

A Case of Pulmonary Sarcoidosis

by Sheryl Kipnis

Introduction

This is the case of a woman who was 28 years old when she first came to see me in September 1984. She was working as a waitress at the time. Over the years that I have treated her, she has quickly worked her way out of that and taken a clerical job in an office, gradually working her way up to administrative assistant. This gives you some idea of her capabilities and her drive. She has also gone back to college part-time with the intention of going on to graduate school and earning a masters in psychology.

Sarcoidosis is described as a multi system granulomatous disorder of unknown aetiology, presenting most frequently with bilateral lymphadenopathy, pulmonary infiltration, and skin or eye symptoms. Skin lesions frequently are present in patients with severe chronic sarcoidosis, though they can appear in mild forms of the disease as well.

Sarcoidosis most commonly affects young adults (20 to 40 years old), and in the USA it occurs more frequently among blacks than whites. The disease is known to 'spontaneously remit' in one third of cases (this occurs most often however if there is a syndrome of erythema nodosum and hilar adenopathy); another one third recover with minor residue; and the final one third follow a course of progressive disease.

There is approximately a 10 percent mortality rate from pulmonary fibrosis leading to pulmonary hypertension and cor pulmonale. Homeopathy becomes an especially valuable tool in treating sarcoidosis, because there is no satisfactory allopathic treatment for the disease, other than palliative measures. Steroids are commonly prescribed. Because of the degree of hilar adenopathy, along with

the skin lesions, the woman's case was considered fairly severe, and the likelihood of spontaneous remission not very great.

The case

J.C. female age 28, consultation 23/9/84 height 5'6", weight 140 lb.

Her style is 'punk'. She has very light bleached hair, very dark red lipstick, and she wears black a lot. She has what most people would describe as a 'punk look'.

Family Medical History: Mother – hypertension, arthritis; Father – alcoholic; Grandfather – diabetes mellitus; Niece – asthma.

Personal Medical History: 28 Years old – nasal septoplasty.

Chief Complaint: Pulmonary sarcoidosis with granulomatous skin lesions; migraines; genital herpes.

Was referred by another homeopath who had prescribed *Arsenicum album* 1M three times, *Natrum muriaticum* 1M and *Ignatia* 200c. She felt that the *Arsenicum* really helped with the headaches for a time, but had no effect on the respiratory or other symptoms. There was no obvious cause at the time of onset of the sarcoidosis, no particular stress or illness.

Sarcoidosis diagnosed one year ago by chest X-ray and skin biopsy. X-ray showed diffuse nodular infiltrate in both lung parenchyma, three to five millimetres, with hilar and paratracheal adenopathy. Has also had persistent bilateral painless anterior cervical lymphadenopathy, more prominent on the right. Has had no steroids or other allopathic medications.

Symptoms began almost two years ago, with chest discomfort that prevented her normal, one or two miles, of jogging, nasal obstruction that necessitated mouth breathing, on a continual basis, and the

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appearance of two hyperpigmented skin lesions, one on the left temple, the other over the left scapula.

After four months she sought medical advice for the nasal obstruction, which was mistakenly diagnosed as a deviated septum. A nasal septoplasty was performed, with no change in the obstructive symptoms.

Some months later she again went for evaluation of her symptoms, and the diagnosis of sarcoidosis was made. Pulmonary function tests showed a 40 percent loss of diffusing capacity and a 20 percent decrease in vital capacity. Her most recent X-ray (eight months ago) showed essentially the same picture as the original, with an increase in parenchymal infiltration and a slight decrease in hilar and paratracheal lymphadenopathy.

The symptoms have remained basically the same for the past year: low energy and chronic fatigue(3) – does not even wake up until she has slept 10 hours. Lacks motivation(3) to do anything once she is awake. Wants to go back to sleep after a couple of hours.

Great shortness of breath(3), loses her breath easily on exertion(3) and ascending(3). The chronic nasal obstruction is especially bad at night(3), lying on her back(2); cannot get enough air on falling asleep. Her breathing is so loud and laboured that she keeps housemates awake. Frequently has a red tongue with deep cracks in it(2) on waking, after mouth breathing most of the night.

Has been depressed(3) for months – a black feeling, everything is too much. Nothing excites her; there is no reason to do anything. Angry at herself(2) for being depressed. Lonely(2). Has no relationship or partner. Relationships are terrifying for her. "Love equals pain". She has been hurt too much.

Married for 5 years, 20 to 25 years old. A lot of pain from that relationship. Husband had violent temper, although he never physically abused her. She was afraid. Has had only two intimate relationships in her life. Feels alone, isolated, uncared for, fears being alone forever (all 2). Depression is worse before menses.

Migraine/cluster headaches since five years old. Intense unbearable pain(3), usually on the right side. In the past one to two years the pain is usually behind and above the right eye(3), like the eye would pop out(3), with some pain in the right temple. Goes without headaches for several weeks, then has several in a day or a week. They come on somewhat slowly, often preceded by a sharpening of visual images, some light headedness, and tension in her neck and shoulders. Feels the pain(2); aspirin does nothing.

Only Synalgos-DC has any effect on the headaches. Headaches < any cigarette smoke(3). She has smoked one pack per day for most of the last nine years, but when she has the headache she cannot smoke or be around smoke. Also worse loud noises(2), light(1). Headache > hot shower(2), dark quiet. Vomiting

would give relief in past; no vomiting now.

Describes self: Had a 'weird' childhood – alcoholic father who beats the kids, parents fought, put the kids down a lot. Still painful for her to think about it.

Not good at getting angry(2) – suppresses her feelings. Never yells or screams, but can be sarcastic or snappy.

A super achiever(3), always the best in the class, always feels a need to prove herself. Very important to be accepted by others. Never tells others about her problems; doesn't want to bore or burden them. Never tells people when she is sick(2). Very anxious about her health (2). Wants to have children, Feels her time is running out(2). Pushes herself, feels inside like she's on a time clock, must get certain things accomplished by a certain age.

Fastidious(3). Uncomfortable even with leaving dishes in the sink. Feels spiders(2) (was worse in past); being old and alone(2); small spaces(1). Used to be obsessed with the thought of a man breaking in and murdering her. Went for counselling because of it. Still has a fear of robbers breaking in(1).

Dislikes extremes of cold(1) or heat. Feet always cold. No problems with sun.

Desires chocolate(3), sweets(2), ice-cream(2), salt (1), spicy(1). Averse to brussels sprouts, cauliflower. Thirst average. Wants cold drinks(3) in summer, warm in winter. Digestion normal.

Sleeps on left side(2). Occasional salivation in past; none in last four or five years. gets sore throat if sleeps with window open(3).

Strong sex desire when in relationship, four to five times per week. No interest when depressed.

Menses regular, 26 to 28 days, four days duration. Twisting, cramping pain(2) and heavy flow(3) the first two days. Changes tampon every hour for most of this time. Cramps > bending double(1).

Genital herpes since three years ago. Outbreaks twice per month. Feels like a leper because of it(2). Usually < left vulva; mild burning; no itch.

Used lots of speed in high school.

Physical exam: Moderately decreased breath sounds, no adventitious sounds; anterior cervical adenopathy bilaterally, more prominent on right; hyperpigmented macule at crown of left shoulder three centimetres by one centimetre; faint shadow remains on forehead from previous biopsy.

Analysis of Pulmonary Sarcoidosis Case

The homœopath who first treated this woman was looking primarily at her life history, her description of herself, and her mental/emotional state – an essence prescription of sorts. She had a lot of anxiety about her health, a forsaken feeling, a fear of robbers, and she was fastidious; therefore, *Arsenicum album* was given.

She had a history of abuse and grief, was fearful of being hurt again in relationships, was a responsible person who pushed herself and was hard on herself,

so one would certainly consider giving *Natrum muriaticum*, as the previous homœopath did. However, neither of these remedies were very well ell confirmed, and ultimately did very little to help the patient. If one keeps in mind these various characteristics of the patient, but then looks at the specific symptoms of the case, another remedy begins to come to light.

The symptoms of her sarcoidosis: difficult respiration, worse from exertion and ascending; nasal obstruction at night; tongue cracked and red from mouth breathing.

These symptoms alone are not specific enough to allow us to prescribe. There are many remedies suggested, including *Arsenicum album*, *Calcarea carbonica*, *Lycopodium*, *Nitric acid*, *Nux vomica*, and others which can be seen on the graph 1A, (page 46).

If these symptoms are analyzed with the polycrest remedies removed, other remedies are suggested, including *Nitric acid* again, *Apis*, *Carbo vegetabilis*, *Argentum nitricum*, *Natrum arsenicosum*, and *Arsenicum iodatum*.

None of these remedies clearly stands out as one which would cover the other symptoms in the case.

The symptoms of her headaches: pain above the right eye, pain pressing outward, pain worse noise, light, and cigarette smoke (to the point where even she has to stop smoking!).

Belladonna is the primary remedy suggested by these symptoms, but it doesn't cover the rest of the case very well.

Again, if one looks at these symptoms with the polycrests removed, a number of other remedies are suggested, and again, they don't clearly cover the case.

If one were to prescribe on the severe depression from which she was suffering, one would probably give her *Aurum*, but again, this remedy doesn't fit the rest of the symptoms of the case. Given that the physical symptoms are so intense and so distinct, it would be difficult to ignore them.

One might try to prescribe on the case using the idea of totality, repertorizing all the symptoms of the specific complaints, along with the general symptoms and modalities of the case.

If this is done, the results are not terribly surprising! One finds a potpourri of some of the most well-known polycrest remedies, none of which are very satisfying for the case.

Once more, if the major polycrests are removed, the list of remedies is not any more satisfying.

There are many ways, ultimately, to arrive at a prescription: essence (I believe this is how the first prescriber was approaching the case); chief complaint (which was tried in analyses 1 and 2); a combination of essence and chief complaint; aetiology (in this case there doesn't appear to be one); keynote; lesion (one would probably give *Tuberculinum* in this case); miasm; and other approaches.

As I worked my way down the list, not finding a remedy with any of these methods which really satis-

fied, I came down to looking for something peculiar in the case.

For me the most outstanding peculiarity in the case was the headaches which were aggravated by cigarette smoke. This in itself would not be so unusual, perhaps, but to find this symptom so intensely in someone who smoked seemed quite unique to me. So I went to the repertory to see which remedies has this symptom. There I found the rubric, HEAD; pain, tobacco, smoking, from. There were 31 remedies in this rubric, but there was only one remedy which was bold, that being *Natrum arsenicosum*.

Natrum arsenicosum is a remedy with which I had no familiarity. I had never heard anyone talk about it. In all the teaching cases I had been exposed to, I had never seen a case of this remedy, ever. But there it was, standing out in bold face, and so I was compelled to explore a little further.

I opened Bæricke's *Materia Medica* to see if the remedy fit anything else in the case, other than this peculiar headache symptom. There wasn't much there, but under the Respiratory section, it said, "Miner's asthma, lungs feel as though smoke had been inhaled." It didn't really describe the symptoms this patients had from the sarcoidosis but there was enough of a suggestion to keep me looking further.

My next step was to look in Hering's *Guiding Symptoms*. There I finally found enough to give me the feeling of satisfaction that I had been looking for all along, the feeling that allows one to give a remedy with confidence, knowing that it must do something positive for the patient.

From Hering: "Head; severe sharp headache in forehead, above eyes, worse above right eye (*Natrum arsenicosum* is not listed in this repertory for this symptom), worse from tobacco smoke. Nose; constantly stopped up, worse at night... must breathe with mouth open at night. Respiratory; miner's asthma; lungs feel full; oppressed, sore in chest. Tongue; deep red, corrugated, anterior part fissured. Mind; nervous restlessness; as if something was impending; cannot concentrate the mind; dull, listless."

And so one finds in Hering as close to a perfect description of the patient as one may ever find when prescribing homœopathically! The patient was given one dose of *Natrum arsenicosum* 200c.

Six weeks after the remedy the patient was seen again. After an initial aggravation, she reported remarkable improvement in all of her symptoms. Here is the actual follow-up.

First follow-up of *Natrum arsenicosum*

November 5th 1984

Natrum arsenicosum 200c given September 23 1984

For two or three days after the remedy felt very befuddled, anxious, and had a bad headache. Two herpes outbreaks in the last three weeks. Much stress generally, especially over school. Struggling with maths class; has to pass in order to get into university.

	Ars.	Calc.	Lye.	Nit-oc.	Nur-u.	Merc.	Apis	Carb-u.	Puls.	Sulph.	Arg-n.	Nat-a.	Phos.
Total	14	12	12	12	9	10	9	7	7	7	6	6	8
Rubrics	5	5	5	5	5	4	4	4	4	4	4	4	3
1. Nose; OBSTRUCTION; night.	2	2	3	1	3						1	2	
2. Mouth; DISCOLORATION; Tongue; red	3	2	2	3	2	3	3	2		2	1	1	3
3. Mouth; CRACKED; Tongue fissured	3	2	2	3	1	2	2	2	1	2		2	3
4. Respiration; LOUD; sleep, in								1	3				
5. Respiration; DIFFICULT; ascending	3	3	2	3	1	3	2		1	1	2	1	
6. Respiration; DIFFICULT; exertion, after	3	3	3	2	2	2	2	2	2	2	2		2

Repertorization 1A: Respiratory Symptoms, All Remedies

	Nit-oc.	Apis	Carb-u.	Arg-n.	Nat-a.	Ars-l.	Ip.	Am-c.	Rur-m.	Camph.	Hyos.	Mag-m.	Nat-s.
Total	12	9	7	6	6	7	7	6	6	6	6	6	6
Rubrics	5	4	4	4	4	3	3	3	3	3	3	3	3
1. Nose; OBSTRUCTION; night.	1			1	2		1	3				2	
2. Mouth; DISCOLORATION; Tongue; red	3	3	2	1	1				2	2	2	2	2
3. Mouth; CRACKED; Tongue fissured	3	2	2		2	3				2	3	2	
4. Respiration; LOUD; sleep, in			1										
5. Respiration; DIFFICULT; ascending	3	2		2	1	2	3	2	2		1		2
6. Respiration; DIFFICULT; exertion, after	2	2	2	2		2	3	1	2	2			2

Repertorization 1B; Respiratory Symptoms, 15 Polycrests Removed

	Bell.	Gels.	Acon.	Chel.	Loch.	Ign.	Spig.	Ars.	Nat-a.	Glon.
Total	12	8	6	7	7	6	6	5	8	4
Rubrics	6	5	5	4	4	4	4	4	3	4
1. Head Pain; LOCALIZATION; Forehead, in; eyes, above; above right	2	2	1	3	1	2	2	1		1
2. Head Pain; LOCALIZATION; Forehead, in; eyes; behind	2	1	1	1	1					1
3. Head Pain; LOCALIZATION; Temples; right	1	2		2				1	2	
4. Head Pain; GENERAL; noise, from	3	1	1		2	1	2	2	3	
5. Head Pain; GENERAL; tobacco, smoking, from	2	2	1			2	1		3	1
6. Head Pain; PRESSING; outward	2		2	1	3	1	1	1		1

Repertorization 2A: Headache Symptoms, All Remedies

	Gels.	Acon.	Chel.	Ign.	Spig.	Nat-a.	Glon.	Bry.	Carb-an.
Total	8	6	7	6	6	8	4	5	4
Rubrics	5	5	4	4	4	3	4	3	3
1. Head Pain; LOCALIZATION; Forehead, in; eyes, above; above right	2	1	3	2	2		1	1	1
2. Head Pain; LOCALIZATION; Forehead, in; eyes; behind	1	1	1				1		
3. Head Pain; LOCALIZATION; Temples; right	2		2			2			
4. Head Pain; GENERAL; noise, from	1	1		1	2	3		2	1
5. Head Pain; GENERAL; tobacco, smoking, from	2	1		2	1	3	1		
6. Head Pain; PRESSING; outward		2	1	1	1		1	2	2

Repertorization 2B: Headache Symptoms, 15 Polycrests Removed

	Colic.	Supph.	Arg-n.	Phos.	Ars.	Nat-m.	Lyc.	Puls.	Loch.
Total	30	28	27	33	29	28	30	26	28
Rubrics	16	16	15	13	14	14	13	14	12
1. Respiration; DIFFICULT; exertion, after	3	2	2	2	3	3	3	2	3
2. Respiration; DIFFICULT; ascending	3	1	2		3	3	2	1	
3. Respiration; LOUD; sleep, in								3	
4. Mouth; CRACKED; Tongue fissured	2	2		3	3		2	1	2
5. Mouth; DISCOLORATION; Tongue; red	2	2	1	3	3	1	2		2
6. Nose; OBSTRUCTION; night.	2		1		2		3		
7. Head Pain; PRESSING; outward		1	1		1	3	1		3
8. Head Pain; GENERAL; tobacco, smoking, from	1					1		2	
9. Head Pain; LOCALIZATION; Forehead, in; eyes, above; above right			1		1	2	2		1
10. Generalities; WEAKNESS,	3	3	2	3	3	3	2	2	3
11. Generalities; COLD; heat and cold		2				1	2	1	2
12. Mind; ANXIETY; health, about	2	1	2	3	1		3	1	1
13. Mind; INDUSTRIOUS	1			1	1				2
14. Mind; FASTIDIOUS		1			2	2			
15. Mind; FEAR; narrow place, in	2	1	2			1	3	3	
16. Mind; FEAR; robbers, of		1	2	2	3	2			2
17. Mind; FORSAKEN feeling	1		2					3	2
18. Sleep; POSITION; side, on; left	1	2		2					
19. Sleep; UNREFRESHING	1	2	2	3	2	2	2	2	3
20. Stomach; DESIRES; highly seasoned food		3		3				1	
21. Stomach; DESIRES; ice cream	2		1	3				2	
22. Stomach; DESIRES; salty things	2	1	3	3		3			
23. Stomach; DESIRES; sweets	2	3	3	2	1	1	3	2	

Repertorization 3A: Totality of Case, All Remedies

After several weeks, finally stopped saying she couldn't do it and began applying herself.

Headaches generally better. Mild headache once every couple of weeks or so, with aspirin. In past, aspirin had no effect.

Energy low, but has motivation to do things. No longer in a black mood with no reason to do anything. Doesn't feel uncared for. No longer fears being alone forever. Still mistrustful of relationships because 'they can blow up so easily'. Sleeping better. Able to breathe normally through nose. No problem getting air in at night on lying down. Still short of breath on ascending – has to stop midway up a very steep incline to catch breath.

Chest pain-tight, sharp pain behind sternum(2), lasts about five minutes. No dyspnea associated with it. Comes very suddenly and frightens her (2). Has noticed it twice in the past month. Only occurs at work.

Last menstrual period "a gusher." Had to change tampon every 30 to 60 minutes. Lots of clots, which scared her. Mild cramps.

Still quite fastidious(3). Can allow things to be

messy, but it really bothers her.

Her biggest problem now is how she handles stress, internalizes a lot, a 'Type A person'.

Desires farinaceous food(1), chocolate(1), spicy (2).

Thirsty(2)

Further follow-up

The improvement in her sarcoidosis was clinically verified by chest X-ray and pulmonary function tests at nine weeks after the initial treatment. The X-ray showed her chest to have virtually no sign of sarcoidosis, and her lung function had increased to 90 percent.

Over the next seven months she continued to do very well. Her breathing remained completely normal. She was having occasional mild headaches, and rare migraines. Her mood was good and her energy was fair (she was working 80 hours per week, with very few days off).

During that seven months the remedy was repeated in the same potency after some dental work and after many complaints from the patient that the herpes

	Arg-n.	Nit-ac.	Chin.	Magn-m.	Ign.	Bry.	Carb-u.	Nat-c.	Uerat.	Acon.
Total	27	25	20	17	16	13	16	13	16	12
Rubrics	15	10	10	11	10	10	9	10	9	9
1. Respiration; DIFFICULT; exertion, after	2	2					2		2	
2. Respiration; DIFFICULT; ascending	2	3								
3. Respiration; LOUD; sleep, in					1		1			
4. Mouth; CRACKED; Tongue fissured		3	2	2		2	2		2	
5. Mouth; DISCOLORATION; Tongue; red	1	3		2		1	2		2	2
6. Nose; OBSTRUCTION; night.	1	1		2				2		
7. Head Pain; PRESSING; outward	1				1	2				2
8. Head Pain; GENERAL; tobacco, smoking, from					2					1
9. Head Pain; LOCALIZATION; Forehead, in; eyes, above; above right	1		2		2	1				1
10. Generalities; WEAKNESS,	2	3	3	1	2	1	2	2	3	2
11. Generalities; COLD; heat and cold				1				1		
12. Mind; ANXIETY; health, about	2	3		1	1	1		1		1
13. Mind; INDUSTRIOUS			1		2	1		1	1	
14. Mind; FASTIDIOUS										
15. Mind; FEAR; narrow place, in	2				2					1
16. Mind; FEAR; robbers, of	2			1	2			1	1	
17. Mind; FORSAKEN feeling	2		1	1			1	1	1	
18. Sleep; POSITION; side, on; left			1	1		1		1		1
19. Sleep; UNREFRESHING	2	3	2	3	1	1	1	1		1
20. Stomach; DESIRES; highly seasoned food			3							
21. Stomach; DESIRES; ice cream	1								1	
22. Stomach; DESIRES; salty things	3	2	2				3		3	
23. Stomach; DESIRES; sweets	3	2	3	2		2	2	2		

Repertorization 3B: Totality of Case, 15 Polycrests Removed

had continued to be a major and persistent problem. it was later given in a 1M potency, after which the herpes subsided and then erupted only sporadically.

She started a new relationship in July 1985, and did generally very well until April 1986 (one and one-half years after the original prescription), when she began having some bad headaches again. They were not to the same degree as the original migraines, but were quite severe and becoming more frequent.

Given that she had been having migraine headaches since she was five years old, it was unlikely that a single remedy would cure both the sarcoidosis (a relatively recent problem) and the headaches. The original remedy had an effect on the headaches, but the persistence (to a milder degree), of the symptoms suggested that another remedy would be needed.

A new layer and a new remedy

June 19 1986

Headaches have become worse again(2). Centred behind the right eye(2). Wakes with it in the morning. Occurs one or twice a week. <light(3), smoke(3),

noise(2). >hot bath or shower(2) pressing on eye(2).

Herpes very infrequent now. Last eruption about two months ago. Breathing is fine. No chest pains. She has also been free of colds or flu.

Mood pretty stable, but still very anxious about her relationship(2). Keeps expecting to get dumped. Struggling with self-esteem(2), jealousy(2), insecurity(2).

Suppressing her anger quite a bit(2) Does not confront those who upset her. Lots of anger and irritability that doesn't get expressed. Housemate got angry because she hadnt made him dinner (which isn't her responsibility), so she made it for him, then felt angry(2), but never said anything(2). Wants to scream and yell, but never does(2). 'It's too dangerous to express anger' (2). Past experiences with father and husband taught her this. Tries hard to be diplomatic.

Strong sex desire(2). Boyfriend calls her 'nymphomaniac'. They spend hours together in bed.

Sleeps only six hours per night. Struggles with insomnia(2), frequent waking(1), nightmares of trying to kill mother, being pursued, dogs killing her

(2). Sleeps on sides(2).

Vaginal yeast infections keep coming and going in the last few months – itching, burning, thick cheesy discharge.

Desires pasta(2), sweets(2), spicy(1).

Averse to meat(1).

Thirst average.

Chilly.

Had many styes as a child.

Two years on

Now almost two years after the original prescription, the patient has arrived at what appears to be the next layer. Although she mentioned her tendency to suppress her anger in the original case, it was brought out only on questioning by the homœopath. It wasn't an issue that begged recognition at the time. As the more recent symptoms in the case (sarcoidosis, depression) have resolved, the organism has worked its way back to an earlier time, and earlier level of pathology, hinted at in the original case.

One off the many challenges homœopaths face is that of being able to see clearly through the different layers of a case, and to prescribe accurately for the present time. There is always a temptation to take what appears to be the easy path, to prescribe a polycrest remedy based on a loosely-defined ideas of 'essence,' while ignoring the specific symptoms of the case. Sometimes those characteristics one calls 'essence' are reflections of an underlying nature, but not necessarily indicative of the remedy needed in the present time.

The patient was given *Staphysagria* 200c, one dose, on June 19 1986, based on the symptoms of suppressed anger, high sex drive, jealousy, insomnia, and nightmares of murder. It is interesting to note that *Staphysagria* also has headaches which are right-sided, frontal, temporal, above the right eye; and so one finds an overlapping symptom with *Natrum arsenicosum*. When a symptom is very distinct in a case, and it persists in spite of being a strong symptom of the remedy which has been prescribed, this can often be an indication that another remedy having that same symptom will probably be needed at a later date.

Staphysagria also has headaches which are worse from light and better from external pressure, as well as headaches on waking in the morning.

After the remedy she had two 'killer' headaches, like she used to have in high school, the worst she had had in years, with visual aura and vomiting. She had no other significant headaches until almost a year later. She joined a weight-loss clinic and lost 100 pounds (her pre-diet weight had gone up to 157 pounds from 140). She had no insomnia or nightmares, and no herpes.

She reported feeling a general dissatisfaction with her friendships, was re-evaluating them. she felt they only liked her if she was the way they wanted her to

be and she was tired of accommodating them while suppressing herself. The persistent vaginal infections discontinued after she stopped using the contraceptive sponge.

Six months later she had one herpes outbreak.

In August 1987 (nearly three years after the original prescription), she came in complaining of severe irritability and depression before her period, and picking fights with her lover.

A third layer and a third remedy

August 19 1987

Severe irritability and depression before her period (2). Picks fights with her lover.

Had a painful outbreak of herpes in July, after her period – the first in six or seven months. Also had two migraine headaches, both in July, with the same location and modalities as previously, though again to a lesser degree than previously. Has started needing to wear sunglasses. Her eyes are quite bothered by sunlight(2). She has also noticed that, although she likes the sun, it now gives her a dull headache.

Desires pasta(2), cheese(2), bread(2).

Natrum muriaticum has headaches above the right eye, better from external pressure, worse from tobacco smoke. It is one of the main remedies for irritability before the menses. It also has photophobia, headaches from the sun, and desires farinaceous foods. In addition to this, *Natrum muriaticum* is complementary to *Staphysagria*. Based on this information, the patient was given one dose of *Natrum muriaticum* 200c.

Note that *Natrum muriaticum* is one of the remedies prescribed by the referring homœopath. It had merely been given at the wrong time.

One of the most difficult challenges we face as homœopaths is to have patience. We need to evaluate carefully at each follow-up, pay close attention to small changes in symptoms and modalities. It is easy to forget about these details, but if we persist, we can see the next remedy to be prescribed, emerging over time.

Further Follow-up

December 1 1987

Had a couple of very bad headaches shortly after the remedy, and no problems with bad headaches since then; has a very occasional, very mild tension headache.

Has some premenstrual symptoms, but this is much better. She is much more rational around this time of the month.

No herpes since the end of August.

Sleep is good. Before the remedy she had been sleeping on her sides, mostly her right. Since the remedy she had been preferring her left side.

She has also noticed an increased desire for salty foods, pickles, potato chips.

She has a little worry over her relationship, but it

isn't a big problem. She's able to talk about her fears and work through them with her lover.

Mood has generally been good, and overall she feels she is doing well.

There are two items of note in this follow-up. Before the remedy she had been sleeping on her sides, mostly her right. Since the remedy she noticed a preference for her left side. She also noticed an increased desire for salty foods. Both of these changes are likely to be proving symptoms from the *Natrum muriaticum*, suggesting that the remedy is having a very deep action and that it should help the patient significantly for a very long time.

I last had contact with this patient in October 1988. The symptoms of the sarcoidosis never returned. She couldn't recall any herpes outbreaks, and had only recently started having some mild headaches again, after she began taking birth control pills. The headaches were never to the same degree of severity as they were before homœopathic treatment.

She has been happy and healthy, and she and her lover got married on Halloween. It was an orange and black wedding.

Summary

In summary, there are several points I would like to make about this case:

1. If the presenting pathology is a little unusual, it is very possible that the initial remedy needed will be a little unusual.
2. In many instances, the case which is covered by the small remedy will be like a thin layer, which when removed will reveal a more fundamental state in the patient, and this will often require a polycryst remedy.
3. If one sees elements of two or more common remedies (in this case *Arsenicum album* and *Natrum muriaticum*), but neither very clearly fits the case, one prescribing strategy would be to look at the salt of those two remedies (*Natrum arsenicosum*) to see if there is at least one strong symptom that belongs to that salt (headaches worse from tobacco). If so, that remedy can be prescribed with a certain amount of confidence.
4. The last point, and perhaps the most important, is one that I continually need to remind myself of. That is, to not prescribe by the 'thumb method.' If the case 'sort of' looks like a remedy that is familiar to me, but it doesn't really fit, it's probably because it is the wrong remedy. If I persist in studying, I will eventually find the remedy which is truly the similinum. I will feel that 'gut pleasing feeling' that my friend and colleague Louis Klein often refers to, and the patient will begin to heal in a very deep and significant way.

Question: Why did you assume that the case moved into *Natrum muriaticum*? Why not assume that we are

still dealing with *Natrum arsenicosum* symptoms, especially with the specific craving of the pickles in this case, which seem to look a little strange. I personally would perceive that we are still dealing with *Natrum arsenicosum* symptoms.

Answer: There is certainly that possibility. There are several overlapping symptoms between *Natrum arsenicosum* and *Natrum muriaticum*. However, at the time of the last prescription, the focus of the case was extreme irritability before the menses – a symptom for which *Natrum muriaticum* is one of the main remedies. Although I believe *Natrum arsenicosum* could have this symptom, it is not represented as such in the repertory or materia medica. My sense, therefore, was that there had been a shift in the case. The chief complaint, along with the other strong *Natrum* elements, made the case clear for *Natrum muriaticum*.

The point that I made earlier is that very often a small remedy covers an initial thin layer in the case. Once this is removed, a more fundamental remedy is often needed, and I had the sense that this was the situation in this case. The case had already moved to *Staphysagria*, and we were getting down to a more fundamental state in this patient, a state that for me very clearly fit *Natrum muriaticum*. If the *Natrum muriaticum* had not worked for her, I certainly would have considered going back to the *Natrum arsenicosum*. The follow-up clearly shows that *Natrum muriaticum* was the right prescription.

Question: In headache cases, *Belladonna* often comes out way ahead of other remedies, in terms of the headache symptoms. Do you usually ignore this and go to other smaller remedies that cover other symptoms, even if the headaches are the presenting complaint?

Answer: Absolutely not. I carefully consider *Belladonna*. I look into the rest of the case to see if there are good confirmatory symptoms for this remedy. I look at other remedies, searching for the remedy that best fits the case. I do not rule out *Belladonna* until there is a reason to rule it out. And I don't give it routinely to all headache cases, either.

Comment: I would like to share one experience that I have had with *Natrum arsenicosum*.

Answer: I would love to hear it.

Comment: This was a woman of the same age and family background as your patient. She was abused as a child. She also had headaches worse from tobacco smoke, which tended in her case to be at the root of her nose. There was a similar emotional quality about her. I would describe her as tense, especially in her shoulders. There was a family history of fibrodysplasia, a condition affecting the arterial circulation. Her mother died of hypertension, kidney failure. My patient was herself developing hypertension at the age of 37, along with these headaches and PMS symptoms.

Answer: So she had this quality of fibrosis as well.

Comment: Yes, there was this quality, and it was pre-

sented in the family history. I will go back to the case and send you a copy.

Answer: I would very much like to see it. Has anyone else had experience with this remedy?

Comment: I had a patient, a 60-year-old man, a retired chiropractor who came in with renal failure. This had happened after a surgical procedure. He developed a chronic obstruction, which he attributed to the urologist leaving a sponge in place. But the urologist's notes indicated that the man's chronic prostatic hypertrophy led to the renal failure, with a creatinine as high as 12.

At the time he came to see me, the pathologist was trying to get him to go on dialysis, but he wanted to try something else. The man was depressed and confused. I offered my hand to shake his hand, and he didn't know what to do with it. He had some nasal obstruction, but the strongest aspect was the depression and apathy, combined with some very strong *Arsenicum* symptoms. But neither *Natrum muriaticum* or *Arsenicum* really fit the case.

So I gave him *Natrum arsenicosum*, 12c daily, because he was taking some other medications. I saw him back in my office in two weeks, and I was 'terrified' because of how much better he was. The man was laughing, joking, acting normally, talking about

bringing his wife in to see me. The last time I saw him, his creatinine was down to around four, and he was doing very well.

Answer: Yes, it seems that perhaps the *Arsenicum* element is stronger than the *Natrum* element, with the restlessness, the anxiety, the depression, and the type of pathology.

Comment: Well, actually, I think it is balanced between the two.

Comment: I had a *Natrum arsenicosum* case, similar to the first one just mentioned, in that the patient had headaches that were at the root of the nose. Also, she had been emotionally hurt much like your patient, and the case had strong elements of *Staphysagria*. There was a lot of suppression – the ex-husband had dominated her. She had a great anxiety about health, but she wasn't particularly restless. She had had a grief from a divorce. So it is quite similar. Also, she had the symptom of headaches from reading, which is considered to be one of the main keynote for *Natrum arsenicosum*.

Answer: Perhaps we can begin to flesh out more clearly the mental and emotional qualities of the *Natrum arsenicosum* patient, by bringing these cases together. Thank you all very much for sharing your clinical experiences. ☐

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