Health & Homeopathy

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Treating hyperactive children – the homeopathic way

Homeopathy in the dentist's chair

IBS – not just a tummy ache

Calc carb – the masterclass

Irritable Bowel Syndrome

IBS

Doctors may be dismissive of it but, says *Janet Gray*, for the sufferer it is a condition causing untold suffering, worry and inconvenience

One of the problems most commonly seen by GPs is "tummy ache". It is the job of the GP to sort out those patients who may have a serious disease, for example, stomach ulcers, diverticulitis, or, even worse, bowel cancer, from those who "simply" have irritable bowel syndrome (IBS).

There is no test for IBS – rather it is a diagnosis made by excluding other diseases, which probably explains why doctors may have a rather dismissive attitude to it. The patient may be told, "All your tests are normal – it's only IBS." In actual fact, from the sufferer's point of view, it is a condition causing untold suffering, worry and inconvenience.

Nature of the condition

IBS is a very common condition, affecting as many as 20 per cent of the population, with more females suffering than males. It is concentrated in the 20 to 40 year age group, but can occur at all ages.

One in five of the population suffers from IBS



It is a cluster of symptoms, (see box) rather than a pathological disease, and is assumed to be due to disordered bowel motility, or possibly increased sensitivity to gut sensation, which in turn may be due to a variety of factors. These may include stress, food intolerance or the after-effects of a tummy bug. Sometimes the condition seems to be a consequence of simple constipation, or a sudden change in diet.

The bowel may also react to emotional states, such as anger or anxiety. Such "gut reactions" appear to be especially likely in those who find it difficult to share their feelings with others, expressing mental distress through physical symptoms.

Food sensitivities or intolerances can cause IBS symptoms (as opposed to true food allergy which occurs rapidly after ingesting very small quantities of the food concerned, for example peanuts or shellfish). Abnormal fermentation in the colon, following antibiotic usage and candidal colonisation of the bowel, can also cause IBS symptoms.

Different types of IBS

IBS is classified according to which symptoms are the most frequent. Several classifications exist; the following one is used at the Central Middlesex Hospital.

Spastic colon:
Characterised by constipation and abdominal pain, which is most often left-sided and relieved by opening the bowels. May be associated instead with diarrhoea.

Functional diarrhoea:
Characterised by attacks of diarrhoea, mostly in the mornings. The first bowel movement is usually formed, followed by a rush of mushy or watery motions. These may be explosive, and sufferers are often toilet-bound for long periods of time.

Foregut dysmotility:
Characterised by abdominal bloating and discomfort frequently after eating. Visible stomach enlargement is often a problem and any pain is more often experienced on the right side.

Extra-bowel manifestations:
IBS sufferers often have other symptoms including lethargy, backache, urinary symptoms ("irritable bladder"), pelvic pain and migraine.

Conventional management

This is a syndrome that is not managed well with conventional treatment.

Symptomatic relief can be obtained with smooth muscle relaxants such as peppermint oil or mebeverine hydrochloride.

Constipation can be managed with ispaghula bulking agents and diarrhoea with loperamide or codeine phosphate.

Dietary management is important with a trial of an exclusion diet to detect food intolerance, if indicated by the history.

However none of these conventional managements addresses the problem as a whole – they just single out one symptom at a time to treat.

This is where homeopathy is so valuable as a therapy. It is truly a holistic form of treatment, addressing not only the bowel symptoms, but also the psyche and the other extra-bowel symptoms that may be present.

Case histories

The following cases show how IBS can be treated with different homeopathic medicines according to the underlying problems.

Take John, for instance. He was a 40 year-old engineer, happily married with one daughter. However, his life was plagued by frequent attacks of abdominal pain, with distension, wind and constipation. He also suffered from heartburn, which woke him in the night.

It all seemed to start after several courses of antibiotics given for severe pneumonia. He was now unable to eat bread (something he loved) or fruit or curries or fatty food.

His own GP had investigated him thoroughly and ascertained that there was "nothing wrong" other than IBS. He was treating him with the usual anti-spasmodics and antacids, which helped each attack, but did nothing to prevent a recurrence.

John was very upset that his GP appeared to be dismissive of him, and did not listen to him.

He was quite emotional while I was taking his history, and also told me with tears in his eyes about the death of his father. Because of this, and because of his food intolerances, I gave him Pulsatilla 30c, and he was incredulous of the improvement. His heartburn stopped completely, but he still had occasional attacks of left-sided abdominal pain, causing him to bend double, and which were relieved with a hot water bottle. He was still quite angry with his GP, so this time I gave him Colocynth 30c, which resolved the problem.

Another man, Cyril, was a 60 year-old pipe fitter who had suffered from IBS for ten years. It started when his wife was very ill and he had had to nurse her until she died.

All his investigations were normal, and he was on conventional medication,



Symptoms of irritable bowel disease

- Abdominal pain associated with defecation.
- Irregular pattern of defecation for at least two days a week.
- Three or more of the following:
  - altered stool frequency;
  - altered stool form (hard/loose);
  - altered stool passage (straining/urgency/sense of incomplete evacuation);
  - mucus per rectum;
  - bloating or feeling of abdominal distension.

Warning symptoms that need investigation:

- Change in bowel habit.
- Passing blood per rectum.
- Weight loss.
- Constant abdominal pain.

which was not really controlling his symptoms. He suffered from lower abdominal pain, with a feeling he must rush to open his bowels.There was no wind, but copious diarrhoea, and he was always worried he may have an accident.

He was a chilly person who loved the heat. Food-wise, he had a sweet tooth, and also desired cream, but was averse to fat, curries and spices. He was a great worrier about little things, and was always restless and agitated. He described himself as a "fuss-pot".

On these characteristics I prescribed Arsenicum 30c, with the result that he was gradually able to reduce his conventional medication, and eventually come off it altogether.

Joan was incapacitated by diarrhoea, which drove her out of bed in the mornings. She was a 37 year-old teacher who had developed problems after a tummy upset 18 months previously, after which she never seemed to settle completely.

She constantly felt the need to open her bowels and also suffered from wind, gurgling and bloating. She described herself as a hot, sweaty person, although she loved the hot weather. Foodwise she loved cream and butter but was averse to salt. She adored her food and ate it very quickly. Her personality projected itself as extrovert and bubbly and she admitted to being untidy and not minding mess.

I gave her Sulphur 30c and her diarrhoea became a thing of the past.

Bob's problems started when he had an attack of diarrhoea whilst on a flight to the USA. He was a 40 year-old successful business man, but this problem made him very anxious whilst travelling and when he knew he was going to be involved in long meetings.

He was ambitious, with high standards, but his anxieties were holding him back. Especially problematic were situations when he would be asked to do a public presentation. Although he always did them well, it was at tremendous personal cost.

He had a great desire for chocolate, which immediately disagreed with his tummy, and he could only eat small meals because he became full very quickly. He had abdominal pain on the right side, which was better for opening his bowels and passing flatus. He always had a bad time at 4pm.

All these characteristics led me to prescribe Lycopodium 30c, to which he responded very well.

General Practice

The vital point in the treatment of IBS is to prescribe on the totality of the patient's symptoms, rather than just on the local abdominal symptoms.

The cases described above were patients who consulted me privately, but in fact 80 per cent of my time is spent in General Practice. I am therefore very well aware of the time constraints under which GPs work, but I am still upset at the number of patients who feel that their GP "hasn't time" to listen to them. Our attitude to our patients is so important, and it actually does not take very long to listen to the patient's story. Those of us who use homeopathy in General Practice know that it is not always easy to spot the constitutional remedy quickly, but it is made slightly easier by the fact that maybe as many as 30 per cent of patients who develop IBS do, in fact, have have a Lycopodium constitution. In other words, the typical Lycopodium person, who is ambitious, sets high standards for him or herself, is highly anxious, but is determined not to show it, is just the person who will develop IBS when under stress.

Others who may develop such symptoms with anger will require remedies such as Nux vomica or Colocynth, while others who develop symptoms after grief may need Natrum mur or Ignatia.

In this way, homeopathy can be used to treat the root cause of the IBS, leaving very satisfied customers, and not simply "paper over the cracks".



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Cartoon reproduced courtesy of Bill Tidy/Yakult

the Hyperactive child

Marysia Kratimenos explains how the holistic approach of homeopathy can help with severe behavioural problems



Some children end up racing round like the cartoon character, Roadrunner

In recent years there has been an explosion in the number of cases of hyperactive children and those with attention deficit. Over two million children in America are currently on medication for ADHD, that is one in every 30 children. Ciba Geigy, who manufacture Ritalin, the "drug of choice", would have us believe that this is due to "heightened awareness". Some paediatricians totally deny that the condition exists at all and, instead, blame the symptoms on other reasons, such as food sensitivity or environmental factors. The truth is probably a combination of both these extreme views. We are all more aware of behavioural issues with certain children, and the boundaries between children "playing up" and "pathological" behaviour is very blurred.

Diagnosis

Part of the problem is that the guidelines for making the diagnosis of attention deficit with or without hyperactivity are ill defined and subjective. Some children with the condition are dreamy and "away with the fairies". Others seem to resemble a juvenile Attilla the Hun. And conventional medicine lumps them all together under the umbrella of ADHD!

And their treatment? Ritalin, an amphetamine. Speed. A stimulant to treat over-activity. Inadvertently, the Law of Similars, a fundamental homeopathic principle, has been borrowed by the very doctors who believe it is illogical and unscientific.

To diagnose ADHD doctors use a checklist of symptoms. The more symptoms that are ticked and the longer they have been present, the more likely a diagnosis of ADHD. The symptoms are already deliciously vague, and then one has to consider whether they are "maladaptive and inconsistent with the developmental level".

The criteria for inattention, hyperactivity and impulsivity are all listed separately and depending on the score in the three groups one is either labelled as having attention deficit with or without hyperactivity and impulsive behaviour. Most children will avoid, dislike and be reluctant to do their homework, lose things necessary to do the homework and conveniently turn a deaf ear to parents' entreaties to get on with it, whilst cheerfully working out how to get to the next level in Pokemon. Sound familiar? That combination of behaviour patterns scores four points on the inattention criteria! According to these criteria most of the children I see in the clinic have ADHD to greater or lesser degree and I score full marks! It is little wonder that the condition is being diagnosed so frequently.

There have always been children with challenging behaviour, but the method of treatment and the diagnosis is ever changing. Some of these children are very difficult to

deal with from a parenting point of view and in my opinion the parents need as much support as the children. I often hear mothers say "It's so hard to love Johnny, I do try but..." and as you watch the little darling demolish the room with the efficiency of a tornado, you are filled with understanding.

Parents have a bad enough time dealing with this sort of behaviour without having someone (who usually has no children) telling them it's all their fault! There are many ways that the parents can improve the situation, once they know how. It should always be born in mind that in the meantime they are doing the best they can in a very difficult situation.

Causes

No one knows what causes attention deficit and/or hyperactivity. There are numerous theories ranging from it being hereditary to it being a result of the high-speed world in which we live. It is well known that ADHD is more common in single parent families. This may be due to the fact that the hyperactive father cannot sustain a relationship or it could be due to the lack of a suitable male role model for the developing child.

As with most dis-eases the cause is probably due to a variety of factors. Our parents not only provide us with genes, they also show us how to behave in relation to the world. Whether we are aware of it or not we tend to copy our parents.

There are many other role models, some real, others fictional, that will influence a child's development. Bart Simpson is the ultimate parent's nightmare child and yet children all over the world are glued to the television, fascinated by his antics and copying them to a greater or lesser extent.

Modern life is fast and furious. We have lost the stillness and the tranquillity in the pursuit of a better job and achieving success in a materialistic sense. With women having to work, the decline of the extended family and the sense of community, children are often parked in front of the television or computer for hours on end. They no longer play those imaginative games or escape into a book; there are no outlets for their creativity. School is very competitive in preparation for the big world. Little wonder that some children escape into dream-time instead of completing their maths homework. And others get fired up by all the extraneous stimulation, and end up racing around like the cartoon character, Roadrunner.

Parents often notice that certain foods make their children even more active. Foods and drinks can, and do, act as stimulants. Colourings and preservatives, sugar, fizzy drinks can all increase activity. Many parents dread children's parties as the junk food is guaranteed to bring out the worst in their children. With homeopathic treatment this sensitivity to food often disappears, but it is often useful to avoid the foods until there is significant improvement.

Homeopathic treatment

Unlike conventional medicine, homeopathy seeks to treat each child as an individual. There is no homeopathic Ritalin. Each child is assessed as the unique person they are. The remedy must reflect everything about the child. A detailed history is fundamental to the correct choice of remedy. The homeopath will ask about the health of the child and the family, the pregnancy and delivery, early development, vaccinations, life events, schooling, favourite foods, drinks to mention just a few points. The more information gathered, the easier it is to find that tailor-made remedy.

Often apparently trivial information will lead to the remedy. Sometimes a drawing made by the child holds the



key to the cure. I have seen a dreamy child with so-called attention deficit paint beautiful pictures of fairies and mushrooms. The remedy that brought the child back to Earth was Agaricus muscarius, the classic toadstool. Another child that responded to Tarentula drew UFO's resembling a spider.

In some cases the onset of the behavioural issues dates to a specific life event. Vaccines may lead to sleep disturbances and behavioural difficulties. There has been much reporting of the possible but as yet unproven association between

the MMR vaccine and autism. And what is autism? In my opinion it is the ultimate detachment from "reality". Dreamtime becomes the only world some of these children know. Many of them are truly gifted in a creative way. There are numerous examples of the "idiot savant", the autistic person who can play musical instruments with absolute genius.

Using homeopathy, the adverse effects of vaccines can be overcome, whilst retaining the protection from the infectious disease. Ideally, I prefer to prepare the child for vaccination with a remedy and to space out the vaccines. Injecting a two month-old baby with polio, tetanus, whooping cough, diphtheria, HIB, and now meningitis C germs, albeit in a modified form, is a huge strain on an immature immune system.

Homeopathy considers every factor, from the genetic component to specific possible causes. The aim of treatment is to stimulate healing at the deepest level, and to allow a gentle return to health. Ritalin and related drugs act by suppressing the symptoms. One common complaint is that the children feel and act doped-up, and they lose the good side of their hyperactivity. There is a positive side, which we aim to retain with homeopathy. It is as important to nurture the creative spirit, the imagination, the energy, and the curiosity that these children often show as it is to remove the unacceptable behaviour patterns. So many of these children have wonderful gifts. Homeopathic treatment balances these qualities, so that the child can fulfil his or her true potential.





All photographs reproduced courtesy of Mothercare

Ritalin does not allow that to happen. Being a chemical drug it is subject to many side effects. Many children experience headaches, stomach aches, high blood pressure, drowsiness and blurred vision. It has to be taken every four hours, and when the drug is wearing off the children often become even more unmanageable. The Food and Drug Administration has shown that in animal studies Ritalin causes liver cancer. For all these reasons, I feel it is well worth taking time to explore other possibilities.

Looking at diet, lifestyle, environment and family dynamics can well be extremely beneficial. Psychological support is essential for both child and parent(s), whether this is in a formal context such as Behavioural Therapy or Neuro-Linguistic Training, or informally with a support group.

Homeopathy offers a safe gentle healing, and may be combined with other therapies and treatments. I have often used it even when the child is on Ritalin. As the child improves, the dose of Ritalin can be lowered and gradually withdrawn, with the knowledge and consent of the other health practitioners involved.

Two excellent books on the market can provide additional information on the subject. Dr Christopher Green of *Toddler Taming* fame has written a useful book *Understanding ADHD – A parent's guide to Attention Deficit Hyperactivity Disorder in children*. Dr Green does come out in favour of Ritalin, but if you keep an open mind on that subject there is a lot of wisdom and humour in the book. *Ritalin Free Kids* by Judyth Reichenberg Ullman and Robert Ullman gives a deep insight into the homeopathic treatment and is very highly recommended.

Homeopathy provides a safe, effective method of treating behavioural problems in both adults and children. It may be combined with other treatments as needed. The change brought about can be dramatic and brings benefit to the child, parents, family, school and social group.

The BHA has a fact sheet setting out the issues around immunisation. If you would like a copy please ring 020 7566 7800.

In 1995 Marysia Kratimenos MB BS FRCS(Ed) MFHom joined the staff of the RLHH, where she is involved in stress clinics, general medicine, paediatrics and neuro-linguistic programming.

Dental homeopathy



Photo courtesy of Colgate

~ *an accidental introduction*

Peter Darby explains how a tumble from his bike had dramatic repercussions in his professional life

It was a fine autumnal Sunday morning when we set off on our mountain bikes for an off-road sojourn on Cannock Chase. I could never have visualised that this ride would change my dental practice and dental prescribing so dramatically and explosively. Explosive was how it felt when I parted company from my trusted bike! I was admitted to hospital where it was found that I had a severely fractured right shoulder; two hours later I was in emergency surgery. A week later, on anti-coagulant treatment, I was sent home.

The acute care I received was second to none but it was after that phase that my aches and pains really started. I remember a patient saying that the pain from a broken bone is like the throbbing pain of a dental abscess – I think he was right. Pain killers had relatively little effect and due to the prescribed anticoagulants the choice of analgesics was limited. I tried a tens machine to reduce my aches and pains but this had a minimal effect.

It was during a session with my physio that the chance remark was made: "why don't you try homeopathic Arnica and Ruta?" I had nothing to lose so I took his advice. The difference was marked. The sore, bruised feeling and the ache in the joints was less. Something was making a big difference. Could it be the homeopathic medicine?

After this very personal experience I wanted to find out more and decided to pursue a course in homeopathy. There is a clear, concise career pathway to learning dental homeopathy in the UK to a recognised high standard. The Faculty of Homeopathy in London found the venue and I enrolled on a basic course in dental homeopathy at the Royal London Homoeopathic Hospital, Great Ormond Street. This led to the Faculty's LFHom qualification.

I now had the basic understanding of homeopathy, treating my own patients who had simple problems using either conventional allopathic medicine or taking a homeopathic approach. Patients were more than happy to "try" this homeopathic medicine – much to my delight. Patients' acceptance and willingness to use homeopathic remedies outstripped my personal expectations. I used it only on well-defined pathological conditions for example pericoronitis, ulceration, herpes, trauma where I was able to use a homeopathic prescription which is specific in these particular cases.

There are some dental problems which cannot be treated by allopathic means, such as teething and dental anxiety. The ability to treat such cases homeopathically can only be a positive step forward both for the profession and patient alike. Dentists must remember that patients are actively seeking out more complementary

treatments and that the media is rife with articles on all forms of complementary medicine – dental homeopathy being only one of many. In many dental cases homeopathy can be used alongside conventional allopathic medicines, as an adjunct to or instead of conventional treatment.

Homeopathy in the UK is growing. The medical profession has had homeopathy in the NHS since its inception in 1948. In private practice it is a bona fide treatment recognised by both BUPA and PPP. Dentists should not allow themselves to lag behind in promoting a growing complementary therapy. Dental homeopathy is a viable therapeutic tool and should be recognised as such.

Homeopathy in dental practice

Both the general public and the profession are becoming increasingly sceptical about some forms of conventional treatments and drugs. They are looking towards homeopathic treatment as an alternative or as an adjunct to conventional therapies. For example, with our awareness of the misuse or use of antibiotics should we not look at other forms of potential therapeutics? Many infections and conditions can be treated homeopathically when the correct medicine is selected.

When using homeopathy in the dental practice setting, many of the complex prescribing techniques are simplified by observing the pathology of the problem. For example, if the patient has problems after an operation, be it pain, swelling or bruising, then it is due to direct tissue trauma from the extraction. If pain occurs after 72 hours it is likely to be the beginnings of an infected socket. These two cases would, of course, be treated differently. This is termed as treating with a "pathological prescription". In both cases the symptoms are similar, but they would indicate different homeopathic remedies because the origins of the pain are different in each case.

Dental problems and some simple remedies

Let us look at such examples found in everyday practice, and give a brief outline on the prescription that I would use for each individual condition or pathology.

When post-operative complications are directly due to trauma, eg swelling and pain where medicines which were relevant to that specific problem would be used. Most post-operative complications can be alleviated by the routine use of Arnica. Taken immediately after surgery Arnica reduces pain, trauma, bleeding and swelling. Several clinical trials and observational studies have demonstrated the therapeutic effects of Arnica in the reduction of post-extraction complications.

Excessive post-extraction bleeding

In cases of post-traumatic haemorrhage I would use homeopathic Phosphorus if the bleeding is profuse and of a bright red colour. If the bleeding is slow and venous the remedy Lachesis is called for.

Puncture wounds

Some patients complain about pain after local anaesthesia in the area of the needle puncture. In this case a homeopathic preparation called Ledum is useful.

Wisdom tooth pain (pericoronitis)

Pericoronitis around partially erupted third molars is a relatively common condition seen in practice and is often relieved by antibiotic prescription.

However, homeopathically, a medicine called Hepar sulphate promotes drainage and reduces swelling so reducing the size of the operculum. If there is a marked trismus – spasm in the jaw muscles which prevents the mouth opening properly – I would use another remedy called Cheiranthus. Once the acute phase is over the tooth can be treated accordingly.



Homeopathic dentist Peter Varley treats a patient

Photo: Chris Kelly

Infection in a tooth socket after extraction (acute oestitis)

Patients often present with varying symptoms, some have a throbbing, pounding pain, a "pain with every heartbeat", and the socket looks red and angry indicating homeopathic Belladonna. If the patient complains of a low grade gnawing pain and yet the socket looks reasonably healthy, I would consider Ruta. (Ruta is particularly good in patients who have damage to the ligament covering the bone, be it surgical or as a consequence of any accidental trauma.) Again there is no real indication for antibiotics unless there is a very marked toxic state or swollen lymph glands.

Apthous ulcers

Care has to be taken when treating any type of ulcer in that a positive diagnosis that it is neither pre-malignant nor malignant is essential. When I am happy with the diagnosis, I consider which homeopathic remedies can be used. Ulceration can be complex to treat and the question why the patient is getting recurrent aphthous ulcers needs to be considered.

The reason could be hormone imbalance, stress or dietary deficiency or an underlying pathology, for example diabetes. For simple relief of aphthous ulceration I often use Feverfew. (It was noted that when the herbal form of Feverfew was used to treat migraine it often produced ulcers in the mouth). A topical application of Propolis painted on the ulcer gives the patient immediate symptom relief.

The choice of homeopathic remedy for aphthous ulceration will depend on specific symptoms and their appearance. Do the ulcers tingle? Are they sore? What colour is the base? For instance if the patient has a poorly kept mouth, increased salivation with a metallic taste, and a grey base to the ulcer then I would consider homeopathic Mercury. Alternatively if the base of the ulcer looked greeny-yellow a remedy called Kali bichromium would be appropriate. Observation and noting symptoms is paramount in remedy selection.

Cold sores around the lips (Herpes labialis)

If treatment is started at the onset the results are generally good, as with most viral conditions. The patient symptoms and prescription are very important in remedy selection. If the patient complains of a prickling, itchy sensation I'd choose Rhus tox. (Rhus tox is poison ivy; when the skin is rubbed against the plant the same prickly, itchy sensation is felt.) We use it homeopathically in the treatment of herpes in its initial stages. Rhus tox cream can also be applied. If the sun aggravates the herpes then a remedy called Natrum mur should be used.

The more complex dental problem

The importance of listening to and assessing the patient is paramount as patients may present with the same problem but may need a different remedy. This is where homeopathic dentists are looking for a totality of symptoms which paint a picture of the disease process. At this point we are moving towards a more holistic approach to dental homeopathy.

At the basic level we are introduced to the more holistic approach in our treatment of dental anxiety. Patients with dental phobias have different mental and physical ways of expressing their fears. Some are quiet when they enter the surgery, shaking at the knees, some are argumentative, red faced, some are pale, quiet and fidgety – all presenting with different symptoms for the same problem.

It is with these patients that great satisfaction as a practitioner can be attained. To be able to help a patient with such deep-seated problems is very rewarding. This can be done with an accurate homeopathic history and the correct homeopathic medicine. Beyond this level, dentists need to have undergone further training in homeopathy in order to gain a deeper understanding of both homeopathic principles and the medicines used, and to enable them to treat more complex dental problems which have a limited success when treated conventionally, but will respond to homeopathic treatment in many instances.

Homeopathy when used in the dental setting is a safe and effective form of treatment which is often requested and sought by the general public. However it is worth questioning the individual practitioner's background and homeopathic qualifications to ensure that the care given is appropriate and to the highest possible standards, patients deserve and should expect no less.

For a list of homeopathic dentists ring 020 7566 7800

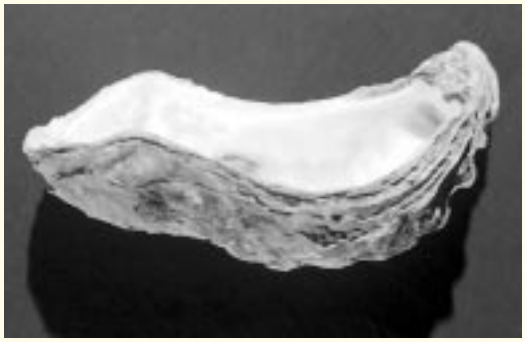


For 17 years Peter Darby BDS LDS RCS DFHom (Dent) has had a dental practice in Wolverhampton where he routinely prescribes homeopathic remedies for his NHS patients. He teaches at the RLHH and lectures throughout the UK.

masterclass

MAJOR ARCHETYPES OF THE MATERIA MEDICA

by David Lilley MBChB FFHom LLCO



This pullout and keep series includes:

- Sulphur
- Calc carb
- Lycopodium
- Pulsatilla
- Silicea
- Nat mur
- Sepia
- Lachesis

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In our first masterclass we discussed the nature and temperament of Sulphur, the fire element reflecting the energies of the volcanic phase of evolution. Sulphur represents first man whose ability to experience human love, to have foresight, insight, self-consciousness and death-awareness, exposed him to the possibility of prolonged fear, grief and bereavement. These emotions created first dis-ease and later disease, as man, cast out of the Garden of Eden, stepped out of harmony with himself, nature and life.

This is the beginning of his quest. He is freed from the instinctive restraint and unconscious wisdom of nature and sent out into the world in search of his spiritual destiny. It is Sulphur who swaggers through the portals of Eden and, filled with the bliss of ignorance (not stupidity), discovers fire, his birthright, and becomes the hunter-gatherer and the pioneer.

Through evolutionary sequence the next archetype of the materia medica is Calc carb – the oyster – representing an awful sense of isolation, severance from mother nature, separation fear and naked exposure to a hostile environment. It is Calc carb who first becomes aware of being forsaken and alone under a menacing, over-hanging cosmos, pawn-like, solitary and insignificant, and so painfully conscious of duty and responsibility displays a mollusc-like need to produce a calcareous shell to protect herself against a sense of self-consciousness, inferiority and vulnerability to legions of dangers.

We can perceive that the nomadic wanderer, adventurer and explorer Sulphur gives place to an archetype which cherishes the security of hearth and home and is settled, domesticated and rural by nature. In ancient times the fire of Sulphur became the sacred fire that sanctified the home, the temple and the city. As the fire in the hearth it became the central focus of the home, providing warmth, illumination and sustenance, symbolising the protective, sheltering and nurturing qualities of Calc carb and its associated mythological archetype, Hestia, the Greek goddess, whose presence was necessary to make a house become a home.

calc carb

The first organisms to evolve in the super-hot environment of primitive earth were sulphur dependent. In the pre-Cambrian period, 2000 million years ago, the ancient seas provided the birthplace for the next important organism in the chain of emerging life forms. This was the blue-green algae, cyanobacteria, an organism with the ability to utilise solar light energy to manufacture its own nutrients whilst releasing oxygen into the atmosphere. The cyanobacteria were also able to secrete calcium carbonate, which they did in prodigious amounts and in a most spectacular fashion, to create their communal homes. These limestone edifices, known as stromatolytes, endure to this very day, despite millions of years of erosion. The cyanobacteria were the forerunners of all the myriad species of shell creatures, the molluscs, which were to follow – including the oyster.

From the inception of life, Calc carb has had to do with home-building, community-building, security and protection. The stromatolytes stand as monuments to the immovable stubbornness, the persevering industriousness and constructive capacity of Calc carb. Likewise the great limestone formations of the world, built up over eons of years by the aggregation of myriads of shells of tiny sea creatures give testimony to the slow, progressive and enduring nature of the Calc carb life processes. The same ordered and purposeful energy pervades the activities and communities of the social insects – the termites, ants and bees – and the energy is matriarchal.



The Birth Of Venus by Botticelli/Galleria degli Uffizi, Florence, Bridgeman Art Gallery

The oyster has always been a symbol of female sexuality and fertility

Within the oyster lies the pearl, cool to the touch yet holding a hidden iridescent fire, seen as a symbol of spiritual wisdom and esoteric knowledge. Hence Christ's use of the metaphor – "neither cast ye thy pearls before swine". The pearl was amongst jewels the quintessential symbol of light, femininity and the moon and was also an emblem of fertility, purity and perfection. The oyster has always been a symbol of female sexuality, fertility and the creative power of the feminine principle. In its closed form it is the image of innocence, chastity, discretion and secrecy. This intuitive wisdom of the past throws light on our understanding of the mystery of this great remedy, for all these qualities are inherent in Calc carb.

the calc carb adult…

Homeopathic Calc carb is derived from the middle layer of the oyster shell and must be regarded as an animal remedy and not just a mineral. Calc carb is the fundamental representative not only of the molluscs but also of all life forms derived from or influenced by the sea, including those mammals which returned to the sea and developed fish-like attributes. The obese human image is their constitutional counterpart.

The body of the oyster is soft, yielding, spineless and flabby to the touch. It is cold, clammy and wet; to the eye it is pallid and anaemic looking. Many a Calc carb subject possesses these characteristics. We can admire the grace and strength of a whale moving through its natural domain, but if this ancestral type should preside over a child or adult, they may resemble a beached whale, unfit for terrestrial life – overweight, flabby, lacking muscle tone, awkward and clumsy, with weak joints, bones unable to bear their weight, prone to spinal curvatures, dislocations, sprains, strains and cramps. They lack stamina, strength and breath and the least effort or emotion causes them to flush and break out in a cold, clammy sweat.

Compared with the shells of other molluscs, that of Calc carb is crude, irregular and rugged, its features may be coarse and unrefined, large and thickened, peasant-like with large nose and lips, especially the upper one which may appear swollen. From these beginnings two physical types emerge.

The first produces the classic picture of the Calc carb woman: often blonde and blue-eyed; a great fat woman without breath, strength or energy; without

firmness, colour or health; fair, fat and flabby with a hand that feels like an oyster, cold, clammy and boneless; and damp, cold, clammy feet. These types, male or female, are generally indolent, inert and sedentary, lacking initiative; like the oyster ever waiting for life to come to them; content and complacent, lethargic and unambitious, not easily aroused or stirred and immovably stubborn. They are often awkward and clumsy. Extremely self-indulgent, their one enthusiasm is food. They adore sweets, especially pastries, and even more so if topped with cream; hot meals, substantial food which comforts and rewards, stodgy, starchy foods – bread, potatoes, pasta; eggs in any form and dairy products. Sweet, salt and sour are equally appealing to the palate. The price is obesity, cellulite, shortness of breath, especially when ascending stairs, heartburn, flatulence, diaphragmatic hernia, abdominal distension, inability to tolerate tight clothes, a sluggish liver, gallstones and chronic constipation.

The second type is sturdy, strong, vigorous and industrious. Earthy, honest, good-natured, generous and hearty. Blessed with immense patience, endurance and stubborn perseverance, they work and build assiduously, adhering faithfully to predetermined systems and structure. They are ordered, precise, meticulous, reliable and responsible. They are very capable, always painstaking and practical, whether it is in the home, out on the land, or in business. Their lifelong striving is to provide security, sustenance and education for their dependents and themselves rather than wealth.

Paradoxically some may present a mixture of these two types: either a soft, flabby exterior with a hard kernel of resolve and determination, or a tough, powerful exterior and a soft, timid, marshmallow-like interior.

Unfortunately like all the carbons, Calc carb may suffer burn-out. Their tendency to take on ever increasing responsibilities; their diligence and unremitting application to their work, driven by their need to provide and protect, and often a fear of poverty and want, leads to a downward spiral culminating in exhaustion, loss of motivation and the will to go on. They become timid, indecisive, mentally confused and finally fear for their sanity and that people will notice their mental deterioration. Sanity is their pearl. It is like the queen at the centre of the termite nest or the hive. Without her, structure and order are lost – all is confusion and collapse.

There is a slowness and ponderousness about Calc carb. The metabolism, the thyroid, the glandular development, the mental, emotional and physical growth and maturation, the venous and lymphatic circulations, the resistance to infection, the ability to repair and convalesce and the digestion, are slow and tardy. The intestinal functions are so slow that they feel healthier when constipated.

The woman who manifests Calc carb in her life is the hearth keeper, a homely presence, committed to her family and her domestic responsibilities, which she discharges with a warm and caring selflessness. Calc carb finds housekeeping a meaningful activity rather than a chore. She is a woman who finds a sense of inner peace, harmony and fulfilment as she accomplishes her everyday tasks. Nor does she work with any sense of sufferance, martyrdom or righteousness. Her (or his) hospitality and generosity are legendary. Her home is her oyster and she is the pearl at its centre. Whether as guest or family member the Calc carb home is a good place to be.

With time she becomes the wise old woman, the elder of the family, who has witnessed it all and has emerged undaunted and seasoned, able to give wise counsel and spiritual insight. The grit of life experience has produced within her the pearl of wisdom. She remains remarkably detached and stable, philosophically unperturbed by the vagaries of life. The spiritual path of Calc carb is often the path of work, known in yoga philosophy as the path of karma – by which one serves the creation through selfless, loving work. Calc carb builds and works and serves, and in its highest form sacrifices self through service, without expectation of recognition or reward.

the calc carb child...

The Calc carb infant is often a floppy baby – soft, fat and flabby, with a big head and a distended abdomen; fair-haired, fair-skinned and blue-eyed; bloated and dimpled rather than of solid, hard fat. They sweat copiously about the head at night, wetting the pillow. The perspiration and the entire child smell sour. Their hands and feet are cold and clammy. Their complexion may be peaches and cream, but often they are too pale; chalky-white and frequently anaemic. They suffer terribly when

cutting teeth, which is often delayed, developing respiratory tract infections and a diarrhoea which is sour, pale, offensive, and acrid, burning the buttocks. They soon become prone to recurrent colds, ear, tonsil and chest infections. Their fevers are intense and may cause pyrexial convulsions. Belladonna is often the best remedy for the acute phase of Calc carb conditions, but it is Calc carb which can change the constitution and build resistance.

These little ones are often slow in reaching their milestones. Usually this is not due to any mental incapacity or deficiency. It may be aggravated by excess weight and lack of muscle tone, but generally it is a reluctance to emerge from their shell or a belief that all they need will come to them, like the ocean brings food to the immobile oyster. The fat Calc carb baby is content to sit where placed, twiddling its toes or amusing itself with some object, for hours on end. Their hesitancy is often due to an innate fear of a hostile world. In the extreme case autism may result, producing an undemanding low-care infant that remains withdrawn and unresponsive, disinterested in those about them and even averse to physical contact and caresses. However more frequently, baby is quietly assimilating, digesting and storing all the impressions it receives, and finally astounds everyone by suddenly standing, having never crawled, and uttering a string of words, having previously said only "mama".

The slowness may continue through school. Much encouragement and support are essential from both parents and teachers. It is vital that they receive a good grounding on which to build their future knowledge systematically. With a structured foundation, time and patience Calc carb may surpass the achievements of a more precocious child. Often Calc carb is the fabled tortoise that outstrips the hare.

the calc carb fears...

We have seen that it was Calc carb who, in the process of evolution, first became aware of being separated and isolated, abandoned and forlorn, in what they perceive as a threatening environment, and sought to hide within a shell. The Calc carb child and adult have all manner of fears which are present from the cradle.

First amongst these is a deep and irrational fear that their parents will abandon them. The child fears almost everything it sees, especially anything new and unfamiliar. Their fears are increased after nightfall; they are afraid of the dark, of being alone, of ghosts and monsters. These are children who need to sleep with their parents. On closing their eyes before sleep they are terrified by horrible faces; when asleep they are prey to dreadful nightmares; when awake they are deeply disturbed by seeing anyone facially disfigured or maimed. They are frightened by anything grotesque. Scary movies haunt them for weeks and provoke nightmares.

They are terribly sensitive, self-conscious, shy and timid, easily take offence and fear being mocked or ridiculed. They dislike being watched and fear public performance. Calc carb is a remedy for school phobia and for children who have been abused, sexually or otherwise.

Other fears are: heights; claustrophobia; dogs; insects, especially spiders; disease – TB, cancer, infections, insanity – they are hypochondriacs and have symptoms which are worse for thinking of them and they despair of recovery; the future; misfortune; accidents; poverty; starvation; storms and natural disasters. They cannot bear hearing about tragedies and terrible things happening, tending to identify with the suffering of others. They are stubborn in their fears and not easily reassured. They also have a fear of authority figures. They pick up on people's "vibes" and may develop an unreasoning antipathy towards certain people. Fearing life as they do, they may, even at an unusually young age, become preoccupied with religion and death, and whether there is life after death. This may progress to religious melancholia.

Next issue: David Lilley looks at Lycopodium.

DAVID LILLEY is a Fellow of the Faculty of Homeopathy. He trained at the Royal London Homoeopathic Hospital and developed his practice in South Africa over the last 35 years. He is internationally renowned as a teacher of the materia medica.

In memory of times past...



Hamish W. Boyd FRCP(Glas) FFHom, a physician at the Glasgow Homoeopathic Hospital from 1952 until his retirement from the post of superintendent in 1990, has been an inspiration to the current generation of homeopathic doctors. The major force which kept the hospital service in Scotland going while he was in charge, *Hamish Boyd* shares his personal recollections of those pioneering days



The old Glasgow Homoeopathic Hospital

My father, W. E. Boyd, was Consultant Physician and Radiologist at the Homoeopathic Hospital, and, having been brought up with homeopathy and having received only homeopathic treatment all my life, it seemed natural that I should follow in his footsteps. I studied homeopathy with Margery Blackie in London, first as a student and then as a lecturer. I learned a great deal from her and other teachers before I joined the Hospital in Glasgow as a clinical assistant in outpatients in 1952 working with Douglas Ross and Tom Paterson at Lynedoch Crescent.

The main outpatient clinics were open clinics without appointments under the NHS, where patients came with chronic problems. Gradually with more recognition of the value of homeopathy by GP's, cases were referred by them.

The clinics were held every weekday, morning, afternoon, and evening, often going on until 9pm or 10pm. They were staffed by the hospital physicians and a number of GP's trained in homeopathy who did one or two sessions per week.

Miss Reid was Matron when I joined and Sister Gunn was in charge of the patients. Douglas Ross was the superintendent, a delightful man, respected and liked by all the staff. He was assisted by Tom Robertson, a tall bearded, rather eccentric character.

The case–sheets at that time were very simple, without the numerous investigation pages we have now, but we had our own X-ray Department and ECG machine and sent our haematology and bio-chemistry samples to the Western Infirmary.

We saw a wide range of medical problems but in the early 1950s we had only Sulphonamides and Penicillin plus mercurials for diuresis: no anti-inflamatory drugs except aspirin, no anti-hypertensive drugs and only digitalis for heart irregularities and cardiac failure. Streptomycin and Isoniazid were coming in for tuberculosis but tuberculous meningitis was usually a death sentence in small children. Steroids were just appearing.

Homeopathic remedies were our main therapy and did amazing things. I well remember spooning Ant tart and Carbo veg in water to patients with left heart failure, often all night, and then seeing them sitting up in the morning having breakfast. Over the years, with the advent of many new drugs, the pattern of prescribing changed, but we always used homeopathy wherever possible. We introduced physiotherapy and occupational therapy for rehabilitation, and a new department was built when radiology moved to Gartnavel.

Tragedy struck in 1972 when a Trident crashed at Heathrow. A large number of homeopathic doctors, pharmacists, nurses and trainees died on the way to a congress in Brussels. We lost Tommy Stewart, who was our

superintendent, his wife Betty, Isobel Allan, a GP, and Miss Hawthorn, our matron. I took over the reins and Mary Shields, Matron of the Children's Hospital took on the care of both hospitals assisted by Sister Eileen Ralph.

When Robin Gibson joined the staff he brought many innovative ideas. He was one of the first to notice the importance of house dust in allergies such as rhinitis and asthma and wrote several papers together with his wife, Sheila. He introduced acupuncture (later carried on by Russell Malcolm) and hypnosis. Robin and Sheila developed wheat-free and vegetarian diets, for helping allergic conditions and arthritis. He was very interested in rheumatoid arthritis and set up a trial of homeopathic remedies at Baird Street Rheumatology Unit.

In 1987 it was decided to move the outpatients to the hospital, as the bed numbers had been reduced from 30 to 20, freeing up space, and it seemed more efficient to run the whole service on one site.

Teaching

With the help of Robin Gibson, Alastair MacNeill, Neil Beattie, Alan Mathieson and others, I started a series of weekend postgraduate courses for GPs in the 1960s and these gradually increased, with clinical attachments to the outpatient clinics, paid for by the Scottish Homoeopathic Trust.

It was when David Reilly joined us that the teaching really took off with expanding classes and seminars in the Postgraduate Centre. These soon attracted 50 doctors at a time, and expert lecturers were brought in from abroad. Veterinary teaching was also included.

Surgery

It is incredible to think now of the operations undertaken in our small theatre from the 1950s to the 1970s. We had a general surgical theatre, a gynaecological one and an ENT one each week.

The patients were under the care of the homeopathic physicians for pre- and post-operative prescribing, but the surgeons visited regularly and gave advice as well as carrying out their operations. Relations were very good between us and many visiting surgeons were impressed by the effect of our remedies.

As each of the surgeons retired, the theatre sessions gradually moved to the Western Infirmary and Gartnavel General and finally the theatre was closed and turned into a library. Under Mary Gooch's expert hand the library was catalogued and expanded and computer links were established with the RLHH.

Children's Homoeopathic Hospital

When I first joined the staff in the 1950s, Hector MacNeill was the physician in charge, and John Paterson the honorary consultant. With the assistant physicians we all ran the outpatient clinics as well as looking after the babies and young children in the wards.

We saw a wide variety of conditions. I well recall a boy with Type 2 Nephritis, with gross oedema, who made a complete recovery with Arsenicum alb. I remember on first arriving there full of my experience of using IV drips in babies with diarrhoea and vomiting in Yorkhill and Alder Hey Hospitals. Hector said, "Oh we seldom need intravenous fluids; the children recover with remedies like Arsenicum alb, Podophyllum, Medorrhinum or Veratrum alb." And so they did.

Over the years, the pattern of children's illness changed rapidly, with the advent of new drugs and most children were treated at home. The need for beds steadily decreased and the hospital was closed in 1976.

New Homoeopathic Hospital

The need for a more modern hospital had been suggested before my time. A site at Kirklee had been bought before 1939 and a model of a new 200 bed hospital was made and displayed in the Glasgow Art Galleries.

I was involved in many plans for a new unit, either attached to the present hospital, or at Canniesburn or Gartnavel. On several occasions agreement had almost been reached with the Western Regional Hospital Board to commence building, but each time some excuse was made.

Before I retired in 1990, a detailed plan had been drawn up, even down to the equipment required in each ward or office, and Robin Gibson and I visited other new units to see art work and modern designs. Alas this was not to be.

When David Reilly took over he brought tremendous drive and ideas for fund raising plus architectural and art design and at last an attractive new hospital and garden has arisen in Gartnavel Grounds not far from the original site suggested all these years ago.



Views of the new Glasgow Homoeopathic Hospital



Kathryn Bingham continues our occasional series on complementary therapies with an introduction to the Alexander technique

Poise and posture

complementary therapies

The stress of modern life combined with sedentary jobs that often entail slouching over a desk for hours at a time can play havoc with our natural poise and, over time, lead to back pain, neck and shoulder tension, breathing disorders and a variety of stress-related illnesses. Although notoriously difficult to treat with conventional medicine, a gentle, safe and natural alternative approach developed a century ago can put paid to these problems by correcting the way we hold ourselves and move.

The Alexander technique is a form of education that teaches pupils through verbal instructions and postural guidance to move with minimum effort and without straining. People who practise the technique are generally very enthusiastic about the benefits saying they feel free of tension, lighter on their feet and more elegant in the way they move.

Sabrina Kiefer, a teacher of the Alexander technique and spokeswoman for the Society of Teachers of the Alexander Technique – the largest professional organisation – explains: "People often use the Alexander technique as a form of therapy, for instance to alleviate back pain, but our approach is really a preventive rather than a therapeutic one: we teach people a skill to ensure they can prevent future problems."

The technique was first developed by Frederick Matthias Alexander, an Australian actor born in 1869, who repeatedly lost his voice on stage. Doctors told him to rest his vocal cords but this made no difference. Using mirrors arranged around himself, Alexander came to the conclusion that his posture was the cause of his loss of voice when performing. He noticed that as he inhaled to speak, he raised his chest and simultaneously pulled his head back and down thereby depressing his larynx and shortening his spine. This in turn interfered with his breathing. After adopting the opposite technique on stage – keeping his head up and not raising his chest, he found his voice was restored.

Alexander believed that the relationship between a person's head, neck and spine was the key to how the rest of the body functioned. He called this theory the "primary control" and believed that when it worked in balance and harmony it invigorated the whole person.

After curing his own loss of voice, Alexander became a teacher of his new ideas. He came to London in 1904 and began teaching actors and writers including George Bernard Shaw and Aldous Huxley. Until the 1930s, knowledge of the new technique was confined to an elite theatrical circle but in 1931 Alexander began training teachers in groups. Since then the technique has grown in popularity and gained the support of mainstream doctors. Today there are more than 850 accredited teachers in the UK and thousands more worldwide.

Although the Alexander technique is considered particularly useful – if not indispensable – by performing

artists such as actors, singers and musicians, and sports players it can also benefit others. Many of us are unaware of having developed bad habits such as years of slouching or bending forwards from the waist when walking, which can result in aches, pains and tension. The technique aims to eliminate these habits or stop them developing in the first place.

A number of small medical studies have been conducted on the technique and the results are generally encouraging and suggest that breathing problems can be improved and stress-related symptoms reduced. The Alexander technique claims to alleviate a number of common difficulties including chronic fatigue, breathing disorders, musculo-skeletal aches and pains, headaches, migraines, stress-related symptoms such as insomnia and palpitations and even loss of libido. The technique is also remarkably safe. Pregnant women with backache have found it helpful as have the elderly and asthmatics.

As a general rule, the technique is taught on a one-to-one basis in a series of lessons held over several weeks concentrating on how to hold the neck and "lengthen" the back. Lessons last for 45 minutes and pupils remain fully clothed apart from removing their shoes.



Case study

Claire McHattie, 32, a computer journalist from Twickenham, had been plagued by sporadic back pain for years before trying the Alexander technique. "Sometimes my back would just go and I'd be in pain and unable to walk properly," she recalls. "I'd tried chiropractic but that hadn't helped. I'm interested in complementary medicine and had read about the Alexander technique and how it could prevent long term problems so I decided to give it a go."

Claire had ten sessions with an Alexander teacher and noticed some benefits early on. "I wouldn't describe it as a miracle cure but I found that by holding myself correctly my back felt easier and physically I looked better. I don't have problems with my back any more." She says she would recommend the technique to others but cautions that it is expensive and requires motivation. "There's lots to learn and homework to do. You have to be quite dedicated and put in some effort to reap the full benefits of the technique and be prepared to keep up what you learn in everyday life."

The first lesson typically teaches pupils how to get in and out of a chair properly. Further lessons may involve the teacher observing the pupil lying on a couch then using gentle hand contact to bring about small adjustments. Good teachers will also induce correct breathing and walking (including how to walk when carrying bags and shopping). After several sessions, most pupils are encouraged to start using the technique on themselves at home.

Some people gain great benefits on as few as 12 sessions, but teachers advise 20 to 30 lessons to be certain of permanent progress with occasional refresher or booster lessons. For the best results the first ten to 12 lessons should be close together – at least three a week – then spaced out to around one a week. "The number of lessons required varies according to the needs of the individual," says Ms Kiefer. "Some people just want less back pain but others want to become highly skilled in the technique in order to be better musicians or sportsmen. It really depends on how far you want to take it."

Most people say they feel lighter, more at ease and achieve a greater sense of wellbeing early on the course of lessons, though some experience temporary discomfort as patterns change and muscles work either for the first time or in different ways.

Unfortunately, learning the Alexander technique doesn't come cheap – sessions cost from £20 to £30. It is rarely available on the NHS with the exception of a handful of NHS hospital pain clinics around the country. Some private health insurance schemes will pay for the technique but in general people have to pay for themselves. "It certainly requires an investment of both time and money, but most people find it is worth it in the end," says Ms Kiefer.

For further information:
The Society of Teachers of the Alexander Technique (STAT): 020 7284 3338 or www.stat.org.uk
The Professional Association of Alexander Teachers (PAAT): 01642 363542 or www.paat.org.uk

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