures of the extensors
• Ataxia, incoordination worse when walking in the dark
• Paraplegia, ascending paralysis

ZINCUM METALLICUM 9-15 CH M-S-U-C

• Tremors, myoclonus, contractures, spasms
• Neuromuscular incoordination
• Uncontrollable agitation of the lower limbs
• Paralysis, paraplegia, abolition of reflexes
• Paresthesia, tingling
• Neuralgias
• Urinary retention
• Incontinence
• General neurological weakness

At every stage we will need ***Staphysagria*** and ***Kalium phosphoricum***.

STAPHYSAGRIA 7-9 CH C

• Inability to accept the disease
• Sense of injustice

Together with ***Ignatia amara***, it will be useful throughout the life of patients with MS.

Homeopathy and Multiple Sclerosis

KALIUM PHOSPHORICUM 9-15-30 CH S-V-C

- Asthenia with hyperesthesia
- Accommodative asthenopia, diplopia, transient divergence
- Attention disorders and cognitive impairments

THESE ARE ESSENTIAL MEDICINES, TO BE PRESCRIBED SYSTEMATICALLY AND NEARLY CONTINUOUSLY.

Initial phase

PHOSPHORUS 15 CH +++ M-V

- Fire and ashes
- Sudden, reversible paralyses
- Visual disturbances
- Fairly rapid recovery after early relapses

Phosphorus should be prescribed in every case of MS, on a continuous basis. It helps control the destructive autoimmune process. I mainly use it as a second-line sentinel medicine, which I generally prescribe every day +++.

MEDULLINE 4 CH

This organotherapeutic medicine appears to halt the demyelination process.
I have prescribed it for a long time: 5 pellets twice daily.
Cerebellum 4ch is another organotherapeutic medicine that I prescribe preferentially in cases with cerebellar involvement: 5 pellets twice daily.

SULFUR IODATUM 15 CH

This is a medicine for chronic Tuberculinic inflammation. It, too, plays its role as a second-line sentinel medicine. I prescribe it either once daily or once weekly, depending on how recently the last relapse of MS occurred.

TUBERCULINUM 15 CH

In the cases I treat, MS more often affects Tuberculinic patients. Prescribing this biotherapeutic is indispensable, both curatively and preventively: once weekly.
In my experience, organ-specific autoimmune diseases such as Hashimoto's disease, multiple sclerosis (MS), primary biliary cirrhosis, type 1 diabetes, celiac disease, vitiligo, alopecia areata, and Guillain–Barré syndrome tend to follow a Tuberculinic pattern. In contrast, non–organ-specific autoimmune diseases such as systemic lupus, systemic scleroderma, rheumatoid arthritis, Sjögren's syndrome, or primary vasculitis tend to evolve along a Psoric pattern.

Progression

LUESINUM 15 CH +++ M-C

- Phase of sclerosis +++
- Immune dysregulation +++
- In prevention +++ once weekly

ADN & ARN 9-15 CH ++

Dr. Jenaer highlighted the importance of these medicines in immune disorders.
In medium dilutions such as ***9CH,*** these medicines appear to have a "stabilizing" effect, whereas in high dilutions (***15*** or ***30CH***) they would act more as "immunosuppressants."
In MS, in my view, during inflammatory phases it is preferable to prescribe ***15CH***, whereas in "quiescent" or more sclerotic phases, ***9CH*** is indicated.
In the MS cases I have managed, I have more often prescribed ADN (DNA) rather than ARN (RNA), either in ***9CH*** or in ***15–30CH***, given every 15 days. This may be related to the frequency of infection with Epstein–Barr virus, a double-stranded DNA virus that binds to the DNA of the infected person.
In other diseases, such as certain cancers, takes may need to be more frequent, but treatment should not be interrupted.
These medicines are also found in Dr. Guermonprez's Materia Medica.

PERSON'S MEDICINES

PULSATILLA 15 CH 9 cases out of 37

- Variability of lesions and of disease course
- More often the relapsing–remitting form
- Young woman
- Poor immunity in childhood

• Suspected cause: poorly tolerated pregnancy
• Emotionally taxing IVF journey, marital problems

NATRUM MURIATICUM 15-30 CH **11 cases out of 37**

• Extreme fatigability
• Marked nervous hypersensitivity
• More often secondary progressive forms
• Suspected cause: psychological trauma, separation, bereavement
• Young woman, often disillusioned and withdrawn from her own life

SILICEA 15-30 CH **9 cases out of 37**

• Severe fatigue
• Progressive weight loss, muscle atrophy
• More often secondary progressive or primary progressive forms
• On this weakened immune terrain, I found an infectious cause in 5 out of 9 cases and a post-vaccination cause in 4 out of 9

Among the other 8 MS cases, I found:
• *3 Arsenicum album*
• *2 Natrum sulfuricum*
• *2 Sepia officinalis*
• *1 Lycopodium clavatum*

TREATING SIDE EFFECTS OF IMMUNOMODULATORS AND/OR IMMUNOSUPPRESSANTS

• **Fatigue – anxiety**: *Phosphoricum acidum*, *Serotoninum*...
• **Flu-like syndrome**: *Eupatorium perfoliatum*, *Arnica montana*, *Rhus toxicodendron*...
• **Hot flashes**: *Sulfur*, *Lachesis*, *Belladonna*, *Sanguinaria canadensis*...
• **Depressive disorders**: *Arsenicum album, Sepia officinalis*, *Psorinum*...
• We must not forget ***Thuya occidentalis***, which helps "clear the Sycotic load" induced by aggressive therapies. I prescribe it in low dilutions, ***5–7CH***, daily, in sequential courses lasting from 15 days to 3 months.
• Among the 37 MS cases I have treated, 2 required ***Natrum sulfuricum***. These were MS cases with Sycogenic antecedents that shifted into deep Sycosis following intensive steroid treatment. Their relapses were triggered by high humidity (***Dulcamara***).

7 How effective is homeopathic treatment?

In my experience:
No effect during acute relapses, all the more so since I have not experimented with an acute crisis homeopathic management protocol.
Major effectiveness in preventing relapses, while taking into account the natural variability in their frequency.
Stabilization of lesion progression in a large number of cases.
Relief and long-term support in managing sequelae.

8 Summary of clinical cases

All clinical cases received near-continuous physical therapy. Vitamin D, B9, and B12 levels were checked regularly, and values adjusted as needed.

CLINICAL CASE 1

Samira, 40 years old, executive assistant, MS for 9 years.

First visit
Paraventricular lesions on MRI. Onset with paresthesia of the fingers and loss of sensation, tremors of the extremities, with worsening of symptoms 2–3 days before her periods.
MS began 6 months after delivery of her first child, a pregnancy she had difficulty accepting and coping with: separation from her partner at 8 months of pregnancy; 3 months after delivery, her mother-in-law developed cancer. She has felt unsafe and anxious since her father's death 10 years earlier. Unresolved grief. Suicidal thoughts, but held back by her child.

Homeopathy and Multiple Sclerosis

• History of recurrent rhino-bronchitis in childhood
• Received 3 courses of intravenous corticosteroids for 3 relapses, with partial regression
• Started on Tecfidera®(Dimethyl fumarate), which she tolerated poorly (elevated transaminases and gamma-GT, vomiting, heartburn, skin rash)
Now on Avonex® (IFNbeta-1 a), better tolerated: some myalgia and cramps, headaches, persistent fatigue
• On the day of the consultation:
- Paresthesia and tremors of the upper limbs
- Dizziness and loss of balance with near-fainting sensations
- Very weak, with poor concentration

Treatment

- ***Natrum muriaticum 30CH***: Sundays 1 and 3
- ***Tuberculinum 15CH***: Sundays 2 and 4
- ***Kalium phosphoricum 15CH***: 1 dose on Thursdays
- ***Phosphorus 15CH***: 5 pellets once daily
- ***Medulline 4CH***: 5 pellets twice daily
- ***Cocculus indicus 5CH***: 5 pellets twice daily
- Vitamin D - 3,000 units per day

→ **Prescription for 6 months.**

Second visit

6 months later: no new complaints, less fatigue, dizziness and headaches much less frequent.

Treatment

- ***Natrum muriaticum 30CH***: Sundays 1 and 3
- ***Tuberculinum 15CH***: Sundays 2 and 4
- ***Kalium phosphoricum 15CH***: 1 dose on Thursdays
- ***ADN 15CH***: 1 dose every 15 days
- ***Phosphorus 15CH***: 5 pellets once daily
- ***Medulline 4CH***: 5 pellets twice daily
- ***Cocculus indicus 5CH***: 5 pellets twice daily
- Vitamin D - 3,000 units per day

→ **Prescription for 12 months.**

Third visit

14 months later: no complaints, no relapses.
She asked her neurologist—who disagreed—to start reducing Avonex® (1 injection every 15 days).

Same treatment for another 12 months.

Fourth visit

16 months later: Samira is doing well, no relapses.
She has been on Avonex® once a month for 8 months; her neurologist still does not agree with this reduction.
She has been in a relationship with her partner (reunited) for 2 years.

Same treatment, except Cocculus indicus and Kalium phosphoricum used as needed.
→ **Prescription for 12 months.**

Fifth visit

• Samira, now 45 years old, has been off Avonex® for 2 years. She is in excellent health.
• She is only taking ***Phosphorus***, ***Tuberculinum***, ***Medulline***, and ***ADN 9CH***.
• She says: *"I'm coming to see you now because my menopause is starting."*

Sixth visit

Samira, 55 years old, is doing well. Her menopause went smoothly with homeopathic treatment.

She continues her MS homeopathic treatment:

- ***Natrum muriaticum 30CH***: Sundays 1 and 3
- ***Tuberculinum 15CH***: Sundays 2 and 4
- ***Phosphorus 15CH***: 5 pellets once daily
- ***ADN 9CH***: 1 dose every 15 days
- ***Medulline 4CH***: 5 pellets twice daily
- Vitamin D - 3,000 units per day

• Her MRI shows no new lesions. Her new neurologist is pleased, but still thinks she should resume a conventional treatment...

CLINICAL CASE 2

Thierry, 46 years old, accountant, MS for 7 years.

First visit

• MS classified as secondary progressive for the past 2 years
• MRI: disseminated cerebral demyelinating lesions
• Onset with fatigue, paresis of the right hand, and paresthesia of the right side of the face
• Then motor deficit of the right leg, causing a limp and foot drop (steppage gait)
• Progressive development of bladder incontinence and worsening diplopia with pain in the right eye due to optic neuritis
• Memory loss and difficulty concentrating at work.
• Painful divorce 8 years earlier, with conflict over their two daughters, now 13 and 11 years old. "*I'm afraid my disease will ruin their childhood*." Shared custody contested by his ex-wife.
• Stressed, pessimistic, introverted
• Always cold since the onset of MS and "catches everything that goes around"
• On antibiotics at least once a month. Very tired, poor concentration.
• He was among the first to receive immunotherapy, which did not achieve convincing results.
• Currently on the immunosuppressant Tysabri® (natalizumab).
• IV courses of steroids during identified mini-relapses

Treatment

• ***Luesinum 15CH***: 1 dose on Thursdays 1 and 3
• ***Tuberculinum 15CH***: 1 dose on Sundays 2 and 4
• ***Arsenicum album 15CH***: 1 dose on Thursdays
• ***Phosphorus 15CH***: 5 pellets twice daily
• ***Causticum 15CH***: 5 pellets twice daily
• ***Medulline 5CH***: 5 pellets twice daily
• ADN 9CH: 1 dose every 15 days
• Vitamin D - 3,000 units per day

➔ **Prescription for 10 months.**

Thierry has been my patient for 19 years. This initial homeopathic treatment has remained the core of his regimen ever since.

• At times we substituted ***Silicea*** for ***Arsenicum album*** during periods of recurrent infections; ***Gelsemium*** for ***Causticum*** depending on clinical symptoms, particularly diplopia and urinary disorders.
• ***Ignatia amara*** and ***Staphysagria*** have both been indicated at different times.

• After 1 year of homeopathic treatment, his neurologist stopped immunosuppressants and returned to immunomodulators.
• His brain lesions have evolved very slowly, and his condition has not deteriorated.
• The neurological lesions have progressed very little, much to the neurologist's surprise.

• Thierry has faithfully followed his homeopathic treatment for 19 years.

CLINICAL CASE 3

Laetitia, 39 years old, architect, MS for 5 years, with left hemiplegia and a cerebellar syndrome.

First visit

• Received three injections of the Gardasil® HPV vaccine; MS onset 4 months after the last injection
• Significant worsening of MS since the birth of her child 1 year ago
• Height 1.65 m, weight 52 kg. Good appetite, prefers salty foods.
• Fatigued, with concentration difficulties
• Restless sleep with nightmares. She often thinks about death, which terrifies her but "would also be a release; I fight on for my daughter."
• Very sensitive to cold. Introverted. Discouraged.
• Her partner has been unfaithful since the start of her illness.
• She is on Gilenya® (fingolimod) and Lioresal® (baclofen), both well tolerated.

Homeopathy and Multiple Sclerosis

Treatment

- ***Tuberculinum 15CH***: 1 dose on Sundays 1 and 3
- ***Natrum muriaticum 15CH***: 1 dose on Sundays 2 and 4
- ***Luesinum 15CH***: 1 dose on Thursdays
- ***Cocculus 9CH***: 5 pellets twice daily
- ***Lathyrus 9CH***: 5 pellets twice daily
- ***Phosphorus 15CH***: 5 pellets twice daily
- ***Cerebellum 5CH***: 5 pellets twice daily
- ***Arsenicum album 15CH***: 5 pellets in the evening
- Vitamin D - 3,000 units per day

→ **Prescription for 8 months.**

Second visit

After these 8 months, Laetitia feels better. She feels she has fewer uncontrolled movements, better balance, improved sleep, and better mood.

Same treatment for a further 8 months.

I have treated Laetitia for 11 years.

- She is doing well relative to her MS, which is not progressing.
- No changes on MRI.
- Her neurologist is puzzled. Conventional treatment has remained the same.
- Other homeopathic medicines have been prescribed periodically, such as *Sepia officinalis* and *Tuberculinum* alternating with *Arsenicum album*.
- *Lathyrus* and/or *Cocculus* indicus have been replaced or complemented by *Argentum nitricum* or *Conium maculatum*.
- I prescribed *Medulline* for only 2 consecutive years, 8 years ago. I introduced *ADN 15CH* every 15 days for 3 years, then switched to *9CH*.

Current treatment

- ***Tuberculinum 15CH***: 1 dose on Sundays 1 and 3
- ***Luesinum 15CH***: 1 dose on Sundays 2 and 4
- ***Arsenicum album 15CH***: 1 dose on Thursdays 1 and 3
- ***ADN 9CH***: 1 dose on Thursdays 2 and 4
- ***Gelsemium 15CH***: 5 pellets twice daily
- ***Lathyrus 9CH***: 5 pellets twice daily
- ***Phosphorus 15CH***: 5 pellets twice daily
- ***Cerebellum 5CH***: 5 pellets twice daily
- Vitamin D - 3,000 units per day

Her relationship with her partner hasimproved, and her daughter is doing well.

CLINICAL CASE 4

Madeleine, 78 years old last September, retired seamstress, MS since age 31.

- She first consulted me 41 years ago, at age 37.
- She had tremors of the extremities and head, very marked muscle fatigue with paresis and difficulty walking.
- Great difficulty keeping her eyes open.
- Pronounced anxiety and extreme fatigue.
- Very thin: 42 kg for 1.59 m.
- Married, one desired child.
- MS appeared 10 months after a severe case of tonsillitis with "strep throat" and intense fatigue lasting 3 months (likely mononucleosis).
- No particular history except prematurity (incubator) with low birth weight.
- Many bronchitis episodes until age 18.
- Smoked 15 cigarettes a day since age 21.

(And what about the smell of the clothes she sewed?)

Initial treatment (41 years ago)

- ***Phosphorus 15CH***: 3 pellets twice daily
- ***Gelsemium 15CH***: 5 pellets twice daily
- ***Physostigma 7CH***: 5 pellets twice daily
- ***Tuberculinum 15CH***: 1 dose on Sundays 1 and 3
- ***Silicea 15CH***: 1 dose on Sundays 2 and 4

→ **Prescription for 10 months.**

Her condition remained stable over the next 10 months. I renewed this same treatment for 4 years.

- No relapses during those 4 years, unlike the first 10 years of her disease, during which she had 6 MS relapses.
- Madeleine gained weight.
- She was always followed by neurologists

and consistently took her homeopathic treatment, which was occasionally adjusted with the addition of ***Causticum***, ***Plumbum metallicum***, and, later, when I began using them, ***Medulline*** and then ***ADN***.
• Over 41 years, she had only 1 relapse, which occurred (coincidence? pure chance?) 6 months after she decided, at age 48, to stop —"just to see"— the homeopathic treatment she had taken for almost 11 years. At that time, she was under neurologic surveillance but was not receiving conventional treatment, which was still in its infancy.
• After this relapse, Madeleine resumed her homeopathic treatment and has not stopped it since.
• MRI shows only minimal progression of lesions.

Has her MS simply became dormant over time? Has homeopathic treatment helped stop progression of her MS?

CLINICAL CASE 5

(The most recent case I have treated.)

Jennifer, 50 years old, stay-at-home mother, slowly progressive MS for 15 years.

First visit

Paraparesis, spasticity of the right lower limb.

• Paroxysmal neuralgia in the right lower limb
• Tremors of the extremities
• Balance disorders, walks with a cane
• 4 to 5 daytime voids and 1 nocturnal void, with urgency and bladder incontinence
• Mother of 5 children, with a supportive husband. She is very worried about one of her children, age 21, who is disabled.
• On Levocarnil® (Levocarnitine) and Fampyra® (fampridine) for several months, her neurologist notes no significant improvement; he wants to start Ocrevus® (ocrelizumab). Jennifer is very worried about the side effects of this medicine.

Levocarnil® is indicated for the treatment of primary systemic or muscular carnitine deficiency, secondary carnitine deficiencies associated with organic acidurias, and disorders of fatty acid β-oxidation.

Treatment

• ***Luesinum 15CH***: 1 dose on Thursdays 1 and 3
• ***ADN 9CH***: 1 dose on Thursdays 2 and 4
• ***Sepia officinalis 15CH***: 1 dose on Sundays
• ***Phosphorus 15CH***: 5 pellets once daily
• ***Medulline 4CH***: 5 pellets twice daily
• ***Conium maculatum 9CH***: 5 pellets twice daily
• ***Causticum 15CH***: 5 pellets twice daily
• Vitamin D - 3,000 units per day

➔ **Prescription for 8 months.**

Second visit

Two months after starting treatment:
• Urinary urgency persist but improved by about 6/10
• Tremors and balance disorders improved by about 6/10
• Less anxious and somewhat more optimistic

Treatment

Luesinum 15CH: 1 dose on Thursdays 1 and 3
ADN 9CH: 1 dose on Thursdays 2 and 4
Sepia officinalis 15CH: 1 dose on Sundays
Phosphorus 15CH: 5 pellets once daily
Medulline 4CH: 5 pellets twice daily
Conium maculatum 9CH: 5 pellets twice daily
Plumbum metallicum 9CH: 5 pellets twice daily
Ignatia amara 15CH: as needed
Vitamin D - 3,000 units per day

➔ **Prescription for 10 months.**

Third visit

Improvements: urinary urgency 7/10, balance disorders 8/10, neuralgia 6/10.

Homeopathy and Multiple Sclerosis

Treatment

- ***Luesinum 15CH***: 1 dose on Thursdays 1 and 3
- ***ADN 9CH***: 1 dose on Thursdays 2 and 4
- ***Sepia officinalis 15CH***: 1 dose on Sundays
- ***Phosphorus 15CH***: 3 pellets once daily
- ***Medulline 4CH***: 5 pellets twice daily
- ***Plumbum metallicum 9CH***: 5 pellets twice daily
- ***Causticum 15CH***: 5 pellets twice daily
- Vitamin D - 3,000 units per day

→ **This treatment has been continued over 6 years of follow-up.**

• I tried ***Sphincter vesicae 4CH*** for 1 year, without success in this case, although this organotherapeutic medicine has yielded good results in other MS cases.
• Over these 6 years, Jennifer's condition has not worsened—quite the opposite.
• Her imaging results on the MRI remain stable.
• Her neurologist, aware of the homeopathic treatment, adopts a "half-interested, half-defensive" stance and continues to suggest ocrelizumab. He still prescribes Levocarnil® and Fampyra®, which she takes conscientiously.

As so often with the results obtained through homeopathic therapeutics, I remain astonished, and happy. Homeopathy is definitely not a second-class therapeutic!

> ***"As so often with the results obtained through homeopathic therapeutics, I remain astonished, and happy. Homeopathy is definitely not a second-class therapeutic".***

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CLINICAL CASE

Molluscum contagiosum in a child

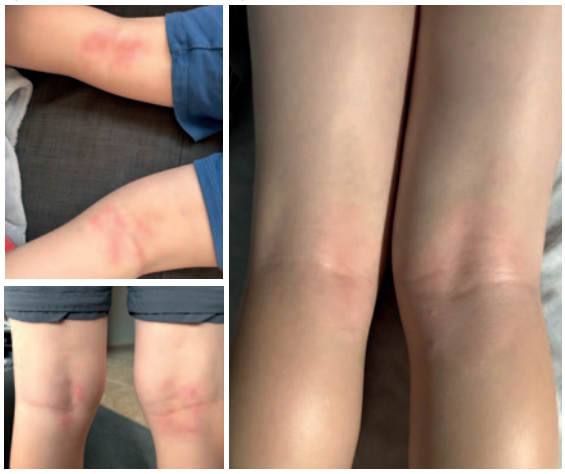
Marc Rastello, MD,
Grasse (France)

CLINICAL CASE 1

Nans, a 9-year-old boy weighing 32 kg and measuring 132 cm (BMI 18.4), is a very athletic, well-built child who is rarely ill, experiencing only occasional common colds. His parents are also athletic and in good health.

• **January 18**. Nans was seen for molluscum contagiosum. While his parents were aware that the condition itself was benign, what concerned them was the appearance of perilesional eczema. The molluscum lesions were pruritic, of varying appearance, and some had become impetiginized. Nans lives in a structured but supportive family environment. He is meticulous, anxious, and perseverant, performs well at school, and is demanding of himself. He frequently asks for explanations about everything.

▼ Nans before treatment ▼ Nans after treatment



TREATMENT INITIATED

• ***Calcarea carbonica 15CH***: 1 dose weekly on Sundays (constitutional medicine)
• ***Lycopodium clavatum 15CH***: 1 dose weekly on Wednesdays (ST)
• ***Cinnabaris*** + ***Dulcamara*** (lesion and IPR) + ***Thuya occidentalis*** in ***9CH*** (CRM): 5 pellets of each, morning and evening. Local antiseptic treatment

• **February 8**. The eczema had taken on a circinate appearance. I added ***Berberis vulgaris 9CH***, 3 times daily. The impetiginized aspect improved.

• **March 20**. The eczema had improved significantly, but the molluscum lesions persisted. I reassessed the case with the parents. Nans enjoys everything, embraces life enthusiastically, is interested in many things, and has a hearty disposition. His anxiety appeared to have been transient. He only enjoys water for swimming and diving (dislikes washing).

I MODIFIED THE PRESCRIPTION AS FOLLOWS:

• I continued with ***Cinnabaris***, ***Dulcamara***, ***Thuya occidentalis***, and ***Berberis vulgaris***, all in ***9CH***, 3 times daily, ***Calcarea carbonica 15CH***, 1 dose on Sundays. I Replaced ***Lycopodium clavatum*** with ***Sulfur 30CH***: 1 dose on Wednesdays

• **April 21**. The eczema had completely resolved, and the last molluscum lesions had disappeared shortly before the visit. I continued Calcarea carbonica 15CH: 1 dose weekly for three additional months

• **Six months later**. There had been no intercurrent events. A sports fitness certificate was issued. Nans is in excellent health.

CLINICAL CASE 2

Axel, a 7-year-old boy, had been presenting with *molluscum contagiosum* for almost one year.
A dermatologist consulted after a few weeks had reassured the mother, saying: *"Don't worry, it will resolve on its own."*
Axel has very dry skin, similar to that of his mother and his paternal grandfather. His school performance is normal. I had already spoken several times with his mother about homeopathy, but she explained that Axel categorically refused to take pellets. She was nevertheless well aware of homeopathy's potential benefits, as her daughter had previously recovered —thanks to homeopathic treatment— from recurrent perforated purulent otitis media, associated with altered general condition and persistent fever, after failure of repeated antibiotic courses. When I saw Axel, he confirmed that he did not want to take pellets. His mother explained that the more lesions appeared, the more he scratched, and the more new lesions developed.
Axel measured 126 cm and weighed 24 kg (BMI 15.1). He is a calm, shy child, rarely ill, with a good appetite. There is no history of asthma.

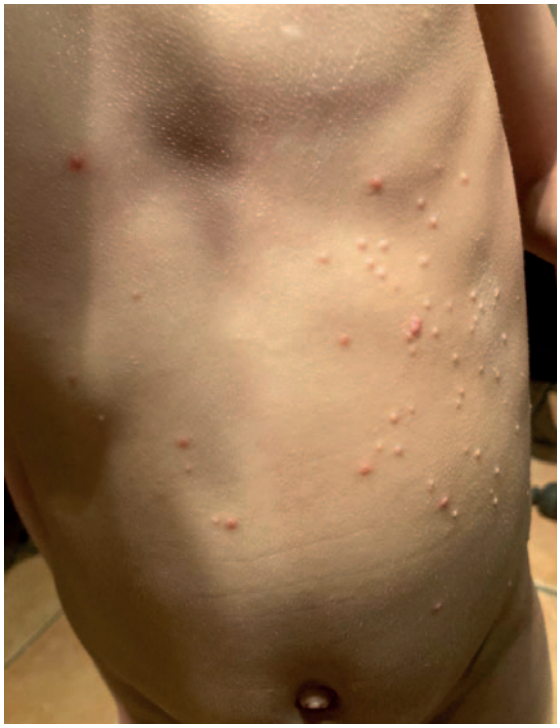
TREATMENT PRESCRIBED FOR 1 MONTH:

- ***Dulcamara 9CH*** + ***Cinnabaris 9CH***: 5 pellets of each, 3 times daily
- ***Thuya occidentalis 9CH***: 5 pellets morning and evening
- ***Calcarea carbonica 15CH***: 1 dose weekly, on Sundays

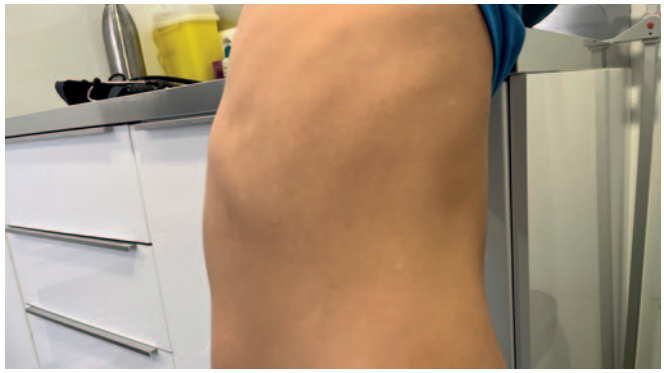
I encouraged Axel to take his treatment consistently, given how much the lesions were bothering him (he scratched continuously, including during the consultation), and scheduled a follow-up visit one month later.

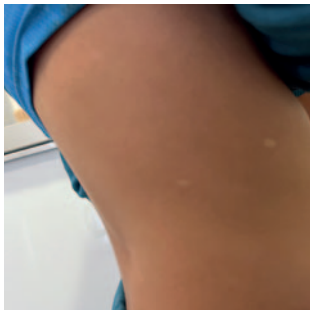
When I saw him again one month later, all lesions had completely resolved .
Axel continued ***Calcarea carbonica*** for an additional two months.

One year later, I saw Axel again for a minor accidental ankle sprain.
He was doing well and had experienced no health problems since.



▲ Molluscum contagiosum on Axel's chest (before treatment)





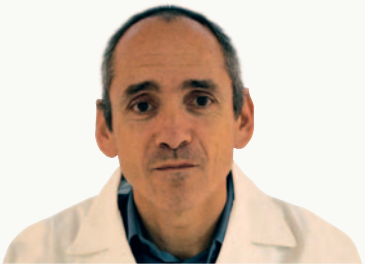
Different parts of the body (pictures on the right) free of molluscum contagiosum after treatment

CLINICAL CASE

Long-standing Irritable Bowel Syndrome

treated with homeopathic medicine

Guillermo Basauri, MD,
Bilbao (Spain)



CLINICAL CASE

FIRST CONSULTATION

E. P. is a 60-year-old woman who presented in December 2023 for abdominal pain that had been present for 30 years, attributed to what had been diagnosed as severe Irritable Bowel Syndrome (IBS).

- She is married and has never had children. *"God gave me nephews instead."*
- She wears her hair short and dresses in a youthful but very understated manner.
- She stopped smoking 20 years ago and acknowledges that she does not engage in any physical activity other than *"a bit of walking."*
- She is a civil servant and works as an administrative technician within the Spanish public health system

E. P. REPORTED THAT EVERYTHING HAD BEGUN MORE THAN 30 YEARS EARLIER.

- At present, crises occur very frequently, approximately once a month, and usually last 3–4 days. They are extremely painful and may be accompanied by vomiting and sweating. She clearly associates them with stress and intense emotional situations.
- She described the sensation as a contraction followed by release. These painful spasms are followed by diarrheal stools. During these crisis days, she may experience 4 to 6 episodes per day.
- Between crises, she alternates between constipation and diarrhea episodes: *"I can go 10 days without any urge, and then suddenly the floodgates open."*

MEDICAL HISTORY

- She did not provide medical reports but reported that 10 years earlier she had suffered from a gastric ulcer, treated with antibiotics.
- She had undergone surgery for an anal fistula and hemorrhoids.
- At menopause, she developed metrorrhagia, which resolved after removal of several uterine fibroids.
- In 2009, she underwent surgery for a benign bladder tumor, which required no further treatment.
- She also reported a history of eczema in childhood and recalled being allergic, as an adolescent, to the metal buttons on some of her pants.
- She reported no relevant family history.

CLINICAL INTERVIEW

- Height: 1.55 m
- Weight: 61 kg

DIGESTIVE SYSTEM

She experiences difficulty with digestion and gastric pain. She takes omeprazole approximately three times per week, as needed.

GYNECOLOGY

She entered menopause at age 56, with episodes of hot flashes that remained *"very tolerable."* Prior to that, her menstrual cycles were *"completely normal,"* occurring every 24 days.

Long-standing Irritable Bowel Syndrome...

Endocrinology
Blood work was normal.

Dermatology
She was currently undergoing dermatologic treatment for significant hair loss.

Rheumatology
For some time, E. P. had been experiencing heel pain when beginning to walk, which improves with continued movement.

Nervous system
She sleeps very poorly: *"I wake up 10 times a night despite taking melatonin before going to bed."* She feels very fatigued and particularly unwell toward the end of the week.

Psycho-behavioral Tendencies
When asked about her personality, she described herself as *"reasonably open-minded."*

Additional points she felt were relevant to mention:

- *"I have outbursts of anger and can lose control, especially at work; within the family, I control myself more."*
- *"I've always associated my colic with fear and unexpressed anger."*
- *"I sometimes wake up at night with anxiety, even though I have no real problems in my life."*
- *"I have several groups of friends and enjoy sharing my time with them."*
- *"In social situations, I keep my anger to myself."*
- *"In general, I don't speak ill of anyone."*
- *"I enjoy reading, music (I sing in three choirs), sewing, movies, traveling, meeting people, and walking."*
- *"I am very organized; chaos is what irritates me the most. I like everything to be under control."*
- *"I get annoyed when others are disorganized."*
- *"I organize my clothes by color."*

Treatment Initiated

- ***Nux vomica 5CH***: 5 pellets morning and evening for one month.

SECOND CONSULTATION

During this month of treatment with ***Nux vomica***, E. P. experienced no crises, slept better, and reported an improved mood.
I suggested continuing along the same course and seeing her again in two months, unless there was any worsening or need for consultation in the meantime.

THIRD CONSULTATION

Two months later, she reported that she still felt very well, with no digestive discomfort.
I decided to maintain the same frequency but increase the dilution to ***Nux vomica 30CH***, and scheduled a follow-up in two months.

FOURTH CONSULTATION

This time, E. P. reported having had a colic episode lasting from noon until 3 a.m., characterized by vomiting only, without diarrhea. She clearly linked this episode to a situation of intense stress at work.
I explained that, in my view, the overall course remained favorable and that it was reasonable for her to still experience occasional decompensations in situations of stress and anxiety.
Consequently, I recommended maintaining the same dilution and frequency, as I believed there was still room for improvement with this

... treated with homeopathic medicine

treatment protocol. She agreed to continue the same treatment for another two months.

FIFTH CONSULTATION

Two months later, she returned having had no crises at all and reported having gone three weeks without taking a single dose of omeprazole, which she considered a major achievement. I suggested continuing ***Nux vomica 30CH*** once daily in the morning, unless she noticed a recurrence of symptoms. She was delighted with this plan, and we scheduled another visit in two months.

SIXTH CONSULTATION

Another two months passed with complete absence of symptoms. *"I feel very well."* At this point, I proposed taking another step forward and further spacing the dosing schedule: ***Nux vomica 30CH***, 5 pellets in the morning, on Mondays, Wednesdays, and Fridays. As always, we agreed to continue clinical follow-up, this time in three months.

SEVENTH CONSULTATION

Three months later, her condition remained very satisfactory. I therefore proposed transitioning to one single-dose tube of ***Nux vomica 30CH*** once weekly, long term. She enthusiastically agreed.

After five months, she called me to report diarrhea and abdominal discomfort lasting about one week, although less severe than in the past. I prescribed again ***Nux vomica 30CH***, 5 pellets morning and evening. Within 10 days, she felt much better. Together, we decided that she would continue this treatment for another month and, if stability persisted, return to the weekly single-dose schedule.

Since that episode, E. P. has chosen to purchase a tube of ***Nux vomica 30CH*** every week because, as she puts it, *"it costs me nothing and it helps me a great deal,"* and I see no reason to contradict her.

Long-standing Irritable Bowel Syndrome

E. P. still comes to see me occasionally, particularly for osteopathic assessment of pain and tension, especially in the neck. Her digestive system has remained completely asymptomatic. If this stability continues over time, we plan to further space the single doses.

WHY NUX VOMICA?

While awaiting long-term confirmation or refutation by the patient's evolution, I chose ***Nux vomica*** as the first-line treatment for several reasons:

• First, the reason for consultation—irritable bowel syndrome—is a condition well aligned with this medicine, which is always highly desirable. "Highly desirable" does not mean indispensable, as we all know that one of the sources of homeopathic Materia Medica is clinical experience. Thus, it is sometimes observed that a patient recovers from a condition not previously described in the Materia Medica of the prescribed medicine.

• Second, the mode of expression of the pathology, with very intense colicky pain accompanied not only by diarrhea but also by vomiting, further supports this indication. Its strong link to stress reinforces it even more.

• Finally, the history of eczema, digestive disorders, and hemorrhoids also points toward ***Nux vomica***.

From a behavioral standpoint, E. P. presents as a person with sleep disturbances, anger issues, high demands on herself, very active but not physically athletic, highly organized, pragmatic, and controlling.

One question may arise: why begin with a ***5CH*** dilution when there were so many similarities at all levels? Would it not have been more coherent to start directly with a ***15CH*** or ***30CH*** dilution?

The reason is quite simple: I had such confidence in the choice of this medicine that I deliberately chose to start with a low dilution to observe the response.
This was a purely exploratory and experimental decision, which ultimately proved to be very instructive. ■

The Sycotic reactional mode and

Bladder polyps

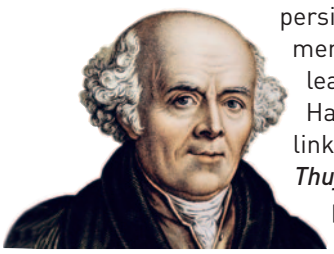
Jean-Marc Saillard, MD,
Salon-de-Provence (France)

This is a stimulating topic that fully deserves its place in this journal. The article has two objectives: to refresh the knowledge of our colleagues who prescribe homeopathic medicines on a daily basis, and to encourage younger practitioners to use a remarkable clinical tool: the Sycotic reactional mode.
Where does it come from? Through a brief historical overview, I will outline the contours and evolution of Sycosis over two centuries, from Hahnemann's genius in his Treatise on Chronic Diseases (1820) to our current, more modern understanding.
To illustrate this approach, I will focus on a rapidly increasing pathology: bladder polyps.

1 History of Sycosis

1820: confronted with therapeutic failures, **Hahnemann** hypothesized that an underlying chronic disease could constitute an obstacle to cure. For him, Sycosis was the *"disease of figs"* (from the Greek), referring to the appearance of condylomas. At that time, many confusions existed between syphilis and other venereal diseases.
The concept of a specific bacterial cause would only emerge much later, in 1877, through the work of Pasteur and Neisser.

A monk once consulted Hahnemann for persistent urethral discharge and mentioned that he chewed thuja leaves daily. Through this encounter, Hahnemann established a possible link between regular consumption of *Thuja* and sycosis. The concept of pathogenesis was born.

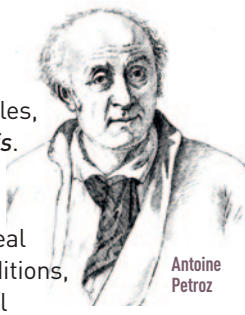


Samuel Hahnemann

Clemens von Bönninghausen

1848: **Bönninghausen** was the first to demonstrate the homeopathic action of ***Thuya occidentalis*** in smallpox.

1851: **Petroz** extended sycosis to skin diseases such as shingles, once again highlighting ***Thuya occidentalis***.



Antoine Petroz

1860: **Léon Simon** clarified the understanding of venereal diseases and described four distinct conditions, although the responsible germs were still unknown. **Grauvogl** described 3 biochemical states: oxygonoid, carbo-nitrogenoid, and hydrogenoid. He emphasized aggravation from humidity, cold, and chronicity, observing tissue infiltration and disturbances of hydration.

Léon Simon

Eduard Von Grauvogl

The Sycotic reactional mode and bladder polyps

The doctors and homeopaths who wrote about and shaped the concept of Sycosis. (from top to bottom and left to right): Louis Pasteur, Albert Neisser, James Kent, James Burnett, Léon Vannier, Marcel Martiny, Henri Bernard, Jacques Jouanny, Denis Demarque, Roland Zissu, Michel Guermonprez and Jacques Michaud.

1877: **Pasteur** discovered the anthrax bacillus and vaccination.

1879: **Neisser** identified the gonococcus responsible for gonorrhea. At this point, a connection was made between Sycosis and microbial infection, marking a further step forward.

1888: **Kent** enriched the Materia Medica with the pathogenesis of Medorrhinum. It is not gonorrhea itself that constitutes Sycosis, but the chronic disease that follows it. During this period, Sycosis was described as evolving through three phases: first, polymorphous eruptions; then a rheumatologic inflammatory state; and finally anemia.

1892: **Burnett** linked certain disorders associated with smallpox vaccination to sycosis. We again find the classic Sycotic triad familiar to homeopaths: tissue imbibition due to water retention, mucous discharges, and benign cellular proliferations.

1928: **Roy** drew attention to the relationship between Sycosis and cancer.

1930: **Léon Vannier** synthesized these approaches and reaffirmed the hereditary nature of Sycosis. He was the first to classify homeopathic medicines according to "diathesis."

1934: A major milestone: **Martiny**, along with **Bernard**, emphasized involvement of the reticulo-endothelial tissue in Sycosis.

1970: **Jouanny**, **Demarque**, **Zissu**, and **Guermonprez** proposed a modern approach to Sycosis, identifying it as a prescription aid. They introduced the concept of Chronic Reactional Modes, with specific characteristics and corresponding homeopathic medicines. A new era began.

1986: Over time, the terrains (constitutional patterns) evolved. While the relative importance of different diatheses has changed, Sycosis and Luetic (Syphilitic) states have become increasingly prominent. These two diatheses share many common features.
According to **Jacques Michaud**, Sycosis on a Fluoric constitution deserves individualization and closely reflects societal evolution.

Sycosis represents the consequences of deep involvement of the reticuloendothelial system.

The medicines are essentially the same as those prescribed today.
Michaud also described "modern" Sycotic medicines, revealed by advances in allopathic medicine, as opposed to older homeopathic medicines.

FOUR EXAMPLES ARE WORTH MENTIONING:

1. Folliculinum and its correspondence with *Lachesis mutus* and *Thuya occidentalis*

2. Penicillinum and its correspondence with *Natrum sulfuricum*, *Kalium carbonicum*, and *Thuya occidentalis*

3. Cortisone and its correspondence with *Graphites*, *Natrum sulfuricum*, *Thuya occidentalis*, *Sepia officinalis*, and *Medorrhinum*

4. Kalium bromatum and its correspondence with *Nitricum acidum*, *Rhus toxicodendron*, *Argentum nitricum*, *Arsenicum album*, and *Causticum*

2 The future of sycosis: reflections by Dr Michel Guermonprez

Even though Hahnemann suggested a venereal origin, ***Medorrhinum*** is indeed prepared from an authentic case of gonorrhea.
It is legitimate to question whether Sycosis results from all vaginal infections, from trichomoniasis to colibacillus. It must also be extended to the consequences of poorly tolerated vaccinations (as described by Burnett), excessive antibiotic use, and disorders of the gut microbiota.

Although formally denied by conventional medicine, authentic Sycosis exists, and homeopaths use it daily as a prescription tool. It unfolds in two stages: first, mucopurulent secretions of the genital mucosa; then insidious morphological changes of the body well known to all—tissue infiltration, formation of warts and benign skin growth —accompanied by a general metabolic slowing.
This is clearly seen in ***Conium maculatum***, ***Baryta carbonica***, and to a lesser degree ***Thuya occidentalis*** and ***Causticum***.
Author's note: *"Every time I have prescribed **Thuya** with extraordinary results, the patient had a genuine history of gonorrhea."*

Today, the Sycotic reactional mode, taught at the CEDH, has become a prescription aid designed to help select the most appropriate homeopathic medicines for each patient.
It represents one of several prescribing pathways, alongside etiology, anatomo-physio-pathological similarity (APPS), Individual Patient Response (IPR), and Sensitive Type (ST). Our trainees become familiar with these tools and gain confidence in identifying homeopathic medicines for recurrent and chronic conditions.

The Sycotic reactional mode and bladder polyps

CLARIFICATIONS AND KEY POINTS ARE ESSENTIAL!

Over two centuries, our understanding of sycosis has evolved profoundly, and today's conception bears little resemblance to that of our predecessors. What do we still share with the reflections of 1820? Probably very little. At that time, a venereal origin was systematically assumed, whereas today we understand that dysfunction of the reticuloendothelial system underlies immune dysregulation.
The advent of modern medicine and progress in chronic disease management have allowed us to abandon obsolete terminology and adopt concepts aligned with the twenty-first century. Physicians and healthcare professionals trained at the CEDH are familiar with this updated approach to sycosis and, more specifically, the Sycotic chronic reactional mode (CRM).

3 Updates on the mononuclear phagocyte system and its convergence with the Sycotic reactional mode

The reticuloendothelial system (RES) (classified in 1924), now referred to as the mononuclear phagocyte system (MPS) (since 1972), encompasses a group of phagocytic cells, including macrophages and monocytes. These cells circulate freely in the bloodstream or are fixed within connective tissues such as the pulmonary alveoli, liver sinusoids, skin, spleen, and joints.
Their essential functions are to eliminate senescent cells from circulation and to provide phagocytic cells for inflammatory and immune responses.
When this system is impaired, it is only a short step to clinically observing the major hallmarks of evolution toward the Sycotic reactional mode: infiltration, discharges, and neoplastic growths.

4 Key characteristics of the Sycotic reactional mode

- Persistent urogenital, ENT, pulmonary, and cutaneous infections with a tendency toward thick, yellowish discharges
- A tendency toward benign tumoral and cystic proliferations (warts, polyps, genital warts, etc.)
- A tendency toward water retention and tissue infiltration
- A general depressive tendency
- Aggravation from humidity in all its forms, from cold, and at night
- Profuse, greasy, viscous, fetid sweating, especially in skin folds, on the face, and on external genital organs

HOW DOES THIS DEVELOP?

Modern lifestyle strongly favors insidious progression toward the Sycotic reactional mode. Recurrent and chronic infections, polypharmacy with allopathic drugs, vaccinations, poor diet, sleep disturbances, eco-anxiety, multiple addictions (alcohol, tobacco, social media), pollution, and above all stress—familial, professional, and societal—are the main etiological factors of Sycosis.

HOMEOPATHIC MEDICINES OF THE SYCOTIC REACTIONAL MODE

1. MEDICINES WITH GENERAL ACTION
Two major medicines dominate and will be discussed later: ***Thuya occidentalis*** and ***Medorrhinum***.
Six other medicines are of major importance (described below): ***Natrum sulfuricum***, ***Silicea***, ***Causticum***, ***Nitricum acidum***, ***Calcarea carbonica***, and ***Sepia officinalis***.
2. COMPLEMENTARY MEDICINES
Dulcamara, ***Staphysagria***, ***Hydrastis canadensis***, and others.

5 The Sycotic reactional mode in bladder polyps

DEFINITION OF BLADDER POLYPS OR BLADDER TUMORS

A bladder polyp, also referred to as a bladder tumor, is a proliferation of cells arising from the urothelium, the epithelial layer in contact with urine. The terms polyp and non-cancerous bladder tumor are used interchangeably when there is no infiltration of the bladder muscle. These are also called superficial bladder tumors.
The main risk of these superficial tumors is recurrence or secondary malignant transformation. In malignant bladder tumors, muscle infiltration occurs with potential distant spread to lymph nodes, lungs, bones, and other organs.

EPIDEMIOLOGY AND RISK FACTORS

Bladder tumors rank second after prostate cancer. Although historically more frequent in men, increasing tobacco use among women appears to be reversing this trend.
Risk factors include chronic smoking and prolonged exposure to chemical substances such as industrial dyes and hydrocarbons.
Occupational disease recognition is possible, although often difficult to obtain.

CLINICAL SYMPTOMS

Hematuria is the most consistent symptom.
Painless and often minimally symptomatic, any hematuria must be taken seriously.
It may sometimes mimic a urinary tract infection.
Diagnosis is occasionally incidental during complementary investigations such as urine analysis or ultrasound.

DIAGNOSIS AND ASSESSMENT

Cystoscopy is the key examination, along with urine cytology. Extension assessment with imaging is then required. Endoscopic resection of polyps or tumors allows for histopathological analysis.

CLASSIFICATION OF BLADDER POLYPS AND TUMORS

According to lesion depth there is a classification:

- PTA: superficial tumors
- PT1: invasion of the lamina propria
- PT2 to PT4: muscle-invasive tumors involving surrounding organs (prostate, uterus, rectum

This classification was revised by the WHO in 2016, introducing low-grade and high-grade categories based on histopathology.

SYNTHESIS AND DIAGNOSIS

Three categories are distinguished: low-risk, intermediate-risk, and high-risk tumors.
Each requires specific treatment and follow-up strategies.

TREATMENT

Endoscopic resection is performed in all cases.
Two approaches then follow:

- For non-muscle-invasive tumors, annual surveillance with hematuria monitoring over ten years
- For intermediate- or high-risk tumors without muscle invasion, intravesical instillations are initiated to reduce recurrence and progression, using either BCG vaccine or mitomycin C, in weekly intravesical injections for six to eight weeks

For muscle-invasive tumors, total cystectomy combined with radiotherapy and chemotherapy may be proposed

The Sycotic reactional mode and bladder polyps

OUR HOMEOPATHIC APPROACH AND MOST COMMONLY USED MEDICINES

What do patients ask in the office? "*Doctor, this is hopeless, I've already had more than ten surgeries. Can you do anything for me*?"
The diagnosis of bladder polyps remains uncertain until confirmed or excluded by cystoscopy in the presence of hematuria.

Two clinical scenarios:

1. Diagnosis not yet established, but functional symptoms and hematuria are present. Terminal hematuria suggests bladder tumor. Clinical examination is required, including digital rectal examination to assess the prostate and bladder tenderness in cases of cystalgia or urinary tract infections.

2. Functional symptoms have resolved while awaiting urologic evaluation. Identification of the Sensitive Type and/or Chronic Reactional Mode becomes essential.

Symptomatic medicines

In cases of hematuria and functional disorders, think of:

ERIGERON

continuous vesical bleeding of bright red blood with often painful pollakiuria

PHOSPHORUS

profuse bright red blood in the urines with anxiety and evening oppression; thirst for large quantities of cold water; also useful in nocturnal incontinence in elderly patients due to overflow or vesical paresis (***Causticum***)

NITRICUM ACIDUM

papillomatous lesions of the bladder neck with burning, bloody urine smelling like horse urine

TEREBENTHINA

frequent painful urination with burning; dark hematuria and violet-scented urine

SABINA

typically gynecological bleeding medicine but useful in bladder neck polyps with abundant bright red bleeding

USTILAGO

similar female genital action, especially in patients with low energy resembling ***Sepia***, with dark bleeding and stringy clots

Medicines with general action

It is essential to look for the general signs of the medicines, which are not described in this article.

THUYA OCCIDENTALIS

The leading medicine of Sycosis, characterized by all types of neoplastic growths: wart, polyp, condyloma, papilloma. ***Thuya occidentalis*** acts on inflammatory and ulcerative processes underlying vegetative tumors.

MEDORRHINUM

Marked skin and mucosal lesions with oozing, malodorous eczema, acne, and clusters of small facial warts.
Genital manifestations include herpes, molluscum, condylomas, and bladder polyps.
Any patient with a past or recent history of gonorrhea should systematically receive ***Medorrhinum*** in association with ***Thuya occidentalis***.

NATRUM SULFURICUM

Medicine of warts affecting skin and mucosa, especially the bladder, with periungual inflammation and suppuration.
Dermatoses present with large, fine, translucent yellow or whitish scales over a shiny red background.
Water retention in the tissue is important, with strong aggravation from humidity, hot or cold, primarily at the pulmonary and rheumatological level.

CONIUM MACULATUM

The toxicity of poison hemlock has been known since antiquity. Beyond the acute phase of poisoning—whether intentional or **accidental, and most often rapidly** ***fatal—Conium maculatum*** expresses itself through a chronic evolution characterized by fibrosis and induration of the lymphoid tissues, particularly the lymph nodes, ovaries, breasts, and prostate. Urologic indications include prostatitis and prostatic adenoma with dysuria and interrupted urination (***Clematis erecta***).

NITRICUM ACIDUM

Acts on mucosa, skin, and mucocutaneous junctions. Produces irregular ulcerations that bleed easily at the slightest touch,, as well as oozing, bleeding polyp-like growths in the urogenital sphere.
Warts are plantar, yellowish, bleeding easily.
Papillomas and condylomas are pedunculated, oozing, itchy, and bleeding.
Mucous polyps, located at the bladder neck and uterus.
Nitricum acidum is indicated in prevention of bladder polyp recurrence.

CALCAREA CARBONICA

A major Polychrest effective in both Psoric and Sycotic reactional modes, with a tendency to proliferations on the skin on mucous membranes.
Flat facial warts, large painless plantar warts, nasal, vaginal, and bladder polyps, fibromas, adenomas, and lipomas.

SILICEA

Prescribed based on general signs of the medicine. A polychrest bridging Tuberculic and Sycotic reactional modes, targeting immune dysfunction through toxic effects on macrophages.
Chronic suppurations and infections are common.
Indications include ENT, pulmonary, and urologic conditions such as chronic UTIs with pyuria, prostatitis, and urethritis.

6 Conclusion

This article aimed to update our understanding of sycosis, now referred to as the Sycotic reactional mode. Revisiting its historical evolution highlights two centuries of thoughtful reflection by insightful physicians.
Bladder polyps, often a discouraging chronic condition, are increasingly frequent, still predominantly in men but rising in women due to smoking.

Any microscopic or macroscopic hematuria in at-risk patients warrants thorough evaluation. Our homeopathic medicines, prescribed in close collaboration with urologists, show promising results in treatment and recurrence prevention.

Identifying the Sycotic reactional mode is the indispensable first step in modern, updated prescription strategy.

CLINICAL CASE

Paul, 63 years old, consults for hematuria present for four to six months.
He has been taking anticoagulants for atrial fibrillation for several years.
Given his long-standing smoking habit, he was referred to a urologist despite the possibility of anticoagulant-related bleeding.
Cystoscopy revealed two small polyps measuring 5 and 6 mm.

History

- **Family history:**

– Father deceased from prostate cancer
– Mother in a nursing home with early Alzheimer's disease

The Sycotic reactional mode and bladder polyps

• **Personal history:**
– Hypertension treated with amlodipine
– Gastroesophageal reflux disease (GERD) treated with omeprazole
– Atrial fibrillation treated with warfarin
– Type 2 diabetes treated with metformin 500 mg twice daily

Clinical interview

• **Digestive**: good appetite, easy digestion, occasional constipation and hemorrhoids after excessive eating or drinking.
• **Musculoskeletal**: osteoarthritic pain, early coxarthrosis aggravated by weather changes, especially humidity.
• **Urinary tract**: terminal hematuria and pollakiuria. Needs to get up twice nightly.
• **Behavioral tendencies**: fatigue and irritability since onset of hematuria, significant stress and anxiety, aggravating the symptoms. He has a feeling *"it will be bad!"*
• **Physical exam**: 95 kg, height 1.72 m, suprapubic tenderness, normal rectal exam
• **Investigations**: cystoscopy showing two sessile polyps, hematuria

Therapeutic proposal after urologic consultation:

• ***Thuya occidentalis 9CH***: 5 pellets daily
• ***Conium maculatum 9CH*** and ***Phosphorus 9CH***: 5 pellets of each in the evening
• ***Calcarea carbonica 15CH***: 5 pellets daily for 15 days, then one dose weekly for two months

Follow-up

• At three months: improved urination, persistent hematuria; ***Phosphorus*** replaced with ***Nitricum acidum 9CH***
• At six months: hematuria resolved, improved mood, lifestyle changes
• At twelve months: cystoscopy showed a 50% reduction in both polyps; treatment with ***Thuya occidentalis***, ***Conium maculatum***, and ***Calcarea carbonica*** continued.

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MATERIA MEDICA SHEETS

APPOINTEMENT MATMED

THE MATERIA MEDICA APPOINTMENT

WHY THIS NEW SECTION DEDICATED TO MATERIA MEDICA SHEETS?

→ Because the CEDH *Materia Medica* is the basis of our educational teachings, all physicians use it during their consultations to select medicines to be prescribed, they will find the synthetic presentation of these sheets quite helpful.

WHAT IS IT?

→ The objective of these sheets is to present the essential elements of a homeopathic strain. Using these sheets brings an added-value to your continuous work on the *Materia Medica*, which remains your book of reference.

WHAT WILL YOU FIND?

→ This section is made of **3 sheets** articulated around one strain and the same structure will be used in all the following CEDH magazines.

• **The 1st one is a table containing**
- **The targets** on a blue background,
- **The IRP** on an orange background,
- On a white background, the highlighted elements underline in a useful manner **the Etiology**, **Sensitive Type** and **Chronic Reactional Mode**.

• **The second page presents a focus on the indications** directly related with the targets (blue background).
In synthesis, you will find the keywords associated with the strain studied.

• **The 3rd page allows to focus on one indication**, analyzing it deeply and propose a comparison of medicines. The specific indications to each medicine are highlighted in green.

Since everything we do is geared towards medical practice, **clinical cases will end this *Materia Medica* section**.

Now it's your turn!

LEXICON AND DEFINITIONS

• **TARGET:**
Each medicine acts on certain organs or body functions, this is what we call the targets of a medicine. Knowing them allows to determine the clinical indications and pathological tendencies of the ST if it is a Polychrest medicine.

• **ETIOLOGY:**
It is a cause responsible for the onset of the clinical symptom.

• **IRP:**
The Individual Reaction of the Patient is the clinical expression of a disease, specific to each person. It is characterized by:
• Sensations experienced by the patient
• Modalities of improvement or aggravation of the symptoms
- "Aggravation / aggravated by" is written as: <,
- "Improvement / improved by" is written as: >;
• Concomitant signs.

• **ST:**
The Sensitive Type is defined by
• Precise pathological tendencies
- Family history,
- Personal history,
- Ongoing pathologies,
• Behavioral tendencies;
• Specific morphology.

• **CRM:**
The Chronic Reactional Mode is the expression of the disease over time.

Argentum nitricum

ORIGIN

SILVER NITRATE

ACTION / TARGET SYSTEMS

MUCOUS MEMBRANES
• **inflammatory processes with a tendency toward ulceration** (eyes, ENT sphere, digestive tract, genitourinary tract)

NERVOUS SYSTEM
• asthenia, impaired motor coordination, dizziness

CHRONIC REACTIONAL MODE (CRM)

Closely related to the **Syphilitic/Luetic Mode** (psycho-behavioral instability, ulcerative tendency, nocturnal aggravation)

CLINICAL INDICATIONS

- **ENT**
  - Pharyngitis with splinter-like sensation
  - Laryngitis in speakers or singers
- **Ophthalmology**
  - Purulent conjunctivitis
  - Blepharoconjunctivitis
- **Urology and Gynecology**
  - Recurrent urethritis
  - Cervicitis and leukorrhea persisting or recurring after specific treatment
- **Behavioral Disorders**
  - Anxiety
  - Anticipatory fear (stage fright)
  - Phobias
- **Neurological Disorders**
  - Tension-type headaches
  - Vertigo

IRP

SENSATIONS

• Sensation of a splinter embedded in the affected mucosa (pharynx, stomach, urethra, etc.)
• Gnawing gastric pain
• Sensation of increased head volume, improved by tight bandaging

MODALITIES

- **Aggravation**
  - By heat in general (except gastric pain)
  - By warmth of a closed room
  - At night
  - By sweets, which are nevertheless strongly desired (especially aggravating gastric pain)
  - By closing the eyes (neurological symptoms)
- **Improvement**
  - By fresh air, cold
  - By pressure over the painful area

CONCOMITANT SIGNS

• Strong craving for sweets, **poorly tolerated**
• Frequent, loud, and sometimes violent belching

SENSITIVE TYPE

• **Pathological tendencies**: refer to target systems
• **Behavioral tendencies**: anxious, restless individuals, always in a hurry, often inefficient despite constant activity; marked anticipatory anxiety, stage fright, fear of upcoming events
• **Morphological tendencies**: Lean constitution (particularly characteristic in young children)

For more information about this medication, please refer to the Materia Medica.

Argentum nitricum

an emotional-type medicine worth rediscovering

Maryvonne Nadaud-Lechner, MD
Montastruc-la-Conseillère (France)

He arrived for his appointment more than half an hour early. He kept getting up and sitting down again, occasionally pacing rapidly through the entry hall, knocking over the newspapers stacked on the coffee table as he passed…
*The person who benefits from **Argentum nitricum** is recognizable by this very specific behavior — the "hurried, precipitate man (or woman)," unfortunately matching today's tendency to move quickly, rush through tasks, and live at a frantic pace dictated by work and social life. This exacerbates the anticipation anxiety that is characteristic of this medicine.*

SEVERAL QUESTIONS EMERGE:

• The behavior and emotional sensitivity of ***Argentum nitricum*** trigger distant manifestations, providing a clear pathway to psychosomatic expression.
• But does the sometimes amplified, even caricatured knowledge of this "emotional type" lead to an overly narrow prescription when it is based only on behavioral symptoms?
• Should we not also consider Argentum nitricum as a medicine with syphilitic (Luetic) undertones?
- First, because of its mental and physical instability,
- Second, because the repeated inflammation it generates at the mucosal level may eventually trigger ulcerative manifestations with progression toward organic pathology.
• Is it not also important to appreciate other facets and indications of ***Argentum nitricum***?
The answer to these questions is, of course, yes. This article aims to provide a broader overview of this medicine.

1 Anxiety, Agitation, and Psychosomatic Manifestations

Restless to the point of disorderly hyperactivity, precipitate and doing everything hastily, the patient who needs ***Argentum nitricum*** often presents in a state of impatient agitation complicated by anticipatory nervousness. They may complain of a series of associated problems without any established organic substrate:

• Urgent emotional diarrhea
• Episodes of aerophagia, sometimes linked to rapid speech
• Burning epigastric pain
• Frequent urges to urinate — a reactive inflammatory response to emotional stress.

Argentum nitricum: an emotional-type medicine worth rediscovering

In this near-constant stress state that makes the patient vulnerable to stage fright, they may also suffer from:

• Vertigo and a feeling of weakness in the legs, resembling minor motor coordination disorders; they sway and stagger, their balance seeming precarious.

• Sleep disturbances: drowsiness and sluggishness or insomnia with physical and mental agitation, with thoughts subject to a restless imagination.

In this context of heightened nervousness, headaches and multiple anxious phobias may emerge.

➜ Clinical case

Sharing her office with a calm and understanding colleague, Stéphanie, age 38, had been working fairly comfortably until recently, despite her tendency to worry about anything new, approaching events with a state of feverish agitation and disorganized activity that was not always effective.

At present, she primarily complains of headaches and fears bordering on panic attacks.
She attributes these symptoms to changes within her workplace: she now works in an open-plan *"gigantic"* space, and her supervisors are imposing faster processing of an ever-increasing number of files.

She suffers daily from debilitating headaches, with the impression that her head is "doubling in size," which she tries to relieve by wearing a tight headband to hold her hair.

She works quickly — always quickly — and ineffectively, which distresses her. She feels uncomfortable in overly large spaces — but also dislikes overly confined spaces — and experiences episodes of palpitations and precordial chest pain (think ***Aconitum napellus***) as well as sensations of swaying.

➜ HEADACHES

Argentum nitricum headaches are tension-type headaches with a sensation of increased head volume, improved by applying a tight band around the head.

This modality is also seen in:

PICRICUM ACIDUM

Headaches in intellectually overworked individuals, triggered by the slightest mental effort and improved by compressing the head.

MAGNESIA MURIATICA

Nervousness with physical agitation and anxiety, which may produce predominantly temporal headaches, improved by firm pressure as in Argentum nitricum, or by warm wrapping, as in Silicea.

➜ PHOBIAS

Argentum nitricum phobias are varied and anxiety-producing:

• Fear of confined, narrow, partially or fully enclosed spaces: The child will refuse to hide in a closet during a game of hide-and-seek; the adult will fear taking an elevator, a plane, or undergoing an MRI — even an open-field MRI.

• Fear of public places and crowds: ***Argentum nitricum*** avoids department stores and will not participate in large demonstrations or parades.

• Fear of large open spaces and heights, with vertigo and irrepressible fear of falling.

Argentum nitricum can be prescribed to anticipate mountain sickness and may be associated with ***Coca***, especially in cases of: altitude insomnia, headache, dyspnea, palpitations, cardiac symptoms, vertigo, anxiety, and fatigue (with appropriate caution).

2 Between psychosomatic and organicity

➜ ENT TRACT

During episodes of hoarseness, laryngitis, or pharyngitis, the sensation of having a splinter stuck in the affected mucosa is a key indicator for ***Argentum nitricum***. This can be compared to ***Hepar sulfur*** and ***Nitricum acidum***, bearing in mind that in the former there is very marked hyperalgesia with a need for local heat, whereas in the latter ulcerative lesions are already present with possible chronic evolution. Even when ***Argentum nitricum*** inflammatory manifestations in the ENT mucosa are triggered by tension and stage fright, the medicine will address both the emotional and local "reactional" aspects. When stressful situations recur regularly, ***Argentum nitricum*** may also protect against ulcerative developments, which carry a more concerning prognosis.

➜ Clinical case

Antoine, a 48-year-old, was scheduled to speak as a presenter at a conference gathering 500 participants. In addition to his typical anxious agitation and stage fright associated with such events, he feared developing his usual painful, "stinging" hoarseness. This either progresses to a slight cough with mucus production (***Argentum metallicum***) requiring frequent throat clearing, or diminishes gradually during the presentation only to return with fatigue (***Rhus toxicodendron***).

➜ DIGESTIVE TRACT

Manifestations of the upper digestive

The patient who benefits from ***Argentum nitricum*** displays eating habits linked to their characteristic haste: they eat quickly, too quickly, and not without consequences. This can appear very early, even in infancy. A thin, restless infant drinks from a bottle too rapidly and, later in adulthood, presents with aerogastria causing repeated belching. Initially difficult, these eruptions then become loud, forceful, and painful, often requiring association of ***Argentum nitricum*** with one or more of the following medicines:

ASA FOETIDA

the most similar. Indicated for a nervous, irritable subject who is hypersensitive to pain (and therefore also complementary to ***Nux vomica***). Painful esophageal spasms with a sensation of a lump rising upward. Frequent, difficult, loud, rancid, or putrid belching.

ABIES NIGRA

here esophageal spasm manifests as a sensation of a foreign body or blockage in the lower esophagus preceding relieving belching.

Spasms and burning arise in addition to flatulence and may be complicated by gnawing pains radiating under the left costal margin or into the back.
• Symptoms appear soon after meals, last one to two hours, and are suggestive of gastritis or a possible ulcer.
• Although the patient is generally aggravated by heat overall, symptoms improve with warm beverages, whereas sugary foods (cravings) are poorly tolerated.
• Given the eating habits, pathological haste, and hyperreactivity to anxiety-producing situations, it is easy to see how a rapid progression from inflammatory to ulcerative states may occur in ***Argentum nitricum***. This places the medicine at the forefront in the onset (and prevention) of stress ulcers.

To determine complementarities or contrasts in this "upper digestive" pathology, several comparisons are useful:

When pain appears soon after meals

• Without ulcerative tendency:

CARBO VEGETABILIS

gastric atony with epigastric flatulence, aerogastria aggravated by alcohol and fatty foods, better from belching.

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NUX VOMICA

hyperexcitability and tendency to digestive spasms, stomach discomfort with a sensation of weight and postprandial drowsiness.

• With ulcerative tendency:

KALIUM BICHROMICUM

gastric burning, nausea, abdominal heaviness early after meals, aggravated by alcoholic drinks (particularly beer).
- Less belching.
- Endoscopy: deep, round ulcer with regular borders, sometimes covered by adherent, viscous, yellowish mucus.
- To be contrasted with Nitricum acidum ulcers, characterized by "fingernail-shaped" ulcerations that bleed easily, accompanied by burning, cramps, and sharp, piercing pains that improve with the medicine.

When pain appears later after meals

• Without intense burning:

BISMUTHUM

sharp, cramping gastric pain radiating to the spine, improved by drinking cold liquids; late violent fetid belching and vomiting.

LYCOPODIUM

symptom pattern of duodenal ulcer with seasonal periodicity (spring and autumn). Cramps, burning, aggravation from 4 to 8 p.m., improvement from warm drinks.
The ulcer syndrome is accompanied by a sensation of fullness from the first mouthfuls, infraumbilical bloating during meals, reddish-cyanotic cheeks at the end of meals, and postprandial drowsiness unrelieved by napping.
Lycopodium may be used as a symptomatic medicine and as a terrain prescription: Psoric Chronic Reactional Mode and Sensitive Type.

• With clearly burning pains:

IRIS VERSICOLOR

intense burning and acrid, mucous vomiting immediately after meals, possibly with greasy diarrhea and headaches.

Remark

When the ulcerative process is confirmed, homeopathic treatment is used alongside conventional medicine to rapidly improve symptoms.
It may also be used upstream to already address the patient's complaints.
Homeopathy also has a role:
• In preventing recurrence in patients with risk factors,
• As a long-term treatment.

Lower Digestive Tract

Intestinal motility is accelerated in ***Argentum nitricum*** cases.
This results in diarrheal stools, both in very young children and in adults.

• In infants, episodes of diarrhea occur with green, mucoid stools, expelled forcefully with abundant gas and loud noises.
• The possibility of milk intolerance is often considered. In such cases, another medicine may be compared or even associated with ***Argentum nitricum*** in a thin, restless baby:
Magnesia carbonica
• — marked by abdominal flatulence with borborygmus and sour-smelling, watery, green, frothy diarrhea "like frog spawn," accompanied by vomiting of curdled milk and greasy, sour perspiration.
• In adults, recurrent, noisy evacuation occurs with bloating and hydro-aeric bowel sounds. Stools are muco-membranous, also greenish and slimy.

The episodic presence of blood in stools requires careful monitoring and a fibroscopic examination to confirm or rule out ulcerative colitis (UC).

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➜ Clinical case

Annabelle, 54-year-old, sought consultation for digestive problems and nervous tension. She had long been followed for episodes of colitis, rapidly diagnosed as irritable bowel syndrome.
She constantly fidgeted in her chair, spoke quickly, and admitted that her digestive symptoms always occurred during an anxiety attack triggered by any new or stressful situation: abdominal pain, bloating, and an urgent need to evacuate, with abundant gas and loose or diarrheal stools, sometimes a little green, often "frothy."

Until now, these episodes were infrequent and resolved fairly quickly. But they have increased in frequency and now recur every three weeks. Annabelle attributes this to a period of family stress (her father has prostate cancer) and work-related difficulties (restructuring, software changes, increased demands from supervisors). She is so stressed that she frequently works standing up, rushing inefficiently through her files, which she handles incompletely and in a disorganized manner.

She is increasingly worried: her loose stools are becoming more frequent, always urgent, abundant, "covered in mucus," and regularly streaked with blood. She often has abdominal pain, notes numerous bowel sounds, and suffers anal pain *"like stings"* that persists long after evacuation. She feels very tired and sometimes nauseated.

This patient was urgently referred to a gastroenterologist and, after digestive endoscopy, a diagnosis of ulcerative colitis was made with implementation of conventional medical treatment.

Associated homeopathic treatment (***Argentum nitricum***, ***Ipeca***, ***Nitricum acidum***, ***China rubra***, and ***Sulfur***) subsequently helped to significantly space out episodes of ulcerative colitis, decrease their intensity, and improve her psychological state.

In cases where ulcerative colitis develops, prescribing ***Argentum nitricum*** may correspond to the associated psychological and behavioral context. It also takes into account the clinical signs related to severe local inflammation in the distal colon and rectum.
However, this medicine should not be prescribed alone. It must be supported by essential, high-impact medicines for this challenging condition — medicines with both local and general action.
These include:

IPECA

Viscous, watery, or frothy diarrhea, often bloody; tenesmus; frequent, intense nausea with stringy vomiting that does not bring relief; clean tongue.

MERCURIUS CORROSIVUS

(often preferred over ***Mercurius solubilis*** for its action on hemorrhagic ulcerations): Greenish, bloody, viscous stools, worse at night; violent tenesmus with a constant feeling of never being finished; burning sensation; oral signs characteristic of mercury derivatives. If fever is present: surface chills and nocturnal sweats that aggravate symptoms rather than relieve them.

NITRICUM ACIDUM

Diarrhea accompanied by the discharge of mucus, strings of slime, and blood; frequent association with "thumbnail"-like anal fissures that trigger sharp, stabbing pain persisting long after a bowel movement.

ARNICA MONTANA

Hemorrhage and dysenteric stools are found in its pathogenesis. If fever is present: profound weakness,

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bruised or aching body sensation, chills, thirst, and foul breath.

ARSENICUM ALBUM

Blackish, scant diarrhea that burns the anus; burning abdominal pain improved by heat; deterioration of overall condition with physical exhaustion and marked anxiety.

CHINA RUBRA

Bloody diarrhea with exhaustion, reduced blood pressure, anemia, headaches, tinnitus, and a sensation of dizziness.

PHOSPHORUS

Acts on hemorrhages.

PYROGENIUM

Used to prevent possible secondary infections (***9CH***, 5 pellets per day, 8 days per month).

For long-term treatment, the first Chronic Reactional Mode to consider — based on the pattern of recurrent flares occurring at more or less spaced intervals — is the Psoric CRM. Over time, the Sycotic CRM often becomes interwoven due to nearly continuous antibiotic therapy and/or steroid treatment.

➜ LESSER-KNOWN CLINICAL INDICATIONS

These correspond to conditions affecting the eyes and the urogenital tract.

OPHTHALMOLOGY

ARGENTUM NITRICUM

corresponds to local manifestations described in detail in *La Matière médicale du praticien homéopathe* by Dr. Henri Voisin:

- "Swelling and thickening of the eyelids
- Bloody redness and swelling of the conjunctiva, especially at the lacrimal caruncles
- Abundant yellow or yellow-green discharge that is minimally irritating
- Tendency toward corneal ulceration
- Photophobia
- Pain aggravated in a warm room and improved in open air"

Argentum nitricum can be compared primarily with:

MERCURIUS SOLUBILIS

indicated in blepharoconjunctivitis and conjunctivitis characterized by:
- Red infiltration of the conjunctiva
- Burning sensation with abundant tearing

followed by rapidly developing, mucopurulent, irritating discharge
- Excoriating and ulcerative tendency
- Photophobia
- Aggravation at night and from local or radiant heat

MERCURIUS CORROSIVUS

may be considered more appropriate than ***Mercurius solubilis*** when ocular symptoms worsen rapidly and there is a marked tendency toward deep, penetrating ulcerations with a significant risk of severe keratitis.

ARGENTUM NITRICUM

is indicated in:

- Purulent ophthalmia and neonatal ophthalmia
- Granular conjunctivitis or trachoma
- Chronic blepharoconjunctivitis
- Keratitis

Because most of these conditions are caused by infectious agents, urgent referral for conventional medical care is indispensable, along with close surveillance. Complications in certain conditions—particularly neonatal ophthalmia and granular conjunctivitis—can lead to permanent loss of vision.

However, it may be valuable to use homeopathy as supportive care to improve symptoms and help slow potentially worsening evolution.

A final note concerns infections caused by Chlamydia and/or gonococcus, as seen in neonatal ophthalmia or trachoma. In these cases, it is indispensable to prescribe a key medicine: ***Medorrhinum***.

Urology and Gynecology

The effects of ***Argentum nitricum*** in this field are often underestimated. Yet inflammation, chronic catarrh, and ulcerative tendency at mucosal surfaces also appear here, indicating its usefulness in:

- Recurrent urethritis
- Cervicitis and leukorrhea that persist or recur after specific treatment

For guidance, *The Materia Medica* of Henri Voisin, as well as those of Boericke and Duprat (*see references*), offer clear descriptions.

Urinary tract

- Burning urethral pain during urination and sharp, stinging pain with a constant sensation of a splinter in the urethra
- Feeling that a drop of urine remains in the urethra after voiding
- Sometimes ineffective bladder tenesmus
- Stress incontinence

Genital tract

- Profuse yellow-green leukorrhea, irritating and often blood-tinged
- Constant vaginal burning
- Swollen, ulcerated cervix

Here again, conventional medical treatment must take priority, but homeopathy may serve as supportive care, particularly in frustrating chronic cases where the Sycotic Chronic Reactional Mode is strongly expressed.

It is worth noting that the "other" ***Argentum***, ***Argentum metallicum***, may be particularly effective in recurrent vaginitis with grayish, foul-smelling mucus (fishy odor), as in some Gardnerella infections.

3 Reflections and conclusion

Two key clinical imperatives emerge:

- Remaining attentive to an emotional-type ***Argentum nitricum*** patient so that psychosomatic manifestations, driven by feverish anticipatory anxiety, are supported early before they progress to deeper organic pathology. Argentum nitricum retains significant value because of its strong tissue action, but it will be beneficial to combine it with broader-range medicines.

- Reconsidering the importance of ***Argentum nitricum*** in challenging conditions, as seen in ophthalmology and the urogenital sphere.

It remains to explore the concordance between this emotional-type medicine and Sensitive Types, or which Sensitive Types may benefit from concomitant prescribing of ***Argentum nitricum***.

Nux vomica, ***Sulfur iodatum***, ***Phosphorus***, and ***Natrum muriaticum*** appear most prominently:

NUX VOMICA

The "everything right now" personality may appear hurried, constantly busy, seeking efficiency that may not always materialize during periods of work overload and demanding obligations. Its primary target is the digestive system.

SULFUR IODATUM

Typically agitated, hurried, easily irritated when tired, with an emotional component marked by quick, restless movements in compensation for stage fright.

PHOSPHORUS

May have short periods of excitement with enthusiastic, hurried behavior, excessive talkativeness, and a tendency toward impulsive spending. But this does not last, giving way to fatigue,

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depressive mood, shyness, and anxiety. Here, another emotional medicine may emerge: ***Gelsemium***.

NATRUM MURIATICUM

Exhibits behavioral ambivalence, though with less rapid alternation than ***Phosphorus***:
periods of feverish excitement, hurried behavior, and anticipatory anxiety similar to ***Argentum nitricum***, alternating with sadness, discouragement, worry, and withdrawal, producing paralyzing ***Gelsemium***-type anxiety.

Thus, while it is true that ***Argentum nitricum*** and ***Gelsemium*** cannot be prescribed simultaneously for the same anxiety-producing situation, in some Sensitive Types, it may be necessary to prescribe one or the other depending on the emotional state at a given moment.

These remain proposals for clinical reflection.

References

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3. Henry Duprat, *Traité de Matière Médicale Homéopathique*, 2nd ed., Éditions J. B. Baillière, 1985.
4. Henri Voisin, *Matière médicale du praticien homéopathe*, Maloine, 1999.
5. Odette Duflo-Boujard, *Ophtalmologie Homéopathique en pratique courante*, BOIRON, 2000.

QUIZ / ANSWERS (SEE P. 6)

Question 1:
B Cuprum metallicum

Question 2:
C Kalmia latifolia

Question 3:
D Agaricus muscarius

Question 4:
C Physostigma

Question 5:
C 5 years after diagnosis

Question 6:
A For 9 out of 10 patients

Question 7:
D A sensation of increased head volume relieved by tight bandaging

Question 8:
B Abies nigra

Question 9:
C Medorrhinum / Thuya occidentalis

Question 10:
A Ustilago / Sepia officinalis