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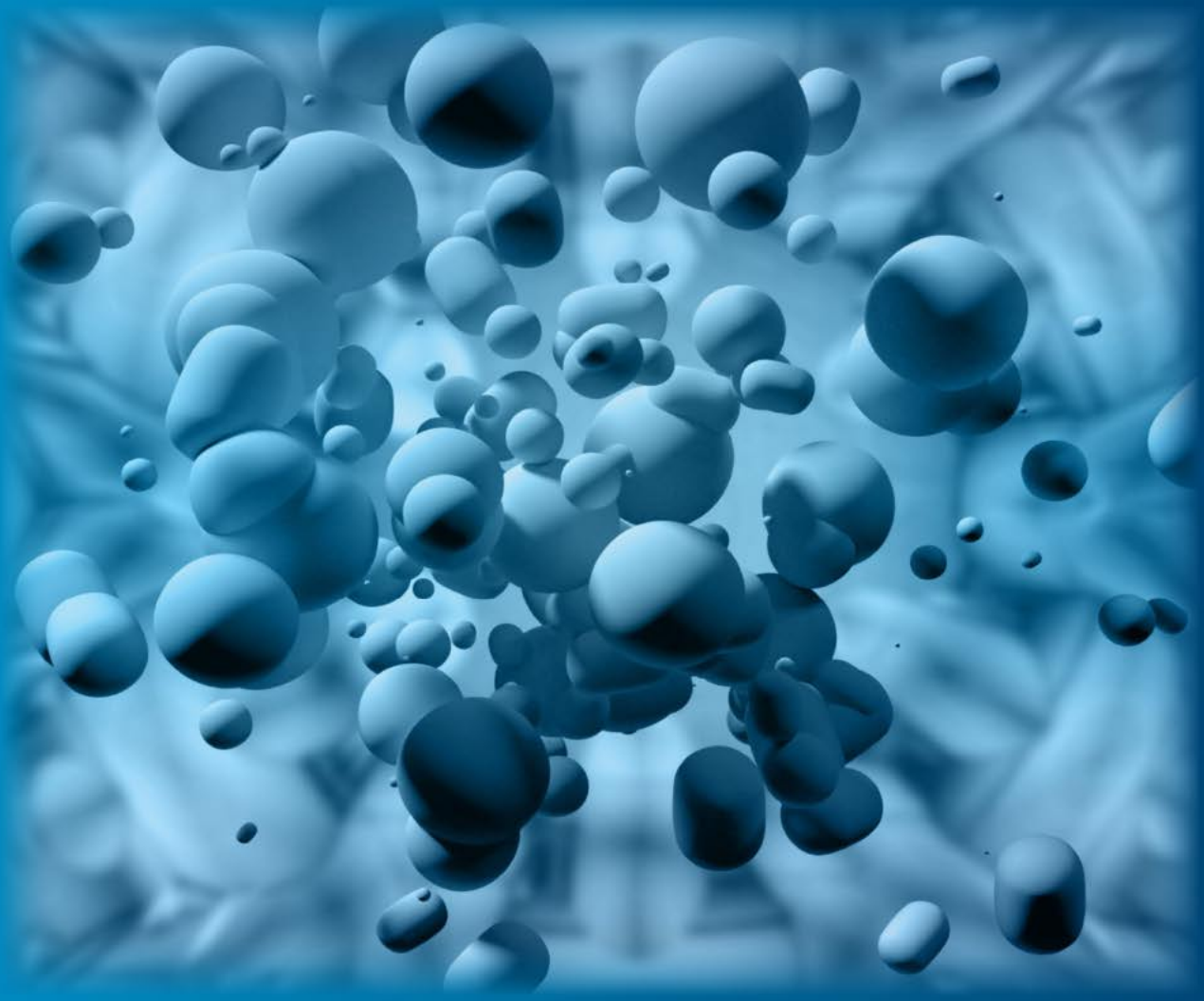

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Wholistic Case Management: Homœopathic Treatment and Lifestyle Modification

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Abstract: This paper presents the wholistic management of a case that necessitated treatment with homœopathy (for facial twitching and paronychia), whilst another aspect of the case (type 2 diabetes mellitus) was treated with hygiene and lifestyle modification.
Keywords: Type II diabetes mellitus, homœopathy, anxiety, facial twitching, paronychia, Nutrition, Lifestyle medicine, Hygiene

Disclaimers: This case was submitted as part of Dr. Oskin's application for DHANP (Diplomat of the Homœopathic Academy of Naturopathic Physicians), and is herein adapted and republished with the permission of HANP. There are no personal or financial conflicts of interest to report. The patient's name was removed to conceal his privacy.

Background Summary and Initial Case History[1]

November 11, 2017

A 35-year-old friendly male presented for treatment of a facial twitch/muscle spasm above his left eye for three weeks along with a swollen middle finger on the left hand for a few weeks. He also suffered from concomitant anxiety.

The facial twitching (main complaint) and muscle spasm above his left eye started about three weeks prior and was aggravated by deep thought. The young man also suspected it was aggravated by stress at work. He was a math teacher in a highly competitive charter school for advanced students. Despite his high reviews from parents and students, he was fired due to his unconventional teaching style. He had been working 50 to 70 hours per week for the previous two and a half years in this teaching position. After being terminated, he had a newfound stress and anxiety related to finances. The twitching had become more frequent and was lasting longer. "The muscles throughout my entire head and in my arms and legs seem to feel a bit different and may even be experiencing mild twitches at various times."

Concomitant: a swollen left finger for the past couple of weeks. The joint pain initially started like an ingrown fingernail. The finger became so stiff and swollen for the past four to five days that he could not bend or touch it at all. He had tried several home remedies without relief including arnica oil, draining the infection, as well as other over the counter products. Any touch to the finger caused an intense burning (sensation) running from the finger down the back of his left hand and up the left wrist. The pain was sensitive to the slightest nudge or accidental knock. The pain was worse from touch, worse in the evening and better from warmth.

Review of Systems: long-standing mild psoriasis since the age of 18 or 19 years old. He had mildly darkened and thickened, calloused skin on the dorsum of his hands bilaterally along the knuckles as well as on the backs of his elbows. The psoriasis historically flared in the winter when the skin would get dried out, scaly, and would crack on exposure to cold weather. The psoriasis was also aggravated by frequent showering. There was also male patterned hair loss associated with aging, athlete's foot with itching that was aggravated from foot sweat, and heartburn when he ate too many acidic foods like tomato sauce. Another chronic disposition was low back pain that he had off and on for many years. At one point he had developed an addiction to opioid pain medications prescribed for his low back pain by a pain specialist.

At the time he came to see me, the young man was not on any medications and was not under the care of another physician for his main concerns.

Family History: Diabetes mellitus and cardiovascular disease.

Objective Findings: On physical exam, the man was overweight at 193 lbs (87.5 kg). He was 65.5 inches (166.37 cm) tall with a BMI of 31.63, which put him in the obese category. He was normotensive.

Case Analysis

The main complaint was the facial spasms that worsened in the past few weeks since being terminated from his job with mounting anxiety about finances and future job opportunities. The main concomitant to this was the infected ingrown fingernail and swollen finger. In my case analysis, these were acute conditions that were dissimilar and unrelated to his chronic

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psoriasis, low back pain, and heartburn. As such, I focused my initial case analysis and homœopathic prescription on those pressing, chief[2] complaints.

Here was my initial repertorization on November 11, 2017 using the computerised version of Bönninghausen's *Therapeutic Pocketbook,* through its most accurate English translation, TBR_2:[1]

ID	Symptom name (Desktop 2)	Caust.	Puls.	Bry.	Hep.	Sep.	Carb-v.	Bell.
1747	Modalities, Mind, Anxiety (also fear & fright), from [40]	3	4	2	1	1	1	3
1994	Modalities, From Situation & Circumstance, Knocking (bumping) against something, from [10]	3	2	3	2	1	1	
1690	Modalities, Time, Evening, in the [122]	4	4	4	3	4	2	4
174	Face, Appearance, Distortion (contortion, screwing-up) of the face [62]	3	2	2	1	1	1	4
	Symptom count [4]	4	4	4	4	4	4	3

The top contender for the case was *Causticum hahnemanni*. Symptoms of *Causticum hahnemanni* from Hahnemann's *Chronic Diseases* (CD) that correspond via similarity to symptoms of the case include:[2]

5. The mind is sad and somewhat anxious.
6. Anxiety the whole day, as if he had done something wrong, or had to fear it, or as if a misfortune had happened. [Lgh.]
7. Anxious, restless mood, as if something disagreeable was impending, which keeps him from working. [Br.]
8. Great anxiety during the day (aft. 13 d.).
9. Anxiety about bodily ailments.
43. Twitching, pinching pain through the head. [Rl.]
44. Jerks and severe shocks in the head, every minute, in any position, in rest and in motion.
224. Visible twitching of the eyelids and of the left eyebrow.
324. Beating and twitching in the muscles of the cheek, but little visible (aft. 3 d.).
1018. The left arm twitches repeatedly. [Rl.]
1019. Convulsive movements in the (left, weak) arm, up and down, after some slight exertion, then great heaviness of the arm, then a sort of rumbling down in the muscles, even into the leg, like the running of a mouse, whereby the twitches vanished.
1051. The elbow-joint is painful, as if he had knocked it against something. [Stf.]
1237. Pain as from knocking against something, on the right shin bone. [Ng.]
1288. Inflammatory pain behind the nail of the big toe. [Ng.]
1289. Pain in the big toe, as if suppurated.
1294. Paronychia, digging burning pain beside the nail of the left big toe, with proud flesh (3d. d.).
1299. Muscular twitching in one part or another of the body.
1300. A little twitching here and there in the body.

My initial prescription was *Causticum hahnemanni* 30c, 2 pellets (dry) dissolved in his mouth, twice per day (BID). As can be seen from the symptoms listed above from *Chronic Diseases*, *Causticum* well matches the main symptoms of the case including the disposition to anxiety, muscular twitches, and paronychia. *Causticum* produces twitches specifically in the muscles of the eyelid as well as above the eye. Hahnemann's bold type for a portion of symptom 224 indicates that this symptom was highly reliable because it was confirmed to be reproduced by multiple provers. Additionally, *Causticum* produces a disposition to muscular twitchings throughout the body. Symptoms 1288, 1289, and 1294 listed above display *Causticum's* affinity to swollen and inflamed paronychia that have a disposition to suppurate. Symptoms 1051 and 1237 confirm *Causticum's* sensitivity to pain that is aggravated by knocking an affected part.

The second ranking remedy in the repertorization was *Pulsatilla pratensis*. However, my patient's paronychia was better from warmth and in *Pulsatilla* complaints would more characteristically be aggravated by warm applications.

Additionally, I recommended an adjunctive hydrotherapy[3] treatment for the infected finger due to the paronychia that consisted of localized alternating hot and cold baths. I recommended alternating 3 minutes hot with 1-minute cold, repeated for 3 cycles, twice per day. I also ordered baseline labs including a CBC, CMP, thyroid panel, 25-OH Vitamin D, urinalysis, methylmalonic acid, autoimmune panel, ferritin, B12, folate, and a comprehensive cardiometabolic panel.

Follow-up

November 29, 2017

Initial labs came back that revealed that his autoimmune panel was negative. His serum B12 was low normal at 344 pg/mL (normal range: 243 - 894 pg/mL). His fasting glucose high at 128 mg/dL (normal range: 70-99 mg/dL). The urinalysis revealed trace protein. His CBC and thyroid panel were normal. The rest of his labs were still pending, but the initial labs were highly suspicious of type II diabetes mellitus.

December 5, 2017

The young man returned for his first follow-up visit on *Causticum hahnemanni* 30C BID. The eye twitching was still there, but much less. He had it only a handful of times over the past few days and it had previously been every few hours. There had been a point in time that he had not noticed the twitching for a few days, but recently it had slightly regressed and was coming back a little. The finger pain and swelling from the paronychia was completely resolved. He noted that at this time he was not motivated to change his diet or lifestyle. At this point, it appeared that he responded positively to the *Causticum*, but was no longer improving. The case was still well covered

2 "The chief signs are those symptoms that are most constant, most striking, and most annoying to the patient. The physician marks them down as the strongest, the principal features of the picture. The most singular, most uncommon signs furnish the characteristic, the distinctive, the peculiar features."a [The Medicine of Experience (1805), in HLW443]

[a] Hahnemann, S.: The Medicine of Experience, in The Lesser Writings of Samuel Hahnemann, collected and translated by R.E. Dudgeon, 1851, B. Jain Publishers, New Delhi, p. 443. [HLW]

3 "Baths of pure water have been found to be useful adjuvants, both palliatively and homœopathically, in the restoration of health in acute affections…"

a Hahnemann, S.: Organon of Medicine, Sixth Edition, §291, 1842, Translated by Jost Künzli, M.D., Alain Naudé, M.D., and Peter Pendleton, 1982. Organon of Medicine, 6th Edition.

by the same remedy, so we went up in potency to *Causticum* hahnemanni 200C, 2 pellets (dry) dissolved in his mouth, once per day (QD).

I will herein summarize that his facial twitches and anxiety resolved completely within the following month on *Causticum* 200C QD.

During this visit I also reviewed his lab results. His fasting blood sugar was just above the diabetic range (fasting > 126 mg/dL), however I held off on giving him an official diagnosis until receiving the metabolic panel with the Hemoglobin A1c results to make sure it was not a lab error.

December 6, 2017

The remainder of his lab results came in from his blood draw on November 16, 2017.

- Fasting Insulin: 13.8 µIU/mL (normal range: µIU/mL < 21.0)
- HOMA-IR: 4.6 HIGH (nl < 3.0)
- Hemoglobin A1c: 6.6% HIGH (nl < 5.6%, diabetes > 6.5%)
- eAG (estimated average glucose): 143 mg/dL HIGH (normal range: < 117 mg/dL)
- Leptin: 10.9vng/mL HIGH (normal range: < 9.5 ng/mL)
- CRP-hs: 3.17mg/L HIGH (normal range: <3.00mg/L)
- Type 2 Diabetes Risk Assessment: HIGH
- Total Cholesterol: 244 mg/dL HIGH (normal range: <200 mg/dL)
- LDL: 160 mg/dL HIGH (normal range: 40 - 130 mg/dL)
- Triglycerides: 140 mg/dL (normal range: 30 - 150 mg/d
- He also had other risk factors for cardiometabolic disease including an elevated apolipoprotein B, Homocysteine, and an out of balance OmegaCheck with elevated arachidonic acid to EPA ratio, elevated Omega-6 to Omega-3 ratio, deficient EPA and DHA, elevated arachidonic acid, and elevated linoleic acid.

These lab results revealed very early onset of Type 2 diabetes mellitus with an elevated fasting blood sugar and hemoglobin A1C. Other lab results listed above including the lipid panel, CRP-hs, homocysteine, apolipoprotein B, and Omega Check indicated that he had a moderate cardiovascular disease risk.

December 14, 2017

We spent an hour and a half discussing his labs and the implementation of a diabetes nutritional protocol. I taught him how to check his blood sugar with a glucometer and we also discussed his plan for starting a nutrient-dense, plant-rich diet. There is a growing body of evidence supporting this dietary approach in the management and reversal of type 2 diabetes mellitus and cardiovascular disease.[3-19] We discussed various treatment options including the relative risks and benefits of lifestyle modification versus conventional treatment with oral hypoglycemic medications like Metformin. The patient chose to initiate lifestyle modification instead of medications. The treatment plan included the requirement to read a book, "The End of Diabetes" by Joel Fuhrman, MD and intro to the "Eat to Live Cookbook." In sum, the lifestyle modification plan based on the protocol in Dr. Fuhrman's book and published in a retrospective case series[3] included:

- *INCLUDE daily* 1 large salad, at least 1/2 cup serving of beans/legumes in a soup, salad or some other dish, at least 3 fresh fruits (at least 1 serving from berries or pomegranate), 1 ounce of raw nuts and seeds, at least 1 large (double-sized) serving of cooked green vegetables. Strive every day to get G-BOMBS+T in diet (greens, beans, onion, cooked mushroom, berries, raw seeds/nuts, tomatoes).
- *AVOID* red meat and all BBQ, processed, and cured meats, fried foods, full-fat dairy and trans-fat (margarine), soft drinks, sugar, and artificial sweeteners, white rice and white-flour products.

In addition, we supported the patient's lifestyle modification plan with health coaching, an online curriculum of video tutorials teaching about nutrient-dense, plant-rich nutrition and diabetes management, healthy plant-based potluck gatherings for our patient base who can benefit from social support with making lifestyle modifications, and a private Facebook online support group for patients. We also encouraged him to start a regular exercise regimen. He joined a pickleball league and played 4 to 5 times per week.

Lifestyle modification follow-up :

On March 21, 2018 he had labs redrawn to assess his response to the lifestyle modification program. The results were as follows in Table 1:

Lab Test	Repeat Lab Test on March 21, 2018	Initial Lab Test on November 16, 2017
Fasting Glucose normal range: 70-99 mg/dL	107 mg/dL	128 mg/dL HIGH
Fasting Insulin normal range: µIU/mL < 21.0	4 µIU/mL	13 µIU/mL
Hemoglobin A1c normal range: < 5.6%, diabetes > 6.5%	5.5%	6.6% HIGH
Total Cholesterol normal range: <200 mg/dL	180 mg/dL	244 mg/dL HIGH
Triglycerides normal range: 30 - 150 mg/dL	80 mg/dL	140 mg/dL HIGH
LDL normal range: 40 - 130 mg/dL	87 mg/dL	160 mg/dL HIGH
eAG (estimated average glucose) normal range: < 117 mg/dL	111 mg/dL	143 mg/dL HIGH

Additionally, on April 24, 2018, his weight was 165.2 lbs (75 kg), which was a total weight loss of 28 lbs (12.7 kg) in 3.5 months since initiating the lifestyle modification protocol. His BMI reduced to 27.07 (overweight), a reduction from 31.63 (obese). Effectively, his lab results revealed that within just over 3 months of intensive lifestyle modification, this young man was able to reverse his type 2 diabetes mellitus as well as significantly reduce his cardiovascular risk factors.

Discussion/Conclusions

This case submission demonstrates the ability to successfully manage a complex case with both homœopathic and lifestyle treatments. In this case, the initial presenting complaints (facial twitches and paronychia) were treated homœopathically for the portion of the case due to a disturbance of the vital force (*Organon* §11) unrelated to errors in lifestyle. However, the obesity, type 2 diabetes mellitus, and cardiovascular disease were diseases caused by errors in lifestyle. Therefore, they were treated with a hygiene and lifestyle modification protocol. Hahnemann was ahead of his time as an advocate of hygiene even prior to his discovery of Homœopathy.[20] In his *Organon of Medicine*, Hahnemann writes about the need for treatments such as hygiene and lifestyle medicine, surgery, nutritional supplementation for insufficiencies, exercise, emotional stress reduction, etc. for the treatment of diseases that will resolve on their own when the living conditions are improved. Specifically, I will quote *Organon* §7 and §77 below with Hahnemann's specific thoughts on the matter.[21]

Organon §7:

> "Since one may know a disease only by its symptoms, when there is no obvious exciting or sustaining cause (*causa occasionalis*) to be removed,[a]....

It is obvious that every reasonable physician will first of all remove the *causa occasionalis:* after that the indisposition usually disappears on its own. For instance, he removes from the sickroom the strong-smelling flowers that have brought on the faintness and hysterical manifestations; he removes from the cornea the foreign body that is producing ophthalmia; he loosens and readjusts the tight bandage that threatens to cause gangrene in a wounded limb; he uncovers and ties the severed artery that is causing shock; he tries by emetics to void the Belladonna berries, etc., that have been swallowed; he removes the foreign objects introduced into the natural openings of the body (nose, throat, ears, urethra, rectum, vagina); he crushes the stones in the bladder; he opens the imperforate anus of the newborn infant, etc."

Organon §77:

> "Diseases engendered by prolonged exposure to *avoidable* noxious influences should not be called chronic. They included diseases brought about by: the habitual indulgence in harmful food or drink; all kinds of excesses that undermine health; prolonged deprivation of things necessary for life; unhealthy places, especially swampy regions; dwelling only in cellars, damp workplaces, or other closed quarters; lack of exercise or fresh air; physical or mental overexertion; continuing emotional stress; etc.
>
> "These self-inflicted disturbances go away on their own with improved living conditions if no chronic miasm is present, and they cannot be called chronic diseases."

Hahnemann entitled his magnum opus the *Organon of Medicine* not the *Organon of Homœopathy.* Hahnemann was an advocate of a wholistic approach to a broader, more complete classical medicine. The majority of the *Organon* deals with the application of homœopathy because it was a new healing art that he had to teach to the world, especially as it relates to drug pharmacodynamics (*Organon* §63) and the application of drugs via *similars* (*Organon* §24). However, a careful and complete study of the *Organon* reveals Hahnemann's genius in understanding the limitations of homœopathy and when other treatment modalities, such as lifestyle medicine or surgery, are indicated. A complete physician must recognize the limitations of any one therapy and know when to apply another therapy.

In such cases that require a wholistic approach with multiple therapies, it is ideal, when possible, to initiate and/or modify one targeted treatment approach at a time so that the observant practitioner can establish the effects of each therapy individually, while keeping the other therapies unchanged. Hahnemann gives the following instructions about this in an essay republished in his *Lesser Writings*[22]: "If it be necessary to make *considerable changes in the diet and regimen*, the ingenious physician will do well to mark what effect such changes will have on the disease, before he prescribes the mildest medicine."

In the same essay, I provide the quote below wherein Hahnemann goes on to discuss the difference between the logical use of dietary treatments for known dietary diseases versus his disdain for the theoretical use of dietary modifications for diseases not caused by dietary errors. This approach of Hahnemann's is further supported by his commentary in the footnote of §1 of the *Organon* to avoid philosophical theorizing in the treatment of disease:

> "A deeply rooted scurvy can often be cured by the united action of warm clothing, dry country air, moderate exercise, change of the old salted meat for that freshly killed, along with sour-kraut, cresses, and such like vegetables, and brisk beer for drink. What would be the use of medicine in such a case? To mask the good effects produced by the change of diet! Scurvy is produced by a system of diet opposite to this, therefore it may be cured by a dietetic course—the reverse of that which produced it; at any rate, we may wait to see the result of this method, before we begin with our medicines.
>
> "Why should we render the syphilitic patient, for example, worse than he is by a change of diet, generally of a debilitating nature? We cannot cure him by any system of diet, for his disease is not produced by any errors of the sort. Why then, should we, in this case, make any change?"

In our modern era in the United States, diseases of lifestyle (cardiovascular disease, diabetes, etc.) are the leading causes of death. We would be remiss in our duties as physicians if we did not take a wholistic approach to case management in order to effectively help our suffering patients to restore their health from these diseases of lifestyle as well as address with *homœopathy* those diseases not resulting from an obvious "exciting or sustaining cause (*causa occasionalis*)."

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Homeopathic Puzzle ?

Question: What are some prominent mental symptoms of *Cannabis indica*?

[Go to page 38 for the answer.]