

A close-up photograph of a young woman with short, blonde hair, smiling broadly. She is holding a glass of orange juice with both hands, bringing it towards her face. She is wearing a white tank top. The background is a bright, clear sky.

HEALTH & *Homeopathy*

SUMMER 2001

Whose health
is it anyway?
– patient-centred care

Homeopathic
help for
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over the counter

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the masterclass

The homeopathic conversation

Very little has been written about the discussions homeopaths have with their patients.

This is surprising, says *Brian Kaplan*, because the consultation is by far the most important part of homeopathy



A homeopath can study homeopathic theory and materia medica for decades but it will be to no avail unless s/he is able to communicate effectively with his or her patients. On the other hand, a homeopath who is able to establish rapport and elicit useful information has a better chance of prescribing accurately – even if s/he has studied very little materia medica. This is because it is possible for such a homeopath to go to the repertory and look up the patient's symptoms. The repertory should yield a short list of remedies which can then be looked up in a materia medica and compared to the total picture of the patient. This homeopath can even take a short cut and present the information from the consultation to a more experienced colleague who might be able to suggest a remedy. All this is impossible for the homeopath who has not conversed effectively with his/her patient.

During my original six years at medical school, I received no training on how to communicate with patients. Medicine was taught as a science and we were taught to treat bodies and diseases rather than people with symptoms. Lip service was paid to the doctor/patient relationship but it was not deemed worthy of study or practice at medical school. This was a great pity. Presumably we were expected to teach ourselves these skills.

Homeopathy - science, art or both?

I know that I became a doctor more to help people than because of a fascination with biology and science. Although I was trained well in these subjects, this also made medical school a bit disheartening. I much preferred the arts and had mistakenly thought that medicine would be an art.

However it was probably the mechanistic

approach of orthodox medicine that prepared me for falling in love with homeopathy. I had picked up a work called *Homoeopathy, an introductory guide* by a Dr Gordon-Ross and my enthusiasm for the human side of medicine was suddenly rekindled. It seemed that Hahnemann and homeopathy embraced and emphasised the qualities of a doctor that had attracted me to the profession in the first place. Hahnemann had written the classic text on homeopathy, *The Organon*, in 1810. While Hahnemann describes homeopathy as an art, he is rigorously scientific in his general approach to all aspects of the subject, for example, the provings of remedies. I now see that the materia medica and the study of homeopathic theory comprise the science, while case taking is the art of homeopathy.

The value of unsolicited symptoms

I studied homeopathy intensively in 1982 and 1983 and received some excellent tuition at the Royal London Homoeopathic Hospital. Unfortunately very little was said about how to converse with patients. Again this was something you presumably taught yourself. I do, however, remember one lesson given to me on the importance of unsolicited symptoms. This means that classical homeopaths should value symptoms spontaneously offered by the patient far more than those given in response to direct questions.

Here is an extract from my book where I describe a wonderful lesson from my days as a homeopathic student:

“I remember a case of a colleague, Dr Denis Somper, that illustrates this well. Dr Somper is a classical homeopathic physician and a gentleman of the ‘old school’. He is a retiring and private man and can seldom be persuaded to teach, much to the disadvantage of many doctors studying homeopathy. However I will always associate the word ‘unsolicited’ with him. Over and over he stressed the value of ‘unsolicited’ information from the patient over anything obtained by a direct question. A woman in acute pain had consulted him. He had asked her to describe the pain, which she began to do. Eventually she remained silent. As is his custom, he remained comfortable in that silence and waited for the next ‘unsolicited’ symptom. The silence continued... Eventually the patient could take no more of it and, thumping her fist on the desk, she yelled at Dr Somper: ‘Don’t just sit there,

do something!’ Dr Somper’s description of what he did will remain forever etched in my memory. ‘I gave her Chamomilla and it did something!’ This was unsolicited information of the highest order. The patient did not tell him that she had the symptom: angry when in pain, she demonstrated it right in front of him. And this would not have happened if he had spoken instead of remaining silent – even though he must have been aware that his patient was not exactly as comfortable with the silence as he was.”

Non-verbal clues

Homeopaths need to be very observant. Non-verbal clues are vital as they can often clinch the diagnosis. Professional and amateur homeopaths alike will get better results if they watch their patients carefully. The homeopathic conversation can start well before the moment the patient starts to speak to the homeopath about his/her complaint.

The way a patient dresses is often useful in understanding the person as a whole. The way a patient

Brian Kaplan talks with a patient



Photos: Thérèse Beaumont

moves and sits should always be carefully noted by the homeopath. This applies to both the waiting room and the consulting room. An exhibition of restlessness is a better indication for remedies such as *Rhus tox* and *Arsenicum album* than whatever the patient may say.

In my consulting room, the patient has a choice of two chairs. One is a lower-seated and comfortable armchair while the other is higher-seated, more upright and with a wooden back support. The great majority of patients choose the less comfortable chair, perhaps because it puts them at the same level as me and therefore less “vulnerable”. However some patients enjoy sinking into the armchair and I have yet to see a Sulphur patient choose the less comfortable chair!

Patients often bring books to read in the waiting room. If I see them reading or carrying a book, I always ask about it there and then. This may lead to a short conversation about the book and related subjects, which can offer clues about the patient and possible remedies even before hearing why they have come to see me.

In recent years I have found humour and laughter to be both enjoyable and useful during homeopathic consultations. When homeopath and patient laugh together, it's a good sign that rapport has been established. Samuel Hahnemann was not exactly a barrel of laughs, but then the German academic and medical world he inhabited was very serious and philosophical. On the other hand Frederick Foster

Hervey Quin, the man who brought homeopathy to England, became the first royal homeopathic physician and founded the London Homoeopathic Hospital, was known as a great raconteur and a choice dinner party guest. When Quin was proposed as a member of the Athenaeum club, the president of the Royal College of Surgeons insulted him by calling him a “quack and adventurer”. The next day this gentleman was offered a choice of sending Quin a written retraction or opposing him in a duel (pistols at 50 paces)! The insults were immediately retracted. That took guts and a sense of humour. Perhaps we need more of both in the homeopathy of the 21st century.

Drawings, images and art therapy

My wife is an art therapist and occasionally asks me for my opinion of the drawings and paintings of her clients. On occasion a homeopathic remedy jumps into my mind. My book contains illustrations that show a few drawings by a severely psychologically disturbed young man. In four paintings there is graphic evidence of violence, cruelty, confused religious views and cursing. A repertorisation of these points strongly to the remedy *Anacardium*. In another case, I was treating a disturbed, hyperactive child and was unsure whether to prescribe *Belladonna*, *Stramonium*, *Hyoscyamus*, *Tarentula*, *Tuberculinum*, *Lachesis* or perhaps another remedy. I sent the child for an art therapy assessment and she produced several drawings

of naked people. This helped me make a successful prescription of *Hyoscyamus*.

Conversations with orthodox doctors

Many conventional doctors and other sceptics will ridicule the potencies we use and say that our patients get better because of the quality and length of time of our consultations. I used to argue the point with them but it got boring after a few such conversations. I now use a different strategy. If an orthodox medical colleague tells me I am getting my patients better by the quality of my consultations, I thank him for the compliment. I then ask him why he doesn't cure his patients by talking to them, as that is surely preferable to the prescription of a drug. The answer is invariably the same. “I don't have the time” to which I remark in a sympathetic, slightly ironic voice: “What a pity that you don't have the time to heal your patients just by listening and talking to them”. That tends to end the conversation and it is much more enjoyable than repetitive arguments about placebos, potencies, succussion and dilutions!

Saying goodbye

I always advise people who pronounce themselves “cured” to come back on an annual basis even if they are feeling fine, to allow me to “stay in touch” with the case. This fine piece of advice is heeded by approximately one per cent of my patients. I suppose it's natural to forget the doctor and homeopathy once you are feeling okay. In the final analysis it is a privilege and a joy to watch homeopathy making people better.



The Homeopathic Conversation by Brian Kaplan is available from BHA Enterprises Ltd (see page 32) or find out more about the book at www.homeopathicconversation.com

Brian Kaplan is a medical doctor who has practised classical homeopathy for 20 years. He teaches homeopathy to doctors at the Royal London Homoeopathic Hospital and to doctors and veterinary surgeons at the Homeopathic Physicians Teaching Group in Oxford, of which he is a founder member.

Liver problems

Carmel Casserley discusses how homeopathy can help

The liver is the powerhouse of the body. Its primary role is the synthesis of fuel components for use by other organs. Its function is to control carbohydrate metabolism, lipid (fatty acid) metabolism, protein metabolism and bile secretions. One of its most important roles is carbohydrate storage/metabolism that is the monitoring and stabilising of blood glucose levels. The liver produces glucose both from its own (glycogen) stores and from muscle lactate, as well as from fatty tissue. It also responds to a high blood glucose by increasing its uptake of glucose and depositing it in its storage mechanism as glycogen. When you have eaten, the liver stores fuel derived from glucose. When you haven't eaten for a while, the liver senses this and increases the synthesis and export of glucose when blood glucose levels are low. (The pancreas also senses the fed state adjusting its insulin output accordingly.)

An important regulatory function of the liver in respect of digestion is the formation and secretion of bile. Wrong dietary intake over a prolonged period puts inordinate strain on liver function. The liver also regulates fatty acid synthesis, and contributes to steroid production. Alcoholic cirrhosis

and drug-induced damage are not uncommon ailments nowadays. Trauma causing rupture/haematoma can be helped with Arnica in conjunction with orthodox treatment.

Reading the signs

Common portents of liver disorders are "indigestion" - stomach "wind", pain/discomfort under the right ribs and inability to digest fatty foods, loose stools and pale stools. I have had so many cases of IBS (Irritable Bowel Syndrome) that have cleared up finally when the treatment was directed at the liver and not just the bowel.

Morning nausea of pregnancy to me is not normal. So often as a young GP I reassured my patient that it was normal, only to find as they grew up or grew older that they had gall bladder problems. I now treat morning sickness very seriously and follow these patients post-natally in respect of liver digestion. One patient had toxemia during pregnancy developing into jaundice, which was cured with Phosphorous 1m alternating with Sepia 1m. This lady responded after three days.

The homeopathic cure

Orthodox medicine is very useful in giving an assessment of more advanced disease. Even here homeopathic

prescribing can achieve stunning, unexpected results. This was so in a patient who had chronic viral hepatitis and was taking large doses of cortisone (40mg a day initially, lowered to 30mg a day ongoing), and was cured over a two-month period on Phosphorous 30c twice a day for three days initially.

The patient felt somewhat better - less nauseous, less bloated. The Phosphorous was stopped for four days (allowing the body to respond). My rule to the patient is "when losing any good effect do it again but

For a healthy liver, the Mediterranean diet of fruit, vegetables and olive oil is recommended



less often". I therefore gave one Phosphorous 30c in the evening, morning and evening. Then I stopped and waited, this time for a further week.

This regimen was repeated over a month when I decided to prescribe Phosphorous 6c one a day for a month. The



lower potency more often seems to be indicated when the cause is due to a toxic drug. This patient was completely cured. He reduced his own cortisone himself and finally came off it altogether. Many months later I gave him one Lycopodium 30c in the evening, morning and evening as a constitutional medicine and never saw him after that. Another case like this requiring a similar pattern of prescribing, arose with a dental worker who was cured using Aurum met 30c. He had specialised in gold fillings.

Liver damage

Damage to the liver can be due to inflammation due to infective agents causing, for example, hepatitis and liver abscess. This often responds rapidly to homeopathic Phosphorous (30c/1m) as well as Hepar sulph (200c). Medorrhinum (1m) – Hahnemann's miasm – may be needed to finish the treatment.

An orthodox diagnosis is useful and often essential. It gives an indication of how advanced the disease is and of other organs likely to be affected. From the point of homeopathic prescribing, however, this is purely of academic interest as the homeopath relies on the signs and symptoms especially related to the required medicine and also the constitutional make-up of the patient and more importantly the change in that constitutional make-up. By constitution I mean, how his/her physiology works for him/her.

Homeopathy recognises the ailment and chooses the required medicine but always (or should always) ask what was it in the constitution, which predisposed this person to get this ailment in the first place. Hahnemann stressed the predisposition (miasm) to illness as much as the illness itself.

In practice I like to see where the person is coming from, where he is now and more importantly where he is going – health-wise. Thus the past history is very important. A good example of this is the gall bladder stone/colic of middle-aged women. It amazes me how many had nausea/morning sickness during pregnancy. I have also had many patients with various digestive/bowel problems which cleared up

when an old hepatitis infection was treated (mostly with Phosphorous 30c).

In general practice the commonest liver ailments for me have been gall bladder ailments, for example stones, spasm of biliary duct and also hormonal changes. Except in hepatitis, liver ailments are normally of slow onset. Even gall stones, which may seem of acute onset, may have been developing over quite some time.

Dietary prevention

Much controversy has taken place over fat intake. High-density fats (polyunsaturates) help to emulsify our food. Low-density fats (animal fats) have been blamed for arteriosclerosis (hardening of the arteries) and gall stones. The argument still continues, there being older people who have broken all the rules and still have a healthy existence. This is where the constitutional make-up of the person becomes interesting. By and large the Mediterranean diet of fruit, vegetables and olive oil is advised.

The commonest and probably earliest symptom of liver problem is "indigestion". It can have many causes – high stomach acid, hiatus hernia – but usually it can be the start of a gall bladder problem. The gall bladder is attached to the duodenum by a narrow duct, which has a valve at the duodenal outlet. When the contents of the stomach enter the duodenum, the gall bladder contracts and releases bile (gall) into the duodenum. Here it emulsifies the food, which is now in the correct condition to travel around the intestine and be absorbed. If there is spasm of the bile duct there will be swelling of the gall bladder

and bile cannot get out. It will swell and cause enormous discomfort and pain. The food will not be emulsified and will travel on in lumpy uneven form, often pale in colour due to an absence of

bile in the intestinal contents. As stated earlier, if the role of the liver is the synthesis for fuel for other organs, then the whole body must be investigated for other organ involvement especially

kidneys. Hahnemann laid enormous emphasis on whole body involvement in disease. I think this is one area where the homeopathic approach has so much to offer, especially in prevention.

The most common remedies used

In early disease:

Indigestion/right-sided

- **Chelidonium 6c** - one three times a day for up to three weeks. Stop treatment if bowels loosen. Stools should be dark and pass easily - pale stools show bile obstruction.
- **Mag phos 30c** - one twice a day after using Chelidonium. If pain is subacute/acute use Mag phos 30c one every 10 minutes for three to four doses. Stop. Wait. This can be repeated as required. Mag phos is specifically a muscle relaxant. Quite often there are other signs of muscle tension (for example cramps) in other parts of the body.
- **Lycopodium 30c** - being a right-sided remedy is almost specific for liver and kidney clearance. There is sometimes a raised diastolic (lower level) blood pressure and patients are chilly - tired - windy - constipated - bloated after meals. They often keep going for a long time and become chronic sufferers before doing anything about themselves.

Pain - discomfort/ left-sided

- **Cardus marianus** - one three times a day for up to two weeks.
- **Nux vomica 30c** - urge to move bowels, which passes off - chilly - irritable "leave me alone!"
- **Phosphorous 30c** - long narrow stools - can be pale - a highly-strung patient - pale (hint of yellow) skin.
- **Sepia 30c/1m** - patient grey and worn out - hormonal hot flushes - emotionally flat - nauseous.
- **Lachesis 30c** - although most often regarded as a left sided remedy, it is often indicated in portal congestion - shown by a sensation of feeling terrible on waking or after nodding off during the day. This is due to venous congestion that affects the liver circulation on lying down for any length of time. Quite often it is needed if other remedies fail to work.
- **Sulphur** - Sulphur persons are often big eaters and drinkers. Liver problems can be of alcoholic origin. They find dietary regimes next to impossible. When treated with homeopathic Sulphur they can become less warm-bodied, less loose-bowelled and often constipated. Here they need Nux vomica. After this they can do quite well on some herbal remedy.

Drug damage

- Opium 1m and/or Nux vomica 30c can be used alongside orthodox medicine.

Other therapies

- Herbal remedies need skilful prescribing by a qualified herbalist and some are now under observation for liver cancer.
- Some Hatha yoga exercises are very useful in helping venous drainage of the liver.

For further information and support contact:

British Liver Trust Information Line 0808 800 1000

Children's Liver Disease Foundation, 138 Digbeth, Birmingham B5 6DR

Tel: 0121 643 7282

Carmel Casserley MB BCh MFHom was a GP in Lancashire for 38 years, qualifying in homeopathy in 1981. Since retiring in 1990 she has been in private practice and has worked in Romania on and off for four years, her special interest being autism/autistic behaviour.

A young mother at the end of her tether, suffering from psoriasis and painful muscles, led *Anne Pettigrew* to prescribe a constitutional remedy of

Calc carb



Modern life is stressful. Not in the way our ancestors perceived stress. No one nowadays has to run from a sabre-toothed tiger! Man alone in nature has had the power of reason and the ability to control his environment, admittedly not without ecological mistakes. But thinking we can control everything takes its toll of our health.

Many people now assume the human body should be able to withstand everything we throw at it, and that all emotion is controllable. Recognising our coping limit is reached, that we need space and time to breathe and that sometimes saying “no” to others’ demands is permissible, is seen as weakness. As a GP in the 21st century I am aware this is a growing problem, especially in women now fulfilling so many roles at once with little time for contemplation of their own needs.

Such a patient was Margaret. This was a young mum referred to me by an enlightened rheumatology colleague. She had psoriasis and fibromyalgia, a condition with painful muscles that until recently many doctors did not believe in. Now that an assessment scale counting

recognised specific, common painful points has been invented, the condition has become accepted. (Would that we could introduce homeopathy similarly!) Like many “diseases”, once recognised it seems quite common, mostly in women.

Margaret was plump, jolly, trying to appear cheerful, yet looking tired with dark shadows under her eyes. Speaking frankly, she was convinced she had some kind of “inflamed arthritis”, worrying that lack of blood tests or x-rays proving this indicated a mental illness, which was less worthy in the eyes of doctors, her family and indeed herself.



We need to learn that we require space and time to breathe and relax

She also had a diagnosis of hypermobility syndrome: patients with very mobile joints able often to bend their thumbs back towards their wrists. Patients with this are often atopic, that is to say they are allergy sufferers. Margaret didn’t have allergies but suffered sore, painful knees which cracked, especially first thing and climbing stairs; she had aching lumbar/neck pain worse for lying on her back, pains in various muscles and weak wrists which made her drop things. Her weight had steadily climbed to 16 stone from 9½ before her two children, now eight and two years old.

In the first pregnancy she was puffy with high blood pressure resulting in an induced labour. Her second delivery was traumatic and painful as her epidural failed. She admitted to anger for some time that she suffered so much at delivery, but now felt with the perspective of time that it was no one’s fault. She now only feels angry pre-menstrually when trifling incidents are disproportionately irritating. Her “long-suffering husband” she said just ignores this now!

After her first pregnancy she had psoriasis on her back, scalp, left forearm and elbow,

which had waxed and waned. Reading that psoriasis can “cause” severe arthritis, she worried this would happen and reduce her ability to care for others. She felt unable physically to work to augment family income as her friends mostly did, though admitted money was not short. Socially she had always been gregarious, keen to help, supportive, talkative, and “out all the time”.

Now she felt she wanted to “blend into the background”, becoming irritable when people wanted to involve her. Confidence had slipped, concentration was difficult and her memory for locating things and people’s names was poor. It was not until we explored how she was perceiving and thinking about her surroundings and family and friends that she realised how much she had changed since the birth of her last child.

Always conscientious, she felt guilty giving up as the Young Women’s Group secretary, her Brownie Pack leadership and helping friends as much. She had no fears except that she might go or be thought mad, had no dreams, slept well but was uneasy at how she envied those without pain. She tried not to feel sorry for herself, but did (“it’s just one thing after another”) and felt powerless to do all the things she felt she “needed” to, which she thought was the same as “wanted” to. Finally though she concluded “but I can’t do everything”.

This should be an anthem for all young mothers, whether working or not! Daily I see exhausted, depressed women acting as worker, mother, wife, lover, cook, housekeeper, accountant, gardener etc. They have lost touch with themselves, seeing life as a treadmill of service expected

by society, and seem powerless to ask for support. They do not recognise in themselves the “wrong thinking” (as the Indian homeopath Sankaran suggests) of deluded indispensability or “wrong living” (as Hahnemann suggested) of continual activity triggering their physical complaints. Anger (at inability to achieve the unachievable in modern woman) and vexation (at insufficient time to attempt it) are both considered fertile ground for illness by Hahnemann in his book, *Chronic Diseases*.

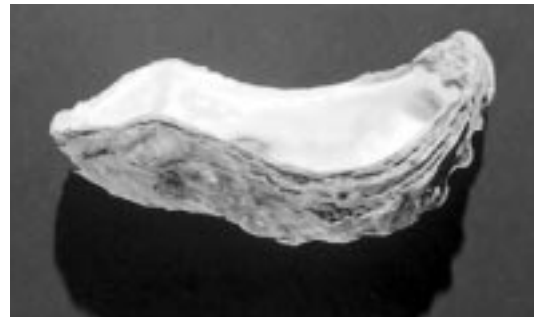
This lady summed up her situation: “I want to shut myself up in a shell”. Life seemed more than she could cope with. Her instincts told her to nurture her children, but she felt social pressure to

warning or PMS. Psoriasis settled over several months.

Margaret needed further doses of Calc carb over a two-year period at times of additional stress eg financial loss (Calc carb also has fears over security/money issues). More importantly she has looked for the first time to herself as a person with needs. She started yoga for relaxation, exercise to improve fitness and had support from a slimming group to lose weight. The only conventional treatment she had been offered was an impossibly punishing physiotherapy regime without emotional support or effort to explain its rationale.

She now realises that the best way for her to take care of those she loves is to look after herself physically,

Calc carb people often feel the need for a protective shell



work, to serve others. Curiously the remedy, which banished her pains and psoriasis, Calc carb, is made from oyster shells! A most useful polychrest remedy covering many of her symptoms.

Four days after taking 1m/200c/30c doses over three days, she had an aggravation with severe muscle pains and a rash on neck and chest. After four weeks she was free of pain in her knees, feet, elbow, neck and back, less irritable, less depressed, was thinking more clearly and aware of an energy surge. Her period came without

emotionally and mentally, that stress sends signals to her muscles preparing for primitive “flight or fight” which is impossible in civilised societies and exhausting if not relieved. She understands now that emotional signals to her muscles can “prime” them to reduce pain thresholds, she listens to her body, allowing periods to repair emotional or physical exhaustion and above all, knows she cannot do everything.

I wish a few more women would take this to heart. And men too need to say “no” to impossible work demands, which have a similar effect.

Anne Pettigrew MFHom, a West of Scotland GP for 23 years, has found homeopathy invaluable in her practice especially in women’s health and psychiatry.

The patient should be at the centre of health care argues *Bob Leckridge* in

Whose health is it anyway?

This seems a strange question. Isn't the answer obvious? Health is a very subjective phenomenon. If someone were to say "I'm not feeling very healthy at the moment" then who could say "Yes you are"? Yet our way of practising medicine assumes that the "doctor knows best". The "health expert" is someone with a specialised knowledge, someone with specialised skills and even a specialised language. Doctors and other health experts teach patients this new language, which involves giving more attention to the disease than to the patient. This results in patients being seen as, and even seeing themselves as, disease entities rather than individuals. I might ask a patient when I first meet them "Tell me all about yourself" and they may reply "I have endometriosis" or "I have Wilsons Disease". What does this tell me about this patient? What information do I now have about this person? How sad to have been trained to present yourself as a

disease subject. Having educated the people to see and present themselves this way the doctors can deal with all patients with the same label in the same manner.

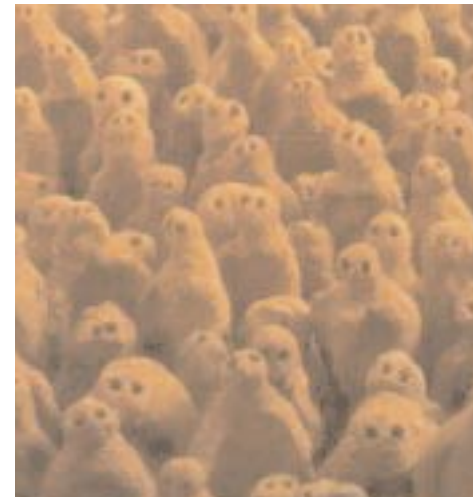
In fact, that is the "strength" of "evidence based medicine". This approach allows us to generalise, stripping out anything individual or particular and get to know what features there are in common between people with the same diagnosis. We can then ensure that everyone gets the same treatment. In fact that is a great demand – that everyone should get the same treatment. We are busy inventing "guidelines" and "national service frameworks" to ensure that everyone with the same condition is treated in the same way. But will this produce better health? Better health for whom?

Let's begin by thinking about what "health" is. If we are going to want to understand these phenomena we need to understand the language we are using. There have been countless attempts to define "health". One definition poses that it is "the absence of disease". The World Health Organisation defines it as "complete physical, mental and social well-being" but that rather substitutes one ill-defined phrase for another. What is "well-being"?

What do I mean by "health"? What I mean is "the freedom to make choices". I think this is fundamental to our concepts of health. In the middle of sickness we lose our ability to make choices. We are inhibited by pain or by loss of certain functions. The more we are able to make choices in the world, the healthier we are. This understanding of health means that you don't have to be free of "disease" to be healthy. In fact, once you have

a chronic disease, then you have it, but your life doesn't end. Sometimes the presence of the disease enables you to make choices you didn't feel you could make before. For example, if you were told you only had one year left to live, would you make any choices you're not making now? Would you be more able to make those choices?

This is a rather challenging view of health of course. We live in a society where we assume, on a daily basis, that we are not going to get sick and we are not going to die. We don't like to talk about death. But in fact, illness and death are inevitable. They are experiences we will all have. If that is true, then isn't it best to



be fully involved in the experience, to be able to not lose all your control to others? Does how you experience an illness affect its course? It seems that the evidence is emerging to show that it does – and crucially so.

What about the "other" state, that which is not "health"? That state which is known as "disease" or "illness"? Are these terms interchangeable? Are they the same? Cassell says in *The*

Healer's Art, "illness is what the patient feels when he goes to the doctor" and "disease is what he has on the way home from the doctor". In other words, "Disease then is something an organ has; illness is something a man has."

This is an important distinction. We cannot understand "illness" without understanding the person, the individual, and the human being within their context. How does this "disease" fit into this person's life? How does this person experience this "illness"? Weissmann says, "The challenge in scientific problem-solving... is to make clear that data from patients always have contexts."

This understanding is

These stories help us to understand how people get sick and how people get well. These are two of the great, poorly understood processes in human life. How do people get sick? And, how do people get well?

Arthur Frank, in *The Wounded Storyteller*, describes what he terms "the remission society". He points out that increasingly we have diseases from which we don't either just recover or die, but diseases that become part of our lives. This is true of all our chronic diseases, whether they be, for example, asthma, arthritis or cancer. With these chronic diseases we move back and forwards between "health" and "illness" – we go "into remission" as

stories". These are typical of modern, western medicine. Something is broken, fix it and I'll be fine. Such stories don't pay attention to origins or help the person to understand their illness. They are focussed on the fix, or the cure. This permeates all of our modern medical practice. Think of the highly popular TV series about doctors – why are so many set in casualty departments or emergency rooms? There have been great advances over the last 100 years in treatments of acute diseases based on this reductionist, rather de-humanising approach. We can rescue people from the jaws of death more reliably than at any other time in history. This is great news. It is a great advance. But it isn't enough, is it? To be rescued from your heart attack is great but it isn't the end of the story.

The second kind of story is "chaos stories". People who have just been diagnosed with a major disease often experience this. The symptoms, the experience itself is overwhelming and the person, the individual, is lost in the middle of it. We need to help people to find their way out of this chaos and this leads to the third kind of story, the "quest story". Frank calls it this because it is like the traditional story of the hero – there is a challenge – the diagnosis; there are obstacles and challenges to overcome – the investigations and the treatments; there are boons – lessons to be learned, new insights to be gained; and there is a return – moving into life changed, with new understandings and new choices.

It's easy to see how different types of stories are relevant in different circumstances and how an individual must be enabled to tell their story if they are going to improve.



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Exhibition of the Hayward Gallery

The clay figures (detail) in Anthony Gormley's Field for the British Isles symbolise the paradox of the individual within a group

leading to an upsurge of interest in what is termed "narrative based medicine". This means placing the patient's story at the centre of the process. Stories of course are highly individual. No two stories are the same, so this approach is recognising that the individual, the whole person, the particular experience is crucial to understanding their illness. This, of course, is at the heart of the homeopathic method.

"survivors" of a particular disease. They become a part of our lives, a part of who we are. This significantly affects how we experience them and what our outcomes will be. Frank goes on to identify three typical styles of storytelling in illness. Everyone might tell their stories in one of these forms or in different forms at different times.

The first of these he describes as "restitution

So, your health is your story. It is unique and individual and should be at the core of the health care process. You should be at the core of the health care process.

Is this how things are? Sadly, not much. The dominant model is “evidence based medicine”. This sounds like common sense but how it is applied and how it impacts on our health is determined by what we accept as evidence.

There is an accepted hierarchy of evidence that places large group studies at the top and individual experience at the bottom. This leads to recommending treatment choices that are the best for the average person in a group. But who is average? Funnily enough, most people are not. This leads to experts telling us what is best for us. This can lead to astonishing arrogance with the expert assuming that they know what the best choice is for the patient. But isn't it the patient who can make the best choice for them? Doesn't the patient require to be fully informed and helped to make choices? In fact a lot of evidence is emerging to show that patients who are fully involved in their own care and their treatment choices have the best outcomes – this has been shown in cancer sufferers and in AIDS patients for example. By outcomes, I mean years of quality life.

One of the reasons for this dominance of randomised control trial evidence is the benefit that such work brings to the treatment of acute disease. In acute disease the range of patterns of the disturbance is small. The individual features are not the most important ones. However, once the acute event is survived and the illness becomes chronic then the individual experience becomes much more important

than the group one. We all bring our own unique ways of coping, our own unique life experiences into the story of our chronic illnesses. In such circumstances individuals can only be helped by fully understanding their individuality – not what they have in common with large groups. So, guidelines for chronic diseases are of no value if applied blindly without consideration of the individual situation, the individual context, of this person's values, attitudes and choices.

In the *British Medical Journal* recently, Marmot and Wilkinson argue that “social dominance, inequality, autonomy and social relations have an impact on psychosocial well-being and are among the most powerful explanations for the pattern of population health in rich countries.” Who somebody is, how they experience their life, how they relate to others is crucial to understanding the patterns of their illnesses and the outcomes of their treatments.

Perhaps even more significantly we are beginning to describe how such mind-body and contextual factors

are determinants of illness and of recovery. For example, Marmot and Hemingway in the *BMJ* in reviewing some of this literature in the context of coronary heart disease show that depression and social support are significant factors in both the occurrence of heart disease (the aetiology) and the outcome (the prognosis).

These ideas are not new. “Every affectation of the mind that is attended with either pain or pleasure, hope or fear, is the cause of an agitation whose influence extends to the heart,” William Harvey wrote in 1628. However, if we want to provide real health care that is of value to people through the whole of their lives, then we need to rediscover and restate these principles.

We can learn much from what we have in common but only I can experience my health. I am the one who needs to make the choices. I am the one who needs to be informed. When unwell I want to be cared for and cared about. I don't want to be treated as a waiting list statistic or a unit in a randomised trial. I want to be helped to understand what is going on, to make sense of it,

To understand a person's illness you have to see them in the context of their own world



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and as Richard Rorty the philosopher says of poets, “to make life anew”.

The homeopathic method is ideally designed to cope with these challenges and to meet these needs. It is a method that places the individual and the individual's story at the centre of the care process. It is a process that requires a holistic understanding of the patient within the context of their families, of their work of their place in society. It is a method, which enables people to understand their lives better and to understand their health better.

Whose health is it anyway? It's your health and it's your right to be understood, to be cared for and to be empowered to make choices about your health care. It's time to reclaim our lives from “experts”. It's time to reclaim our health.

This article is based on the themes of the first Ronald Livingston Memorial Lecture which was given by Bob Leckridge at the Royal Society of Medicine on 11 June.

The BHA is grateful to Mr Harvey Shulman for sponsoring this lecture.

Dr Douglas Ronald Livingston was born in 1915 into a medical family and qualified as a doctor in 1940. He served in the Royal Navy as a medical officer and after the war went into general practice. He became interested in homeopathy and qualified as an MFHom in 1958. In 1960 he moved with his family to Poole in Dorset where he set up a private homeopathic practice. A great enthusiast for homeopathy, he wrote several books including *Evergreen Medicine and Homeopathy: Born 1810, Still Going Strong*. He was an inspiring teacher and a dedicated physician, much loved by his patients. He died on Christmas Day, 1999.



Bob Leckridge FFHom is President of the Faculty of Homeopathy, and a specialist at the Glasgow Homoeopathic Hospital. He qualified as a GP in 1978, and began his training in homeopathy in 1982.

Over the Counter (OTC) medicines

Buying homeopathic medicine without extensive investigation goes against the classical approach but, says *Steven Kayne*, homeopathy is well suited to this while *Lee Kayne* runs through the remedies most often prescribed over the counter in treating self-limiting conditions



Dr Steven Kayne FFHom (Hon) is Hon Consultant Pharmacist at Glasgow Homoeopathic Hospital and Pharmacy Dean to the Faculty of Homeopathy. His new book on Complementary Therapies will be published later this year.



Dr Lee Kayne is principal pharmacist at Freeman's Homeopathic Pharmacy in Glasgow.

One of the most important things about OTC homeopathic medicines is that people can take them in the confident knowledge that they are not going to experience a toxic reaction, because they are highly dilute. Sometimes patients do get an initial aggravation, and there is much discussion as to whether this constitutes an adverse reaction or not. It is true that if you take the right remedy in the right potency, occasionally the condition may become slightly worse before it gets better. If you don't use the remedy as it is meant to be used or if you are not treating a condition that you can self-treat, then you are likely to put yourself in the position of allowing your condition to progress unchecked.

Conditions to treat

The sorts of problems that lend themselves to OTC treatment are mainly acute conditions (eg coughs and colds, allergies etc). Teething in infants or sports injuries are other examples of situations that may respond. Homeopathy is not very good

for treating bacterial infections directly, apart from cystitis that often responds to a number of medicines, including Berberis or Cantharis. Generally speaking homeopathic medicines are not strong enough to eliminate invaders to the body. However, we can certainly treat the low, washed-out feeling that you get when you have a bacterial infection. This is an ideal situation to use homeopathy alongside conventional therapies. Homeopathy is also rarely effective where there is a shortage of vitamins, minerals or a hormonal imbalance in the body, again because the medicines are given in such small quantities. So, there is no homeopathic iron tablet as such. A homeopathic medicine may be able to help with associated symptoms but not rectify an iron deficiency directly.

Using homeopathy with other medicines

Orthodox medicines like steroids, found in some asthma medications, may reduce the effectiveness of homeopathic medicines.

However homeopathic medicines do not inactivate orthodox medicines at all.

We always advise that under no circumstances should anyone stop taking prescribed orthodox medicines without consulting their doctor first.

Dose

There are three levels of dosing appropriate to self-treatment:

- **First Aid Level** – this includes the first treatment given for an acute problem, as well as first aid for an injury. In this situation, we would recommend 2 tablets every 15 minutes to 2 hours depending on the severity on the condition for about 6 doses. Children should be given one tablet as a dose in all cases.
- **Acute** - this is a condition that you have had for a few days (ie sneeze number 52 or 53 as opposed to sneeze number 3 or 4!). For this, I would recommend taking 2 tablets 3 times a day for 7-10 days. If the condition is not substantially better, advice should then be sought.
- **Chronic** - here I am referring to conditions that lend themselves to self-treatment, for example a person who still has a bruise after sustaining a blow or knock six weeks ago. This does not apply to long-term medical conditions. An appropriate dose would be 2 tablets twice daily for about 4 weeks.

Potency

Generally, the rule for OTC medicines is: the more acute the condition, the higher the potency. This may be very different from what you see in textbooks or are told by classical homeopaths but experience shows that this approach works well. Typically, 6c is used for chronic conditions and 30c is used for acute conditions.

Choosing remedies

For simple self-limiting conditions you can base your choice of medicine on two or three main symptoms and ask the advice of a pharmacist or

use a book as necessary. This is rather different to the approach used by a homeopath who will want to know a lot more information about you and your condition before making a

decision on how to treat you. Pharmacists will not normally prescribe for chronic conditions OTC unless they have undertaken advanced postgraduate training.

Lee Kayne runs through the most common remedies used

Arnica - The most common homeopathic remedy requested in the pharmacy is Arnica montana, particularly good for injury, bruising, shock and trauma. When taken prior to surgical procedures and dental treatment, Arnica can reduce post-operative pain and bruising as well as speeding recovery.

Arnica is also useful in easing fatigue, exhaustion and over-exertion and seems to be particularly popular with people who have been on long walks or who have been over-doing things in the garden. The remedy may be taken orally or may be massaged into sore muscles and bruises as a cream or gel. However, topical Arnica should not be applied to broken skin as it does have some irritant properties.

A less well-known use of this remedy is for jet lag.

Aconite - This is a very beautiful (and very poisonous) plant, so much so that it is one of a small number of homeopathic remedies to be actually designated as a prescription only medicine (POM) in mother tincture and very low potencies.

Over the counter, we know it as the fear and fright remedy. The symptoms associated with Aconite are very sudden, very violent and very brief. The most common cases where this remedy would be recommended over the counter are acute and self-limiting cases of anxiety and tension and vivid nightmares in children.

Aconite is also the first remedy to consider for the very early signs of cold, 'flu, and dry sore throat with coughing.

Belladonna - Another very poisonous plant which, like Aconite, is POM at mother tincture and very low potencies. OTC, however, this is one of the most useful homeopathic remedies. Any symptoms that have a sudden element, especially bursting throbbing pains with heat and redness indicate Belladonna. It is especially good for inflammation, red and raw sore throat, headaches, period pains, sunburn and mastitis.

Perhaps less well known, Belladonna can also be used for treating colic in babies. Although Colocynth is usually the symptomatic remedy of choice, we might prescribe Belladonna for babies who do not

respond or whose symptoms fit more with the Belladonna picture with very violent, very sudden bursts of screaming accompanied by redness and heat in the face.

Pulsatilla - A remedy often used in more specialised constitutional treatment, Pulsatilla is often the remedy of choice in catarrhal conditions, especially where the ears are blocked and the hearing is affected.

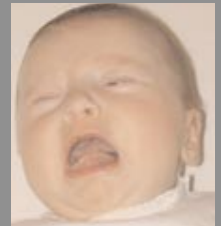
Other conditions that respond well to Pulsatilla, depending on the specific symptoms, include acne, menstrual irregularities, pre-menstrual tension.

Calendula - Widely known as an excellent healing remedy, it is mainly used as a topical formulation for dry skin, minor scarring, cuts and abrasions (sometimes combined with Hypericum). Unlike Arnica, it is non-irritant and so may be used sparingly on broken skin.

Taken orally, it is often prepared as a combination remedy with Arnica and is used to aid recovery and speed the healing process after labour, dental treatment or surgical procedures.

Rhus tox - This remedy has a wide range of uses, but is perhaps most commonly prescribed OTC for rheumatic inflammation, painful joints and sports injuries. Often combined with the "strains and sprains" remedy Ruta grav, it is usually requested as a cream or gel to be massaged into the affected areas.

Orally, the remedy is also extremely effective in rheumatic symptoms and also in the treatment of the intense itch associated with chicken pox and shingles.



The Belladonna baby often suddenly becomes very quiet before another bursting scream as demonstrated beautifully by Eilidh Kayne