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Five "Pearls" from Five Years in Practice
A homeopath shares what she's learned
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I have been in practice since graduating from naturopathic medical school in 1998. I practice homeopathy almost exclusively and estimate that in these five years, I've treated roughly 400 patients.

Patients typically come to see me with chronic complaints: migraines, chronic fatigue syndrome, thyroid dysfunction, depression, Crohn's disease, menstrual problems, infertility, multiple sclerosis, rheumatoid arthritis, polymyopathies, etc. Most of my patients are women. If I am able to help a female patient, she will often bring her children for treatment, too, and sometimes even her husband. I have seen many children with the triad of allergies, eczema, and asthma, and many more with warts.

Each year, my treatment results have gotten better. Lately, I've been pondering the question: What accounts for this improvement? That is, what do I know now that I did not know five years ago?

Of course, if you do anything for five years, you would expect to improve along the way; for example, I've become more familiar with the homeopathic materia medica and more skilled in patient management. But there are other major things I have learned. I have tried to distill them into five main points that, I believe, have really made a difference in my ability to make a good prescription. I share them in the hope that beginners in the field might be able to avoid some of the pitfalls I encountered.

1. Don't be intimidated by the name of the patient's disease.

I remember the case of a 74-year-old Greek gentleman who came to see me early in my practice, dragged in by his son. The son had to translate for us, as his father spoke little English. The father had heart disease with chest pain and shortness of breath. He had recently been put on many medications by his cardiologist, which in some ways had made him feel worse. He had a history of angina, coronary blockage, and fluctuating high blood pressure, and he wore a pacemaker.

After the first five minutes of the interview I thought, "Oh, no, what have I gotten myself into!" Heart disease was scary to me, the patient didn't want to be in my office, and we couldn't communicate in the same language! After about 30 minutes, however, I was smiling inside: the man might as well have walked into my office with a sticker on his forehead proclaiming, "I need Arsenicum album." He had immediately volunteered that he felt worse between 1:00 a.m. and 3:00 a.m. He was very restless during those hours and all his heart symptoms were worse. He was thirsty for small sips of water throughout the day. He was very meticulous. He craved lemons and pickled things. He was tired of living and just hung around the house, almost waiting to die. Arsenicum album encompasses these symptoms and just about every additional symptom he gave me. The man went on to do extremely well after a prescription of Arsenicum album, and I believe he is now traveling with his wife in Greece.

With this experience I relearned something that I so often explain to my new patients: we homeopaths don't treat the disease, we treat the patient. In fact, I have found that the sicker the patient is, the easier it can be to prescribe, as there are more symptoms to point you to the curative remedy.

Of course, in treating patients with more severe diseases, one has to consider the conventional prescription medications the patient may be taking. I never recommend that a patient discontinue this medication before starting homeopathic treatment. When a patient begins to do better with homeopathy and their symptoms subside, I encourage them to work with the doctor who prescribed the drugs to wean them off. In most cases, I have not found that conventional medications antidote or interfere greatly with a patient's ability to react to homeopathic remedies.

Patients with cancer may be the big exception to this advice about not being intimidated! It is usually difficult to treat

people with cancer because of the complexity of symptom interpretation. Because cancer is frequently a matter of life and death, it can be emotionally stressful for the practitioner, so it requires a particular temperament in addition to great skill in prescribing.

2. Remember that characteristic general symptoms are often most important in finding the remedy.

I believe that one of the hardest things for the beginning homeopath to understand is which symptoms from the case to emphasize in choosing a remedy. General symptoms (i.e., those that affect the whole person) are often the most helpful because they tend to be most characteristic of the person overall. Examples of general symptoms include: time aggravations, being warm or cold-blooded, food cravings, thirst, sleep habits, sweating, fears, emotional sensitivities, temperament, weather disturbances including sensitivity to the sun, etc. When such general symptoms are very strong or especially peculiar, they are usually reliable guides to the right remedy.

It's easy, however, to make the mistake of getting sidetracked in the details of the patient's chief complaint. I soon learned that what the patient emphasizes is often not the symptom that will help me find the remedy. Surprisingly, it may not even be a prominent feature of the remedy I choose to prescribe! This is because the specific symptoms of a person's chronic disease are often so typical of that disease (i.e., so commonly seen, and therefore non-individualizing), that they are of little use in determining the remedy.

Patients may find it difficult to understand why I want to hear more about their sweating during sleep (a general symptom) and less about how much worse their MS symptoms are in the heat (a common symptom of MS). Or why I care about whether they get a headache from being in the sun (a particular general symptom) when they only care to tell me how much their arthritis pain bothers them. Of course, if the specific modalities of their complaints are atypical of the disease and unique to how the patient is manifesting the symptoms, then they are very useful (e.g., red, inflamed, painful joints better from heat; one would expect them to feel better from ice!). My point is that while as a beginner I tended to look exclusively at the particulars of the chief complaint, my later experience taught me not to forget the characteristic general symptoms as they can be equally or more important.

I often spend three hours taking the case of an adult with a chronic disease. I find it takes this long to get a good picture of all the modalities of each individual complaint, plus all the general symptoms. Sometime after my first year of practice, I started to notice that the remedy the patient needed usually became clear to me only in the last hour of case-taking when I was exploring the general symptoms. For the most part, I found that if I could narrow down my remedy choices initially just using the strong or peculiar general symptoms, I could then make a good final selection by paying attention to the more specific modalities of the individual complaints.

Make sure to get answers to the questions "Since when?" and "How often?" for each symptom during case-taking. This will help highlight the symptoms that are most intense and therefore most characteristic of the patient (guiding symptoms), whether of a general nature or of a specific complaint. For example, if it's a symptom that the patient has had every day for 20 years, it is of greater value to you than if it has happened only a few times in the past month. But if you don't ask the questions, you will not be able to make this important distinction.

Finally, if you still have difficulty prescribing a remedy because the symptoms aren't clear or strong enough, it can be helpful to wait for an acute problem to emerge (e.g., bronchitis); the remedy for the acute problem can often guide you to the remedy the person needs chronically, as it may well be the same one.

3. If you think you've made a good prescription, stick with it.

One of my mistakes earlier in practice was not staying long enough with what turned out to be a well-chosen remedy. I would give a remedy and, if no clear or dramatic improvement resulted, I would prescribe a different remedy.

Now, if I'm not sure whether there was an aggravation or an improvement, or not sure whether an improvement was due to the homeopathic remedy or something else (e.g., a change in diet or life circumstances), I will repeat the first prescription until the results are conclusive. However, I will not repeat and wait indefinitely; if there is clearly no change,

I will reassess and prescribe a different remedy, no matter how sure I was of the initial remedy.

Not every patient has the classic strong aggravation followed by the clear improvement that we long to see. Some people react slowly with aggravations or improvements that can be difficult to interpret. Don't leave the chosen remedy until the result is clear to you.

One way to try to get clarity is by increasing the potency. If it is not the right remedy, people will be less sensitive to it at higher potencies. So, if the results of the first prescription at the 200C potency were inconclusive after a few doses, I might try a higher potency, 1M, which will often clarify things right away; if the patient experiences little or no reaction, I know it was not the right remedy. So, why don't I just start at a 1M and save myself the trouble? I find that it's difficult to predict at the outset how sensitive a person will be to a remedy, and I don't want to risk a major aggravation by starting too high.

The most difficult patients to treat, in my experience, are those who are sensitive to the "wrong" remedy. These patients will tell you during the first follow-up visit that there was an aggravation followed by some improvements. Maybe the results were not dramatic, but there was a clear reaction. You conclude that since there was a reaction, it is likely you are on the right track (because with most patients, the wrong remedy yields no reaction). So you give another dose of this remedy. Same result. This process may continue, but over time, the case doesn't seem to be going anywhere; yes, there is a reaction but no long-term or definite improvement. Some key symptoms might even be getting worse. So, the patient is sensitive to this remedy, but it's not the best remedy choice.

Unfortunately, you can lose a lot of time with highly sensitive patients like this; I have found that they are often sensitive to many remedies. It takes a number of repeats and moving up in potency to finally discover that the case is not going anywhere. This is not all bad if the improvements the patient gets are significant and lasting, even though only partial. Your next "close" prescription might accomplish additional improvements. This is known as the zigzag method, as opposed to what I like to call the bulls-eye. For sure, the bulls-eye approach is a lot more satisfying for everyone.

4. Understand the concept of dissimilar disease.

Understanding this formidable concept has helped me interpret results in my practice that were initially confusing to me. In some cases, for example, I would give a remedy and the patient's health would clearly improve over time—except for one particular complaint that would remain (e.g., joint pain or asthma or migraines). There was no doubt in my mind that she had received the "right" remedy because there had been a clear aggravation, followed by a clear improvement in her general state, her energy, etc. The patient's health would be getting better, but one outstanding complaint would seem to be untouched.

Sometimes this would even be the patient's chief complaint—the one thing she really wanted help with when she first came to see me. Perplexed, I would then prescribe a different remedy for the remaining complaint, and if I prescribed well, that complaint would improve. I would end up leaving the patient with instructions to repeat the first remedy if there was any relapse in her general state and repeat the second remedy if there was any relapse of just that one specific complaint.

The patient was getting well, but I was disappointed and confused. I had prescribed what seemed like the right remedy, but all the symptoms were not affected by it. Wasn't one remedy supposed to cover everything?

This, I later learned, is considered to be a case with dissimilar diseases, where the body actually has two disease states at the same time which are each affected by a different remedy. And, in fact, the best thing to do is exactly what I had stumbled upon: give the remedy needed at the time, for whichever condition was more prominent. Of course, this concept is easy to understand if, for example, the patient is taking Phosphorus for a chronic condition and then sprains an ankle and needs Rhus tox. You might have the patient take Rhus tox when the ankle hurts and Phosphorus for the chronic complaints. What I had not clearly understood, however, is that this phenomenon could exist with two chronic disease states. For more on dissimilar disease, refer to Hahnemann's *Organon*, paragraphs 35--42.

5. Have the guts to be a homeopathic purist.

This is difficult advice to follow in the beginning, especially when you're a naturopath with many tools for healing at your disposal. But I found I could easily complicate matters by having the patient make too many changes at once. Being unsure of my initial homeopathic prescription, I would suggest that the patient change his diet, add supplements, and start to exercise—all in the hope of a good first follow-up visit. My thinking was, "Well, even if the homeopathic remedy is not right, at least they will be better from something!" But when they came back and were better, I didn't know whether to credit the remedy or some other factor.

As I knew my best hope of truly helping them was with homeopathy, I was only hurting my own ability to figure out what was going on by proceeding in this way. I was making a difficult practice more difficult. So I decided to bite the bullet and prescribe only a homeopathic remedy at the outset. That's not to say that there isn't a place for a change in diet or exercise or supportive supplements. But now I proceed with these things sequentially, after I have confirmed that we are on the right track with the remedy, so that I can accurately gauge which improvements come from each tool I use.

I explain to patients at the beginning that with homeopathy they have the best chance to fully recover their health. However, it is not as easy as writing a prescription for their particular disease after a seven-minute visit. Since we are prescribing for an individual, and that individual is a complex being, it is not always easy to find the remedy, especially on the first shot. I explain that I will do my best, but it may take some patience and perseverance on their part. In this way, I set the expectations realistically so the patient is less likely to quit after an initial failed prescription with no improvements. I assure them that when I find the remedy for them it will be worth their wait.

Looking ahead

In closing, I must say that it has been a wonderful five years with much personal gratification. I hope that the next five years bring an equal degree of learning and resultant improvement in my ability to prescribe well for my patients. And I hope that these insights may bring some guidance to new practitioners in their quest for that sometimes-elusive *simillimum*.