California Homeopathic Medical Society

Aging Well With Homeopathy

Improving Mobility for Seniors: Leg Pain, Varicosities and Homeopathy by Karen Allen CCH and Gail Wilson CHom
Quick Thanks to CHMS Organizers and Board
Roadmap for Today

- To begin, let's meet some clients...
- Working with Seniors
- Facts and Figures for Varicosities
- Conventional Therapeutics
- Organ Therapeutics
- So what happened to those two senior gals??
- Resources for you
Case Vera
71 yo female: Blocked Femoral Artery

- Right after 9/11 I jammed my middle toe of my right foot on a table leg – it really hurt, and it did not get better... I was busy and did not go to the doc...

- A year later I was still limping, so went to the doc who x-rayed it, and said it was broken and would eventually heal.

- As she was holding my foot, she noticed there was no pulse there.

- Referred to Vascular specialist, who used doppler and found that R femoral artery in R leg completely blocked

- Some circulation from network of other vessels in leg.
Case Vera  
(...and...)  

- Don't really feel anything in that leg. Can't remember when I used to have feeling there. It doesn't feel numb. Probably years.
- When I was a little girl I had osteomyelitis in my right leg. There was a surgery. I was only 2. I don't know anything else about it.
- We lived on a rural farm in Montana, no money, no plumbing, no electricity. My mama said we were lucky to get to the doctor for that osteomyelitis.
- I kinda bump that leg and foot into things more I guess.
- I have bruises there a lot because of that. But most of that leg is purple anyway. The doctor said that is not normal.
Case Vera

(...also...)

- I get bruises other places too – sometimes if I carry something heavy, my arms will bruise, and it just does not make sense.

- I guess now that I think about it, I started limping before I smacked my toe. Been a while.

- And my cholesterol is high (250). My husband took that cholesterol medication and got bad muscle aches, so I don't want it.

- (On visual exam of the leg which is DARK PURPLE) Oh, I forgot to mention the varicose veins. Since my 50s. I waitedressed and was a school playground supervisor so I was always standing up.
Case Vera
(…additionally…)

- The varicose veins used to throb, but I don't feel them now.
- Only in my right leg. My left leg seems ok with the veins - but it has sciatica. Aches sometimes when I lay in bed, have to rub it in the morning and then I am ok.
- I had surgery on them twice in my 50s. I still cared about what my legs looked like then. They did that vein stripping. You can see the little scars there.
- My mom had varicose veins too. We used to wrap her legs for her with those bandages when she got older. Her legs hurt her, but my leg does not hurt now.
- And lots of other information.... lots... lots... lots...
Who gets varicose veins?

Varicosities are more common in women (31% - 51% of population) than men (17% - 39% of population)

- **Usually sedentary**
- More often obese – big maintaining cause!
- More common in men who smoke
- Higher incidence of cardiovascular disease

The epidemiology of varicose veins: the Framingham Study.

**Brand FN,** Dannenberg AL, Abbott RD, Kannel WB.

Source

Section of Preventive Medicine and Epidemiology, Boston University School of Medicine, Evans Research Foundation, Massachusetts.
How do healthy veins function?

In healthy veins, valves keep blood flowing toward the heart.

- **When valves do not function, blood pools**
- **Bulging of veins causes enlargement**
- **Irregular bulging of the veins can cause torsion**
- **Enlargement and twisting generate pain**
- **Degeneration of tissue in the local tissue**
- **Formation of ulceration, scabbing of blood**
- **Remember hemorrhoids are varicosities**
What happens to veins?
What Predisposes?

Both inherited patterns and incidental conditions affect formation of varicosities:

- Age – less common in younger age groups
- Pregnancy, Menopause, HRT, OCP
- Occupations with long standing
- Clotting disorders
- Impairment of the spleen / blood dyscrasia
- Diabetic sequelae
- Psora..... Cancer miasm...
Conventional Diagnosis

Assessment while standing or with limbs hanging down

- Visible enlarged veins
- Some swelling of legs / ankles often present
- Report of heaviness / pain / itching in legs
- Discoloration of surrounding tissue
- Deeper veins → doppler assessment for blockage
Conventional Diagnosis
Complications

Assessment while standing or with limbs hanging down

- Phlebitis $\rightarrow$ chronic inflammation of the vein
- Lipodermatosclerosis $\rightarrow$ fatty tissue under the skin hardens around hypertensive veins
- Ulceration $\rightarrow$ deterioration of tissue around vein, can become infected
- Rupture $\rightarrow$ veins extensively blocked, rupture with ecchymosis into surrounding tissue
- Thrombosis $\rightarrow$ clotting / blockage
Conventional Therapeutics

Non-invasive therapeutics

- **Sclerotherapy**: introduced in the 1930s, injection of saline solution into the vein. Irritates the tissues and causes clotting / scar tissue formation.

- Laser or Radio frequency ablation: seals off ends of vein / insert lumen into vein, shrinks the collagen, seals off vein

Invasive therapeutics

- **Stripping**: incisions on either end of vein, then insert wire into the vein, then pull the vein out of the limb

Neither are permanent fix. Similar outcomes.
Varicosity Danger Signs

Indicators of negative progression or urgent conditions

- Sudden increase in pain or swelling
- Fever
- Redness in the local area
- Infection in ulceration

What are the impacts of a senior client who stops walking???
So... The client comes in...

- We take the case....
  - Senior men – a few sentences
  - Senior women – a few hours / could be days
- There is likely to be huge breadth of content
- Likely unclear timeline, unclear impacts of medications
- We look for the pattern of constraint...  we choose a remedy....  we choose a posology.... we cross our fingers...
What if it doesn't work????

- Client improves generally, but the chief complaint (varicose vein, leg pain or sensations, hemorrhoid) does not change, or IS AGGRAVATED (eeek)

- Remedy acts but does not hold, frequent repetitions bring law-of-diminishing-returns response...

- Remedy does not act... nor does the next choice... nor does the next choice... nor does an intercurrent nosode... nor does another remedy after that... reasonable remedies!!! Not even partial credit!!!

- Oops. #%#$&.
The Quintessential Question: Why didn't it work?

- Mystery when well indicated remedies fail to act or do not hold
- Our assumption is that we were mistaken...
- Constitutional remedy concept is the moral high ground, expected to solve everything
- This is a more recent point of view; there are homeopaths from the past who provided other options of assessment for this
Is It Possible to Predict When a Constitutional Remedy is Unlikely to Act in a Specific Sphere?

Burnett: British homeopath who practiced 1860s – 1900, “Cooper Club”

Remedies with affinity for specific organ or organ system

Health and action of the vital force exists at the level of cell, tissue, organ, body system, person, family, genus epidemicus

Some remedies have shown remarkable affinity to specific organs – use this to our advantage

Cure occurs only when the remedy has an affinity for the locus of the disease
All disease begins on the level of the vital force. But it does not stay there!

Disease progresses from sensation and function into tissue manifestation.

The vital force is NOT RANDOM IN ITS CHOICES about where pathology arises!

Specific tissues or organs or body systems are targeted and disrupted in a way that is consistent with the state of the organism.
If so... then we can conclude...

- If the reasonable remedy we chose does not act in crucial aspects of the case.... then before we decide we were mistaken.... we should...

  - Look at SEAT OF DISTURBANCE... and AFFINITY of remedy

  - If the remedy we select has no/small demonstrable affinity for the seat of the disturbance (heart / veins / circulatory system) in the case, then we may see no response or partial response

  - This should not surprise us – we are wiser when we can understand and predict which remedies are / are not likely to act – even when all match the presenting symptomatology

- If we pay attention to this, we will be able to predict what 'should' act and adjust our remedy choices to ensure success
“Specificity of Seat”

Remedy states show specific preference for particular body parts.

When those particular body parts have organic tissue pathology, the remedies that act most strongly are those with an affinity!

The constitutional remedy may not have affinity for the tissue or organ that is compromised...

Primary – main system    Secondary – downstream
Finding a Constitutional Remedy to Repair This

- A good constitutional remedy can resolve this organic tissue pathology...

- Remedy selection is based on the overall presenting state of the client, together with personal and family history

- The constitutional remedy matches the state of the client... which may or may not be a close match to the 'seat of disease'

- If we cannot get relief with the constitutional remedy, then we must look for other options.
Therapeutic Landscape

- Law of Similars

- Match to STATE: response/adaptation/posture to experience or situation in life (strongly etiological)

- Match to DISEASE: end products of disease that create physical tissue change / impairment

- Match to ORGAN: Many derived from folk/herbal tradition, doctrine of signatures references, upheld by provings and clinical experience
So What Are the Options?

- Dilute herbal tinctures - “nourishing herbs”
- Sarcodes
- Cell salts (Schussler)
- Gemmotherapy
- Bach flowers (organ therapeutics for limbic system)
- Bowel nosodes (organ therapeutics for gut/microflora)
Championed by Rademacher, contemporary of Hahnemann, “Empirical medicine”

**Rademacher's Universal & Organ Remedies**

Swimming upstream: Paracelsus, Galen, Hippocrates, Spagyric medicine (Egypt: each organ is microcosm of the whole), Ayurveda (India)

Swimming downstream: Compton-Burnett who expanded concept of affinities, Clarke, Skinner, Tyler, Bach and Swan
Method for a Client Assessment

- Look at physiology of the organ system (compared to healthy organ) through labs, symptoms, medication history

- Compare to known disease patterns of that organ

- Investigate past “insults” to the organ (trauma, iatrogenic, lifestyle, environmental)

- Look at primary organ symptoms in the case (at the organ site)

- Look at secondary organ symptoms in the case (throughout the organism)
Assessment (2)

- Match the organ pattern: the relationship between the organ and the sick person
- Consider sarcodes when paucity of symptoms
- When the organ is THE MAIN CONSTRAINT
  - Every remedy given aggravates the organ
  - Symptoms so overt that it is hard to see constitutional case (eg baby with severe eczema)
  - NWS toxic exposure or drug therapeutics or trauma
# Homeopathic Therapeutics for Varicosities

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**EXTREMITIES; VARICES (83)**
- varicose, distended, engorged, plethoric; painful (34)
- EXTREMITIES; VARICES; Lower Limbs (60)
- EXTREMITIES; VARICES; Leg (42)
- EXTREMITIES; VARICES; Leg; painful (15)
Homeopathic Therapeutics for Varicosities

- First Tier of Choices
  - Flouric Acid – default first choice
  - Vipera berus – when PAIN is great
  - Ferrum phosphoricum – with concomitant anemia
  - Give ARNICA if that is what you have!
Second Tier of Choices

- Hamamelis – chronic phlebitis
- Collinsonia – NBWS pregnancy, NBWS stripping
- Carbon sulph / Graph / Calc – LM potencies are +++
- Lachesis / Bothrops – more likely in Menopause/HRT
Homeopathic Therapeutics for Varicosities (3)

- **Adjuncts Gemmotherapy** (contraindicated w Clotting Meds)
  - **Service Tree** (*sorbus domestica*): Primary regulator of venous system – any varicosities
  - **Horse Chestnut** (*aesculus hippocastanum*): Venous insufficiency, veins collapsed, varicosities, clots, pooling of blood in legs/feet
  - **Hazel** (*coralys avellana*): Vascular ulcers
  - **Lemon Tree** (*citrus limonum*): Regulates coagulation and tones veins

- **Adjuncts Cell Salts**
  - Calc phos / Calc flour / Ferrum arsenicosum
How to use organ therapeutics

Most common potencies: 3x – 5x - 6x

Usually given in tincture form, 5-10 drops 3 times daily

Continue for 2-3 weeks

Re-evaluate after 3 weeks, avoid habituation, alternate between nourishing herb, cell salt, gemmotherapy

Use as adjunct or intercurrent to constitutional care, listen for the voice of the client
As our population ages, the therapeutics for cardiac and circulatory support will become increasingly important...

Be prepared...
And what happened to Vera, that lovely old gal??

- Thrombosis / no pulse in foot / cool
- Numb
- Skin is discolored purple
- R leg, history of Osteomyelitis
- Varicosities
- Easy bruising
And what happened to Vera, that lovely old gal??
Have any Questions for Us?

• Our heads are full! Lots of Info!

• Are you working with these case now? Success stories to share?

• Questions for us?

• Thanks for being here! Try it, let us know what happens!

• Download documents here: http://karenallenhomeopathy.com/training/chms-conference/