

My analysis of this software is objective with no preconceived ideas, but what struck me was the simplicity and ease of data entry, to do quite complex things, without being too technical, which made me feel that I wanted to know more. I like the depth of information required,

the minute detail it was capable of extracting, for as we know, as set out in § 153 of the *Organon*, it is the strange, rare and peculiar characteristic details we seek, to help identify the simillimum.

Dr Helen Beaumont rounded up the webinar, stating that the system was both

dynamic, in bringing homeopathy to life and in helping with effective case management.

Gill Graham

Reference

1. § 2, Hahnemann S, *Organon of Medicine*, (6th ed), Kunzli et al, trans.

Case Study Andrew Ward LCH, Dip.IACH, RSHom

Patient: Male 29 years old

Diagnosis: Ulcerative colitis/proctitis. Ulcerative colitis is classified as an inflammatory bowel disease affecting the large bowel or colon with ulceration. Allopathically causes 'unknown'. Common symptoms include frequent painful urging for stool, diarrhoea with mucous and blood, weight loss. Proctitis is classified as the last section of the bowel, i.e. the rectum being affected.

Conventional treatment is with anti-inflammatories, steroids and immune-suppressant drugs

More detailed images of the following repertorisations can be viewed by watching the first demonstration webinar on-demand at <https://facultyofhomeopathy.org/first-demonstration-of-homeopathy-software-by-vithouk-as-compass/>

FIRST CONSULTATION 12/12/20

HISTORY

2015: Gastroenteritis whilst travelling in Mexico

Severe diarrhoea treated with antibiotics which stopped it. On return to UK started to bleed from rectum with urgency, frequency and tenesmus.

Fever history: very rarely had a high fever that he remembers. This suggests he has a low level of health which is consistent with his pathology.

Treatment received: Multiple hospital visits and stays to suppress the symptoms. Treated with various anti-inflammatories and intravenous cortisone in hospital as well as Cyclosporin IV and tablets (150mg 2 x daily) Plus, 9mg daily of Cortiment (Budesonide) - slow release steroid.

Cyclosporin is in effect an immune-suppressant drug created from a fungus (*Tolypocladium inflatum*) in 1971. In USA in 2017 over 1 million prescriptions were written.

Also, Mebeverine given for painful cramps and gas.

SYMPTOMS:

- Bowel motions are very frequent, urgent and painful (3)
- Stool is with bleeding and mucous (3)
- Burning pains in hypogastrum area after stool (2)
- Night sweats (3) - which stain the sheets
- Bitter taste

- Gets hot very easily
- Loss of weight - leads to low blood sugar drops and need for sugar/ sweets
- Very low energy (3)

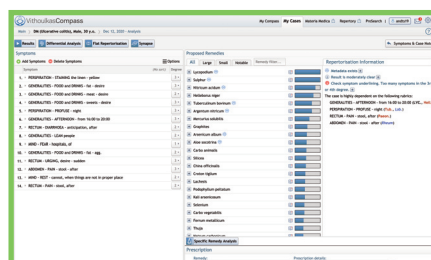
GENERAL SYMPTOMS:

- Strong desire for sweets (3) and fat (2), eggs (2)
- Worse 4-8pm (3)
- Worse fats (2)
- Painful bloating and flatulence better for flatus (2)
- Lean person - weight gain impossible
- Weakness (3)
- No appetite
- Warm (3)
- History of allergy to penicillin

MENTALS:

- Fears: Hospitals, failure, crowds
- Used to love danger and dangerous situations
- Likes to have things planned and have a routine
- Competitive (3)
- Thirsty ++ for cold drinks
- Quite fastidious (2)
- Anticipatory symptoms before events

Repertorisation 1:



Prescription: Lycopodium 30c
1 x daily 12/12/20
(Totality strategy)

FOLLOW-UP 21/12/20

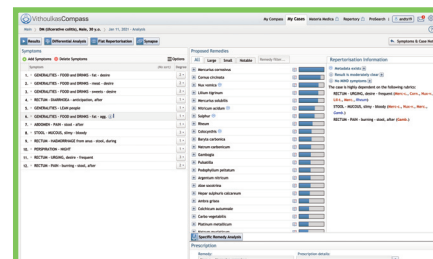
Telephone consultation.

No change in main symptoms or reaction. Only change reported is better in energy 4-8pm.

No aggravation suggests its the wrong remedy to start with despite improvement in energy. No change in chief complaint and main symptoms.

Comment: This is quite a serious pathology and needs to be addressed at the physical level to diminish the debilitating symptoms. So athology-based strategy used next looking at the pathological physical symptoms first:

Repertorisation 2:



Prescription: Merc cor 6c
3 x daily 22/12/20
Cyclosporin drug stopped

27/12: Improvement in symptoms. Less urgency, frequency and bleeding and started a skin reaction on legs. Red itchy eruption.

30/12: More appetite, less pain, less bleeding and skin worse.
 03/01/21: "Massive" reduction in bleeding. Feel better in general.
 9/01: Much more energy, improved appetite, less frequency, small amount of bleeding only.
 16/01: Stopped remedy for 5 days. Can sleep through the night now. 4 x daily stool but formed - no blood. Nightsweats have gone. More energy
 18/01: Skin worse and bleeding much less but still up and down.
 20/01: Starts the Merc-cor 6c again as symptoms worsening again.
 25/01: Improvement again - less frequency, bleeding, urgency. A lot of flatus in evening (3) which is a new symptom.
 08/02: 3-5 x daily stool, formed, no bleeding, skin worse.
 15/02: Worse again this week. Remedy stopped.
 18/02: Symptoms are worse still, skin improved.

20/02/21
 Telephone consultation

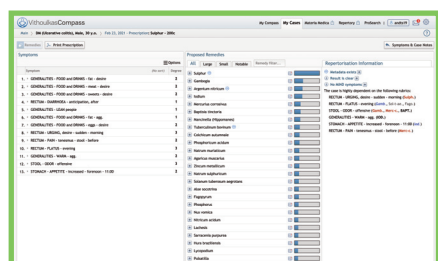
New symptoms:

- Has noticed 7am urge to stool - has to get out of bed for bowel motion.
- No more burning pain after stool.
- Thirsty for cold water +++
- Becomes very warm easily especially at night.
- Hunger at around 11am.

Stop remedy

Prescription: Merc cor 12c
 2 x daily.
 Great improvement in symptoms again.

Repertorisation 3:



Prescription: Sulphur 200c - split dose - am and pm 26/02/21
 28/02/21: Felt much better in myself since remedy. More energy. Can go for walks now. Appetite good. Less urgency in morning, no traces of blood.
 07/03: Good week - no bleeding.
 11/03: Much better - no symptoms. Drugs have been stopped.

LEVEL OF HEALTH DISCUSSION

According to the model of George Vithoukas (12 Levels of Health) in the upper groups of health we are protected from the appearance of chronic or degenerative diseases with the regular appearance of high fever with acute illness. This ability to have high fever directly correlates with the road to chronic health problems. A lack of history of high fever usually indicates a chronic level of health or the preparation for a chronic problem to appear.

In this case on enquiry the patient (29) does not remember ever having high fever, e.g. with influenza etc. However, he never bothers to take it if he is ill so it leaves us a bit in doubt. He did have a high fever a few years ago after a vaccine. Even with his acute enteritis infection in Mexico there was no fever he remembers. This shows an inactive or compromised immune system preparing for something serious. In point of fact on returning to the UK that is what happened once the infection had been suppressed with antibiotics and the immune system further compromised. The ulcerative colitis just started and has been plaguing this young man now for 6 years.

Therefore, his level of health is not good. We will expect further down the line for acutes with fever to appear which will be the only proof of this real return to health.

His aggravation appeared on the skin which was an excellent reaction. Sometimes in these cases, especially if they reduce medication too quickly, the bowel aggravation can be severe.

CASE DISCUSSION

Here we see a beautiful resolution of a chronic inflammatory ulcerated bowel condition via the *direction of cure*, i.e. from inside out, from more important organs (colon) to less important ones (skin). Bringing the inflammation to the surface to bring about cure. The internal condition is then relieved. According to Hahnemann our sole aim is to *restore health rapidly, gently, permanently: to remove and destroy the whole disease in the shortest, surest, least harmful way according to clearly comprehensible principles.* § 2, *The Organon of Medicine*

The case needed 3 remedies – arguably the first remedy was not effective. It shows that in serious pathology cases we often need a more specific ‘pathology-based’ remedy first if only to help reduce the medication and get a real picture. In this case we see once the disease was under control and healing a new and clear picture of a remedy emerged.

REMEDY DIFFERENTIAL

Merc cor has many of the symptoms of Merc sol (another great ulcerative colitis remedy in my experience). What is the difference?

According to experience the symptoms of Merc cor are more intense especially with burning pains before, during or after stool. Tremendous tenesmus. Also stool is more offensive and putrid. The tenesmus often is linked also to the bladder at the same time.

A remedy not to be forgotten also in severe cystitis with burning tenesmus. Also Merc cor has a sensation of ‘apprehension in the abdomen’ especially in lower abdomen.

In comparison to differentiate Merc sol has salivation at night (3) which Merc cor does not. Also sweats at night offensive and staining the linen – hard to wash out.(2) Merc sol has many more symptoms of the mouth and gums and teeth.

Please note the second Vithoukas Compass demonstration will now take place on Sunday, 30th May at 1400 hours BST when Andrew Ward will discuss **A case of Chronic Vertigo/Ménière's disease treated with Classical Homeopathy prescribing** and you can register to join this FREE event at <https://facultyofhomeopathy.org/events/>