

# American Journal of Homeopathic Medicine

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March 2016 e-issue



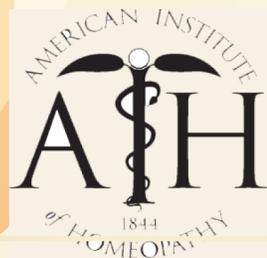
**President's Message**

**Editorial Letter**

**Nephritic Syndrome in a Child  
with Wilms Tumor**

**Acute Thyrotoxicosis/Graves'  
Disease in a Type 1 Diabetic**

**Obituary: Dr. Bruce Shelton**





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# American Journal of Homeopathic Medicine

*Table of Contents*

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Volume 109 Number 1

March 2016 e-issue

President's Message <i>Ron Whitmont, MD</i>	4
Editorial <i>Susanne Saltzman, MD</i>	5
Nephritic Syndrome in a Child with Wilms Tumor: A Homeopathic Case Report <i>Ron Whitmont, MD</i>	8
Acute Thyrotoxicosis/Graves' Disease in a Type 1 Diabetic: A Homeopathic Case Report <i>Susanne Saltzman, MD</i>	12
Obituary: Dr. Bruce Shelton	16
Requirements for Submission of Manuscripts	17

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See Requirements for Submission of Manuscripts (at end of journal).



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# A.I.H. News

Welcome to the first electronic edition of the American Journal of Homeopathic Medicine. This e-journal will be published on a monthly basis providing interesting cases and news of importance to the homeopathic community.

I would like to welcome Susanne Saltzman, MD, as our new Editor, and I am excited about the various changes she will be making to our journal—see her editorial (next page).

On the eve of the AIH Annual Spring Conference titled “Cured Cases Through Predictive Homeopathy” which will take place on April 1-3, 2016, in Tempe Arizona, I would like to remind everyone to register for this exciting event.

Even if you can't come to Arizona to spend a marvelous three-day weekend basking in the springtime sun, relaxing with your peers and sipping cactus coolers on the veranda, you may still want to register so that you can watch the conference from the comfort of your own home!

New York Medical College will be providing up to 18 *Category 1 AMA CME credits*<sup>TM</sup> for those who either attend live or watch via webinar.

The event will be broadcast live via Fuze, but your Mac OS must be version 10.8.5 or higher, or you must be running Windows 7 or higher.

This year's Predictive Homeopathy seminar promises to be a special event since both father and son (Pravall and Ambrish Vijayakar) will be present to teach. This is an opportunity to learn from the Masters of Predictive Homeopathy!

There is no penalty for taking the seminar via Fuze, since the cost is exactly the same.

The conference will also be recorded for purchase and viewing at a later date, if you simply don't have the time now, **but CME credits will not be available for future viewers.**

For more information on this event, see:  
[homeopathyusa.org/education/conference.html](http://homeopathyusa.org/education/conference.html)

### AIH Annual Membership Meeting

The AIH Annual Membership Meeting will take place on Friday evening April 1, 2016, in Tempe Arizona. All AIH members are invited to attend from 7-9pm. A free dinner will be served. All AIH members welcome!

### See the Dessert Sights of Arizona

As a special treat to attendees of the AIH Annual Conference, members will have the option of touring the Dessert Botanical Gardens (DBG) located in nearby Phoenix. The DBG is a World-Renowned Natural Sanctuary

and Museum of the Dessert. For further information on this amazing site, see their website: <https://www.dbg.org>. A small fee will cover transportation, entrance fee and a guided tour of the DBG.

### Upcoming Webinar

Due to the AIH Annual Conference there will not be a Webinar in April 2016, but we will resume Webinars in May 2016 beginning with:

- 7:00 pm, Thursday May 5: **Christina Chambreau, DVM.** “Keys to Treating Patients' Pets in Your Practice”

Please mark your calendars. As an AIH Member, there is *no need* to register in advance (as long as the AIH already has your correct email address) since you will automatically receive an invitation during the week prior to the webinar. Simply click on the “link” *on the day and time* of the webinar and you will be connected.

### Future Webinars (mark your calendars!)

- June 2, 2016: **Lauren Fox, FNP, CCH:** “Homeopaths Without Borders”
- September 1, 2016: **Roger Morrison, MD:** “Case Analysis”  
“In this talk we will see and analyze a simple case. Using perspectives from traditional sources (careful repertorization and materia medica) as well as the Sensation method, we see how both methods inform and enhance each other. In the remaining time we will use the curative remedy as a springboard to do some differential diagnosis of other remedies in the same family. It should be fun! See you then.”
- December 1, 2016- **Iris Bell, MD-** Topic TBA

### Past Webinars

If you missed any of the past webinars, you can still view them on the AIH Website by clicking on the “Member Log in” tab at the top of the page. Once inside the Members Only section you may simply click on past webinars listed in the left margin. All past webinars are FREE to AIH members.

Other viewable items include past issues of *AJHM* as well as other legal documents.

I hope this month's Newsletter and attached suggestions were helpful. I look forward to seeing ALL of YOU in Tempe, Arizona in April 2016!

Wishing you, your families and your patients a Happy, Healthy March 2016!

Respectfully Submitted,  
Ronald D. Whitmont, MD  
President, AIH



## Welcoming Change

Welcome to our new monthly e-journal, a trial format with an annual print edition. As the new Editor, I am excited about some of the changes we will be making to the journal. One of my goals is to reach a wider audience, one that includes some of our allopathic colleagues (who have been referring patients to us through the years), as well as beginning practitioners and satisfied patients; for this reason I would like to make the journal more educational yet continue to inspire beginners and experienced practitioners alike with our myriad of cured cases!

After experiencing the Vijayakar's Predictive Homeopathy course, I was impressed with their almost encyclopedic knowledge of repertory and materia medica—a result of their exceptional homeopathic education. It got me thinking about ways we can use the journal to educate practitioners, “hone our skills,” and provide a way for those more experienced among us to share our knowledge and clinical pearls. In addition, members of the board of the American Institute of Homeopathy are interested in creating a course in Homeopathy for physicians (and other health care professionals), and I was hoping that the journal could serve as a “stepping stone” for that endeavor.

Therefore, I would like to create some new columns for the journal. They will include *Lessons from The Organon*, *Repertory Exercises*, *Mastering Materia Medica*, *The Science of Homeopathic Medicine* (including summaries of randomized controlled trials, meta-analyses and new information on homeopathy as nanomedicine), the *History of Homeopathy* (which will include a number of sources including excerpts from Harris Coulter's *The Divided Legacy—Science and Ethics in American Medicine 1800-1914*), *Obstacles to Cure* (information on environmental toxins, vaccines, nutritional deficiencies, pharmaceutical side effects and other iatrogenic causes of disease), and finally *Politics and Public Relations* (current events such as the FDA and FTC hearings on the regulation of OTC homeopathic products). In an effort to encourage consistent submissions, I prefer brief “snippets” of information, say 300-500 words in length. If any of you have an interest in or passion for one of these topics, please email me at [susannesaltzman@aol.com](mailto:susannesaltzman@aol.com).

Second, in an effort to elevate the status of our journal, I would like future submissions of cases to follow CARE (CAse REport) guidelines, co-authored by David Riley, MD (one of our AIH members). These guidelines were implemented by medical journals to provide a framework

that supports transparency and accuracy in the publication of case reports. Interventions and outcomes can be compared across therapeutic interventions and inform clinical practice guidelines, ultimately improving patient care.

When I first received the guidelines, I was concerned that they would be too burdensome for case writers and could hamper submissions. However once I completed a case using the guidelines, I found the process surprisingly helpful. It helped me to focus and organize my thoughts about the case and showed me the places where my clinical exam and/or data may have been lacking or weak. I believe adhering to these guidelines will help make us better physicians. In this first issue, we have published two case reports written according to CARE guidelines (though slightly customized for homeopathic cases) that can serve as examples for case writers. Here is the link to the website: [www.care-statement.org/index.html](http://www.care-statement.org/index.html). I have also printed a CARE checklist in this issue for your convenience at the end of this letter.

Because these guidelines are being used in an increasing number of conventional as well as alternative/integrative journals, I believe they provide us the opportunity to inform other practitioners of the effectiveness of homeopathic medicine. Who else but homeopathic practitioners are experts at this uniquely empirical art and science of healing, a phenomenological science where a patient's subjective experience (and our clinical observations) are so crucial to their treatment? Case reports and over two-hundred years of clinical experience are where our strengths as homeopathic physicians lie, not in randomized controlled clinical trials (though we have those too!). To quote from Dr. Larry Malerba in *Judging Homeopathic Evidence in the Court of Medical Opinion* (AJHM Autumn 2015) “...it is my belief that we as homeopaths are particularly qualified to lead a revolution in medicine, a revolution that should turn the evidentiary pyramid on its head. In my opinion, solid case studies trump the statistical abstractions of anonymous research any day—at least in terms of their value to my homeopathic practice and to my patients.”

Third, I would also like to encourage all of you to submit your “bread and butter” cases—any cured homeopathic case that alleviates a patient's suffering, no matter how common the remedy is worth submitting. Although smaller, lesser known remedies are always welcome and help expand our knowledge of materia medica, many of our chronic cases will still be cured with the polychrests.

This was indeed confirmed at the Vijayakar conference where videos of cases of the most advanced pathology were cured with some of our best known remedies. These are the remedies that have stood the test of time, yet each of us will experience different facets of the remedies that we can share through our case reports. In this way, through our collective experience, we will continue to update and modernize our materia medicas for future generations of homeopathic practitioners.

Finally, I would like to call upon all of you to submit your cured cases. How will we help transform medicine if we don't publish our results? We should be publishing

our cases regularly and consistently so that the journal can serve as an inspiration to all who read it. The American Institute of Homeopathy is the oldest national physician's organization in the U.S. This journal serves as its voice—the collective voice of homeopathic physicians who, since 1790, have had the courage, intuition and foresight to “think outside the box.” Let's honor homeopathy and each other by being active, committed and passionate participants!

Susanne Saltzman, MD  
 Editor, *AJHM* 



### CARE Checklist (2015) — Information to consider when writing a case report

<b>Title</b>	<b>1</b>	The words “case report” should be in the title along with the area of focus
<b>Key Words</b>	<b>2</b>	3 to 6 key words that identify areas covered in this case report
<b>Abstract (short)</b>	<b>3a</b>	Background - What does this case report add to the medical literature?
	<b>3b</b>	Case summary (1 paragraph) - chief complaint, diagnoses, interventions, and outcomes
	<b>3c</b>	Conclusion - What are the main “take-away” lessons from this case?
<b>Introduction</b>	<b>4</b>	1-2 paragraphs summarizing how this case report might inform healthcare delivery (with references)
<b>Timeline</b>	<b>5</b>	Relevant information from this case report organized into a timeline (table or figure)
<b>Patient Information</b>	<b>6a</b>	De-identified demographic and other patient specific information
	<b>6b</b>	Chief complaint (what prompted this patient visit)
	<b>6c</b>	Relevant past medical and psychosocial history (include environment, lifestyle and genetic information)
	<b>6d</b>	Relevant past interventions and outcomes
<b>Physical Exam</b>	<b>7</b>	Relevant physical examination findings
<b>Diagnostic Assessment</b>	<b>8a</b>	Diagnostic evaluations (such as laboratory testing, imaging, surveys)
	<b>8b</b>	Diagnoses (consider tables/figures linking assessment with diagnoses and interventions)
	<b>8c</b>	Diagnostic reasoning including other diagnoses considered and diagnostic challenges
	<b>8d</b>	Prognostic characteristics (such as staging in oncology) where applicable
<b>Interventions</b>	<b>9a</b>	Types of intervention (such as pharmacologic, surgical, preventive, self-care)
	<b>9b</b>	Administration of intervention (such as dosage, strength, duration)
	<b>9c</b>	Changes in intervention (with rationale)
	<b>9d</b>	Other concurrent interventions
<b>Follow-up and Outcomes</b>	<b>10a</b>	Clinician and patient-assessed outcomes (when appropriate)
	<b>10b</b>	Important follow-up diagnostic evaluations
	<b>10c</b>	Assessment of intervention adherence and tolerability
	<b>10d</b>	Adverse and unanticipated events
<b>Discussion</b>	<b>11a</b>	Strengths and limitations in your approach to this case (with references)
	<b>11b</b>	Conclusions and their rationale (including possible causes for outcomes)
	<b>11c</b>	Primary “take-away” lesson from this case report
<b>Patient Perspective</b>	<b>12</b>	When appropriate include the patient's perspective on their care in this episode of care
<b>Informed Consent</b>	<b>13</b>	Patient informed consent may be required by your institution or a medical journal

# CURED CASES THROUGH PREDICTIVE HOMEOPATHY

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Ron Dushkin, MD



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Nicholas Nossaman, MD, DHt

“I have personally found the Predictive Homeopathy seminars to be extremely helpful in refining my own practice skills. . . Having the opportunity to learn from such gifted masters of homeopathy, in the company of one’s peers is a truly unique and special blessing.”

Ron Whitmont, MD, President, AIH

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# Nephritic Syndrome in a Child with Wilms Tumor A Homeopathic Medicine Case Report

Ron Whitmont, MD

**Abstract:** A three-year-old female child, status post-nephrectomy, radiation and chemotherapy for stage 3 Wilms tumor developed nephritic syndrome in her remaining kidney. She was treated with homeopathic medicine in lieu of conventional treatment. The case was repertorized using principles of Predictive Homeopathy (PH) and the homeopathic medicine *Staphysagria* was administered on the basis of a singular Syphilitic Entry Point (SEP). The patient responded rapidly to the treatment and the condition completely resolved.

**Keywords:** Predictive Homeopathy, Wilms' tumor, Nephritic Syndrome, *Staphysagria*

*The following case report is formatted according to CARE guidelines. (1)*

## Introduction

Nephritic syndrome or glomerulonephritis is a glomerular disorder characterized by edema, high blood pressure, and the presence of red blood cells and protein in the urine. It can be caused by infections, an inherited genetic disorder, autoimmune disorders and/or side effects from pharmaceuticals. Conventional medical treatment consists of antihypertensive therapy, anti-inflammatory medications, a reduced potassium diet and physical rest. A case of Nephritic Syndrome was treated following unilateral nephrectomy, radiation and chemotherapy for Stage 3 Wilms Tumor in a three-year-old girl. Due to the seriousness of her daughter's already weakened state, the patient's mother declined conventional therapies and sought homeopathic treatment instead.

## Patient Information

This is a case of Debbie (not her real name), who developed sudden onset of gross hematuria at the age of two. (Her health status prior to July 2014 was unremarkable). After a lengthy work-up involving an ultrasound, CT scan, PET scan and biopsy of her left kidney, she was diagnosed with a Stage 3 Wilms Tumor. The tumor originated in the left kidney, extended to the inferior vena cava (IVC) and directly into the right atrium of the heart. The tumor filled two-thirds of the right atrium. Shortly after her biopsy Debbie became septic.

A left nephrectomy, adrenalectomy, lymph node dissection, and dissection of the IVC and right atrium were performed in October 2014. Forty-eight hours postoperatively, she developed a blood clot in the IVC along the site of previous tumor attachment. Debbie was placed on anticoagulants and steroids and she remained in the pediatric intensive

care unit for two weeks postoperatively.

In addition to surgical removal of the tumor, Debbie received a chemotherapeutic "DD4a protocol" consisting of vincristine, doxorubicin and dactinomycin in addition to cyclophosphamide and etoposide. This regimen was followed by nine days of three-dimensional conformal radiation therapy. Chemotherapy was completed in January 2015. Prophylactic weekly antibiotics with sulfamethoxazole and trimethoprim were continued for a total of nine months and eventually discontinued in July 2015.

In March 2015, Debbie developed stomach and "bottom" pain. Work-up revealed normal laboratory findings with the exception of microscopic hematuria and microalbuminuria. The consulting nephrologist recommended treatment with long-term antihypertensive therapy, but the treatment was never initiated. Instead the mother called my office to schedule a homeopathic consultation. Debbie's mom told me: "I would like to do everything I can to improve her kidney function and avoid going on these harsh meds."

Review of systems revealed a "sweet and loving" child with occasional "acting out" and a few tantrums where she strikes others. She occasionally holds her urine for unknown reasons and sometimes complains of seeing "bugs" in her room. Since her surgery she occasionally sees a play therapist to help her adjust to the trauma.

She has an intermittent cough, occasional upper back pain, and normal bowel movements. Her sleep is generally good with occasional nightmares.

Patient was on no medications at the time of homeopathic treatment and her supplements included vitamins A, D, a B complex and probiotics.

## Past History

Normal development and milestones.

## Psychosocial History

Debbie's parents are in the midst of "relationship problems". Her father is unemployed and her mother is a former intravenous drug user. She denied using drugs during Debbie's pregnancy. Her parents may be "ending their relationship soon" partly due to their significant financial stress complicated by Deb's medical needs.

Debbie eats well and has a good appetite. She loves eggs, pasta, cheese, salt and especially craves sweets. She also like fruits, vegetables, carrots, and edamame.

Mother describes Debbie as "happy" and not fearful. She loves being naked and she likes and asks for cold baths. She is thirsty and prefers juice.

## Strange, Rare & Peculiar

Debbie always wants to be happy and she likes to please others. During treatments, she would "thank" her mom "through the tears."

Timeline of patient medical history, diagnoses and treatment received	
Dates	
July 2014	First appearance of gross hematuria
October 2014	Surgery, initiation of radiation and chemotherapy
January 2015	Chemotherapy completed
June 2015	Nephritic Syndrome diagnosed
July 2015	Prophylactic antibiotics discontinued
August 2015	Homeopathic treatment initiated
September 2015	Nephritic Syndrome resolved
November 2015	Last follow up

## Diagnostic Assessment

Laboratory studies on June 20, 2015, indicate abnormal urinary microalbumin levels of 35.5 (normal less than 1.2). Follow-up studies on September 16, 2015 (after homeopathic treatment), reveal urinary microalbumin levels less than 1.2. (See reports).

## Homeopathic Assessment

The widespread malignant growth of the cancer which involved destruction of her kidney as well as the consequent development of Nephritic Syndrome suggested that this was a syco-syphilitic case. In light of this child's history of severe pathology followed by invasive surgery, radiation and chemotherapy, she was astonishingly resilient. I was also struck by the oddity of her emotional reaction during treatment; her need to smile, laugh, and reassure (thank) her mother through tears of excruciating pain. The patient's mother confirmed that Debbie was always reassuring others

and concerned about making other people feel better.

During my training in Predictive Homeopathy, Dr. Prafull Vijayakar emphasized that "*strange, rare and peculiar*" mental symptoms can sometimes be useful in understanding deeper layers of miasmatic influence in a patient. Syphilitic behaviors can be interpreted symbolically as correlating with the physical destruction in a syphilitic case. The Predictive Homeopathy methodology emphasizes the practical utility of selecting symptoms as "entry points" in cases of extreme pathology. These corresponding rubrics are called Syphilitic Entry Points.

The Syphilitic Entry Point (SEP) is one method of addressing the deepest mental representation of physical pathology in a case. By choosing a syphilitic symptom (rather than a sycotic or psoric one), it is possible to select a homeopathic medicine capable of addressing the most serious and destructive elements of a case.

## Rubrics

- 1) MIND; Cheerfulness, gaiety, happiness; tendency; sadness; with (9)
- 2) MIND; Please, others, desire to (8)
- 3) MIND; Desires to be naked (20)
- 4) FOOD; Thirst, general (358)
- 5) GENERALITIES; Desires or ameliorated by cold bath (48)

	Staph.	Hyos.	Stram.	Puls.	Bell.	Coff.	Nux-v.	Zinc.	Graph.	Petr.	Bar-c.	Carc.	Thu.
<b>Total Rubrics</b>	6	9	8	7	7	4	3	2	2	2	3	3	3
<b>Kingdoms</b>	3	3	3	4	3	2	2	2	2	2	2	2	2
CHEERFULNESS, gaiety, happiness; ... (9)	6	9	8	7	7	4	3	2	2	2	3	3	3
M: Mind; PLEASE, others, desire to (8)	3	3	3	4	3	2	2	2	2	2	2	2	2
desires to be naked (20)	3	3	3	4	3	2	2	2	2	2	2	2	2
F; Food; THIRST, general (358)	3	3	3	4	3	2	2	2	2	2	2	2	2
Desires or amel by cold bath (48)	3	3	3	4	3	2	2	2	2	2	2	2	2

(From Murphy's III Repertory, *MacRepertory*®)

I considered the first two rubrics to be the most important symptoms describing Debbie's odd, characteristic or "*strange, rare and peculiar*" behavior. The only medicine to appear in both these rubrics was *Staphysagria*.

I considered both *Hyoscyamus* and *Stramonium*, but believed that *Pulsatilla* was the strongest second choice, particularly once I tried combining the first two rubrics into one, and then using the physical modalities to balance the analysis. However, I did not believe that Debbie was a *Pulsatilla* child, primarily because she did not crave open air (nor was she ameliorated by it) and she did not crave support from others (a strong characteristic of *Pulsatilla* emphasized by the Vijayakars). On the contrary, Debbie wanted to provide support *for others*.

*Staphysagria* is a well-known homeopathic medicine, useful in cases of major abdominal surgery and trauma, but it is also found in the repertory under: KIDNEYS; Inflammation, nephritis.

Children needing *Staphysagria* can be be moody,

petulant, and cranky. They may throw tantrums and can be afraid of being yelled at, punished, abandoned and hurt. They fear being unlovable and not being good enough. They can be overly nice, timid, passive, and have a pathological desire to please others. (2)

People needing *Staphysagria* have ailments from suppressed emotions, especially anger. They tend to be yielding and mild, avoid quarrels and confrontation, and they don't want to cause trouble. They often "accept authority to an extreme degree." (3)

The Vijayakars taught that one of the basic sensitivities of people needing *Staphysagria* is an over concern with what others think of them. They try to please others and project a good image of themselves in order to avoid others' displeasure. They tend to be "good" boys and girls.

*Staphysagria* is predominantly chilly and hungry. Debbie was hungry, but she was also hot (her preference for nakedness and cold baths).

I selected *Staphysagria* as a first choice because of these mental characteristics as well as its importance in cases involving surgical interventions. Ideally, I would have preferred to see more of Debbie's modalities (such as thermals) match with the remedy before prescribing it, but I trusted that *Staphysagria* was still a good fit for her.

### Therapeutic Intervention

I administered *Staphysagria* 200C, one single dry dose by mouth followed by one placebo pellet daily. The Vijayakar's have recommended using placebo in this manner after the verum medicine is administered, and I find that it does not interfere with the case.

### Follow-Up and Outcomes

On August 25, 2015 (eleven days post remedy), the mother reported that she was "doing good (sic), in fact great for the most part." Her behavior was "amazing in preschool," though she still had tantrums at home.

She had only complained of pain in her legs, stomach and "bottom area" once or twice compared to constant pains in the past. She still had some nightmares and one single night terror. Her most difficult time was bedtime because she didn't want to be alone. She went into her parents' bed at three a.m.

Mother stated she still frequently held her urine, but that Debbie was more emotionally stable both at home and at school, and her energy had improved as well.

I decided to continue the placebo on a daily basis and her follow-up after a urinalysis on September 19, 2015 (six weeks post remedy) showed complete resolution of the microalbuminuria (< 1.2) with microscopic hematuria of 3-5 RBC's. Debbie's mom was "thrilled." Her most recent renal ultrasound of the right kidney was reported as "normal" (as was the prior study), but it did show a small "fold" of tissue in the bladder, which the radiologist described as an "artifact." Both her nephrologist and oncologist recommended no further treatment except

routine follow-up.

I had her continue daily placebo and the follow-up on November 17, 2015 (ten weeks post remedy) reported by Debbie's grandmother was that she was doing well. This was in spite of the fact that her parents had separated, and her mother began abusing intravenous drugs again. Due to time constraints, the report was brief, and no further treatment was recommended. Placebo was continued and a formal follow-up was strongly recommended.

### Assessment

Nephritis resolved.

Behavior improved.

Urinary reticence and bladder issues remained.

### Discussion

Nephritic Syndrome in the remaining kidney of a three-year-old child status post-nephrectomy, chemotherapy and radiotherapy for a stage 3 Wilms tumor is a potentially serious condition compounded by the risks of anti-hypertensive and anti-inflammatory medications. Homeopathic medicine is an extremely safe and potentially effective treatment for glomerulonephritis. These medicines contain nanodoses of natural substances that assist in rebalancing the patient's immune system. The remedy is selected based on the totality of a patient's mental, emotional and physical characteristics so that two children with glomerulonephritis may receive two completely different homeopathic remedies.

In the case of Debbie, she responded rapidly to the most well-indicated remedy and her nephritis completely resolved. However, although only four months elapsed between initial treatment and her last follow-up, there is still adequate information to draw several conclusions. First, I would not consider this case completely resolved from a homeopathic perspective, but merely improved. Debbie's remaining urinary symptoms, as well as her nightmares, are a good indication that she is still suffering from significant emotional trauma. Although her grandmother has temporarily stepped in to help take care of Debbie, the stress of her parents' break-up as well as her mother's addiction will undoubtedly pose serious challenges in this child's life. Further follow-up and treatment have been strongly encouraged, but I am doubtful that this will take place due to the child's unstable home environment.

Second, one of my main goals going forward in this case would be to help Debbie manage some of the damaging effects from chemotherapy and radiation therapy. I suspect that some time in the future, she may benefit from the administration of a *bowel nosode*, which might help both her microbiome and immune system achieve a fuller recovery.

In the analysis of this case, I found that the methodology of using the Syphilitic Entry Point (SEP) taught in Predictive Homeopathy seminars was extremely effective.

## Informed Consent

The patient's parent provided consent to publish this case report.

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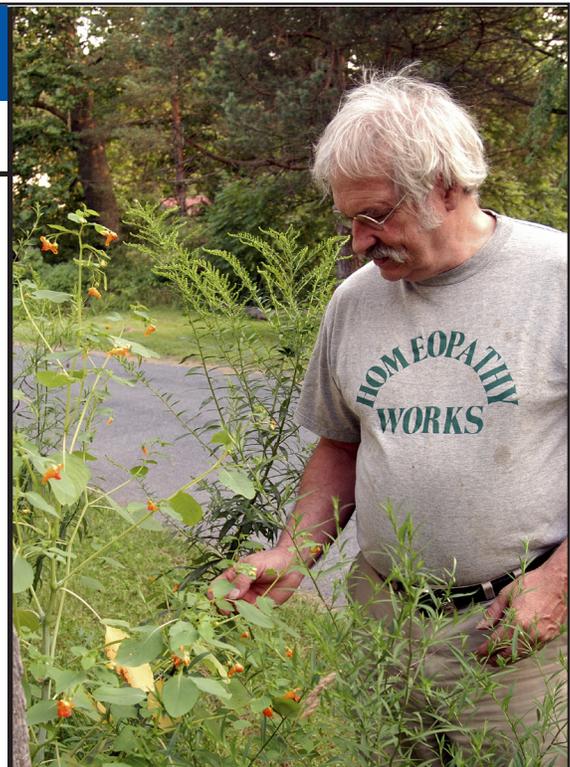
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# Acute Thyrotoxicosis/Graves' Disease in a Type 1 Diabetic

## A Homeopathic Medicine Case Report

Susanne Saltzman, MD

**Abstract:** Acute thyrotoxicosis is a systemic potentially life threatening condition that occurs as a result of excess production and release of the thyroid hormones triiodothyronine (T3) and thyroxine (T4). This results in a hypermetabolic state that is often characterized by marked weight loss, anxiety, restlessness, tremors, tachycardia, diarrhea, and heat intolerance. If left untreated, death can occur from acute heart failure and/or pulmonary edema. Homeopathic medicine can offer an extremely effective and safe treatment for acute thyrotoxicosis and/or Graves' disease without the side effects of pharmaceutical drugs. This case report documents the rapid resolution of the disease with a single dose of a homeopathic remedy in a young man with type 1 diabetes.

**Keywords:** thyrotoxicosis, Graves' disease, homeopathy, nanomedicine, *Iodum 200c*

*The following case report is formatted according to CARE guidelines. (1)*

### Introduction

Acute thyrotoxicosis treatment involves the use of the thionamides such as methimazole (Tapazole) and propylthiouracil (PTU), which are actively transported into the thyroid gland where they inhibit the biosynthesis of the thyroid hormones thyroxine (T4) and triiodothyronine (T3). These drugs are usually given in preparation for thyroid ablation with radioactive iodine therapy or thyroidectomy (complete removal of the thyroid) because only 20 to 30 percent of patients will achieve permanent remission with pharmaceuticals alone.(2) In addition, these drugs take several weeks to work and the dose often needs to be carefully titrated over a period of months, with regular doctor visits and blood tests to monitor results. Side effects include skin eruptions (rash, itching, hives), arthralgia (joint pain and/or swelling), fever, changes in taste, nausea and vomiting. Major but rarer complications include agranulocytosis (severe decrease in the production of white blood cells), liver damage (more common and a serious concern with propylthiouracil), aplastic anemia (failure of bone marrow to produce blood cells) and vasculitis (inflammation of blood vessels).(3)

### Patient Information

In November 2007, I received a distressed call from a physician who was concerned about his 25 year-old son, John. John was a type 1 (insulin dependent) diabetic whose blood sugars were under good control until approximately one month prior when he began experiencing higher blood sugars, rapid weight loss, fatigue, heat intolerance and muscle weakness. Diagnosed

Timeline of patient medical history, diagnoses and treatment received	
Dates	
1982	Born with mild right-sided hemiparesis, probable stroke; tests inconclusive
1983	Developed seizures, experienced one major seizure a year for the next 8 years; inconsistent medication use
1991	Developed aplastic anemia within two weeks of treatment with Tegretol; all medications discontinued, and father explored alternative treatments
1991	Patient began osteopathic/cranio-sacral treatments; seizures resolved completely and permanently
1995	At thirteen years old, patient diagnosed with type 1 diabetes; placed on insulin, experienced fairly good control until onset of Graves' disease twelve years later.
November 6, 2007	Patient diagnosed with Graves' disease/acute thyrotoxicosis, placed on propylthiouracil, dose titrated up to 200 mg tid
November 20, 2007	Patient came to see me, experiencing elevated blood sugars, tachycardia, severe weight loss, muscle weakness, polydipsia, polyuria. TSH undetectable, Free T3 markedly elevated. Rx: one dose homeopathic iodum 200c (Hahnemann pharmacy)
November 21, 2007	Patient slept well for the first time in weeks, only urinated once in the night
November 27, 2007	Blood sugars steadily decreasing, 145 mg/dL this morning, c/o less palpitations (pulse 108); muscle weakness, sleep and energy much improved in just one week
December 4, 2007	Pulse in 90's, blood sugars in low 100's, patient gained ten pounds in the last 2-3 weeks. TSH now detectable, Free T4, Free T3 values improving; on his own, patient decreased PTU to 200 mg once daily Rx: herbal formula with lemon balm and bugleweed
January 2, 2008	Patient feels great, has regained pounds lost and is back at the gym lifting weights, blood sugars under good control, thyroid panel and TSI normal. Rx: decrease herbs to once daily, PTU discontinued.

with an acute case of thyrotoxicosis, the young man was placed on propylthiouracil (PTU), but his symptoms continued unabated. Knowing that it could take several weeks for the drug to take effect and being wary of side effects from medications due to the patient’s history (see below), John’s father was desperately seeking alternative treatments for his son.

When I saw John in my office the next day, his main complaint was muscle weakness, fatigue, and a 25 pound weight loss over the past three weeks. He was especially disturbed by the latter stating, “I worked so hard over the past few years to gain muscle at the gym and now I’ve lost it all!” His father noted that his son had increasingly elevated blood sugars (which had previously been under good control) which was causing excessive thirst and frequent urination. Patient stated that he was waking four to five times a night to urinate which was severely disrupting his sleep and affecting his focus at work.

### Important Past Medical History

The patient was born with a mild right-sided hemiparesis of unknown causation (diagnostic tests were inconclusive) which resolved by one year of age. However, at age eighteen months he began experiencing seizures and was placed on various medications over the years until he developed aplastic anemia as a consequence of Tegretol (carbamazepine) at age nine. Fortunately this condition resolved when all drugs were withdrawn and his father took him to see an osteopathic physician who began cranial sacral therapy which resulted in complete and permanent resolution of the seizures. He remained well until age thirteen when he was diagnosed with type 1 diabetes. His blood sugars were under fairly good control with an insulin pump, ranging from 90 to 140 mg/dl until approximately four to six weeks ago when he began having trouble controlling his blood sugars and the above noted symptoms began. He stated that his blood sugars were now consistently over 200 mg/dL.

### Clinical Findings

On exam the patient was found to have tachycardia with a pulse of 120, blood pressure was 110/80 and his weight was 150 pounds (normal weight 175 pounds, height 5’10”). He had a slight tremor in both hands and mild perspiration on his forehead.

### Diagnostic assessment

Lab results one week prior showed a fasting blood glucose of 268 mg/dL, mildly elevated liver enzymes (ALT 98, AST 51 U/L), elevated total bilirubin (2.3 mg/dL, normal 0.1-1.2), highly elevated free triiodothyronine (T3) of 19.1 pg/mL (normal range 2.3-4.2), TSH was undetectable, elevated thyroid stimulating immunoglobulins (TSI) of 240 (negative <130), elevated thyroid peroxidase antibodies (TPO) 387 (negative <34).

At the time of his visit, the patient was taking 200 mg of propylthiouracil three times a day.

### Homeopathic assessment

While conventional allopathic medicine focuses on those symptoms that are typical or pathognomonic for a disease ignoring anything extraneous or unusual that does not fit into clearly defined diagnostic criteria, homeopathy is especially concerned with those symptoms that are atypical or idiosyncratic for a particular patient for it is these very symptoms that define and describe the patient’s unique experience of his disease.(4) In fact, the mental and emotional states of the patient (his fears, worries, and anxieties) are just as important as the physical symptoms in the selection of the correct homeopathic remedy. It is these unique, individualizing symptoms that help differentiate him from the next patient with the exact same disease process. We then select the homeopathic remedy from our vast pharmacopeia that can produce the same or similar symptoms if given to healthy individuals in our clinical trials called “provings.”

The goal of every homeopathic physician is to find the “simillimum,” the remedy that produces the most similar symptom complex in our provers (healthy test subjects) that our patient is presently experiencing as part of his or her disease process. This remedy, if correct, is believed to act as a “catalyst” that stimulates the patient’s immune system, bringing it back into balance. (see Discussion below) In chronic cases, we often call this medicine the “constitutional” remedy. Often one or two doses is all that is needed for the body to begin the self-healing process.

In John’s case, I could not find any uniquely individualizing symptoms after spending ninety minutes observing, listening and questioning him. I found him to be a very pleasant, emotionally balanced young man whose physical symptoms were all typical or pathognomonic for hyperthyroidism. I therefore used these symptoms to repertorize his case as shown below:(5)

	Iod.	Phos.	Tub.	Nat-m.	Ars.	Thyr.	Pib.	Calc.	Verat.	Bar-c.	Ferr.	Sec.	Petr.	Graph.	Chin.	Nux-v.	Sulph.	Caut.
<b>Total Rubrics</b>	19	18	15	17	16	13	14	16	14	13	13	13	14	13	15	15	15	14
RESTLESSNESS, nervousness (847)	4	4	4	4	4	1	4	4	4	4	4	4	4	4	4	4	4	4
EMACIATION; appetite; good, ...(57)	4	3	4	4	1	3	1	4		3	1	1	1	4	1	3	3	3
generalities; EMACIATION; rapid (26)	3	3	3	1	3	3	3		3	1	1	1		1				
WEAKNESS; muscles (231)	4	4	1	4	4	3	3	4	4	4	4	3	3	3	4	4	4	4
PULSE; rapid, tachycardia (571)	4	4	3	4	4	3	3	4	3	1	3	4	3	4	4	4	4	3

(From Complete Repertory 2012; MacRepertory®)

### Therapeutic Intervention

The remedy that came up strongly was *Iodum*, which is, in fact, homeopathic iodine. Since excess doses of iodine can cause symptoms of hyperthyroidism in susceptible individuals, it follows that a homeopathic dose of iodine (manufactured in a very specific way according to the Homeopathic Pharmacopoeia of the United States

(HPUS)) will actually cure these very same symptoms in a hyperthyroid individual, but *only if the remedy is the simillimum for this particular individual*. It is important to understand here that not all cases of hyperthyroidism will respond to homeopathic *Iodum*. In fact, in my 24 years of practice I have treated many cases of Graves' disease and all of them required different remedies because each case was unique in his or her expression of the disease.

Because in my clinical experience, the correct constitutional remedy (often but not always a polychrest) is the one that acts most deeply and curatively, I considered the other remedies that came up strongly in the above repertorization such as *Phosphorus*, *Tuberculinum*, or *Natrum muriaticum*. However, not only did the patient lack keynotes or other symptoms indicative of these remedies but the "essence" of these remedies was not reflected in this patient. I therefore chose the remedy that most closely matched the symptoms he was experiencing.

The patient was given one dose of *Iodum* 200C (from Hahnemann pharmacy) and I asked him to call me in the next few days if there was even the slightest change in any of his symptoms.

## Follow up

I received a call from John the very next day to say that for the first time in weeks, he was able to sleep better because he only had to get up once to urinate rather than four to five times. His fasting sugar that morning was still high (220) and otherwise he felt the same. I told him that I believed his body was already responding to the remedy and that we needed to wait. In my experience, when the simillimum is given, especially in cases where the symptoms are severe and intense, the body will respond quickly—usually within 24 hours. In fact, the clinical symptoms will often improve before there are any changes noted in blood tests and other lab results.

I spoke with John by phone exactly one week later. He stated that his blood sugars were dropping; the night before his bedtime sugar was 90 and his fasting sugar that morning was 145, a real improvement over previous readings which had all been over 200. He was only urinating one to two times at night, his energy was improving and he had gained 4 pounds! I asked him to come to my office soon so that I could examine him.

I saw John in my office one week later, now 2 weeks since the remedy, accompanied by his father. His resting pulse was 90 and he weighed 160 pounds. He actually gained 10 pounds in just two weeks! He said his energy had improved enough to go back to the gym and he was very happy to be lifting weights again. His father showed me his lab results from their recent visit to the endocrinologist. His fasting sugar was 114 mg/dL, total bilirubin had decreased to 1.7 (from 2.3 mg/dL), TSI now 183 from 240, AST now normal at 31IU/L, ALT decreased to 60 IU/L, Free T3 (triiodothyronine) decreased to 8.7 from 19.1, TSH now detectable but low at <0.004 IU/mL

(normal 0.350-3.50).

John's father was elated over his son's progress and asked if we could withdraw his medication (PTU) since he believed the homeopathy was the defining factor in his son's improvement. He was also extremely worried about possible side effects from continued use of the PTU. At that time I decided to give his son an herbal compound with bugleweed and lemon balm, two herbs that are known for their thyroid suppressive activity. Although I believed John probably didn't need them because his response to the remedy was so rapid, I will sometimes add herbs for immune support and to empower patients who are trying to wean off medications. I also asked the father to speak to the endocrinologist about lowering the PTU dose.

John continued to improve over the next few months and further follow-ups were done by phone because he was back to work full time and a very busy young man. His blood sugars were back to good control, he had gained back the 25 pounds he had lost, and his blood tests three months later showed that all his numbers had completely normalized, including his free T3 (normal at 3.2) and TSI (Graves' disease autoantibodies) were normal. This meant that the autoimmune process had resolved. He had discontinued the PTU and was still taking a low dose of the herbs which I had him discontinue.

Through the years I had contact with John's father on a number of occasions when he referred patients to me. In fact, I called him recently in preparation for this article to ask how his son was doing. Now, eight years later, John remains in good health, his diabetes is under good control and his thyroid remains normal.

## Discussion

Graves' disease is the most common cause of hyperthyroidism in the U.S. though not all hyperthyroid states are a result of an autoimmune process. Surgery, infection, trauma, and pregnancy can also trigger acute hyperthyroid or thyrotoxicosis states.<sup>(6)</sup> Conventional treatment involves pharmaceuticals which are ineffective at curing the disease in 70-80% of cases and come with a myriad of potential side effects. Often these patients end up with thyroid ablation via radioactive iodine treatment or thyroidectomy which results in their dependency on thyroid hormone and continued monitoring for the rest of their lives. Homeopathic medicine offers an extremely safe and effective treatment for Graves' disease and/or hyperthyroid conditions that often results in complete resolution of the disease or autoimmune process without the harmful effects of drugs, surgery or radiation.

Conventional medicine uses pharmaceuticals as bulk form material drugs that act in a linear manner to target specific biochemical pathways that result in suppression of disease symptoms. Specially prepared homeopathic medicines, however, contain nanoparticles from source material <sup>(7)</sup> that act in a non-linear dynamic fashion on the allostatic stress response network that involves the

nervous, endocrine, immune, and metabolic systems, as well as inflammatory and anti-inflammatory mediators such as cytokines, oxidative stress and heat shock proteins. (8,9) The nanoparticles contained in the simillimum medicine act as low level stressors that stimulate specific compensatory responses within the organism, reversing the direction of dysfunctional adaptations and bringing the organism back into balance. (10) This also results in greater systemic resilience to future stressors (11), a remarkable benefit that has been confirmed time and time again in clinical practice by thousands of homeopathic practitioners for over two hundred years.

The guiding principle of homeopathy is “like cures like” — the same substance that causes symptoms in a healthy individual can cure those same symptoms in a sick person by varying the dose of the substance. Homeopathy recognizes that every person is unique in the way they express illness (people have different adaptive responses to internal and external stressors). Therefore, two people with the same “disease” may need two completely different homeopathic remedies. In addition, someone’s mental and emotional characteristics are just as important as his or her physical symptoms in the selection of the correct homeopathic remedy.

Because homeopathy “treats people not just diseases,” every hyperthyroid patient may require a completely different remedy. In the above case, the patient was cured with a single dose of homeopathic iodine (*Iodum*), but most cases of hyperthyroidism will need other remedies. We will be publishing many cured cases of Graves’ disease in future Journal editions to exemplify this point.

### Patient Perspective

“Before I saw Dr. Saltzman, I remember losing weight very quickly, like 15 pounds in a month and I couldn’t control my blood sugars. But after she placed these little pellets under my tongue, I started to feel better almost immediately. The pounds started to come back on and before I knew it, my weight was back to normal, my blood sugars were under control and I was back weight lifting at the gym. It was nothing short of amazing and I’ve been completely well since!”

### Patient Consent

The patient gave verbal permission to publish this case

report.

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## Dr. Bruce Shelton

Dear Friends,

With great sadness and heavy hearts, we must inform you that our beloved friend and colleague, Dr. Bruce Shelton, unexpectedly passed away recently. He was surrounded by his loving family and close friends.

Dr. Shelton was a leader in his field and a truly golden-hearted man. Even as a young man, he desired to help others and entered traditional medicine with this goal. Early in his career, he suffered a life-threatening personal illness. Unable to find an answer in traditional medicine, he was led to a homeopathic doctor who, in Dr. Shelton's own words, "cured me in a few minutes with a few drops under my tongue." This experience changed the trajectory of his life and career, and he continued to use homeopathic remedies, both personally and professionally, his entire life.

From that point forward, he became a fervent student traveling the world to learn and be taught by the greatest minds in integrative medicine. He was an avid, lifelong learner, constantly reading and attending lectures. He combined this passion for learning with his passion for helping others by integrating everything he learned into his own practice to help his patients and educate his colleagues.

Dr. Shelton soon became a highly sought-after teacher, and he travelled the world to share his knowledge with countless others. He became a trained homeopath, graduating from multiple schools and becoming a recognized expert. He was asked by Heel (one of the world's largest homeopathic companies based out of Germany) to be its US Medical Director. He then entered a new circle, with colleagues across the world that were the foremost experts in homeopathy. He grew and flourished in this role, taking his homeopathic knowledge to another level. He was sought out by experts in other countries and was asked to come and educate them. He told me often that one of his favorite flights (of millions of miles flown) was his "business class seat to Australia" that the Heel folks had purchased for him so that he would agree to share his knowledge in that country.

Years later, I asked Dr. Shelton to work with Deseret Biologicals. He left his position with Heel so that he could use the expertise he had gained over a lifetime of studying to

create the best homeopathics in the world and combine that expertise with his love of educating others. Not only did he educate DesBio employees and thousands of practitioners, but he created hundreds of products that were built to his newly created standard of how a homeopathic should be formulated. This legacy will live on and continue to help millions of patients for decades to come.



Dr. Shelton was a standard bearer in his community. He never shied away from professing or defending his beliefs. He always supported what was best for patients and those causes he felt were worthy of his time and efforts. His allopathic colleagues did not always view his homeopathic practice in the same way he did, but he patiently educated and taught while pushing for and supporting homeopathy in the United States and especially in his home state of Arizona. Dr. Shelton's efforts and those of his amazing colleagues in Arizona have led the way in much of the progress that has been made in

homeopathy in the US.

He was surrounded by a great family. His wife, Audrey, worked with him each day in his practice. He was blessed with wonderful daughters and granddaughters that loved him dearly. He loved a great bottle of wine, a good steak, and time spent with those he loved.

Dr. Shelton was an amazing doctor and a remarkable educator. However, what I will miss the most is his kind and gentle nature. He was not just a good man, but he was also a loving and caring person who was honest in his dealings. He was never afraid to love those around him. His passion and caring are irreplaceable, and the love he showed his family, friends, and colleagues will be profoundly missed. We loved Dr. Shelton, and we always felt the same from him. I look forward to the day when, as we all move forward from this life, I can once again talk with my great friend.

Our love and prayers go out to his family and friends.

Thank you, Bruce, for everything.  
Jake Carter and the DesBio Family

If you would like to send condolences to the family, please feel free to email them to [clair@desbio.com](mailto:clair@desbio.com). 

# Requirements for Submission of Manuscripts

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The *American Journal of Homeopathic Medicine* adheres to the requirements for manuscripts as promulgated by the International Council of Medical Journal Editors. A complete description of these requirements can be found on the American Institute of Homeopathy's website ([www.homeopathyusa.org](http://www.homeopathyusa.org)) or the ICMJE's website (<http://www.icmje.org>). Authors of experimental studies should pay special reference to these requirements, which are too exhaustive to list here. A brief summary of the bulk of the requirements is here listed:

### Authorship qualifications (others in acknowledgments)

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

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All articles are subject to peer review, with articles being distributed to at least two peer reviewers for criticism, comments, and approval. Final decisions are the province of the editor. In general, the peer review process can be expected to require two to three months for completion.

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Authors must disclose any potential/actual conflict of interest – financial or personal; to be included on title page under title. If a study is funded by an organization or company, authors must disclose the level of involvement and whether or not all data was made available to author. Peer reviewers and editorial staff have a similar obligation to disclose conflict of interest.

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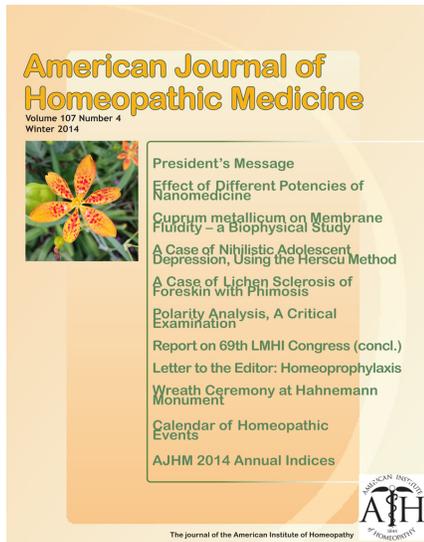
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