



JUNE 25-26, 2016
CHICAGO - USA

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The 5th International CEDH Conference
“Effective Care Pathways in Clinical Homeopathy”
Chicago - USA
June 25-26, 2016



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For information and questions, please contact
Bénédicte Clément, our conference manager, at bclement@cedhusa.org.

W E L C O M E



FROM CEDH USA PRESIDENT, **RONALD BOYER, MD**

We are delighted to welcome you to the 5th International CEDH Conference "Effective Care Pathways in Clinical Homeopathy" in Chicago, June 25-26, 2016.

Homeopathy helps family physicians and specialists provide personalized care management to their patients. This 5th international conference will focus on effective care pathways in clinical homeopathy to help physicians in specific pathologies where individualized care is essential:

- **Aging gracefully with homeopathy**
- **Cardiovascular management**
- **Ob/Gyn and woman's health**
- **Skin disorders**
- **Auto-immune problems in children and adults**
- **Pain management in chronic and acute pathologies**

The latest on clinical research in homeopathy will also be reported by international experts during plenary sessions.

Through clinical cases and the experience of physicians who have successfully integrated homeopathy into their daily clinical practice, speakers will provide real solutions to health care professionals who are interested in enriching their array of therapeutic strategies.

Welcome to Chicago!



Ronald P. Boyer, MD
President, CEDH USA



CONTENTS

CEDH 2016 PROGRAM p. 4 to 7

Program at a glance p. 4 to 5

Saturday, June 25 p. 6

Sunday, June 26 p. 7

CONFERENCE ABSTRACTS p. 8 to 21



PROGRAM AT A GLANCE

Saturday, June 25

8:00 - 8:15 am	WELCOME
8:15 - 9:15 am	OPENING KEYNOTE Recent research in clinical homeopathy
9:15 - 10:00 am	ORAL COMMUNICATION The possibilities of homeopathy in treating pediatric autoimmune illness, with a focus on the potential role of Apis mellifica <i>Coffee break</i>
10:30 - 11:15 am	ORAL COMMUNICATION Homeopathic Treatment of Cyclical Vomiting Syndrome (CVS)
11:15 - 12:00 pm	PANEL OF EXPERTS: Roundtable discussion Auto-immune problems in children and adults <i>Lunch break</i>
1:30 - 2:15 pm	ORAL COMMUNICATION Homeopathic dermatology — deeper than skin deep
2:15 - 3:00 pm	ORAL COMMUNICATION Care management of juvenile rheumatoid arthritis based on four clinical cases
3:00 - 4:00 pm	PANEL OF EXPERTS: Roundtable discussion Homeopathic possibilities for children with chronic diseases: Panel of experts with clinical cases <i>Coffee break</i>
4:30 - 5:45 pm	PANEL OF EXPERTS: Roundtable discussion Aging gracefully with Homeopathy: Different clinical dimensions Roundtable: Gynecology / Preventing cognitive impairments



PROGRAM AT A GLANCE

Sunday, June 26

8:30 - 10:00 am

ORAL COMMUNICATIONS

- How to incorporate homeopathic prescriptions into one's practice, including legal and licensing issues
- Integrating homeopathy in gynecology/obstetrics: Indications and limits

Coffee break

10:30 - 12:15 pm

ORAL COMMUNICATIONS

- Homeopathy and cardiovascular prevention
- Treating joint pains in the aging population, a Homeopathic approach

Lunch break

1:45 - 3:30 pm

ORAL COMMUNICATIONS

- A clinical vision of dermatology in homeopathy
- Prescription concepts and consensus from the CEDH

Coffee break

4:00 - 5:00 pm

ABSTRACT COMMUNICATIONS

- Efficacy of Antimonium arsenicosum in pediatric obstructive pulmonary syndrome
- Polycystic ovary syndrome: a Homeopathic Approach
- Homeopathy, a chance, for geriatricians and homeopathic physicians alike

5:00 - 5:15 pm

CLOSING KEYNOTE

Ronald Boyer, MD, President, CEDH USA, Philadelphia, Pa., USA



8:15 am **Welcome**
Ronald Boyer, MD, *President, CEDH USA, Philadelphia, Pa., USA*
Yves Lévêque, MD, *Medical and Educational Director, CEDH France*

8:30 am **OPENING KEYNOTE**
Recent research in clinical homeopathy
Peter Fisher, MD, PhD, *Royal London Hospital for Integrated Medicine, London, UK*

9:15 am **ORAL COMMUNICATION**
The possibilities of homeopathy in treating pediatric autoimmune illness, with a focus on the potential role for Apis mellifica
Elisa Song, MD, *Whole Family Wellness, Inc, Belmont, Calif., USA*

10:00 am *Coffee break - Superior Foyer*

10:30 am **ORAL COMMUNICATION**
Homeopathic Treatment of Cyclical Vomiting Syndrome (CVS)
Robert C. Dumont, MD, *Raby Institute, Chicago, Ill., USA*

11:15 am **Auto-immune problems in children and adults**
PANEL OF EXPERTS: Roundtable discussion
Antoine Demonceaux, MD, *Reims, France*

12:00 pm *Lunch break*

1:30 pm **ORAL COMMUNICATION**
Homeopathic dermatology — deeper than skin deep
Larry Baskind, MD, FAAP, *Westchester Medical Practice, Croton-on-Hudson, NY, USA*

2:15 pm **ORAL COMMUNICATION**
Care management of juvenile rheumatoid arthritis based on four clinical cases
Antoine Demonceaux, MD, *Reims, France*

3:00 pm **Homeopathic possibilities for children with chronic diseases**
PANEL OF EXPERTS: Roundtable discussion
Youngran Chung, MD, *Northwestern University, Ann & Robert*
Elisa Song, MD, *Whole Family Wellness, Inc, Belmont, Calif., USA*
Robert C. Dumont, MD, *Raby Institute, Chicago, Ill., USA*

4:00 pm *Coffee break - Superior Foyer*

4:30 pm **Aging gracefully with homeopathy: Different clinical dimensions**
PANEL OF EXPERTS: Roundtable discussion
John Golden, MD, *Genesis Integrative Wellness Center, Moline, Ill., USA*
Roundtable:
Gynecology: Christelle Charvet, MD, *Paris, France*
Preventing cognitive impairments: Guy Villano, MD, *Avignon, France*

ORAL COMMUNICATION How to incorporate homeopathic prescriptions into one's present practice, including legal and licensing issues John Golden, MD, <i>Genesis Integrative Wellness Center, Moline, Ill., USA</i>	8:30 am
ORAL COMMUNICATION Integrating homeopathy in gynecology/obstetrics: Indications and limits Christelle Charvet, MD, <i>Paris, France</i>	9:15 am
<i>Coffee break - Superior Foyer</i>	10:00 am
ORAL COMMUNICATION Homeopathy and cardiovascular prevention Guy Villano, MD, <i>Avignon, France</i>	10:30 am
ORAL COMMUNICATION Treating joint pains in the aging population, a Homeopathic approach Payam Hakimi, DO, <i>Body of Harmony, Beverly Hills, Calif., USA</i>	11:30 am
<i>Lunch break</i>	12:15 pm
ORAL COMMUNICATION A clinical vision of dermatology in homeopathy Daniel Berthier, MD, <i>Lyon, France</i>	1:45 pm
ORAL COMMUNICATION Prescription concepts and consensus from the CEDH Yves Lévêque, MD, <i>Medical and Educational Director, CEDH France</i>	2:45 pm
<i>Coffee break - Superior Foyer</i>	3:30 pm
ABSTRACT COMMUNICATIONS 4:00 pm Efficacy of Antimonium arsenicosum in pediatric obstructive pulmonary syndrome Ivan Nestorov, MD, <i>Sofia, Bulgaria</i> 4:20 pm Polycystic ovary syndrome: a Homeopathic Approach Hassen Derbel, MD, <i>Tunisia</i> 4:40 pm Homeopathy, a chance, for geriatricians and homeopathic physicians alike Mireille Dom, MD, <i>Bordeaux, France</i> and Dominique Goiran, MD, <i>Bellet France</i>	4:00 pm
CLOSING KEYNOTE Ronald Boyer, MD, <i>President, CEDH USA, Philadelphia, Pa., USA</i>	5:00 pm



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CONFERENCE ABSTRACTS



THE POSSIBILITIES OF HOMEOPATHY IN TREATING PEDIATRIC AUTOIMMUNE ILLNESS, WITH A FURTHER EXPLORATION OF THE POTENTIAL ROLE FOR APIS MELLIFICA

Elisa Hae-Jung Song, MD

Whole Family Wellness, Inc - Belmont, CA - USA



Objectives:

To discuss the role of clinical homeopathy in the management of pediatric autoimmune illnesses, both for acute symptoms and chronic management. To explore the role of Apis mellifica in the treatment of autoimmune phenomena in general.

Patient/method:

2 case studies – 5-year old with Autoimmune Uveitis; 12 year old with Juvenile Rheumatoid Arthritis.

Results:

Case 1:

An almost 5-year old girl diagnosed with autoimmune uveitis, requiring lens replacement and cataract surgery. Not well-controlled on prednisolone and methotrexate, hoping to avoid remicade. Upon initial consultation, the immediate concern was to keep inflammation at bay in order to proceed with surgery in 2 months.

In addition to a functional medicine approach, homeopathic medicines were used acutely to manage symptoms (Rhus tox, Silicea, and Apis mellifica). Surgery was more successful than anticipated by the neuro-ophthalmologist with preparation using Arnica and Phosphorous. Final resolution of her autoimmune uveitis and wean off all medications was accomplished with the incorporation of her chronic homeopathic medicine, Lycopodium.

Case 2:

12 year-old boy diagnosed with juvenile rheumatoid arthritis. Initial acute management consisted of homeopathic medicines Rhus tox, Dulcamara and Apis mellifica. Medorrhinum was used to open up his case. His course waxed and waned until the treatment of an underlying Klebsiella and Candida gut dysbiosis and the incorporation of his chronic medicine, Silicea.

In both cases, Apis mellifica was chosen as an acute medicine based on the underlying common pathophysiologic finding of mast cell activation and histamine involvement in many autoimmune phenomena.

Discussion/Conclusion:

These case studies demonstrate the ability to put patients with autoimmune illnesses into remission through the use of an integrative medical approach incorporating acute and chronic homeopathic medicines.

Further possibilities exist to incorporate Apis mellifica into the treatment plan for any patient presenting with autoimmune phenomena.



HOMEOPATHIC TREATMENT OF CYCLICAL VOMITING SYNDROME (CVS)

Robert C Dumont, MD, FAAP, ABoIM

Raby Institute for Integrative Medicine at Northwestern, LLC

CVS is an enigmatic disorder of both children and adults. Though initially described by Dr. Samuel Gee in 1882, it has been relatively unknown until the mid-1990s when it was more comprehensively described.

It is characterized by recurrent, attacks of severe nausea, vomiting and prostration. Occasionally there may also be severe abdominal pain or diarrhea. Vomiting generally occurs at least 6 times an hour and episodes can last hours or days (1-4 days is most commonly seen). The episodes are usually very similar to each other in both symptom presentation and duration. Once the episode is over the person returns to a normal state of health. The episodes occur periodically every few weeks to every few months usually with a fairly predictable regularity. It often begins in childhood but can also begin in adults (primarily young adults). There is often a strong family history of migraines in the immediate family and some patients CVS symptoms have given way to migraines. Similar to migraines episodes can be triggered by acute events such as acute infectious illnesses, emotional excitement or stress and menstrual periods.

There is no particular confirmatory testing for CVS. It is primarily a diagnosis of exclusion and based on the above described presentation.

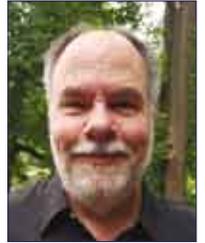
The intensity of symptoms and potential for dehydration often results in multiple emergency department visits and/or hospitalization. Medications are sometimes successful in preventing, shortening or aborting episodes. However, once episodes begin the oral route is useless due to the frequency of vomiting and often IV treatment is required.

The sublingual rather than oral administration favors homeopathic treatment over pharmaceutical therapy for this disorder. Additionally, there are excellent homeopathic medications for nausea and vomiting. The presentation of 5 cases of CVS successfully treated with homeopathic medication is presented. The primary homeopathic medicines used were Colchicum, Nux vomica and Cocculus.

HOMEOPATHIC DERMATOLOGY — DEEPER THAN SKIN DEEP

Larry Baskind, MD

FAAP, Westchester Medical Practice, Croton-on-Hudson, NY, USA



Prescribing for skin conditions is consistent with the principles of homeopathy. We make use of the tools available for acute prescribing, like Hering's cross, and also in the context of chronic reactional modes. The homeopathic interview as it pertains to skin conditions will be examined in detail with attention to both clinical and semantic particulars. The presenter will report clinical experience with dermatologic prescriptions.

CARE MANAGEMENT OF JUVENILE RHEUMATOID ARTHRITIS (JRA) BASED ON 4 CLINICAL CASES

Antoine Demonceaux, MD

Reims, France



This disease, with an unknown etiology, affects 0.3 to 3 children per 1,000 in France before the age of 16. It is characterized by joint inflammation. Of course all other types of arthritis with known etiologies will be eliminated such as: infectious, local or oncology-related inflammatory arthritis. Diagnostic criteria are essentially clinical ones. To date, six different diseases have been identified including Still's disease (Systemic-Onset Juvenile Idiopathic Arthritis), psoriatic arthritis, oligoarthritis type juvenile idiopathic arthritis, polyarthritis with or without the rheumatoid factor and enthesitis with arthritis.

Each pathology is considered a disease in itself. Conventional treatments are often aggressive with Methotrexate, anti-TNF-alpha drugs as well as steroids infiltrations. The care management of these pathologies is necessarily a multidisciplinary one.

From four clinical cases covering most of these diseases, we will discover the possibilities of homeopathy as well as a care management strategy with this therapeutic.

We will take into account symptomatic medicines, Chronic Reactional Mode medicines (fundamentals) and the study of the etiology. Homeopathy bears a high relevance in these pathologies.



AGING GRACEFULLY WITH HOMEOPATHY

John Golden, MD

Genesis Integrative Wellness Center, Moline, IL, USA

The concept of «Anti-Aging» has become a worldwide phenomenon and involves the expenditure of hundreds of billions of dollars per year. Unfortunately, for most consumers, the majority of that expenses is spent on addressing cosmetic issues, as well as «rescue» attempts to reverse changes brought about by adverse lifestyle choices. Little money is being spent on addressing the aging process through a preventative perspective.

As homeopaths, we have the opportunity to look at the aging process from different point of view. A model will be presented through which we can recognize the aging process, the uniqueness of the individual, as well as the importance of personal terrain. Use of this model will be demonstrated through its application to the diagnosis of «Metabolic Syndrome.»



PREVENTING COGNITIVE DISORDERS

Guy Villano, MD

Avignon, France

The homeopathic physician is regularly confronted to the anxiety of patients complaining of cognitive disorders (real or not).

Can homeopathy be a complement or alternative to the proposed allopathic treatments?

What if Natrum muriaticum, Nux moschata or other medicines were effective and could anticipate, and delay the onset of cognitive disorders and lessen their consequences.

I invite you to debate and share our experiences in Chicago during the roundtable.



INTEGRATING HOMEOPATHY INTO A CLINICAL PRACTICE

John Golden, MD

Genesis Integrative Wellness Center, Moline, IL, USA

New practitioners of homeopathy frequently struggle with how to implement homeopathy into their practice. Struggling with how to work within the time constraints, how to develop a sense of confidence and competence, but also how to navigate through the bureaucratic labyrinth we all face on a daily basis. The purpose of this talk is to help the new practitioner develop strategies to improve their sense of confidence and efficiency as they integrate homeopathy into their routine. Current practitioners may also find ways that they can improve their own efficiencies in their daily practice.

INTEGRATING HOMEOPATHY IN OBSTETRICS/GYNECOLOGY INDICATIONS AND LIMITS

Christelle Charvet, MD

...



I have been an Ob/Gyn for over 30 years and for the past 15 years my training has allowed me to refine the place of homeopathy in my specialty. The objectives of my presentation are to underline the relevance of homeopathy in different pathologies. Gynecology is a widespread field covering prevention (e.g. contraception) and screening (e.g. mammography) acts, as well as treating pathologies.

Among these pathologies several are related to hormonal disorders leading to different symptoms such as breast tenderness during the premenstrual part of the cycle, hot flashes. After having evaluated the cause for the dysfunction, the homeopathic treatment will help restore the body's balance: the goal is not to mask the symptoms but rather to help the person feel better. Main indications for which homeopathy is quite relevant are hormonal imbalance such as Premenstrual Syndrome (PMS) and its array of symptoms, especially mastodynia and mood swings: in this situation, allopathy can only treat each symptom or prevent them with oral contraception to inhibit the hypothalamic-pituitary system. Perimenopause, particularly the onset of hot flashes is also a time in a woman's life where homeopathy can be prescribed as first line treatment : hormone dilutions allow to regulate the chaotic functioning of hormones, symptomatic treatments are designed to adapt the treatment to the sensations that patients perceive; some patients have sudden hot flashes at head level, they feel they are becoming all red; the medicine of choice will be Belladonna 9C; other patients will experience hot flashes all over their body, originating from the pelvis, without redness of the face, the medicine of choice will then be Sepia.

In gynecology we also see in our practice women with recurrent vulvovaginitis, often caused by mycosis, these affections reflect an imbalance of the vaginal flora: the homeopathic treatment will manage the psychological (stress) or physical cause (after an antibiotic treatment), terrain (excessive hygiene, too much sugar and anxiety of Pulsatilla, the tendency to gynecological and urinary tract infection characteristic of Medorrhinum); these treatments will help space out the flare-ups, restore the balance of the body for a sustainable result.

Subfertility is also one of these fields where homeopathy is interesting; it can manage both hormone disorders occurring having stopped birth control but also the psychological consequence of subfertility (anxiety, low self-esteem, impatience) in these patients confronted to a long-awaited pregnancy. Menstruation pain in young women should be managed carefully: one must listen to these young women and treat them without over treating them; an estrogen and progestin birth control pill should be considered an extreme solution and not first line treatment. Prescribing medicines such as Colocynthis 5C, Magnesia phosphorica 9C, adapted to spasmodic pain, improved by bending over, will have the objective to reduce the use of analgesics and NSAIDs. Furthermore, during homeopathic interviews, we can see that these young women often have hyperesthesia, spasmodic or an anxious terrain that will respond well to a comprehensive homeopathic care management.

In other indications, homeopathy can be associated to conventional care: i.e. endometriosis, symptoms related to fibroma.

Obstetrics is another privileged field for homeopathy, by respecting the physiology of the fetus and the absence of adverse side effects; thus the homeopathic management of pregnancy' small ailments help these patients all along their pregnancy; for example managing nausea right from the beginning of the pregnancy allows the prevention of vomiting and improves the pregnancy experience; preparing for labor by prescribing Cimicifuga racemosa 9C during the last month of pregnancy improves the parameters at the beginning of labor (effectiveness of contractions and dilatation of the cervix). During labor, midwives and obstetricians who are familiar with homeopathy can help regulate contractions and treat patients' anxiety. In postpartum, homeopathy improves the body's recovery, decreases pain, promotes healing, and milk production.

My presentation would not be complete if I did not cover the relevance of homeopathy in pregnancy-related pathologies, in addition to conventional management: for example, in case of severe cholestasis, it could be interesting to prescribe Chelidonium composite to improve the hepatic and biliary functions. In case of risk of premature labor, prescribing Ignatia 15C to some anxious patients who have contractions improved by distractions, aggravated by consolation, could help reduce the symptoms.

In conclusion, several situations in Ob/Gyn can benefit from a first line homeopathic treatment, without any risk while respecting the physiological process of a woman's body. In some situations, homeopathy will be prescribed in addition to conventional care. It is our duty as physicians to know about these treatments, integrate them in our consultations in order to propose it to our patients. The prescription by several physicians will enable to collect clinical data, to conduct an evaluation of our practices to validate the effectiveness of homeopathic care management.



RELEVANCE OF HOMEOPATHY IN CARDIOVASCULAR PREVENTION

Guy Villano, MD

Avignon, France

Essential (primary) hypertension is a hemodynamic disorder promoting cardiovascular accidents. Often associated with and promoted by risk factors, it reveals an imbalance of the body. Regulating primary hypertension with allopathic therapeutic is effective, yet often leads to tolerance disorders or treatment failure. Homeopathy considers the patient as a whole and takes into account his or her uniqueness when confronted to a pathology. "Tell me who you are, and I will tell you what type of hypertension you have and what your cardiovascular risk factors are".

Thanks to this particular approach of the patient-disease relationship, can homeopathy

- prevent, delay the onset of this essential hypertension?
- anticipate, minimize, the complications related to this essential hypertension?
- improve and sustain the effectiveness of allopathic treatments?

We are here in Chicago to explore this topic. To prepare our exchange, I am proposing 5 short clinical cases. Which treatments will you choose?

Case 1: 22-year-old man, hyperactive, overworked and big eater. 5'7" tall and weighs 198 pounds. Family history: father, mother and sister have hypertension. He has eczema. Complains of recurrent nosebleeds after headaches. Blood pressure measured in the physician's office: 150/85. The patient does not want to take medications to control his blood pressure at his age.

Case 2: 59-year-old man, consulting for erectile dysfunction. History of high blood pressure for the past 6 years at 170/100 in average and treated with beta blockers. This patient is a very demanding CEO of a large import-export company employing 150 people. Overworked, he is fed-up. He started a severe depression two years ago.

Case 3: This 50-year-old overweight woman presents with a recently discovered high blood pressure at 160/90. She also suffers from posterior headaches with hot flashes. She has been on hormone replacement therapy (HRT) for the past 2 years. No family history of high blood pressure.

In her personal history we note some bouts of hypertension during her last pregnancy 12 years ago. Her cardiologist prescribed a calcium channel blocker (CCB) and a diuretic.

Case 4: 30-year-old man, heavy smoker, recently had a retinal hemorrhage in his right eye. Consults for chronic bronchitis episodes and paroxysmal hypertension 170/95 (holter monitoring) refusing to take an allopathic treatment: Angiotensin II receptor blockers (ARBs) because "the treatment is too constraining and it makes me dizzy".

Case 5: 72-year-old man. Had a stroke last year and had a 90% recovery. His high blood pressure was diagnosed 8 years ago and is getting progressively worse. The patient is taking angiotensin-converting enzyme (ACE) inhibitors. Former IRS agent, cold-sensitive and loves sugar. He is a bully with his closed ones. Stage 2 arteritis of the lower limbs, history of varicose ulcers.

TREATING JOINT PAINS IN THE AGING POPULATION, A HOMEOPATHIC APPROACH

Payam Hakimi DO

*Medical Director Body of Harmony, Beverly Hills, California - USA,
Medical Director American College of Integrative and Functional Medicine,
Teaching Faculty Center for Education & Development of Clinical Homeopathy,
Adjunct Assistant Professor OMM and Family Medicine Touro University
Clinical Assistant Professor of Family Medicine Western University of Health Sciences*



Introduction:

According to CDC: "About 1 out of every 5 US adults has doctor-diagnosed arthritis. The term arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis." The number of adults with arthritis is expected to increase to more than 60 million in the next decade. As Homeopathic physicians we need to do our part to prevent and treat joint pains to have physically active patients. Almost half of patients with heart disease, diabetes, or high blood pressure have arthritis. Based on CDC, in 2003, medical expenditures and lost earnings due to arthritis and other rheumatic conditions in the US were about \$128 billion. Our clinical observation suggested the hypothesis that Homeopathic medications are an under-recognized but significant part of treating joint pains.

Method:

A group of patients in our practice were treated with Homeopathic medicines as part of the treatment of their joint pains. Homeopathic medications were chosen based on location, sensation, modality, concomitants of Herring's cross. Patients were given 6C, 9C, 15C or 30C dilution of the medication 2 to 3 times daily. Single or multiple medications were prescribed based on patients' symptoms and the severity and acuteness of their conditions. Medications were chosen based on their corresponding joint location. Follow up consultations were on a weekly basis for at least 4 sessions. Patients symptoms were then re-evaluated and discomfort was questioned on a subjective percentage-improvement basis and objective evaluation of the joint(s) mobility and discomfort with movements.

Results:

Most patients receiving Homeopathy reported faster recovery in acute conditions like pain, joint trauma and inflammation, by using acute medication(s). Due to the acuteness and severity of some of the conditions regular western medications were preferred and so no evaluation was performed on severe pain cases. Most frequently used medications were: Arnica Montana, Bryonia Alba, Chamomilla, Hypericum Perforatum, Rhus Toxicodendron, and Ruta Graveolens.

Conclusion:

Our observation suggests favorable results by using Homeopathic medication in an acute and sub-acute level of joint pain. However, since this was based on a convenience-sample survey, further testing is needed to quantify outcome measures. We suggest a case-series based on a specific joint and the medications related to that joint or a randomized controlled study based on a specific joint and its corresponding medications.



A CLINICAL VISION OF DERMATOLOGY IN HOMEOPATHY

Daniel Berthier, MD

Lyon, France

The clinical vision of homeopathy in dermatology is based on an objective and pragmatic approach of skin lesions. It is possible to find in the Materia Medica substances able to create lesions similar to most common pathologies in this field.

We approach the presentation as close to daily practice, thanks to pictures, a certain number of primary and secondary elementary lesions. It is important to describe them as precisely as possible in order to apply the principle of similitude with maximum reliability.

These descriptions concern the lesions themselves, but also the sensations felt by the patient; modalities when they exist, and concomitant disorders in order to completely fill-out Hering's cross. The etiology of disorders is also to be taken into account every time it is clear.

The terrain treatment takes into account the sensitive type and the chronic reactional mode will not be treated in this presentation due to lack of time, in spite of its major importance in the treatment of long-term skin diseases.

The personal experience of each participant will be welcome in the ensuing discussion.

PRESCRIPTION CONCEPTS AND CONSENSUS FROM THE CEDH

Yves Lévêque

Medical and Educational Director, CEDH France



Presentation of the CEDH international prescription consensus: the CEDH Decision “House”.

Determining the elements that can help choose a medicine:

- Etiology.
 - Aspect, stage, location and anatomical-pathophysiological similitude.
 - Sensations.
 - Modalities.
 - Concomitant signs.
- (Sensations, modalities and concomitant signs constitute the individual reaction of the patient).
- The sensitive type.
 - The chronic reactional mode.

The questions to be asked in relation to the etiology, sensations, modalities and concomitant signs are also indicated in order for these homeopathic particularities to be systematically added to the usual consultation.

The relevance of each concept is well defined to build the prescription most adapted to the person.

- Learning how to choose the different dilution levels according to the “room of the house” considered.
- Determining the frequency of the takes without forgetting to refine treatment duration.
- This consensus is representative of all countries where CEDH is implanted.
- The elements proposed are adapted to the specificities of each countries, with several levels of dilutions possible, for example.
- It is relevant to speak the same language while sharing a common reasoning and prescription logic.
- This will to unify homeopathy’s language does respect the practice of each physician.



EFFICACY OF ANTIMONIUM ARSENICOSUM IN PEDIATRIC OBSTRUCTIVE PULMONARY SYNDROME

Ivan Nestorov, MD

Sofia, Bulgaria

Obstructive pulmonary syndrome is a heterogeneous clinical entity that has very defined signs.

Symptoms are the following:

- Cough, nighttime cough
- Respiratory distress
- Wheezing breathing
- Tachypnea
- Fluttering of the nostrils, using the accessory respiratory muscles
- Sleep disorders and
- Intolerance to efforts

The pathophysiological roots of these symptoms are well known and defined:

- Muscle spasm
- Edema of the mucous membrane and
- Hypersecretion

We need to underline the fact that the younger the patient, the greater the role of hypersecretion and edema in the pathogenesis of obstructive pulmonary syndrome.

Obstructive pulmonary syndrome is seen in several common or rarer pediatric pathologies: e.g. acute bronchiolitis, asthma, foreign objects in the bronchi, congenital lung pathologies. On an epidemiological level, several studies reported that obstructive pulmonary syndrome is becoming more common as an upper airway tract pediatric pathology. The socio-economic impact of this syndrome is becoming more important.

What does conventional medicine propose?

A. General measures

- Unclog nasal congestion
- Implement a careful nutrition and hydration, well adapted to the child's age
- Ventilating the room, raise the baby's bed or crib mattress to a 30° incline, adequate room temperature

B. Respiratory physiotherapy

- Unclog the rhinopharyngeal tract
- Slow passive expiratory techniques
- Provoked cough

C. Medications

- Methylated xanthines (methylxanthines) have been used historically.

- Mucolytic-fluidifying agents – no study has evaluated the effectiveness in acute episodes of N- acetyl cysteine and carbocysteine. However these agents have adverse effects, the most severe one being uncontrolled bronchial hypersecretion, and should be proscribed.

- Bronchial dilator inhaler / β_2 adrenergic agonists with a short term action can be tried, when their effectiveness is proven / The American Academy of Pediatrics 2008/. Recent studies have validated a short term and partial clinical improvement, without changing the number of hospital stays, duration of hospitalization and natural evolution of the disease. Several studies have validated the previously hypothesized fact – the older the child, the greater the effectiveness of these agents.

- Corticosteroids – their place in the treatment of obstructive pulmonary syndrome remains to be debated according to the syndrome's etiology. For example, for acute bronchiolitis, the relevance of systematic corticosteroid therapy was not validated by the French Conference of Consensus, nor by The American Academy of Pediatrics. This is quite easy to explain as corticosteroids have a controversial effect on the viral load; furthermore, it has been proved that they slow down the apoptosis of neutrophils.

All these facts above evidence the difficult care management of obstructive pulmonary syndrome in newborns and preschool children.

Thus, the treatment niche remains open. Is homeopathy the right manner to fill this niche? In our Materia Medica books, which if we listen to our opponents should be discarded but have been clinically proven for hundreds of years, can we find some well targeted medicine for this pathology?

I will try to unveil the answer by presenting a clinical, retrospective, observational studies based on 647 cases of obstructive pulmonary syndrome from my own clinical practice over the 2007-2015 period.

POLYCYSTIC OVARY SYNDROME: A HOMEOPATHIC APPROACH

Hassen Derbel, MD

Homeopathy and family medicine, Sfax, Tunisia



Polycystic ovary syndrome (PCOS) is the most common endocrine disorder affecting women of reproductive age with a prevalence of approximately 7%.

Women with PCOS present with clinical and/or biochemical hyperandrogenism, oligomenorrhea or amenorrhea and polycystic ovaries evidenced on ultrasound images.

Moreover, women with PCOS frequently exhibit insulin resistance and obesity.

The homeopathic medicine comes from a pharmacologically active substance, inducing clinical effects in a subject supposed to be hypersensitive.

These conditions are found when we talk about hormones.

The hormone is the most biologically and clinically active substance. Its plasma concentration is infinitely small. The unit taken is nanogram per milliliter and picogram per milliliter for pituitary or hypothalamic neurohormones.

The hormone is a substance secreted by a gland, and with an action on the entire body since the hormone receptors are everywhere in target organs.

The polycystic ovary syndrome is a good example to evidence the organ hypersensitivity to hormones.

In this paper, we analyze hormone dilutions used in the treatment of patients suffering from PCOS: TESTOSTERONE, DHEA-S, INSULIN, FSH, and LH.

The main neurotransmitter that may play a role in this disease is DOPAMINE

According to our experience with patients suffering from PCOS in the last four years, the main sensitive types used as terrain treatment are: PLATINA, KALI CARBONICUM, MOSCHUS, LACHESIS MUTUS, LYCOPODIUM, AURUM, CALCAREA PHOSPHORICA



HOMEOPATHY, A CHANCE, FOR GERIATRICIANS AND HOMEOPATHIC PHYSICIANS ALIKE

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*Aging is not a disease, aging is completely natural.
Aging is a luxury, yet aging worries us.*

**Aging yes, but
Let's learn to age well!**

We can differentiate physiological aging, pathological aging, and concomitant pathologies.

Physiologically, organic aging is ineluctable, the only organ able to restore itself, regardless of age, is the muscle, thanks to appropriate exercising.

However, physiological aging can rapidly deteriorate in pathological aging. For example, arteriosclerosis, ineluctable aging of our arteries, is different from atherosclerosis, i.e. plaque build-up inside the arteries, which aggravates and transforms a natural phenomenon into a disease.

Homeopathic terrain medicines or deep action medicines involve the general reaction of the body and are a precious help for the harmonious evolution of our body and mind.

They are prescribed in order to promote a proper overall balance of the patient treated.

This reactivity of the person is present until the end and constitutes a factor of autonomy for the patient that should not be dilapidated.

Arsenicum album: This medicine is able in low or toxic dilutions to trigger vascular sclerosis lesions, alter kidney and adrenal gland functions.

It can restore balance in an anxious, asthenic and cold-sensitive patient suffering from burning neuralgia, arteritis, arrhythmia and recurrent UTIs.

Arsenic iodatum: This medicine is recommended in arteriosclerosis in patients with high blood pressure, in myocardial degeneration and aortic affections.

Aurum: This medicine is for a bossy, authoritarian and dominating patient, hyper reactive to emotions and annoyances, with high blood pressure, arrhythmia, acute joint pain and pain in general.

Causticum: This is the medicine for the paretic, stiff, hoarse older patient suffering from tendon retraction. This person has a chronic cough, incontinence. This medicine is ineluctable in hemiplegia sequelae. It improves joint stiffness, calms burning and bruising pain, as well as the nighttime agitation of the lower limbs.

Conium: The "Conium" patient is thin, weak, dizzy, and as he/she gets older becomes indifferent, introvert and isolated.

Of note the cognitive disorders are at the forefront and tremors do not help his/her self-confidence!

Phosphorus: On an experimental level this medicine triggers vascular sclerosis lesions. Furthermore, its action on blood coagulation (crase sanguine?) makes it a polychrest (grand medicament?) to prevent the risk of thrombosis and protect the kidneys, brain and retina. It is precious in all types of microangiopathy, especially cerebral ones, and lacunar infarcts

Silicea: This medicine is for the thin, tired older person, tiring because of his/her set ideas, with osteopenia. He/she spends his/her life lying down and presents with frequent infections, mainly ENT and respiratory ones in cold and humid weather.

Baryta carbonica: This medicine is a toxic substance for the arteries' wall, responsible of high blood pressure and vascular pathologies.

Lycopodium: These patient remains determined, bossy, and intellectually very sharp up to a very old age. They are paralyzed by their fears and their social relationships suffer from their difficult and angry personality. Their digestive disorders, with flatulent colon disorders and constipation, as well as urinary, prostate and sexual disorders weaken them.

Concomitant pathologies: Medicines for small ailments, every day medicines, helping to avoid, when possible, the use of allopathic treatments in older patients, with their underlying side effects and consequences.

Aging better with homeopathy, therapeutic and clinical examples

Sleeping better: Sleep is often disrupted, and older people spend more time in the lighter stages of sleep than in deep sleep.

Periods of insomnia become more frequent and lead to fragmented sleep.

Digesting better: Transit disorders, such as constipation, are common and aggravated or not by the lack of physical activity, dehydration aggravated by the lack of thirst, the use of certain allopathic medicines, associated with an increased use of laxatives and their array of side effects.

Keeping the brain active for a better memory: Assumptions would have you believe that memory loss is part of the natural aging process! It is a mistake!
However it is important to prevent these cognitive disorders that are very stressful.

Better management of physical pain

The very precise semiology of the homeopathic Materia Medica can help us find the medicine best fitted to a specific physical pain, regardless of its characteristics. For example, many patients ask me for a prescription of medicine of Bryonia, Rhus tox, Arnica in osteoarticular pathologies rather than the classic analgesics or NSAIDs.

Finally, homeopathic medicines also complete properly the prescription of allopathic medicines in the treatment of severe pathologies, either to avoid or decrease adverse effects, or to reinforce their effectiveness.

We should not hesitate to advise and prescribe these homeopathic medicines.

We will then be lucky to age, but age well!



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