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169. Irritable bowel syndrome
170. Jaundice
171. Kidney failure
172. Kidney stones
173. Kwashiorkor
174. Labor pains
175. Lacerations
176. Lactation disorders
177. Laryngitis, hoarseness
178. Leukemia
179. Leukoplakia
180. Lice
181. Liver cancer
182. Liver dysfunction
183. Low back pain (See Back pain)
184. Lung cancer

**DISK #10**
185. Lyme disease
186. Lymphoma (Hodgkin’s and non-Hodgkin’s)
187. Mastitis
188. Mastoiditis
189. Meningitis
190. Menopause
191. Menorrhagia
192. Metrorrhagia
193. Mononucleosis
194. Multiple sclerosis
195. Mumps, parotitis
196. Muscular dystrophy
197. Myocardial infarction sequelae
198. Myofibrositis, adhesions
199. Narcolepsy
200. Nephrosis
201. Orchitis
202. Osteoarthritis
203. Osteoporosis
204. Otitis externa
205. Otitis media
206. Ovarian cancer

**DISK #11**
207. Ovarian cyst
208. Pancreatic cancer
209. Pancreatitis
210. Paralysis
211. Parasites (intestinal)
212. Parkinson’s disease
213. Pelvic inflammatory disease
214. Peptic ulcer disease
215. Pericarditis
216. Pharyngitis
217. Pityriasis rosea
218. Pleurisy
219. Pneumonia
220. Post-traumatic stress disorder
221. Pre-eclampsia
222. Premenstrual syndrome

**DISK #12**
223. Prostate cancer
224. Prostatitis
225. Psoriasis
226. Pyelonephritis
227. Raynaud’s
228. Rectal incontinence
229. Reiter’s syndrome
230. Rheumatic heart disease
231. Rheumatoid arthritis
232. Rhinitis (See Cold, flu)
233. Roseola (Exantum subitum)
234. Rubella (German measles)
235. Rubeola (measles)
236. Scabies (See Lice)
237. Sciatica
238. Scleroderma
239. Seasonal affective disorder
240. Seborrheic dermatitis, dandruff
241. Seizure disorders

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242. STDs
243. Sinusitis
244. Spinal segment lesion (See Back pain)
245. Stomach cancer
246. Surgical treatment sequelae
247. Systemic lupus erythematosus (SLE)
248. Tachycardia
249. Tendinitis
250. Testicular cancer
251. Thrombophlebitis
252. Thyroid cancer
253. TIA (See Cerebrovascular accident)
254. TMJ syndrome
255. Tonsillitis
256. Torticollis
257. Tuberculosis
258. Ulcerative colitis
259. Urethritis
260. Urinary incontinence
261. Uterine cancer
262. Uterine fibroids
263. Vaccination sequelae

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264. Vaginitis, leukorrhea
265. Varicose veins
266. Vertigo, dizziness
267. Visual disturbances
268. Whooping cough, pertussis
269. Worms (intestinal)
ABORTION

**Etiology:**
Spontaneous abortion is defined generally as happening before the 20th week of pregnancy (early abortion: before 12 weeks and late abortion 12-20 week), or of a fetus with a weight of less than 500 gm. 10-15% of pregnant women will spontaneously abort their fetus. Many time the fetus is grossly deformed, or has genetic abnormalities that make it incompatible with life. Therefore, it is theorized that a spontaneous abortion may be a natural selection process for rejecting those fetuses that are biologically unfit for life. Most spontaneous abortions occur within the first trimester (often due to fetal maldevelopment). Spontaneous abortions in the second trimester seem to be due more to maternal factors (i.e. incompetent cervix; congenital or acquired abnormalities of the uterine cavity; hypothyroidism; DM; chronic nephritis; acute infection; trauma to the pelvic region; or severe emotional shock. Habitual aborter is a woman who has had 3 or more consecutive spontaneous abortions.

Spontaneous abortions may be:
1. threatened (bleeding and/or cramping in the uterus within the first 20 weeks of pregnancy), inevitable
2. inevitable (intolerable pain or bleeding that is threatening the mother’s well-being)
3. incomplete (only part of the conception is passed)
4. complete (all products of conception have passed, the uterus is normal sized and the cervix is closed)

**Signs and Symptoms:**
The woman is pregnant (may not know) and is experiencing:
1. pain, cramping and bleeding from the uterus
2. passage of some or all of the products of conception

**Lab Findings:**
1. serum HCG

**Course and Prognosis:**
1. should be checked by a physician or midwife to make sure all products of conception have passed
2. watch for signs of infection
3. all abortions must be completed
4. offer whatever psychological counseling/processing she needs to help through the miscarriage
5. in the case of a threatened abortion
   a. woman should have bed rest
   b. avoid intercourse
   c. undertake appropriate treatment

**Differential Diagnosis:**
1. determine the cause
2. DUB

**Nutrition:**
1. increase organic sodium foods, iron foods, vitamin C and vitamin E foods
2. use chicken, chicken egg yolk
3. for threatened miscarriage: 30 g of raisins and 15 g of red dates, add water, steam and serve

**Avoid:**
1. hot sauces, spicy foods, fried foods, fatty foods, salty foods, coffee, caffeine, sweet foods and sugar, alcohol, cow’s milk and other dairy products, white bread, refined foods, processed foods, catarrh forming foods (tofu, meat, ice cream, cold foods)

**Supplements:**
1. vitamin E (200 IU qd)
2. citrus bioflavinoids (200mg tid)
3. selenium 200mcg qd

**Physiotherapy:**
Contraindicated for short wave diathermy, sine wave and galvanic treatment

**Manipulation:**
1. check and align C6-T3, L4-5 and pelvis

**Botanicals:**
1. **Chamaelirium luteum** (Helonias): reproductive tonic, stimulates depressed uterine and ovarian function; prevents threatened abortion and is best begun before conception and continued through the first trimester in those with miscarriage history. Specifically indicated for sense of fullness in the uterus.

2. **Dioscorea villosa**: contains phytosterols to maintain a pregnancy when a woman’s hormones are inadequate. 2-4 oz of decocted root every 30 min. useful when a crisis threatens, effect noted with several doses.

3. **Lobelia inflata** (toxic): powerful anti-spasmodic for muscular rigidity and uterine contractions; a dose of 60 gtt can relax the uterus.

4. **Mitchella repens**: diminishes nervous irritation and helps pains radiating to back and thighs.

5. **Viburnum opulus**: for expulsive, spas tic uterine pains radiating to back and thighs

6. **Viburnum prunifolium**: for uterine debility, spasms, threatened abortion; sedates uterus and halts contractions

**Formulas:**

1. **miscarriage prevention #1**: Viburnum spp., 1 T.; Rubus idaeus, dried, 3T.; and tincture of: Chamaelirium luteum, 10 gtt; Dioscorea villosa, 10 gtt; Lobelia inflata (toxic), 10 gtt; Infuse the dried herbs, strain and add the first 2 tinctures to 1 cup tea and drink. If contractions continue, repeat dosage and add 60 gtt of Lobelia. Repeat every three hours if needed.

2. **Miscarriage prevention #2**: Dioscorea villosa, 1 oz; Mitchella repens, 1 oz; Helonias dioica, 1 oz; Viburnum prunifolium, ½ oz. Decoct herbs 20 min. in a quart of water, strain, drink 1 cup every 4 hours until symptoms abate.

3. **Uterine tonic**: Mitchella repens, 2 parts; Frasers canadensis, 3 parts; Aletris farinosa, 2 parts; Hydrastis canadensis, 1 part. Decoct 15 min. in water, use tid between meals.

**Contraindicated Botanicals:**

- Aloe socotrina (aloe), Apium graeolens (celery), Arctangelica, Arctostaphyllos uvaurisi, Arctium lappa (burdock), Artemesia spp., Amoracia hapatapholia, cocheria, amoravia, Asclepius anepila (immortal), Calendula offic., Capsella bursa (shepard's purse), Caulophyllum (blue cohosh), Chienopodium ambersiodes (mexican tea), Chrysanthemum part (feverfew), Cinchona spp. (peruvian bark), Cinnamon zeylanicus, Clove, Cystisus scoparium (scotch broom), Elderberry, Ergot Gossypium herbascus (cotton root), Edroma oblongfolium (pennyroyal), Hydrastis canadensis, Heracleum lancetum (masterwort), Lavendula spica (lavender), Leptandra virginica (culver’s root), Malva parviflora (little mallow), Mitchella repens (partridgeberry), Moonseed, Mugwort, Nepeta cateria (catnip), Ocyumn memiminum (basil), Oldenlandia afina (marjoram), Paeonia brocinii (peony), Peyote, Ruta grav. Ragwort, Sage, Sassafras, Slippery Elm, Skunk cabbage, Tansy, Thyme, Viscum album (mistletoe), Viburnum (black haw), Yarrow.

**Homeopathy:**

1. **Aconitum napellus**: due to dreadful dreams such as sight of robbers, fire, drowning; use 200c.

2. **Apis mellifica**: premature labor, esp. with eclampsia; stinging pains in ovaries.

3. **Arnica montana**: sue to a false step or carry heavy weight or other physical over-exertions, shocks, galls, bruises, concussions; may be pain with or without flow or flow with or without pain.

4. **Camphor**: leukorrhea, colds in chest or head or catarrhal discharges.

5. **Caulophyllum**: habitual abortion from uterine debility.

6. **Ipecacuanha**: acute bleeding with continuous flow or bright red blood, colic, cutting pain in abdomen; violent pressure on uterus.

7. **Gelsemium**: due to mental excitement; pain extents from abdomen upwards to back.

8. **Opium**: from severe, sudden fright.

9. **Kali carbonicum**: 2-3 month; sharp pelvic pain extending into thighs, back aches as if broken.

10. **Pulsatilla**: timid, chilly, thirstless, flow intermittent.

11. **Sabrina**: habitual every 2nd: 3rd month; discharge of dark blood; pain in small of back and genitals.

12. **Viburnum prunifolium**: esp. in 8th month.
ABSCESS

Definition:
An encapsulated collection of pus in a localized infection with tissue destruction and swelling or a cavity formed by liquefaction necrosis within solid tissue; abscess of organs such as the brain include their own set of symptoms.

Etiology:
1. direct implantation (i.e. penetrating wound) of an organism.
2. spread from other infection via blood or lymphatic transport.
3. breakdown of natural barriers allowing organisms to travel from non-sterile body areas to sterile cavities.
4. Diminished immunity is a major contributing factor.

Signs and Symptoms:
1. diffuse pain, warmth, mild tissue induration which gradually becomes more localized; characteristically fluctuant.
2. a red, painful pustule which may be several centimeters across.
3. A head formed on the surface similar to a pimple; application of heat may be necessary to draw this out
4. A centralized core develops

Lab Findings:
1. pus will commonly test positive for staphylococcus
2. anaerobic organisms are often present

Course and Prognosis:
1. dependent on abscess location
2. conventional treatment: antimicrobial therapy to incision and drainage, packing and further drainage.
3. Culture and sensitivity should always be done in areas where complications might ensue or where less common pathogens may be present (i.e. GC in Bartholin abscess).
4. complications: bacteremia, and severe localized tissue damage, internal body cavity abscesses such as those in the abdomen, thorax or brain are medical emergencies and require immediate hospitalization.

Differential Diagnosis:
1. superficial: herpes simplex, chancre
2. internal: symptoms related to affected organ system and location

Nutrition:
1. try vegetarian diet high in vegetables and complex carbohydrates. If on a vegetarian diet, try a fruit and vegetable diet or short fast.
2. eat watermelon, cucumber, garlic and vitamin A rich foods
3. lemon juice in water on an empty stomach in the morning

Avoid:
1. meat (esp. pork), alcohol, hot sauces, spicy, fried, fatty, rich, salty foods

Supplements:
1. vitamin A
2. vitamin C (to bowel tolerance)
3. vitamin B complex
4. zinc (30-60 mg)
5. garlic
6. thymus gland

Physiotherapy:
1. heat: local, to prevent
2. short, cold bath on affected area
3. UV
4. poultices: garlic, cabbage, turnip, charcoal or the botanicals: *Linum usitatissimum* or *Ulmus fulva*
   a. turnip: grate raw turnip bulbs mixed with T. salt
   b. charcoal: roast dry figs until they become like charcoal; grind into a powder, apply to the wound and bandage.

Botanicals:
1. *Arctium lappa*: recurrent boils, eliminates waste materials
2. *Arnica montana* (toxic): apply infusion externally
3. *Berberis aquifolium/nervosa*: skin conditions
4. *Calendula officinalis*
5. *Echinacea angustifolia*: locally to cleanse inside of cavity; suspected blood poisoning
6. *Hamamelis virginiana*: antiseptic
7. *Hydrastis canadensis*: antiseptic, vulnerary
8. *Hypericum perforatum*
9. Lavandula officinalis
10. Linum usitatissimum: poultice
11. Phytolacca decandra (toxic): dermal abscesses, boils
12. Thuja occidentalis: externally for fistulae
13. Thymus vulgaris: essential oil
14. Ulmus fulva: poultice
15. Usnea spp.: antiseptic, antibacterial, good with Echinacea

Formulas:
1. inflamed: Veratrum viride (toxic), Aconitum napellus (toxic)
2. Phytolacca decandra (toxic), Iris versicolor (toxic)
3. External: compress or liniment: Symphytum officinale (toxic) (root), Hydrastis canadensis, Ulmus ulva.
   
   Make paste using water and apply topically
4. Poultice: Linum usitatissimum and Ulmus fulva

Homeopathy:
1. Arnica montana: small painful boils in crops one after another
2. Anthracinum: for carbuncles, burning and high fever (high potency)
3. Arsenicum album: carbuncles with burning, as if coals of a fire on skin; cutting, burning pain, < after 2 am; (if Anthracinum fails)
4. Belladonna: red, throbbing pain without formation of pus; blood boils
5. Calcarea carbonica: pale, painful boils (200c)
6. Carbonic acid: carbuncles on lumbar region with DM; foul pus from several openings; nausea and offensive vomiting (200c)
7. Hepar sulphur: early pus formation; extremely sensitive with sharp, sticking pains; pus is thick, yellow and patient very sensitive; patient chilly, > in wet weather
8. Lachesis: bluish color with acrid pus which is offensive; burning pains, sensitive to touch
9. Ledum: boils caused by needle pricks
10. Mercurius iodatum: boils when no pus formation; glandular abscess; if pus-green, watery and thin; intense shining redness with throbbing and stinging pain
11. Silica: low healing power; pus watery and thin in ulcers which refuse to heal; patient is chilly, > in dry and warm weather, < cold, wet weather (200c or higher)
12. Stramonium: excruciating pains, inflammation, abscess in joints (esp. left hip); septic state and formation of pus
13. Sulphur: small boils in crops (if Arnica fails)
14. Tarantula hispanica: hard, tender, inflamed hair follicle; for abscess under armpit; specific for boils at any stage
ACNE (VULGARIS AND ROSACEA)

ACNE VULGARIS

Definition: common disease of the pilosebaceous glands presenting as either:  
1. non-inflammatory: comedones (blackheads) and closed comedones (white heads)  
2. inflammatory: papules, pustules and cysts (“pimples” or “zits”)

Etiology:  
1. most common skin problem (25% of a dermatological practice).  
2. lesions frequently appear on the face but can often be seen on the chest, back and shoulders.  
3. onset is multifactorial (hormones, sebum, bacteria and keratinization).  
   a. *Propionibacterium acnes* are the main bacteria (along with *Staph aureus*) initiating the thickening of the hair follicle by cleaving free fatty acids that irritate the follicle’s lining. The thickening leads to the impacting of sebum and keratin and eventually causes follicle rupture, producing an inflammatory reaction responsible for the formation of papules, pustules and cysts.  
   b. Other factors include: oil-based cosmetics, improper diet and food sensitivities, assorted compounds (i.e. corticosteroids, halogens), industrial pollutants (i.e. coal tar derivatives, chlorinated hydrocarbons), oral contraceptive agents, fatigue and stress, poor skin hygiene, chronic irritation (i.e. football helmet straps, backpack straps).  
4. generally begins at puberty due to androgen production causing changes in the size and activity of the pilosebaceous glands.  
   a. acne in females can be related to low pituitary function at mid-cycle.

Signs and Symptoms:  
1. superficial acne: comedones (open or closed), inflamed papules, pustules or superficial cysts  
2. deep acne: pus-filled cysts, deep inflamed nodules, scarring: “pock marks”  
3. both worsen in winter

Lab Findings:  
1. (+) food allergies  
2. low estrogen (in some women)

Course/Prognosis:  
1. spontaneous remissions do occur (exacerbation’s are also frequent)  
2. diet can result insignificant results  
3. conventional treatment: drug therapy (most drugs have “trade-off” complications)  
   i.e. tetracycline removes acne but patient may develop yeast infection, colitis, etc.; Retin-A may irritate and cause toxicity reactions

Differential Diagnosis:  
1. acne rosacea  
2. tuberous sclerosis

Nutrition:  
1. diets: if on a regular diet, try a vegetarian and complex carbohydrates. If on a vegetarian diet, try a fruit and vegetable diet or a short fast. Hypoallergenic /rotation diet  
2. high fiber diet  
3. small amounts of monounsaturated fats  
4. increase: squash, cucumber, watermelon, winter melon, celery, carrots, cabbage, beet tops, dandelines, aloe vera, mulberry leaves, lettuce, potato, cherries, papaya, pear, persimmon, raspberries, buckwheat, alfalfa sprouts, millet, brown rice, mung beans, burdock root, onions  
5. drink plenty of water  
6. formula: 4 oz mung beans and 2 oz raw brown sugar boiled in 1 ½ pt. Water until volume is reduced to half. Eat and drink  
7. external applications:  
   a. grated cucumber, plain yogurt or aloe vera applied topically  
   b. rub watermelon rind on acne  
   c. mix pearl barley powder with aloe vera and apply overnight  
   d. dandelion poultice  
   e. soak swiss chard seeds in vinegar for 3-5 days, then apply vinegar to face  
   f. take dried seeds of an unripe orange and grind into a paste with some water, apply to skin before going to bed  
   g. Azurilic acid from molds, apply topically

Avoid:
ACNE (VULGARIS AND ROSACEA)

1. food intolerances
2. simple carbohydrates and sugar, fried, fatty, rich foods, chocolate, nuts, coffee, alcohol, ice cream and other dairy products, soft drinks, red meat, shellfish, bamboo shoots, white mushrooms, check for fruit sensitivities
3. trans-fatty acids, hydrogenated oils (margarine, vegetable shortening, imitation butter spreads, most commercial peanut butters, oxidized fats (deep fried foods, fast food, ghee, barbecued meats)
4. spices
5. smoking, stress, constipation, washing with harsh soaps

Supplements:
1. vitamin A (100 000-200 000 IU qd) [toxic dose]
2. vitamin B6 (esp. pre-menstrual acne) (50 mg qd for 1 week pre-menses, 100 mg tid)
3. vitamin C (1000 mg qd)
4. vitamin E (400-800 IU qd)
5. zinc (50mg tid)
6. copper (5 mg qd)
7. selenium (200mcg qd)
8. folic acid (5-10 mg qd)
9. omega-6 fatty acids; safflower oil (1 T. bid)
10. Brewer’s yeast (1 T. bid)
11. HCl with meals (10-50 grains, work up slowly)

Hydrotherapy:
1. alternate hot and cold pack with Mentha piperita
2. other external applications under nutrition

Physiotherapy:
1. UV

Botanicals:
1. Arctium lappa: skin conditions, affinity for the skin itself
2. Baptisia tinctoria: eliminates wastes
3. Berberis aquifolium: acne, facial blots and pimples (with Arctium lappa and/or Rumex crispus)
4. Citrus limonum: tonic, cleanser
5. Hydrastis canadensis: internally and externally
6. Iris versicolor (toxic): pustules, comedones; rough, greasy, discolored condition of the skin
7. Juglans cinerea: skin eruptions from faulty elimination (with Taraxacum officinale root)
8. Mentha piperita: alternate hot and cold pack
9. Phytolacca decandra (toxic): externally as ointment
10. Veronicastrum virginicum: skin eruptions, use with alteratives (liver involvement)

Formulas:
1. Berberis aquifolium with Arctium lappa and/or Rumex crispus
   a. Addition of botanicals to help correct elimination functions: Taraxacum officinale, Rumex crispus, Rhamnus purshiana, Plantago psyllium (bulk laxative)
   b. liver botanicals: Chelidonium majus (toxic), Taraxacum officinale, Veronicastrum virginicum
2. Berberis aquifolium (2 dr.), Rumex crispus (2 dr.), Arctium lappa (1 dr.), Echinacea angustifolia (2 dr.), Symphytum officinale (toxic) (1 dr.) SIG: 30 gtt tid

Homeopathy:
1. Arsenicum sulphuratium rubrum: acne with eczema or psoriasis
2. Asterias rubens: main remedy at time of puberty; acne from hormonal problems
3. Hepar sulphur: pimplies which suppurate white pus
4. Kali bromatum (if Asterias fails): itching, pustules, burning, stinging, esp. face, chest, shoulders
5. Sanguinaria: acne < at time of menses
6. Sulphur: use as intercurrent if well selected fails to give relief or improvement stops (use 200c)
7. Thuja occidentalis: acne of face and nose and dermatitis
**ACNE ROSACEA**

**Definition:**
1. chronic acniform eruption in the central region of the face and recognized by facial flushing and telangiectasia

**Etiology:**
1. occurs mostly from age 30-50
2. more common in women than men (3:1)
   a. in men the disease presents in a more severe form
3. usually no comedones associated, instead erythema, papules, pustules, seborrhea and rhinophyma may develop
4. symmetrical
5. implicating factors:
   a. alcoholism
   b. hypochlorhydria
   c. vitamin B deficiency
   d. vasomotor neurosis
   e. seborrheic tendency

**Signs and Symptoms:**
1. skin symptoms above
2. blushing and flushing (vasomotor reactions)
3. ocular symptoms (in 30-50%): blepharoconjunctivitis, chalazion, iritis, keratitis, scleritis
4. migraine headaches

**Lab Findings:**
1. (+) Heidelberg analysis (for hypochlorhydria)
2. (+) blood analysis for vitamin B deficiency

**Course/Prognosis:**
1. tends to be chronic (varies with patients)
2. rhinophyma may be the worst outcome
3. higher incidence of basal cell carcinoma in acne rosacea patients vs. general public
4. ocular symptoms may eventually lead to corneal clouding, ulceration or blindness

**Differential Diagnosis:**
1. drug eruptions (esp. iodides and bromides)
2. cutaneous LE
3. granuloma of the skin
4. seborrheic dermatitis
5. atopic dermatitis
6. acne vulgaris

**Nutrition:**
1. if on a regular diet, try a vegetarian diet high in vegetables and complex carbohydrates. If on a vegetarian diet, try fruit and vegetable diet or a short fast
2. increase: squash, cucumbers, watermelon, winter melon, celery, carrots, cabbage, beet tops, dandelions, aloe vera, mulberry leaves, lettuce, potato, cherries, papaya, pear, persimmon, raspberries, buckwheat, alfalfa, sprouts, millet, brown rice, mung beans, burdock root, onions
3. drink plenty of water
4. formula: 4 oz mung beans and 2 oz raw brown sugar boiled in 1 ½ pt. of water until reduced to half. Eat and drink.

**Supplements:**
1. vitamin B12 (1000 mcg IM)
2. vitamin B complex
3. HCl (5 grains/meal)

**Hydrotherapy:**
1. peroxide bath
2. hot (140°F) moist application: applied directly to lesions (2x.day, touch each lesion 5-6x)
3. sulfur bath: in a bath about ½ full stir in one ounce of potassium sulfate, water temperature (102°F), patient sits in the water and dips affected area for 30-60 min. after bath skin blotted dry with friction

**Physiotherapy:**
1. UV
ACNE (VULGARIS AND ROSACEA)

**Botanicals:**
1. **Clavipeps purpurea:** externally
2. **Melaleuca cajuputi:** essential oil, locally
3. see hypochlorhydria; food sensitivities

**Homeopathy:**
1. **Carbo animalis:** copper colored eruption; < evening, in bed, from cold; bluish color, no heat
2. **Chrysarobinum:** lesions with foul discharge and crusting; confluent and has appearance of single crust; **violent itching**
3. **Hydrocotyle:** dry skin; pustular eruptions; skin thickening and scaling; itching
4. **Kali bromatum:** itching, anesthesia of skin
5. **Kreosotum:** itching < towards evening; pulsating sensation
6. **Oophorinum:** after excision of ovaries; climacteric
7. **Radium:** itching, swelling, redness, burning as if on fire
8. **Sulphur:** itching, burning, < scratching and washing, from warmth
ADDICTION (WITHDRAWAL)

**Etiology:**
Drug dependence may be:
1. **physiological:** state of adapting to a drug associated with the development of tolerance and clinically seen by a withdrawal or abstinence syndrome or
2. **psychological:** feelings of contentment while on the drug therefore creating a strong desire to experience repeated drug administrations to achieve pleasure or avoid pain.

The withdrawal syndrome is defined as “unpleasant physiologic changes that occur when the drug is discontinued abruptly or when its effect is counteracted by a specific antagonist.” (Merck)

It may be metabolic or psychological.

**Signs and Symptoms:**
1. most all patients undergoing withdrawal of their substance of abuse will crave that substance in the initial phases.

**Alcohol:**
1. symptoms typically begin 12-28 hours after the last drink
2. mild signs and symptoms: weakness, sweating, tremors, hyperreflexia, GI disturbances, epileptic seizures
3. **Alcoholic hallucinosis:** occurs only in drinkers who have imbibed vast quantities of alcohol over a long time. The hallucinations are often auditory and frightening to the patient, with themes of paranoia and accusations frequently experienced. The hallucinations are transient and last for 1-3 weeks.
4. **Delirium tremens:** the severe form of withdrawal syndrome recognized by anxiety attacks, poor sleep, significant sweating, depression and confusion. The pulse and temperature may increase (this is a bad sign). Hallucinations occur often of animals or normal daily activities. The patient may experience the floor moving, room rotating, etc. and a tremor may being in the hands that spreads to the trunk and head. The acute phase lasts about 2-10 days, although the delirium tremors should begin to dissipate within 12-24 hours.

**Opiates:**
1. symptoms usually begin within 4-6 hours after drug use and peak at 36-72 hours (in heroin)
2. signs and symptoms generally are the opposite of what the drug elicits (that is there is typically CNS hyperactivity).
   a. anxiety, strong desire for the drug, followed by increased respiration, nausea and diarrhea, yawning, sweating, tearing from the eyes, nasal discharge, goose-bumps, tremors or muscle twitching, hot and cold flashes, anorexia and aching muscles
3. the symptoms of withdrawal are vastly uncomfortable, yet they are not dangerous or fatal

**Barbiturates:**
1. symptoms may begin with sleeping problems (such as bad dreams, insomnia, frequent waking and waking unrefreshed and irritable) and can become restless, weak and have tremors (tremors increase in severity as the patient progressively weakens), culminating in convulsions that can develop into status epilepticus and eventually cause death
2. associated symptoms include delirium, confusion, terrifying hallucinations, increased temperature and dehydration
3. sudden withdrawal of large doses of barbiturates can cause severe, scary and potentially dangerous sickness (like delirium tremens)
4. withdrawal from barbiturates necessitates the patient be under care in a hospital (above reasons)
5. CNS may be labile for up to a month, even with close personal care of the patient

**Amphetamines:**
1. withdrawal generally mild
2. signs and symptoms include sleeplessness, fatigue, possibly severe anxiety and restlessness and depression

**Smoking:**
1. withdrawal signs and symptoms include depression, anxiety, weight gain, irritability, sleep disturbances and GI upset

**Course/Prognosis:**
1. course of withdrawal: varies with the substance involved
   a. generally the course of withdrawal is steady or occasionally rapid onset of withdrawal crisis (which peaks in often intense symptoms before subsiding gradually as the physical effects wear off
   b. psychological addiction lasts longer and is the major obstacle to permanent withdrawal
2. relapse: common when discomfort starts and the patient may experience an uncontrollable urge to resume substance abuse to ease the situation
3. prognosis: is excellent if withdrawal is accomplished before extensive physical damage occurs

**Differential Diagnosis:**
1. diagnosis will be evident from the history or examination
ADDICTION (WITHDRAWAL)

2. psychogenic causes
3. metabolic causes
4. toxic causes
5. infectious causes

Nutrition:
1. after patient is stabilized: a short alkaline fast is recommended (highly supervised)
2. good dietary habits a must
3. in beginning detox: supply with enough fruit juices to get lift when needed and enough liquids
4. increase zinc, magnesium, B1 and B6 rich foods also beets and beet tops, bamboo shoots, spinach, banana, grapefruit, mulberry, persimmon, strawberry, white fungus, apple, ginseng, white mushroom, diakon radish, pear, mandarin orange, black soybeans, dandelion, burdock, chlorophyll, artichokes, garlic, onions
5. smoking detox: increase all vitamin A rich foods and do an alkalinizing diet (to reduce nicotine cravings)
   a. formulas:
      1. grate a fresh radish and mix with 2 t. honey and drink as juice
      2. prepare 100 gm fresh tofu and 50 gm black sugar, make a few hole in the tofu and put the sugar into the holes. Steam the tofu, then eat a few t. of tofu when urged to smoke
6. alcohol detox: fasting is recommended and all nutritional support and formulas
   a. boil 60 gm black soybeans in water and drink as soup
   b. put 15 gm sugar in 30 ml rice vinegar, add a little hot water to dissolve the sugar. Drink all at once
   c. boil 30 gm hyacinth beans in water. Drink as soup

Avoid:
1. heating foods (i.e. cinnamon), spicy foods, coffee (long term), simple carbohydrates (sweets and sugary foods), high fat diet, fried foods, rich foods, chocolate, nuts, hot foods and chili
2. smoking, stress and constipation
3. alcoholics must also avoid hypoglycemia

Supplements:
1. vitamin A (25,000 IU qd) [for alcohol addiction]
2. vitamin B1 (500-1500 mg tid)
3. vitamin B3 (100-6000 mg qd)
4. vitamin B6 (100-1000 mg qd)
5. vitamin B15 [pangamic acid] (50-100 mg qd)
6. folic acid (5 mg qd)
7. vitamin C (to bowel tolerance)
   a. 1000-3000 mg qd for alcohol addiction to reduce ethanol toxicity
8. vitamin D (1000 IU qd)
9. vitamin E (up to 1200 IU qd)
   a. 800 IU qd for alcohol addiction to protect cardio-toxic effects
10. calcium (1000 mg qd)
11. magnesium (1000 mg qd)
12. zinc (30 mg qd)
   a. picolinate form: 60 mg, balance with 1-2 mg copper
13. cystine [for alcohol addiction]
14. vitamin B12 [for alcohol addiction]
15. selenium (200-300 mcg qd) [for alcohol addiction]
16. L-glutamine (2000 mg) [divided doses when craving alcohol]
17. essential fatty acids
18. evening primrose oil (1/2 – 1 gm tid) [for alcohol addiction]

Hydrotherapy:
1. constitutional hydrotherapy
2. wet sheet pack: stage 4
3. hot fomentation: over stomach and abdomen every 3 hours for 15 min, during interval heating compress [for alcohol addiction]

Manipulation:
1. check and align atlas, T6-8 and T10-12

Botanicals:

Alcohol:
1. Apocynum cannabium (toxic): to settle stomach, strengthen heart during delirium tremens or after abuse
2. Avena sativa: nerve, helps overcome habit
ADDICTION (WITHDRAWAL)

3. *Capsicum frutescens*: delirium tremens, steadies patient, promotes sound sleep
4. *Chamomilla spp.:* sedative
5. *Chionanthus virginicus*: gastrointestinal or hepatic disorders
6. *Cinchona spp.* (toxic): has been used in alcoholism, general debility
7. *Claviceps purpurea* (toxic): antispasmodic, anodyne, soothes in delirium tremens
8. *Conium maculatum* (toxic): according to indications
9. *Humulus lupulus*: delirium tremens, excitement, aids digestion
10. *Hydrastis canadensis*: to overcome craving
11. *Strychnos nux vomica* (toxic): decrease portal circulation, an aid in chronic alcoholism, esp. those with robust constitution and great nervous excitability

See: Alcoholism, hangover

**Drug Withdrawal:**
1. *Avena sativa*: helps overcome habit (alcohol, morphine, opium)
2. *Chamomilla spp.:* sedative
3. *Datura stramonium* (toxic): opium habit, delirium: furious, raging, destructive
5. *Panax ginseng*
6. *Scutellaria lateriflora*: sedative, muscle twitching

See: nightmares or appropriate mental/emotional state

**Smoking:**
1. *Acorus calamus* (toxic): sedative, for withdrawal
2. *Avena sativa*: nerve tonic, helps overcome habit
3. *Chionanthus virginicus*: helps expel mucous secretions
4. *Glycyrrhiza glabra*: irritations of mucosa
5. *Lobelia inflata* (toxic): expectorant, for withdrawal
6. *Nepeta cataria*: nervous irritability
7. *Passiflora incarnata*: nerve, insomnia
8. *Sassafras veiifolium* (oil): to overcome
9. *Scutellaria lateriflora*: nerve
10. *Sterculia acuminata*: depressive states, melancholia
11. *Tussilago farfara*: to substitute habit

**Formulas:**
1. withdrawal from nicotine, caffeine, cocaine and alcohol: *Avena sativa, Scutellaria lateriflora*
2. chronic alcoholism: *Capsicum frutescens, Hydrastis canadensis, Strychnos nux vomica* (toxic)
3. formula #3: *Capsicum frutescens, Hydrastis canadensis, Xanthoxyllum americanum*
4. delirium tremens: *Capsicum frutescens with nervines*
5. smoking withdrawal:
   a. base formula: *Glycyrrhiza glabra* (1 dr.), *Lobelia inflata* (toxic) (1/4 dr.), *Scutellaria lateriflora* (1 dr.), *Symphytum officinale* (toxic) (1 dr.), *Taraxacum officinale* (1 dr.), *Tussilago farfara* (1 dr.)
   b. can add other herbs (recommended are: *Avena sativa, Ephedra vulgaris, Foeniculum vulgare, Ligusticum spp., Nepeta cataria and Prunus virginiana*) to complete the 1 oz tincture (minimum 5.25 dr. of the base formula required)
   c. simply multiply by factor to increase number of oz
   d. suggested dosages: 10-20 gtt, 4-10 times/day (1 oz lasts 1-2 weeks)
   e. **Warning**: make certain patient is not pregnant or planning to be while using formula and a non-alcoholic version may be needed

**Homeopathy:**

**Withdrawal from alcohol** (use all remedies in 200c [unless stated] every week till craving or habit is gone:
1. *Alumina*: easily drunk
ADDICTION (WITHDRAWAL)

2. **Aconitum napellus**: fear, tossing about
3. **Arsenicum album** (try this first): craves alcohol; inclined to vomit or diarrhea
4. **Avena sativa**: nervous, sleepless
5. **Cannabis sativa**: violent, mind active and talkative, sense of exaggeration, delusion, hallucination; perspiration and flushing of face
6. **Capsicum**: morning vomiting, sick stomach, intense craving, agitation, frightful visions and delirium
7. **Hyoscyamus**: talkative, tremulous; insomnia with sexual excitement, outbursts of laughter alternating with weeping
8. **Lachesis**: ill natured people, violent crimes, vindictive, wicked, jealous, induced to kill others and not himself, talkative
9. **Nux vomica**: nervous due to alcohol, headache, frightful visions, irritability, gastric upset, frightened by noise at night, giddiness, restlessness; tendency to jealousy and envy; to suicide by shooting or stabbing
10. **Opium**: repeated delirium tremens; expressed terror on face; visions of animals and ghosts with uneasy sleep; face dark red
11. **Petroleum**: drunkard without energy; unable to refuse a drink; vomiting after the least excess; talkative when drunk
12. **Stramonium**: visions of animals in every corner as he tries to escape; face bright red; hallucination and illusion produce terror
13. **Sulphuric acid**: (main remedy for chronic alcoholism) cannot tolerate even the slightest amount of food; patient pale, shriveled, cold
14. **Syphilinum**: hereditary tendency to alcoholism

**Withdrawal from Tobacco:**
1. **Aconitum napellus**: severe h/a and nausea
2. **Caladium**: for craving
3. **Chamomilla**: giddiness, fainting, vomiting of bile
4. **Cocculus indicus**: violent convulsions
5. **Pulsatilla**: sickness of stomach
6. **Tabacum**

**Withdrawal from Cocaine, Morphine:**
1. **Apomorphia**: vomiting preceded by nausea, with lassitude; increased secretion of sweat, saliva, mucous and tears; dilated pupils
2. **Avena sativa**: nervous exhaustion, sexual debility
3. **Belladonna**: stupefied
4. **Chamomilla**: pains that remain
ADDISON’S DISEASE

Definition:
1. adrenocortical hypofunction causing an insidious, gradual and typically progressive disease
2. may be primary (Addison’s) or secondary (from ACTH deficiency)

Etiology:
1. Addison’s is rare (1-4:100,000)
2. affects men and women equally
3. gland must be 90% destroyed before symptoms are evident
4. causes:
   a. autoimmune adrenalitis (70% of cases)
   b. sarcoidosis
   c. fulminating infection (meningococcal septicemia)
   d. tuberculosis
   e. neoplasms
   f. iatrogenic influences
5. disease usually becomes clinically evident when the patient undergoes metabolic stress or trauma

Signs and Symptoms:
1. fatigue
2. depression
3. weight loss, anorexia
4. GI discomfort, nausea, vomiting
5. hypotension with dizziness and faintness
6. loss of body hair
7. decreased sexual desire
8. vitiligo and/or excess of pigmentation (like a tan) along areas that are submitted to pressure (bony prominences), hand creases, buccal mucosa and areas exposed to light
   a. increased pigmentation due to the increased levels of ACTH circulation in the body in response to the adrenal insufficiency.
   b. other skin changes include: black freckles over the face, neck and shoulders as well as bluish-black skin changes on the lips, mouth, rectum and vagina
9. amenorrhea
10. dehydration
11. increased susceptibility to infections
12. decreased cardiac output potentially leading to circulatory collapse
13. cold intolerance

An adrenal crisis may occur with acute infection, trauma, post-operatively or excess perspiration (esp. in hot weather) Symptoms may include:
1. severe asthenia
2. peripheral vascular collapse
3. marked pains in legs, lower back or abdomen
4. renal failure with azotemia

Lab Findings:
1. low plasma sodium, chloride, cortisol (< 5 mcg/dl; 8 am specimen)
2. high plasma potassium
3. high urea
4. decreased urine 17-hydroxy-ketosteroids, 17-KS and 17-KGS
5. increased hematocrit due to decreased blood volume but normocytic anemia present
6. fasting hypoglycemia with insulin hypersensitivity
7. eosinophilia
8. lack of response of plasma cortisol to an injection of ACTH or cosyntropin (an ACTH analogue with less side-effects)

Course/Prognosis:
1. conventional treatment comprises hydrocortisone injections of 20 mg in the morning and 10 mg at night
2. mineralocorticoid supplementation is normally also required (except in secondary Addison’s when aldosterone is still produced)
3. prognosis is good with replacement therapy

Differential Diagnosis:
1. malignant disease
2. adrenal insufficiency may occur in conjunction with thyroid disease and pernicious anemia
3. other causes of hyperpigmentation: pregnancy, Cushing’s disease, liver disease, carcinomatosis
4. psychiatric conditions
5. malabsorption

Nutrition:
ADDISON’S DISEASE

1. high organic sodium, low potassium, raw diet
2. foods rich in organic sodium: celery, beets, spinach, swiss chard, pomegranates, strawberries, tomatoes, fig, honey, almonds, beechnuts
3. foods rich in iodine, silicon, phosphorus: kelp, dulse, swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk
4. pork, romaine lettuce

Avoid:
1. concentrated starches, sugar, meat and potassium rich foods

Supplements:
1. vitamin A
2. vitamin B6
3. vitamin C
4. thymus
5. adrenal tissue 3x
6. protomorphogens: adrenal, pituitary

Hydrotherapy:
1. heating compress to trunk
2. constitutional hydrotherapy

Physiotherapy:
1. diathermy (short or long wave): activate the adrenals
2. electro-spinal therapy: T5-9
3. galvanism: place (+) pad between occiput and cervical region and (-) pad over adrenals, 20 interruptions/min at 15 to 25 mA for 10 min (each adrenal)

Manipulation:
1. check and align T12

Botanicals:
1. Borago officinalis
2. Eleutherococcus senticosus
3. Glycyrrhiza glabra: for adrenals with Taraxacum off. (leaf)
4. Hydrocotyle asiatica: strengthens adrenal glands

Formulas:
1. Glycyrrhiza tea, half oz to 1 pint water, use 2-3 cups over 2-3 days. Decoct with lid. Can combine with Dioscorea villosa or Smilax sarsaparilla
2. Consider: nervine tonics, bitters

Homeopathy:
1. Adrenalin: neuralgia; bronzed skin; debility; hematuria; palpitation; tachycardia; loss of strength and wasting; causes increase in blood pressure, veigo, nausea, vomiting
2. Arsenicum nitricum: lead-colored pigmentation of skin; nervous fears, restlessness with trembling hands; dried up constitution due to long continued mental exertion
3. Arsenicum album: all pervading debility, exhaustion, restlessness, great exhaustion after slightest exertion; burning pains; gradual loss of weight from impaired nutrition
4. Bacillium: constant disposition to take cold; irritable; depressed; abdominal pain
5. Belladonna: acute cases, first stage; pain in small of back and groin; sensitiveness of epigastric or hypochondriac region; vomiting; coldness of extremities; great weakness
6. Calcarea arsenica: confusion, delusions, illusions, great depression; violent rush of blood to head with vertigo; region of stomach distended; kidney region sensitive to pressure; worse from slightest exertion
7. Calcarea carbonica: sallow color of skin; headache, vertigo; dimness of sight; fainting; insomnia; coldness of extremities; apathy and mental depression; anorexia or bulimia; nausea, vomiting, gastralgia, constipation, pressing pain in kidney and loins; muscular twitching
8. China officinalis: yellow, cachectic color of skin; debility, prostration of mind and body; irritability; coldness and trembling of extremities; restless sleep; dull stitching pains in renal region; anorexia, vomiting, gastric and abdominal pains
9. Ferrum iodatum: high grade of debility and muscular paresis; tremors; sleeplessness; headache; vertigo; yellow, sallow face; constant nausea, vomiting; pressing and clawing pains in stomach; constipation
10. Iodum: dark color skin with sensation of heat, skin turns to a reddish-brown or dark brown, like parchment, scales off and shows a fatty perspiration under the scales; thickening of the epidermis, excessive debility, malaise; moroseness and ill humor; nausea, vomiting, gastralgia, constipation drawing and pressive pains in renal region
11. Natrum muriaticum: earthy, yellow color of face, brown spots on back of hands; tension and heat in renal region; excessive lassitude and relaxation of mind and body with trembling of lower limbs; loss of appetite with aversion to
ADDISON’S DISEASE

animal food; constipation; pain in abdomen and hypochondria; cold extremities; vertigo when rising up or when trying to walk, with faint felling; sleepiness, still he cannot sleep; cross and irritable

12. Oleum jechoris aselli: emaciation; lassitude; restless and feverish at night; yellowness; appetite lost; nausea, vomiting; weight in stomach; soreness in kidneys

13. Petroleum: irritable, easily offended; low spirited; distention in stomach; nausea with accumulation of mouth water

14. Phosphorus: sickly, yellow color of face, with sunken eyes; brown dark spot on different parts of body; weariness, sudden loss of strength; icy coldness of extremities; h/a, vertigo, sleeplessness, downheartedness, irritability; anorexia alternating with bulimia; burning, cutting, pressive pains in stomach with nausea and severe vomiting sensation of weakness and paralysis in small of back

15. Silica: prostration of mind and body; lack of vital heat; anorexia, vomiting after drinking; pain or painful cold feeling in abdomen; icy cold and sweaty feet; > warmth

16. Sulphur: irritable, depressed; thin and weak; sick h/a recurring periodically; complete loss of appetite; abdomen very sensitive to pressure

17. Vanadium: anemia, emaciation; tremors; vertigo; hysteria and melancholia; anorexia and symptoms of GI irritations; albumin casts and blood in urine
AIDS/ARC

Definition:
1. AIDS (Acquired Immune Deficiency Syndrome): attacks T-helper cells leaving the patient open to opportunistic infections, including Pneumocystis pneumonia and Candida albicans
2. ARC (Aids Related Complex): involves decreased immunity but not full-blown AIDS

Etiology:
1. HIV (human immunodeficiency virus) formerly HTLV-III, is closely associated with these conditions, though the exact mechanism of its action remains unclear
   a. some schools of thought propose the virus as the sole active agent, it remains distinctly possible that HIV may be one of several factors which need to come together to create active infection
2. blood is the most common medium of transmission (transfusions, sexual intercourse, IV needles)
3. people most at risk: homosexual males, IV drug users (needle sharing), prostitutes, fetuses of infected mothers, hemophiliacs (less so since intensive blood screening), partners of members of high-risk groups

Signs and Symptoms:
1. persistent fever
2. weight loss
3. swollen lymph nodes
4. fatigue
5. dry cough
6. shortness of breath
7. night sweats
8. personality changes
9. diarrhea
10. Kaposi’s sarcoma

Lab Findings:
1. (+) HIV serology
2. low T-cell count
3. inverted T-cell ratios
4. labs associated with infectious complications
5. progression monitored with T-cell ratios and WBC counts

Course/Prognosis:
1. opportunistic infections: the most common complication
   a. include: Pneumocystis pneumonia, Candida albicans, Toxoplasmosis, Cryptosporidiosos and Mycobacterium infections
2. Kaposi’s sarcoma: is a later-stage complication which carries a poor prognosis
   a. the course is often long and painful both physically and emotionally
   b. the resulting infections are treatable unfortunately the disease itself has no cure as of yet
3. course and prognosis depend on the health of the infected person upon contracting the disease
   a. many ARC suffers are living relatively normal lives without progression to AIDS due to appropriate lifestyle and dietary changes and comprehensive treatment regimes
   b. some AIDS suffers have held their condition at bay, while others have quickly declined
4. important to distinguish between AIDS and ARC:
   a. recent research demonstrates significant gains for patients using comprehensive alternative medical protocols as all or part of their treatment

Differential Diagnosis:
1. Hodgkin’s lymphoma
2. non-Hodgkin’s lymphoma
3. CMV/EBV
4. chronic fatigue syndrome
5. depression
6. chronic low grade allergies
7. other immune disorders
8. collagen-vascular diseases
9. TB

Nutrition:
1. diet consisting of: complex carbohydrates (70%) protein (12-15%) fat (15-18%)
2. hypoallergenic/rotational diet
3. vegetarian cleansing diet or short fast
4. increase omega-3 and omega-6 fatty acids (vegetable, nuts, seed oils, salmon, herring, mackerel, sardines, flaxseed oil, evening primrose oil, black current oil), fiber, black beans, ganoderma mushrooms, Chinese Black and Shitake mushrooms
5. add astragalus to meat broths and barley kongee
6. Kidney Yang Deficiency: warming and easily digested, cooked foods
   a. Foods which tonify and warm Kidney Yang: chicken, lamb, scallions, sesame seeds, fish, baked tofu, soybeans, walnuts, egg, lentils, black beans, lotus seeds ginger, cinnamon bark tea
   b. steamed vegetables, nourishing soups with tofu, soy sprouts, chrysanthemum flowers

Avoid:
1. food intolerances
2. trans-fatty acids, hydrogenated oils (margarine, vegetable shortening, imitation butter spreads, most commercial peanut butters, oxidized fats-deep fried foods, fast foods, ghee, BBQed meats)
3. refined, simple carbohydrates (sucrose, white flour, processed foods)
4. hot and spicy foods
5. raw and cooling foods, cold foods, fruits, diaphoretic foods, eliminative foods, excessively sweet or salty foods
6. fresh ginger
7. smoking, alcohol, stress, strong emotions and recreational drugs

Supplements:
1. high potency multivitamin and mineral with trace minerals
2. beta carotene (300,000 IU qd)
3. vitamin B12
4. vitamin C (IV or buffered 10-60 gm qd)
5. vitamin E
6. selenium
7. zinc (30-50 mg qd)
8. thymus extract
9. essential fatty acids

Hydrotherapy:
1. constitutional hydrotherapy – fever treatment

Botanicals:
1. Allium sativum: anti-viral, Candida infection
2. Berberis aquifolium: diarrhea
3. Berberis vulgaris: diarrhea
4. Beta vulgaris (leaf): liver dysfunction
5. Black radish: liver dysfunction
6. Chelidonium majus (toxic): liver dysfunction
7. Echinacea angustifolia/purpurea: anti-viral; immune enhancing
8. Eupatorium purpurea: immune support
9. Glycyrrhiza glabra: topical for herpes infection (may use Herplic) and internally (fluid extract) for viral infection
10. Hydrastis canadensis
11. Ligusticum porteri: anti-viral
12. Lomatium dissectum: anti-viral
13. Panax quinquefolius: improves digestion; clears feverishness
14. Taraxacum officinale: liver dysfunction

Formulas:
1. tincture of Ligusticum porteri, Glycyrrhiza glabra, Phytolacca decandra (toxic)

Homeopathy:
1. Arsenicum album: burning and restlessness; copious serous effusions; glands indurate and suppurate
2. Calcarea carbonica: catch cold easily; sensitivity to cold; coldness of parts; constipation
3. Conium: swollen and indurated glands; vertigo; perspiration; ascending paralysis
4. Crotonus horridus: with Kaposi’s sarcoma; hemorrhage; great prostration
5. Cytoto-Megalo Virus: 30x
6. Lachesis: with Kaposi’s sarcoma; hemorrhages; < sleep; sensitive to touch; inflamed glands
7. Lycopodium: many right sided problems; desires warmth; great emaciation; > motion, warmth of bed; painful sloughing ulcers; flatulence; feebleness; trembling
8. Mercurius solubilis: sensitive to extremes of temperature; offensiveness; glands swollen; indurated; inflamed; tendency to ulcerate; bone pains < night; sweat among the symptoms; but does not get >; swelling and abscesses without heat; tendency to form pus
9. Natrum muriaticum: skin shiny and greasy; emaciation; weakness; nervous prostration
10. Phosphorus: feeble constitution; rapid emaciation; bleeding wounds; false granulation; fissures; fungus growth; fatty degeneration; stiffness of limbs; desires to be rubbed; paralysis
AIDS/ARC

11. **Silica:** complaints develop slowly; patient lacks stamina; chronic of Pulsatilla inflammation with suppuration; recurrent fibroids and indurated tumors; suppressed discharges

12. **Sulphur:** skin red and dirty looking; filthy odor about the patient; eruptions with itching suppuration; burning sensation everywhere; < night, warmth, in bed, hungry and thirsty; hot flashes, effects of vaccination; confusion; aversion to business

13. **Tuberculinum or Bacillinum:** 200c once a week for 8 weeks
ALCOHOLISM
(also see Addiction [withdrawal])

Definition:
1. alcoholism is the physical and emotional dependency on the use of alcohol
2. removal of alcohol will cause physical and emotional symptoms of withdrawal
3. needs the alcohol in the bloodstream in order to feel “all right” otherwise pain will develop physically and emotionally
   (internal belief or feeling that such dependence is somehow right and natural)

Etiology:
1. largely unknown
2. genetic, familial tendencies, biochemical factors, sociocultural pressures are all associated
3. the development of alcoholism has two distinct elements:
   a. physical: based on a combination of physiological damage incurred and compensatory adjustments
      developed as a result of the continued use of alcohol
      1. develops at different rates in different individuals and effects vary widely (any human who
         drinks enough alcohol over time will become an alcoholic)
      2. it is difficult to predict where any given individual may be on the scale
   b. mental/emotional: based on the desire of the patient to reduce awareness of their own internal discomfort
      through the anesthetic effect of alcohol
4. alcoholism is known in all parts of the world and is a fundamental disease of western civilization
5. some sources suggest that most alcoholics have a decreased ACTH production so they have no stamina or
   endurance
6. hypoglycemia with a strong epinephrine compensation is found in almost all cases (only thing which will calm down
   the adrenaline and go with the sugar is alcohol)

Signs and Symptoms:
There are 31 symptoms of chronic alcoholism, the following are the main ones:
1. tremors
2. blackouts
3. mood swings upon ingestion of alcohol
4. protecting supply (many alcoholics can hold a job long after they have lost everything else including their
   family)
5. a loved one or associate telling the patient they drink too much
6. gulping drinks
7. hiding supply
8. denial
According to research, if alcoholism is:
1. chronic: a person may never drink again
2. primary: other emotional problems will not be responsive until the alcoholism is arrested
3. progressive: even after the person stops drinking, the disease progresses; it the person drinks again,
   much later, the disease is manifested as if they had been drinking all along
4. fatal: in the absence of treatment, the disease leads to insanity or death

CAGE:
1. Cut down
2. Aggravated
3. Guilty (about drinking)
4. Eye opener (to start day)
*if alcoholism is suspected and a person has had a drink in the last 24 hours odds are in favor of them being an
   alcoholic

Lab Findings:
1. increased: GGT, anion gap, MCV
2. decreased: serum magnesium and glucose, cholesterol
3. stomatocytes (transient)
4. AST/ALT ratio > 1 (with AST > 300mU/mL, identifies 90% of cases with alcoholic liver disease)
5. AST to 300 with normal ALT favors alcoholic liver disease

Course/Prognosis:
1. aspect of dependency is, initially, it takes more and more alcohol to attain the desired effects but later takes less
   a. may be due to liver damage or to impaired psychological function
2. coarse of the disease:
   a. neutral is represented by a mid-line
   b. drinking alcohol allows a person to move above the mid-line toward euphoria with a small price to pay
      (perhaps), on the next day, falling below the line into mild discomfort or pain
   c. as the condition progresses, the person may travel higher into euphoria but falls below the neutral
      (mid-line) and it takes more alcohol to attain the same level of euphoria as previously
   d. finally, the person is so far below the line that they need to drink to keep from feeling pain; to feel normal
ALCOHOLISM
(also see Addiction [withdrawal])

3. **denial**: is a hallmark symptom or condition of the disease
   a. denial of having a problem with alcohol prevents the person from taking successful action against it
   b. denial may come in the form of "generalizing" the condition to avoid specifically stating how bad things are or "minimizing" the extent of the problem

4. **"hitting bottom"**: the person feels enough pain that their walls of denial are cracked
   a. at this point the person is often ready to receive the kind of help that is available, in whatever form it takes

5. recovery rate is poor even among people who seek help
   a. Alcoholics Anonymous (AA) is as successful as any treatment program and there is no fee

**Differential Diagnosis:**
1. differentiate the signs and symptoms which may mimic other diseases
2. quite frequently severe emotional problems underlie alcoholism

**Treatment** [see Addiction (withdrawal)]
ALOPECIA

**Definition:**
1. hair loss  
2. types:  
   a. **alopecia areata**: idiopathic, non-inflammatory loss of circumscribed areas of hair on scalp, beard or eyebrows  
   b. **alopecia congenitalis**: absence of all hair at birth  
   c. **alopecia marginalis**: loss of hair at the hair line; more commonly seen in blacks; may be secondary to seborrheic dermatitis  
   d. **postpartum alopecia**: temporary diffuse loss of hair at the termination of pregnancy  
   e. **trichotillomania**: loss of hair from being pulled out by the patient, usually a nervous or neurotic condition

**Etiology:**
1. idiopathic  
2. endocrine disorder  
3. autoimmune disorder (i.e. SLE)  
4. systemic disease  
5. pharmacotherapy toxicity  
6. menopause  
7. dermatological disorder  
8. tissue damage  
9. adverse effects of hair preparations

**Signs and Symptoms:**
1. may follow the patterns mentioned above therefore note the extent, borders, condition of exposed skin, follicles, etc.  
2. signs and symptoms of associated disease may be present

**Lab Findings:**
1. check endocrine function (esp. thyroid)  
2. check for autoimmune disease

**Course/Prognosis:**
1. depends on etiology  
   a. temporary alopecia following febrile illness or postpartum will usually recover fully  
   b. autoimmune conditions or normal aging may be irrecoverable  
   c. trichotillomania is often difficult to cure until the neurotic cause is established and treated

**Differential Diagnosis:**
1. alopecia areata  
2. alopecia congenitalis  
3. alopecia marginalis  
4. postpartum alopecia  
5. trichotillomania

**Nutrition:**
1. increase silicon rich foods (alfalfa, comfrey, young horse tail, nettles, onions, kelp), seeds, nuts, oats, buckwheat, barley, sesame seeds, rye, millet, rice, goat milk as yogurt or kefir, sunflower seeds, pumpkin seeds, almonds, brewer’s yeast, wheat germ

**Preparations:**
1. peel fresh ginger, dip into brandy and rub all over the scalp (bid)  
2. mix onion juice and castor oil and apply to scalp, cover and leave it on overnight (every night for 2 weeks)  
3. mix 3 oz cayenne pepper with 1/5 Romanoff Vodka or pure alcohol, tincture for 2 weeks shaking bottle every day, then strain through cheese cloth, rub small amount into scalp twice a day. **Keep away from eyes!**

**Avoid:**
1. salt, sugar, alcohol

**Supplements:**
1. vitamin B complex  
   a. vitamin B3  
   b. vitamin B6 (esp. if female hair loss due to birth control pill)  
   c. vitamin B12 (5 mg qd)  
2. biotin (5 mg tid)  
3. folate (20-40 mg qd)  
4. vitamin e (2000 IU)  
5. selenium  
6. zinc (60-90 mg, picolinate balance with copper 1-2 mg)
7. chromium (2 mg qd)
8. cysteine (3-6 g qd)
9. essential fatty acids (2 T. qd – safflower or flaxseed oil)
10. digestive enzymes
11. thyroid protomorphogens (if needed)

**Hydrotherapy:**
1. scalp massage
2. cold mitten friction to scalp

**Physiotherapy:**
1. UV

**Botanicals:**

**Male pattern areata:**
1. *Arctium lappa* (root): hair tonic, internally: feeble cutaneous circulation; impaired nutrition of skin
2. *Arnica montana* (toxic): for alopecia neurotica, dilute and apply topically
3. *Betula spp.* (pendula, alba, verrucosa): hair tonic
4. *Capsicum frutescens*: externally, increases circulation
5. *Echinacea angustifolia*: combine with other agents to stimulate hair growth
6. *Lanolin*: increases hair growth
7. *Polynnia uvedalia*: as a hair tonic
8. *Urtica spp.*: hair tonic
9. consider nervines when due to stress:
   a. *Avena sativa*
   b. *Humulus lupulus*
   c. *Passiflora incarnata*
   d. *Scutellaria lateriflora*

**Formulas:**
1. hair rinse: *Salvia officinalis, Achillea millefolium, Urtica spp.*
2. *Capsicum frutescens, Rosmarinus officinale, Urtica spp.*: internal tincture
3. *Arctium lappa* (root), *Betula spp.* (pendula, alba, verrucosa) or *Urtica spp.*: as alcohol extract or oils rubbed into scalp
4. hair tonic: *Acorus calamus* (toxic oil) (1 ml), *Gentiana lutea* (10 ml), *Lavandula officinalis* (oil) (1 ml), *Rosmarinus officinalis* spirit to make 100 ml: use as hair tonic (shake before use)

**Homeopathy:**
1. *Arsenicum album*: hair painful to touch, bald patches near the forehead; scalp has dry scabs and scales
2. *Baryta cabonicum*: baldness, esp. the crown in young people; scalp sensitive t touch, < scratching
3. *Calcarea carbonica*: hair falls out when combing, dry; scalp sensitive with white or yellow scales, sensation of coldness
4. *Cantharis*: falls out during pregnancy or lactation, enormous dandruff
5. *Carbo vegetabilis*: falls out after severe illness, esp. on back of head
6. *Fluoric acid*: large patches denuded of hair; new hair dry and breaks off baldness
7. *Lycopodium*: early graying, falls out after abdomen disease; burning, scalding, itching of scalp, esp. when warm from exercise
8. *Nitratum muriaticum*: falls out if touched, scalp sensitive; face shining as if greasy
9. *Phosphoric acid*: grief causes hair of young to turn gray
10. *Phosphorus*: round patches with no hair, falls in large bundles; denuded scalp looks white and smooth; copious dandruff
11. *Staphysagria*: falls out esp. around ears and occiput with humid fetid eruption or dandruff on scalp; hair pulls out without pain
12. *Sepia*: falls out after chronic headaches
13. *Silica*: premature baldness, itching of scalp or vulva before menses
14. *Vinca minor*: falls out in single spots and white hair grows there; spots on head oozing moisture
ALZHEIMER’S DISEASE

Etiology:
1. most common cause of dementia in the elderly
2. due to diffuse atrophy of the cerebral cortex and other brain areas
3. disease incidence increases with age
4. has not been shown to be clearly genetic (although an autosomal dominant pattern of inheritance is a prominent theory and many sporadic cases occur)
5. upon autopsy, neurofibrillary tangles are found within the cerebral neurons along with senile/neuritic plaques: clusters of neuronal processes

Signs and Symptoms:
1. onset is insidious and vague
2. recent memory loss
3. emotional changes: depression, anxiety, bizarre behavior
4. lack of initiative
5. loss of interest
6. irritability
7. diminished work ability
8. reduced general comprehension
9. easy mood swings
10. patient not fully aware of the changes
11. urinary and fecal incontinence
12. poorly coordinated voluntary movements
13. loss of ability to think, speak, write, read or move (advanced cases)

Lab Findings:
1. should be done to discover a correctable cause of dementia (differential diagnosis)
2. otherwise no lab work needed
3. diagnosis based on clinical presentation

Course/Prognosis:
1. course is slow and progressive often over years with cerebral functions gradually but relentlessly diminishing
2. no cure has been established but some alternative medicines and pharmacologic agents appear to be helpful in alleviating symptoms
3. hospitalization is often necessary in later stages

Differential Diagnosis:
1. space-occupying lesions in the skull
2. metabolic disease (i.e. liver, kidneys, pancreas)
3. vitamin B12 deficiency
4. hypothyroidism
5. excessive prescription drug use the elderly patient (a common side-effect is anemia)
6. hydrocephalus
7. infectious CNS condition
8. multiple CVA
9. depression
10. dementia in the elderly due to diffuse atrophy of the cerebral cortex and other brain areas

Nutrition:
1. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. eat egg yolk, kale, celery, fish, raw goat’s milk, veal joint broth, cod roe, rice polishings, brewer’s yeast, nutritional yeast

Avoid:
1. meat, alcohol, hot sauces, spicy, fried, fatty foods, salty foods, coffee, caffeine, sweet foods and sugar

Supplements:
1. vitamin B12
2. folic acid

Hydrotherapy:
1. constitutional hydrotherapy

Botanicals:
1. Ginkgo biloba (standardized extract): improves cerebral circulation
ALZHEIMER’S DISEASE

2. Hydrocotyle asiatica: improves cerebral function
3. Physostigma venosom (toxic): tincture 5 gtt/day

Homeopathy:
1. Anacardium: sudden loss of memory; unpleasant with people he like and respects; aware of his attitude but cannot help
2. Aurum iodatum: sclerotic old people; agitation with thinness similar to Iodum
3. Baryta acetica: sclerosis of Baryta carbonicum and depression of acids; paralysis and muscular paresis as in sclerotic and feeble old people
4. Baryta carbonicum: most classic; precocious senility with gradual intellectual weakness, loss of memory for recent facts, tendency to infantilism; general sclerosis; cachexia, cold, < damp cold
5. Calcaria phosphorica: nervous weakness; sentimental, easily touched; bed mood, no desire to work; violent with tendency to reproach people; great violence at least contradiction
6. Conium maculatum: incapable to carry on a mental activity; sadness, anguish, strong desire to cry; anthropophobia but fear of solitude; bad mood
7. Natrum iodatum: vascular sclerosis; depression (nat.) and agitation (iod.)
8. Phosphorus: general organic aging with depression, sadness, apathy; no desire for any effort; anxiety, talkative delirium; violent; erotic; lack of concentration in ideas
9. Secale cornutus: arterial spasm, fits of rage, manic crisis, anxious, cachexia, always > cold
AMENORRHEA

Definition:
1. the absence of menstruation

Etiology:
1. may be primary (female has never begun her period) or secondary (the woman had her periods once and then stopped having them)
2. physiological amenorrhea is the lack of menses before menarche, during pregnancy and early lactation and after menopause (all are considered normal) and all other causes are considered pathological

Causes of primary amenorrhea:
1. physiological delay: late onset of menses in a physiologically normal female, no work-up necessary in the female who has secondary characteristics but no menstrual cycles until 18 years; however, if no secondary characteristics appear by age 14 and no menses has occurred, then a work-up should be started earlier
   Note: age of menarche of the mother will often provide clues as to when the female child should expect to begin
2. primary ovarian failure: there are two groups:
   a. normal but infantile genitalia (i.e. Turner’s syndrome)
   b. those with ambiguous genitalia (i.e. hermaphrodites)
      Note: karyotyping is necessary
   Causes include: hypothalamic or pituitary failure, insufficiency or organic disease (tumors, lesions) of either of these organs, congenital abnormalities (vaginal agenesis, vaginal septa, cervical stria, uterine agenesis, uterine septa or bicornuate uterus)
3. imperforate hymen: could impede the flow of menstrum, female will report with monthly cyclical abdominal cramping due to the build-up of the menstrual flow, treatment includes opening the hymen after a needle aspiration of the area behind the hymen demonstrates that a vagina exists

Causes of secondary amenorrhea (those marked (*) mean they can be secondary (usually) or primary):
1. endometrial sclerosis: occurs as a result of a D&C after which the tissues heal by fibrosis
2. cervical stenosis: occurs after a cervical conization, where the cervix scars or the os cannot be found (R/O intrauterine growths)
3. anovulation: may be sporadic or constant, the following can be causes:
   a. hypothalamic causes*: organ disorder may be due to organic lesions (tumors, scars) or insufficiency (polycystic ovarian disease, hyperprolactinemia amenorrhea)
   b. pituitary causes*: including insufficiency (Sheehan’s syndrome) or organic disease (tumors, adenomas)
   c. ovarian causes*: from scarring, tumors, cysts
   d. low body fat from excessive exercise (less than 10% body fat)*: similar to that which is induced by anorexia nervosa, in this type, if the patient regains weight or stops exercising excessively, the period will return
   e. adrenal dysfunction: hyperplasia, adenomas, tumors
   f. systemic causes of anovulation: Cushing’s disease, post oral contraceptive agent syndrome, hyperprolactinemia, hyperthyroidism, hypothyroidism, other diseases (UC, DM, celiac disease, steroid use for autoimmune diseases), menses will usually return to normal when these diseases are corrected
4. psychiatric disorders*: includes: physical and emotional trauma, chronic stress
5. anorexia nervosa: severe malnutrition, can also be labeled a hypothalamic-pituitary disease
6. pregnancy: must be ruled out

Signs and Symptoms:
1. woman never begins to menstruate or
2. the woman stops menstruating for 6 months

Lab Findings:
- parameters to check depending upon presentation and history:
1. FSH and LH levels
2. Prolactin levels
3. MRI or CT scans (check for hypothalamic or pituitary lesions/tumors)
4. PAP smear/conization/laparoscopy for gynecological lesions/tumors/cysts
5. ACTH/GH/thyroid/corticosteroid levels
6. HCG level for pregnancy
7. Chromosome analysis
8. PAP smear (for maturation index)

Differential Diagnosis:
AMENORRHEA

1. physiological delay
2. primary ovarian failure (i.e. Turner's syndrome, hermaphrodites)
3. hypothalamic failure:
   a. organic lesions: tumors, scarring
   b. insufficiency: polycystic ovarian disease, hyperprolactinemia amenorrhea
4. pituitary failure:
   a. organic lesions: tumors, adenomas
   b. insufficiency: Sheehan's syndrome
5. congenital abnormalities:
   a. vaginal agenesis
   b. vaginal septa
   c. cervical stenosis
   d. uterine agenesis
   e. uterine septa
   f. bicornuate uterus
6. imperforate hymen
7. endometrial sclerosis
8. cervical stenosis (scarring)
9. ovarian causes (scarring, tumors, cysts)
10. low body fat due to excessive exercise (less than 10% body fat)
11. adrenal dysfunction:
    a. hyperplasia
    b. adenomas
    c. tumors
12. systemic causes:
    a. Cushing's disease
    b. post oral contraceptive agent syndrome
    c. hyperprolactinemia
    d. hyperthyroidism
    e. hypothyroidism
    f. UC
    g. DM
    h. steroid use for autoimmune diseases
    i. celiac disease
13. psychological causes:
    a. physical trauma
    b. emotional trauma
    c. chronic stress
14. anorexia nervosa
15. pregnancy

Nutrition:
1. correct dietary deficiencies
2. estimate adequate calories to maintain healthy body weight and body fat percentage
3. increase organic sodium, iron, vitamin C foods and polyunsaturated

Supplements:
1. multi-vitamin and mineral
2. vitamin B12 (25-100 mcg qd)
3. vitamin E (600 IU qd)

Botanicals:
1. Aletris farinosa: amenorrhea from uterine engorgement
2. Anemone pulsatilla (toxic): amenorrhea from getting feet wet; cold extremities and feeble pulse
3. Caulophyllum thalictroides (toxic): stimulates oxytocin (use in small frequent doses as large dose can elevate blood pressure, cause headaches and nausea)
4. Commiphora myrrha: alters heat of the body and promotes menses
5. Glycyrrhiza glabra: induces ovulation in hyper-androgenic and oligomenorrheic women
6. Gossypium spp. (toxic): reportedly safest and most efficient oxytoxic (infusion of root bark, taken in small sips throughout the day until bleeding begins)
7. Hedeoma pulegioides (toxic): powerful emmenagogue (hot infusion or 20 gtt tincture in hot water taken 1 cup qid for no longer than 5 days)
8. Leonurus cardiaca: a relaxing emmenagogue useful when amenorrhea is related to stress and tension, also indicated from amenorrhea from cold
9. Lithosperma ruderale: a phytoprogesterone to be used in second half of menstrual cycle to help establish normal hormonal function (30-50 gtt/day in early cycle and tid in second half of cycle)
10. Viburnum prunifolium: indicated for atonic amenorrhea
AMENORRHEA

Formulas:
1. atonic amenorrhea: Senecio aureus (toxic) + Viburnum prunifolium
2. Aletris farinosa + Caulophyllum thalictroides (toxic)
3. Aletris farinosa + Senecio aureus (toxic) or Cimicifuga racemosa or Chamaelirium luteum (Helonias)
4. Emmenagogue tea: Caulophyllum thalictroides (toxic) (2 T), Hedeoma pulegioides (toxic) (3 T),
   Tanacetum vulgare (2 T), decoct the Caulophyllum root and infuse the remaining two in the decoction
   for 30 min, strain and drink one hot cupful every 4 hours for 5 days maximum
   Note: the addition of brewer's yeast (1 T) in every cup enhances the effect
5. Emmenagogue tincture: Cimicifuga racemosa (20 gtt), Caulophyllum thalictroides (toxic) (20 gtt),
   Hedeoma pulegioides (toxic) (20 gtt/dose), place tinctures in 1 cup warm water and drink slowly, repeat
   every 4 hours for no longer than 5 days, continue for 1 day after bleeding begins

Homeopathy:
1. Aconitum napellus: exposure to chill, cold wind, fright or checked perspiration; fever, thirsty; nervousness, if no
   relief, follow with Pulsatilla
2. Belladonna: appears suddenly due to cold; bearing down, throbbing pains; painful urination; flushed face, throbbing
   headaches; < noise, jarring; excitable
3. Bryonia: frequent nosebleeds; irritability; < motion; vertigo on rising or moving about; epistaxis instead of
   nosebleeds
4. Calcarea carbonica: first menses are delayed; congestion to head/chest causes lung troubles; flabby, fair women,
   perspiring easily on the head; with stomach acidity; abdomen bloated, cannot bear the weight of clothing
5. Caustoreum: painful tympany; uterine tenesmus; nervous colic with pallor; cold sweat and sudden loss of strength
   caused by emotion, chilling feet; cutting about the navel; distension of abdomen with flatus
6. Chamomilla: irritable and impatient about everything; < checked perspiration or fits of anger; one cheek red, other
   pale; < night
7. Dulcamara: suppression due to cold or living in damp basement; or sudden change in weather to cold and damp;
   breasts engorged and hard; warts often present
8. Ferrum metallicum: delayed first menses with debility; palpitations; sickly complexion; puffiness about ankles; weak,
   chlorotic women with flushed face or pale with blue margins about the eyes
9. Graphites: with obstinate constipation and indurated ovaries; can be used after Pulsatilla; sallow complexions,
   frequent paroxysms of headaches; feeling of abdominal emptiness
10. Kali carbonicum: when Natrum muriaticum fails though indicated; one of the best remedies for primary or secondary
    amenorrhea with dyspepsia, hart palpitations, abdominal cramps, swelling of cheek and gums; leukorrhea
11. Lycopodium: suppression due to fear; delayed first menses to 18 years old; breasts do not develop and ovaries do not
    function; discharge of flatus from the vagina; headache, sour vomiting; swelling of feet, fainting fits and
    leukorrhea; bloating and fullness of the stomach
12. Pulsatilla: remedy comes first to mind; suppression due to getting the feet wet; delayed first menses in chlorotic
    girls; poor appetite, longing for acids; apt to faint easily; suffers from a tremulous anxiety
13. Senecio aureus: disease such as hysteria cough, chorea, chlorosis, hoarseness, dyspnea when due to suppression of
    menses; sensation of a ball rising in the throat
14. Sepia: with severe hysteric headaches, leukorrhea, toothache; delicate constitution with yellowish spots on the face;
    delay of first menses where a leukorrhea occurs instead; from cold in feeble women; bloated abdomen either bearing
    down pains; sensation as if vulva enlarged
15. Sulphur: when other remedies have failed; esp. when there is an all gone sensation at the pit of the stomach with
    headache; in those subject to eruptions, esp. when suppressed
ANAL FISSURE

**Definition:**
1. an acute linear tear or chronic ulcer in the epithelium of the anal canal (aka: anal ulcer, fissure in ano)

**Etiology:**
1. the acute longitudinal fissure may be due to large bowel movements (esp. harder stools of constipation), childbirth, iatrogenic trauma or diarrhea
2. occur most commonly in the posterior midline and less often in the anterior

**Signs and Symptoms:**
1. acute fissures:
   a. extremely painful
   b. < defecation
   c. may cause anal sphincter spasms
   d. blood-streaked stools
   e. may exhibit serous discharge
   f. lower edge will normally end in a skin tag (“sentinel pile”)
   g. upper end may show enlarged papilla
   h. deep fissures may cause fibrosis and resulting stenosis
2. chronic fissures:
   a. round or oval ulcer (follows the fibrosis of a chronic infection)
   b. usually seen in the posterior midline (occasionally appears in the anterior midline)

**Course/Prognosis:**
1. often the fissure will heal up with gentle care (includes stool softeners, sitz baths and topical anesthetics)
2. doesn’t heal, conventional physicians may perform surgery to excise the fissure or partial division of the internal sphincter muscle to improve dilation
3. necessary to treat the underlying cause first, since the condition is otherwise likely to recur

**Differential Diagnosis:**
1. cancer
2. primary lesions of syphilis and TB
3. UC
4. granulomatous enteritis
5. hemorrhoids
6. pruritis ani
7. Crohn’s disease
8. anal sphincter stenosis

**Nutrition:**
1. increase food rich in vitamins A, C and E
2. flaxseed tea: bid
3. check for potato sensitivity

**Avoid:**
1. meat, alcohol, hot sauces, spicy, fried, fatty, rich foods, salty foods, coffee, caffeine, sweet foods and sugar

**Supplements:**
1. vitamin A (25,000 IU qd)
2. vitamin C (3000 mg qd, buffered)
3. vitamin E (800 IU qd)
4. zinc picolinate (60 mg qd)
5. essential fatty acids (flaxseed oil, 2 T, qd)

**Hydrotherapy:**
1. hot sitz bath
2. ascending douche: warm for pain
3. flaxseed tea enema: strain flaxseed tea, ¼ cup in rectum before bed as a retention enema

**Physiotherapy:**
1. galvanism: (+) electrode applied directly to fissure (after anesthesia) inactive electrode under hip, 3-4 mA for 2-3 min, treatment again after 5-7 days

**Manipulation:**
1. check and align lower lumbar vertebrae

**Botanicals:**
ANAL FISSURE

1. *Atropa belladonna* (toxic): with hemorrhoids; clears heat and congestion
2. *Collinsonia canadensis*: feeling hot and heavy, rectal venous debility, blood stasis
3. *Hydrastis canadensis*: locally and internally, irritated mucous membrane, catarrh
4. *Linum usitatissimum* (seed): demulcent, lubricates
5. *Olea europaea* (olive oil): locally
7. *Sanguinaria canadensis* (toxic)
8. *Thuja occidentalis*: with pruritis, treats perversion of blood quality and glandular secretion

**Formula:**

1. ointment: Achillea millefolium, Hypericum perforatum

**Homeopathy:**

1. *Chamomilla*: hemorrhoids with painful fissures; anus is ‘pouting’ with swollen red appearance
2. *Causticum*: itching and stitching in anus; excessive itching day and night; fissures of anus
3. *Graphites*: fissures, cracks and hemorrhoids, which burn and sting, anus is extremely sore, < sitting, large, knotty, difficult stools passed with extreme pain from fissures; stool is small lumps covered with mucous
4. *Nitric acid*: feeling as if there were splinters or sticks pricking the anus; anus excoriated, burning, fissured, covered with warts; pain keeps her in bed for hours after every stool; fissures with constipation
5. *Paeonia*: fissures with a great deal of oozing, thus keeping the anus damp and disagreeable all the time, assoc. with great soreness and smarting and enormous hemorrhoids
6. *Ratanhia*: great constriction of the orifice, stools are forced out wit great effort and the anus aches and burns like fire for hours afterwards; anus aches as if full of broken glass; > cold water
7. *Thuja*: anus fissured, painful to touch, with warts
ANAL FISTULA

**Definition:**
1. an abnormal passage from the rectum to the outside originating above the internal sphincter

**Etiology:**
1. usually from spontaneous or surgical drainage of the pyogenic abscess or occasionally granulomatos disease of the intestine (regional enteritis or TB)
2. most originate in the anorectal crypts; others may result from diverticulitis, neoplasm or trauma
3. in infants, these are congenital and are more common in boys
4. rectovaginal fistulas may be congenital or may follow radiation therapy, pelvic surgery, childbirth or malignancy

**Signs and Symptoms:**
1. history of recurrent abscess followed by discharge
2. one or more secondary openings visible in granulomatous disease
3. discharge may be watery and the margins of the opening reddened
4. cord-like tract may be palpated

**Lab Findings:**
1. anoscopy or sigmoidoscopy is often required

**Course/Prognosis:**
1. if the fistula is secondary to pregnancy or trauma the prognosis is good with surgical intervention
2. wound heals with granulation with generally good results
3. if secondary to degeneration of the surrounding tissues, the health of the connective tissue must be addressed before the fistula can satisfactorily resolve

**Differential Diagnosis:**
1. hidradenitis suppurativa
2. pilonidal sinus
3. dermal suppurative sinuses
4. urethral fistulas must be differentiated from cryptogenic fistula

**Nutrition:**
1. foods rich in vitamin A, C, E
2. flaxseed tea (bid)

**Avoid:**
1. meat, alcohol, hot sauces, fried, fatty, rich, salty, spicy, sweet foods, coffee, caffeine, sugar

**Supplements:**
1. vitamin A (25,000 IU qd)
2. vitamin C (3000 gm qd, buffered)
3. vitamin E (800 IU qd)
4. zinc picolinate (60 mg qd)
5. essential fatty acids (flaxseed oil, 2 T, qd)

**Hydrotherapy:**
1. constitutional hydrotherapy

**Physiotherapy:**
1. diathermy (long or short wave): indifferent electrode over bladder, rectal electrode or pad electrode on top of 3 or 4 towels, treatment 15 min at warm dosage
2. copper sound into fistula tract attached to (+) pole, inactive pad under hip, 3-5 mA, for 5 min, repeat in 3—4 days

**Botanicals:**
1. Collinsonia canadensis: due to bowel stasis, patient feels hot and heavy in lower body
2. Phytolacca decandra (toxic): ulcersations of the outlets of the body
3. Thuja occidentalis: with itching; restores normal blood quality and glandular secretions
4. Increase circulation and immunity

**Homeopathy:**
1. Aloe: heaviness and stricture of rectum; sensation of heat and burning in rectum; itching, pulsating in rectum, < sitting; after stool, burning weight and itching in anus; cutting as if more will come; fullness and pressing out of the anus
2. Aurum metallicum: stools hard, knotty; burning in rectum; nocturnal diarrhea; stool large in size
3. Berberis: stools with violent burning in anus, as if the surrounding parts were sore; tearing around anus; fistula in ano; frequent and constant desire for stool; burning, stitching pains during, before and after stool; painful pressure
ANAL FISTULA

in perineum; stitches in perineum, extending deep into (left side) pelvic; short cough and chest complaints, biliary
colic; tetter on edge of anus
4. *Calcarea carbonica*: itching of anus; anal abscess; large bleeding; burning ulcers in anus and rectum; burning in
anus during stool
5. *Calcarea phosphorica*: fistula in ano, alternating with changing symptoms; boils and abscesses about and near the
anus discharging blood and pus; fistula in TB pts; persons who have pains in joints with every spell of cold, stormy
weather, esp. in tall thin persons; burning and pulsating in anus; bearing down towards the anus; sore feeling in
anus when getting up in the morning
6. *Carbo vegetabilis*: patient lies in bed and oozes thin bloody fluid from anus; fistula in ano; itching of anus; stitches
towards anus; burning in anus after stool; soreness of anus; sticking in anus during stool, as with heedless passage
of mucus with urging in anus
7. *Causticum*: rectum sore, burns; fistula and large hemorrhoids; pain and strong pulsation in perineum; anus sensitive
to contact; itching and sticking in rectum
8. *Fluoric acid*: constipation, tardy, infrequent, hard stools; itching within and around anus
9. *Hydrastis canadensis*: fistula ani, with constipation, piles and ulceration; offensive, dirty looking discharge from anus,
obliging him to wear a bandage
10. *Kali carbonicum*: fistula of the anus; burning, > sitting in cold water, with sitting on foot so as to press anus < after
stool
11. *Lachesis*: fistula ani in drunkards with tendency to pulmonary complications; full feeling in rectum; sensation of little
hammers beating
12. *Nitric acid*: constant acid moisture around the anus; fistula in ano; periodic bleeding of rectum, itching and burning
in anus, violent cutting pains
13. *Paeonia*: biting, itching in anus, with orifice swollen, burning in anus after stool, then internal chilliness; atrocious
pains with and after each stool; sudden pasty diarrhea, with faintness in abdomen; painful ulcer; oozing offensive
moisture on perineum
14. *Silica*: patient with tendency to TB that are subject to abscesses in the rectum, that open inside or out; fistula in
anus with chest symptoms; sharp stitches in rectum while walking; abdominal pain, > warmth
15. *Thuja*: burning pain in anus and perineum; < from motion; itching, sticking, smarting in anus; condylomata at anus
ANAL STRICTURE

**Definition:**
1. fibrotic narrowing of anorectal canal

**Etiology:**
1. usually result of inflammation or traumatic disorder (i.e. Hirschprung’s syndrome)

**Treatment:**
1. chymotrypsin suppositories inserted before bed every night for 1 week
ANEMIA
(metabolic dysfunction and nutritional deficiencies)
(also see blood loss)

**Etiology:**

1. hypothromic microcytic anemias:
   a. iron deficiency anemia (chronic post-hemorrhage anemia)
      1. most common type of anemia
      2. hemorrhage must be ruled out in any adult presenting with iron deficiency anemia
      3. can also cause anemia in pregnant women along with prolonged heavy menses
      4. in men, slow GI absorption of iron is the primary cause
      5. stages of iron deficiency anemia
         1. iron depletion from body stores
         2. decreased plasma iron levels with increase transferrin levels
         3. anemia with RBCs and indices which appear normal
         4. microcytosis, then hypochromia
         5. signs and symptoms of anemia
   b. atransferrinemic anemia (iron transport deficiency)
   c. sideroblastic anemia (iron utilization anemia)
   d. anemia of chronic disease (iron reutilization anemia)

2. normochromic normocytic anemias:
   a. hypoproliferative anemia
   b. anemia of renal disease
   c. anemia of endocrine failure (myxedema and hypopituitarism)
   d. anemia of protein depletion
   e. hypoplastic (aplastic) anemia
   f. myelophthisic anemia
   g. blood loss
      1. sudden blood loss of a 1/3 of the blood volume can be fatal, as much as 2/3 of the blood may be slowly lost over 24 hours with out death occurring
      2. symptoms follow a sudden decrease in the blood volume due to compensatory hemodilution, as well as a diminished oxygen-carrying capacity of the blood

3. macrocytic anemia:
   a. anemia due to B12 deficiency (pernicious anemia)
      1. absorption of vitamin B12 occurs in the terminal ileum and requires the presence of gastric HCl
         and intrinsic factor
      2. B12 is stored in the liver in sufficient quantities to sustain an individual for 3-5 years on a
         B12-deficient diet
      3. it typically develops insidiously as the liver stores are diminished
      4. vegans: greater risk for B12 deficiency since most significant sources of B12 are in animal
         products
   b. anemia due to folic acid deficiency
      1. most folic acid anemia is due to poor dietary intake
      2. liver stores are good for only 2-4 months of a deficient intake
      3. absorption of folic acid is decreased by alcohol, intestinal absorption diseases, oral
         contraceptives and anticonvulsants
   c. anemia due to copper deficiency
      1. most often seen in infants and children
      2. in adults may be associated with sprue, nephrotic syndrome, Wilson's disease and kwashiorkor
   d. anemia due to vitamin C deficiency
      1. often associated with anemia
      2. normally hypochromic but may be normocytic, microcytic or macrocytic
      3. when macrocytic: further investigation may reveal concurrent

**Signs and Symptoms:**

1. anemia is a clinical sign or symptom itself
2. anemia is used as a diagnostic term requiring an understanding of its mechanism
3. anemia's clinical expression is tissue hypoxia and its specific signs represent compensatory responses
4. severe anemia can produce:
   a. weakness
   b. vertigo
   c. headache
   d. tinnitus
   e. spots before the eyes
   f. drowsiness
   g. irritability
ANEMIA
(metabolic dysfunction and nutritional deficiencies)
(also see blood loss)

5. less often:
   a. amenorrhea
   b. loss of libido
   c. GI complaints
   d. jaundice
   e. splenomegaly

6. finally:
   a. CHF
   b. Shock

Blood Loss:
1. faintness, dizziness, thirst, cold sweat, tachycardia, tachypnea and shortness of breath with exertion, orthostatic hypotension, shock and death if the blood loss is severe and untreated

Iron Deficiency Anemia:
1. as reported above in blood loss, pica (craving dirt or paint) or pagophagia (craving ice), Plummer-Vinson syndrome with dysphagia
2. late stages: glossitis, cheliosis, koilonychia

Vitamin B12 Deficiency Anemia:
1. splenomegaly and hepatomegaly; anorexia; occasional constipation and diarrhea; vague abdominal pain; glossitis (burning of tongue); neurological involvement (even if there is no clear anemia), esp. peripheral nerves although spinal cord conditions are also seen

Folic Acid Deficiency Anemia:
1. includes those found in vitamin B12 deficiency anemia but no neurological symptoms as in B12 deficiency anemia

Vitamin C Deficiency Anemia:
1. scurvy (bleeding gums, easy bruising, frequent illness, nosebleeds, slow healing); anemia

Lab Findings:
1. lab work is essential for determining extent and cause of the anemia
2. requires:
   a. CBC (with RBC indices, reticulocyte count, platelet count and cellular morphology)
   b. see nutritional deficiency/blood loss for specific lab results

Blood Loss:
1. early: RBC count, hemoglobin, hematocrit are deceptively high (due to the compensation vasoconstriction)
2. after some hours: decreased RBCs and hemoglobin in proportion to the severity of the anemia
3. anemia is normochromic normocytic

Iron Deficiency Anemia (dependent on the degree of iron deficiency):
1. increased serum transferrin and TIBC
2. decreased serum ferritin, serum iron, hemoglobin (6-12 mg/dl), RBC (3.5-5.0 million/cu.mm), MCV, MCHC and MCH
3. anemia is hypochromic microcytic

Vitamin B12 Deficiency Anemia:
1. basophilic stippling of RBCs
2. anisocytosis, poikilocytosis
3. hypersegmentation of granular leukocytes
4. (+) Schilling test with pernicious anemia only (not with dietary deficiency)
5. macrocytic anemia
6. MCV > 100

Folic Acid Deficiency Anemia:
1. (+) folate depletion (otherwise the peripheral blood and bone marrow findings are identical to B12 anemia)
2. decreased serum folic acid levels (< 5ng/ml) and erythrocyte folate levels

Copper Deficiency Anemia:
1. megaloblastic anemia with significant vascularization in the cytoplasm of developing RBCs

Vitamin C Deficiency Anemia:
1. decreased plasma levels of ascorbic acid (can be down to 0 in overt scurvy), serum alkaline phosphatase and ascorbic acid in buffy coat
2. (+) Rumpel-Leede test
3. (+) microscopic hematuria
4. (+) associated lab findings (i.e. FA deficiency)

Course/Prognosis:
1. depends on the etiology
ANEMIA
(metadata dysfunction and nutritional deficiencies)
(also see blood loss)

Conventional treatment:
1. **Blood Loss**: stop the bleed, plasma or blood transfusion, chemical agents capable of transporting oxygen, rest, fluids and iron replacement
2. **Iron Deficiency Anemia**: a slow bleed must be ruled out, treatment in uncomplicated iron deficiency is iron replacement therapy for at least 6 months
3. **Vitamin B12 Deficiency Anemia**: B12 (1000 ug IM 2-4/week) until the indices are normalized then monthly
4. **Folic Acid Deficiency Anemia**: folic acid (1 mg/day orally)
5. **Copper Deficiency Anemia**: copper sulfate replacement therapy completely reverses the anemia
6. **Vitamin C Deficiency Anemia**: vitamin C (500 mg/day orally), if there is macrocytemia, then replace folic acid also as above

Differential Diagnosis:
1. since anemia is a symptom than a specific disease, it is important to probe the cause
   a. initial direction may be obtained from thorough history and pertinent physical examination, along with the morphologic evidence gathered from blood work
   b. determine whether the anemia is from blood loss, decreased production or increased destruction
   c. differential is systematic and widely described in standard reference texts

Nutrition:
1. increase foods high in vitamin C and E, selenium and zinc and yams, cold water fish (salmon, mackerel, herring and sardines), beets, green vegetables, bee pollen, apricots, blackberries, apples, currants, egg, kelp, lettuce, prunes, green beans, spinach, tahini, lentils, peach, molasses, mustard greens, mulberries, parsley, liver, watercress, iron rich foods (red meat)
2. Sickle cell anemia: high protein diet
3. Take 250 gm soybean sprouts, 15 gm Chinese dates and 250 gm pork bones, add water and simmer for several hours, add salt to taste, eat tid

Avoid:
1. oils, butter, coffee, black tea and caffeine
2. avoid eating iron rich foods with dairy or with caffeine containing foods (decreases absorption)
3. EDTA additives

Supplements:
1. Sickle Cell Anemia:
   a. vitamin C (3-4 gm qd)
   b. vitamin E (400 IU qd)
   c. selenium (200 mcg qd)
   d. zinc (50 mg qd)
   e. bioflavinoids (6 gm qd)
2. Iron Deficiency Anemia:
   a. ferrous sulfate (100 mg qd, may use in drop form)
   b. vitamin C (1000 mg qd, take with liver extract)
   c. Cobaltum metallicum 3x (3 bid)
3. B12/Folate Deficiency Anemia:
   a. folate (1-5 mg qd)
   b. vitamin B12 (1000 mcg IM qd, for 1 week)
4. Copper or B6 Deficiency Anemia:
   a. vitamin B6 (100 mg tid)
   b. copper (5 mg qd)

Hydrotherapy:
1. wet sheet pack: stage 1
2. alternating warm and cool showers
3. constitutional hydrotherapy
4. cold applications (graduated)
5. cold mitten friction

Physiotherapy:
1. spondylotherapy: sinusoidal stimulation alternately to T10 then L2, followed by concussion to T3,4 and 5
2. galvanism: (-) pad to liver, inactive pad to back, 10-20 mA for 10 min
3. massage
4. for pernicious anemia (see gastroenteritis)
5. diathermy: to long bones, femur, over liver and spleen

Botanicals:
1. **Ceanothus americanus**: hemolytic anemia; treats spleen
ANEMIA
(metabolic dysfunction and nutritional deficiencies)
(also see blood loss)

2. Chamaelirium luteum (Helonias): pernicious anemia
3. Cinchona spp. (toxic): patient is weak, pale; when a tonic effect is indicated after exhaustive bleeding
4. Crataegus Oxyacantha: marked anemia associated with heart irregularity
5. Gentiana lutea: increases ability to assimilate food
6. Hydrastis canadensis: pernicious anemia
7. Leonurus cardiaca (heart remedy): anemic nervousness and insomnia; with Senecio aureus (toxic) or Mitchella repens
8. Medicago sativa: nutritive
9. Rumex crispus: as a bitter, the root theorized to aid the absorption of iron; of iron salts
10. Strychynus nux vomica (toxic): atony of the GI tract
11. Urtica urens: pernicious anemia

Formulas:
1. pernicious anemia: Artemisia absinthium, Gentian lutea, equal parts, two "00" capsules before each meal to increase HCl

Homeopathy:
1. Arsenicum album: excessive prostration, considerable edema; violent and irregular palpitation; rapid emaciation, irritable stomach
2. Calcarea carbonica: since childhood, esp. girls, disposed to obesity, catarrh and diarrhea with great weakness; swelling of abdomen, vertigo and palpitation on ascending (stairs)
3. Cinchona: loss of fluids, sight; fainting and ringing in ears; sour belching
4. Ferrum metallicum: appearance of bloatedness followed by paleness of face and puffiness of extremities; easily exhausted, vomiting after meal
5. Helonias: prolonged hemorrhage in women; too tired to sleep; strained muscles burn and ache, > if attention is engaged
6. Kali carbonicum: weak heart; sweats; backache esp. with female complaints
7. Natrum muriaticum: patient eats well yet remains emaciated and pale; throbbing headache, dyspnea, esp. going upstairs; much palpitation; fluttering and intermittent action of heart
8. Picric acid: extreme prostration with heavy, tired feeling all over body; burning pains along spine, < excitement
9. Phosphorus: puffy eyes
10. Pulsatilla: similar to Ferrum metallicum, for antidoting previous dose of iron; patient chilly
11. Secale cornutum: progressive anemia with pale, bloodless, jaundice color
12. Valerian: hysteria and extreme nervousness
ANGER

**Etiology:**
may be present:
1. as a fleeting rejection of a single event, an attempted redress of injustice
2. as a substitute for another pasture of rejection (i.e. grief, fear or pain)
3. as a chronic pasture of defense toward the world (source of events in general; one of several classic results of growing up in any dysfunctional family situation
4. Chinese wisdom asserts that “anger is the righteousness of the soul”

**Signs and Symptoms:**
1. lowered threshold of tolerance
2. diminished ability to love or communicate
3. muscle tension (neck, upper back, abdomen, lower back or anywhere)
4. h/a
5. bruxism at night
6. nightmares
7. sweating
8. diminished ability to trust

**Course/Prognosis:**
1. may be separate entity/emotion or a defense reaction mechanism to avoid experiencing another such as pain or fear
2. clearly being studied in alcoholic family systems, this reaction can become attitudinal and actually limit emotional growth
3. prognosis: excellent when chronic, defensive anger is distinguished from reflexive anger and recognized as a curable dysfunction rather than an incurable “personality trait”. Developed awareness and recognition of emotional patterns helps the sufferer to recognize and deal with this emotion when it arises

**Differential Diagnosis:**
1. fear
2. emotional hurt
3. fatigue
4. early systemic illness (colds, flu, PMS)

**Nutrition:**
1. organic sodium rich foods
2. mustard greens, black radish, apple and saffron, watercress, beets, parsley, artichokes, cherries, grapefruit, parsnips, endive, garlic, onion, chicory, carob, horseradish, kumquats, limes, quinces, dandelion greens, burdock
3. lemon juice mixed with water (esp. upon rising in the morning 30 min. before anything else is eaten)

**Avoid:**
1. meat, hot sauces, spicy, fried, fatty, rich, salty, sweet and/or sugary foods, alcohol, coffee, caffeine

**Supplements:**
1. vitamin B-3 (1000mg qd)
2. vitamin B-6 (300mg qd)
3. vitamin B-12 (1000mcg IM, 1/wk)

**Hydrotherapy:**
1. wet sheet pack (stage 2)
2. neutral bath

**Manipulation:**
1. check T6-8 (liver)

**Botanicals:**
1. Avena sativa: sedative
2. Chamomilla spp: sedative
3. Cnicus benedictus: associated with liver sxhs
4. Humulus lupulus: sedative
5. Hyoscyamus niger (toxic): destructiveness
6. Leonurus cardiaca: sedative, heart sxhs
7. Mitchellia repens: female
8. Scutellaria lateriflora: sedative, cooling
9. Strychnos nux vomica (toxic): excitability of the senses exhibited by anger, vehemence, irascibility

Consider treating the liver (associated with anger in Chinese medicine)
ANGER

1. Chelidonium majus (toxic)
2. Chelone glabra
3. Chionanthus virginicus: liver congestion
4. Cnicus benedictus
5. Hydrastis canadensis: liver congestion
6. Peumus boldus: liver congestion
7. Taraxacum officinale

Formulas:
1. splenic tenderness: Ceanothus americanus, Echinacea spp.
2. Anti-viral botanicals in formulas: Achillea millefolium, Allium sativa, Glycyrrhiza glabra, Larrea divaricata, Melissa officinalis, Mentha piperita, Pao d’ Arco

Homeopathy:
1. Anacardium: irritability, easily offended; uses violent language (swears); vindictive; mistrusting; contradictory; violent
2. Aurum metallicum: sour in rage; disgust of life, talks of committing suicide (but fear of death); true violent explosions of anger, regretted afterwards; oversensitiveness
3. Ignatia: the least contradiction irritates and leads to anger; redness of the face; sighing and sobbing
4. Lachesis: irritable; oversensitive; jealous; suspicious, great disposition to criticize and contradict; great loquacity
5. Lycopodium: extremely irritable, susceptible and sensitive; often angry; violent speech
6. Natrum muriaticum: gets into passion about trifles, when looked at or spoken to; makes him ill; breaks down easily into tears
7. Nux vomica: very irritable, bad mood, cannot bear noises, odors, light, etc. shameless words; quarrelsome, gets violent easily
8. Stramonium: devout; earnest; beseeching and ceaseless talking; indomitable fury, desire to bite, hit and kill
9. Sulphur: always in a bad mood, extremely irritable, sensitive, quarrelsome, violent; unsociable; gets angry easily
ANGINA PECTORALIS
(also see ATHEROSCLEROSIS)

Definition:
1. an episodic clinical syndrome due to myocardial ischemia and recognized by precordial discomfort or pain similar to a MI but generally less severe and ameliorated by rest and nitroglycerine

Etiology:
1. most are males (esp. younger than 50 yrs of age)
2. average age is 50-60 yrs old
3. occurs when the cardiac work and myocardial oxygen demand is greater than the ability of the coronary arteries to supply oxygen to the heart tissues
4. pain seems to be created by the accumulation of hypoxic metabolites that develop in the heart muscle and trigger sensory nerves

Signs and Symptoms:
1. degree of discomfort varies from pt to pt (vague ache; heaviness, pressure, squeezing, smothering, choking pain)
2. typically substernal or precordial
3. may radiate to left shoulder, down the left arm or through the back, up to the jaw and down the right arm
4. worse: exertion (which often brings it on, esp. following a large meal), cold weather and strong emotions
5. better: with rest (usually within 5 min. of rest after the attack subsides) and nitroglycerine
6. signs during the attack: increased BP, diffuse apical impulse, 4th heart sound may be present
7. may present with mild to severe anxiety

Variations:
1. nocturnal angina: occurs at night when the pt is sleeping
2. angina decubitus: occurs when the pt is at rest and without any clear stimulation (similar to nocturnal angina)
3. unstable angina (a.k.a.: pre-infarction angina, intermediate syndrome, acute coronary insufficiency): pt's condition is worsening and attack is increasing in severity (i.e. decreased stimulus needed to cause attack, attacks last longer or are harsher)
4. variant angina (Prinzmetal’s angina): pain while resting, EKG shows S-T elevation (normal angina typically shows S-T depression)

Lab Findings:
1. EKG (+) [taken during angina attack or as a stress EKG – under supervision]
2. exercise tolerance test (+)
3. coronary arteriography (+)

Course/Prognosis:
1. prognosis factors include:
   a. patient’s age
   b. extent of coronary artery occlusion
   c. ventricular function
2. possible consequences of untreated angina pectoris
   a. sudden death
   b. multiple MIs
3. conventional treatment:
   a. smoking cessation
   b. weight loss
   c. control of atherosclerosis and hypertension
   d. specific drug therapy (nitrates, beta-blockers)
   e. coronary by-pass surgery
4. unstable angina is a medical emergency

Differential Diagnosis:
1. MI
2. musculoskeletal conditions
   a. costochondral separation
   b. costochondritis
   c. cervicothoracic spine problems
3. GI problems
   a. peptic ulcer
   b. esophageal spasm
   c. hiatal hernia
   d. gall bladder disease
   e. indigestion
ANGINA PECTORALIS
(also see ATHEROSCLEROSIS)

4. pericarditis
5. pleuritis
6. anxiety state

Nutrition:
1. calorie percentage diet (complex carbs. 70%, protein 12-15%, fat 15-18%)
2. low sugar, fat, cholesterol, sodium (sodium restricted diet)
3. fasting (short)
4. sample diet
5. vegetarian diet:
   a. apples, lentils, okra, potato broth, garlic, wheat germ, liquid chlorophyll, alfalfa sprouts, buckwheat,
      watercress, rice polishings, celery, cherries, onions, beans, legumes, soy, yogurt
   b. water-soluble fiber foods: psyllium seed, flax seed, pectin, guar gum, oat bran
   c. increase omega-3 and –6 FAs: vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts,
      flaxseed oil, evening primrose oil, black currant oil
6. potassium rich foods
7. vitamin B-15
8. vitamin E (if due to atherosclerosis)

Avoid:
1. trans-FA, hydrogenated oils (margarine, vegetable shortenings, imitation butter spreads, most commercial peanut
   butters), oxidized fats (deep fried foods, fast food, ghee, BBQ meats)
2. meat, animal products, refined carb., hot sauces, spicy foods, fatty foods, rich foods, salty foods
3. coffee, alcohol

Supplements:
1. magnesium (500mg qd) [check WBC mg levels) – magnesium aspartate
2. coenzyme Q10 (60-120mg)
3. taurine (1-5g qd) [watch for stomach ulcers]
4. bromelain (500mg tid) [on empty stomach]
5. L-carnitine (500mg tid)
6. Vitamin E (400 IU tid)
   -if underlying cause atherosclerosis:
      1. vitamin B-3 (100mg tid) [working up to 6 g qd] POSSIBLE LIVER PROBLEMS
      2. vitamin B-6 (40mg qd)
      3. vitamin B complex
      4. vitamin C (1000mg tid)
      5. vitamin E (600 IU tid) [watch hypertension]
      6. calcium (1.5 mg qd)
      7. magnesium (500mg qd)
      8. chromium picolinate (200-400mcg qd)
      9. copper (2-4mg qd) [avoid taking >15mg zinc if no copper being taken]
      10. folic acid (5 mg qd)
      11. selenium (200mcg qd)
      12. bromelain (400-1000mg qd)
      13. L-carnitine (1500mg bid)
      14. coenzyme Q10 (30mg qd, divided doses)
      15. omega-3 FA (5g qd)
      16. omega-6 FA
      17. phosphatidyl choline
      18. panthothenic acid (600-1200mg qd)
      19. rice bran oil (3.5g qd)

Hydrotherapy:
1. alternating compress to spine
2. enema (hot)

Manipulation:
1. check C7, T2-5 (especially left side, ventricular origin yields upper pectoral pain, medial arm pain)

Physiotherapy:
1. spondyloletherapy:
   a. sinusoidal current or concussion of C7 if angina from cardiac weakness
   b. concussion of T3 and 4 if angina from cardiac spasms
2. massage: (over precordium to relax coronaries or pressure to 2nd intercostal space)
3. ice bag: (to back over T4-L3, 1-2 times daily)
ANGINA PECTORALIS
(also see ATHEROSCLEROSIS)

4. diathermy: short wave, place over chest, smaller electrode centered over T2, dosage (moderately warm), check BP every 2 min., treatment length (8-15 min. every 2 days for 10 treatments)

Botanicals:
1. Aconitum napellus (toxic): sudden pain, panic, fear of death, anxiety
2. Ammi visaga: spasmytic to coronary vessels
3. Apocynum cannabium (toxic): edema, smokers
4. Cimicifuga racemosa: functional irregularity of the heart, neuralgia of the heart
5. Crataegus oxyacantha: coronary vasodilator, reputed to dissolve deposits in thickened and sclerotic arteries, myocardial weakness, cardiac pain
6. Gelsemium sempervirens (toxic): tremulousness, cardiac neuralgia, contracted tissues
7. Lobelia inflata (toxic): pain with tightness and constriction of the chest, sighing respiration, sensation of weight (prompt effect with angina)
8. Selencereus grandiflorus (toxic): irregular pulse, weak heart action, sensation of constriction or band around the heart
9. Spigelia marilandica (toxic): violent palpitations, substernal pain, radiating to back and arms, irregular pulse
10. Strophanthus komba, gratus (toxic)

Formulas:
1. neuralgia of the heart and functional irregularity: Cimicifuga racemosa + Gelsemium sempervirens (toxic)
2. long term (consider vascular tonics): Crataegus oxyacantha + Allium cepa + Allium sativum + Capsicum frutescens + Mediagco sativa + Selencereus grandiflorus (toxic)
3. angina symptoms of vasomotor origin: tinctures of: Strophanthus komba (toxic), 10mL; Valerian spp., 10mL; Nitrous ether spirit, 10 mL; SIG: 20 gtt tid

Homeopathy:
1. Aconitum napellus: from exposure to cold; with intense anxiety; coldness; pain radiating from head in all directions; numbness, tingling, parenthesis
2. Ammonium carbonicum: short breath, with choking, on going upstairs; shooting in the chest and sides, particularly when breathing, singing, stooping, walking; at night, with inability to lie for any time on the side affected
3. Amyl nitrite: acute attacks; heart is rapid and tumultuous; feeling of a band around heart; oppressed breathing; face flushed
4. Apis mellifica: pain extending from the precordium to right side of the chest with suffocation; feeble action of the heart; heart sensitive to the least pressure; pulse almost imperceptible at wrist; accelerated and full, very frequent and hard; wiry; irregular and slow pulse, intermittent
5. Aurum metallicum: pressing pain; pressure on sternum, as from a heavy weight; continuous aching in left side of the chest; incisive, shooting pain near the sternum; great mental depression; suicidal
6. Cactus grandiflorus: in organic disease of the heart; feels like an iron band gripping the heart; soreness, pressing pain; pain extending from the precordium down the left arm to the hand and fingers, < daytime, better lying on back with shoulders elevated
7. Actaea racemosa: severe pains; heart's action suddenly ceases; sense of impending suffocation; pulse weak, feeble; pains radiating all over the chest with a sensation as if the left arm is bound to the side; patient may become unconscious
8. Crataegus oxyacantha: sudden, terrible pain on the left side of the chest radiating over the heart and the left arm; despondent and fearing death; main remedy for all heart diseases
9. Digitalis: in morning, after coitus; thready, slow pulse, irregular, worse lying left side; > lying on back
10. Glonoinum: with hypertension, throbbing in whole body, burning between shoulders; heart beat reverberates into head, < sun, heat
11. Lachesis: sensation of fullness in chest; dry, hacking cough provoked by touching throat
12. Latrodectus mactans: tearing pain in the heart; anxiety with violent pain, extending from the precordium to the axilla, down the left arm to the hand/fingers; perhaps the most important a remedy for angina pectoris
13. Naja: stitching severe pain in the heart; pain from the precordium to the left hand/fingers and to the back; feeling of depression and uneasiness about the heart; pulse slow, irregular in rhythm and force; weak and thready, barely perceptible; or pulse rapid and full
14. Oxalic acid: pain extending from the precordium to the epigastrum, left hand/fingers; pain extending up the sternum and darting across the chest; must keep perfectly quiet; pulse increased, almost imperceptible with coldness and clammy sweat
15. Rhus toxicodendron: pain extending from the precordium to the left hand/finger; weakness and sensation of trembling in the heart; violent palpitation of the heart while sitting quietly; painful sensation of paralysis and numbness of the left arm; pulse rapid, small, compressible
16. Spigelia: drawing pain, soreness in the heart; pain extending to the nape of neck, left clavicle/shoulder, back, left hand/fingers; also to the right arm; anguish substernal pain; irregular pulse, tendency to syncope, palpitation and sharp stitches; pulse weak and irregular or full and bounding; < least motion, > lying on right side with head high
17. Spongia tosta: constricting, stinging, pressing pain; sense of suffocation; loud cough great alarm, agitation, anxiety and difficult respiration; pulse hard, full and frequent
ANGINA PECTORALIS
(also see ATHEROSCLEROSIS)

18. Tabacum: “tobacco heart” or uneasy pains about the heart due to tobacco (tabacum 3X has cured cases of angina pectoris in patients with atherosclerosis)
ANKYLOSING SPONDYLITIS

**Definition:**
A chronic and generally progressive inflammatory arthritic disease affecting the spinal joints and adjacent connective tissue, a.k.a.: "Marie Strumpell disease"

**Etiology:**
1. mainly in young men aged 10-30 years of age
2. seems to have a genetic component
   a. in males
   b. especially in patients with histocompatibility complex HLA-B27 (who have a 300 times greater risk of developing AS, particularly in white males)
3. seen throughout the world
4. etiology is unknown

**Signs and Symptoms:**
1. onset is gradual and insidious
2. **Initial symptoms:**
   a. low back pain: especially in sacroiliac and lumbar areas, may appear to be sciatic pain
   b. stiffness on awakening
   c. nocturnal pain and stiffness causing insomnia
3. **Advanced disease:**
   a. pain spreads up spine often into the mid-back and neck
   b. hips and shoulders may also be involved in a third of patients
   c. fatigue
   d. weight loss and anorexia
   e. slight anemia
   f. muscle stiffness or cramping
   g. pain on breathing or decreased ability in drawing in deep breath
   h. limited mobility of spine, bent-over stance, increased dorsal kyphosis, waddling gait
   i. normal neurologic examination
   j. chronic iritis
4. **Joints affected:**
   a. sacroiliac: nearly always
   b. general spinal (neck to lumbar): always, eventually
   c. hips: often
   d. shoulders: often
   e. peripheral joints: rarely

**Lab Findings:**
1. x-ray: flattened lumbar curve; blurred bony margins; decreased expansion of spine with flexion and extension; syndesmophytes (bony growths); fusion of joints/spine(leading to "bamboo spine" in severe cases)
2. **ESR:** possible increase (<80%)
3. **Anemia:** mild to moderate hypochromic
4. HLA-B27: (+) 95%
5. **ANA:** (+) low
6. **WBC:** increased
7. **RF:** (+) occasional
8. complement activity increased

**Course/Prognosis:**
1. conventional treatment does not stop the progression of the disease
2. stretching exercises and careful adherence to correct posture are absolutely required to maintain as much mobility as possible over time
3. occasionally surgery is used to replace a badly affected joint or to straighten the spine

**Differential Diagnosis:**
1. Reiter’s disease
2. Psoriatic spondyloarthritis
3. Yersinia arthritis
4. Spondyloarthritis associated with inflammatory bowel disease
5. Rheumatoid arthritis

**Nutrition:**
1. celery, foods rich in organic sodium, sesame seeds, tahini, kale millet, barley, okra, almonds, collards, turnip greens, raw goat milk

**Supplements:**
ANKYLOSING SPONDYLITIS

1. vitamin C (6-9g qd)

**Manipulation** (before complete fusion):
1. see RA

**Physiotherapy** (before complete fusion):
1. breathing exercises (begin with)
2. see spondylitis exercises
3. US

**Botanicals:**
1. *Bryonia alba* (toxic): symptoms worse with movement; swollen stiff joints
2. *Cimicifuga racemosa*: rheumatism, neuralgia
3. *Linum usitatissimum*: use oil (1Tbsp/day)
   consider anti-inflammatories:
   a. *Gaultheria procumbens*
   b. *Matricaria chamomilla*
   c. *Salix spp.*
   d. *Tanacetum vulgare*: oil, externally

**Homeopathy:**
1. *Aesculus hippocastanum*: full feeling in sacral area; < attempting to rise from a seat, walking slowly; constant dull backache
2. *Apis mellifica*: stiffness, weakness; pain, bruised, burning, pressing on palpation; prevents sitting on sacrum; violent and rapid
3. *Agaricus muscarius*: bruised feeling; numbness, tingling; formications; spine sensitive to touch; < mornings; pain in lumbar region and sacrum especially during exertion, in daytime and while sitting
4. *Arnica montana*: sore, bruised feeling; legs weak, sore; < exertion
5. *Berberis*: sacroiliac pain in one spot radiating down back of legs; sharp shooting pain from sacroiliac to rectum or rectum to sacroiliac; violent pain in small of back; < when sitting and lying in morning, when walking
6. *Causticum*: back painful and stiff, especially when rising from sitting; pain begins in sacrum and goes to left hip; tense, as if muscles were too short
7. *Hypericum*: sharp, shooting pain which radiates; pain due to injury; pressure over sacrum
8. *Rhus toxicodendron*: stiffness, tightness with sharp, tearing pains down legs; < damp weather, when sitting still or lying, resting after exercise; pain in small of back; > lying on hard surface, motion; stiffness and lameness in sacrum
9. *Ruta graveolens*: sacroiliac problems from overuse; achy or sharp or combinations; bruised pain in back and in lumbar region; pain in lumbar and coccyx as if after having been struck; stitches in lumbar region when sitting but when pressed upon when lying on back there is no pain
10. *Tellurium*: shooting pains up from sacrum and down to thighs (especially right thigh); < pressing at stool, coughing and laughing
ANOREXIA NERVOSA
(also see Bulimia)

Definition:
An eating disorder (where the suffer radically restricts caloric intake) characterized by a perverted sense of body image (based on an obsession to be thin and a dread of weight gain); resulting in significant weight loss and amenorrhea in women. The end result being emaciation.

Etiology:
1. primarily affects females (only 5% of patients are males)
2. onset is usually during adolescence or young adulthood (rarely after the middle twenties) and chiefly in middle-to-upper class White women
3. rarely is it seen in lower socioeconomic levels or in Blacks or Asians
4. incidence is increasing in America (estimated up to 18-25% of college women have either anorexia or bulimia)
5. although pure forms of both anorexia and bulimia exist, it is not infrequent for a sufferer to overlap the two diseases
6. cause is unknown, possibilities include:
   a. hypothalamic disorder
   b. psychiatric disorder (such as depression)
   c. peer pressure
   d. reactions to cultural or familiar attitudes towards the body
7. consider: pancreatic or liver hypoglycemia with sympathetic nervous system compensation affecting the bile duct, pyloric and ileocecal valves as well as enzyme availability

Signs and Symptoms:
1. classically, the teenage female begins to become obsessed with weight and thinness, even if she is lean, she then starts to drastically reduce caloric intake
2. denial of the disease is very common; the patient may deny her leanness (and other symptoms such as fatigue or hunger) and insist she is fat and has to lose more weight (even when she becomes seriously emaciated)
3. often very involved in strenuous exercise and may do zealous exercising after any food intake
4. the patient develops amenorrhea
5. constipation
6. bradycardia, low BP
7. hypothermia and intolerance to cold
8. edema (which may mask the emaciation
9. lanugo hair growth or hirsutism
10. in advanced cases, all body fat will have disappeared and the bones will clearly protrude through the skin
11. hypoglycemia: wake-up with nausea at 3-4am; restless, can't get back to sleep easily; daytime nausea, fatigue, nervous anxiety with no appetite

Lab Findings:
1. anemia
2. leukopenia
3. hypokalemia
4. hypoalbuminuria
5. increased blood urea nitrogen levels
6. decreased LH and FSH levels with severe weight loss
7. other hormonal indicators may be abnormal (ie. TSH, T4, T3)

Diagnostic Criteria:
1. onset prior to age 25
2. anorexia with at least 25% of original weight lost
3. perverted ideas toward food, eating and ideal weight that are stronger than hunger pains, threats or reassurances
4. rule out other medical diseases that could be responsible for such weight loss
5. rule out other psychiatric disorders
6. at least two of the following signs:
   a. amenorrhea
   b. lanugo hair/hirsutism
   c. bradycardia
   d. vomiting (including self-induced)
   e. episodes of intense exercising
   f. episodes of bulimia

Course/Prognosis:
1. no specific treatment for anorexia nervosa
2. treatment can be very difficult due to the patient’s tendency to deny the illness and extent of the seriousness of the situation
ANOREXIA NERVOSA
(also see Bulimia)

3. patient counseling is definitely needed
4. if patient has lost more than 35% of their ideal weight (esp. if it occurred rapidly), hospitalization may be required as a life-saving measure

Differential Diagnosis:
1. any systemic illness (such as an undiagnosed malignancy that causes anorexia and wasting)
2. drug addiction: including over-the-counter anti-sleep medication, amphetamines, coffee
3. psychiatric disorder (ie. Schizophrenia)
4. postpartum hypopituitarism (Sheehan's syndrome)
5. pancreatic or liver hypoglycemia with sympathetic nervous system compensation affecting the bile duct, pyloric and ileocecal valves as well as enzyme availability

Nutrition:
1. bell pepper, cilantro, mustard greens, green onion, garlic, cinnamon, ginger, pumpkin, yam, beans, corn, barley, rice, persimmons, potatoes
remedies:
   1. tea from green onions, garlic, cinnamon or ginger
   2. soup from pumpkin, yam, beans, potatoes, corn, barley or vegetables
   3. soupy rice

Supplements:
1. vitamin B complex
2. essential FAs
3. zinc (50mg tid with meals)

Hydrotherapy:
1. cold mitten friction
2. constitutional hydrotherapy

Physiotherapy:
1. ice bag over stomach ½ hour before meals

Botanicals:
1. Acorus calamus (toxic): tonic
2. Angelica archangelica (root): with Chamomaeum nobilis (chamomile)
3. Arctium lappa (root)
4. Centaurnium erythraea: with Chamamilla spp. and Articum lappa (root)
5. Chamomilla spp.: anorexia with Humulus lupulus (to allay pain, anxiety)
6. Humulus lupulus: sedative, bitter, stimulates digestion

Consider nutritives:
a. Avena sativa
b. Medicago sativa
c. Nepeta cataria
d. Taraxacum officinale (root)

Formulas:
a. Marsdenia condurango (toxic): specific for; may be used with Gentiana lutea, Chelone glabra, Chamomilla spp., Humulus lupulus and Acorus calamus (toxic)
b. Cinchona spp.: may be combined with Anthemis nobilis, Melissa officinalis, Althea officinalis: may be combined with Anthemis nobilis, Melissa officinalis, Althea officinalis (root), Angelica archangelica (root), and Humulus lupulus

Homeopathy:
1. Aconitum napellus: less appetite after fright
2. Arsenicum album: very restless, exhaustion, vomits; < after eating; fear of being poisoned
3. Cinchona: flatulence gives no relief of pain; may have been bulimic first; indolent, theorizing; extremely sensitive; periodical
4. Cyclamen: great weakness in morning, restless in afternoon, prefers being alone
5. Gelsemium: weakness; quiet; dullness; apathy; insomnia; no thirst
6. Ignatia: fear of getting fat, rejection; obsessed with perfect weight; extreme headaches
7. Myrica: depressed; discouraged; desperate; does not want to eat; irritable
8. Natrum muriaticum: fear of rejection; dry lips and skin; constipated
9. Phosphoric acid: grief with loss of appetite, apathetic to self and food
10. Platina: obsessed with their appearance, egocentric; tied up with sexuality
11. Sepia: hepatic; irritable, indifferent to everything; desire to be alone; disgust for food, abnormal odors, thought of food nauseating
ANOREXIA NERVOSA
(also see Bulimia)

12. *Veratrum album*: many GI problems; certain foods cause diarrhea; often workaholics; hysterical people; thirst for large quantities.
ANXIETY
(also see Fear)

Definition:
A neurotic disorder characterized by apprehension, uncertainty and fear directly out of proportion to any known cause and often elevated to attacks of intense panic associated with physiological changes. A.k.a.: "anxiety neurosis," "anxiety disorder" or "anxiety reaction"

Etiology:
1. there may be a genetic tendency
2. physiological factors:
   a. stem around arousal of the autonomic nervous system in the manner of a "fight or flight" response to fearful inner impulses and emotions
   b. stress response results in the characteristic body sensations often seen in a person in a panic attack (see signs and symptoms)
3. psychological factors:
   a. individual to the patient but usually some sort of emotional stress precedes anxiety
   b. emotional stress may be easily identifiable (such as the loss of a job or relationship) or may be subconscious and harder to uncover (such as when hidden inner emotional drivers of neediness, sexuality and aggression are kept from the patient's conscious mind by psychological defenses
   c. when these troubles are aroused by a social or environmental occurrence that extremely stimulates the patient, the episodes of anxiety can represent the individual's fear of losing control of these repressed conflicts and in turn their actions
4. subconsciously hidden trauma: certain situations or events can trigger, reverting the patient to the traumatic event and setting up the resulting fight or flight response

Signs and Symptoms:
1. acute panic attacks:
   a. from anxiety neurosis occur episodically over a period of time
   b. self-limited and generally last from 2 minutes to 2 hours (can sometimes end as soon as the person leaves the situation that triggered the attack
   c. patient experiences the alarm of terror for no obvious reason (may supersede rational thought as it ushers in a horrible dread that an unknown and nameless catastrophe will occur
   d. somatic changes associated with this type of severe anxiety include:
      1. tachycardia, palpitations, precordial pain usually noted as sticking or sharp and the occasional escape beats
      2. cold sweats and/or general sweating are common
      3. fine tremors of the hand
      4. dizziness
      5. overall motor weakness
      6. "butterflies in the stomach," nausea and sometimes diarrhea
   d. respiratory changes:
      1. hyperventilation (if progresses it can lead to secondary alkalosis and the sensations of pins and needles in the fingers, toes and around the mouth, as well as muscle stiffness in the extremities
      2. patient may feel unconnected with the people and objects around him and a sense of unreality
      3. hyperventilation combined with this feeling of unreality can often be the reason that the anxious patient's situation can be prolonged or worsened as he feels as if he will lose consciousness and/or die
2. chronic anxiety:
   a. symptoms same as those in the acute attack (they are less severe and debilitating)
   b. symptoms can often be of longer duration (days, weeks or months)
   c. patient notices:
      1. a general and undefined sense of tension, apprehension or dread
      2. a tendency to startle easily
      3. an uneasiness in the normal situations of life such as work or shopping
      4. a vague, persistent fear of the future
   d. somatic signs:
      1. generalized fatigue
      2. insomnia
      3. weight loss or gain
      4. headaches and other symptoms related to the chronic subacute stimulation to the autonomic nervous system
      5. although able to function on a basic level, the patient suffers a varying amount of dysfunction in personal relationships and daily activities
      6. work is often hurt by fatigue and related inability to maintain concentration
      7. pancreatic hypoglycemia invokes anxiety, < nights; insomnia
      8. liver hypoglycemia invokes anxiety all day long

Course/Prognosis:
1. course of mild anxiety tends to be long-term, emphasis by acute panic attacks of various intensities and frequencies
ANXIETY
(also see Fear)

2. 1/3 of all anxiety patients recover (men have a better prognosis than women)
3. as a patient reaches middle age, the anxiety has a tendency to become less severe and troublesome

**Differential Diagnosis:**
1. **acute anxiety attacks:**
   a. MI
   b. Grave's disease
   c. Pheochromocytoma
2. **chronic anxiety:**
   a. chronic viral fatigue syndrome
   b. post-traumatic stress syndrome
   c. vitamin and/or mineral deficiency

**Nutrition:**
1. food high in B-complex vitamins, oysters, celery, sesame seeds, tahini, oatstraw juice and oats, collards, kelp, cherry, cucumber, corn, grapes, chicory, apples, kale, honey, mulberry, carrot, rice, rosemary, wheat germ, mushroom, oatmeal, longan
2. 2 oz. fresh walnuts, 2 oz. black sesame seeds, crush together and eat
3. for nervous tension: 3 oz. fresh oysters, 3 oz. peanuts, 2 oz. celery, boil in 2 pt., water until reduced to half, divide into 2 halves and eat and drink twice daily for 7-14 days
4. eating a normal portion of boiled rice in one sitting
5. take 500g longan fruit and 500g sugar, simmer in water until it reaches a thick consistency, take 1 Tbsp. Morning and evening

**Avoid:**
1. foods with malic acids: most apples (apples without malic acid: Astrachan, Belleflower, Jonathan, Delicious)
2. meat, sugar, food additives, hot sauces, spicy foods, fatty foods, fried foods, sweet foods, rich foods, salty foods
3. coffee, tea, alcohol
4. tobacco

**Supplements:**
1. if there is a B vitamin deficiency:
   a. niacinamide (500mg bid)
   b. vitamin B-6 (100mg qd)
   c. thiamine (100mg qd)
   d. calcium (500-1500mg qd)
   e. magnesium (250-750mg qd) [with calcium]
   f. L-tryptophan (1g qd, on empty stomach) [with vitamin B-6]
   g. Vitamin B-12 (1000mcg 1 time/week, IM)

**Hydrotherapy:**
1. neutral bath
2. wet sheet pack (stage 2)
3. wet sock treatment

**Manipulation:**
1. check and align cervical-thoracic vertebrae

**Physiotherapy:**
1. aerobic exercise program
2. observe for shallow breathing pattern (increased CO₂)
3. teach abdominal breathing

**Botanicals:**
1. Anemone pulsatilla (toxic): insomnia, with Passiflora incarnata
2. Betonica officinalis
4. Bryonia alba (toxic)
5. Chamomilla: Chamamaelum nobilis, Matricaria chamomilla
6. Humulus lupulus (strobiles): nervous excitability, induces sleep
7. Hyoscopus officinalis
8. Passiflora incarnata: irritation, insomnia from worry, overwork
9. Piper methysticum
10. Primula veris: anxiety states associated with restlessness and irritability, with Scutellaria lateriflora
11. Scutellaria lateriflora: nervous tension states; combines well with Humulus lupulus and/or Passiflora incarnata
12. Selenicereus grandflorus (toxic): anxiety associated with heart conditions
13. Tilia platyphyllos: sedative; combines with Humulus lupulus
ANXIETY
(also see Fear)

14. *Turnera diffusa*: anxiety neurosis with predominant sexual factor
15. *Valeriana spp.*: anxiety with fear; nervousness, depression

Formulas:

b. Valeriana spp. + Passiflora incarnata + Scutellaria lateriflora + Lobelia inflata (toxic), may add Humulus lupulus

Homeopathy:

1. *Aconitum napellus*: in company; with fear; inconsolable anxiety; piteous wailing peevish and impatient; > drinking cold water; with cold sweat
2. *Argentium nitricum*: < anticipating an engagement, after eating, on walking, in open air; tormented with anxiety, about some serious disease; frequent attacks of anxiety with weakness in legs; < 11am
3. *Arsenicum album*: < in bed, after midnight, alone, with fear for others, before stool, about trifles, on waking, dyspnea; hypochondriacal anxiety; anxiety with constriction of chest, anxiety with nausea
4. *Aurum metallicum*: with fear from noise; suicidal; anxious longing to die; anxiety and dread; excessive anguish with palpitations of heart; weariness in all limbs and sleepiness
5. *Bryonia*: < in bed, before midnight, anxiety in the whole body so must do something constantly; > open air; anxious feeling in sternum or cardiac region; pressing or painful sensation
6. *Calcarea carbonica*: < evening, in bed, in children, after hearing of cruelties, with fear about future, about health, on going to sleep, after stool; anxiety with nausea; restlessness; palpitation
7. *Camphor*: almost loses consciousness; restless tossing in bed; precordial anxiety with weeping
8. *Carbo vegetabilis*: < evening, in bed, on closing eyes, while eating, after eating, on waking; trembling anxiety in morning
9. *Chamomilla*: everything is unsatisfactory; great uneasiness; ineffectual urge to urinate, without much urine in the bladder
10. *Digitalis*: < evening, with fear about future
11. *Kali carbonicum*: in children, with fear during sleep, on waking
12. *Lycopodium*: < on waking, evening, in bed, before midnight, with fear about health, in the house, on going to sleep, during sleep; in open air; anxious thoughts as if about to die and prepares farewell messages
13. *Nux vomica*: < morning, on waking, evening, in bed, after midnight, after eating; about future; about health; about little things; inclination to commit suicide but is afraid to die
14. *Phosphorus*: < morning, on waking, twilight, alone, after dinner, after eating, during sleep, during thunderstorms; fear about the future, health; hypochondriacal; palpitations
15. *Psorinum*: fear while riding downhill, with oppression of chest; about heart, dyspnea
16. *Pulsatilla*: < in bed, rest, sitting or lying, in the dark, in the house, on going to sleep; fear about the future; suicidal anxiety; sensation in the pit of the stomach; anguish as if death were near; > motion
17. *Rhus toxicodendron*: < evening, twilight, after midnight, in bed; fear about future, in the house, suicide; great apprehension at night; cannot remain in bed; restless
18. *Sulfur*: < morning, evening, before midnight, on waking; wringing their hands; anxiety with heat of head and cold feet; with palpitations; > cold drinks
APHTHOUS STOMATITIS
(also see gingivitis)

Definition:
Aphthous ulcers: single or clustered acute painful ulcers with surrounding erythematous base located on the moveable oral mucosa. A.k.a. “canker sores”
Stomatitis: an inflammation of the oral mucosa that may be a primary disease or a symptom of a systemic illness

Etiology:
Aphthous ulcers
1. appear idiopathically (thought to be localized immune response)
2. several associations made in patients with recurring attacks
   a. susceptibility to citrus fruits or gluten
   b. other individual food intolerances
   c. vitamin/mineral deficiencies (esp. iron, B-12 and folic acid)
   d. adverse reactions to stress
3. approximately 20% of population experience aphthous ulcers
4. more common in females
5. recurrent attacks are common (often with 2-3 ulcers per episode, can be as many as 10-15 in a severely inflamed mouth), can be in same location
6. small ulcers (3-5mm in diameter, heal without scarring)
7. larger ulcers (7-15mm in diameter, may leave a scar)
8. lesions typically require 7-10 days to heal fully and the ulcer is usually painful for the entire time, although less so after 4-5 days

Stomatitis
1. causes:
   a. infection (strept, GC, candida albicans, trponema pallidium, herpes simplex, measles, etc.)
   b. irritants (smoking, alcohol, spicy foods, toothpaste, mouthwash, etc.)
   c. trauma (biting the cheek, burning from excessively hot food or drink, jagged teeth, poor dentures)
   d. nutrients (iron, vitamin C or B6)
   e. dryness
   f. hypersensitivity reactions

Signs and Symptoms:
Aphthous ulcers
1. lesion begins as a shallow, oval yellowish erosion with a raised border that is surrounded by a hyperemic area
2. usually no vesicular stage before the ulcer appears
3. ulcer becomes filled with a pseudomembrane of opaque yellowish substance comprising WBCs, oral bacteria and tissue fluids
4. in severe attacks there may be fever, anorexia, malaise and adenopathy

Stomatitis
1. signs and symptoms may vary along with the many causes
2. any new oral lesion can be considered a type of stomatitis

Lab Findings:
Stomatitis: direct smears and cultures of the lesion are recommended to isolate a potential microorganism

Course/Prognosis:
Aphthous ulcers
1. recurrent attacks are to be expected throughout the patient’s life unless the true causative factors is found and treated

Stomatitis
1. depends solely on the cause therefore if the cause is corrected the stomatitis will resolve (positive diagnosis of cause may prove difficult and require a full work-up to be determined

Differential Diagnosis:
Aphthous ulcers
1. herpes simplex
2. Behcet’s syndrome
3. traumatic ulcers (ie. from dentures)
4. herpangina
5. hand, foot and mouth disease
6. miscellaneous oral lesions

Stomatitis
1. malignancy
2. Vincent’s angina
3. acrodynia
APHTHOUS STomatitis
(also see gingivitis)

4. pseudomembranous or membranous stomatitis
5. thrush
6. Kawasaki disease
7. lesions indicating systemic disease
   a. scarlet fever
   b. syphilis
   c. Koplik's spots
   d. erythema multiforme
   e. pellagra
   f. scurvy

Nutrition:
1. hypoallergenic diet
2. high complex carbohydrates
3. low gluten (if applicable)
4. yogurt (acidophilis)
5. foods rich in flavonoids
6. apply the ash of charcoaled eggplant to mouth sores
7. mouthwash: 1-2 fresh pomegranates, discard the skin and save the seeds, crush them, add water and simmer, then strain to obtain the liquid, let cool then use as a mouth wash
8. mouthwash: 2 pieces of pickled plum (plums soaked in vinegar and include the pits), crush, add a little Tbsp of salt and 1 cup of boiling water, mix and when cool use as a mouthwash to gargle

Avoid:
1. highly acidic foods (citrus, strawberries, cherries)
2. sweet juices
3. spicy, hot, fried foods
4. shellfish
5. coffee, alcohol
6. food intolerances (ie. gluten)

Supplements:
1. vitamin B complex
2. vitamin E
3. zinc gluconate
4. quercetin
5. lactobacillus mouthwash
6. acidophilus (tablets, liquid or yogurt)

Manipulation:
1. check and align C3-5, T6-8 and T10-12

Botanicals:

Aphthous ulcers
1. Althea officinalis: acute as a mouthwash
2. Arctium lappa: specific for
3. Arnica montana (toxic): diluted as a mouthwash, tones mucosa
4. Baptisia tinctoria: fetid, fullness of tissue, enfeebled circulation, tendency to ulceration and decay
5. Camphora (oil): topically
6. Chamomilla spp.: acute, anti-inflammatory, hot tea as a gargle every hour
7. Commiphora myrrha: apthae; may be used as a paint locally with Cephaelis ipecacuanha
8. Echinacea spp.: sloughing of the soft tissues, blood cleanser
9. Geranium maculatum: apthous stomatitis with gastric acidity and acrid diarrhea
10. Hydrastis canadensis: subacute and chronic, relaxation of mucosa
11. Juglans cinerea: with constipation
12. Luffatium livistricum: as a mouthwash
13. Potentilla tormentilla: astringent
14. Phytolacca decandra (toxic): sloughing tissue
15. Quercus alba: astringent
16. Rumex crispus: tendency towards ulceration, slow recuperative powers
17. Salvia officinalis: acute, as a mouthwash
18. Ulmus fulva: inflammation of the throat and mouth, use as a gargle

Stomatitis
1. Althea officinalis: demulcent
2. Arnica montana (toxic): as a gargle (1 tsp tincture to 1 cup water)
3. Baptisia tinctoria: usually fetid, broken-down conditions; may be used in combination with Cephaelis ipecacuanha
APHTHOUS STOMATITIS
(also see gingivitis)

4. **Berberis aquifolium**: bitter, tones mucosa
5. **Chamomilla spp.**: as a gargle, anti-inflammatory
6. **Chrysanthemum parthenium**: inflammation of tongue, oral or labial mucosa, oral ulcerations
7. **Commiphora myrrha**: oral ulcers, gingivitis
8. **Echinacea spp.**: ulcerative stomatitis
9. **Gentiana lutea**: as gargle, for torpid conditions of the mucosa, chronic stomatitis; bitter; stimulates mucosa, salivary glands
10. **Glycyrrhiza glabra**: anti-inflammatory, demulcent
11. **Hydrastis canadensis**: bitter; subacute or chronic aphthous stomatitis
12. **Myrica cerifera**: chronic stomatitis with dark membranes, slow ulceration, halitosis; use in combination with other indicated remedies
13. **Pilocarpus jaborandi** (toxic): xerostomia
14. **Polygonum bistorta**: astringent; as a mouthwash
15. **Potentilla tormentilla**: astringent
16. **Rhus glabra** (toxic): astringent; intractable conditions of the mucous membranes
17. **Rumex crispus**: ulcerative stomatitis, slow recuperative powers
18. **Salvia officinalis**: anti-septic, astringent, specifically for inflammation of mouth, tongue or throat, use as gargle or mouthwash, can combine with Rubus spp.
19. **Vaccinium myrtillus**: astringent

**Formulas**

**Aphthous ulcers**

a. **Hydrastis canadensis** + **Commiphora myrrha**: topically
b. **Potentilla tormentilla** (10ml); **Salvia officinalis** (10ml), half tsp to a glass of water, use as a mouthwash

**Stomatitis**

a. anti-inflammatory: **Chamomilla spp.** + hydrogen peroxide (1tsp per cup of tea) or separately
b. chronic conditions: alternating astringents with mucilagenous plants (both as mouthwash)
c. **Echinacea spp.** + **Symphytum officinalis**

**Homeopathy:**

1. **Borax**: on the tongue and internal aspect of the cheeks; hot mouth with burning and painful vesicles; often in children; nervous, anxious, sensitive to noise
2. **Baptisia**: small painful ulcerative lesions; pharynx dark, painful, red; only fluids can be swallowed; very offensive breath
3. **Kali cloricum**: irritation and inflammation of mucosa of the mouth, nose and pharynx; often accompanied by redness of mucosa and tongue
4. **Magnesia carbonicum**: chronic buccal aphthae and sensitive in weak and hypersensitive children; increase with diarrhea
5. **Mercurius solubilis**: more burning pains than Merc. sol. and < night; bleeding ulcerations; like Kali-c. but tongue covered with a thick yellow coating; teeth marks on the edge of the tongue; heavy perspiration
6. **Nitric acid**: aphthae very sensitive to touch, bleeding ulcerations; foul breath
7. **Sulphuric acid**: very painful aphthae with tendency to spread; general weakness; offensive breath and bleeding gums; tongue covered with white coating but edges and tip remain red
APPENDICITIS

Definition:
Infection and inflammation of the vermiform appendix

Etiology:
1. obstruction (fecalith, tumor, parasites or lymphoid hyperplasia) that leads to bacterial overgrowth or ulceration of the mucosa
2. most patients are in their teens through their 20s

Signs and Symptoms:
1. pain: epigastric at first then moving to the right iliac fossa (often with a sense of a "downward urge," that if flatus or stool was passed there would be relief [neither would relief]). The pain is steady and worse with movement, breathing coughing or sneezing
2. vomiting, nausea, anorexia: most patients experience one or all of the 3, the vomiting does not usually become severe, hunger in a patient is almost considered to rule out appendicitis
3. deep tenderness: local deep tenderness is often missing at the onset of the illness, when the generalized abdominal discomfort is most marked, once that subsides, then deep tenderness may be elicited, particularly at McBurney's point. Tenderness in some location must be demonstrated before the diagnosis of appendicitis can be made.
4. guarding: over the abdomen, esp. the RLQ
5. rebound tenderness: peritoneal inflammation
6. psoas and/or obturator sign: (+)
7. hyperesthesia: skin over RLQ
8. constipation, absence of bowel sounds (late sign)
9. fever
10. other possibilities presentations based on where the appendix might lay in the abdomen (dysuria, hematuria, pain with rectal and/or vaginal exam, testicular symptoms

Lab Findings:
1. moderate leukocytosis (10,000-18,000 cells/mm, with a shift to the left; more WBCs suggest perforation)
2. UA: to rule out urinary problem
3. ESR: increased
4. (+) blood culture with perforation
5. gynecological exam must be performed
6. rectal exam must be performed

Course/Prognosis:
1. complications include:
   a. adhesions
   b. abscess
   c. peritonitis
   d. gangrene
   e. perforation (most commonly seen in infants under 2 years old)
2. cathartics and enemas/colonic are contraindicated, as well as antibiotics when the cause of pain is not clear

Differential Diagnosis:
1. influenza
2. diaphragmatic pleurisy
3. spinal disease
4. typhoid
5. gastroenteritis
6. mesenteric adenitis (esp. in children)
7. hepatitis
8. other GI tract problems
9. gynecological conditions (ectopic pregnancy, salpingitis, etc.)

Nutrition:
Acute
1. increase fluids
2. short alkaline or water fast until crisis is over

Chronic
1. hypoallergenic/rotation diet

Avoid:
1. food intolerences
2. fatty, rich, greasy foods
3. heavy protein foods
4. coffee, caffeine
5. sugars, pork, peanut butter
Supplements:
1. general immune support
2. vitamin C buffered (1g every 3 hours till bowel tolerance)

Hydrotherapy:
1. constitutional with high frequency
2. poultice: charcoal
3. heating compress over abdomen (chronic)

Manipulation:
1. check and align L2

Physiotherapy:
1. ice bag: over appendix with hot hip pack (ice bag 1 hour on, 15 min off)

Botanicals:
1. Aconitum napellus (toxic): initial stages of acute inflammation
2. Agrimonia eupatoria: grumbling appendicitis
3. Brassica spp. (mustard): conservation therapy for cases where surgery is not possible; powder made into paste and placed over tonsils
4. Dioscorea villosa: bowels full of gas, griping, twisting pain
5. Echinacea angustifolia: potential blood sepsis
6. Gelsemium sempervires (toxic): fevers, inflammation, nervous or spasmodic pain
7. Lobelia inflata (toxic): according to indications
8. Olea europaea: internally and externally, given freely internally with external heat over area; with other indicated remedies

Homeopathy:
1. Belladonna: distended, hot, tender swollen; cutting pain across abdomen; headache, fever; extremely sensitive to touch, bed clothes, < jarring, pressure
2. Bryonia: burning pain, stitches; < pressure, coughing, breathing; > neat but patient wants to lie in cool room; tenderness of abdominal walls
3. Iris tenax: fearful pain in iliocecal region, great tenderness to pressure on one spot; deathly sensation in stomach pit
4. Lachesis: cutting or tearing pain right side of abdomen; cannot bear anything around waist, patient lies on back with clothing lifted from abdomen; abdomen tympanic; < slightest touch
5. Mercurius corrosivus: bruised sensation in region of appendix, bloated; painful least touch; < night
6. Phosphorus: sharp cutting pains; sensation of great weight in abdomen; < touch; hanging down sensation and sensation of great weight in abdomen
7. Silica: pain or painful cold feeling in abdomen; < after eating, pressure of clothes; > external heat, bloated; inguinal glands swollen and painful; tightness across abdomen
APPETITE (DECREASED)

**Nutrition:**
1. foods to increase digestion (ie. beets, lemon water)
2. sips of increasingly warm water for the half hour before meals

**Supplements:**
1. HCl
2. pancreatic enzymes
3. thalamotrophic (often increases appetite)
4. stereotrophic (increases appetite)

**Physiotherapy:**
1. Walk or other exercise may initially decrease appetite but will increase it about an hour afterwards

**Botanicals:**
1. increase gastric digestion:
   a. Collinsonia, Jatarrhiza, Palmata, Gentiana with equal parts wormwood (2 "0" capsules before meals)
2. digestive hypofunction: Inula helenium, taraxicum (best if from fresh root)
3. increase appetite: Cannabis (smoked or eaten)[warn of usual side-effects], Cornus florida
4. anorexia: Acorus calamus
5. stimulate appetite: Trifonella foenum graecum

**Homeopathy** (following are the main remedies which include decreased appetite):
1. Alumia: no desire to eat, can only swallow small bites
2. China arsenicum: anorexia, varying acidity (too high or low)
3. Hydrastis: weak digestion and gastritis
4. Nux vomica: nausea after eating in morning
5. Picoric acid: bitter taste, aversion to food

**Psychology:**
1. appropriate counseling (consider anorexia and/or bulimia)
2. stress management if indicated
3. hypnosis (why not?)
ARRHYTHMIA

**Definition:**
Abnormal heart rhythm. Normal sinus rhythm originates within the pacemaker cells of the sinoatrial (SA) node at the junction of the superior vena cava and high right atrium. These cells represent the primary electrical generator (pacemaker) for the normal human heart. The impulse generated here travels to the atrioventricular (AV) node, then to the rest of the myocardium. Conduction of impulses is a complicated series of events; all of the conductive tissues and nodes of the heart contain cells capable of spontaneous depolarization. Cardiac arrhythmia generally represent other tissues assuming the role of pacemaker. There are often complications.

**Etiology:**
1. can result from damaged conductive tissue in the heart being placed under stress
2. causes are diverse (coronary artery disease, hypertension, drug reactions, endocrine abnormalities, myocardial disease, rheumatic fever, metabolic derangements, etc.)

**Signs and Symptoms:**
1. may include:
   a. sensation of heart irregularity, skipping, extra beats
   b. associated dyspnea; or other symptoms associated with cardiac insufficiency
   c. changes in pulse rhythm, rate, heart sounds
   d. symptoms and signs associated with underlying condition

See: Tachycardia/bradycardia

**Lab Findings:**
1. **EKG:** abnormal (generally definitive and provides the initial differential)

**Course/Prognosis:**
1. depends upon the type of arrhythmia: some are normal, some are benign, some are medical emergencies

**Differential Diagnosis:**
1. sinus bradycardia (bpm < 60)
2. sinus tachycardia (bpm > 100 in adult, often due to decreased vagal tone)
3. sinus arrhythmia (heart rate changes cyclically and regularly, usually increasing on inspiration and decreasing on expiration; normal finding, most common in the young)
4. sick sinus syndrome (inadequate sinus node function most commonly associated with cerebral manifestations of lightheadedness, dizziness and syncope)
5. premature depolarization
   a. of the atria: sensation of a "skipped beat" or flutter
   b. of the ventricles: similar sensation; often seen in cardiac failure
6. paroxysmal supraventricular tachycardia (heart rate races to 100-200 bpm with 1:1 A-V conduction maintained)
7. atrial flutter (continuous electrical activity produces an atrial rate between 240-400 or about 300 bpm)
8. atrial fibrillation (continuous and chaotic re-entry of electrical impulses within the atrial myocardium)
9. multifocal atrial tachycardia (multiple areas of enhanced automaticity within ordinary atrial myocardium)
10. His bundle rhythms (enhanced bundle rhythms)
11. ventricular tachycardia (100-200 bpm; succession of premature ventricular contractions; usually associated with arteriosclerotic heart disease but can occur in many conditions)
12. ventricular fibrillation (irregular and chaotic ventricular arrhythmia with a rapid rate and disorganized spread of impulses throughout the ventricular myocardium; ventricular systole becomes an uncoordinated event; mechanical activity cannot occur and cardiac output falls to zero; fatal if not terminated immediately; associated with acute myocardial infarction)
13. heart block (spread of cardiac electrical excitation is slowed or interrupted in a portion of the normal conduction pathway)
14. ventricular pre-excitation (a form of accelerated A-V conduction, resulting from two A-V conduction pathways)

See: Tachycardia/bradycardia

**Nutrition:**
1. magnesium rich foods
2. potassium rich foods
3. Hawthorne berries

**Avoid:**
1. fruit

**Supplements:**
1. copper and zinc (0.5mg copper with 15mg zinc) [may cause PVC's if ration incorrect]
ARRHYTHMIA

2. magnesium aspartate (500-600mg qd)
3. potassium
4. L-carnitine (3g qd)
5. Coenzyme-Q10 (10mg tid)
6. Taurine (1-5g qd) [not useful in ventricular tachycardia, useful in prevenricular tachycardia due to epinephrine or digitalis toxicity]

Hydrotherapy:
1. constitutional hydrotherapy

Manipulation:
1. check and align C7-T4 (if < 60 bpm avoid upper cervicals)

Physiotherapy:
1. breathing exercises
2. spondylotherapy: digital pressure at T1, T2, T3
3. electro-spinal therapy to C7
4. “milk” thear eminence

Botanicals:
1. Anenome pulsatilla (toxic): sense of danger (often associated with functional disorders) increases power and regulates action of the heart
2. Crataegus oxyacantha: rapid, feeble heart action, cardiotonic
3. Convallaria majalis (toxic): irregularity due to mechanical impediment, palpitation and vehement heart action, dyspnea: according to dose
4. Cystisus scoparius
5. Digitalis purpurea (toxic): weak, rapid, irregular heart action with low arterial tension
6. Gelsemium sempervirens (toxic): cardiac sedative
7. Kalma latifolia (toxic): cardiac palpitation reflex from gastro-intestinal irritation
8. Lycopus virginicus: heart disease characterized by irritability, irregularity with dyspnea and precordial oppression; increases contraction
9. Rauwolfia serpentina (toxic): extracted alkaloid; contraindications
10. Selenicereus grandiflorus (toxic): of nervous origin, irregular pulse, feeble heart action, violent heart action, sense of constriction or a band around the heart or chest
11. Strophantus hispidus: rapid feeble heart
12. Trillium pendulum (toxic): assists heart remedies in relieving functional irritation
13. Viscum flavescens (toxic)

Formulas:
a. tachycardia, extra-systoles: Crataegus oxyacantha + Convallaria majalis (toxic) + Anenome pulsatilla (toxic)
b. heart disease: Convallaria majalis (toxic) combines well with Leonurus cardiaca and Selenicereus grandiflorus (toxic)

Homeopathy:
1. Aconitum napellus: fear; hypertrophy of heart; feeling of constriction; angina
2. Argenticum nitricum: great nervousness with all complaints; nausea; claustrophobia; < lying right side
3. Calcarea carbonica: during fever; from anxiety, sexual excitement; after exertion, eating, suppressed eruptions
4. Coca: palpitation and dyspnea; headache with vertigo preceded by flashes of light
5. Colchicum: structural changes in heart with added anxiety; nervous irritation, ascites
6. Digitalis: after coition, exertion; from anxiety; atrial fibrillation or flutter, affection of mitral valve
7. Gelsemium: sensation heart would stop beating if patient did not move
8. Glonoinum: with hypertension; before convulsion; nervous irritation; from climacteric; atrial flutter
9. Lycopodium: at night; after eating; during digestion
10. Naja: after exertion; nervous irritation; valvular affections with anxiety
11. Natrum muriaticum: during pregnancy, cough; hysterical; anxiety; fear or fright; anemia; after exertion
12. Phosphoric acid: after sexual excitement; during coition; from grief; palpitation in children who grow too fast
ASTHMA

Definition: A hypersensitivity reaction causing bronchospasm, mucosal edema and increased bronchial mucous secretion leading to respiratory distress

Etiology:
1. most common in children under 10 years old
2. twice as common in males
3. affects about 3% of the general population
4. factors involved include a variety of stimuli:
   a. URI
   b. exercise
   c. emotional upset
   d. food sensitivities
   e. inhalation of cold air or irritation substances (smoke, gas fumes, paint fumes)
   f. suppression of previously more minor diseases (eczema or otitis media) with drug therapy
   g. reactions to specific allergens (ie. pollens)

Asthma types:
1. extrinsic asthma: "atopic asthma" is considered to be IgE mediated and attacks are mostly initiated by exposure to allergens (dust, molds, pollens, animal dander and foods)
2. intrinsic asthma: does not seem to be related to an antigen-antibody complex, rather the bronchial reaction is due to other factors as mentioned above (cold air, exercise, infection, emotional upset and irritation inhalants)
3. most patients seem to have a mixture of the two types, although it is thought that the allergic type is the more common asthma in infants and children

Signs and Symptoms:
1. symptoms and degree of expression tend to vary greatly from individual to individual
2. stereotypical attacks:
   a. may begin acutely or gradually
   b. wheezing: high-pitched, through expiration and inspiration
   NOTE: hearing no wheezing may indicate severe disease with marked mucous plugging and the beginning of respiratory failure
   c. coughing: generally non-productive
   d. shortness of breath
   e. use of accessory muscles to breathe
   f. tachypnea
   g. anxiety
   h. increased systolic BP
   i. patient better sitting up or leaning slightly forward
   j. dehydration
   k. lengthened expiratory phase

Lab Findings:
1. eosinophilia
2. sputum: tenacious, rubbery, whitish
3. chest x-ray: may reveal hyperinflation or atelectasis (especially in young children)
4. pulmonary function tests (+) for asthma: decreased FEV1 and FVC (decreases are related to severity of attack)
5. arterial PO2 (decreased) and PCO2 (increased) [indicates possible grave situation]
6. (+) allergy testing

Course/Prognosis:
1. course is usually chronic if the stimulation factors are not discovered and avoided or the genetically weak lungs not strengthened
2. some children with asthma outgrow it as they age
3. complications:
   a. pneumothorax
   b. mediastinal and subcutaneous emphysema
   c. atelectasis
   d. acute cor pulmonale
   e. status asthmaticus [medical emergency]
4. conventional treatment consists of drug therapy for the acute attacks (prophylactic drugs to prevent attacks and allergy shots once they have uncovered initiating antigens)

Differential Diagnosis:
ASTHMA

1. bronchitis
2. pneumonia
3. pleurisy
4. emphysema
5. foreign body aspiration or embolism
6. cardiac asthma
7. pneumothorax

Nutrition:
1. moderately low fat and sugar diet
2. high complex carbohydrates
3. protein 12-15% of diet (decreasing foods high in arachidonic acid [ie. red meat and dairy products])
4. vegan cleansing diet or alkaline juice fasts (3-7 days), followed by a vegetarian diet with emphasis on alkaline forming foods
5. hypoallergenic/rotation diet
6. increase: omega-3 and –6 FAs (vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, evening primrose oil, black currant oil)
7. increase: manganese, calcium, iron and silicon rich foods
8. increase: foods rich in flavonoids and carotenoids (dark green leafy, deep yellow and orange vegetables)
9. garlic, onions, leeks, turnips, grapes, pineapple, green leafy vegetables, apricots, apricot kernels, almonds, walnuts, carrots, pumpkin, sunflower seeds, figs, daikon, lychee, tangerines, loquats, honey, molasses, mustard greens, sesame seeds, collards, cauliflower, endive, cherries, mangoes, elderberries, sprouted seeds and grains
10. for shortness of breath: 1 lb. salmon, 2 oz. garlic, ¼ oz. fresh ginger, salt and tamari, place seasonings over salmon and steam, divide and eat tid
11. steam 120g dried lychee and eat once qd
12. take 120g of dried lychee, discard skin and stones, steam in a covered pot then mash and serve
13. eat mango fruit and the skin tid
14. for cough and thick phlegm (for asthma of elderly also): take 2 dried persimmons and 30g candied honey, add water, steam in a covered pot, mash and eat tid
15. take a fresh lemon and add 1-2 Tbsp sugar, steam in water until soft, mash (including the skin) and serve bid
16. take 3 fresh peaches, peel and simmer with 30g sugar in a covered pot, discard the stones and eat qd
17. take 30g of walnut kernels, 15g sugar and 6g turnip seed, steam for 30 minutes and serve bid
18. take 60g of walnut kernels and 3g red ginseng, cover with water and simmer into a soup, serve bid for 3 days
19. take 60g of fresh chestnuts and 4 pieces Chinese date plus a small amount lean pork, add water and simmer until cooked, eat qd
20. take 30g of walnut kernels, 15g sugar and 6g turnip seed, steam for 30 minutes and serve bid
21. take 50g shelled peanuts, add water and boil, then mash, drink the broth and eat the peanuts bid

Avoid:
1. food intolerances (especially cow’s milk and other dairy products [cheese, ice cream], wheat [white bread], bananas, peanuts, citrus [oranges]
2. refined foods, processed foods, sugar/sweets
3. food colorings (tartazine)
4. catarrh forming foods (oranges, tofu, tomatoes, meat, ice cream, shellfish, watermelon, salty foods, cold foods, bananas, mung beans)
5. aspirin, non-steroidal anti-inflammatories

Supplements:
1. beta carotene (100,000 IU qd)
2. vitamin B-12 (1000mcg qd, IM) [especially childhood asthma for 7 days]
3. vitamin B-6 (50mg bid)
4. vitamin C (1-2g qd)
5. vitamin E (800 IU qd)
6. magnesium (400mg qd)
7. selenium (250mcg qd) [can go up to 400mcg qd for environmental allergies]
8. panthothenic acid (500mg, morning and evening)
9. EPA (3g qd)
10. flax oil (1-2 Tbsp qd)
11. quercetin or hesperidin (400mg, 15-30 minutes before meals)
12. N-acetyl cysteine (500mg bid)
13. Staphage lysate (start with 0.5 cc intradermally and work up to 2.5 cc intanasally)
14. HCl (start with vinegar and work up to 5 grains, can go up to 90 grains)

Hydrotherapy:
acute asthma:
1. steam inhalation
2. Russian steam bath
3. fever treatments (to prevent asthma one to three times/week)
4. constitutional hydrotherapy (contraindicated in acute asthma)
5. heating compress (if acute: hot for the first 10-15 minutes)

Asthma in general:
1. hot fomentation

Manipulation:
1. check and align T1-2, T10-12

Physiotherapy:
1. mild aerobic exercise (especially swimming)
2. breathing exercises
   - principles:
     a. strengthen respiratory muscles
     b. eliminate inefficient use of accessory muscles
     c. replace forceful breathing (compresses airway) with relaxed breathing
     d. gross hyperventilation can be reduced by increased expiration
     e. reduced sensation of breathlessness by increasing diaphragmatic excursion
     f. enhance clearing of airways
     g. give patient confidence to withstand breathlessness
     h. help control acute attacks:
        a. sit leaning forward with head on arms, arms resting on table
        b. lying semi-prone, with arms and legs slightly bent and relaxed, body and limbs well supported by pillows
3. complete asthma reflex treatments
4. spondylotherapy: concussion over C4-5, T3-4
5. spinal pack
6. peroxide bath
7. diathermy: to back
8. infrared: to back
9. Galvanic: pulse 80, 10 minutes (-) to sternum, (+) to cervical
10. interferential: full sweep, 10 minutes, over back
11. sine: surging, small pad over sternum, large pad over cervical vertebra
12. electro-spinal therapy: T1-4 (if inhalation difficulty), C1-2, C7 (if exhalation difficulty)

Botanicals:
1. Ammi visnaea
2. Brassica spp. (mustard): chest compress for accompanying bronchitis or as foot bath
3. Commiphora myrrha: profuse secretion expelled with difficulty, restrains mucus discharge
4. Convallaria majalis (toxic): cardiac asthma, combines well with Leonurus cardiaca and Selenicereus grandiflorus (toxic) in heart disease
5. Datura stramonium (toxic): chronic, purely asthma
6. Drosera rotundifolia: with dry, irritating, persistent cough or spasmodic, hoarse, explosive cough, combines with Euphorbia hirta, Grindelia robusta, Polygala senega
7. Ephedra vulgaris: relieves bronchial spasm, combines well with Lobelia inflata (toxic), Grindelia robusta (see contraindications)
8. Eriodictyon californicum
9. Euphorbia hirta: bronchitic asthma, with Grindelia robusta
10. Grindelia robusta: with dry cough, sense of soreness, rawness, may be best as fresh plant preparation
11. Lobelia inflata (toxic): spasmodic asthma with secondary bronchitis, combines well with Capsicum frutescens, Grindelia robusta, Drosera rotundifolia, Euphorbia hirta, Ephedra vulgaris in asthma
12. Marrubium vulgare: with moist expectoration, aphony and dyspnea
13. Polygala senega: bronchitic asthma; combines well with Euphorbia hirta, Grindelia robusta in asthma
14. Sanguinaria canadensis (toxic): spasmodic; combines well with Lobelia inflata (toxic) in asthma
15. Selenicereus grandiflorus (toxic): with cardiac symptoms
16. Sticta pulmonaria: chronic
17. Symlocarpus foetidus: anti-spasmodic, anti-tussive, traditional remedy
18. Thymus vulgaris: bronchiolytic
19. Urginea maritima (toxic): asthma with bronchitis
20. Verbascum thapsus: inhaled, soothing
21. Viburnum opulus: anti-spasmodic

Formulas:
- paroxysmal cough and dry mucous membrane: Eriodictyon californicum + Grindelia robusta
- severe attack, pressed for breath and wheezing: Gelsemium sempervirens (toxic) + Ferula sumbul
ASTHMA

c.  **Verbascum thapsus + Grindelia robusta**

**Homeopathy:**

1.  **Aconitum napellus and Ipecacuanha:** to be given alternately during attack; it will act as palliative, will ease breathing, cough; Aconitum is useful for asthma of millers
2.  **Alumina silicata:** breathing arrested by coughing with rattling in chest; difficult breathing from coughing
3.  **Ambra grisea:** in old people and children; dyspnea with little exertion
4.  **Ambrosia:** with fever due to observing the pollen of ragweed
5.  **Ammonium carbonicum:** with dyspnea < in warm room until suffocation is imminent; cough 2 to 5 am
6.  **Antimonium tartaricum:** difficult breathing with suffocating cough, anxious oppression front chest from excessive phlegm; aged people, children; respiration, rapid, painful, noisy
7.  **Aralia racemosa:** with coryza; loud wheezing, whistling respiration coming on lying down or at midnight, after short sleep; sputum warm, saltish; cough by tickling in the throat and constriction of chest, has to sit up to avoid choking
8.  **Arsenicum album:** in acute and chronic cases with labored breathing, extreme agitation, moaning, restless, great exhaustion and anguish as if dying with cold perspiration; breathing < walking, going uphill, up stairs; attacks at retiring or first part of night; midnight aggravation associated with emphysema, hay asthma, after suppression of eruption
9.  **Belladonna:** violent spasms of asthmatic breathing attending by constriction of chest and a sense of constriction of throat as if would suffocate; anti-spasmodic remedy
10.  **Biella ori:** dyspnea, thick purulent mucus
11.  **Bryonia:** in obstruction breathing at night or toward morning, with frequent cough, pain under short ribs, > on back, < talking, movement; tracheal or bronchial irritation
12.  **Chloralum:** with wheezing respiration; when lying-inspiration through nose and expiration blown from lips
13.  **Colocynthis:** asthma with indigestion and flatulence, < sea side; feels cold even in hot weather
14.  **Curarem metallicum:** same symptoms as moschata but given only if latter fails
15.  **Drosera rotundifolia:** asthma of consumptives; oppression < by heat of bed; dry cough with no expectoration; if fails try meph.
16.  **Dulcamara:** wet weather or living on wet basement
17.  **Graphites:** eruptions alternating or co-existing with asthma
18.  **Grindelia:** abnormal accumulation of mucus, breathing stops when asleep; emphysema with dilated heart; asthma of old people suffering from bronchitis which causes paralysis of pneumogastric nerve, good remedy to bring back appetite, reduce palpitation and dyspnea
19.  **Hypericum:** asthma < foggy weather; attacks relieved by copious expectoration and profuse perspiration
20.  **Ignatia:** asthma aggravated by emotions, by cares and repeated griefs
21.  **Ipecacuanha:** spasmodic form with great weight on the chest with anxiety, wheezing, shortness of breath, feeling of suffocation < movement; constant cough causing vomiting; chest full of phlegm, cold sweat on hand, feet; asthma with skin diseases
22.  **Kali bichromicum:** attacks caused by or following coitus; < early morning; ropy expectoration is characteristic which comes in abundance
23.  **Kali carbonicum:** when attack comes after midnight; it compels patient to sit giving better relief (> sitting up); sensitive to change of temperature, draughts of cold; irritable, full of fears and imaginations
24.  **Kali nitricicum:** excessive dyspnea, faintness, nausea with dull stitches, burning pain in chest
25.  **Kali phosphoricum:** nervous asthma; give 1M as an intercurrent remedy; expectoration
26.  **Kali sulphuricum:** yellow expectoration, much rattling in chest, labored breathing; talking almost impossible
27.  **Lachesis:** when aroused from sleep by paroxysm; cough watery phlegm with relief; < during and after sleep
28.  **Lobelia inflata:** tightness of chest, tickling of the trachea, laborious breathing with mouth open to breathe; tickling under breast bone on taking a big breath; no cough or expectoration < in cold or tobacco fumes which smell is unbearable
29.  **Lycocepodium:** excitement by anger or emotion with fanlike motion of alae nasi; nervous asthma; chilly patient; always catching colds (phlegm settles down affecting right lobe); with burning arising from epigastric area and going up the esophagus with eructations; easily tired, exhausted
30.  **Medorrhinum:** intercurrent remedy when well indicated remedy fails to act or give complete relief; choking cough, no air can enter; > lying on face, evening; < lying down, heat, wet damp draught, thunderstorms, daylight to sunset; want to be fanned; feels cold yet throws the covers off; alternate or co-exist with rheumatism
31.  **Mephites:** asthma of drunkards
32.  **Moschus:** mostly for hysterical women or children from exposure to cold as if caused by sulphur vapor
33.  **Naja:** difficult breathing; cannot lie down; breathing > by intense sneezing; dryness of lungs with difficulty of breathing; pulse low
34.  **Natrium arsenicicum:** asthma alternating with urticaria; produced by inhalation of coal dust
35.  **Natrium sulphuricum:** during wet weather, rainy seasons; get attacks every change of season, early morning; cough loose, humid, copious, viscid, greenish-yellow phlegm; rales, rattling, noises; expectorating white mucus (thick and ropy); holds chest with hand which gives relief to cough; asthma with bronchitis; deformity of chest; associated with or alternating with rheumatism; if fail to relief give Medorrhinum as intercurrent remedy
36.  **Nux vomica:** asthma of digestive origin; nocturnal attacks preceded by disagreeable, anxious dreams; > on back, changing sides, sitting up; flatulence; epigastrum very swollen
37.  **Opium:** congestion of blood or pulmonary spasms with deep rattling breathing; anguish; suffocation during sleep; nightmare; bluish redness of face
38. **Phosphorus**: for asthma of humid variety; violent thirst, cold water, vomiting as soon as it gets hot in stomach; diminution of urine with albuminuria

39. **Phosphoric acid**: should be tried when Phosphorus fails; given in 3X, then 200C

40. **Psorinum**: > lying with arm wide apart; < winter and cold seasons; secretions tenacious, offensive; asthma of old men

41. **Pulsatilla**: timid, irritable, changeable mood, laugh, cry easily; loathe fat; fear of dark, death; suspicious, dreams of cats

42. **Sabadilla**: hay asthma with oppressive sneezing, watery discharge

43. **Sanguinaria**: asthma < by or due to odors; cough is hoarse, hard dry

44. **Silica**: sycotic, chilly patients; catarrh of chest, asthmatic wheezing, inability to move; after suppressed GC

45. **Syphilinum**: asthma returning every summer

46. **Thuja occidentalis**: following vaccination; warts on and off, dry cough in afternoon; infantile asthma with cough dry or loose; thick yellow-greenish discharge

47. **Yerba Santa**: when relieved by expectoration
ATHEROSCLEROSIS
(also see Angina)

Definition:
Intimal thickening of one or many arteries due to localized accumulation of fatty material (atheromas)

Etiology:
1. most important kind of arteriosclerosis
2. atherosclerosis sequelae are the major cause of mortality from illness in the US (at least 33%)
3. disease seems to favor blood vessels of high importance (cardiac, kidney, cerebral) and the peripheral arteries (causing much morbidity)
4. mechanism theory:
   a. lining of blood vessel is injured from turbulence, hypertension, hypoxia, hyperglycemia or free radicals
   b. this causes smooth muscle cells to proliferate at the lesion site to initiate regrowth of tissue
   c. LDL attaches to the smooth muscle cells to stimulate them to multiply
   d. but the uptake of cholesterol (a major component of LDL) into the intima leads to the formation of an atheroma that is later hardened by calcium deposits
5. other implicated factors include:
   a. hydrogenated oils (including partially hydrogenated oils) are significantly atherosclerotic. They are unsaturated oils which have been heated, pressurized and then chemically altered with nickel (or a similar metal) resulting in a changed biochemical formation from the natural "cis" formation (liquid at room temperature) into synthetic "trans" formation (solid at room temperature). It is suggested that the synthetic quality of the trans oil creates damage to body tissues causing atherosclerotic formation or cancer. Furthermore, polyunsaturates allow significant formation of free radical compounds, thought to cause endothelial damage and predispose to formation of atheromas. Epidemiological research shows that people were eating high cholesterol diets for hundreds or thousands of years (meat, cream, butter, eggs, lard) and yet the epidemic of heart disease began only earlier this century, after the introduction of hydrogenated oils. Of course, this is one among many other contemporary factors related to heart disease, including pollution, sedentary lifestyle, refined sugar and flour products and poor meat quality due to chemicals, hormones, antibiotics and other additives. Almost all the long-lived, healthy communities where degenerative disease and heart disease were unknown included significant meat or dairy in their diets. It seems that the argument that cholesterol alone is the villain in heart disease falters at the evidence of those communities. It now seems that use of monounsaturated oils such as olive and canola, and moderate use of short-chain FAs (butter) may be the best way of maintaining "healthy" fat intake.
6. risk factors:
   a. high blood pressure
   b. DM (hyperglycemia)
   c. cigarette smoking
   d. obesity
   e. FHx
   f. increased serum lipids
   g. diet high in fats (unsaturated, hydrogenated and hydrogenated oils)
   h. sedentary lifestyle
   i. aging
   j. men in general
   k. women after menopause

Signs and Symptoms:
1. development is insidious and occult until a complication develops
2. complications (sequelae include):
   a. thrombosis
   b. stenosis
   c. aneurysm
   d. MI
   e. angina
   f. TIA or CVA
   g. intermittent claudication

Lab Findings (these are suggestive, not definitive):
1. cholesterol > 200mg/dL (180mg/dL is normal)
2. chronic hyperglycemia
3. elevated TGs and LDLs and decreased HDLs
4. increased lipoprotein B and decreased lipoprotein A
5. cholesterol/HDL ratio > 4.5
6. amino acid analysis shows high levels of homocysteine
7. (+) cardiac angiography for occluded coronary arteries (definitive)

Course/Prognosis:
ATHEROSCLEROSIS
(also see Angina)

1. best treatment is prevention
2. control/prevention of atheroma development:
   a. weight loss
   b. dietary counseling and nutritional supplementation
   c. exercise programs
   d. cessation of smoking
   e. control of blood pressure and blood sugar
3. epidemiological evidence strongly supports the claim that it is a “disease of affluence” which is relatively absent in culture with different dietary and lifestyle patterns
4. recent research demonstrates that appropriate dietary and lifestyle treatment many substantially reduce intimal plaques, confirming the empirical evidence gathered by naturopathic physicians and others that symptoms resulting from the presence of atheromas may be ameliorated or reversed entirely in patients undergoing treatment. However, while there is now considerable evidence supporting those treatments, there is controversy over the extent to which sufferer will comply with such actively participant regimes.

Differential Diagnosis:
1. signs and symptoms may vary according to the area affected and must be differentiated from other conditions which may present locally

Nutrition:
1. low sugar
2. low cholesterol
3. low fat diet of unsaturated fats
4. calorie percentages: 70% complex carbohydrates, protein 12-15%, fat 15-18%
5. high fiber
6. low sodium/sodium restricted diet
7. vegetarian cleansing diet or short fasts
   a. vegetarian diet:
      1. foods high in water soluble fiber (flax seed, pectin, guar gum, oat bran)
      2. increase omega-3 and –6 FAs (vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, evening primrose oil, black currant oil)
      3. garlic, onion, beans, legumes, soy, ginger, alfalfa, yogurt, wheat germ, liquid chlorophyll, buckwheat, watercress, rice polishings, apple, celery, cherries

Avoid:
1. trans FAs , hydrogenated oils (margarine, vegetable shortening, imitation butter spreads, most commercial peanut butters, oxidized fats [deep fried foods, fast food, ghee, BBQ meats])
2. simple carbohydrates (sucrose, refined flours)

Supplements:
1. vitamin B complex
2. vitamin B-3 (100mg tid working up to 6g qd) [possible liver problems]
3. vitamin B-6 (40mg qd)
4. vitamin C (1g tid)
5. vitamin E (600 IU tid) [watch hypertension]
6. folic acid (5mg qd)
7. calcium (1.5mg qd)
8. magnesium (500mg qd)
9. chromium picolinate (200-400mcg qd)
10. copper (2-4mg qd avoid taking > 15mg zinc if no copper being taken)
11. selenium (200mcg qd)
12. bromelain (400-1000mg qd)
13. L-carnitine (1500mg bid)
14. co-enzyme Q10 (30mg qd in divided doses)
15. omega-3 FAs (5g qd)
16. omega-6 FAs
17. phosphatidyl choline
18. panthothenic acid (600-1200mg qd)
19. rice bran oil (3.5g qd)

Hydrotherapy:
1. elimination treatments
   a. wet sheet pack (stage 4)
ATHEROSCLEROSIS
(also see Angina)

b. constitutional hydrotherapy
c. colon irrigation

Physiotherapy:
1. aerobic exercise program

Botanicals:
1. Allium cepa: aids blood cholesterol levels
2. Allium sativum
3. Crataegus oxyacantha: aids circulation, arteriosclerosis
4. Dioscorea spp.
5. Drosera rotundifolia
6. Ginkgo biloba (standardized extract): for intermittent claudication, impaired mental performance
7. Olea europaea
8. Scutellaria spp.: decrease elevated serum cholesterol
9. Selenicereus grandiflorus (toxic): cardiac weakness with atheroma or arteriosclerosis, with Crataegus spp.
10. Strophanthus hispidus
11. Taraxacum officinale: aids liver function
12. Tilia platyphyllos: arteriosclerotic hypertension; with Crataegus oxyacantha
13. Viscum album (toxic): arteriosclerosis, heart conditions, high blood pressure

Formulas:
1. Crataegus oxyacantha (fruit) combines well with Tilia platyphyllos, Viscum album (toxic), or Scutellaria lateriflora
2. tincture: Allium ursinum (4 parts) + Crataegus oxyacantha (4 parts) + Arnica montana [toxic] (1/2 part) + Viscum album [toxic] (4 parts), SIG: 10gtt tid over a long period

Homeopathy:
1. Adrenalin: with hypertension; roaring in the ears
2. Arnica montana: cerebral atherosclerosis; vertigo; heaviness and cerebral affection; plethoric people with tendency to hemorrhage
3. Arsenicum iodatum: senile hearts with arteritis, myocarditis and fatty degeneration
4. Aurum muriaticum: hypertrophy of heart; congestion of chest and head; strong palpitation; abnormal sensation in heart
5. Baryta muriaticum: in large blood vessels and aorta; headache (heaviness); < at night, lying down, dizziness; threatened apoplexy with ringing in the ears; give for a long time
6. Cholesterolinum: if necessary, with regular lab work every three months; starting with higher potencies and descending
7. Ergotinum: beginning of atherosclerosis; cardiac irritation with hard heart sound; use 1X-2X in advanced cases and 3X-6X in early cases
8. Natrum iodatum: high arterial tension in 1X potency; later 3X when pulse is softer
9. Plumbum metallicum: with hypertension
AUTISM

Definition:
1. a condition beginning in early childhood and consisting of:
   a. marked inability to develop social interactions
   b. rituals and compulsive behavior (often related to a resistance to change)
   c. language problems with echolalia and impaired understanding
   d. usually, general retardation in intellectual growth
2. a.k.a. “infantile psychosis,” “infantile autism” and “Kanner’s syndrome”

Etiology:
1. cause is unknown
2. condition affects males 4X more than females

Signs and Symptoms:
1. onset is no later than 30 months and is usually diagnosed much earlier in infancy
2. the baby exhibits:
   a. tendencies to solitude (failure to cuddle, lack of eye contact)
   b. speech and language problems (muteness, slowed onset of talking, unusual use of words or creating own language)
   c. obsession with sameness (guarding against change, constantly performing the same acts; marked attachment to known objects)
   d. uneven intellectual performances

Lab Findings:
1. testing is inconclusive and often difficult to administer
2. EEG: usually nonspecific and biochemical studies are not helpful
3. CT scan: in a few cases, have uncovered abnormalities implicating the medial temporal areas or enlargement of the lateral ventricles as possible initiating factors
4. IQ test: appears to be the most helpful, most children are shown to be retarded and generally will maintain the same traits into adulthood. However, children shown to have a normal IQ and who exhibit communicative language by 5 years old may develop some remarkable talents (such as near-genius musical or mathematical skills, while remaining socially withdrawn and inept)

Course/Prognosis:
1. no conventional treatment available to cure
   a. phenothiazines: can help control aggressive acts directed against themselves and others but do nothing for the psychosis itself
   b. treatment centers for autistic children can often make significant improvements in the child with intensive one-on-one counseling and special schooling (for both the child and the parent)
2. two additional techniques may be helpful in dealing with the autistic child:
   a. meditate with the child (become completely still and empty in their presence without attempting to get the child to meditate), for a period of at least 20 minutes, at least 2X/dy
   b. constantly and consistently, give elaborate praise to the autistic child for each and every behavior that seems to indicate an awareness, however dim, of the field of interpersonal relations and acts of relating therein. Such efforts may bear fruit, after months of time

Differential Diagnosis:
1. infantile schizophrenia
2. sensory organ impairment
3. mental retardation

Supplements:
1. vitamin B-6 (30mg/kg) [toxic dose], use with magnesium

Physiotherapy:
1. craniosacral technique

Homeopathy:
1. Ignatia: very sensitive; history of grief; recurring troubles; dwelling on same issues; acute of Natrum muriaticum
2. Natrum muriaticum: late walking and talking; irritable; cross when spoken to; < consolation; weepy; awkward; forgetful
3. Phosphorus: sensitive to external impressions; wants to be rubbed, massaged; fears that something will happen; apathetic
4. Platina: arrogant; haughty; superiority complex; fear; needlessly irritable and sulky
5. Pulsatilla: mild and gentle; covetous; mistrustful; absentminded; melancholic; discouraged; hysterical; hypochondriac; tearful
6. Sulphur: melancholy; sadness; grief; egoistic; laziness; indecision; mania; argumentative; ragged philosopher
BACK PAIN
(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

FACET SYNDROME

Definition:
1. is used to describe chronic or acute inflammation of the articular facet joints which guide vertebral motion
2. these joints are lined by cartilage and surrounded by capsular ligaments which are richly innervated by pain fibers

Etiology:
1. joints are inflamed by trauma (as if flexion/extension injuries; "whiplash") or in overloading injuries (lifting a heavy load and extending back to carry the load on the facet joints [lumbar spine])

Signs and Symptoms:
1. back and neck pain
2. muscle spasms
3. palpable localized swelling and tenderness at the facet joint
4. antalgia; neck held in flexion to relieve the facet
5. pain with spinal extension
6. pain with axial loading

Course/Prognosis:
1. whether induced by trauma or overloading, this condition usually worsens unless treated
2. local muscles spasm cause aberrant motion of the joints
3. local connective tissues inflame and begin to scar causing further aberrant motion

Differential Diagnosis:
1. osteoarthritis
2. herniated disc
3. other musculoskeletal conditions

Nutrition:
1. sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat milk

Supplements:
1. vitamin B complex
2. vitamin C
3. vitamin E (800 IU qd)
4. magnesium
5. calcium
6. manganese

Physiotherapy:
1. see low back pain
2. exercises a must!
3. diathermy
4. TENS: for analgesia
5. interferential: acute (90-150Hz, mild intensity, 12-15 minutes); chronic (0-120Hz)
6. mobilize joints above and below irritated facet level
7. ice facet as needed
8. when subacute: adjust facet specifically (look for pelvic distortion, abdominal weakness, etc.- indication of altered biomechanics) often early sign of disc degeneration
9. correct hyperlordosis of lumbars or cervicals to minimize facet imbrication
10. iontophoresis of anti-spasmodic formula (under botanicals section)

Botanicals:
1. Ruta graveolens (toxic): ligamentous strains, old injuries

Anti-inflammatories:
   a. Angelica archangelica
   b. Arnica montana (toxic): internally or as a fomentation
   c. Dioscorea villosa
   d. Gaultheria procumbens (oil): locally
   e. Guaiacum officinale
   f. Matricaria chamomilla (oil): locally
   g. Rosmarinus officinalis (oil): locally
   h. Salix spp.
BACK PAIN
(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

Anodynes:
- Piscidia erythrina (toxic)
- Salix spp.
- Valeriana spp.

Anti-spasmodics:
- Cimicifuga racemosa
- Valeriana spp.
- Viburnum opulus

Formulas:
- antispasmodic: tinctures of Humulus lupulus (1 part); Valeriana spp. (1 part); Cimicifuga racemosa (1 part); Hypericum perforatum (3/4 part); Arnica montana (1/4 part); may use iontophoresis or internally

Homeopathy:
1. Aesculus hippocastanum: flying pains; spine feels weak; < walking, stooping; weakness
2. Bryonia: stitching, tearing pains; < motion, pressure; > rest; stitches and stiffness
3. Guaco: paralyzing pains; diarrhea and dysentery accompany; pain in lower back
4. Lycopodium: pain on pressure; sensitive to touch; cramping pain
5. Radium: severe aching pain with restlessness; > moving about; cracking sounds
6. Rhus toxicodendron: pain and stiffness; > motion, lying on something hard; tingling

SPINAL SEGMENT LESIONS

Definition:
1. loss of motion in one or more joints in the 3-joint complex between 2 adjacent vertebrae, often with associated soft tissue dysfunction or visceral effects
2. a.k.a.: somatic dysfunction or vertebral subluxation

Etiology:
1. osteopathic principles propose the fundamental lesion as: segmental malposition impairing spinal circulation and loss of mobility as the criterion for manipulation
2. chiropractic principles propose the fundamental lesion as: vertebral subluxation causing pressure on the nerve at the intervertebral foramina and position as the criterion for manipulation
3. naturopathic principles propose the fundamental lesion as: soft tissue/interstitial fluid change causing somatic dysfunction including segmental malposition and loss of mobility as the criterion for manipulation

In any case, it is clear that spinal segmental lesions or somatic dysfunction may have considerable relationships beyond their immediate structures and surroundings:

3 ways in which this may happen are:
1. viscerosomatic: an irritated, over-stimulated or ischemic organ causes a reflex via the sympathetic nervous system to a region of the spine causing local tissue changes
2. somatosomatic: an irritated body part such as a shoulder injury, causes a reflex into the spine
3. somatovisceral: the classic scenario; a spinal segmental lesion impairs the performance of an organ or tissue related to its spinal level

Signs and Symptoms:
1. many and varied, depending on the systems involved
2. pain, discomfort or loss of motion in the spine
3. muscle spasms or weakness locally or distal to the lesion
4. symptoms of end-organ irritation

Diagnosis:
- some physicians use x-ray studies to determine improper positioning of one vertebrae in relation to the next (ie. rotation, lateral flexion, flexion or extension malposition)
- motion palpation of the spine challenges the joints to determine altered range of motion or end play
  1. static palpation attempts to determine malposition of vertebrae
  2. in some cases, the physician determines the area that needs to be affected (ie. pelvic organs) and adjust the corresponding vertebrae (L3,4)
  3. pain over the vertebrae area
  4. tenderness to joint play when challenged by pressure to the spinous process

Course/Prognosis:
1. depends on the nature of the dysfunction and how it is related
**BACK PAIN**

(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

2. some argue that untreated subluxations will lead to degeneration and even death
3. some resolve spontaneously
4. quite often people will develop an area that is their "weak link" (if they become fatigued, stressed, overworked), this area will give them trouble

**Differential Diagnosis:**
1. local sprain/strain
2. degenerative joint disease
3. facet syndrome
4. other arthritides
5. neoplasm

**Nutrition:**
1. general rules for eating, general sample diet, food combinations, sample vegetarian diet
2. foods rich in vitamin C and B complex
3. sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat milk, olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples

**Supplements:**
1. vitamin C
2. manganese (200-300mg qd)

**Hydrotherapy:**
1. hot sitz bath
2. hot fomentation: to the back
3. moist heat

**Manipulation:**
1. check and align subluxated vertebrae into restricted motion direction (must re-check every few days for first few weeks – retraining the motion segment takes patient and time)

**Physiotherapy:**
1. lower half of body pack (20-25 minutes), then stretch low back by side posture
2. diathermy: over low back (20 minutes)
3. Galvanism: (+) posterior, (-) anterior (25-30 minutes, 15-40mA)
4. infrared red
5. TENS
6. interferential: acute (90-150Hz), chronic (0-120Hz, 12-15 minutes, mild intensity)

**Botanicals:**
1. Arnica montana (toxic): internally or fomentation for local inflammation, trauma, ecchymosis
2. Cimicifuga racemosa: anti-spasmodic, soreness of muscular tissues
3. Crataegus oxyacanthia: provides bioflavonoids
4. Fagopyrum esculentum: provides bioflavonoids
5. Hypericum perforatum: nerve growth, oil used topically
6. Symphytum officinale (toxic)
7. Valeriana spp.: anti-spasmodic, tonic, as a lotion to ease spasm
8. Viburnum opulus: muscular tone

**Nervines:**
a. Avena sativa: tonic, nutritive to nerves
b. Valeriana spp.: anti-spasmodic, tonic, as a lotion to ease spasm

d. Angelica archangelica
b. Arnica montana (toxic): internally or as a fomentation
c. Dioscorea villosa
d. Gaultheria procumbens (oil): locally
e. Guaiacum officinale
f. Matricaria chamomilla (oil): locally
g. Rosemarinus officinalis (oil): locally
h. Salix spp.

**Anti-inflammatory:**
1. Agaricus muscarius: sensitive single vertebrae; electric like shocks shooting from lumbar area to lower body; coldness of gluteal; sensation of cool air over the spine
BACK PAIN
(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

2. **Alumina**: pain as if hot iron were thrust through tower vertebrae; throbbing in small of back during stool; goes to sleep while sitting
3. **Ammonium muriaticum**: bruised and sprained sensation between scapulae with internal icy coldness; < motion; cannot walk erect from the pain
4. **Arsenicum album**: stiffness in spine, starts in region of coccyx and goes up to nape of neck causing trunk to bend backward; constriction in stomach through back
5. **Berberis**: pain from back to stomach or vice versa; numbness during menses; increased urination
6. **Kalmia latifolia**: Violent pain in upper three dorsal vertebrae; extending through shoulders, constant spinal pain
7. **Lachnanthes**: sensation of piece of ice lying between shoulders
8. **Plumbum metallicum**: cervical muscle paralysis and paresis; sensation of abdominal wall drawn to spine by a string
9. **Phosphorus**: spinous processes of dorsal vertebrae between scapulae very sensitive to pressure, burning, throbbing pain in small spot between shoulders
10. **Ranunculus bulbosus**: contusive pains in whole trunk esp. between both scapulae; pains sharp; shooting neuralgic; sensitive to touch
11. **Rhus toxicodendron**: stiffness of nape as if from heavy weight; pain cervical area as if asleep; from sexual excesses
12. **Stannum**: neurasthenia < going downstairs; droop into chair after walking excessive; restlessness of limbs
13. **Theredion**: great sensitiveness between vertebrae; patient sits sideways on chair to avoid pressure on back against spine
14. **Tarentula hispanica**: excessive hyperaesthesia; slight touch causes spasmody pain

INTERVERTEBRAL DISC DISEASE

**Definition:**
1. rupture of the annulus fibrosus causing leaking of the nucleus pulposus into the intradural space
2. a.k.a.: herniated nucleus pulposus, ruptured disc or disc syndrome

**Etiology:**
1. cause is degeneration of the fibers of the annulus fibrosus, or trauma of the area leading to the rupture of the annulus
2. rupture usually occurs at middle age or older
3. normal pressure that exists in the spine forces the nucleus pulposus through the rupture, which typically occurs in the posterior or posterolateral aspect of the disc
4. most frequently affected discs are between the 4th and 5th lumbar and between the 5th lumbar and the 1st sacral vertebrae (other lumbar discs rupture less commonly)
5. the thoracics are rarely affected but herniation also occurs between the 5th and 6th cervicals and 6th and 7th cervicals
6. symptoms of rupture occur when the nucleus pulposus compresses a nerve root, usually unilaterally but bilateral compression may result if the lesion was large enough

**Signs and Symptoms:**
1. usually unilateral (can be bilateral)
2. history of trauma or lifting a heavy object or particularly of a lift and twist maneuver
3. in some cases, however, no such history is elicited
4. sudden pain, may often be severe and debilitating
5. pain is worse movement, flexion of the trunk or hip, sneezing/coughing/straining at stool (Valsalva)
6. radicular pain, paresthesias
7. decreased DTRs
8. muscles innervated by the compressed nerve may fasciculate, become weak and atrophy, twitch or spasm
9. (+) straight leg raise and other musculoskeletal confirming tests
10. urine retention or incontinence from loss of bladder control [medical emergency]

**Lab Findings:**
1. (+) MRI (procedure of choice)
2. (+) CT scan
3. (+) x-ray
4. (+) myelography

**Course/Prognosis:**
1. prognosis is good with proper treatment
2. recurrence is possible if the patient is not instructed how to prevent similar future injury (lift with knees bent, not with back; do not lift and twist)
BACK PAIN  
(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

Differential Diagnosis:
1. strain/sprain  
2. facet syndrome  
3. degenerative joint diseases  
4. extramedullary spinal tumor (meningioma or neurofibroma or the nerve root itself)  
5. carcinoma  
6. spondylolisthesis
7. spondylolisthesis

Nutrition:
1. sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat milk

Supplements:
1. vitamin C (6g qd)  
2. vitamin E (400 IU qd)  
3. bioflavonoids

Physiotherapy:
1. see low back pain  
2. low back stretches  
3. traction: continuous static or cyclic gentle Cox Technique (flexion)  
4. check quadratus lumborum muscles for spasm and trigger points: spray and stretch PRN  
5. strengthen (using muscle stimulation current or isometrics) primary movers (erector spinae, lat. dorsi) to take stress off multifidi (stretch multifidi muscles)  
6. diathermy  
7. iontophoresis: xylocaine (+), salicylate (-), magnesium  
8. TENS: for analgesia  
9. US: to hypertonic muscles and spinal nerves  
10. sine: to spine (surging)  
11. Galvanic: use 2% sodium salicylate on (+) pad (chronic case)

Botanicals:
1. see spinal segment lesions

Stimulants to circulation:
  a. Allium cepa: provides sulphur for connective tissue  
  b. Allium sativum: provides sulphur for connective tissue  
  c. Capsicum frutescens: circulatory stimulant  
  d. Medicago sativa: provides minerals for connective tissue  
  e. Taraxacum officinale: provides minerals for connective tissue  
  f. Xanthoxylum americanum: recuperative stage of neuritis, myalgia  
  g. Zingiber officinale: stimulant, rubefacient

Homeopathy:
1. Arnica montana: violent pain from sudden rising after long stooping; great soreness; tingling  
2. Bryonia: painful stiffness; < walking, turning, motion  
3. Calcarea carbonica: prickling, itching and burning; overstraining when lifting; curvature of dorsal vertebrae; weakness  
4. Hypericum: injury with nerve involvement; crawling sensation in hands and feet; sticking needle like pain; paralytic weakness; parts sensitive to touch; flying neuralgic pains  
5. Kali bichromicum: diagonal pains; rapidly changing; small circumscribed spots; shooting, prickling pains; pains < night hindering sleep; > daytime, touch  
6. Lycopodium: cutting pains from right to left; traction and contraction from nape of neck to occiput; rigidity; shooting pain in from rising after stooping; distortion of spine burning sensation in palms  
7. Nux vomica: tearing pain in paroxysms; cervico-brachial neuralgia; stiff neck < morning, eating, touch; head drawn to one side (torticollis) from sp. dz.; after fright; burning tearing, drawing, sudden stitches when turning; sit up in bed to turn; lateral spinal sclerosis  
8. Rhus toxicodendron: stiff neck from draft; parts feel asleep; pain on swallowing food; < motion; back feels broken; stiffness and lameness in sacrum; curvature of dorsal vertebrae; < sleeping on wet ground, wet  
9. Ruta graveolens: sprained, bruised sensation; extending along back; pain is if from fall, as if beaten; pain takes breath away; < morning with rising; cramps from thighs to small of back

LOW BACK PAIN
BACK PAIN
(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

**Definition:**
Pain felt either in the lumbar, lumbosacral or sacroiliac areas

**Etiology:**
1. most LBP is from degenerative joint disease in the lumbosacral region, poor posture (the “beer belly”), constipation and stress-induced myospasms of the region
2. commonly associated with sciatica

**Signs and Symptoms:**
1. onset, usually, is gradual (if acute: probably a traumatic cause)
2. Pain: may radiate
3. Tenderness with muscle spasms and inflammation evident upon palpation
4. Decreased ROM
5. Musculoskeletal exam checking for landmarks, vertebral malposition, etc.

**Lab Findings:**
1. CT scan
2. x-rays
3. CSF analysis
4. appropriate test if another organ system is thought responsible for the pain (ie. UA for kidney involvement)

**Course/Prognosis:**
1. prognosis depends on the cause
2. generally the condition is benign and the prognosis is excellent with comprehensive physiotherapy, manipulation, muscle relaxants and stress management techniques; exercise and stretching advice and bowel cleansing programs

**Differential Diagnosis:**
1. rule out disc pathology first!
2. ruptured intervertebral disc
3. fracture
4. muscle tear or strain/sprain
5. infection of back or surrounding areas/nearby organs
6. tumor
7. congenital defects (sacralization of 5th lumbar vertebrae, spina bifida, etc.)
8. spondylolisthesis
9. stretching/laxity of the abdominal muscles (ie. from obesity, pregnancy) causing back strain
10. intrapelvic or retroperitoneal conditions

**Nutrition:**
**Chronic:**
1. hypoallergenic/rotation diet
2. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples
3. 3 oz fresh walnuts, 2 oz raw brown sugar, 6 fl oz warm rice wine, mix and drink 3-4 fl oz bid
4. 1 lb. Venison, 2 oz garlic, 1 oz ginger, boil in 2 ½ pt water until reduced to 1 ½ pt, divide into 3 and eat bid for 1 week
5. 4 oz mussels, 4 oz garlic, 4 oz pork, 4 oz potato, boil all together in 2 pt water until halved, eat and drink qd for 6-12 days
6. 7 fresh chestnuts dried in oven (not browned), bid for 1-2 months

**Avoid:**
1. food intolerances

**Supplements:**
1. vitamin C (5g qd)
2. vitamin B-6
3. calcium (1g qd)
4. magnesium (500-600mg qd) (2-4 cc IM)

**Hydrotherapy:**
1. hot sitz bath
2. hot fomentation (to low back)

**Manipulation:**
1. check T12,lumbars and sacroiliac joints
2. leg length equal?
3. psoas muscle
BACK PAIN
(includes facet syndrome, spinal segment lesions, intervertebral disease and lower back pain)

Physiotherapy:
1. contraindication: jogging or running
2. low back stretches
3. water exercises for back
4. see Travell’s trigger point referral zones (treat trigger points)
5. leg length equal?
6. psoas muscle
7. lower half body pack: 20-25 minutes, then stretch low back by side posture
8. diathermy: over low back (20 minutes)
9. infrared
10. interferential: acute (90-150 Hz), chronic (0-120Hz, 12-15 minutes, mild intensity)
11. Galvanism: (+) posterior, (-) anterior, 25-30 minutes, 15-40mA
12. TENS

Botanicals:
1. also see intervertebral disc syndrome, sciatica and renal diseases
2. Aconitum napellus (toxic): topically; not over broken skin; rheumatic pain, stiffness and contusion after injury, pain
3. Alteris farinosa: when associated with uterine prolapse
4. Arnica montana (toxic): muscular pain and soreness which is increased by muscular movement, as if from strain; in a hot bath
5. Atropa belladonna (toxic): externally; sedative, anodyne, spinal tenderness, neuralgia, congestion
6. Berberis vulgaris: bruised pain, stiffness and lameness
7. Bryonia alba (toxic): according to indications
8. Capsicum frutescens: externally; neuralgia, rheumatic pains
9. Cimicifuga racemosa: anti-spasmodic, aching in the deep muscles of the back, over-strained muscles, drawing pains, sciatica
10. Dioscorea villosa: anti-spasmodic
11. Gelsemium sempervirens (toxic): spasm, inflammation
13. Polymnia uvedalia: myalgia, low back ache
14. Rhus toxicodendron (toxic): burning pain
15. Salix spp.: anti-inflammatory
16. Viburnum prunifolium: severe pain and bearing-down pelvic pain
17. Xanthoxylum americanum: to increase circulation

Formulas:
a. Panax spp. + Hydrocetyle asiatica + Capsicum frutescens: internally
b. anti-spasmodic: tincture of Humulus lupulus (1 part), Valeriana spp. (1 part), Cimicifuga racemosa (1 part), Hypericum perforatum (3/4 part), Arnica montana (1/4 part): used internally or with iontophoresis

Homeopathy:
1. Aesculus hippocastanum: muscle weakness and unable to support low back; spreads from lumbar to hip; to rise from chair needs to use arms; > lying or sitting for short periods; < motion, in morning
2. Agaricus muscarus: feel beaten up; spine/neck dislocated
3. Cimicifuga: from C1. C6-9 and sacrolumbar pain extends to abdomen from L4-5 with psoas spasm and soreness; nausea and abdominal distention; > heat and massage on abdomen, < moving from lying to sitting
4. Nux vomica: have to sit to turn over in bed; < night; right; right and left sciatica
5. Plumbum metallicum: pain with sciatica going to knee, heel and foot, often either lower cervical and upper thoracic pain and tension; < flexion, > extension
6. Ruta: tail bone pain, deep pain
BARTHOLIN’S CYST

Nutrition:
1. vitamin A
2. vitamin C
3. vitamin E

Hydrotherapy:
1. hot sitz bath

Minor Surgery:
1. incision, drainage, packing with antibiotic solution

Botanicals:
1. apply paste of goldenseal root powder in place with gauze pad
2. bathing in goldenseal powder (hot bath) may promote drainage

Homeopathy:
1. Apis: burning, stinging pains; red, rosy, sensitive, sore skin, hot; > cool air, cool bathing, motion, sitting erect; < heat in any form, pressure and touch, right side, lying down, from suppressed eruptions at 4pm
2. Hepar sulphuris: abscess with great sensitivity; < slightest draught, open air, touch, lying on painful side, motion, night, on awaking; > damp weather
3. Iodium: > cold, bathing, walking in open air, eating, sitting up; < warmth, by wrapping up in a warm room, heat of room, exertion
4. Silica: promotes expulsion of foreign bodies from tissues; eruptions itch only in daytime and evening, abscesses after vaccinations, painless swelling of glands; > warm room, warm wraps, profuse urination; < bathing, uncovering, mental exertion, pressure, touch, lying down, damp, lying on left side, cold, in morning
BEDSORES

**Nutrition:**
1. well balanced high protein diet

**Supplements:**
1. vitamin A (50-100,000 IU qd)
2. vitamin B complex (high potency)
3. vitamin C (to bowel tolerance qd)
4. vitamin D (400 IU qd)
5. vitamin E (1200-3000 IU qd)
6. zinc (50mg tid)
7. iron (prevent anemia)
8. enzymatic digestive agents (i.e. trypsin applied as dry powder or in frequently change dressing 5000 u/ml)

**Skin Care:**
1. keep clean and dry to prevent maceration
2. gentle massage around the area
3. wet saline dressing (aids in debriding, decreases pH, decreased infection
4. change patient’s position every 2 hours until tolerance for longer periods
5. use: waterbed, sponge rubber mattress, air-filled alternating pressure mattress
6. protective padding at bony prominences

**Physiotherapy:**
1. passive and active exercises

**Botanicals:**
1. Hypericum and Calendula: cleanse externally
2. mix aloe, comfrey ointment, cabasil ointment, vitamin E, apply topically via gauze pack
3. kara ya gum powder (improves wound healing after free of necrotic tissue
4. 10% ichthol in solution with glycerine, tannic acid solution, 1%sulfosalicylic acid ointment, 1/1000 thiocresol, 1% gentian violet solution, 5% peru balsam

**Abstract:**
1. maggots: will eat the dead, necrotic flesh and leaves all living tissue alone, can be applied as a bandage, must change maggots on a regular basis

**Miscellaneous:**
1. debridement: if 4th stage may also require surgery
DEFINITION:
Involuntary urination only at night during sleep in a child beyond the age when normal urinary control is typically acquired (4-6 years old)

ETIOLOGY:
1. primary enuresis:
   a. when a child has never achieved control of their urination
   b. the main cause of enuresis in children under 5 years old
   c. common cause is small bladder size
2. secondary enuresis:
   a. when a child had complete bladder control and then lost it
   b. mostly occurring in children older than 5 years old
   c. frequently tied to psychological problems or organic lesions
3. enuresis occurs more frequently in boys
4. has a familial component

SIGNS AND SYMPTOMS:
1. loss of urine at night during sleep
2. physical exam is typically unremarkable

LAB FINDINGS:
children over 3 years old:
1. UA
2. urine culture
children over 5 years old (did not respond to bladder stretching exercises):
1. IVP
2. voiding urethrocystogram

COURSE/PROGNOSIS:
1. with patience and treatment, the prognosis is quite good
2. children with primary enuresis will eventually outgrow it, even with out therapy
3. children with secondary enuresis, the prognosis depends on the etiology

DIFFERENTIAL DIAGNOSIS:
1. DM
2. urinary tract infection
3. anatomic lesion or obstruction in the urinary tract
4. epilepsy
5. psychological disorder
6. food allergies

NUTRITION:
1. hypoallergenic/rotation diet
2. celery and parsley juice
3. take a spoonful of honey straight, right before bed (make sure to brush teeth afterward)
4. eat 10 dried litchis, qd
5. charcoaled raspberry powder, make into a tea and drink before bed
6. boil cinnamon and licorice tea, add 2 tsp. Molasses

AVOID:
1. food intolerances
2. spinach, rhubarb
3. apple or orange juice before bed

SUPPLEMENTS:
1. calcium
2. magnesium

HYDROTHERAPY:
1. sitz bath (cold)

MANIPULATION:
1. check and align T10-L1
BEDWETTING (Enuresis)

**Botanicals:**
1. *Atropa belladonna* (toxic): incontinence of urine, plethoric tendency, capillary stasis, relaxed tissues
2. *Avena sativaum*: nourishes neural tissue, sedates
3. *Cantharis vesicatoria* (toxic): with relaxation of bladder walls and sphincter
4. *Chamaelirium luteum* (Helonias): nocturnal losses
5. *Eschscholzia californica*: for childhood enuresis
7. *Hypericum perforatum*: for enuresis of psychological causes
8. *Piper methysticum*: nocturnal, in old and young, due to muscular atony
9. *Plantago major*: children, due to relaxed vesicle sphincter and copious discharge of pale urine
10. *Rhus aromatica* (toxic): see formulas
11. *Thuja occidentalis*: strengthens bladder, sphincter, paralysis of sphincter, in aged, with coughing or sneezing
12. *Thymus vulgaris*: in children
13. *Viburnum opulus*: infantile enuresis
14. *Vinca major*

**Formulas:**
- **Nocturnal:** *Arctostaphylos uva-ursi* + *Achillea millefolium* + *Rhus glabra* (bark and berries)
- **Enuresis, polyuria, hematuria:** *Rhus aromatica*, *Geranium maculatum*, *Capsicum frutescens* or *Xanthoxylum americanum*
- **Cystitis, hematuria, enuresis:** *Rhus aromatica*, *Arctostaphylos uva-ursi*
- **Althea officinalis** (root) + *Juniperus communis* (berries) + *Petroselinum sativum* + *Eupatorium purpureum* + *Arctostaphylos uva-ursi*
- *Cimicifuga vulgaris*
- Arctostaphylos uva-ursi, *Populus tremuloides*
- *Rhus aromatica* (berries), *Achillea millefolium*

**Homeopathy:**
1. see also "Incontinence-urinary"
2. *Belladonna*: in nervous children; continuous dribbling
3. *Equisetum*: bedwetting in children with dreams or nightmares while urinating; no cause except habit
4. *Kreosotum*: bedwetting while dreaming of urinating; during first part of sleep from which the child is roused with difficulty; con only urinate while lying; has urge but cannot get out of bed quick enough
5. *Sepia*: enuresis during first part of sleep esp. little girls; bed is wet almost as soon as child goes to sleep; while laughing
Definition:
1. sudden occurrence of unilateral paralysis of the facial nerve (CN VII)
2. the most common form of facial paralysis (1 in every 60-70 persons in a lifetime)

Etiology:
1. cause of the disease is unknown
2. possible viral or immune disease

Pathology:
1. involves swelling of the 7th cranial nerve from viral or immune disease, leading to ischemia and compression of the nerve where it traverses through the narrow area of the temporal bone
2. scattered cases that have been autopsied showed nondescript differences in the normal appearance of the nerve and no inflammatory changes

Signs and Symptoms:
Principle Signs and Symptoms:
1. onset is abrupt (often full paralysis is evident within hours and usually by two days)
2. pain behind the ear or at jaw angle on the involved side may precede paralysis
3. involved side is expressionless and sags
4. patients may complain more about the normal side which seemingly feels tight and twisted

Associated Signs and Symptoms:
1. a lesion proximal to the nerve branches may cause problems with salivation, gestation, tearing and hearing (hyperacusis)
2. in the worst cases, the patient has a wide palpebral fissure and cannot close his eye
3. PE: may show a decrease in pinprick sensitivity behind the ear along the distribution of Arnold's nerve

Lab Findings:
1. x-ray: (-) but may uncover a bony erosion from infection or cancer, a fracture line or internal auditory canal growth from cerebellopontine angle tumor

Course/Prognosis:
1. over 80% of afflicted patients will recover fully within a few weeks or months
2. incomplete paralysis during the first week is the most favorable sign for recovery
3. if electromyography indicates denervation after 10 days, pointing to axonal degeneration, then there will be a long delay before regeneration occurs and it still might not totally reverse the pathology (20% of patients)
4. if the nerve retains full excitability to electrical stimulation, complete recovery is around 90%
5. facial muscle contractions may follow a long-term weakness
6. if the regrowth of a nerve is incorrect, lower facial muscles may be come innervated by periocular muscle nerves or vice versa, causing contraction of unexpected muscles during voluntary facial movements (synkinesia)
7. conventional treatment is prednisone daily with rapid tapering

Differential Diagnosis:
1. supranuclear lesions (weakness focused below the eye, not the entire side of the face)
2. Ramsay-Hunt Syndrome (geniculate herpes)
3. middle ear and/or mastoid infections
4. fractures of the petrous portion of the temporal bone
5. carcinomatous or leukemic invasion of the facial nerve
6. cerebellopontine angle or glomus jugulare tumors
7. any invasive cranial nerve disease

Nutrition:
1. vitamin B foods
2. vitamin C foods
3. increase foods rich in: calcium, iodine, manganese, phosphorus, sulfur and tryptophan
4. grind castor beans without shells to make a cream and apply externally to the affected side of the mandibular joint and angle of mouth, then cover with a bandage changing dressing once every day

Supplements:
1. vitamin B-1 (50mg qd for 2 weeks)
2. vitamin B-3 (100mg tid)
3. vitamin B-12 (1000mcg IM qd for 2 weeks)
BELL's PALSY

4. vitamin B complex
5. vitamin C

Hydrotherapy:
1. wet sheet pack (stage 4)
2. hot fomentation
3. cold mitten friction

Manipulation:
1. check and align upper cervicals, atlas often posterior on involved side

Physiotherapy:
1. mirror exercises: 3-4 times/day (continue 1 month or till full recovery)
2. recite vowels slowly and distinctly with precise lip movement 3-4 times daily
3. high volt Galvanic: small electrode to unaffected side first, 10 seconds each trigger point 4-5, (-) electrode, precede by radiant heat
4. low volt Galvanic: 10 mA at styloid-mastoid foramen
5. diathermy: short wave

Botanicals:
1. Avena sativa: nerve tonic
2. Hypericum perforatum: neural injuries
3. Strychnos nux vomica (toxic): externally
4. Viburnum prunifolium: palsy for women

Homeopathy:
1. Aconite: gnawing and evading pain and sensation in cheeks; distortion of features; tense drawing in trigeminal nerve; pain followed by drawing in jaws; sudden onset of symptoms
2. Ammonium phosphoricum: facial paralysis; chronic gouty patients with nodosities of joints of the fingers
3. Causticum: paralysis of right side; pain in facial bones, in jaw; difficulty opening mouth; after typhus; gradual; exposure to cold air; mouth draws to one side
4. Derleamosa: paralysis of lower jaw; twitching of lips in cold air; mouth drawn to one side with tenacious salivation; paralysis of tongue and difficulty talking especially after taking cold; < from cold and damp; from sleeping on damp ground
5. Gelsemium: paralysis of upper lips after prolonged conversion; muscles contracted; neuralgia in distinct paroxysms with contraction and twitching; jaws locked; lower jaw dropped; chin quivers incessantly; no control over lower jaw; functional paralysis
6. Graphites: semi-lateral paralysis; distortion of facial muscles; difficult articulation, speech impeded
7. Kalium chloricum: jerking of lower jaw; lightening like neuralgic pains; < talking, eating, slightest touch; cramp-like pain in joint of jaw with stitches in jaws and teeth
8. Kalium iodum: malar bone sensitive to touch; cannot move cheeks and lips; tearing pains in joints of jaw
9. Rhus toxicodendron: face disfigured and convulsed; face burning with red heat; cramp-like jaw pain; > strong external pressure and warmth; spasms in jaw; constant desire to yawn
10. Senega: sensation as if left half of face paralyzed; digging in teeth on inspiration
11. Zincum metallicum: facial paralysis; brain fog; loss of memory and energy; cramp-like tearing, esp. chin; after herpes zoster; fidgety feet has to move them constantly
BENIGN PROSTATIC HYPERTROPHY (BPH)

**Definition:**
Benign adenomatous hyperplasia of the paraurethral prostate gland typically seen in aging men and often responsible for various degrees of urinary obstruction.

**Etiology:**
1. BPH is an almost universal phenomenon in men as they age.
2. Beginning at 45 years old and continuing until, by age 70, 90% of men have enlarged prostates.
3. Due to this enlargement, BPH is the leading cause of urinary outflow obstruction in men.
4. Some suggest that BPH typically indicates low levels of male hormones.

**Signs and Symptoms:**
1. Severity of obstruction does not correlate well to amount of enlargement of the prostate.
2. Gradual onset of:
   a. Urinary frequency
   b. Urinary urgency
   c. Nocturia
   d. Hesitancy with decreased force of stream
   e. Terminal dribbling
   f. Sensation of incomplete emptying
   g. Overflow incontinence or total retention
   h. Burning on urination, chills, and fever. Indicated infection has set in.
   i. Possibly palpable distended bladder
   j. PE: enlarged, rubbery prostate on rectal exam often with loss of median sulcus.

**Lab Findings:**
1. Excretory urogram: (+) for BPH
2. Post-voiding cystogram
3. Cystoscopy
4. Labs due to infection and retention
5. Consider acid phosphatase studies and prostate-specific antigen to rule out cancer.
6. Definitive diagnosis: US.

**Course/Prognosis:**
1. Conventional treatment: surgical removal of all or part of the prostate (most patients improve significantly after treatment) or drug therapy [Finasteride (Proscar): inhibits the activity of 5-alpha-reductase therefore blocks the transformation of testosterone into dihydrotestosterone which is responsible for overproduction of prostate cells leading to enlargement].
   - NOTE: Serenoa repens is more effective than the drug.

**Differential Diagnosis:**
1. Neurogenic bladder
2. Acute prostatitis
3. Chronic prostatitis
4. Carcinoma (prostate cancer can be differentiated from BPH by a blood test for prostate-specific antigen (PSA); elevation above 10 is highly indicative of prostate cancer but elevated PSA doesn’t indicate prostate cancer in approximately 90% of cases).
5. Other obstructive pathology.

**Nutrition:**
1. Vegan diet
2. Low sugar, low fat diet of unsaturated fats
3. Calorie percentages: 70% carbs, 12-15% protein and 15-18% fat
4. Low cholesterol (see hypercholesterolemia)
5. Low sodium/sodium restricted diet
6. Vegetarian cleansing diet or short fasts
7. Increase omega-3 and -6 FAs (vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, evening primrose oil, black current oil
8. Increase estrogenic foods (animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheat
9. Foods rich in zinc (nuts, walnuts, pumpkin seeds, safflower seeds, oysters) and vitamin E (squash seeds, almonds, sesame seeds, tahini, kelp)
10. Raw pumpkin seeds (25 seeds qid) [high in both zinc and essential FAs]
11. High fiber foods
12. Anise, tangerine, figs, litchi, sunflower seeds, seaweeds
BENIGN PROSTATIC HYPERTROPHY (BPH)

Avoid:
1. saturated fats, fatty foods, fried foods
2. cholesterol: breakdown products have been shown to accumulate in the prostate tissue; keep below 200mg/deciliter
3. strong spices, spicy foods
4. dairy products
5. caffeine, coffee
6. constipation
7. beer: increases the release of prolactin by the pituitary which increases the uptake of testosterone and its conversion (in the prostate) to dihydrotestosterone
8. pesticides: become concentrated in the prostate leading to BPH

Supplements:
1. vitamin C (500-1000mg tid)
2. vitamin E (800-1200 IU qd)
3. zinc picolinate (60mg qd for 3 months then 30mg qd)
4. copper
5. selenium (100mcg qd)
6. flax oil (2 Tbsp. qd)
7. glycine (200mg qd)
8. glutamic acid (200mg qd)
9. alanine (200mg qd)
10. prostate protomorphogens
11. quercetine (500mg tid)
12. evening primrose, flax, sunflower, soy oils (1 Tbsp./day)

Hydrotherapy:
1. hot foot bath (with dry mustard, with blanket pack)
2. alternating sitz bath
3. cold sitz bath
4. hot sitz bath (105-115°F for 3-10 min. then sponge pelvic area with cool water); avoid with acute inflammation or infection of prostate or fertility problems (scrotal temperature)
5. high colonic
6. alternating warm and cool enemas

Manipulation:
1. check and align posterior sacrum or posterior SI

Physiotherapy:
1. aerobic exercise (to prevent)
2. pelvic muscle exercises
3. spondylotherapy: concussion or sine current of T12 or L1-3
4. prostatic massage (weekly)
5. relax ano-coccygeal ligament: contact ligament and apply firm pressure while other hand exerts firm pressure downwards on sacrum, wait until ligament relaxes
6. US: over perineum
7. diathermy: over lower abdomen

Botanicals:
1. Aesculus hippocastanum: pains that are sharp and sticking and radiate to the rectum
2. Agropyron repens (Triticum repens)
3. Berberis aquifolium: helps clear congestion, stagnation and damp heat as well as offer antimicrobial action in the treatment
4. Chamaelirium luteum (Helonias): prostate aches as if sitting on a ball
5. Cucurbita pepo (squash and pumpkin): specially grown varieties, decongests prostate, tones bladder and sphincter
6. Echinacea purpurea
7. Equisetum arvense: specific for; a stimulation diuretic for weak lax tissures, for elderly who leak urine, for traces of blood in urine and ejaculate; combines well with Hydrangea arborescens
8. Eupatorium purpureum
9. Gallium aparine: prostatic irritation in aged; cooling diuretic and lymphagogue for congestion and irritation
10. Helonia dioica: aches as if sitting on a ball
11. Populus tremulat: use the leaves; antiphlogistic with Cucurbita pepo and Solidago officinalis
12. Pygeum africanum: high in beta-sitosterol, has an anti-inflammatory effect, appears to lower serum testosterone and LH, increase prostatic secretions and reduce hypertrophy; standardized extract containing 14% beta-sitosterol and 0.5% n-docosanol (50-100mg bid for approximately 2-3 months)
BENIGN PROSTATIC HYPERTROPHY (BPH)

13. **Serenoa repens**: liposterolic extract of the Saw palmetto berry standardized to contain 85-95% FAs and sterols (160mg bid)
14. **Serenoa serrulata**: specific for throbbing, aching dull pain, discharges, irritation with dysuria and dribbling in aged; may combine with Equisetum arvense and Hydrangea arborescens
15. **Solidago officinalis**: a urinary tonic
16. **Staphysagria**: difficult urination and the sensation of sitting on a golf ball, consider; 30 drops tincture in 4 ounces of water dosed by the tsp. every 1-2 hours until improvement is noted
17. **Thuja occidentalis**: esp. for elderly who pass foul urine, also for dribbling of urine
18. **Urtica dioica** (leaf and root): activates metabolism, stimulating diuretic for stinging pains, may reduce hormonal binding within the prostate tissue and reduce hypertrophy (pollen extract [Cernilton®: 2 tabs tid])

**Formulas:**
- a. Agropyron repens (Triticum repens) with Hydrangea arborescens
- b. Cucurbita pepo
- c. Serenoa serrulata
- d. Echinacea purpurea
- e. to improve prostate health, combine the following: Alaria esculenta (kelp), Cimicifuga racemosa, Capsicum frutescens, Zingiber officinalis, Fo-ti, Glycyrrhiza glabra, Lobelia inflata (toxic) (small amount)
- f. Serenoa repens (6 dr) + Rhus glabra (2 dr) + Secale (2 dr) SIG: 30 drops after meals

**Homeopathy:**
1. **Apis mellifica**: prostate inflammation; discharge of prostatic fluid; sexual desire increased or diminished; frequent and long-lasting erections
2. **Argentum metallicum**: chronic enlargement in old men
3. **Argentum nitricum**: chronic enlargement in old men; burning in spot in anterior of rectum
4. **Baryta carbonicum**: enlargement in old age
5. **Cannabis indica**: sensation in anal region as if sitting on a ball
6. **Chimaphila**: tenesmus, frequent urination and general discomfort
7. **Conium maculatum**: chronic hypertrophy with difficulty in voiding urine, stops and starts
8. **Ferrum picrum**: one of the best remedies in the aged
9. **Lycopodium**: pressure in the perineum near the anus while urinating
10. **Pulsatilla**: inflammation; excessive increase of sexual passion, almost like priapism, with frequent and prolonged erections, ardent desire for coition
11. **Sabal serrulata**: acute/chronic enlargement with difficult urination or burning while urinating
12. **Solidago**: chronic enlargement; obstructed flow of urine
13. **Staphysagria**: frequent urging to urinate with scanty discharge in a thin stream or by drops; burning during and after urination with urgency
14. **Sulphur**: escape of prostatic fluid, chiefly when urinating and while at stool
15. **Thuja occidentalis**: frequent pressing to urinate with small discharge, patient strains much; stitches from rectum into the bladder; discharge of prostatic fluid in morning on waking
BIRTH
(breech position, delayed parturition)

BREECH POSITION

Definition:
Abnormal presentation of baby for delivery

Etiology:
1. baby fails to turn and engage head for delivery
2. breech derives from the Greek for buttocks, the most common breech presentation

Signs and Symptoms:
1. "Frank breech presentation": hips are flexed and knees are extended
2. "Complete breech presentation": hips and knees are flexed in "Indian style" sitting position
3. "Footling presentation": single or double, where the leg is extended and delivers before the breech

Course/Prognosis:
1. the danger with breech deliveries occurs because the softer parts of the body fit through the birth canal and the head cannot undergo molding
2. nerve damage can occur due to stretching of the extremities or spinal cord
3. anoxia can occur as the head, caught in the birth canal, compresses the umbilical cord diminishing exchange of oxygen
4. perinatal death rate is 4 times greater with breech delivery than that of normal presentations

Differential Diagnosis:
1. differentiate type of breech

Nutrition:
1. magnesium (500-700mg qd)

Positioning of mother:
1. on hands and knees; head lower than pelvis, rocking back and forth gently

Botanicals:
1. Anemone pulsatilla (toxic)

Homeopathy:
1. Arnica: feels as if fetus was lying crosswise
2. Lycopodium: fetus appears to be turning somersaults
3. Pulsatilla: excellent remedy to turn the fetus; for malposition of the fetus; weeps because baby is not delivered

DELAYED PARTURITION

Definition:
Onset of labor after 42 weeks of gestation or lack of progress in a labor already initiated

Etiology:
1. diagnosis is uncertain since the calculation for the expected date of the mother is not guaranteed to be correct
2. accurate dating during the pregnancy is a help, esp. the dates of the length of the mother’s menstrual cycle, as with a long cycle the delivery date may be late by definition, although the fetus will be appearing at term
3. another type of delayed parturition is when the women has begun to give birth to her baby but the process of labor stops at some point and does not appear to be progressing

Reasons that might exist for a stalled labor include:
  a. tensions, fear and anxiety in the woman
  b. rigid os (the soft cervix is rigid at the opening or the os does not continue to dilate
  c. exhaustion
  d. pain
  e. cephalopelvic disproportion

Signs and Symptoms:
1. a pregnant woman has passed her due date and is not having signs of labor OR
2. she has already begun labor but seems to have stalled in her progression through it

Lab Findings:
1. US: determines the size of the fetal head, which can then discern the gestation date
2. oxytocin challenge test (after 42 weeks): will determine the condition of the fetus
BIRTH
(breech position, delayed parturition)

Course/Prognosis:
1. pregnancy that extends much beyond 42 weeks might contraindicate vaginal birth because of baby size, which can be a heavy emotional blow for a woman desiring a natural childbirth
2. if it is stalled labor, the reason must be discovered before herbs or drugs are used to reinitiate it

Differential Diagnosis:
1. determine the cause

Hydrotherapy:
1. hot fomentation

Physiotherapy:
1. massage: vibratory massage over uterine fundus to increase contraction

Botanicals:
1. Aralia racemosa: sipping a root infusion is useful in relaxing a hard cervix
2. Asarum canadense: increases energy to help prolonged labor; do not use too close to delivery since increased circulation may cause hemorrhage
3. Caulophyllum thalictroides (toxic): 10 drops tincture under the tongue can soften the cervix in 3-4 hours, continue until cervix is fully ripe; internally as an enema to begin labor or 10-20 drops of tincture to promote a stalled labor
4. Cimicifuga racemosa: to establish regular contractions (5-10 drops in warm water, repeat hourly for 3-4 hours), if no effect seen after 4 hours, increase to one dropper full an hour for 4 more hours to initiate strong contractions
5. Gossypium herbaceum (toxic): strengthens contractions when labor is erratic or woman tires
6. Lobelia inflata (toxic): powerful anti-spasmodic, vaginal, cervical or perineal rigidity; use 30-60 drops tincture in water and repeat every 30 minutes, as effects are transitory; labor is not likely to occur while using Lobelia as uterus will be relaxed, however the cervix may ripen allowing labor to occur in near future
7. Oenothera biennis: 3 cap. Of oil/day for 1 week may soften the cervix
8. Ricinus communis (oil): gently massage into belly, castor oil can stimulate uterus; several oz. in orange juice may be drunk and followed by a hot shower; rest, then repeat twice more; the peristaltic action of smooth muscles is stimulated and labor may follow 3-5 hours after last dose
9. Senecio aureus (toxic): 10-15 drops tincture in water every 30 minutes for several hours can speed a slowly progressing or halted labor
10. Trillium spp. (toxic): roots of the white flowered spp. can both initiate and strengthen contractions; ¼-1/2 tsp. tincture twice, 30 minutes apart; be aware that salivation and watery eyes are possible side-effects

Homeopathy:
1. Aconitum napellus: tedious and difficult labor; violent after pains; shooting, tearing pains; after pains with febrile condition
2. Arnica: feeling as if fetus lying sideways; soreness, tenderness; sensitive to motion of fetus; sore and bruised; dribbling of urine after labor
3. Calcarea fluorica: marked flatulence during pregnancy; often pains from feeble contractions
4. Cinchona: womb troubles in general
5. Collinsia: with bad hemorrhoids
6. Gelsemium: spasmodic labor pains; rigid os; inefficient labor pains or none at all
BIRTH
(breech position, delayed parturition)

BREECH POSITION

Definition:
Abnormal presentation of baby for delivery

Etiology:
1. baby fails to turn and engage head for delivery
2. breech derives from the Greek for buttocks, the most common breech presentation

Signs and Symptoms:
1. “Frank breech presentation”: hips are flexed and knees are extended
2. “Complete breech presentation”: hips and knees are flexed in “Indian style” sitting position
3. “Footling presentation”: single or double, where the leg is extended and delivers before the breech

Course/Prognosis:
1. the danger with breech deliveries occurs because the softer parts of the body fit through the birth canal and the head cannot undergo molding
2. nerve damage can occur due to stretching of the extremities or spinal cord
3. anoxia can occur as the head, caught in the birth canal, compresses the umbilical cord diminishing exchange of oxygen
4. perinatal death rate is 4 times greater with breech delivery than that of normal presentations

Differential Diagnosis:
1. differentiate type of breech

Nutrition:
1. magnesium (500-700mg qd)

Positioning of mother:
1. on hands and knees; head lower than pelvis, rocking back and forth gently

Botanicals:
1. Anemone pulsatilla (toxic)

Homeopathy:
1. Arnica: feels as if fetus was lying crosswise
2. Lycopodium: fetus appears to be turning somersaults
3. Pulsatilla: excellent remedy to turn the fetus; for malposition of the fetus; weeps because baby is not delivered

DELAYED PARTURITION

Definition:
Onset of labor after 42 weeks of gestation or lack of progress in a labor already initiated

Etiology:
1. diagnosis is uncertain since the calculation for the expected date of the mother is not guaranteed to be correct
2. accurate dating during the pregnancy is a help, esp. the dates of the length of the mother’s menstrual cycle, as with a long cycle the delivery date may be late by definition, although the fetus will be appearing at term
3. another type of delayed parturition is when the women has begun to give birth to her baby but the process of labor stops at some point and does not appear to be progressing

Reasons that might exist for a stalled labor include:
- tensions, fear and anxiety in the woman
- rigid os (the soft cervix is rigid at the opening or the os does not continue to dilate
- exhaustion
- pain
- cephalopelvic disproportion

Signs and Symptoms:
1. a pregnant woman has passed her due date and is not having signs of labor OR
2. she has already begun labor but seems to have stalled in her progression through it
BIRTH
(breech position, delayed parturition)

Lab Findings:
1. US: determines the size of the fetal head, which can then discern the gestation date
2. oxytocin challenge test (after 42 weeks): will determine the condition of the fetus

Course/Prognosis:
1. pregnancy that extends much beyond 42 weeks might contraindicate vaginal birth because of baby size, which can be a heavy emotional blow for a woman desiring a natural childbirth
2. if it is stalled labor, the reason must be discovered before herbs or drugs are used to reinitiate it

Differential Diagnosis:
1. determine the cause

Hydrotherapy:
1. hot fomentation

Physiotherapy:
1. massage: vibratory massage over uterine fundus to increase contraction

Botanicals:
1. Aralia racemosa: sipping a root infusion is useful in relaxing a hard cervix
2. Asarum canadense: increases energy to help prolonged labor; do not use too close to delivery since increased circulation may cause hemorrhage
3. Caulophyllum thalictroides (toxic): 10 drops tincture under the tongue can soften the cervix in 3-4 hours, continue until cervix is fully ripe; internally as an enema to begin labor or 10-20 drops of tincture to promote a stalled labor
4. Cimicifuga racemosa: to establish regular contractions (5-10 drops in warm water, repeat hourly for 3-4 hours), if no effect seen after 4 hours, increase to one dropper full an hour for 4 more hours to initiate strong contractions
5. Gossypium herbaceum (toxic): strengthens contractions when labor is erratic or woman tires
6. Lobelia inflata (toxic): powerful anti-spasmodic, vaginal, cervical or perineal rigidity; use 30-60 drops tincture in water and repeat every 30 minutes, as effects are transitory; labor is not likely to occur while using Lobelia as uterus will be relaxed, however the cervix may ripen allowing labor to occur in near future
7. Onopordum biennis: 3 cap. Of oil/day for 1 week may soften the cervix
8. Ricinus communis (oil): gently massage into belly, castor oil can stimulate uterus; several oz. in orange juice may be drunk and followed by a hot shower; rest, then repeat twice more; the peristaltic action of smooth muscles is stimulated and labor may follow 3-5 hours after last dose
9. Senecio aureus (toxic): 10-15 drops tincture in water every 30 minutes for several hours can speed a slowly progressing or halted labor
10. Trillium spp. (toxic): roots of the white flowered spp. can both initiate and strengthen contractions; ¼-1/2 tsp. tincture twice, 30 minutes apart; be aware that salivation and watery eyes are possible side-effects

Homeopathy:
1. Aconitum napellus: tedious and difficult labor; violent after pains; shooting, tearing pains; after pains with febrile condition
2. Arnica: feeling as if fetus lying sideways; soreness, tenderness; sensitive to motion of fetus; sore and bruised; dribbling of urine after labor
3. Calcarea fluorica: marked flatulence during pregnancy; often pains from feeble contractions
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5. Collinsonia: with bad hemorrhoids
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BITES (animal/insect)

**Definition:**
Puncture, abrasion or laceration of the skin or other tissue by animals or insects

**Etiology:**
1. dog and other animal bites are a vehicle for a bacterial infection
2. a major concern is rabies or hydrophobia (an infectious disease of mammals that involves CNS irritation followed by paralysis and death)
3. wounds should be carefully cleaned
4. if a dog or cat bites a human, the current method of differential diagnosis is to isolate the animal for 10 days, if no symptoms arise, the animal is considered not to have been infected

**Signs and Symptoms:**
1. **centipedes and millipedes:** painful bite which causes local pain and erythema; some necrosis of tissue may ensue; some non-USA species spray a toxic compound which can cause severe conjunctival reactions
2. **scorpions:** sting causes pain and numbness; if Centruroides sculpturatus except numbness, tingling and pain over the involved part; weakness of the extremity, respiratory difficulties (esp. in children) and hypertensive crisis can occur; contact poison control center and observe patient for 24 hours
3. **bees, wasps, hornets, ants:** if stung by many bees (about 100, if one is counting) a lethal dose of venom may be injected, but death is usually from anaphylaxis in a hypersensitive person; hypersensitive people may carry a kit containing anti-histamine and epinephrine
4. **ticks:** vector for various diseases (Lyme disease, etc.); bitten area should be cleaned, if the tick is adhered, it should be irritated with petroleum product or the head of a recently blown out match, care should be taken to make sure the tick's head is not left in the skin
5. **spiders:** nearly all spiders are venomous, most, however, cannot kill humans because of short, fragile fangs
   a. **black widow (latrodectus):** bites cause sharp pain and muscular rigidity in the abdomen, arms and back; pain upon inspiration, headache, dizziness and increased perspiration
   b. **brown recluse (loxosceles):** gives rise to little pain; enzymatic reaction can be severe and cause localized necrosis
6. **dog:** cleanse bite wound with strong detergent; administer anti-rabies serum if there is any suspicion of rabies or on first sign of symptoms; observe dog in isolation for 10 days for signs of the disease
7. **snake:** determine type and obtain anti-venom if the snake is poisonous; poisonous snakes in the us are coral, copperhead, water moccasin, rattlesnake (15 spp.)

**Lab Findings:**
1. nonspecific unless secondary infection occurs
2. spider bites can cause eosinophilia and leukocytosis

**Course/Prognosis:**
1. depends on the type and severity
2. most involve only tissue damage or local inflammation
3. few insect bites are fatal but a hypersensitive individual may experience an anaphylactic reaction which can cause death

**Differential Diagnosis:**
1. if the culprit of a severe bite is not identified, the patient should be observed for 24 hours and possibly hospitalized

**Nutrition:**

**Bee sting:**
1. apply paste of baking soda to skin surrounding area of sting
2. rub raw sliced onion to area of sting
3. apply meat tenderizer or papain mixed with water on cotton ball directly to sting
4. apply apple cider vinegar directly into sting

**Mosquito bites:**
1. dip a piece of cotton in apple cider vinegar and apply to bite and hold with bandage
2. mix together a dab of butter or margarine and a pinch of salt and rub into mosquito bite
3. dampen area of bite with water and apply vitamin C crystals directly and let dry
4. apply peppermint essential oil undiluted to area of bite

**Mosquito repellant:**
1. apply garlic powder or squeezed raw garlic juice to body before going into infected area
2. increase vitamin B complex supplements (esp.B-12) before going into infected area
3. hang a bouquet of dried tomato plant leaves in the room to prevent mosquitoes, spiders and flies

**Tick bites:**
1. apply vitamin E oil directly to bite

**Scorpion sting:**
1. mash raw garlic and apply to the bite, also eat 2-4 cloves of garlic qd
2. slice onion thin and sauté, then put in gauze and apply to the site of the bite
BITES (animal/insect)

Snake bite (non-poisonous):
1. mash raw eggplant and apply to bite

Supplements:
1. vitamin B complex
2. vitamin C (6-8g qd)
3. thiamine (100mg bid, for prevention)
4. bioflavonoids (6g qd, for acute)
5. PABA (for itching)

Hydrotherapy:
1. poultice: charcoal over bite; all types of animal, insect bites and stings
2. enema: using charcoal (snake bites)

Botanicals:
Bee sting:
1. Capsicum frutescens: 1 tsp. in warm water, honey, vinegar
2. Nicotiana tabacum (toxic): chewed leaf on wasp or bee sting

Black Widow spider:
1. Capsicum frutescens, calcium, apple cider

Dog bite:
1. Echinacea spp.
2. Scutellaria lateriflora

Snake bites:
1. Alchemilla vulgaris
2. Echinacea angustifolia: used by native Americans
3. Plantago major: as poultice and given freely internally

General:
1. Arnica montana (toxic): dilute, use as compress for bites of mosquitoes and other insects
2. Echinacea angustifolia: bites of poisonous animals (ie. tarantula, scorpion; rabies)
3. Grindelia robusta: insect bites
4. Hypericum perforatum: topically; dilute tincture of oil
5. Lobelia inflata (toxic): lotion or poultice for insect bites or stings
6. Mentha piperita: topically for itching
7. Petroselinum sativum: insect bites or stings, as a fomentation
8. Plantago major or lanceolata: bruised or chewed leaf immediately

Homeopathy:
1. Acetic acid: of cats, lacerated wound, leg swollen
2. Apis mellifica: bee stings causing edema
3. Arnica montana: wasp bites, use topically and Cantharis 200C internally
4. Cedron: snakes or venomous insects
5. Euphorbia prostrata: poisoning insects and snakes, esp. rattlesnakes
6. Golondrina: anti-dote to snake poisoning (prophylactic)
7. Hypericum: bugs
8. Lachesis: leeches, gangrenous; specific for dog bites
9. Ledum: rats and scorpions, use tincture externally; immediate relief for mosquito bites, bee stings, etc., bites of angry animals
10. Lyssin: dogs; burning > by hot steam; headache due to dog bite; prickling sensation; boring and burning proceeding from wound
11. Urtica urens: use mother tincture for bee sting and use Cantharis 200C internally
BLADDER CANCER

**Definition:**
Malignancy of the urinary bladder

**Etiology:**
1. In the US, there are 40,000 new cases of bladder cancer a year and 11,000 deaths/year due to bladder cancer
2. It occurs more frequently in males and usually seen in patients over 40
3. Known carcinogens to the bladder:
   a. Aniline dyes: in cigarettes, dyes, rubber processing and chemical industries (associated with transitional tumors, the most common type)
   b. Chronic irritation: i.e. from schistosoma (associated with squamous cell carcinoma)

**Signs and Symptoms:**
1. Hematuria: gross and microscopic
2. Dysuria
3. Frequency
4. Urgency
5. Pain: if there is infection or invasion
6. Palpable suprapubic mass in the later stages

**Lab Findings:**
1. Cystogram: filling defects of the bladder or in the cystographic portion of the IVP
2. (+) Urinary cytology for malignancy
3. CT scan or US for staging
4. Diagnosis: by cystoscopy and biopsy

**Course/Prognosis:**
1. Squamous cell carcinoma is highly invasive and offers the poorest prognosis
2. Conventional treatment: removal of the tumor and/or part or all of the bladder
3. Recurrences are common

**Differential Diagnosis:**
1. Urinary tract infection
2. Idiopathic recurrent renal hematuria

**Nutrition:**
1. Several short-medium length alkaline fasts interspersed by 3 week eating intervals
2. Foods rich in vitamins A, C, E, and B complex
3. Burdock root, squash, watercress

**Recommendations for all cancers:**
1. Sea weeds, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumber, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruits and vegetables

**Remedies:**
1. Soup of black or ling zhi mushrooms and white fungus
2. Boil together mung beans, pearl barley, adzuki beans, and figs
3. Dandelion, burdock, and chrysanthemum flower tea

**Avoid:**
1. Meat, chicken, cinnamon, anise, pepper, dairy products, spicy foods, high fat foods, nitrate containing foods
2. Coffee, smoking, constipation, stress

**Supplements:**
1. Vitamin A
2. Vitamin B complex
3. Vitamin B-6
4. Vitamin C (to tolerance)
5. Vitamin E
6. Zinc
7. Lecithin

**Hydrotherapy:**
1. Sitz bath (alternating)
2. Fever treatments
BLADDER CANCER

Botanicals (general cancer/neoplasm):
1. Avena sativa: nervous debility of convalescence
2. Baptisia tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: disease due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increased interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite; improves digestion in chronic debility
7. Larrea divaricata
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
9. Rumex crispus: early stages of cancer, to prevent
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use; patients are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:
a. constitutional cleansing and cancer support formula: Glycyrrhiza glabra (12g), Trifolium pratense (12g), Arctium lappa (6g), Stillingia sylvatica (toxic) (6g), Berberis aquifolium (6g), Phytolacca decandra (toxic) (6g), Rhamnus purshiana (3g), Rhamnus frangula (toxic) (3g), Xanthoxylum americanum (3g); combine the dry herbs, place in 3 cups of water and simmer for 10-15 minutes, cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. Tea in a third cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops strong iodine (Lugol's) solution; take qid, pc and before bed

Homeopathy:
1. Calcarea carbonica: tumors of bladder; polypous masses pass with urine
2. Crotaulus horridus: hematuria; with cancer of bladder; dark blood urine that forms no clots
3. Crocus sativa: black and stringy bloody urine
4. Thuja officinalis: for sycotic tendency to growth with Crocus 30x or Ammonium carbonicum 30x; to balance endocrines
BLOOD LOSS
(also see Anemia)

Definition:
1. loss of blood from the circulatory system

Etiology:
1. bleeding may occur overtly, as from a wound where there is much free-flowing blood from the body; or it may be insidious and unnoticeable until symptoms of severe blood loss occur (as into a body cavity)
2. the most obviously common cause of gross bleeding is traumatic injury
3. insidious bleeding occurs most often from gastrointestinal causes (peptic ulcers, hemorrhoids, early carcinoma) and although it must be detected through labwork, the effects can be as severe as gross blood loss over time
4. women may suffer blood loss either through prolonged heavy menses or other causes (ie. ruptured ectopic pregnancy)
5. death from blood loss occurs from lack of perfusion to tissues necessary to sustain life

Signs and Symptoms:
1. Hx of traumatic injury and obvious blood loss
2. signs and symptoms of anemia: fatigue, weakness, shortness of breath, collapse, dizziness
3. if perfusion drops too low, signs of shock may develop within minutes of the blood loss: lethargy, confusion, cold/moist/pale or cyanotic hands and feet, pulse is weak and rapid, tachypnea and hyperventilation at first and potentially apnea if cerebral perfusion decreases enough to affect the respiratory center

Lab Findings:
Acute:
1. shock: low cardiac output with normal or decreased ventricular filling pressure
2. anemia: with acute blood loss the RBC, hemoglobin and hematocrit levels are not reliable due to compensatory vasoconstriction and hemodilution; the levels tend to decrease over several days
3. the anemia is normocytic, normochromic
4. there are also increased platelets with decreased coagulation time
5. increased BUN with gastrointestinal hemorrhaging
6. in occult or menstrual bleeding, there may also be iron deficiency anemia

Chronic:
1. may be iron deficiency anemia, check occult blood in stool

Course/Prognosis:
1. severe blood loss is a medical emergency
2. untreated shock syndrome is usually fatal
3. the prognosis for slow insidious bleeds is better, although it depends upon the cause

Differential Diagnosis:
1. insidious blood loss needs to be differentiated by lab and physical findings; it must be ruled out quickly if the symptom picture is suspicious

Nutrition:
1. foods which nourish the blood
2. foods rich in iron, folic acid, B-12, chromium and vitamin C
3. beets, green vegetables, black cherries, bee pollen, sun chlorella, apricots, blackberries, apples, currents, eggs, kelp, lettuce, prunes, green beans, spinach, huckleberries, tahini, lentils, peach, molasses, mustard greens, nettles, mulberries, parsley, liver, watercress

Remedies:
1. grind into a fine dust 15-30g of the thin red skins of peanuts, infuse with boiling water and drink tid
2. crush fresh chestnuts into a paste and apply to affected parts
3. take charcoal made from outer shells of chestnuts, grind into a fine powder and sprinkle over affected parts

Supplements:
1. beta carotene
2. vitamin B-12 (1mg qd)
3. folic acid (2mg qd)
4. vitamin C
5. vitamin E
6. vitamin K
7. iron (30mg qd)

Hydrotherapy:
1. ice cold applications (over site of blood loss)
2. very hot (140-160°F) applications (to site of bleeding)
BLOOD LOSS  
(also see Anemia)

Botanicals:
1. **Achillea millefolium**: various hemorrhages where amount is small, hematuria
2. **Achmilla vulgaris**: astringent
3. **Apocynum cannabinum** (toxic): passive hemorrhage
4. **Capsella bursa-pastoris**: hematuria accompanied by phosphate deposits or passive hemorrhage
5. **Ceanothus americanus**: spleen congestion
6. **Cinchona spp.** (toxic) (bark): when a tonic is indicated after exhaustive bleeding, astringent
7. **Cinnamomum zysslanicum**: hemostatic strong infusion; works well with Eriogon canadensis and Terebinthinum use hot, often; postpartum
8. **Collinsonia canadensis**: local, atonicity, debility causing passive hemorrhage; with Hamamelis virginiana
9. **Equisetum spp.**: hematuria with phosphaturia, cystitis with hematuria
10. **Eurigone canadensis** (oI): capillary or passive, postpartum, hematuria, hemoptysis, hematemesis, epistaxis
11. **Eryngium maritimum**: hematuria, combines well with Hydrangea arborescens and Eupatorium purpureum
12. **Geranium maculatum**: passive hemorrhage from nose, stomach, bowels, lungs or kidney, not for massive internal bleeding
13. **Hamamelis virginiana**: passive from nose, lungs, stomach, uterus, bowels
14. **Hydrastis canadensis**: passive from pelvic organs; externally for blood loss from cuts, eyeball, postpartum hemorrhage; combines with Trillium erectum (toxic)
15. **Lycopus virginicus**: passive hemorrhage, when the bleeding is frequent and in small amounts; epistaxis, hematuria, metorrhagia, intestinal bleeding; indicated in passive pulmonary hemorrhage (hemoptysis); possibly controls blood circulation
16. **Oleum Terebinthinae Rectificatum** (rectified oil of turpentine): hemostatic effect in pulmonary, gastric and renal capillary bleeding; dose 1/3 cc
17. **Plantago major**: cystitis with hematuria, bleeding hemorrhoids, may be used with Symphytum officinale (toxic) (root)
18. **Quercus spp.**: astringent, intestinal hemorrhage
19. **Rubus spp.**: astringent, intestinal hemorrhage
20. **Sanicula marilandica**: internal wounds, ulcers, hemorrhage
21. **Symphytum officinale** (toxic): hematemesis; with Althea officinalis for gastric ulcer
22. **Trillium erectum** (toxic): metorrhagia, esp. menopausal with depression; menorrhagia, hematuria, hemoptysis, with Vinca major and/or Geranium maculatum in excessive menses; with Bidens tripartita in hematuria

Formulas:
- **passive hemorrhage**: Equisetum spp., Geranium maculatum
- **mucous membranes**: Geranium maculatum, Myrica cerifera, Commiphora myrrha
- **intestinal hemorrhage**: Quercus alba (bark), aromatics (i.e. Cinnamomum, zsylanicum)

Homeopathy:
1. **Arnica montana**: bleeds easily; blood vessels seem relaxed; blue spots under skin and mucous membrane bleed easily; inflamed parts bleed
2. **Crocus**: blood is black; viscid, clotting, forming into long black strings hanging from the bleeding orifice
3. **Cinchona**: passive hemorrhage from every orifice with menopause; profuse and exhausting; dark and clotted
4. **Cinnamomum**: from nose, bowels, lungs, stomach, any orifice from lifting; straining; over-stretching; hysterical attacks with loss of fluids
5. **Crotonus horridus**: from eyes, ears, nose and every orifice, bloody sweat; charred straw-like blood
6. **Ferrum metallicum**: bright red blood, coagulation easily; much flushing
7. **Hamamelis virginiana**: passive venous hemorrhage; sore and bruised; patient exhibits no alarm or anxiety about bleeding
8. **Ipecacouana**: profuse and steady bright red flow of blood
9. **Kali phosphoricum**: blood not coagulating; thin, putrid
10. **Lachesis**: bleeding from every orifice, gums mouth, bowels; every scratch keeps on bleeding
11. **Nitric acid**: bleeding from bowels
12. **Phosphorus**: slight wounds bleed too much
13. **Secale cornutus**: slightest wound causes bleeding for weeks, discharge of sanguinous liquid, tingling in the limbs
14. **Sulphur**: sensation of heat from where the blood flows
INTESTINAL DYSBIOSIS

Definition:
1. excessive production of toxic metabolites of digestion, esp. in the colon
2. bowel toxemia has been noted as a cause of poor health since the time of the ancient Egyptians
3. western research on the subject was very active from 18909-1940, when many medical doctors were involved in studies on the subject and the results firmly proved the existence of the phenomenon
4. interest in the subject died out in the 1940s, although the former results of the "pro-toxemia" doctors were never disproved

Etiology:
1. bowel toxemia results from abnormal bowel flora, improper digestion or bowel obstruction/sluggishness/atonv
2. several or all of the above mentioned factors will typically be involved (ie. a poor diet, high in fleshy proteins and fatty foods, will over time lead to the predominance of bowel flora that are more responsible for toxin production); this diet also increases constipation, which further toxin production by allowing the food to sit in the colon long enough for the bacteria there to act upon it
3. diets high in complex carbs and low in protein and fats favor the development of a colon rich in non-putrefying bacteria
4. toxins produced by the gut are detoxified by the liver, if the liver is not functioning optimally or if the amount of toxin production overwhelms its metabolic capabilities, the toxins can enter the systemic circulation and cause numerous health problems by causing tissue aggravation and change or by irritating a pre-existing condition

Signs and Symptoms:
1. many symptoms are possible, depending on the type of toxin(s) being produced; specific toxins and the disease(s) that are produced with them are as follows:
   a. tryptamine: hypertension
   b. tyramine (from tyrosine): epinephrine-like symptoms
   c. histamine: h/a, arrhythmias, depression, low BP, nausea
   d. putrescine and cadaverine: low BP
   e. estradiol and other similar steriods: PMS, gynecological cancers
   f. ammonia: coma, tremors, altered EEG, mental changes
   g. indole (from tryptophan): bladder tumors
   h. phenol: depressed CNS and circulation, mucosal irritation, damage to kidney and liver
   i. skatole (from tryptophan): injures RBCs and HGB molecules, depresses CNS and circulation
   j. hydrogen sulfide (from protein breakdown): mucosal irritation, congestion and increased intestinal permeability; depressed CNS and circulation
2. other general symptoms and history:
   a. maladjustment: bed breath/morning breath with coated tongue, flatulence, irregular stools, foul stool/foul flatulent odor
   b. miscellaneous: h/a, arthritis, sciatica and low back pain, EENT problems, rashes, breast conditions, epilepsy, psychological problems
   c. fatigue: nervousness, heart conditions
   d. history of poor diet: high fat, high protein, overeating
   e. skin problems: acne vulgaris, psoriasis/eczema; skin may be brownish/yellow, dull and appear unhealthy

Lab Findings:
1. increased bowel transit time
2. urinary indican of first void (Obermeyer test): indicates high breakdown of undigested tryptophan
3. comprehensive stool analysis may show undigested food particles and other indications of toxemia
4. urine phenol: end of day random void
5. (+) stool culture for pathogenic flora and flora imbalance
6. (+) stool gram stain: showing gram (+)-gram (-) imbalance
7. (+) Candida culture of stool

Course/Prognosis:
1. most conditions of untreated intestinal toxemia will cause various degrees of low-grade morbidity in the patient
2. however, it will often act as the predisposing factor for the development of chronic disease
3. treatment, through bowel cleansing, diet adjustments and supplementation can correct the intestinal condition and lead to disease reversal
4. it is important to emphasize that many traditional and alternative schools of medical thought and training have long recognized the connection between bowel toxemia and the development and reversal of chronic disease
5. recognizing the key role of digestion and toxemia in the pathogenesis of the "chronic diseases of affluence" may be one of the major elements in addressing many of the health care issues presently facing society

Differential Diagnosis:
BOWEL TOXEMIA
(Intestinal Dysbiosis/Intestinal Flora Imbalance)

1. Since bowel toxemia may underlie a wide variety of clinical and sub-clinical conditions, it needs to be considered and ruled out in many of these, specifically GI complaints should be ruled out where GI symptoms are a significant part of the clinical picture.

Nutrition:
1. Eating principles:
   a. Increase all green vegetables
   b. High fiber diet
   c. Enhance stomach acid
2. Therapeutic foods:
   a. Asparagus, cherry, cucumber, dandelion greens, watercress, foods high in chlorophyll, green vegetables, foods high in vitamin A, foods high in acidophilus and lactobacillus
   b. Garlic and onions

Remedies:
   a. 1 Tbsp. Liquid chlorophyll, tid
   b. 4 Alfalfa tablets, tid
   c. Chlorella tablets as instructed

Avoid:
1. Meat, sugar, spicy foods, fried foods, fatty foods, rich foods, salty foods, sweet foods
2. Alcohol, caffeine, coffee

Supplements:
1. Vitamin A (25,000 IU qd)
2. Vitamin C (1-2g qd)
3. Vitamin D
4. Vitamin E (400 IU qd)
5. Vitamin K (0.5mg qd)
6. Cysteine (250-500mg qd)
7. Methionine (250-500mg qd)
8. Trace minerals

Hydrotherapy:
1. Alternating hot and cold compresses to the spine
2. Electric light bath
3. Wet sheet pack (stage 4)
4. Constitutional hydrotherapy

Manipulation:
1. Spinal and visceral manipulation: Fingertip stroking over right iliac area to increase tone of cecum

Physiotherapy:
1. Aerobic exercise (to promote elimination)
2. Spondylotherapy: Concussion T10 and C1 to increase pancreas secretions; concussion T12 to increase cecum tone
3. Stretch anal sphincter: < 1 minute to stimulate sympathetic

Botanicals:
Consider: Bitters to clear heat and moisture from digestive tract:
1. Berberis aquifolium
2. Collinsonia canadensis
3. Gentiana lutea: Stimulating tonic, improves digestion in chronic debility
4. Hydrastis canadensis

Consider: Medicines to restore digestive power:
1. Berberis aquifolium
2. Inula helenium: Restorative to weakened digestion; improves blood quality
3. Panax quinquefolius: Strengthens digestion over a long period of use
4. Rumex crispus: Nervous dyspepsia, flatulence

Formulas:
   a. To absorb toxins: Plantago psyllium + bentonite clay

Homeopathy:
1. Agaricus muscarus: Intoxication symptoms with delirium, delusions; alternates between cheerfulness and depression; cycles between slow, depressed state in daytime and wiped out at night; tongue white; thirsty all the
BOWEL TOXEMIA
(Intestinal Dysbiosis/Intestinal Flora Imbalance)

time; empty eructations tasting of apples; unnatural hunger; gastric disturbance with sharp pains in liver region; diarrhea with much fetid flatus; fetid stools
2. Baptisa: mental confusion, delirium, wandering, muttering, melancholy with stupor; no appetite; constant desire for water; sinking feeling at stomach; stools very offensive, thin, dark and bloody; abdomen distended and rumbling; soreness of abdomen in region of liver
3. Indololum: to increase elimination of indican; desire to sleep, dull discontented mental state; constipation; bleated feeling; hungry sensation after full meal; great thirst; delusions and nervousness
4. Lycopodium: emaciation, debility in morning; weak memory, confused thoughts; melancholy; incomplete burning eructations rise only to pharynx and burn; eating ever so little creates fullness; stool hard, difficult, small and incomplete
5. Oleander: memory weak; slow perception; melancholy with obstinate constipation; canine hunger with hurried eating, without appetite; thirsty; borborygmus, with profuse fetid flatus; undigested feces; stool passes when emitting flatus
6. Skatolum: despondent; tongue coated, foul taste; belching, appetite increased; light yellow, narrow, very offensive stool; lack of concentration; intestinal dyspepsia; increased desire to sleep; wakes unrefreshed, half-doped feeling
7. Sulphur: very forgetful; difficult thinking; delusions, thinks rags are beautiful things; irritable, depressed; ting and weak with food appetite; putrid eructations; very weak and faint about 11am; redness around the anus with itching and burning; morning diarrhea, painless and drives them out of bed

INTESTINAL FLORA IMBALANCE

Definition: Variation form the normal standard of acceptable types and concentrations of bowel flora

Etiology (this topic will be devoted to Candida albicans overgrowth-other pathogenic bacteria are covered in Bowel Toxemia-Intestinal Dysbiosis and Gastroenteritis):
1. Candida albicans is a yeast that is present in the intestines normally in very low concentrations
2. it is an opportunistic microorganism, able to proliferate only if improper intestinal (and possibly, systemic conditions) allow its growth
3. contributing factors include:
   a. Hx of antibiotic use: particularly with a history of repeated administration but can follow a single broad-spectrum course; antibiotics kill not only the disease-causing bacteria but also the beneficial bacteria in the intestines; Candida is no longer limited by high concentrations of normal bacteria flora and is able to proliferate
   b. Hx of high sugar intake: sugar directly feeds the Candida organisms and promotes their growth
   c. Hx of high ingestion of certain foods from: yeast (breads), fermented foods and food upon which yeast/molds can grow (ie. mushrooms); it is suggested that these foods may help the growth of yeast cells
   d. lowered immune system or poorly nourished patient: these patients will not be as effective in blocking the growth of Candida if the conditions develop for its increase; the same factors that can cause Candida to proliferate (ie. high simple sugar intake) are the same factors that will decrease the patient’s immune system
4. the incidence of Candida overgrowth seems to be rising in our society in parallel with the widespread use of antibiotics for treatment of even minor conditions, their hidden ingestion through food source (esp. beef and chicken) and the excessive intake of high-sugar foods. It appears that C. albicans elaborates antigens which stimulate IgA activity and other immune mechanisms. Cross-reactions create immune responses to other yeasts and molds which are subsequently ingested

Signs and Symptoms:
1. Hx of gas and bloating, irregular stools
2. fatigue, lack of concentration, drowsiness, esp. after eating; the patient often complains of chronically feeling tired and of having low energy
3. Hx of jock itch, athlete’s foot, yeast vaginitis, thrush
4. craving for sugar, breads
5. intolerance to many foods: GI distress, h/a, drowsiness

Lab Findings:
1. (+) stool culture for Candida
2. (+) serum antibodies to Candida
3. stool analysis: often a 3+ or 4+ Candida growth, combined with a decrease in gram (-) and other beneficial bacteria, esp. lactobacillus acidophilus and streptococcus faecium

Course/Prognosis:
1. without treatment the patient will continue to exhibit chronic morbidity, locally and systemically
BOWEL TOXEMIA
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2. intestinal Candida overgrowth is not fatal but its significance in predisposing development of other disease states is severely underestimated in conventional medical circles.
3. treatment designed to eradicate the Candida, re-establish normal flora and correct the eating patterns of the patient can lead to a complete cure.

Differential Diagnosis:
1. bowel toxemia
2. poor digestion due to deficient enzymes
3. food intolerances
4. malabsorption syndromes
5. chronic fatigue syndrome
6. adrenal insufficiency
7. other causes of clinical or sub-clinical polysystemic symptoms

Nutrition:
1. short alkaline fast (3-7 days) followed by vegetarian diet
2. liquid chlorophyll, alfalfa tablets, sprouts, green vegetables, carrots, dandelions, beet tops, garlic, mung beans, yogurt, acidophilus

Avoid:
1. sugar in all forms, nuts, candy, processed and refined foods, fried foods, bread made with yeast, fermented foods, soy sauce, excessive fruit (esp. sweet fruit), hot sauces, spicy foods, fatty foods, rich foods, salty foods
2. alcohol, caffeine, coffee

Supplements:
1. replace normal intestinal flora (multiple spp. Including lactobacillus acidophilus)
2. vitamin A (25,000-50,000 IU qd)
3. vitamin B complex
4. vitamin C (to bowel tolerance)
5. zinc (30-60mg qd)
6. trace minerals
7. timed released HCl
8. kelp (5-10 tablets qd)
9. bentonite clay

Hydrotherapy:
1. constitutional hydrotherapy

Physiotherapy:
1. aerobic exercise program

Botanicals:
Candidiasis:
1. Allium sativum
2. Calendula officinalis
3. Commiphora myrrha
5. Mentha piperia
6. Pau D’Arco

Intestinal Flora Imbalance:
1. activated charcoal: absorbs toxic materials

Hepatic Medications:
1. Beta vulgaris (beet leaves)
2. Chelidonium majus (toxic)
3. Hydrastis canadensis
4. Silybum marianum
5. Taraxacum officinale

Digestive Stimulants:
1. Berberis aquifolium
2. Gentiana lutea
3. Hydrastis canadensis
4. Strychnos nux vomica (toxic)
5. Zingiber officinale

Demulcents and Protectives:
1. Aloe vera
2. Althea officinalis
3. Glycyrrhiza glabra
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4. Symphytum officinale (toxic)
5. Ulmus fulva

Antimicrobial/Bactericidal:
1. Allium sativum
2. Calendula officinalis
3. Hydrastis canadensis
4. Juglans nigra
5. Thymus vulgaris (essential oil)
6. Usnea spp.

Mild Laxatives:
1. Aloe vera
2. Rhamnus purshiana
3. Taraxacum officinale

Formulas:
a. candidiasis: infuse Pau D'Arco, Calendula officinalis; SIG: 4 cups/day; repopulate beneficial bacteria

Homeopathy:
For Candida:
a. Candida nosode
b. Nystatin nosode
c. Syphilinum (use one dose of 30C weekly)

Treat other symptoms with appropriate remedy:
1. Morgan Gaertner: constipation more common than looseness, ratio 2:1; sluggish bowel; looseness urgent; piles, painful,itchy, bleeding; anal fissure; pruritis ani; prolapse rectum; flatulent, indigestion, excessive eructations; distention; fullness in epigastrum; pale ileocecal region
2. Sycotic bacillus: constipation or looseness (in morning or with excitement); distended feeling in rectum; splinter feeling in rectum; prolapse of rectum; peri-anal warts; liquid motion with every meal; loose frothy motion; stool: pale, crumbly, with bad odor; craves butter, salt; averse to breakfast; finicky appetite; averse to eggs; nausea and anorexia
3. Dysentery bacillus: craves fats, sweets, salt, milk; indigestion for years; distention with flatus; pain over fall bladder; frequent loose motions; diarrhea on excitement or worry; throbbing rectum with blocked sensation
4. Proteus: ball of flatulence in throat; averse to boiled eggs; acidity, heartburn and soreness; flatulence; hunger pain not > with eating; bilious during menses; constipation; oxyuris; piles which itch and bleed, intense itch
5. Gaerther: deep fissures on tongue; craves oatmeal; pains in stomach; vomits everything; vomiting < after sweets; h/a and vomiting acidosis attacks; constipation; diarrhea every few weeks; thread worms in stools; blood and innees in stool; pruritis ani
6. Morgan (pure): ulcers in mouth; burning tongue, with dryness, soreness, sliminess and swelling; bad taste in mouth; halitosis; cracks of angles of mouth; throat dryness and burning; throat parched, raw and granular; craves eggs, sweets, fats, butter; waterbrash and heartburn; eructations and pyrosis; burning in throat and stomach; bilious attacks; pain liver and gall bladder; tender liver and gall bladder; gallstones; jaundice; constipation; pruritis ani; piles; anal fissures; stools immediately after food; "congestion"
BREAST CANCER

Definition:
Malignancy of the breast

Etiology:
1. breast cancer will strike 1 in 11 women in the US
2. accounts for 27% (rising) of all cancer in women
3. it is rare in women under 30 and greatly increases in incidence after menopause
4. factors known to increase the risk include:
   a. diet high in fats
   b. radiation of breasts (mammograms)
   c. unopposed estrogen stimulus

Sign and Symptoms:
1. painless lump
2. skin dimpling
3. nipple retraction
4. bleeding from the nipple
5. Peau d’orange skin with discoloration from lymph blockage
6. axillary, supraclavicular or infraclavicular lymphadenopathy
7. attachment of the mass to the surrounding tissues
8. symptoms of an infection (in inflammatory carcinoma and Paget’s disease of the breast): skin over tumor becomes red, warm, painful, hardened and edematous

Lab Findings:
1. (+) mammography
2. (+) biopsy

Course/Prognosis:
1. breast cancer accounts for 18% of all cancer deaths in women
2. 5 year survival rates vary significantly based on size of tumor and extent of metastasis:
   a. tumor was smaller than 2 cm with no metastases (80%)
   b. tumor was larger than 2 cm with no metastases (65%)
   c. tumor was greater than 5 cm with no metastases (40%)
   d. there are distant metastases (10%)
3. conventional treatment includes: lumpectomy, mastectomy (nowadays mainly partial), radiation therapy, chemotherapy and hormonal therapy

Differential Diagnosis:
1. fibrocystic breast disease
2. fibroadenoma
3. intraductal papillomas
4. lipomas

Nutrition:
1. several 7-10 day alkaline fasts interspersed with eating for 3 weeks
2. vitamin A rich foods
3. liver cleansing foods (beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root)

Recommendations for all cancers:
   a. seaweeds, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, tao roots, pearl barley, grains fresh fruits and vegetables

Remedies:
   a. soup of black or ling zhi mushrooms and white fungus, tid
   b. boil together mung beans, pearl barley, adzuki beans and figs
   c. dandelion, burdock and chrysanthemum flower tea
   d. tea from asparagus and dandelion, apply externally as compress to breast
   e. charcoal the pumpkin cap into powder, take 1 tsp. of powder in 1 shot of rice wine , bid

Avoid:
1. meat, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods
2. alcohol, caffeine, coffee
3. estrogenic foods: animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats wheat, alfalfa

Supplements:
BREAST CANCER

1. vitamin A
2. vitamin E
3. selenium
4. iodine
5. omega-3 FAs

Hydrotherapy:
1. fever treatments
2. constitutional hydrotherapy
3. wet sheet pack (stage 4)
4. poultice of Phytolacca decandra (see botanicals)

Botanicals:
1. Alaria esculenta: inhibits breast cancer
2. Echinacea spp.: for pusulter afflictions and carcinomatous ulcerations; for tendency to malignancy and sepsis
3. Phytolacca decandra (toxic): marked action on the mammary glands; hard, painful glandular enlargements; a poultice of fresh grated or boiled dried root is very caustic and causes ulceration and suppuration of skin and underlying cancerous tissue
4. Trifolium pratense: traditional anti-cancer herb used by Thompsonians
5. Nutritive herbs (support the immune system and the woman's defenses to better withstand chemotherapy, surgery and radiation if these are chosen-avoid alcohol, drugs, smoking, stress, etc.):
   a. Avena sativa
   b. Medicago sativa
   c. Trifolium pratense
   d. Urtica dioica

Formulas:
a. constitutional cleansing and cancer support formula: Glycyrrhiza glabra (12g), Trifolium pratense (12g), Arctium lappa (6g), Stillingsia sylvatica (toxic) (6g), Berberis aquifolium (6g), Phytolacca decandra (toxic) (6g), Rhamnus purshiana (3g), Rhamnus frangula (toxic) (3g), Xanthoxylum americanum (3g); combine the dry herbs, place in 3 cups of water and simmer for 10-15 minutes, cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. Of tea in a third cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops strong iodine (Lugol's) solution; take qid, pc and before bed

Homeopathy:
1. Asterias rubens: hard growth; nightly lancinating pains; often in left breast; sensation left breast drawn in
2. Carbo animalis: esp. right; burning, drawing pains through breast
3. Carcinosin
4. Conium maculatum: strong hard tumors, induration of tissue; swelling under axilla; painful or painless nodules
5. Cunderango: hard tumor; either breast; lancinating pains radiating from tumor, whole breast tender to touch
6. Hydrastis canadensis: hard, painful nipple retracted; exhaustion from weakness; pain < night
7. Phytolacca: hard, irregular with retracted nipples; sore, lame feeling extended to the arm; fissured nipple; pain radiates from the nodule
8. Plumbum iodatum: enlarged glands, chronic enlargement of spleen
9. Pulsatilla: irregular menses; pains move around; induration of tissue
10. Silica: hard, painful nodule; < left side
11. Sulphur: tumor with internal itching and bleeding hemorrhoids; one dose 1M at each menses
BRONCHITIS

Definition:
An acute infection of the trachea and bronchioles

Etiology:
1. the infection usually follows an upper respiratory infection (URI)
2. most common in the winter
3. other factors include:
   a. air pollution
   b. sinusitis
   c. irritating fumes (acute irritative bronchitis) [ammonia, smoke, chlorine, etc.]

Signs and Symptoms:
1. there may have been, or still are, symptoms of a URI (malaise, sore muscles, sore throat, nasal d/c, fever)
2. cough: starts off dry but then develops into a productive cough after several days
3. sputum: may go from white to green/yellow to brown; may contain streaks of blood
4. severe breath sounds, usually; clear wheezes or crackles
5. mild fever

Lab Findings:
1. increase WBCs possible (with shift to left or right)
2. x-ray: to rule out other pathologies
3. culture and Gram stain of sputum: to rule out other pathologies

Course/Prognosis:
1. is a self-limiting disease that typically heals fully and totally
2. complications include:
   a. pneumonia
   b. the development of chronic bronchitis with associated chronic obstructive pulmonary disease (COPD)
   c. acute respiratory failure (only in severe cases usually in debilitated or elderly patients)
3. conventional treatment is palliative

Differential Diagnosis:
1. pneumonia
2. pleurisy
3. pharyngitis

Nutrition:

Acute:
1. increase fluids: dilute vegetable juices, broths, herbal teas
2. fruit and vegetable juice fasts
3. low sugar

Chronic:
1. hypoallergenic/rotational diet
2. vitamin A rich foods
3. apricots, carob, slippery elms, carrots, elderberries, dill, pineapple, onions, persimmons, white fungus, pears, honey, ginger, water chestnuts, yams, sweet potatoes, jujube, Daiken radish, walnuts, papaya, peach kernels, lotus roots, seaweed, pine nuts, pumpkin

Remedies:

a. carrots and apricot kernels cooked with rice porridge, tid for 30 days
b. 2-3 pears, reinvigorate the core and fill with honey and eat before bed every day for 1 month
c. juice from pineapple and lemon, drink before meals for relief
d. to expel phlegm: mix honey and apple cider vinegar
e. cough syrup: soak onions (or garlic) overnight in honey covered until a syrup formed
f. 6 oz. chestnuts, 5 oz. pork, braise together an eat 3-4 oz., bid
g. 1 pear, 7 scallions, 3 oz. raw brown sugar, boil in 1 pint water until reduced by half, eat and drink bid using half each time
h. take 10-15g loquat fruit stones and crush them, add 3g fresh ginger, cover with water and simmer 1 hour, serve bid
i. cough with thick phlegm: take 2 dried persimmons and 30g candies honey, add water, steam in a covered pot, mash and eat bid
j. take a fresh lemon or orange, slice and add 15g sugar, steam in water until soft, mash and serve, including the skin, bid
k. take 50g of shelled peanuts, add water and boil, then mash, drink the broth and eat the peanut, bid
l. phlegm: simmer bamboo shoots in water and serve
m. hot cough with excessive phlegm: simmer bok choy in water and serve
n. burning in lungs with frequent cough: simmer watercress in water and serve
BRONCHITIS

- **cough with excessive frothy phlegm**: blend together ¼ cup fresh ginger juice and 30 ml honey and drink
  OR simmer together 30g coriander, 10g dried ginger and 3 apricot kernels and drink

**Avoid:**
1. food intolerances
2. stimulating foods, spicy foods
3. alcohol, caffeine
4. wind cold invading the lungs: cow's milk and other dairy products, white bread, refined foods, processed foods, sugar and sweets, catarrh forming foods (oranges, tofu, tomatoes), meat, ice cream, shellfish
5. excessive lung phlegm: cooling foods, eggs
6. hot lung phlegm: dairy, soy products, coconut, sugar, sweet rice, persimmon, pork, almond, honey, peanut
7. cold drinks
8. garlic, fresh ginger, mustard green, walnut

**Supplements:**
1. vitamin A (50,000 IU qd)
2. vitamin B-6 (50mg tid)
3. vitamin C (3-6g qd)
4. vitamin E (800 IU qd)
5. zinc (30mg qd)

**Hydrotherapy:**
1. poultice: turnip, mustard, onion pack to chest (15-20 minutes)
2. hot fomentation to chest
3. constitutional hydrotherapy (with/without high frequency)
4. heating compress to chest
5. wet sheet pack (stage 4)

**Manipulation:**
1. check and align C7, T1-2 and T10-12

**Yoga:**
1. posture correction to increase length of spine and open chest: consider yoga posture

**Physiotherapy:**
1. breathing exercises: acute and chronic
2. aerobic exercise (mild, daily for chronic)
3. spondylotherapy: concussion C7 to decrease mucus
4. manual lymphatic drainage: neck, thorax
5. intercostal spaces, use bronchitis strokes, 3x/week
6. diathermy

**Botanicals:**
1. Aconitum napellus (toxic): acute
2. Allium cepa (onion): poultice 15-20 minutes
3. Althaea officinalis: demulcent for irritability of respiratory system in chronic bronchitis
4. Angelica archangelica: chronic; stimulates respiratory membranes
5. Asclepias tuberosa (toxic): tight, painful cough, difficult respiration, aids expectoration; soreness of chest from coughing
6. Aspidosperma quebracho-blanco
7. Brassica (mustard): poultice 15-20 minutes
8. Bryonia alba (toxic): with frothy, blood streaked expectoration
9. Cephaelis ipecacuanha: acute
10. Echinacea angustifolia: fetid
11. Foeniculum vulgare: seeds, essential oil are broncho-dilating
12. Gelsemium sempervirens (toxic): sedative in early stages of acute
13. Grindelia robusta: anti-spasmodic; chronic spasmodic bronchial coughs, chronic in aged
14. Inula helenium: chronic, excessive catarrh
15. Linum usitatissimum (flax seed): infuse 1 oz. to 1 quart water; to soothe mucous membrane inflammation
16. Lobelia inflata (toxic): sense of tightness in chest with some difficulty breathing
17. Lycopus virginicus: equalizes circulation
18. Malva silvestria: demulcent for irritability of respiratory system
19. Marrubium vulgare: relieves congestion
20. Physostigma venenosum (toxic): with bronchial dilation and dyspnea
21. Pimpinella anisum: gentle soothing cough remedy; may use as a flavoring agent for formula; seeds, essential oil are broncho-dilating
22. Plantago lanceolata: mucilage, for cough
23. **Populus trichocarpa**: buds
24. **Primula officinalis** (root): chronic bronchitis with simple coughs and inadequate expectoration
25. **Prunus serotina**: acute irritable cough, chronic bronchitis with debility, chronic cough with excessive expectoration
26. **Pulmonaria officinalis**: gentle pulmonary tonic
27. **Sticta pulmonaria**: bronchial irritation, dry hacking cough
28. **Tussilago farfara**: demulcent, debilitated and chronic conditions (see formulas)
29. **Veratrum viride** (toxic): chronic
30. **Verbascum thapsus**: irritable chronic bronchitis
31. **Viola odorata** (esp. root): cough remedy

**Formulas:**

a. chronic pulmonary conditions: Tussilago farfara, Inula helenium, Verbascum thapsus
b. chronic: Inula helenium, Symphytum officinale (toxic)
c. Marrubium vulgare, Inula helenium, Prunus serotina
d. Asclepias tuberosa (toxic)
e. helps induce sleep and treats condition: Asclepias tuberosa (toxic), Cnicus benedictus, Cimicifuga racemosa, Scutellaria lateriflora, Nepeta cataria, Capsicum frutescens
f. cough tea: Inula helenium (root), Primula officinalis (root), Tussilago farfara (leaf); equal parts to make 100g, 2 tsp. to 1 cup of water, add to the hot water, boil 5 minutes and leave to draw for 15 minutes, SIG: 1 cup tid
g. cough of bronchitis: Primula officinalis (root) (20g), Pimpinella anisum (seed) (10g), Foeniculum vulgare (fennel seed) (10g), Tussilago farfara (leaf) (10g); 2 tsp. per cup of boiling water, infuse
h. Lobelia inflata (30gtt), Bryonia alba (toxic) (20gtt), Cephalis ipecacuanha (20gtt), Aesculus spp. (20gtt); SIG: dilute with water to 4 oz., 1 tsp. every 3 hours
i. Lobelia inflata (30gtt), Sticta pulmonaria (30gtt), Sanguinaria canadensis (15gtt), if cough is spasmodic may add Drosera spp. (30gtt); SIG: dilute with water to 4 oz., 1 tsp. every 3 hours

**Homeopathy:**

1. **Aconitum napellus**: short dry cough from exposure to dry, cold air; increased by every inspiration; painful sensitiveness of painful parts aggravated by breathing, coughing, talking; cough is dry, tickling at nights; great restlessness, anxiety; hot skin; > lying on back
2. **Calcaria carbonica**: teething children; loose cough with rattling mucus; oppression of chest as if too full; cough dry at night and loose day time; < inspiration and eating, playing piano; profuse head sweating esp. during sleep
3. **Carbo vegetabilis**: evening hoarseness; burning under sternum; soreness of chest and heat of body when coughing; paroxysmal cough; < going into cold air from a warm room; cold knees in warm bed; pyrosis with great flow of water during day
4. **Causticum**: morning hoarseness; hollow, rattling cough, < on getting warm in bed from evening to midnight, > by swallowing of cold water; annoying cough with involuntary d/c of urine and pain over left hip; expectation cannot be raised, must be swallowed
5. **Chamomilla**: dry cough, < at night, anger, cold air, > from warmth, warm drinks; expectation only in daytime, none in night; oppression of chest as it were not wide enough or as if throat were throttled, with constant desire to cough; over-sensitiveness of the nerves of women and children
6. **Iodatum**: tickling, dry cough; young persons subject to spitting blood; palpitations; swelling of cervical and bronchial glands; progressive emaciation with good appetite; cough from every effort to expand chest; suffocative feeling, SOB at least exertion
7. **Nux vomica**: short, slow, stridulous breathing; cough is dry; fatiguing from titillation of the larynx, < after midnight and in the morning, with pain in the stomach and soreness in the abdominal walls, after eating; with every cough the head seems to split; expectation painful, consisting of thick, foamy white or green mucus; cough exited by beer and < in the morning, > by warm drinks; involuntary micturition when coughing, laughing or sneezing; after previous use of cough mixtures
8. **Sulphur**: atelectasis of lungs, esp. left, with loud bronchial rales; after failure of Ant-t., Ip. Or Ph-ac.; cough > evening, when lying down; with itching in the bronchi; with retching not > by expectoration of greenish, lumps of sweetish taste; hot flushes; cold feet or hot palms and soles of feet
BRUISE/CONTUSION/HEMATOMA

**Definition:**
Localized collection of extravasculated blood, usually clotted, in a tissue, space or organ

**Etiology:**
1. usually from trauma inducing a break in a vessel wall and allowing blood to escape into surrounding tissues

**Signs and Symptoms:**
1. skin: localized swelling, discoloration (from red to blue to green or yellow) with failure to blanch and tenderness; history of recent trauma to area
2. deep tissue: history of recent trauma; depending on extent of injury, may include pain, swelling or rigidity
3. brain: may show signs and symptoms of neural dysfunction from increased pressure on various structures in the brain; h/a are an early sign

**Lab Findings:**
1. (+) capillary fragility test [use bioflavonoids]

**Course/Prognosis:**
1. the typical ecchymosis begins as a deep blue/purple and changes to brown and yellow as the RBCs are broken down and the clot removed
2. the usual healing time is about 7-10 days depending on the extent of the injury
3. in children on whom multiple contusions appear in various stages of healing, child abuse must be ruled out
4. a hematoma over a joint injury may make it hard to determine the degree of injury
5. if injury to the torso or head has occurred, organ or cranial hematomas must be ruled out
   a. cranial hematomas are esp. serious as the patient may feel fine at the time of the accident but then slowly develop symptoms indicating a serious condition

**Differential Diagnosis:**
1. porphyrias
2. bleeding dyscrasias
3. purpuras
4. child abuse
5. vitamin C deficiency (associated with petechiae)
6. rule out drug induced destructive platelet pathology from quinine, thiazide, etc.
7. anemia
8. secondary to liver pathology
9. citric acid overdose (citric acid is an anticoagulant)

**Nutrition:**
1. foods rich in vitamin C and A
2. thrombocytopenia purpura: food intolerances and bioflavonoid containing foods
3. vitamin K containing foods
4. vitamin C foods (lemons and peppers)
5. rumor has it that two lemons juiced = 10mg coumarin

**Avoid:**
1. citric acid containing foods

**Supplements:**
1. vitamin A
2. vitamin B complex (esp. B-1, -5 and -6)
3. vitamin C (3-5g qd)
4. vitamin E (800 IU qd)
5. calcium [factor IV in intrinsic pathway of coagulation]
6. selenium (200mcg qd)
7. zinc (60mg qd)
8. bioflavonoids (3-4g qd) [people with thrombocytopenia purpura are often sensitive to their environment and may need an allergy regime, tend to respond well to bioflavonoids]

**Hydrotherapy:**
1. poultice (charcoal)

**Physiotherapy:**
1. cold compress or ice in first 24 hours (decrease bleeding)
2. paraffin wax bath (after acute stages)
3. diathermy (contraindicated)

**Psychology:**
1. biofeedback to control bruising in hemophiliacs

**Botanicals:**
1. *Arnica montana* (toxic): dilute and apply topically; internally not to exceed 3-5 drops/day
2. *Commiphora myrrha* (resin): topically with *Hamamelis virginica* + water
3. *Hamamelis virginica*: hematoma, hemorrhage due to relaxation of venous structure
4. *Hypericum perforatum*: hematoma; internally and externally; bruises
5. *Symphytum officinale* (toxic) (root, leaf): poultice or fomentation for ecchymosis

**Formulas:**
   a. internal or external: *Commiphora myrrha*
   b. *Hydrastis canadensis* + *Capsicum frutescens*
   c. **Vulnerary formula** (for internal use): *Hydrastis canadensis*, *Symphytum officinale* (toxic), *Capsicum frutescens*, *Echinacea* spp., *Commiphora myrrha*

**Homeopathy:**
1. *Arnica montana*: in all mechanical injuries; #1 first remedy
2. *Calcarea fluorica*: also associated with loose joints
3. *Conium maculatum*: indurated; glands stony hard
4. *Ferrum phosphoricum*
5. *Hamamelis*: dissecting wounds; burns; checks hemorrhages; removes pain, soreness
6. *Hypericum*: wounds from crushing, esp. finger tips; open, painful wounds with general prostration from loss of blood and great nervous depression
7. *Ledum*: discoloration of skin, wounds from sharp instruments; punctured wound feels cold to touch and cold to the patient, sprains of ankles and feet; esp. for reabsorption of a severe bruise
8. *Sulphuric acid*: pains increase gradually and then cease suddenly indifferent parts of the body
BULIMIA
(also see Anorexia)

Definition:
An eating disorder characterized by perverted ideas towards food and eating, obsession with thinness and a morbid fear of weight gain. Also, characterized by the repetitive, compulsive habit of eating a normal or excessive amount of food only to self-induce vomiting and or use laxatives in an effort to purge what has been ingested. The patients generally know that their behavior is abnormal, yet have a great fear that they cannot control the binging; when they are finally done eating, they feel markedly depressed and guilty. Low self-esteem may follow; with a negative view of themselves and their bodies – setting into play the next cycle of binging/purging.

Etiology:
1. cause unknown; factors that may be responsible include:
   a. hypothalamic problem
   b. psychiatric disorders (ie. depression)
   c. peer pressure
   d. nutritional deficiencies
   e. cultural and/or family attitudes about the body [bingeing patients have a higher incidence of dysfunctional families than in the general population, notably families with affective disorders, alcoholism and recreational drug use]
2. may be related to hypoglycemia where sympathetic compensation is interfering with gall bladder function
3. eating disorders such as bulimia and anorexia nervosa (to which bulimia is closely related) are on the increase in western society; it is estimated that 18-25% of college women have on or both of these problems
4. the typical patient is White and female (males account for only 5% of patients) and come from a middle or upper class family; rare in lower socioeconomic person and in Blacks and Asians
5. binge eating generally occurs daily, with one study showing that in 40 bulimic patient the mean times of binging per week was 12 (with a range from 1 to 46); eating period usually lasted 1.2 hours, though could go on for as long as 8 hours; caloric consumption could be extremely high: up to 50,000, though the average amount of calories ingested was 3,500
6. five most favorite food items eaten:
   a. ice cream
   b. bread
   c. candy
   d. donuts
   e. soft drinks
7. patients are often ashamed and embarrassed about their eating and purging habits and live a life of secrecy, to the extent that friends and family are unaware of the patient's problems

Signs and Symptoms:
1. depression: with possible suicidal tendency
2. near normal weight with a history of fluctuations
3. amenorrhea in about 50% of women
4. wound or scars on dorsal aspect of hand due to scraping hand against teeth when putting it down throat to initiate vomiting
5. dental caries from stomach acid in vomit and from high intake of sweet foods
6. constipation based on chronic laxative use (dependency on laxatives for defecation)
7. insomnia

Lab Findings:
1. hypokalemia with metabolic acidosis due to vomiting and laxative use
2. may see low zinc status
3. (+) psychological testing for depression or other mental/emotional disorders

Course/Prognosis:
1. the prognosis for bulimia is worse than that of anorexia nervosa because the associated mental/emotional problems tend to be more severe
2. the suicide rate in bulimia is twice that for anorexia nervosa
3. other causes of a higher mortality rate include the sequelae of
   a. chronic vomiting
   b. aspiration pneumonia
   c. gastric or esophageal rupture
   d. acute gastric dilation
   e. pancreatitis
BULIMIA
(also see Anorexia)

Differential Diagnosis:
1. other causes of polyphagia

Nutrition:
1. persimmons, cloves, potatoes, prune, plum tea, oyster shell tea

Supplements:
1. vitamin B complex
2. vitamin B-3 (500mg qd)
3. vitamin B-6 (300mg qd)

Hydrotherapy:
1. constitutional hydrotherapy

Botanicals:
Sedatives:
   a. Avena sativa
   b. Chamomilla spp.
   c. Humulus lupulus
   d. Nepeta cataria
   e. Passiflora incarnata
   f. Scutellaria lateriflora

Homeopathy:
1. Aurum metallicum: appetite and thirst increased; digestion difficult often finishing with a lot of belching and vomiting
2. Iodine: alternating bulimia/anorexia
3. Kali phosphoricum: feeling of the epigastric emptiness, depression often followed by vomiting
4. Lycopodium: voracious hunger; much bloating; eating ever so little creates fullness; dyspepsia
5. Natrum carbonicum: voracious hunger esp. after 5pm; epigastric emptiness > eating; digestive weakness; bloating, flatulence, nausea, vomiting and sensation of weight in stomach
6. Phosphorus: hungry right after finishing eating; feeling the "inner emptiness"; ashamed, gets up at night
7. Platina: sexual energy, excessive behavior
8. Pulsatilla: food ideas about weight; mental state tied to appetite; self gratification tied to eating; eating to ameliorate loneliness and depression
BUNION

**Etiology:**
1. abnormal calcium metabolism [thyroid and/or parathyroid dysfunction]

**Signs and Symptoms:**
1. calcium deposits

**Lab Findings:**
1. assess liver function
2. assess HCl level
3. establish thyroid and parathyroid function

**Nutrition:**
1. increase magnesium foods, vitamin C, vitamin B-6 to regulate calcium intake, silicon, vitamin D [involved in calcium regulation], calcium ornate [puts calcium into bone and removes it from tissue]
2. decrease dietary calcium

**Avoid:**
1. large quantities of oxalic acid (chocolate, rhubarb) and phytic acid (unsoaked grains)

**Supplements:**
1. magnesium
2. zinc
3. iron
4. selenium
5. iodine
6. vitamin D (100 IU/day)
7. vitamin E
8. vitamin C
9. vitamin B-6 [regulates calcium intake]

**Physiotherapy:**
1. positive Galvanic to drive in 2% procaine
2. exercise
3. deep tissue massage
4. diathermy over shoulder (for bursitis)
5. US
6. Edward's myoflex machine and massage
Definition:
Tissue injury resulting from thermal, electrical or chemical agents

Etiology:
1. thermal; see signs and symptoms
2. chemical; common agents include mustard gas, phosphorus, strong alkalines and acids, phenols and creosols; necrosis of tissue from chemical burns can continue for hours after the agent has been removed from the body
3. electrical; injury due to heat generated (up to 5000°C); charge travels through the body, with small entrance and exit wounds that may hide severe and extensive internal body damage
4. inhalation (burn to the respiratory tract); improper steam inhalation can cause thermal burns to the respiratory mucosa; thermal damage can also be attributed to inhalation of incomplete products of combustion and their associated marked irritation of the respiratory tract

Signs and Symptoms:
1. burn severity may be estimated by the "rule of nines" (percentage of the body surface area), or more accurately, by the Lund and Browder body surface chart
   a. rule of nines: head and neck (9%); each hand and arm including the deltoid (9%); each leg up to the gluteal fold (18%); anterior and posterior trunk including buttocks (18%); perineum (1%)
2. degree of burns:
   a. first-degree (partial thickness): involves only surface epithelium; causes mild pain, redness, dry skin and edema; no vesicles, bullae or blebs; healing occurs without scarring in 2-3 days; some tissue sloughing and scaling may occur (ie. a typical sunburn)
   b. second-degree (partial thickness): involves deeper layers of epithelium and upper level of dermis; skin functions are lost; vesicles, bullae formation; pain and edema; healing occurs within 7-10 days; usually a mild scar will remain
   c. third-degree (full thickness): both the epidermis and dermis destroyed; skin functions lost; pain absent after initial burn due to the destruction of nerve endings but there may be extreme pain in adjacent tissue; appearance varies from charred and dry to marble-white; regeneration slow; usually a skin graft is needed for proper healing; leaving obvious scar

Lab Findings:
1. decreased plasma and blood volume
2. sepsis
3. lab findings from pneumonia
4. lab findings from renal failure
5. acute rise in blood viscosity
6. fibrin split products increased for 3-5 days
7. increased coagulation factors for up to 3 months

Course/Prognosis:
1. depends on the extent and type of burn, victim's age and health before the burn and the rapidity and effectiveness of treatment
2. complications include:
   a. bacterial infection of the wound
   b. severe plasma loss resulting in shock
   c. cardiopulmonary failure as a result of electrical shock
3. adults: serious burn is considered > 15% of body surface area
4. children: serious burn is considered > 10% of body surface area

Differential Diagnosis:
1. dermatitis
2. stings

Nutrition:
1. foods rich in vitamin A, C and E
2. serious burns: add foods rich in electrolytes potassium, sodium, calcium, magnesium and phosphorus

Remedies:
1. minor burns: apply honey topically
2. minor burns: mix 2 oz. bean curd and 1 oz. raw brown sugar and apply topically
3. apply raw potato juice to affected parts
4. drink the liquid obtained by steaming fresh yellow soybeans

Supplements:
BURNS

1. vitamin A (50,000 IU qd)
2. vitamin B complex
3. vitamin C (6g qd)
4. vitamin E (1200 IU qd)
5. zinc (60mg qd)
6. potassium and other electrolytes
7. essential FAs: safflower oil 2 Tbsp. Qd

Hydrotherapy:
1. ice cold applications
2. neutral bath (prolonged)
3. irrigating cold compress (once applied continue sprinkling cold water on compress
4. hammock bath for extensive burns

Physiotherapy:
1. stretching exercises after large burned area has healed

Botanicals:
1. Aconitum napellus (toxic): according to indications, for serious burns
2. Aloe vera
3. Arnica montana (toxic): serious burns; with Hypericum perforatum up to burn area; not on burn
4. Calendula officinalis: dilute to cleanse; as fomentation
5. Hamamelis virginiana: cold decoction topically
6. Hypericum perforatum (oil): immediately, OK on open wounds; for first and second degree burns
7. Mentha piperita: topically; relieves local pain; for first degree burns
8. Olea europaea: externally
9. Quercus alba: skin wash for burns, sunburn
10. Symphytum officinale (toxic): fresh root as poultice
11. Thea spp.: cold infusion topically
12. Trifolium pratense: deep, ragged and otherwise badly conditioned burns

Formulas:
   a. Apis mellifera (toxic): ointment (available from Hyland's pharmacy)
   b. second and third degree burns: poultice; Ulmus fulva, Hydrastis canadensis, Symphytum officinale (toxic); mix into thin paste with mineral water, honey and wheat germ oil; remove the next morning and apply wheat germ oil liberally, place mineral water pack on area for 1 hour or more; repeat daily for 3-4 weeks
   c. vulnerary: internally; Hydrastis canadensis, Capsicum frutescens, Symphytum officinale (toxic)
   d. Echinacea angustifolia (root), Commiphora myrrha
   e. dressing: Hypericum perforatum (for pain), Calendula officinalis, Capsicum frutescens; an 1/8 to ¼ tsp.
   f. immediate use: 5% tannic acid or 1 dram of Cantharis mother tincture (homeopathic) to keep burn moist

Homeopathy:
1. minor burns: place under scolding hot water till stinging pain presents (remember like cure like)
2. Cantharis: all stages, prevents blisters; mix as above
3. Cauticum: 3rd stage when chronic and ulcers do not heal; use 6C
4. Cadmium sulphuratum and phosphoricum: antidote to radium burns in case of cancer treatment by radium; use 1M
5. Hypericum: > cold application or keeping part exposed to cold air; nervous patient with tremulous speech; intensely irritable; pain with mental confusion; use 1M
6. Petroleum: tendency of skin to crack with soreness and pain
7. Stramonium: burns when there is ulceration of duodenum and also in nervous patients
8. Urtica urens: acute; agonizing pain with sensation like nettle rash; use mother tincture in dilution of 1 to 15
BURSITIS

**Definition:**
Acute or chronic inflammation in a bursa

**Etiology:**
1. bursae are thin-walled sacs lined with synovial fluid and function to lubricate and ease the movement of tendons and muscles over bony prominences
2. causes of bursitis include:
   a. trauma
   b. systemic disease (ie. arthritis or RA)
   c. gout
   d. repetitive or excessive frictional force
   e. infection
3. most commonly seen in the shoulder, although many other joints can become inflamed (olecranon, pre- or suprapatellar, trochanteric, ischial, anserine)

**Signs and Symptoms:**

### Acute:
1. pain
2. decreased range of motion
3. local tenderness on palpation
4. swelling and redness is visualized if the bursa is superficial (ie. olecranon and prepatellar)

### Chronic:
1. thickened bursa wall
2. formation of adhesion, calcareous deposits, muscle atrophy from not using it
3. various degrees of pain, tenderness, swelling, muscle weakness
4. typically, the range of motion is quite decreased

**Shoulder:**
1. bicipital tendinitis: tenderness over the bicipital groove and pain with elbow flexion
2. subacromial bursitis: pain and tenderness locally and pain with all movements, esp. rotation
3. supraspinatus tendinitis: no rotational pain but pain when abduction reaches 40 degrees

**Lab Findings:**
1. x-ray: may show inflammatory signs

**Course/Prognosis:**
1. unless treatment occurs, the bursitis tends to become chronic or consistently recur
2. may cause splinting muscle spasms which further compress and irritate the bursa
3. advanced disease can lead to a frozen shoulder from marked collagenous adhesion formation

**Differential Diagnosis:**
1. muscle or tendon tears
2. ligamentous injury
3. cellulitis
4. TB
5. osteomyelitis

**Nutrition:**

### Acute:
1. increase fluids
2. short fruit or vegetable juice fast

### Chronic:
1. hypoallergenic/rotation diet
2. foods rich in calcium, zinc, selenium, bioflavonoids, vitamin A, C and D
3. sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat milk, pineapples, papayas

**Avoid:**
1. food intolerances
2. dairy, potatoes

**Supplements:**
1. vitamin B-12 (1000mcg qd, IM for 1 week)
2. vitamin C (3g qd)
3. bioflavonoids
4. bromelain (500mg tid, on empty stomach)
5. omega-3 FAs (500mg tid)
BURSITIS

Hydrotherapy:
1. ice pack: acute (keep on 5 minutes, remove 1 minute and repeat 3 times)
2. heat applications: to relieve pain (ie. hot fomentation to shoulder 20 minutes, followed by shower)
3. alternating hot and cold compress
4. hot Epsom salt packs: after swelling
5. castor oil packs

Manipulation:
1. check and align level of dermatome (ie. deltoid bursitis=C5)

Physiotherapy:
1. massage (superficially)
2. check for restrictions in pure motion of affected joints; restore using specific gliding mobilizations
3. paraffin bath
4. diathermy: active electrode over anterior shoulder, inactive electrode, large pad, over posterior shoulder
5. US
6. Galvanism: (+) to anterior shoulder; using comfrey on pad
7. iontophoresis: SOD, proteolytic enzymes
8. TENS: for analgesia
9. interferential: acute (90-150Hz, mild intensity, 12-15 minutes); chronic (use 0-100 setting)

Exercise:
1. wall-walking shoulder exercise
2. ROM exercises for shoulder
3. pendulum shoulder exercises
4. to break adhesions: flex forearm to right angle, elevate elbow with other hand by pushing up on elbow, strongly supinate and pronate forearm, maintaining shoulder elevation, do this at various degrees of abduction; follow with heat

Botanicals:
1. Bentonite clay: as poultice; esp. if condition is hot, inflamed
2. Bryonia spp. (toxic): for sharp, cutting, lancinating or tearing pain < with movement, sore feeling as if bruised
3. Symphytum officinale (toxic) (root): poultice

Formulas:
a. poultice: Symphytum officinale (toxic) (root) OR Bentonite clay poultice

Homeopathy:
1. Antimonia crudum: skin hard and horny; smooth and slightly discolored with sensation as if pricked by needles or of being void of any pain
2. Apis mellifica: inflamed, fluctuating, biting, stinging in bursa; knee swollen, shiny, sensitive, sore, edematous swelling
3. Arsenicum album: dark bluish with much effusion, intense burning, > warmth; with great prostration, chills and sweat
4. Benzoicum acid: swelling of wrist; pain and swelling in the knee
5. Pulsatilla: smarting, itching, > cold; knees swollen with tearing, drawing pains
6. Ruta graveolens: < cold, wet weather
7. Silica: chronic, pain as if sticking or itching; < cold, dampness; > warmth
8. Sticta: very effective, with swelling and darting pains
9. Sulphur: inflamed with feeling of formication; pains < night, being covered; bursae: hard or soft
CANCER

Lab Tests:
1. Nevaro 24hour urine test
2. HCG 24hour urine test
3. Dr. H. H. Beard anthrone test

Nutrition/Supplements:
1. retain trace minerals: nitrolosides amygdalin/laetril
2. diet nucleoproteins: purines, malic acid foods, Gersen diet, Kelly diet, Livingston regime, high fiber diet
3. vitamins A, B complex, B-15, C, E
4. chelated minerals: esp. calcium, magnesium, iron, potassium, phosphorus
5. oronate minerals
6. raw thymus, spleen
7. pancreatic enzymes
8. garlic: as a form of sulfur
9. wheat grass sprouts: form absinthetic acid
10. indoles (cabbage, brussel sprouts and other crucifer family) cause inhibition of carcinogens
11. selenium neutralizes certain carcinogens, protection from cancer
12. bromelain (4 tabs or 100mg doses)
13. esterchol
14. niacin
15. Lugol’s iodine (esp. in breast cancer)
16. HCl
17. brewer’s yeast

Avoid:
1. dairy products
2. chicken
3. food preservatives

Physiotherapy:
1. massage
2. exercise
3. yoga
4. meditation
5. autogenic training

Psychology:
1. counseling
2. stress management
3. visualization

Miscellaneous Treatments:
1. biofeedback
2. hypnosis/self hypnosis
3. hyperthermia
4. Dr. Brudzinsky’s treatment with antineoplastin
5. Dr. Hans Kneipper’s treatment
6. Dr. Manner’s program

Botanicals:
1. Arctium lappa
2. Chelidonium majus: external application
3. Convallaria majalis
4. Gonolobus condurango
5. Hydrastis: ½ tsp. powder qid; increases WBC count after chemotherapy
6. Juglans nigra
7. Phytoacca
8. Symphytum officinalis: internal and external use
9. Thymus vulgaris
10. Viola odorata: 2-4 ml protects from metastases after surgery
11. Viscum flavescens

Homeopathy:
1. Conium
2. Guaco
CARBON MONOXIDE POISONING

Definition:
Gas pollutant in cigarette smoke and traffic

Nutrition:
1. vitamin C
2. vitamin E

Physiotherapy:
1. have patient walk
2. breathe deeply
3. do aerobics

Miscellaneous:
1. $O_2$ administration
CAROTID SINUS SYNDROME

Nutrition/Supplements:
1. vitamin A
2. vitamin C
3. zinc
4. lymph tissue
5. limco
6. spleen tissue

Physiotherapy:
1. diathermy

Botanicals:
1. Allium cepa
2. Allium sativa
3. Echinacea angustifolia
4. Ceanothus

Homeopathy:
1. Arsenicum
2. Calcarea carbonicum
3. Calcarea sulphuricum
4. Cat scratch
5. Ignatia
6. Moschus
7. Natrum phosphoricum
8. Natrum sulphuricum
9. Rhus toxicodendron
10. Silica
CARPAL TUNNEL SYNDROME

Definition:
An entrapment neuropathy of the median nerve and less commonly, compression of the finger flexor tendons, producing parathesias, atrophy and weakness in the affected hand.

Etiology:
1. Syndrome predominates in middle-aged women.
2. May be unilateral or bilateral.
3. The syndrome is caused by continuous pressure on the median nerve as it passes through the anterior carpal tunnel defined by the carpal bones (proximally: pisiform and the tubercle of the navicular wrist bone; distally: hook of the hamate and the tubercle of the trapezium wrist bones) and the transverse carpal ligament.
4. Many factors are associated with the narrowing of the carpal tunnel:
   a. Acromegaly.
   b. Myxedema.
   c. RA.
   d. Tenosynovitis from repeated flexion/pronation/supination movements of the wrist (sewing, typing, driving).
   e. Anterior dislocation or subluxation of the lunate bone.
   f. Paget's disease.
   g. Swelling secondary to Colles' fracture of the distal end of the radius.
   h. Strains or sprains of the wrist.
   i. Premenstrual edema or edema of pregnancy.
   j. Gout.
   k. Tuberculosis.
   l. Amyloidosis.
5. Double crush phenomenon: irritation of the nerve at the brachial plexus or along its route to the wrist such as at the elbow may make the median nerve more susceptible to irritation at the carpal tunnel.

Signs and Symptoms:
1. Unilateral or bilateral.
2. Numbness or paresthesias of the palmar aspect of the thumb, middle and radial half of the ring finger (median nerve distribution).
3. Occasional numbness or paresthesia of the entire hand may be present.
4. The pain and/or tingling is usually worse at night and may be relieved by shaking the hand.
5. In advanced cases, thenar eminence atrophy can occur, even if no previous severe sensory problems had existed; thenar muscle weakness may be apparent on physical exam, however, before atrophy begins to manifest.

Lab Findings:
1. (+) Tinel's (tapping over the volar aspect of the wrist).
2. (+) Phalen's (reproduction of the symptoms by engaging the wrists in full flexion for 30-60 seconds).
3. Delayed latency of the median nerve during electrical nerve conduction tests.
4. X-ray and orthopedic examinations of the elbow, shoulder, brachial plexus and cervical vertebrae should be carefully performed.

Course/Prognosis:
1. The untreated course usually entails a gradually worsening situation.
2. Conventional attempts to surgically release the compression by resecting the flexor retinaculum, a procedure that is not 100% effective and is often followed by the development of the syndrome in the other previously normal hand; this procedure is often attempted before conservative measure are used.
3. If atrophy occurs and still no treatment is afforded, the hand may lose all or part of its ability to function.

Differential Diagnosis:
1. Elbow, shoulder or cervical disease causing referred pain/paresthesias to the wrist.
2. C6 root compression due to cervical osteopathy or space occupying lesion.
3. Rule out:
   a. Amyloidosis.
   b. Pregnancy.
   c. Acromegaly.
   d. Rheumatoid inflammation.
   e. Trauma.
   f. Fibrosis.
4. Other musculoskeletal disease or injuries.

Nutrition:
1. Olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples.
2. Foods high in calcium.
CARPAL TUNNEL SYNDROME

Avoid:
1. saturated fats

Supplements:
1. vitamin B-3
2. vitamin B-6 (100mg qd OR tid up to 3g qd, check for toxicity)
3. magnesium (500mg qd)
4. bromelain (2000mcu, 500mg tid)
5. bioflavonoids (1g tid)
6. essential FAs
7. catechin

Hydrotherapy:
1. hot Epsom soaks

Manipulation:
1. check and align upper thoracics, cervicals, navicular, lunate

Physiotherapy:
1. wrist ROM after Epsom soaks (2-3 times/day)
2. cock-up splint: to relieve hand pressure (in a neutral position)
3. massage (ligaments after soaks)
4. US: over ligament; pulsed, turn up to 1 W/cm slowly; also over C5-T2 nerve root
5. high volt Galvanic: (-) pole to stimulate nerve
6. strengthening exercises: for wrist, once pain subsided, like squeezing ball, wrist flexion and extension with small weights, etc.

Botanicals:
1. Anemone pulsatilla (toxic): neural irritation
2. Avena sativa: nourishes neural tissue
3. Gaultheria procumbens (oil): locally as anti-inflammatory
4. Humulus lupulus: poultice; local inflammatory conditions
5. Hypericum perforatum: neurasthenia, pain radiates; helps nerves regrow
6. Ruta graveolens (toxic): pain radiates, wrist affections
7. Salix spp.: apply locally; anti-inflammatory
8. Viscum album (toxic): neuralgia

Homeopathy:
1. Apis mellifica: painful, red, swelling
2. Calcarea phosphorica: cell ash 3X
3. Causticum: numbness and tingling
4. Hypericum: radiating pain
5. Lachesis
6. Lycopodium
7. Mezereum
8. Phosphorus
9. Ruta graveolens: radiating pain
10. Sulphur
CATARACT

**Definition:**
Congenital or acquired opacity in the lens of the eye causing a gradual loss of vision

**Etiology:**
1. Leading cause of decreased vision and blindness in the US
2. About 4 million people are afflicted with cataract surgery to some degree and about 40,000 people are blind as a result
   a. cataract surgery is the most frequent major surgery performed on Medicare patients
**Developmental cataracts:**
1. include congenital cataracts, which follow disease like rubella, herpes simplex, cytomegalic inclusion disease and syphilis, as well as nutritional or toxic factors
2. may also manifest as a result of inherited metabolic diseases like galactosemia, Marfan’s syndrome, Down’s syndrome, etc.
**Degenerative cataracts:**
1. related to aging (senile cataracts), trauma, drugs (esp. corticosteroids), radiation or infra-red exposure, ocular disease (including uveitis) and metabolic disorders (DM, hypoparathyroidism)

**Signs and Symptoms:**
1. blurring of vision
2. gradual, painless loss of vision
3. glare
4. altered color perception
5. absent or abnormal red reflex with ophthalmoscopic exam (cataract appears as a dark defect)

**Lab Findings:**
1. not applicable

**Course/Prognosis:**
1. course is usually slow and progressive to total visual loss
2. cataract retraction surgery can return vision to full with the aid of lens replacement, corrective spectacles or contact lenses
3. prognosis is generally better for degenerative cataracts than developmental types

**Differential Diagnosis:**
1. glaucoma (open angle)

**Nutrition:**
1. low sugar
2. low fat (unsaturated)
3. calorie percentages: 70% carbs, 12-15% protein and 15-18% fat
4. foods high in sulphur containing amino acids: garlic, onions, legumes
5. foods high in carotenoids, vitamin A and C
6. endive, chrysanthemum, cilantro, spinach, cloves, water chestnuts, yams, lycium, black beans

**Avoid:**
1. trans FAs, hydrogenated oils (margarine, vegetable shortenings, imitation butter spreads, most commercial peanut butters, oxidized fats [deep fried foods, fast food, ghee, bar-BQ meats])
2. spices, salt, garlic
3. iron

**Supplements:**
1. vitamin C (1g tid)
2. vitamin E (800 IU qd)
3. riboflavin (use < 10mg)
4. selenium (200mcg qd)
5. zinc picolinate (60mg qd)
6. bioflavonoids (500mg tid)
7. quercetin (1g tid)
8. L-cysteine
9. L-glutamine
10. L-glycine

**Physiotherapy:**
1. spondylotherapy: concussion of C2-3
Cataract

Botanicals:
1. *Anemone pulsatilla* (toxic): gray or senile cataract
2. *Cineraria maritima*: early stages of senile cataract; particularly when vision is weak for constitutional reasons
3. *Saxifrage pennsylvanica*

Formulas:
a. **Eye drops**: Euphrasia officinalis + *Cineraria maritima*
b. *Cineraria maritima* + *Polygala senega*, bioflavonoids

Homeopathy:
1. *Ammonium carbonicum*: firms right eye
2. *Baryta carbonicum*: retards the growth
3. *Calcarea fluorica*: cell salts
4. **Causticum**: reticularis; with perpendicular high-sight; incipient in young persons; traumatic; rapidly forming capsular cataracts; constant inclination to touch and rub eye which seems to relieve a pressure on it; elderly people; anxious and aggressive at dusk
5. *Cholesterinum*: in heptics and people with high cholesterol
6. *Lycopodium*: after typhus and suppression of menses; disorders of nutrition of deep seated structures of the eyes
7. *Magnesia carbonica*: from left to right; previous disposition to h/a and furuncles; retard growth of cataracts; for exhausted arthritic and neurotic patient
8. *Naphthaline*: opacity of the cornea; detachment of the retina; patches on the retina
9. *Natrum muriaticum*: cataract in fishermen, sailors; dryness of eyes, tearing as walking in the wind
10. *Phosphorus*: stony cataract in arthritic patient; granular (fatty) cataract with arcus senilis
11. *Secale cornutus*: cataract with peripheral beginning in nervous, weak and thin women
12. *Sepia*: when dependent upon uterine disorders and climaxes; incipient; in women
13. *Silica*: clears opacity use 30C for month; intense photophobia; after suppressed foot sweat; right eye; corresponds to constitutional type
14. *Sulphur*: cortical; left eye; retard growth of cataract from suppression of habitual foot sweat, disordered nutrition and after inflammation of eyes; from right to left, after cutaneous eruptions
**CELIAC DISEASE**

**Definition:**
A chronic malabsorption syndrome caused by intolerance to gluten; a.k.a.: non-tropical sprue and gluten-induced enteropathy

**Etiology:**
1. genetic factors: possibly relating to histocompatibility antigens, create an intolerance to gliadin (component of gluten); patient s must therefore avoid wheat, barley, oats and rye, which are high in gluten
2. immune reactions: cause villus damage and crypt hypertrophy; typical change in the small bowel consists of a flattened jejunal mucosa, yet the severity of the symptoms does not correlate with the severity of the intestinal changes

**Signs and Symptoms:**
1. may be variously symptomatic or asymptomatic
2. typical malabsorption syndrome:
   a. weight loss
   b. diarrhea
   c. intestinal distention with bloating
   d. steatorrhea
   e. abnormal results in tests for intestinal absorption
3. infancy or adulthood onset (although in adult-onset, most mothers will remember the child having digestive problems as a baby)
4. infant presentation:
   a. failure to thrive
   b. passes offensive bulky stools
   c. colic
   d. iron deficiency
   e. edema may develop

**Lab Findings:**
1. (+) biopsy of the jejunal mucosa
2. (+) 5gm d-Xylose test
3. (+) barium studies
4. clinical, biochemical and histological improvements after initiating a low-gluten diet
5. iron deficiency in children
6. folic acid deficiency in adults
7. steatorrhea (72 hr fecal fat useful)
8. possibly low serum calcium, albumin, potassium, sodium and increased alkaline phosphatase
9. autoantibodies present in some
10. decreased cholesterol, TGs in blood
11. low serum carotene
12. prothrombine time (PT) prolonged
13. anemias from iron, B-12 and folate deficiency
14. decreased BUN from decreased absorption

**Course/Prognosis:**
1. prognosis is good in 80% of patients if they stay on a gluten-free diet and if the disease was not too severe at the onset (severe cases may be fatal)
2. most experience remission within a few weeks
3. some patients eventually reintroduce small amounts of gluten back into their diets
4. complications include:
   a. ulcers
   b. dermatitis herpetiformis
   c. risk for adenocarcinoma and intestinal lymphoma

**Differential Diagnosis:**
1. UC
2. Crohn's disease (regional enteritis)
3. tropical sprue
4. lactose intolerance
5. food intolerance
6. pancreatic insufficiency
7. malabsorption syndrome
8. gastroenteritis
9. Whipple's disease

**Nutrition:**
CELIAC DISEASE

1. Gluten free diet:
   a. first month of gluten free diet: may have to be dairy-free; many times a dairy sensitivity or allergy accompanies Celiac disease
   b. after 1-2 months of gluten and dairy free diet: dairy may be introduced slowly as a challenge with close supervision and jejunal testing

2. Hypoallergenic/rotation diet

3. Foods allowed: rice, corn, buckwheat, millet (may or may not be tolerated), amaranth, quinoa, potatoes, gluten-free wheat starch, cornflakes, corn meal, hominy, puffed rice, rice cakes, cornstarch, cornstarch pudding, custard, rice pudding, fruits, vegetables, eggs, oils, legumes, nuts

Avoid:

1. GLUTEN IN ALL FORMS! (wheat, barley, oats, rye)
2. dairy products
3. most breaded products, stuffing, gravies, cream sauces, flour, macaroni, spaghetti, noodles, biscuits, rolls, breads, crackers, beer, Postum, malted milk, Ovaltine, most commercial salad dressings, pies, cake, prepared meat patties, bread crumbs, canned meat dishes, canned soups, instant soups, cream soups, pretzels, wheat germ, bran, ice cream, puddings, candies

Supplements:

1. high potency multi-vitamin-mineral supplement
2. vitamin A (75,000 IU qd) [TOXIC DOSE if liver disease co-exists otherwise absorption is not great, can use this dose without problem]
3. vitamin B-12 (100mcg IM or 3mg qd)
4. folic acid (15mg qd)
5. vitamin D (3,000 IU qd)
6. vitamin E (1000 IU qd)
7. vitamin K (3 mg qd)
8. calcium (3g qd)
9. digestive enzymes (bile salts, pancreas enzymes, HCl)

Botanicals:

1. consider botanicals that help restore digestive function, reduce pain and discomfort
2. Althea officinalis: demulcent
3. Chamomilla spp.: carminative, anti-spasmodic
4. Echinacea spp.: increases nonspecific resistance
5. Eleutherococcus senticosus
6. Foeniculum vulgare: carminative
7. Glycyrrhiza glabra: anti-inflammatory; aids the adrenal glands
8. Mentha piperita: carminative
9. Panax spp.: tones system
10. Symphytum officinale (toxic): demulcent
11. Zingiber officinale: carminative

Homeopathy:

1. Causticum: emaciation due to disease; worry; skin is dirty white, sallow with warts esp. on the face; progressive loss of muscular strength; tendinous contractures; restlessness at night with rearing pains in joints and bones and faint-like sinking of strength; diarrhea n the evening and at night; diarrhea with tenesmus in rectum; bloating of abdomen after a meal; stools greasy
2. Iodium: loss of flesh with great appetite; fatty, greasy, whitish, frothy diarrhea; ravenous hunger and much thirst; > walking about in open air; sluggish vital reaction, hence chronicity of symptoms; melancholy; forgetful; must be busy; suicidal tendency
3. Lycopodium: malnutrition; ailments gradually developing; functional power weakening, with failures of digestive power's emaciation; melancholy; afraid to be alone; apprehensive; excessive hunger; fullness and distention of the stomach and abdomen; diarrhea with earthy color of face
4. Natrum muriaticum: anemia, edema; great debility; emaciation; great weakness and weariness; depressed particularly in chronic diseases; irritable; hungry yet loss flesh; swelling of abdomen; painless and copious diarrhea preceded by pinching pain in abdomen
5. Natrum sulphuricum: diarrhea; yellow, watery stools, loose morning stools, < after spell of wet weather; stools involuntary when passing flatus; cannot wear tight clothing around waist; flatulency; transient burning passing over different parts of abdomen in evening; quarrelsome humor, with gloomy aspect; < mornings
6. Phosphorus: emaciation; fearfulness; apathy; painless; copious debilitating diarrhea; great weakness after stool; discharge of white mucus from anus which remains continually open; abdomen feels cold with sharp, cutting pains; a very weak, empty, gone sensation felt in whole abdominal cavity; pressure outwards against sides of abdomen; > lying on right side; stools greasy and fatty
7. Sulphur: diarrhea morning, painless- drives out of bed with prolapsed rectum; abdomen very sensitive to pressure; internal feeling of rawness or soreness; enlargement and hardness of abdomen; diarrhea wit mucous, watery, frothy, putrid smell of undigested food; peevish; irritability; emaciation
CELIAC DISEASE

8. **Thuja**: rapid exhaustion and emaciation; abdomen distended; indurations in abdomen; chronic diarrhea, < after breakfast; discharge forcibly expelled; gurgling sound; flatulence and distention; protruding here and there; rumbling and colic; stools oily or greasy; fixed ideas; emotion sensitiveness
CELLULITIS

Nutrition:
1. Linco

Supplements:
1. vitamin A
2. vitamin C
3. magnesium
4. calcium
5. zinc
6. silica

Physiotherapy:
1. magnatherm (cool cycle)
2. Mag sulph soaks
3. impatiens soaks (fungus)

Miscellaneous:
1. lancing with drainage tube

Botanicals:
1. tea tree oil
2. Hydrastis
3. Echinacea
4. Allium sativa
5. Allium cepa

Homeopathy:
1. Anthrax
2. Arnica
3. Baptisia
4. Hepar (sulph)
5. Lachesis
6. Rhus tox
7. Silica
8. Tarantula cubensis
CEREBROVASCULAR ACCIDENT/TIA

Definition:
1. CVA (cerebrovascular disease, stroke) is defined as an ischemic vascular injury to the brain
2. TIA (transient ischemic attack): a type of minor stroke; refers to focal neurologic abnormalities of sudden onset and brief duration (typically minutes) that arise from injury or spasm in the internal carotid-middle cerebral or vertebral-basilar arterial system

Etiology:
CVA
1. In a classic stroke, the neurologic defects continue to expand for 24-48 hours after the infarction occurs ("stroke in evolution")
2. The most frequently seen stroke is called a "complete stroke," the whole symptoms develop rapidly and maximally within a few minutes to an hour
3. The term "complete stroke" also refers to the fully established neurologic deficits after the stroke, whether from the acute or gradual kind
4. Neurologic symptoms solely relate to the area of cerebral infarction

TIA
1. Often, the attacks are recurrent and are premonitions for a full stroke in the future
2. Most TIAS are from arteriosclerotic emboli or spasm
3. Risk factors include:
   a. high blood pressure
   b. heart disease
   c. atherosclerosis
   d. DM
   e. polycythemia

Signs and Symptoms:
CVA
1. Symptoms also depend on the arteries injured:
   a. Middle cerebral artery: contralateral hemiplegia; aphasia
   b. Internal carotid artery: same as middle cerebral artery
   c. Anterior cerebral artery: uncommon; contralateral hemiplegia; poor grasp reflex and urinary incontinence; apathy; confusion
   d. Posterior cerebral artery: contralateral homonymous hemianopia; hemisensory loss; spontaneous thalamus pain
   e. Verteobasilar system: ophthalmoplegia; pupillary abnormalities; changes in consciousness; dysarthria; dysphagia; this type of stroke is often fatal

TIA
1. Sudden onset
2. Symptoms last from 2-10 minutes generally
3. Symptoms expression is related to which arterial system sustained the injury:
   a. Carotid artery: unilateral presentation, with ipsilateral blindness; contralateral paralysis with paresthesias; slurred speech; aphasia may occur
   b. Verteobasilar arteries: confusion; vertigo; diplopia or blindness; bilateral weakness and paresthesias of the limbs; may cause the person to fall to the ground ("drop attacks"); slurred speech

Lab Findings:
CVA
1. Lab not usually necessary; clinical diagnosis is typically adequate
2. Rule out polycythemia, anemia, infections
3. X-ray (chest): to rule out lung tumor and CV problems
4. CSF: usually normal, may be bloody
5. Angiography: to identify the site of the injury
6. CT scan: to differentiate ischemic stroke from intercerebral hemorrhage, hematoma or tumor

TIA
1. (+) Doppler sonography
2. (+) Angiography

Course/Prognosis:
CVA
1. Course or prognosis is unknown during the early days, unless death occurs
2. About 35% of patients of neurologic damage depends on the patient’s age, state of health and size and location of the stroke
3. It is unusual for total recovery to occur but the sooner improvement is seen, the better the prognosis for minimal deficits
CEREBROVASCULAR ACCIDENT/TIA

4. any deficits present after 6 months is likely to be permanent but neurological retraining programs appear to be having some success
5. further CVAs are common

TIA
1. treatment should be directed to correcting any present risk factors, such as lowering cholesterol or hypertension
2. anticoagulants, platelet inhibitors or resection of the artery are other conventional treatments

Differential Diagnosis:
1. migraine
2. convulsive seizures
3. neoplasms
4. Meniere's disease
5. hyperinsulinism in DM
6. head injury
7. meningitis
8. uremia
9. hepatic coma
10. alcohol or drug intoxication
11. poisoning
12. epilepsy

Differentiate hemorrhagic from ischemic causes

Nutrition:
1. low sugar
2. low cholesterol
3. low fat diet of unsaturated fats
4. calorie percentage: carbs 70%, protein 12-15%, fat 15-18%
5. high fiber
6. low sodium/sodium retention diet
7. vegetarian cleansing diet or short fasts

Vegetarian diet:
   a. millet, buckwheat, oats, rice, raw goat's milk, raw leafy vegetables, watermelon, garlic, onions, cornsilk tea, broccoli, celery, cherries, nectarines, pineapple, kumquats, squash, pomegranate, guava, parsley, cucumber, dandelion greens, egg yolk, kale, fish, veal joint broth, cod roe, rice polishings, brewer's yeast
   b. foods rich in potassium, rutin, calcium, phosphorus, manganese, sulfur, iodine, tryptophan
   c. diuretic foods
   d. increase omega-3 and –6 FAs: vegetables, nuts, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, evening primrose oil, black current oil

Avoid:
1. salt, salty foods: pickles, olives, chips, packaged snacks, meat (esp. pork, ham, frankfurters, bacon, bologna, corned beef, lunch meats, frozen fish fillets, sardines, herring, caviar, anchovies, shellfish)
2. dairy products
3. spicy foods: salsa, white and black pepper, mustard, ginger
4. hot foods
5. canned tomato juice, V-8 juice, processed cheese, canned, dried or instant soups, frozen peas and beans
6. most processed and refined foods: MSG, mayonnaise, salad dressings, gravies, ketchup, sodium benzoate containing foods, sodium propionate in cheese and bread, baking powder, baking soda, ice cream, milkshakes, soft drinks, smoked meats and fish, Jello, pretzels, potato chips, salted nuts, candy, rennet tablets, pudding mixes, beverage mixes, fried foods,
7. alcohol
8. overeating
9. low levels of calcium

Supplements:
1. see atherosclerosis, hypertension
2. vitamin C (3g qd)
3. vitamin E (400-1600 IU qd)
4. coenzyme Q10
5. bromelain (250mg tid)
6. omega-3 FAs

Hydrotherapy:
1. lower body temperature as much as possible without inducing shivering:
CEREBROVASCULAR ACCIDENT/TIA

a. hot foot bath with cold compress to face and scalp
b. prolonged neutral bath

Manipulation:
1. NO ADJUSTMENT AFTER HEMORRHAGE, WAIT TILL SUBACUTE
2. Check and align T10-12

Physiotherapy:
1. aerobic exercise (to prevent)

Botanicals:
1. Achillea millefolium: thrombotic conditions with hypertension, including cerebral and coronary thromboses; with Tilia platyphyllos (lime blossom) in essential hypertension
2. Allium sativum
3. Arnica montana (toxic, homeopathic mother tincture): 25 drops tid, for tissue changes, to prevent further coagulation
4. Aspidosperma quebracho-blanco: apoplexy
5. Capsicum frutescens: following stroke
6. Crataegus spp.: strengthens connective tissue
7. Ginkgo biloba (standardized extract): to increase circulation, dilates cerebral blood vessels
8. Trifolium pratense: contains coumarin; not in hemorrhagic stroke or for person on anticoagulants

Homeopathy:
1. Arnica: cerebral lesion is similar to a bruise, a hematoma (for post acute crisis survival)
2. Belladonna: face is flushed and throbbing headache, pain < light, noise, jar, lying down and in the afternoon, > ½ erect position
3. Kali muriaticum: absorbs clot (for post acute crisis survival)
4. Natrum muriaticum: face is pale and throbbing headache, nausea, vomiting
5. Nux vomica: when the stroke occurs after a heavy meal or too much alcohol, vertigo with momentary loss of consciousness
6. Opium: when the patient is unconscious, breathing heavily; face is dusky and cyanosed
7. Sulphur: for the heavy red-faced, beer drinking type; heat on top of head
8. Veratrum album: when the clinical picture is one of collapse; shock, sweating and cold; cold sweat on forehead
CERVICAL DYSPLASIA

Definition: Dysplasia of the uterine cervix. Epithelial atypia involving part of the squamous epithelium more common in young women.

Etiology:
1. is now considered a sexually-transmitted disease because of the implicated role of human papilloma virus (HPV) in bringing about tissue change
2. is considered a precancerous lesion, since dysplastic changes often precede malignant transformation
3. risk factors:
   a. early age of first intercourse
   b. multiple partners
   c. sexual exposure to men who have HPV
   d. sexual exposure to men sexually exposed to women with cervical intraepithelial neoplasia (CIN)
   e. sexual exposure to men of low socioeconomic status
4. co-factors in the development of cervical cancer:
   a. smoking
   b. poor diet
   c. long-term oral contraceptive use
   d. chronic cervicitis
   e. HSV infection
   f. immune compromise
   g. environmental carcinogens

Signs and Symptoms:
1. a microscopic finding usually found routinely with a PAP smear

Course/Prognosis:
1. condition may either progress through various stages, potentially ending in CIN or regress spontaneously or with treatment
2. prognosis is excellent with appropriate treatment
3. conventional treatment includes laser surgery but does not address the underlying causes
4. regular PAP smears are essential to monitor cervical status

Differential Diagnosis:
1. carcinoma

Nutrition:
1. anti-estrogenic, vegan diet
2. fresh, whole food diet
3. high fiber
4. citrus peel
5. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
6. foods rich in magnesium, folate, carotenoids, vitamin A and C

Avoid:
1. oral contraceptives, smoking, alcohol
2. meat, not sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods, estrogentic foods (animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheat)
3. trans-FAs, hydrogenated oils (margarine, vegetable shortenings, imitation butter spreads, most commercial peanut butters, oxidized fats [deep fried foods, fast food, ghee, Bar-BQed meats])

Supplements:
1. vitamin A (60,000 IU qd for 2 months, then 25,000 IU qd)
2. beta carotene (solid extract, topically 200,000 IU qd po)
3. vitamin B-6 (100mg tid)
4. vitamin C (1-2 g qd)
5. vitamin E (400-800 IU qd)
6. folate (5-10mg qd)
7. selenium (100-200mcg qd)
8. zinc (30mg qd)

Botanicals:
CERVICAL DYSPLASIA

1. **Calendula officinalis**: locally, promotes healing, reduces discharge, ulcerations and abscesses

2. **Hydrastis canadensis**: internally and intravaginally for cervical erosions; specifically indicated for erosions of mucosal surfaces with poor circulation and soreness that is worse with pressure

3. **Sanguinaria canadensis** (toxic): burning, itching mucous membranes; small doses will relieve irritation, while larger doses will burn and cause further irritation

4. **Ulmus fulva**: nutritive demulcent, soothes irritated tissues

**Formulas:**

a. **vaginal depletion pack**: a 1lb. Jar is filled half full with anhydrous magnesium sulfate and approx. 6 Tbsp. of glycerine are added until a soapy mixture is obtained, then add tinctures of Hydrastis candensis (4-6 oz.), Thuja occidentalis (2 oz.), Melaleuca cajuputi (2 oz.); this mixture may be spooned onto lamb's wool and made into a tampon-like dressing as described in the escarotic treatment, it is placed against the cervix with the aid of a speculum and removed after a full day (24 hours)

b. **Ulmus fulva suppositories**: melt 1 oz. cocoa butter in a double boiler or microwave and add Ulmus fulva powder (4 heaping Tbsp.), vitamin E oil (1 Tbsp.), vitamin A liquid (1 tsp.); the solution is stirred thoroughly and poured into suppository molds; SIG: suppositories may be used vaginally each night between escarotic treatment

**Escarotic Treatment (naturopathic protocol):**

a. **bromelain**: pineapple enzymes in capsule or tablet form are powdered, moistened and the applied to the cervix and cervical os

b. **Calendula officinalis succus**: used to rinse the bromelain out of the vagina

c. **ZnCl solution**: prepared using 90g powdered zinc to 60ml chloride solution, this solution is mixed with Sanguinaria canadensis tincture at a ratio of 1:3 ZnCl to herb tincture; mixture is applied to the cervix and left on for one minute. NOTE: avoid contacting the vaginal walls, as the solution is caustic and causes ulcerations

d. **Calendula officinalis succus**: used to rinse the above solution off the cervix and out of the vagina

e. after each treatment a homemade tampon is constructed and left in place for 24 hours, small amount of lamb's wool is spread out flat and generous Tbsp. of the vaginal depletion solution is spooned upon it, the wool is then wrapped into a cylindrical shape, herbs inward and tied with dental floss leaving a long string for easy removal; the vaginal depletion solution should be in contact with the cervix as much as possible

f. SIG: twice/week for 5 weeks at which time a PAP smear may be repeated to determine if the treatment should be continued another 5 weeks

**Homeopathy:**

1. **Carbo animalis**: weakness; induration of the cervix; menses black and offensive; malignancy which burns, bleeds constantly and oozes a fetid, watery flow; leukorrhea stains linen yellow; offensive burning, biting, corroding; more when walking or standing; causes weak feeling in stomach; malignant ulcers of os uteri with foul discharge; burning into thighs; labor-like pains in pelvis and sacrum; shiny and bloody discharge; very weak

2. **Iodine**: uterine leukorrhea with swelling and induration of the cervix; discharges excoriate the thighs; thick, slimy sometimes bloody; chronic leukorrhea most abundant at time of menses, rendering thighs sore and corroding linen; uterine leukorrhea with swelling of cervix, os uteri feeling hard and indurated; uterus enlarged; cancerous degeneration at the neck of uterus

3. **Kreosotum**: leukorrhea very offensive, putrid, mild or acrid, corrosive, stains clothing yellow, stiffens like starch, causing much itching; milky and odor of green corn; with great weakness; < standing or walking, not sitting; flowing like menses; ulcerative pain in cervix uteri

4. **Tarentula hispanica**: engorgement of the cervix uteri, with granulations extending to vagina; whose mucous membrane was highly injected; violent convulsions of the whole body during rest; leukorrhea alternating with bloody discharge, following hemorrhage, with great weakness; burning, smarting leukorrhea with painful uneasiness in coccyx; > by standing; < by slightest movement, sitting or lying in bed or by the least pressure; expulsion of gas from vagina

5. **Thuja**: leukorrhea, mucous from on period to another; mild leaves a yellowish-green stain; sycotic; erosions on the os uteri
CERVICITIS

**Definition:**
Inflammation of the uterine cervix

**Etiology:**
1. the cervix may become inflamed from vaginitis, ectropion, STDs, forgotten tampons, spermicides, IUDs, abortion or vitamin deficiencies (esp. folic acid and vitamin A)

**Signs and Symptoms:**
1. red, inflamed cervix; may see injection
2. easily friable
3. cervical discharge: thick, yellowish/whitish; may be tinged with blood
4. painful menstruation, lower abdominal pain
5. ectropion

**Lab Findings:**
1. (+) PAP smear for inflammation
2. (+) wet prep for vaginitis
3. (+) STD culture

**Course/Prognosis:**
1. while most cervicitis is benign, if left untreated cervical changes (dysplasia), spontaneous abortion, spread of infection to uterine tissue or adnexa or sterility may occur
2. a true infection is the cause (ie. gonorrhea) then the conventional treatment consists of antibiotic therapy

**Differential Diagnosis:**
1. Nabothian cyst
2. carcinoma
3. chancre

**Nutrition:**
**Acute:**
1. increase fluids
2. short fruit or vegetable juice fast

**Chronic:**
1. hypoallergenic/rotation diet
2. foods rich in vitamin A, C, E and B-complex

**Remedies:**
a. leukorrhea: 2 oz. fresh string beans cooked with 2oz. raw brown sugar in a little water; eat once qd for 7-10 days
b. douche: with yogurt or insert acidophilus into vagina for yeast infection

**Avoid:**
1. food intolerances
2. meat, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods
3. smoking, alcohol

**Supplements:**
1. vitamin A
2. vitamin C
3. vitamin E
4. calcium
5. magnesium
6. folic acid
7. zinc

**Hydrotherapy:**
1. sitz bath (alternating)
2. douche: hot water; if bleeding use Hydrastis tea

**Physiotherapy:**
1. GYN massage
CERVICITIS

Botanicals:
1. **Calendula officinalis**: use internally and intravaginally to promote healing douches, suppositories and other internal applications useful in reducing discharges, ulcerations and abscesses
2. **Hydrastis canadensis**: internally and intravaginally for cervical erosions; specifically indicated for erosions of mucosal surfaces with poor circulation and soreness that is < with pressure
3. **Sanguinaria canadensis** (toxic): small or diluted doses intravaginally to relieve burning, itching mucous membranes
4. **Thuja occidentalis** (essential oil): diluted with other bland oil (almond, wheat germ); intravaginally
5. **Ulmus fulva**: nutritive demulcent, soothes irritated tissues

Formulas:
- **vaginal depletion pack**: a 1lb. Jar is filled half full with anhydrous magnesium sulfate and approx. 6 Tbsp. of glycerine are added until a soapy mixture is obtained; then add tincture of **Hydrastis canadensis** (~6 oz.), **Thuja occidentalis** (2 oz.), Melaleuca cajuputi (2 oz.); this mixture be spooned onto lamb's wool and made into a tampon-like dressing as described in the escarotic treatment; it is placed against the cervix with the aid of a speculum and removed after a full day (24 hours)
- **Ulmus fulva suppositories**: melt 1 oz. cocoa butter in a double boiler or microwave and add Ulmus fulva powder (4 heaping Tbsp.), vitamin E oil (1 Tbsp.), vitamin A liquid (1 tsp.); the solution is stirred thoroughly and poured into suppository molds; **SIG**: suppositories may be used vaginally each night between escarotic treatments

Escarotic Treatment (naturopathic protocol):
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- **ZnCl solution**: prepared using 90g powdered zinc to 60ml chloride solution, this solution is mixed with **Sanguinaria canadensis** tincture at a ratio at 1:3 ZnCl to tincture; mixture is applied to the cervix and left on for 1 minute. Avoid contacting the vaginal walls, as the solution is caustic and causes ulcerations
- **Calendula officinalis succus**: used to rinse the above solution off the cervix and out of the vagina
- after each treatment a homemade tampon is constructed and left in place for 24 hours; a small amount of lamb's wool is spread out flat and a generous Tbsp. of the vaginal depletion solution is spooned upon it, the wool is then wrapped into a cylindrical shape, herbs inward and tied with dental floss leaving a long string for easy removal, the vaginal depletion solution should be in contact with the cervix as much as possible
- **SIG**: twice a week for 5 weeks at which time a PAP smear may be repeated to determine if the treatment should be continued another 5 weeks

Homeopathy:
1. **Argenticum nitricum**: prolapsus with ulceration of os or cervix; granulations on cervix uteri with copious yellow corroding leukorrhrea and frequent bleeding from points of ulceration
2. **Arsenicum album**: burning, throbbing, lancinating, restless and anguish with fear of death; great thirst; wants to be wrapped up; ulceration of cervix with fetid, acrid discharge
3. **Calendula**: chronic endocervicitis; ulceration of os uteri, cervix
4. **Hydrastis**: os uteri very tender; ulceration of cervix; leukorrhrea, debility; cervix swollen, indurated and eroded
5. **Kreosotum**: corrosive itching within vulva; burning and soreness; leukorrhrea yellow, acrid, odor of green corn
6. **Lycopodium**: chronic dryness of vagina; leukorrhrea in starts, milky, bloody; < before a full moon; corroding; corroding; sensation of pressure through vagina when stooping
7. **Mercurius corrosivus**: leukorrhrea of a yellowish white, with sweetish, nauseating smell; mucous discharge as thin as water
8. **Mercurius solubilis**: leukorrhrea excoriating, greenish and bloody; sensation of rawness; itching of genitals < from contacting urine; leukorrhrea < night; purulent leukorrhrea > washing in cold water
9. **Nitric acid**: leukorrhrea brown, flesh-colored, water or stringy, offensive, leukorrhrea staining yellow or leaving spots with black borders; white leukorrhrea followed by backache
10. **Sepia**: induration of cervix, burning, shooting, sticking pain, upwards extending; ulceration and congestion of os and cervix uteri; leukorrhrea yellowish green with much itching; bearing down sensation, as if everything would escape through vulva; must cross limbs to prevent protrusion
11. **Ustilago maydis**: cervix bleeds easily, sensitive, spongy; yellow and offensive leukorrhrea
CHEST PAIN (INTERCOSTAL NEURALGIA)  
(also see Angina)

Definition:  
Intercostal neuralgia: pain in the nerve that runs between two ribs (intercostal nerve)

Etiology:  
1. is frequently unknown  
2. trauma can initiate nerve irritation, as well as a vitamin B-1 deficiency

Signs and Symptoms:  
1. pain: can begin suddenly (lancing, sharp, stabbing), it follows along the course of the ribs; < movement of the torso, breathing and exposure to cold  
2. diagnosis can be made by eliciting tenderness of the nerve path with palpation, while ruling out more serious pathologies; tenderness generally < axilla, near vertebral foramen and by the parasternal line  
3. ( - ) signs indicating pulmonary or pleuritic infection  
4. ( - ) signs indicating vertebral fixation or muscular strain/sprain  
5. history of high stress, poor food choices (possibly indicating vitamin B deficiency)

Lab Findings:  
1. ( - ) tests for infectious state (ie. CBC)  
2. ( - ) x-ray

Course/Prognosis:  
1. while painful, intercostal neuralgia is not serious, it is typically self-limiting by may last for quite a while, causing mild to severe discomfort

Differential Diagnosis:  
1. pulmonary infection  
2. pulmonary embolism  
3. pleurisy  
4. costochondritis  
5. rib fracture: acute or poorly healed  
6. diaphragmatic spasming with exercise  
7. muscle strain/sprain (esp. pectoralis muscle)  
8. rib periostitis  
9. intercostal muscle spasm: periodic episodes of sharp pain in the chest wall, < deep breathing and > shallow breathing; may be relieved by very deep, slow breath through the pain  
10. angina  
11. MI

Hydrotherapy:  
1. hot fomentation: to chest  
2. hot sponging: to the spine  
3. Scotch douche: to chest

Physiotherapy:  
1. diathermy  
2. US  
3. TENS: for analgesia

Botanicals:  
1. Hypericum perfoliatum (oil): use locally; tincture internally  
2. Valeriana spp.: as a lotion, apply externally

Homeopathy:  
1. Arnica: causes is traumatic, chronic cases later in life; simulating pleurisy; < by cough and breathing; stinging and pricking in affected parts, with restlessness so he has to stir about constantly; < by noise or slightest exertion  
2. Arsenicum album: cause is anemia, influenza, debility, malaria; recurring periodically; burning, tearing pains at night and even during sleep  
3. Asclepias tuberosa: cause is influenza; sharp pains, shooting from left nipple downward; spaces between ribs and close to sternum, tender  
4. Chelidonium: cause is after injuries where Arnica is not well borne; pains gradually increase and gradually decrease  
5. Cimicifuga: cause is uterine/ovarian disease; sharp, lancinating pains
CHICKEN POX/VARICELLA

Definition:
An acute viral disease characterized by diffuse eruption that appears in crops and demonstrates the phases of macule, papule, vesicle, then crusting

Etiology:
1. the associated microorganism is the varicella-zoster virus, which is also responsible for herpes zoster (reactivation of the virus in a patient who had previously had chicken pox)
2. it is an extremely contagious (esp. in the prodromal and early eruptive stages)
3. typically seen in winter through early spring
4. spread is by respiratory transmission
5. children between the ages of 5-9 years are the most commonly affected

Signs and Symptoms:
Prodrome:
1. 24-36 hours before lesions appear
2. malaise, headache
3. chills and fever
4. digestive complaints eruptive: incubation is typically 10-21 days (average 14-17)
5. low-grade fever
6. lassitude
7. rash:
   a. maculopapules, vesicles and scabs
   b. start on the trunk and face and then spread to the whole body
   c. usual lesion is small with a red base and a diameter of 5-10mm
   d. successive crops erupt for 2-4 days and vary in quantity
   e. rash itches, last for 1-2 weeks and can result in scarring if scab are scratched off; characterized by concurrent appearance of lesions in all stages of development

Lab Findings:
1. isolation of virus in culture
2. rise in antibody titers
3. multinucleated giant cells on Tzanck smear
4. (+) FAMA and ELISA tests

Course/Prognosis:
1. complications are rare and recovery is usually uneventful
2. adults: mortality is usually from primary viral pneumonia
3. infants: mortality is from encephalitis and septic states
4. pregnant women: chicken pox may cause birth defects and neonates acquiring the disease have a 30% mortality rate
5. chicken pox is also associated with the development of Reye's syndrome in children who had been given aspirin
6. treatment usually includes:
   a. control of itching
   b. attentive personal hygiene
   c. appropriate antimicrobial therapy for secondary bacterial infections

Differential Diagnosis:
1. 2o syphilis
2. impetigo
3. insect bites
4. drug reactions
5. contact dermatitis
6. infected eczema
7. erythropoietic porphyria

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast

Remedies:
for itching:
1. bathe in oatmeal bath (put oatmeal into cheese cloth bag and tie with string, hang under faucet or float in water in tub)
2. put honey directly on scabs
3. put vitamin E oil directly on spots
CHICKEN POX/VARICELLA

b. take 100g carrots, 100g coriander and 100g chestnuts, add water and simmer until carrots are tender; SIG: drink broth as a tea several times a day

c. cover 10g each of mung beans, adzuki beans, black soybeans and 3g licorice root with water and simmer until beans are cooked; SIG: serve a small amount tid for 1 week

Avoid:
1. heavy protein foods, fats, meats, vinegar, shellfish, sugars

Supplements:
1. vitamin A (25,000 IU qd)
2. vitamin C
3. multi-vitamin/mineral
4. thymus glandular

Hydrotherapy:
1. hot bath (for 15 minutes at beginning to bring out lesions)
2. baking soda bath (to relieve itching; ½ lb. In tepid full bath)
3. oatmeal bath (as mentioned above)

Manipulation:
1. check and align T4, T10-12

Physiotherapy:
1. spinal pack
2. diathermy (over spleen)

Botanicals:
1. Aconitum napellus (toxic): initial stages: according to indications
2. Anemone pulsatilla (toxic): for nervous irritability during the disease
3. Avena farina(oatmeal): tepid bath, soothes skin
4. Echinacea spp.

Formulas:
a. topical application: mix equal parts: Avena sativa (oatmeal) + water or baking soda; for each Tbsp. of mixture add a quarter tsp. Mentha piperita essential oil; helps relieve itching, acts as an antiseptic

Homeopathy:
1. Antimonium tartaricum: give 48 hours after Variolinum; give every 2 hours till fever lessens
2. Bryonia: give if fever and dry cough
3. Calcarea phosphorica: tonic for weakness after the disease
4. Mercurius solubilus: after the fever has left
5. Variolinum: give first in 200C
CHLOASMA

**Definition:**
Mottled brown pigmentation on face of woman during and after child-bearing age

**Miscellaneous:**
1. discontinue oral contraceptives
2. avoid direct sunlight (blotchy symmetrical hyperpigmentation worse sunlight)
3. use sunscreen
4. treat liver disease. Possible secondary

**Botanical:**
1. Berberis
2. Echinacea

**Homeopathy:**
1. Sepia
CHOLECYSTITIS

Definition:
An acute or chronic inflammation of the gallbladder

Etiology:
1. in 95% of patients, the cause is obstruction of the gallbladder outlet or cystic duct by a calculus
2. other causes include:
   a. chemical irritation
   b. digestive factors (ie. high fat foods, pork, onions, eggs)
3. is generally regarded to be a disease of the four "F's" (female, fat, forty and fertile [non-menopausal])
4. chronic is the most common disease associated with the gallbladder and is defined as a chronic inflammatory reaction
5. it is almost secondary to gall stones and it is thought of be caused by persistent bouts of acute or subacute cholecystitis or from mechanical irritation by the stone(s)
6. may also develop insidiously with out any acute attacks, although the patient will eventually present with symptoms similar to acute cholecystitis

Signs and Symptoms:
Acute:
1. pain in the acute disease often begins as biliary colic which gets progressively worse
2. approximately 60-70% of patients will have histories of previous attacks that cleared spontaneously
3. pain is usually in the right upper quadrant, although radiation can occur in the epigastric area and to the tip of the right scapula
4. pain often begins at night or in the early morning, with a sudden or gradual onset; the pain can be quite severe and is usually constant
5. vomiting of a bilious nature is common, as well as anorexia, nausea and flatulence
6. slight icterus may be present, esp. in severe cases
7. fever, if present, is usually slight (around 101°F); a high fever leads to a suspicion of cholangitis
8. marked guarding and rigidity in the right upper quadrant of the abdomen
9. localized tenderness, a tender liver edge an inspiratory arrest on deep palpation (Murphy's sign)
10. gallbladder is palpable in 50% of cases and thus can be a key to diagnosis

Lab Findings:
1. increased ESR
2. moderate leukocytosis (10,000-15,000 mm³, if > 15,000 suspect empyema or perforation) with a slight shift to the left
3. serum amylase and lipase values: will be elevated in approx. 15% of patients
4. serum bilirubin levels: commonly reach 3-4 mg/dl; higher levels may indicate cholelithiasis or pancreatitis
5. x-ray: plain film may identify some gallstones; cholecystogram is much more reliable; negative finding does not rule out cholecystitis, as a marked number of patients presenting with the disease will not have discernible calculi
6. US: is accurate and reliable, esp. in the acute condition
7. intervenous cholangiography: can be helpful by showing the bile ducts, although the gallbladder will not be visualized
8. radionuclide scanning with labeled HIDA: is a highly sensitive and specific test and is extremely useful in gathering functional information concerning cystic duct patency; alone in can reliably confirm or rule out the diagnosis
9. serum AST: elevated in 75% of patients

Course/Prognosis:
1. complications of acute cholecystitis:
   a. gangrene: total necrosis of one or many areas of the gallbladder, usually due to venous stasis and the loss of arterial blood flow following edema of the GB
   b. perforation: usually a result of gangrene, it occurs in about 10% of patients presenting with acute cholecystitis; it is a medical emergency requiring surgery and carries high morbidity and mortality rates
   c. empyema: frank infection of the gallbladder which contains thick purulent material, most commonly caused by E.coli; surgery is mandatory
   d. post-operative acute cholecystitis: a type of acute cholecystitis that can occur following any type of abdominal surgery; the cause is unknown and the morbidity and mortality are extremely high
   e. internal biliary fistula: communication of the bile ducts or gall bladder with the surrounding hollow viscera
   f. gallstone ileus: mechanical obstruction of the intestinal tract from the passage of a large gallstone in to the bowel lumen
   g. porcelain gallbladder: from calcium salt deposition in the walls of a chronically inflamed and irritated gallbladder; it has a high association with gallbladder CA; cholecystectomy is indicated
2. conventional treatment of the acute and chronic disease may initially be pharmacological but usually ends in cholecystectomy; as attacks frequently recur: 25% of patients treated conventionally without surgery will have a recurrence within 1 year; 60% will have a recurrence within 6 years

Differential Diagnosis:
1. biliary colic
2. inflamed or leading duodenal ulcer
CHOLECYSTITIS

3. ruptured gallbladder or a biliary duct
4. torsion of the gallbladder
5. peptic ulcer
6. pancreatitis or pancreatic CA
7. hepatitis
8. renal pain or colic
9. appendicitis
10. pleurisy or pleuropneumonia
11. myocardial ischemia
12. intestinal obstruction or disease

Nutrition:
1. eat as little as possible or short fast
2. increase fluids
3. increase vitamin C foods
4. low fat diet
5. increase water soluble fiber foods (flax seed, pectin, guar gum, oat bran, mucilage)
6. vegan diet
7. hypoallergenic/rotation diet
8. liver cleansing foods (beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root)
9. horseradish, mustard greens, black radish

Avoid:
1. food intolerances
2. nuts, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods, heavy protein foods, vinegar’s, cow’s milk and other dairy products, white bread, refined foods, processed foods, sugar, sweets
3. catarrh forming foods (tofu, meat, ice cream, shellfish)
4. alcohol

Supplements:
1. vitamin C (with cholesterol gallstones)
2. vitamin E (as with C)
3. taurine
4. essential FAs
5. lecithin (100mg tid, up to 4-6g qd)
6. bile salts
7. HCl
8. Antioxidants

Hydrotherapy:
1. cold wet pack
2. hot trunk pack
3. lower-half body pack: replace every 15-20 minutes to keep hot for 1 hour till pain stops

Manipulation:
1. check and align T4, T10-12 (acute)

Physiotherapy:
1. mild exercise, esp. breathing exercises can stimulate bile secretion
2. easy walk for 30 minutes/day
3. breathing exercises
4. spondylotherapy: concussion to T9, T10 to dilate GB
5. careful abdominal massage (to help empty the GB)
6. diathermy (non-acute): one pad over GB, one over back; gentle heat, 20 minutes 3x/week
7. electro-spinal therapy: one pad over GB, other pad between shoulder, for 10-15 minutes, dosage enough to cause contractions; 6-8/minute or large to sacrum and small pad to TS or T6 on right side SP
8. interferential: electrodes scapula and below ribs, 90-150Hz, 10-15 minutes, mild intensity (chronic)

Botanicals:
1. Berberis aquifolium: promotes secretions, catarrhal gastritis with cholecystitis, may be used with Chamamaelum nobilis, Acorus calamus (toxic) and Veronicastrum virginicum
2. Berberis vulgaris: may be used with Chionanthus virginicus and/or Veronicastrum virginicum
3. Chelone glabra: gallstones with jaundice, hepatic diseases
4. Chionanthus virginicus: combines well with Berberis vulgaris, Euonymus atropurpureus (toxic) or Dioscorea villosa
5. Dioscorea villosa: anti-spasmodic
CHOLECYSTITIS

6. *Euonymus atropurpureus*: constipation with liver and gall bladder dysfunction; may be used with *Berberis vulgaris*, *Taraxacum officinale* (root), *Chionanthus virginicus*
7. *Matricaria chamomilla*: 2 cups tea/day for 2 weeks
8. *Taraxacum officinale*: cholecystitis and dyspepsia, used with *Veronicastrum virginicum*, *Berberis vulgaris* and/or *Chelone glabra*; use 4-6 weeks at a time, best in spring/autumn
9. *Veronicastrum virginicum*

**Homeopathy:**
1. *Carduus marianum*: pain on left side below rib cage; vertigo with backward falling; constipation with hard, knotty evacuation expelled with great difficulty
2. *Chelidonium*: constant pain in right scapula; nausea with vomiting; pain temporarily > be eating, pressure, heat; < morning, open air, lying on right side
3. *Chionanthus virginica*: liver and pancreas problems with great thirst, dark urine; heaviness and pain in liver area
4. *Cholesterine*: chronic cholecystitis with congestive hepatitis of a pre-cancerous form; burning pain radiating to right scapula; great weakness and loss of strength
5. *Leptandra*: enlargement of liver, painful on palpation, vertigo with sleepiness; profuse diarrhea with dark blood
6. *Myrica cerifera*: headache in temporal and frontal area; bitter taste with terrible nausea which is < after eating and > walking
7. *Podophyllum*: pain in epigastrum with distension and sense of vacuum there in; great thirst for water; diarrhea painful, green watery, too profuse, fetid, expelled like water jet (explosive); alternately constipated
CHOLELITHIASIS/BILIARY COLIC

Definition:
Gallstones are precipitated bile in the gallbladder (GB). They may be soft or may be hard and even jagged. If they block the duct, the pain is generally exquisite. The pain of a GB attack is termed biliary colic.

Etiology:
1. very common (10-20% of population in over-developed countries)
2. 1 million new cases diagnosed/year
3. 20% of people over 65 years have stones
4. affects women more than men

Risk factors:
1. female: (2:1 female to male in Caucasians); esp. certain Native Americans, 75% incidence in Pima, Hopi and Navajo; North, Central and South Americans
2. fat: obesity, hyperlipidemia, rapid weight loss
3. forty: advancing age
4. fertile: sex hormones; OBC and pregnancy increases HMG CoA reductase activity which increases cholesterol uptake and synthesis
5. stasis: pregnancy, prolonged fasting, parenteral nutrition, spinal cord injury all increase the concentration of bile
6. acids: decreased bile acid levels; after ileal resection, Crohn's, ileal bypass
7. diet:
   a. high caloric intake
   b. refined carbs: reduce bile acid production
   c. high saturated:unsaturated FA intake
   d. decreased frequency of meals: increase cholesterol saturation
   e. low fiber, esp. water-soluble types: decreases bile acid production and increases deoxycholic acid production which makes cholesterol less soluble in gall bladder bile; soluble fiber carries deoxycholic acid out in stool as well
   f. vegetarian diet protects
   g. food allergies: food elimination prevents gall bladder attacks

Bile salts:
1. formed in the liver from cholesterol (some cholesterol is secreted with bile salts)
2. when considering stone formation, one must review solubility of fats and water, saturation points and so on
3. cholesterol, lecithin and bile salts form micelles (tiny globules) which are soluble in water
4. under certain conditions, stones precipitate out and can become problematic

Gallstones are thought to be caused by:
1. high concentration of bile
2. increased cholesterol in bile
3. inflamed epithelium in the bladder and ducts which allow inappropriate absorption of water and nutrients causing precipitation of stones on the walls
4. obesity
5. family history
6. Western diet (low fiber and high in refined carbohydrates and fat)

Dumping syndrome:
1. seen in some patients with:
   a. partial gastrectomy
   b. cholecystectomy
   c. ileal bypass
   d. other malabsorption syndromes (lactose, gluten or sorbitol intolerance, radiation induced, other foods allergies, etc.)
2. diagnosis by:
   a. history usually

Signs and Symptoms:
1. most cases are asymptomatic
2. RUQ abdominal pain or epigastric, colicy pain due to transient cystic duct obstruction
3. pain referred to lower tip of the right scapula
4. pain is steady
5. (+) Murphy's sign
6. onset: after eating fat or oil and usually in evening
7. palpatory pain under the liver where the GB lies
8. N/V common
9. reflex points:
   a. T6, T7 of spine, just lateral to the TVPs (tenderness)
Lab Findings (during or soon after attacks, may see):  
1. increased WBC count  
2. increased serum bilirubin or urine bile  
3. increased amylase and lipase in serum  
4. fluctuating evidence of biliary obstruction (increased serum bile acids, cholesterol, AST [mild], ALT, alk. phos. [300% of normal]) and steatorrhea  
5. gastric acid test [G+W]  
6. US: usually cannot readily determine the size of stones [Marz]

Course/Prognosis:  
1. this is often a chronic condition but may be ameliorated in some patients by addressing the inciting factors for stone formation  
2. the characteristic pattern is long asymptomatic periods with occasional acute attacks of colic  
3. Clofibrate: drug which decreases cholesterol conversion to bile acids (reduces 7-alpha hydroxylase activity) and also increases HMG CoA reductase which increases biliary cholesterol levels  
4. most common complication is cholecystitis (see cholecystitis)

Differential Diagnosis:  
1. renal colic  
2. cardiac complaints  
3. low grade GB infection  
4. costochondral (anterior rib) injury or strain  
5. GI ulcer and/or other GI complaints

Nutrition:  
1. eat as little as possible or short fast  
2. increase vitamin C foods  
3. increase fluids  
4. low fat diet  
5. high fiber intake (foods high in water soluble fiber: flax seed, pectin, guar gum, oat bran, mucilage)  
6. vegan diet  
7. hypoallergenic/rotation diet  
8. liver cleansing foods (beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root)  
9. horseradish, mustard greens, black radish, water chestnuts, beet tops, pearl barley, watermelon, grapefruit, radish, apple, tomato, olive oil, celery

Remedies:  

a. liver flush [Marz]:  
   A. pre-flush: drink a lot of apple juice for 5 days and cutting fat consumption way down, eat as much fresh fruit as possible; 2 days before the flush, the patient should take 500-800mg of magnesium and 30 drops of Dioscorea tincture TID-QID  
   B. flush day: the patient takes 2 tsp. of disodium phosphate in warm/hot water after lunch, repeat the disodium phosphate 2 hours later, the patient should drink a big glass of grapefruit or other citrus juice for dinner (that’s all); at bedtime the patient should drink 1/2 cup extra virgin olive oil along with 1/2 cup lemon or grapefruit juice, then go to bed and lie on their R side with the R knee pulled up to the chest [if any cramping occurs for an extended period of time, another dose of Dioscorea can be taken  
   C. next morning: the patient should take 2 tsp. of disodium phosphate in 2 oz. of hot water 1 hour before breakfast; flush can be repeated in 2 weeks if necessary  

b. take 120g of walnut kernels and deep fry in oil until crisp, add sugar and grind into a paste; SIG: use over a period of 1-2 days, a little at a time  

c. grind together into a powder, equal quantities of black pepper and sodium sulfate crystals; SIG: infuse 3g in water and drink qd

Avoid:  
1. food intolerances, allergies  
2. nuts, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods, heavy protein foods, cow’s milk and other dairy products, vinegar’s, white bread, refined foods, processed foods, sugar, sweets, shellfish  
3. catarrh forming foods: tofu, meat, ice cream  
4. alcohol, coffee  
5. caffeine  
6. animal products

CHOLELITHIASIS/BILIARY COLIC

b. LI4 on R hand  
c. R infraspinatus
CHOLELITHIASIS/BILIARY COLIC

Supplements:
- If gall bladder is removed, decreased ability to absorb fat soluble vitamins (A, D, E and K) therefore supplement
- Trypsin can be irritating to an inflamed gastric mucosa
- Cholecystectomy: there may not be an adequate supply of readily available bile, therefore, may need to supplement it with meals

1. Vitamin C (with cholesterol gallstones) (1g TID) [G+W]
2. Vitamin E (as with C) (400-800 IU QD) [Marz]
3. Taurine (1g BID) [G+W]
4. Lecithin (100mg tid, up to 4-6g qd): may normalize the abnormally low phospholipid : cholesterol ratio associated with cholesterol gallstones [Marz]
5. Essential FAs (3-5g QD for 6-12 months) [G+W]
6. Bile salts (Standard Process: Cholacol I + II, 750mg QD) [Marz]
7. HCl (with pepsin if hypochlorhydric) [G+W]
8. Antioxidants
9. SSKI (4-6 drops QD, taper after 6 months); monitor thyroid function [G+W]
10. Gastic Complex (Tyler): has less trypsin (good)

Constipation:
- Bile salts (1-2, maybe 3 grains) with lipotropic factor with meals

Dissolution of Stones:
1. Works 20-40% of the time
   a. Lecithin (2, 19 grain perls/meal)
   b. Ox bile (2 grains/meal and at bedtime or cholic acid: Standard Process's Cholacol I, 750mg/day)
   c. Vitamin C (at least 500mg/day)
   d. Mentharil (2 TID); enteric-coated; used to relax spasms anywhere in the GI tract; can aggravate GERD

Prevention of Future Attacks:
1. Hypoallergenic diet and/or low fat diet

Hydrotherapy:
1. Hot fomentation: abdominal (5-10 min.) followed by 1 min. cold (ice pack best); repeat 3x
2. Hot vinegar fomentation: for severe pain (use 50/50, water/vinegar)
3. Scotch douche: esp. food for pain
4. Graduated bath: good for pain
5. Castor oil pack
6. Coffee enema

Manipulation:
1. Check and align T4, T8, T11

Physiotherapy:
1. Breathing exercises: to stimulate bile flow, stimulates abdominal organs, during subacute stage
2. Spondylotherapy: concussion T9; 30 sec. Periods for 5 min.
3. Diathermy (for pain): pads placed over and under GB, dosage: 1000 to 1200mA

Botanicals:
1. Atropa belladonna (toxic): 8 drops (adult male), 6 drops (adult female) TID, with peppermint or chamomile tea for several days; adequate dose should cause moderate dryness of mouth
2. Chelidonium majus (toxic): hepatitis, jaundice, gallstones, from obstructive pathologies
3. Chelone glabra: gallstones with jaundice; combines well with Gentiana lutea and Hydrastis canadensis
4. Chionanthus virginicus: to prevent, also dissolves soft bile stones
5. Colycynthis (toxic): 2-5 drops every 1-3 hours
6. Dioscorea villosa: anti-spasmodic, pain; spasmodic colicky contractions; paroxysmal pain in abdomen
7. Juglans cinerea: to prevent calculi formation
8. Lobelia inflata (toxic): nausea, spasm; all forms of calculi; 5 drops every 30 minutes, up to 60 drops/day
9. Mentha piperita: oil; 5 drops TID [G+W]
10. Peumus boldo (leaf): with pain
11. Piscidia erythrina (toxic): relieves pain, spasm
12. Podophyllum peltatum (toxic)
13. Rowachoil: mixture of terpines and is available in Ireland (hard to get); may promote dissolution of radiolucent gallstones; in combination with low doses of chenodeoxycholic acid or ursodeoxycholic acid id more effective at dissolving gallstones than either treatment alone [G+W]
14. Taraxacum officinale (root): infusion of fresh root for gallstones, disposition to form gallstones

Jason Schnieder 1998
CHOLELITHIASIS/BILIARY COLIC

15. **Veronicastrum virginicum**

**Formulas:**

a. Dioscorea + Valerian + Viburnum (1:1:1 tincture): 30-60 drops every 30 min.

**Homeopathy:**

1. **Belladonna:** violent pains, spasmodic, come and go suddenly; < slightest jar, lying right side
2. **Berberis:** colic followed by jaundice; shooting, burning, pressing pain; comes on spasmodically and confined to a small spot; dark urine with pains in back and hips
3. **Calcarea carbonica:** chilliness during attack; darting pain from right to left with profuse sweat, cutting colic; has to double over
4. **Carduus marianum:** liver sensitive to pressure; crawling sensation from right to left extending to pit of stomach; < alcohol, esp. beer; severe right sided pain
5. **Chelidonium:** chill with intense pain extending down and across navel; vomiting and clay-colored stools; shooting pain to right scapula
6. **Cinchona:** obstruction with colic, periodic recurrence, yellow skin and conjunctiva
7. **Chionanthus virginica:** sensation of a string tied around intestines, occasionally is suddenly tightened and then gradually loosened; > lying on stomach
8. **Cholesterinum:** TRY IT!, for congestion and fever from GB colic
9. **Colocynthis:** deep, grinding, boring pain forcing patient to bend double; > pressure, heat
10. **Dioscorea:** cutting pains, changing location and radiating, flatulence
11. **Lycopodium:** violent colic, heartburn; constipation and flatulence
12. **Nux moschata:** enlarged liver, bloody stools; pressure as from a sharp body or stones; swollen feeling, must bend double
13. **Nux vomica:** aversion to food, fainting, constipation, can't bear anything tight
14. **Podophyllum:** pain from stomach to GB with excessive nausea
15. **Ricinus communis:** band-like pains with diarrhea
16. **Silica:** hepatic abscess with throbbing pain; < tough, walking; ; large stool
CHOLERA

Definition:
An acute bacterial infection of the small intestine characterized by sudden onset, profuse water diarrhea, vomiting, rapid dehydration, muscular cramps, oliguria and circulatory collapse.

Etiology:
1. associated with the microorganism *Vibrio cholerae*
2. patient sensitivity varies and a leading factor is that *Vibrio cholerae* is very sensitive to gastric acid.
3. cholera is spread by the fecal-oral route and is endemic in areas of Asia, Africa and the Middle East.
4. commonly causes an asymptomatic or mild disease, esp. in children.
5. morbidity results from extensive loss of potassium, sodium, chloride and bicarbonate through the stools.

Sign and Symptoms:
1. incubation is from a few hours to 5 days; 2-3 days in the average, then the onset is quite abrupt.
2. watery, painless diarrhea.
3. vomiting: may follow or precede the diarrhea and is not associated with nausea.
4. severe thirst.
5. muscle cramps: often of the calves.
6. oliguria becoming anuria with severe disease.
7. weakness, loss of tissue turgor, sunken eyes.
8. severe cases: cyanosis, stupor, collapse, acute renal failure.

Lab Findings:
1. *Vibrio cholerae* in stool culture.
2. rise in titer of antitoxic or vibriocidal antibodies.
3. visualization of the *V. cholerae* with darkfield examination.
4. hypovolemia and hemoconcentration.
5. marked metabolic acidosis.

Course/Prognosis:
1. typically, the disease resolves within 2-7 days.
2. untreated: severe cases may be fatal within hours (50% fatality rate in serious cases); with electrolyte maintenance and fluid replacement (mortality drops to 1%).
3. most patients are free of *V. cholerae* within 2 weeks but a few go on to become carriers of the organism, which may reside in the GB.

Differential Diagnosis:
1. other microorganisms causing acute enteritis (ie. Shingella, Giardia, etc.)

Nutrition:
1. eat as little as possible.
2. increase vitamin A, C and mineral rich foods.
3. INCREASE FLUIDS!
4. short fast.
5. miso soup (yummy!)

Fluid Replacement Formula (isotonic electrolyte solution):
a. ½ tsp. sodium chloride (salt) [NaCl], ½ tsp. sodium bicarbonate [Na(CO₃)₂], ¼ tsp. potassium chloride [KCl], 4 Tbsp. sugar, all into 1 quart water.

Avoid:
1. heavy protein foods, fats, meats, shellfish.
2. vinegar’s.
3. sugars.

Supplements:
1. balance electrolytes (above).
2. adequate fluid intake.

Hydrotherapy:
1. hot fomentation: to abdomen.
2. poultice: charcoal and charcoal internally.
3. enema (hot water).

Manipulation:
1. check and align T5, T10-12, L2.
CHOLERA

Botanicals:
1. *Allium sativum*: bactericidal
2. *Erigeron canadensis*
3. *Scutellaria lateriflora*: wogonin (a flavone) is inhibitory to V. cholerae
4. *Strophanthus hispidus* (toxic)

Consider: Baptisia tinctoria, Echinacea angustifolia or purpurea, Hydrastis canadensis

Homeopathy:
1. *Aethusa cynapium*: when child vomits as soon as be drinks milk and followed by great prostration
2. *Arsenicum album*: if Aethusa fails; undigested stools and rapid emaciation; restlessness, intense vomiting and purging, profuse yellow or brown stools
3. *Camphor*: one drop of mother tincture in early stages when vomiting and diarrhea have started; collapse, coldness, sudden perspiration causing prostration; patient extremely cold, d/c are scanty; dry blue face; no vitality to vomit; > warm; no sweat but insatiable thirst
4. *Carbo vegetabilis*: last stages when patient quiet, great prostration, cold breath, weak pulse; no vomiting or diarrhea; disease has left the body
5. *Cuprum metallicum*: intense spasms and cramps beginning in fingers and toes; coldness of body, blueness of skin, dryness of the mouth, thirst, ineffectual efforts to vomit
6. *Elaterium*: olive green watery stools, coming in a gush
7. *Hydrocyanic acid*: at stage of collapse with sudden cessation of all d/c; fainting spells and tetanic spasms
8. *Iatropha*: vomiting of ropy, albuminous matter, great prostration, vomiting, purging and rice stools; cramps and coldness
9. *Secale corrosivus*: last stage, patient desires to be cool; patient is pulseless and cold, yet averse to being covered
10. *Veratrum album*: 2nd stage, vomiting and diarrhea have started; pain in abdomen before stool, great prostration following stool; cold sweat and cold surface of the body; sense of inner burning
CHOREA

Definition:
Irregular, spasmodic, involuntary movements of the limbs and facial muscles

Etiology:
1. Huntington's chorea: "Chronic progressive, Hereditary or Degenerative chorea"
   a. inherited as an autosomal dominant trait
   b. characterized by gross atrophy of corpus striatum with neuronal degeneration in the caudate and other deep nuclei and frontal cerebral cortex
2. Sydenham's chorea: chorea minor, rheumatic chorea, St. Vitus' dance
   a. CNS disease, often of insidious onset but of finite duration
   b. characterized by involuntary, purposeless, non-repetitive movements and subsiding without neurologic residual
   c. generally regarded as an inflammatory complication of Group A streptococcal infections
      1. onset of chorea is often up to 6 months after the infection, therefore may seem unrelated
      d. more common in girls than boys; in childhood; in summer and early fall after the rheumatic season

Signs and Symptoms:
Huntington's:
1. obstinacy
2. moodiness
3. lack of interest
   -these may antedate choreiform movements (irregular, spasmodic, involuntary movements of the limbs and facial muscles); these usually begin in the upper extremities, neck and face; progressing from mild fidgeting to facial grimaces, hesitant speech, torticollis and irregular truck movements
4. gait is wide based and prancing
5. euphoria is common
6. later stages include: dysphagia, dementia and inability to walk

Sydenham's:
1. development of rapid, purposeless, non-repetitive movements which involves all muscles except the eyes
2. impaired coordination
3. facial grimacing
4. slight clumsiness in some cases
5. arm flailing in severe cases
6. neurologic exam shows no defect in strength or sensation except occasional pendulous knee jerk

Course/Prognosis:
Huntington's:
1. insidious onset
2. symptoms begin between 30 and 50 years; an important note is that signs and symptoms do not occur until well into childbearing years

Sydenham's:
1. 3-8 month course
2. insidious onset and gradual cessation make this illness difficult to diagnose and treat

Differential Diagnosis:
1. Huntington's chorea
2. Sydenham's chorea
3. Chorea gravidarum (develops 1 trimester of pregnancy) may recur with subsequent pregnancies; is not necessarily progressive
4. habit spasms seen in hyper-kinetic children
5. paresis

Nutrition:
1. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. egg yolk, kale, celery fish, raw goat's milk, veal joint broth, cod roe, rice polishings, brewer's yeast, nutritional yeast

Remedies:
a. raw goat's milk and 1 tsp. sesame, sunflower or almond butter, 1 tsp. honey and sliver of avocado

Avoid:
1. fruit
2. meat
CHOREA

Supplements:
1. vitamin B complex
2. vitamin B-3 (500mg bid)

Hydrotherapy:
1. fever treatment
2. neutral bath
3. wet sheet pack (stage 2)
4. hot fomentation (to abdomen)

Botanicals:
1. Anenome pulsatilla (toxic): nervous exaltation; great irritability and impressionability of all senses accompanying spasmodic disorders; use of root in abnormally increased motor function
2. Atropa belladonna (toxic): excited or excitably condition of the nervous system, depresses muscular movements, tranquilizes the muscular system
3. Avena sativa: neurotonic
4. Cimicifuga racemosa: esp. if associated with amenorrhea or when menstrual function fails to act for the first time, acts slowly; may use with Valeriana spp.
5. Conium maculatum (toxic): excited or excitably condition of the nervous system, depresses muscular movements, tranquilizes the muscular system
6. Datura stramonium (toxic): consult indications
7. Ferula asa-foetida
8. Hyoscyamus niger (toxic)
9. Lobelia inflata (toxic): children
10. Paeonia officinalis
11. Passiflora incarnata: spasmodic disorders
12. Scutellaria lateriflora: twitching, tremor, restlessness with or without uncoordinated movements; combines well with Humulus lupulus and/or Passiflora incarnata
13. Solanum carolinense (toxic)
14. Valeriana spp.: according to indications; stimulant, tonic, anti-spasmodic, sedative, used in cases with decreased cerebral circulation; there is despondency and marked mental depression
15. Viscum album (toxic)

Formulas:
1. Cimicifuga racemosa, Scutellaria lateriflora, Verbena officinalis or hastata
2. muscular twitching: Cimicifuga racemosa, Gelsemium sempervirens (toxic)

Homeopathy:
1. Absinthium: tremor; hallucinations; vertigo with tendency to fall backward
2. Agaricus muscarius: sensation as if pierced by needles of ice; violent bearing down pains; symptoms appear diagonally (i.e. right arm, left leg); talkative; fearlessness; vertigo from sunlight
3. Hippomanes: weakness of hands and finger; violent pain in wrist; sprained sensation in wrist
4. Mygal: twitching of facial muscles; constant motion of whole body; uncontrollable movements of arms and legs; < sleep, morning
5. Tanacetum: abnormal lassitude; ears seem to close up suddenly
6. Tarentula hispanica: constriction sensation; extreme restlessness
CHRONIC FATIGUE SYNDROME (CFS)

**Definition:**
Severe, sometimes debilitating fatigue, associated with various systemic complaints

**Etiology:**
1. when the syndrome was first being discussed, the Epstein-Barr virus (EBV) was thought to be the sole infectious agent because:
   a. a high percentage of patients had a hx of mononucleosis
   b. EBV is in a family of viruses which may create lifelong latent infection in the host after recovery from the acute infection
   c. Signs and symptoms of CFS are similar to that of mononucleosis
2. however, it proved difficult to achieve consistent results among patients and until recently, determine the presence of a reactivated infection by blood titers. Now other viruses have been implicated in the disease:
   a. cytomegalovirus (CMV): produces a disease similar to mononucleosis that usually strikes older people
   b. toxoplasmosis
3. as a result, the disease is now known as chronic viral fatigue syndrome (CVFS) or chronic fatigue immune disorder (CFID)
4. reports of a prolonged and recurrent mononucleosis-like disease surfaced in the 1940's and 50's, yet it is still far from being a clearly studied or accepted syndrome
5. it is suggested that CFS patients may have poor glycogen storage, Candida with dysbiosis, hypersensitivities and a hx of hepatitis or mononucleosis

**Signs and Symptoms:**
1. fatigue:
   a. the degree may be mild (being able to perform at work or home but easily fatigued from it) or it may be intense (causing patient to give up their jobs and greatly curtailing other activities)
   b. sometimes they may be bedridden and slight activities such as housecleaning or going for a walk may necessitate a recovery period of 2-3 days
   c. usually more strenuous exertion and exercising are impossible
   d. frequently, though, patients have alternating periods of fatigue and normalcy
   e. disease usually begins gradually with the fatigue slowly growing until it becomes overwhelming
2. recurrent pharyngitis
3. HEENT lymphadenopathy
4. Recurrent h/a
5. Chronic low-grade fever
6. Myalgia and/or arthralgia
7. Inability to concentrate
8. GI upset
9. emotional upset and/or depression
10. may have a hx of allergies, difficulty sleeping, weight loss or gain

**Lab Findings:**
1. panel testing different titers of causative agents (EBV, CMV, toxoplasmosis, Candida)
2. sub-typing the agents allows accurate diagnosis of present, chronic active or inactive infections but severity of symptoms do not always correlate with the lab findings
3. some patients with extremely high titers for a particular agent may be symptom-free while other with low titers may be extremely symptomatic
4. may see decreased WBC count, increased lymphs or atypical lymphs on peripheral smear

**Course/Prognosis:**
1. this disorder is not well recognized by most conventional physicians despite empirical evidence and clinical research
2. conventional treatment involves suppression and/or palliation of symptoms (ie. salicylates for fever, h/a and myalgia)
3. with no further diagnosis or treatment the patient is likely to have bouts of remissions and exacerbations that may develop into a constant, persistent disease
4. appropriate diagnosis and treatment lead to excellent recovery rates in most sufferers who comply
5. very few cases are refractory to treatment

**Differential Diagnosis:**
1. conditions that cause abnormal EBV: specific serologic tests (possibly produced by suspected cases of chronic mononucleosis)
2. primary or secondary immunodeficiency conditions
3. Hodgkin's or non-Hodgkin's lymphoma
4. SLE
5. AIDS
6. Burkitt's lymphoma or nasopharyngeal carcinoma
7. chronic renal failure or renal transplant
8. rheumatoid arthritis
9. ankylosing spondylitis
10. multiple sclerosis
11. CA chemotherapy
12. non-lymphomatous CA tumors

**Nutrition:**
1. hypoallergenic/rotation diet
2. calorie percentages: 70% complex carbs; protein 12-15%; fat 15-18%
3. high fiber
4. foods rich in zinc, vitamin C and B complex
5. meat, beans, garlic, onions

**Avoid:**
1. food intolerances
2. sugar, refined foods, processed foods, sweets
3. coffee, caffeine
4. stress

**Supplements:**
1. vitamin A (50,000 IU qd)
2. vitamin C (6-8g qd)
3. zinc (30-60mg qd)
4. pantothenic acid (500mg qd)
5. geranium (100mg qd)

**Hydrotherapy:**
1. hot foot bath (for fatigue)
2. fever treatments (with caution, no too often, so the patient does not become more tired)
3. constitutional hydrotherapy

**Physiotherapy:**
1. relaxation breathing

**Botanicals:**
1. *Allium sativum*
2. *Avena sativa*: nerve tonic, nervous exhaustion, low fever, nutritive for convalescence
3. *Beta vulgaris*: general stimulant, resistance-enhancing effect; large amounts (1 liter) of juice taken for months; may cause nausea
4. *Echinacea spp.*: anti-viral, immune stimulant, enhances resistance to infection
5. *Eupatorium perfoliatum*: enhances resistance to infection
6. *Glycyrrhiza glabra*: anti-viral
7. *Ligusticum porteri*: anti-viral
8. *Lomatium dissectum*: anti-viral
9. *Panax quinquenfolius*: resolves chronic feverishness
10. *Pau D'Arco*: anti-viral

**Homeopathy:**
1. *Cytalo-Megalo Virus*: 30x
2. *Ignatia*: emotionally sensitive; trouble making world match their ideals; hysterical; effects of grief, worry, shocks and disappointment
3. *Natrum muriaticum*: grief; sad and weepy mood without cause; < consolation (agg.); hypochondriacal
4. *Nux vomica*: workaholic, idealistic, expect a lot of themselves; ailments from prolonged physical or mental work; anger

**Cell Salts:**
1. wants energy: Kali Phos
CIRCULATION (POOR)

**Supplements:**
1. vitamin E

**Hydrotherapy:**
1. *salt glow* (moisten common salt and rub briskly over entire body; follow with shower or spray – not used in diseases of the skin)

**Physiotherapy:**
1. increase exercise

**Psychology:**
1. biofeedback

**Botanicals:**
1. *Cayenne*: contains micronutrients
2. *Gentian* (root): is soothing
3. *Glycyrrhiza glabra* (root): supports vascular function
4. *Hamamelis* (tincture): SIG: 20gtts tid for 4 months
5. *Kelp*: contains micronutrients
6. *Mistletoe*: aids blood movement
7. *Taraxacum*: contains micronutrients
8. *Xanthoxyllum*: contains micronutrients

**Homeopathy:**
1. *Aesculus*: venous congestion and varices, hemorrhoids; combined symptoms back pain or sciatica and hemorrhoids
CIRRHOSIS

**Definition:**
Abnormal, irreversible changes in liver structure from widespread fibrosis and nodule formation

**Etiology:**
1. in the US, cirrhosis of the liver is the 4th leading cause of death (following heart disease, CA and CVA)
2. all cases are secondary to alcohol abuse
3. other causes include:
   a. congenital defects
   b. inborn errors of metabolism
   c. passive congestion from right heart failure
   d. chemical exposure
   e. infections (viral hepatitis)
   f. iatrogenic (intestinal bypass surgery)
   g. biliary obstruction
   h. passive congestion of the liver

**Signs and Symptoms:**
1. many patients with cirrhosis are asymptomatic and well-nourished, making diagnosis difficult
2. weight loss, muscles wasting, anorexia, weakness
3. malaise
4. decreased sexual desire, testicular atrophy
5. hair loss
6. liver: smooth, firm palpable with a blunt edge
7. splenomegaly
8. ascites
9. palmar erythema, vascular spider nevi
10. clubbing of fingers
11. jaundice
12. parotid and lacrimal gland enlargement
13. Dupuytren's contracture: commonly seen in alcoholics

**Lab Findings:**
1. increased serum bilirubin (usually indirect)
2. increased SGOT (<300 units) and to normal at end stage
3. increased SGPT (<200 units) and to normal at end stage
4. increased serum alkaline phosphatase (200% of normal)
5. normal or decreased total serum protein
6. increased urinary bilirubin
7. increased serum uric acid
8. prolonged prothrombin time
9. (+) liver biopsy
10. characteristic protein ELP with increased gamma-globulin
11. cholesterol
12. decreased BUN
13. increased uric acid
14. abnormal electrolyte balance
15. anemia
16. increased blood NH₄⁺

**Course/Prognosis:**
1. complications include:
   a. ascites
   b. portal hypertension
   c. electrolyte disturbances
   d. hepatic coma
2. tissue changes in cirrhosis are not fully reversible, although some regeneration may occur in soft tissues, the fibrous changes remain and compromise function
3. the prognosis is favorable if the disease has been relatively mild and the patient avoids any causative factor, particularly alcohol; however, if the patient has experienced signs of very advanced disease (coma, ascites, jaundice, hematemesis) the prognosis is poor
4. in alcoholic cirrhosis: treatment is often made difficult by the unwillingness or inability of the patient to change their lifestyle and habits enough to allow recovery
CIRRHOSIS

Differential Diagnosis:
1. There are many differential diagnostic subsets in cirrhosis; careful analysis of the blood and urinary abnormalities provides information about the stage and progress of the cirrhosis
2. Hepatitis
3. Other liver or GB diseases
4. Other causes of bleeding and ascites

Nutrition:
1. 3-5 day alkaline fasts
2. Foods rich in vitamins A, C, E and B complex

Remedies:
- Take 2-3 plums with pits and crush them, add 1 cup of boiling water, mix and obtain the juice; SIG: drink in the morning and evening
- Take 250g soybean sprouts and 250g adzuki beans, cook into a light soup; SIG: eat tid
- Ascites: Cook a head of peeled garlic in peanut oil and eat at meals for 2-3 months

Avoid:
1. Meat, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods
2. Alcohol, caffeine, coffee

Supplements:
1. Vitamin A (50-100,000 IU qd)
2. Vitamin B complex
3. Vitamin C
4. Vitamin E
5. Vitamin K
6. Lecithin

Hydrotherapy:
1. Hot fomentation (abdomen)
2. Heating compress
3. Constitutional hydrotherapy
4. Scotch douche

Manipulation:
1. Check and align T4, T8-10, L1-3

Physiotherapy:
1. See cholecystitis
2. Liver pump
3. Spondylotherapy: Concussion of T11
4. Massage (to abdomen directed at portal vein)
5. Electro-spinal therapy: Place pads on either side of SP of T7, T8 for 5-10 min.
6. Galvanism: (-) pad over liver and (+) pad on back, dosage 15-20mA for 10 min.; follow with sine using same pads for 5-10 min.; treatment 3x/wk

Botanicals:
1. Bryonia alba (toxic): Obstinate constipation with dry hard stools, tongue coated white
2. Chionanthus virginicus: Use powder; pain in right side, constipation, clay-colored stools
3. Hydrastis canadensis: Atonic condition of liver in chronic alcoholism with Capsicum frutescens and nutrition
4. Juglans cinerea
5. Matricaria chamomilla: Sclerosis of liver
6. Silybum marianum (standardized extract): Liver parenchymal damage
7. Taraxacum officinale

Homeopathy:
1. Argentum nitricum: Stitches coming on as with a jerk; fullness with drawing and stinging, esp. when walking
2. Aurum metallicum: With heart disease; burning, cutting pain; suicidal melancholy; averse to motion; foul breath and putrid taste
3. Calcarea arsenica: Albuminuria, colic, looseness of bowels
4. Hepar sulphur: During inflammatory process; soreness, stitching when walking; very sensitive to dampness
5. Hydrocotyle asiatica: Hypertrophy and induration; obstruction in whole liver area; cramping pain in stomach without nausea
6. Iodine: Pressure, stitches; painful to touch, loss of appetite; emaciation, excessive weakness
7. Lycopodium: Ascites; putrid taste in the morning on rising; cannot stretch or stand upright; very sensitive to touch
8. Natrum phosphoricum: Intense pressure and heat on top of head as if would open; weak feeling in limbs and back
CIRRHOSIS

9. **Plumbum metallicum**: darting pain; hepatic area sensitive to pressure without enlargement; sensation of heat, burning in liver
INFLUENZA

**Definition:**
An acute viral respiratory illness involving an influenza virus

**Etiology:**
1. mostly seen in the winter
2. most of the outbreaks and epidemics of flu are caused by the influenza A virus, although illness caused by other viruses (rhinovirus, echovirus) may cause identical presentations and be called “the flu”, even if the influenza virus was not at fault
3. pandemics have occurred every 10-15 years since the Great Pandemic of 1918-1919

**Signs and Symptoms:**
1. the incubation period is 48 hours
2. onset is usually extremely abrupt
3. h/a
4. fever
5. malaise
6. myalgias (esp. the back and legs)
7. respiratory illness (characterized by sore throat and cough)
8. easy lacrimation
9. weakness and fatigue
10. hyperemic oropharynx though no exudate is present

**Lab Findings:**
1. WBCs usually normal or even low (if high, consider secondary bacterial infection)
2. Viral serological tests or virus isolation

**Course/Prognosis:**
1. although the general patient's recovery from the flu is typically uneventful
2. can be fatal to certain "high-risk" groups such as infants, the elderly, debilitated and patients with chronic pulmonary disease, heart valve problems, CHF, and pregnant women in the 3rd trimester
3. complications include:
   a. pneumonia
   b. hemorrhagic bronchitis
   c. encephalitis
   d. Reye's syndrome
   e. Myocarditis
4. conventional approach to influenza is through prophylaxis with yearly viral vaccines

**Differential Diagnosis:**
1. common cold (rhinitis)
2. strep throat
3. mononucleosis
4. bronchitis
5. viral pneumonia

**Nutrition:**
1. eat as little as possible and foods which are easily digested (barley gruel or barley juice)
2. increase vitamin A and C foods
3. short fast
4. drink plenty of fluids (water, water and honey)
5. lemon, orange, watercress, mint, cabbage, chrysanthemum flowers, burdock root, cilantro, dandelion, apples, pears
6. cabbage broth

**Teas:**
1. cilantro and ginger tea
2. scallion and basil tea
3. mustard greens, cilantro and green onion tea
4. parsnip and ginger tea
5. cilantro and mint tea
6. mint, chrysanthemum and dandelion tea
7. mint, dandelion and licorice tea

**Remedies:**
Colds/Flus (Influenza, Rhinitis)

a. boil for 5 min. garlic, ginger, green onion, basil, mustard or cinnamon, drink and go to bed
b. eat 2 or 3 cloves of raw garlic bid-tid

Avoid:
1. heavy protein foods, fats, meats, shellfish
2. cow’s milk and other dairy products
3. white bread, refined foods, processed foods, sugar, sweets
4. catarrh forming foods: tofu, ice cream, shellfish
5. vinegars

Supplements:
1. general immune support
2. vitamin A
3. vitamin C

Hydrotherapy:
1. Russian steam bath
2. constitutional hydrotherapy
3. wet sheet pack (stage 4)
4. heating compress (around neck, overnight for sore throat)

Manipulation:
1. check and align T5, T10-12
2. if respiratory form, check C5-T2
3. if GI form, check T6-8 and upper lumbars

Botanicals:
1. Achillea millefolium: fever, diaphoretic, congestion, restores secretions
2. Aconite napellus (toxic): acute coryza, acute onset
3. Allium sativum
4. Artemesia absinthium: as a tea for sometime after infectious state; tonic, enhances resistance, weakness after infection, esp. where atony of stomach and GB play a key role
5. Asclepias tuberosa (toxic)
6. Bryonia alba (toxic): serous tissue inflammation, sx < with movement
7. Cimicifuga racemosa: muscular pains
8. Cinchona spp. (toxic): as prophylactic; with Achillea millefolium, Mentha piperita and Asclepias tuberosa (toxic) in influenza
9. Cinnamomum zeylanicum: with Sambucus nigra, Mentha piperita and Achillea millefolium
10. Echinacea spp.: catarrh, debilitated mucous membranes, septic conditions, enhances resistance to infection
11. Eucalyptus globulus: mucous catarrh
12. Eupatorium perfoliatum: specific for influenza with deep aching and congestion of respiratory mucosa; combines with Achillea millefolium, Sambucus nigra and Asclepias tuberosa (toxic) to enhance resistance to infection
13. Gelsemium sempervirens (toxic): sedative, fever and inflammation
14. Mentha piperita
15. Pilocarpus jaborandi (toxic): diaphoretic
16. Salix alba: influenza and respiratory catarrh
17. Sambucus canadensis: fever, diaphoretic; may use with Mentha piperita
18. Sticta pulmonaria: muscular pain in shoulders, extrinsic respiratory muscles, irritative persistent cough
19. Tilia platyphyllos or cordata: diaphoretic
20. Verbascum thapsus: influenzal cold with respiratory catarrh
21. Zingiber officinale: for cold conditions, nausea, decreased digestion

Formulas:

a. steam bath: Eupatorium perfoliatum + Mentha piperita
b. diaphoretic tea: Sambucus nigra (flowers) + Tilia platyphyllos or cordata + Chamomilla spp. In equal parts to make 100g, 2-3 tsp. to a quarter liter boiling water, infuse 10 minutes, then take hot immediately in sips; use several times daily
c. Achillea millefolium (4 parts) + Angelica sinensis (2 parts) + Eupatorium perfoliatum (1 part), Mentha piperita (3 parts), Sambucus canadensis (2 parts); add 1 oz. to 1 pint boiling water, steep, SIG: ½ cup every 2-4 hours

Homeopathy:
1. Aconitum: high fever; dry skin; restlessness; dry violent, racking cough, after exposure to cold west winds
2. Arsenicum album: leading remedy; restlessness with thirst for small quantities; sneezing; acrid nasal d/c
COLDS/FLUS (Influenza, Rhinitis)

3. **Baptisia**: blurry eyes; achy head; sore throat; pains and soreness throughout body; profound prostration; stupor and difficult to arouse person
4. **Bryonia**: h/a on coughing, on stooping as if contents of head could come through forehead; aversion to light, esp. sunlight; frequent sneezing; often between cough; fluent watery or greenish coryza; mouth dry, with thirst; shooting muscle pains < least motion
5. **Carbo vegetabilis**: for post-influenza symptoms such as prostration, lack of energy, residual bronchitis
6. **Causticum**: from start sensation of weakness an paresis in all extremities; loss of appetite; unilateral, frontal h/a; eyes sensitive to light and heat; high fever, flushed face, no chilliness; nose stopped, coryza free, watery; persistent, dry, hacking cough
7. **Chelidonium**: shortness of breath; tightness of chest; loud rales in bronchi; violent pain in forehead above the eyes; anxiety, restlessness, photophobia, throat dry; thirst with dry mouth or no thirst; no appetite; delirium, mostly at night, followed by lethargy which continues during day
8. **Dulcamara**: eyes swollen, throat sore; cough hurts due to muscle soreness; brought on by wet or change of weather
9. **Eupatorium perfoliatum**: flowing coryza, sneezing, hoarseness, with roughness of voice; hacking cough in the evening; soreness in chest, deep pain < least motion
10. **Gelsemium**: sneezing, frequent and violent chilliness up and down the back; face flushed; watery, bland nasal d/c; sore throat; hard, painful cough; shooting pain in ear when swallowing, hard hearing, thirstlessness with fever, < at night
11. **Influenzinum**: as an intercurrent; may start with this
12. **Kali bichromicum**: cough after fever which is not dry; sticky phlegm; ulceration of mucus membrane of nose
13. **Rhus toxicodendron**: constant chilliness as if cold water was poured over body; restlessness; hard tickling cough
14. **Sulphur**: as an intercurrent if fever does not change within 48 hours

RHINITIS

**Definition:**
Edema and vasodilation of the nasal mucous membrane, nasal d/c and congestion

**Etiology:**
1. most common expression of an URI
2. occurs acutely usually as a result of the common cold (other infections may be associated; staph, strep and pneumococcal)
3. common cold is due to a number of rhinoviruses as well as a general toxic state in the body that creates favorable conditions for the viruses to replicate and grow
4. chronic rhinitis can occur in many conditions, from benign to serious (hay fever and perennial allergic; leprosy; syphilis; TB; rhinosclerosis; histoplasmosis, etc.)
5. types of rhinitis include:
   a. **atrophic rhinitis**: a chronic condition recognized by an atrophic and sclerotic mucous membrane, crust development, foul odor and patency of the nasal cavities; the patient loses the ability to smell and suffers from recurrent nosebleeds
   b. **vasomotor rhinitis**: a chronic condition recognized by episodic vascular engorgement of nasal mucous membrane, watery nasal d/c and sneezing; generally considered idiopathic
   c. **allergic rhinitis**: "see hay fever"
   d. **Perennial allergic rhinitis**: condition is present in the patient throughout the year, although in various degree of severity, the patient typically complains of chronic nasal congestion and in children, there is often a loss of hearing; the patients have an allergic hx, eosinophilia and are (+) to testing for multiple common allergens; patient may have a tendency to develop sinus infections or nasal polyps

**Signs and Symptoms:**
1. nasal d/c: watery, albuminous, yellow, greenish, white, blood-streaked, etc.
2. nasal congestion: can often necessitate mouth breathing
3. concurrent sx may include:
   a. sinus pain
   b. epistaxis
   c. sneezing
   d. itching/tearing eyes
   e. other signs of a common cold (slight sore throat, etc.)

**Lab Findings:**
1. Gram stain of d/c
2. nasoscopy

**Course/Prognosis:**
Colds/Flus (Influenza, Rhinitis)

1. For acute bacterial rhinitis, conventional physicians generally prescribe antibiotics; in allergic chronic conditions: antihistamines are recommended as well as allergy shots.
2. If the rhinitis is due to a serious disease, that disease must be addressed.
3. Rhinitis due to the common cold, treatment mostly designed to clean out the body and strengthen a weakened immune system is extremely beneficial.
4. Nasal discharge should not be suppressed as this is the avenue the body is using to rid itself of accumulated toxins.

Differential Diagnosis:
1. Pneumonia
2. Strep throat
3. Sinusitis
4. Influenza

Nutrition:
1. Eat as little as possible.
2. Increase fluids.
3. Short fast.
4. Increase vitamin A and C rich foods.
5. Garlic, onions, oranges, grapefruit, horseradish, lemons, elderberries, leeks, turnips, grapes, pineapples, honey, green leafy vegetables, cabbage broth.

Teas:
   a. Cilantro and ginger tea.
   b. Scallion and basil tea.
   c. Mustard greens, cilantro and green onion tea.
   d. Parsnip and ginger tea.
   e. Cilantro and mint tea.
   f. Mint, chrysanthemum and dandelion tea.
   g. Mint, dandelion and licorice tea.

Remedies:
   a. Boil for 5 min. garlic, ginger, green onion, basil, mustard or cinnamon, drink and go to bed.
   b. Miso soup with ginger and scallions.
   c. Eat 2 or 3 cloves of garlic bid-tid.
   d. Chopped raw onion covered with honey or sugar, cover for 6 hours and take 1 tsp. every hour or as needed for cough.

Avoid:
1. Heavy protein foods, fats, meats, shellfish.
2. Cow's milk and other dairy products.
3. White bread, refined foods, processed foods, sugar, sweets.

Supplements:
1. Vitamin A (50,000 IU qd)
2. Vitamin B-12
3. Folic acid.
4. Vitamin C (6-10g qd)
5. Bioflavonoids (6g qd).

Hydrotherapy:
1. Enema: not water, at beginning of cold.
2. Steam inhalation.
3. Hot foot bath: at first sx, keep feet in bath for 20 min., then run cold water over them and dry, 1 hr (before bed).
4. Warming socks.
5. Hot nasal irrigation: 2 or 3 times a day at beginning of cold.

Manipulation:
1. Check and align: upper cervical.

Physiotherapy:
1. Deep breathing exercises: at first sign of cold; inhale deeply, hold breath for slow count to 20, exhale deeply, hold for slow count to 10, repeat 40-50x daily.
2. Vigorous exercise: to induce sweat and fever, stop and switch to hydrotherapy if h/a, pain, muscle soreness.
COLDS/FLUS (Influenza, Rhinitis)

3. spleen pump massage: compress back side ribs 9-12 while pushing up under diaphragm with other hand as patient inhale deeply, to compress spleen; hold 10 seconds, repeat 6x
4. diathermy: to increase blood supply
5. UV: use long tapered electrode

Botanicals:
1. Abies canadensis: catarrh with pallid, relaxed mucosa
2. Achillea millefolium: diaphoretic
3. Asclepias tuberosa (toxic): use carefully, for breaking a cold
4. Allium sativum: anti-microbial
5. Artemisia absinthium: hot tea, several cups per day
6. Beta vulgaris: stimulant, enhances resistance, need large amount of juice over time
7. Commiphora myrrha: anti-microbial
8. Echinacea angustifolia or purpurea: enhances resistance, stimulates lymphatic vascular system
9. Eucalyptus spp.: catarrh
10. Fustatorium perforatum: enhances resistance to infection
11. Grindelia spp.: allergic rhinitis
12. Hydrastis canadensis: internally and as a nasal wash to mucosal tissues
13. Mentha piperita
14. Myrica cerifera
15. Nepeta cataria
16. Piloacarpus jaborandi (toxic): atrophic rhinitis; increases secretions
17. Salvia officinalis: apply oil over sinuses, drink infusion 1-2 cups a day
18. Sambucus spp.: hot infusion
19. Sangiunaria canadensis: burning, itching, tickling of nasal passages with super abundant secretion
20. Sticta pulmonaria: acute; coryza with profuse watery secretion
21. Stillilinga sylvatica: deficient secretion, mucous membranes red and tumid or glistening
22. Verbascum thapsus: rhinitis, allergic rhinitis

Formulas:
- Allium sativum + Citrus limon (lemon) + Capsicum frutescens
- Echinacea spp. + Hydrastis canadensis + Commiphora myrrha; decoction or tincture
- Echinacea spp. + Usnea spp. + Ligusticum porteri; equal parts; decoction or tincture
- Zingiber officinale + Citrus limon
  - may add flavoring agent: oils of Mentha piperita, Cinnamonum zeylanicum; honey

Homeopathy:
1. Aconitum: best remedy at onset; feverish with dryness and tingling in the nostrils; restlessness
2. Aesculus: dryness of posterior nares and throat; sneezing, followed by severe coryza; stifling and burning pain, dull frontal h/a; thin watery d/c; sensitive to inhaled air, mucus drops down and causes choking
3. Allium cepa: excoriating d/c from nose and bland d/c from eyes; sensation as if hooks were in the larynx, < in a warm room
4. Ammonium carbonicum: dry stuffed coryza; < at night; breathes with mouth open; inability to blow the nose
5. Arsenicum album: thin watery d/c from the nose with irritation and sneezing; restlessness
6. Arsenic iodatum: frequent sneezing, copious watery nasal d/c that burns the lips; burning watery d/c from the eyes like Arsenicum but < warm room and > in open air and cold application
7. Belladonna: smell acute, at other times dull; frequent sneezing; tickling, esp. in left nostril; one side stopped; suppressed catarrh with maddening h/a
8. Bryonia: nose blocked with congestion in the head; cannot breathe through the nose; dry cough with pain in the chest; excellent remedy for flu
9. Benzoic acid: seems t smell dust, cabbage or something stinking; coldness in head from every exposure to cold; sneezing with lightness of the head and hoarseness
10. Carbo vegetabilis: watery d/c with irritation extending into chest accompanied by hoarseness and rawness
11. Causticum: hoarseness and catarrhal aphonia; frequent sneezing with pains in chest; fluent coryza with pain in chest and limbs; itching of tip of nose and alae, as well as inside; rawness and burning under sternum
12. Eupatorium: coryza with aching in every bone; lassitude; fluent coryza with sneezing and hoarseness; weight over head and forehead, nose and eyes both streaming with water at intervals
13. Euphrasia: reverse of Allium cepa; the d/c form the eyes is acrid whereas form the nose is bland
14. Ferrum phosphoricum: it is specific for colds at early stages; use 30c
15. Gelsemium: bland d/c from the nose which is thick; sneezing; h/a chilliness in the back and aching pains
16. Graphites: frequent d/c of thick, yellowish, fetid pus from nose; painful dryness of nose; bleeding of nose; periodical attacks of fluent coryza with continual stoppage and breathing through the mouth; dullness and head, esp. the nose; soreness of larynx with tickling cough, obstruction of nose with badly smelling slime, sometimes d/c of bloody mucus
17. Hepar (sulphur): after partial relief form Mercurius sulphuricum; generally when every breath of clod air causes a new attack of catarrh or h/a, or when it remains confined to one nostril and h/a; < by motion; nose swollen and sore to touch, sensation when swallowing as something sticking in throat
Colds/Flus (Influenza, Rhinitis)

18. Kali carbonicum: opening up of the nose in open air with burning and h/a which is very severe; the nose stuffs up in warm room; h/a disappears when the d/c appears
19. Kali iodatum: nose red and swollen externally, d/c cool (Arsenicum: hot), irritating, acrid, watery; tightness at root of nose, < least cold, evening, preceded by chilliness; chilliness alternating with feverishness; rheumatic pains
20. Squill: coryza preceded for one or two days by a feeling of soreness; rawness and scraping in the throat; excessive sneezing; extremely copious watery mucus; swelling and soreness of the nares and lips; plugs in the nostrils; instead of d/c, obstruction of the nose; ill-humor; inability to drink, intense throbbing h/a relieved as soon as coryza is established
21. Lycopodium: catarrh of nose and frontal sinuses, d/c yellow, thick, acid; frontal h/a; yellow complexion; nose swollen and stopped at the root; posterior nares dry; breathes with open mouth and protruding tongue esp. at night; burning h/a when shutting eyes
22. Mercurius corrosivus: nasal catarrh thick, acrid and glue-like, excoriating
23. Natrum arsenicosum: dull supraorbital h/a, feeling of fullness of head and face; eyes heavy and at times soreness of eyeballs, burning of eyes and congestion of conjunctiva; watery d/c from one or both nostrils or stoppage of nose; dry cough, < morning, must breathe with mouth open at night
24. Natrum carbonicum: violent sneezing, profuse d/c of rather thin white mucus, < least exposure to air or removing an article of clothing; loss of smell and taste; nose stopped up at night, < on anterior days, > after sweats (Mercurius: < after sweat); removes disposition to catch cold
25. Natrum muriaticum: catarrh of frontal sinuses with neuralgic pains, involving the sinus and eye, often extending down to the cheek-bone, with puffiness of the eyes, < when moving the eye, esp. when looking downward; squirming in the right nostril as of a small worm; sneezing < undressing at night or rising in the morning; loss of smell and taste; great liability to catch cold; d/c of clear mucus alternating with stoppage of nose; hoarseness and tickling cough; nose sore and interior swollen, fever-blisters
26. Nitric acid: coryza, esp. when associated with some malignant disease, as scarlatina of diphtheria; d/c watery, offensive, excoriating every part it touches; fetor in throat, with sensation of a splinter there
27. Phytolacca: total obstruction of the nose, when riding, so that he has to breathe through the mouth, not relieved by blowing the nose, flow of mucus from one nostril, while the other is topped; d/c thin, watery, increasing till the nose is stopped up, mucus d/c with difficulty, constant hawking
28. Phosphorus: coryza fluid or dry; dullness of head; sleepiness, esp. during the day and after meals; blowing blood from the nose; frequent sneezing ; dry crust adhering firmly; profuse d/c flowing down into fauces; neck swollen, eyes staring cold begins in chest and runs up nose (Arsenicum: nose first-runs down chest)
29. Pulsatilla: coryza fluid or dry; loss of taste an smell; nostrils sore, wings raw, later yellow-green d/c, < indoors, chilliness; face pale; head confused; frontal h/a; chronic thick yellow, bland d/c or later yellow, green and offensive
30. Rhus toxicodendron: copious coryza with redness and edema of throat; severe aching in bones; sneezing, dry cough, < from evening till midnight and from uncovering body
31. Rumex crispus: dull h/a < by motion; sore feeling in eyes, without any external sign of inflammation; fluent coryza; painful irritation in nostrils; violent and rapid sneezing; feeling of dryness in posterior nares; cough excited by tickling in throat-pit and < by least current of air; hoarseness
32. Sepia: dry coryza, nostrils sore, swollen, ulcerated and scabby; d/c large green plugs; very sensitive to noise, music and odors; smell of cooking nauseates
33. Sanguinaria: post-nasal catarrh; chronic bronchitis and laryngitis
34. Scilla: nasal d/c fluent and corrosive; absence of sweat; internal chilliness with external heat or intense heat followed by chilliness and soon as patient uncovers; painful stitches in different parts of chest; loose morning cough, more fatiguing than dry; evening cough
35. Sepia: dry coryza, nostrils sore, swollen, ulcerated and scabby; d/c large green plugs; very sensitive to noise, music and odors; smell of cooking nauseates
36. Silica: nasal catarrh due to suppression of foot sweat
37. Squill: nasal d/c fluent and corrosive; absence of sweat; internal chilliness with external heat or intense heat followed by chilliness and soon as patient uncovers; painful stitches in different parts of chest; loose morning cough, more fatiguing than dry; evening cough
38. Staphysagria: violent coryza, one nostril is stuffed up; much sneezing and lacrimation; with nasal voice; dull feeling in head, with inability to perform any mental labor
39. Sticta pulmonaria: excessive dryness of the nasal mucous membrane which becomes painful; secretions dry; rapidly forming scabs difficult to dislodge; swallowing painful, from dryness of throat, < at night; incessant sneezing; burning in the eyes; dull frontal h/a, with feeling of fullness at the root of nose; hard, dry barking cough
40. Sulphur: profuse d/c of burning water; fluent burning coryza outdoors; nose stopped up indoors; frequent sneezing; d/c of blood from the nose on blowing; loss of smell; soreness and ulceration of nostrils
COLIC

Definition:
A problem of early infancy that is recognized by paroxysms of prolonged crying, apparent abdominal pain marked irritability

Etiology:
1. babies usually develop colic a few weeks after birth and it may remain for 3-4 months
2. often, the baby cries at predictable times during the day and/or night; in some babies, however, the crying may be constant
3. typical causes include:
   a. mother eating allergenic or gas-producing foods while breast-feeding and/or
   b. baby being fed food they are intolerant of (ie. cow’s milk)
   c. intestinal dysbiosis (may be)
   d. GB dysfunction if associated with constipation (may be)

Signs and Symptoms:
1. crying: may be incessant and may worsen the baby’s condition by causing aerophagia (which will increase flatulence and abdominal distention
2. irritability
3. normal weight gain, normal physical exam

Lab Findings:
1. normal

Course/Prognosis:
1. the condition usually remits by 3-4 months of age

Differential Diagnosis:
1. sickness in the baby (infection, GI complaint)

Nutrition:

Teas:
1. dill tea
2. fennel tea
3. caraway tea
4. peppermint tea
5. chamomile tea

Remedies:
1. for colic and vomiting and diarrhea: take 100g sweet potato vine, cut into small pieces, add salt and stir fry until it begins to scorch, add water and simmer until cooked

Avoid:
1. greasy and burned foods
2. food allergens
3. gas producing foods: cabbage, cauliflower, Brussels sprouts, broccoli, radishes, eggs, onions, green peppers
4. meat, dairy, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods, sugar, sweets
5. caffeine, coffee, alcohol

Supplements:
1. magnesium (300-600mg qd)

Hydrotherapy:
1. sitz bath: using chamomile infusion
2. hot enema: using chamomile infusion
3. wet sheet pack (stage 3)
4. neutral bath
5. Scotch douche
6. heating compress: to the abdomen
7. vinegar pack: alternating cold compress with 50:50, vinegar: hot water compress
8. hot fomentation: over abdomen

Physiotherapy:
1. relaxation breathing
2. may be due to over-stimulation of parasympathetics: treat sympathetics of mid thoracic region with strong stimulation (T5-L3) where fixated only
3. diathermy


**COLIC**

**Botanicals:**

1. *Acorus calamus* (toxic): relieves flatulence; strengthens digestion
2. *Anethum graveolens*: with distension; improves circulation, clears congestion
3. *Carum carvi*: with *Althea officinalis*, *Chamamamuel nobilis* and *Acorus calamus* in digestive disorders with flatulence and colic
4. *Chelone glabra*: intestinal colic
5. *Cinnamomum zeylanicum*
6. *Dioscorea villosa*: tenderness on pressure, mild colicky pains; with *Acorus calamus*, *Chamamamuel nobilis* and/or *Zingiber officinale* in hot infusion
7. *Foeniculum vulgare*
8. *Lobelia inflata* (toxic): relieve spasm; small dose relieve infantile colic
9. *Matricaria chamomilla*: with greenish stool, flatulent colic; child relieved if carried about
10. *Mentha piperita*: internally relieves discomfort and gas; oil applied topically
11. *Nepeta cataria*
12. *Petroselinum sativum* (root)
13. *Pimpinella anisum* (anise seed): flatulent colic in infants
15. *Zingiber officinale*: with flatulence; warms interior

**Homeopathy:**

1. *Bryonia*: irritable; < least movement or jarring; can't stand to be moved
2. *Chamomilla*: distended abdomen; flatulent colic after anger with red cheeks (or one red cheek) and hot perspiration; irritable; wants to be carried constantly and jiggled, nothing pleases the child
3. *Colocynthis*: agonizing cutting pain in abdomen, child doubles up; > from firm pressure; sensation as if there were stones being ground together in abdomen that would burst; colic with cramps in thighs
4. *Dioscorea*: colic > walking, standing erect; < pressure, doubling over; rumbling with emission of much flatus; pains suddenly shift to different parts
5. *Magnesia phosphoricum*: flatulent colic, forcing patient to bend double; > gentle pressure or rubbing, warmth; accompanied by belching of gas which gives no relief

Dr. Welliver’s thoughts on what makes *Foeniculum vulgare* unique: Fennel seed is very useful medicine. It is wonderful for gas, bloating or colic, works well in a cough formula, and can stimulate lactation in a breastfeeding mom.

When used for infant colic or other tummy issues or cough, have mom drink the tea or take the tincture, and it will benefit both mother and child. It is said to make the milk taste much sweeter, too, so that baby will latch on more readily.

Children’s Compound: *Foeniculum vulgare* (18%), *Matricaria recutita* (20%), *Melissa officinalis* (18%), *Nepeta cataria* (14%), *Glycerine* (30%).

Mother’s Milk: *Trigonella foenum-graecum*, *Galega officinalis*, *Foeniculum vulgare*, *Cnicus benedictus*. 
COLON/RECTAL CANCER

Definition:
Carcinoma of the colon and/or rectum, usually called colorectal cancer

Etiology:
1. Causes about 20% of deaths from malignant disease in the US, in Western countries, it ranks second only to skin cancer.
2. Most of the cancers occur in the rectum or sigmoid colon and 95% are adenocarcinomas.
3. It is predominantly a disease of the elderly; most patients are 60-75 years old.
4. Females are at greater risk for colon cancer.
5. Males are at greater risk for rectal cancer.
6. Factors include:
   a. Diet (low fiber, more animal protein, fat, and refined carbohydrates)
   b. Familial adenomatous polyps of the colon
   c. Previous history of the disease
   d. Women with a history of breast or uterine cancer
   e. UC and less significant, Crohn’s dz.

Signs and Symptoms:
1. Onset of symptoms is very gradual and depends on the tumor location, size, type and complications (i.e., tumor is irritating any adjacent organs, like the urinary bladder or the stomach; or if it leads to bowel perforation and peritonitis).
2. Rectal bleeding
3. Abdominal pain
4. Change in bowel habits and/or size/shape/color of stool; esp. gradually increasing constipation and black stool.
5. Acute obstruction: colicky pain, increasing abdominal distention, failure to pass stools or gas.
6. Weight loss
7. Anorexia

Location specifics:
   a. Right colon: may have palpable mass through abdominal wall; fatigue and weakness from anemia due to occult blood; obstruction (change in bowel habits) is usually a late sign.
   b. Left colon: obstruction is more of an issue here; often the patient will experience alternating constipation with diarrhea; stools may be overly bloody.
   c. Rectum: primary symptom is defecation of bloody stools.

Lab Findings:
1. 65% of tumors are evident upon digital or sigmoidoscopic exam.
2. Sigmoidoscopy/colonoscopy: surpassed barium studies as the procedure of choice for diagnosis.
4. Stool analysis for occult blood.
5. Elevated levels of CEA (serum carcinoembryonic antigen).
6. Anemia (usually normochromic, normocytic).

Course/Prognosis:
1. Conventional treatment of choice is surgical resection and, less importantly, post-surgical procedures such as chemotherapy, radiation therapy and immunotherapy.
2. Post-surgical procedures have not been shown as particularly helpful or effective.
3. Prognosis varies with extent of disease, location in bowel, degree of wall infiltration, local or distant metastasis.
4. In patients with CA limited to the mucosa, the 5 year survival rate is 70%; with spread to the lymph nodes it drops to 30%.

Differential Diagnosis:
1. Hemorrhoids.
2. Diverticulitis (when it causes obstruction of the bowel).
3. UC.
4. Other GI dz.

Nutrition:
1. Alkaline fasts under physician supervision 7-21 days.
2. Protection against colon CA: increase cellulose and hemicellulose food in diet (fiber).
3. Recommendations for all cancers: sea weeds, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruits and vegetables, squash, vitamin A rich foods.

Remedies:
   a. Soup of black or ling zhi mushrooms and white fungus, bid.
   b. Boil together mung beans, pearl barley, adzuki beans and figs.
COLON/RECTAL CANCER

c. dandelion, burdock and chrysanthemum flower tea

Avoid:
1. meat, chicken, cinnamon, anise, pepper, spicy foods, high fat foods, dairy products
2. coffee, smoking
3. constipation

Supplements:
1. vitamin A (200,000 IU qd) [toxic dose]
2. vitamin C (8-14g qd)
3. vitamin E (800 IU qd)
4. calcium
5. selenium (300mcg qd)
6. acidophilus

Hydrotherapy:
1. fever treatment
2. constitutional hydrotherapy

Physiotherapy:
1. breathing exercises
2. aerobic exercise (mild)

Botanicals:
1. Avena sativa: nervous debility of convalescence
2. Baptisia tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: disease due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increases interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
7. Larrea divaricata (Mexican folklore)
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
9. Rumex crispus: to prevent early stages of cancer
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use patients are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium sparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:
a. constitutional cleansing and CA support formula: Glycyrrhiza glabra (12g), Trifolium pratense (12g), Articum lappa (6g), Stillingia sylvatica (toxic) (6g), Berberis aquifolium (6g), Phytolacca decandra (toxic) (6g), Rhamnus purshiana (3g), Rhamnus frangula (toxic) (3g), Xanthoxylum americanum (3g); combine the dry herbs, place in 3 cups of water and simmer for 10-15 min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. Tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops strong iodide (Lugol’s) solution; take qid, pc and before bed

Homeopathy:
1. Alcohol: in potency useful for pains in CA
2. Alum: obstinate constipation; stools hard as stone; hemorrhages of dark blood; rectal CA; abdomen colic; pain > from pressure; < when walking, with fullness and heaviness; first hard then soft stools and pains following; very weakening colliquative diarrhea; ulceration in rectum; painful excrescences; fetid; bloody
3. Cadmium iod: ulceration of transverse colon; < extreme heat or cold; hates everything and everybody; CA from aluminum toxicity; itching of anus and rectum felt during the day only; constipation; frequent desire; tenesmus; abdomen bloated
4. Hydrastis canadensis: CA rectum; constipation aggravated by cathartic medicines; during stool,smarting, burning pains in rectum; after stool, burning and smarting in rectum; long lasting pain in rectum; hard, adherent
5. Nitric acid: bowels constipated with fissures in rectum; rectum feels torn; tearing pains during stools; violent cutting pains after stools, lasting for hours; hemorrhages form bowels, diffuse, bright; diarrhea, slimy and offensive; after stools, irritable and exhausted; colic relieved from tightening clothes
6. Ruta graveolens: carcinoma affecting lower bowel; difficult feces, executed only with straining; constipation alternating with mucous, frothy stools; d/c of blood with stools; colic with burning or gnawing pain; frequent unsuccessful urging to stool; when sitting, tearing stitches in rectum
7. Scrophularia: colic below navel; pain in sigmoid flexure and rectum; several stools daily with tenesmus
COLON/RECTAL CANCER

8. **Sepia**: CA of rectum; feeling of relaxation and bearing down in abdomen; bleeding at stool and fullness of rectum; constipation; large, hard stools; feeling of ball in rectum; cannot strain; with great tenesmus and pains shooting upward; dark brown, round balls glued together with mucus; soft stool difficult; debilitating diarrhea
COLOSTOMY CARE

Nutritional considerations:
1. avoid too much laxative
2. avoid too much roughage
3. never give excessive digestants
4. use cleansing enemas to prevent fecal impaction

Hygiene:
1. teach daily cleanliness
2. showers better than baths
3. keep all areas dry before applications

Ileostomy left side problems:
1. improperly placed disc
2. fistula
3. contour of wall
4. abdominal skin eruptions
5. scars
6. metastasis probably possibly present
COMA

Definition:
Un-arousal, unresponsiveness, even to energetic and repeated stimulation; MEDICAL EMERGENCY

Etiology:
1. most comas are metabolic, traumatic or toxic in origin
2. normal consciousness is maintained by the proper functioning of the reticular activating system (RAS), both cerebral hemispheres and the connections between them, if there is a lesion in one of those areas, a coma may result. The main reasons for malfunction are:
   a. bilateral hemisphere damage or suppression by toxins or drugs
   b. a brainstem lesion or metabolic abnormality which damages or suppresses the RAS

Signs and Symptoms:
1. fever: investigate systemic infection, bacterial meningitis or brain tumor which may affect temperature regulation
2. high temperature with dry skin: investigate heatstroke
3. hypothermia (below 31°C is needed to produce a coma); investigate exposure, hypoglycemia, drug overdose (alcohol, barbiturates, phenothiazine), myxedema or peripheral circulatory collapse
4. abnormal breathing patterns: investigate brainstem illness
   a. shallow and slow: depression from drug or metabolic cause
   b. rapid and deep: metabolic suppression; mild bilateral hemispheral injury (in general, a mild coma)
   c. gasps held in inspiration: severe, fatal brain injury
5. abnormal pulse, hyperventilation and hypertension: investigate increased intracranial pressure
6. hypotension: investigate alcohol or barbiturate overdose, Addisonian crisis, heart attack, internal hemorrhaging septicemia [gram (-) bacteria]
7. abnormal fundoscopic exam: investigate hypertensive encephalopathy, subarachnoid bleeds and intracranial pressure
8. marked petechiae: investigate purpura or hemorrhagic diathesis with an intracerebral bleed

General signs may include:
   a. posturing: decorticate (upper limbs in flexion with lower limbs in extension) or decerebrate (upper limbs in extension and lower limbs in extension)
   b. no response to: conversational voice, shouting, shaking, nasal tickling with a cotton swab, deep pressure on bony prominences
   c. brainstem reflexes present (indicate significant and bilateral hemispheral illness) or absent (brainstem involvement); CN III, IV, VI: eye movements, caloric stimulation test of the oculovestibular apparatus (cold water irrigation of ear canal with bilateral deviation of eyes to side being irrigated); CN V, VII (corneal reflex)

Lab Findings:
1. chemical-toxicologic analysis of urine and blood
2. CT scan or MRI
3. EEG
4. spinal tap for cerebral spinal fluid analysis

Course/Prognosis:
1. brain death occurs when there is a total cessation of cerebral blood flow with massive infarction of the brain when respiratory and cardiovascular functions are uninjured, though respiration needs artificial assistance, it is the only coma state recognized by law as death
2. no clinical signs aside that of brain death are reliable predictors of patient outcome

Differential Diagnosis:
Bleeding areas and associated signs:
1. basal ganglia and thalamic hemorrhage: acute onset with h/a, vomiting, hemiplegia
2. subarachnoid hemorrhage: instantaneous onset; neck stiffness; severe h/a, vomiting; CN III or VI lesions; sudden coma with extensor posturing or just transient loss of consciousness
3. pontine hemorrhage: acute onset; absent reflex eye movements; pinpoint pupils, posturing; hyperventilation; sweating
4. cerebellar hemorrhage: occipital h/a, vomiting, inability to stand
5. basal artery thrombosis: neurologic prodrome or warning spells, dysarthria, vomiting, diplopia, asymmetric limb paresis, eye abnormalities

Causes of metabolic coma:
1. hypoxia, ischemia, hypoglycemia, encephalitis, generalized epilepsy, drug ingestion, hyponatremia, hypercapnia, hyperosmolality, renal failure, hepatic failure
2. rule out metabolic coma if one of the above conditions occur in a patient

Differential Diagnosis:
1. vegetative state
COMA

2. akinetic mutism
3. abulia
4. locked-in syndrome
5. catatonic states
6. pseudocoma conversion states
7. stupor
8. hypersomnia
9. obtundation

Nutrition:
1. IV feeding, nothing by mouth

Supplements:
1. vitamin B-3
2. vitamin B-6
3. magnesium

Botanicals:
1. Acorus calamus (toxic): excitant
2. Arnica montana (toxic): coma as a result of a stroke
3. Atropa belladonna (toxic): coma, concussion

Homeopathy:
1. Arnica: traumatic cause
2. Belladonna: violent head congestion vs. after cold; very red face, throbbing, injected eyes and mydriasis; beating of carotid arteries
3. Opium: heavy, stupid, sleep, complete loss of consciousness; perspiration; prostration, somnolence; face very red covered with hot perspiration; contracted and insensitive pupils
4. Pilocarpus: hot flushes, nausea, salivation, profuse perspiration
CONGESTIVE HEART FAILURE
(also see Edema)

Definition:
A clinical syndrome where the heart is unable to pump blood forward normally, causing congestion in the pulmonary and/or systemic circulation and decreased blood flow to the body tissues due to diminished cardiac output. A.k.a. “dilated or congestive cardiomyopathy”

Etiology:
1. CHF results from primary changes in the myocardium caused by secondary factors creating increased cardiac work
2. It is thought to be the end result of a variety of toxic, infectious and metabolic agents adversely affecting the heart tissues, including anemia, thyrotoxicosis, infection, embolism, arrhythmias, dietary excess, etc.
3. Congenital heart defects are also major risk factors to developing CHF later in the life of the patient

Signs and Symptoms:
1. Heart failure usually occurs in either the left (most commonly) or right ventricle
2. In acute episodes of heart failure, the patient will often present with considerable anxiety and distress; and will also typically be seated on the edge of a chair or bed and be leaning forward in attempts to breathe better; accessory muscles may be used by the patient to aid with inhalation

Left Sided Failure:
a. Due to decreased cardiac output therefore it increases pulmonary venous pressure
b. Results are increased water in the lungs, increased work to breathe and reduced pulmonary complications

Signs and Symptoms:
1. Paroxysmal nocturnal dyspnea (PND)
2. Coughing
3. General and exertional fatigue
4. Aggravation with cold
5. Cardiac signs (palpable/audible 3rd and 4th heart sounds, inspiratory basilar rales, etc.)

Causes:
1. Hypertension
2. Septal defect
3. Mitral regurgitation
4. Coronary artery disease
5. Aortic valvular disease
6. Patent ductus arteriosus

Right Sided Failure:
a. Usually occurs as a result of left-sided failure

Signs and Symptoms:
1. Worsening fatigue
2. Fullness in the neck and abdomen
3. Enlarged liver
4. Systemic hypertension
5. Ascites and dependent peripheral pitting edema
6. Increased A or V waves in the external jugular pulse
7. Other cardiac signs
8. Oliguria

Causes:
1. Left ventricular failure
2. Pulmonary embolism/stenosis
3. Atrial septal defect
4. Tricuspid regurgitation

Biventricular Failure:
a. Usually occurs as a result of alcoholic, viral or non-specific cardiomyopathy
b. The symptoms typically correlate with those of right-sided failure

Lab Findings:
1. Chest x-ray: butterfly/batwing picture, hilar congestion
2. EKG: non-specific for CHF
3. (+) echocardiograph
4. (+) radionuclide studies
5. (+) cardiac catheterization
6. Amino acid analysis: for low levels of taurine
7. UA: may show slight proteinuria with RBCs, WBCs and hyaline casts
8. Urine is concentrated; oliguria with RCHF
9. Increased urobilinogen
10. ESR: sometimes elevated
11. BUN: moderate increase (<60mg/dl)
CONGESTIVE HEART FAILURE
(also see Edema)

12. mild elevation of indirect bilirubin, may see increased ALT, AST, LDH and alkaline phosphatase
13. PT increased

Course/Prognosis:
1. prognosis is not favorable
2. most patients, particularly those over 55, die within 2 years of diagnosis
3. death is due to CHF, cardiac arrhythmias or pulmonary embolism
4. acute pulmonary edema is a medical emergency
5. conventional treatment of CHF consists of salt restrictions, diuretics, digitalis and vasodilators

Differential Diagnosis:
1. other causes of breathlessness or edema (see Edema)

Nutrition:
1. low sugar
2. low fat diet of saturated fats
3. calorie percentages: carbs 70%, protein 12-15%, fat 15-18%
4. high fiber
5. low cholesterol
6. low sodium diet
7. vegetarian cleansing diet or short fasts
8. foods that cool the Liver and Stomach

Remedies:
   a. take 15g of mango skin and 30g of kernels from the fruit stone; steam in water and serve qd
   b. eat fresh pineapple bid-tid
   c. crack open a fresh coconut and drink the juice, tid

Avoid:
1. meat, milk, hot sauces, spicy foods, fried foods, fatty foods, rich foods, salty foods
2. alcohol

Supplements:
1. calcium (1g qd)
2. magnesium (500mg qd)
3. potassium (100mg qd)
4. Co-enzyme Q10 (100mg qd)
5. L-carnitine (1000mg qd)
6. taurine (500mg tid, up to 4g qd)

Hydrotherapy:
1. short cold bath: begin with neutral water and reduce temperature 2 degrees with each subsequent bath

Physiotherapy:
1. aerobic exercise program: for prevention, after diagnosis, mild prescribed by stress test assessment

Botanicals:
1. Apocynum cannabium (toxic): state of debility; slows heart action, increases arterial tension, edema
2. Asclepias incarnata (toxic): diuretic for edema; its action on edema is similar to Digitalis purpurea (toxic) but does not irritate the mucous membranes
3. Capsicum frutescens: stimulant to heart and circulation
4. Convallaria majalis (toxic): edema, feeble circulation, dyspnea
5. Crataegus oxyacantha: hypertrophy, overwork, weakness, cardiotoxic
6. Cystisus scoparius: cardiac edema, myocardial weakness
7. Digitalis purpurea (toxic): hypertrophy, dilation
8. Leonurus cardiaca: cardiac symptoms associated with neurosis, cardiac debility, nervous debility and irritation, restlessness
9. Lycopus virginicus: hypertrophy, dilation; irritability, irregularity of heart
10. Selenicereus grandiflorus (toxic)
11. Strophanthus kombe or gratus
12. Taraxacum officinale (leaf): as a diuretic
13. Urginea maritima (toxic): diuretic

Formulas:
   a. Convallaria majalis (toxic) combines well with Leonurus cardiaca and Selenicereus grandiflorus (toxic)
CONGESTIVE HEART FAILURE
(also see Edema)

b. Crataegus oxyacantha combines well with Selincereus grandiflorus (toxic), Tilia platyphyllos, Viscum album (toxic), Scutellaria lateriflora

c. edema of cardiac origin: Cystisus scoparius, Convallaria majalis (toxic)

Homeopathy:
1. Arnica: vertigo, heaviness and cerebral affection; plethoric people with tendency to hemorrhage
2. Arsenicum album: great prostration; palpitation, irregular pulse, arrhythmia, dyspnea on ascending
3. Cactus grandifloratus: constricting pain, < daytime; dyspnea; > lying on back; sadness
4. Carbo vegetabilis: gastric derangement, cold sweat, burning; > fanning, eructation
5. Digitalis: heart block; weak irregular slow pulse, sensation as if hear stood still; cannot move; “tobacco heart”
6. Glonoinum: before convulsion; nervous irritation; atrial flutter; < form exertion
7. Lycopodium: palpitation at night, after eating and during digestion; ischemic heart disease; structural changes with anxiety
CONJUNCTIVITIS

Definition:
An acute infection of the conjunctiva, which may be viral, bacterial or allergic

Etiology:
1. only 25% of cases are caused by bacteria
2. allergies and viruses (esp. adenoviruses) are responsible for most of the rest, along with other irritations to the eye and cornea (such as smoke, dust, wind, sunlamps, reflection of the snow, the common cold and exanthems)
3. in neonates, the most common cause are chemical (silver nitrate), chlamydia, gonorrhea and other bacteria (Strep. pneumoniae, Staph. aureus, Hemophilus influenza) and viruses (esp. Herpes simplex I and II)
4. bacterial infections may superimpose viral or allergic conditions

Signs and Symptoms:
Viral:
1. clear d/c
2. minimal or absent lid swelling
3. no itching often
4. lymphadenopathy of periauricular node is present
Allergic:
1. clear, mucoid d/c
2. high eosinophils
3. mild to marked lid swelling
4. severe itching with increased lacrimation
5. no nodal involvement
Bacterial:
1. purulent, green d/c
2. high polymorphonuclear leukocytes
3. moderate lid swelling
4. no itching
5. no nodal involvement
6. possible fever

In any of the 3, but more typically in bacterial cases, the patient may wake up in the morning with eyelids agglutinated shut. Children may find this very traumatic the first time it happens

Neonate conjunctivitis:
1. gonorrhea: usually occurs within 3-5 days of birth
2. chlamydia: usually occurs within 5-14 days of birth
3. chemical irritation from silver nitrate (now becoming rare as most hospitals have switched to erythromycin): occurs 6-8 hours after instillation into the eyes

Lab Findings:
1. d/c should be cultured and stained with Gram’s and Wright’s
2. examination of conjunctival scrapings
3. fluorescein stain to rule-out foreign body presence

Course/Prognosis:
Viral:
1. is usually self-limiting in 1-2 weeks
2. highly contagious and care should be taken to not spread the infection form one eye to the other or to another person (the infected person should use separate towels)
Allergic:
1. likely to persist until the season is over (ie. from hay fever in spring), until the allergen is identified and removed from the patient’s exposure to the symptoms are suppressed with antihistamines
Bacterial:
1. treatment should be initiated promptly to avoid eye damage

If the irritating factor is not removed a chronic conjunctivitis may develop with symptoms less severe than that of the acute disease but quite noticeable (redness, itching, smarting, feeling of foreign body)

Differential Diagnosis:
1. inclusion conjunctivitis
2. trachoma
3. vernal conjunctivitis
4. iritis
5. glaucoma
6. corneal ulceration
CONJUNCTIVITIS

Nutrition:
1. foods rich in vitamin A and B complex
2. human mild dropped directly in eye
3. boiled burdock root tea and exposè eye to the steam then drink the tea
4. dandelion root tea or juice for Liver Rising type
5. potato poultice

Avoid:
1. hot, spicy, fried foods, greasy food, fatty foods
2. alcohol, coffee
3. caffeine containing foods: tea, chocolate, cola, coffee

Supplements:
1. vitamin A (50,000-75,000 IU qd and topical applications)
2. vitamin B-2
3. vitamin B-6 (100mg tid)
4. vitamin B complex
5. calcium
6. magnesium

Hydrotherapy:
1. ice cold compress: over eyes for ½ hour, changed every 2 or 3 min.; stop for 1 hour, then reapply
2. poultice: charcoal (taped over eyes at night)
3. hot compress: over eye 1-3 min. followed by potato poultice over eye, covered with cold, washcloth for 5 min.
4. constitutional hydrotherapy plus 3 min. sine over temples before turning patient over

Manipulation:
1. check and align upper cervical vertebrae, T10-12

Botanicals:
1. Anenome pulsatilla (toxic): chronic, with bland yellow d/c
2. Atropa belladonna (toxic): caution with use in children, catarrhal conjunctivitis, acute stage, h/a and pain in eye
3. Berberis spp.: as eye wash
4. Calendula officinalis: dilute as eyewash, antiseptic, hyperemia
5. Cineraria maritima: dilute as eyewash
6. Eucalyptus spp.: externally (with caution), ulcerative conjunctivitis
7. Euphrasia officinalis: compress of decoction and given internally; relief of redness, swelling and visual disturbance in acute and subacute eye inflammations; photophobia, copious acrid mucous d/c
8. Foeniculum vulgare: conjunctivitis; blepharitis; as an eye wash
9. Hydrastis canadensis: diluted as an eye was; as such may be combined with Hamamelis virginiana (leaf) and Euphrasia officinalis
10. Matricaria chamomilla: catarrhal, from colds
11. Phytoficaea decandra (toxic)
12. Quercus alba or rubor: decoction used as compress
13. Rubus idaeus (leaf): as an eyewash, combines well with Euphrasia officinalis
14. Sticta pulmonaria: conjunctivitis associated with hay fever
15. Thuja occidentalis: trachomic eyelids

Formulas:
1. eye drops: Euphrasia officinalis, Cineraria maritima; may add Hydrastis canadensis

Homeopathy:
1. Aconitum napellus: following surgical operations or resulting from a foreign body in eye (if fails the Sulphur); great deal of heat, dryness and burning in the eye; eye feels as if filled with sand, exceedingly sensitive; pains so intense wishes to die; eyeball feels as if forced out or orbit and aches; < when moved, sunlight or toughed; intense photophobia; pupils are contracted and blue circle around cornea; profuse watering after exposure to dry and cold winds, reflection from snow
2. Allium cepa: sensitive to light, profuse bland lacrymation; > open air
3. Apis mellifica: for granular, > cold applications, for purulent cornea; eyes are oversensitive to oeght; conjunctiva reddened or puffy and chemotic; < evening; lids swollen, red, edematous; burning of the tarsi with agglutination of lids; sudden very severe pains shoot through the eyes; no thirst, < heat, > open air
4. Argenticum nitricum: granular; same symptoms as Pulsatilla but in more marked degree, to be used if Pulsatilla fails; d/c abundant and purulent; < warmth,sweets, > cold
5. Arsenicum album: burning in eyes with acid lacrymation, edema around eyes, intense photophobia; > warmth
6. Belladonna: dry; stunning; brilliant; photophobia
7. Euphrasia: catarrhal conj. eyes water all the time; marked inflammation of the entire eye; thick excoriating d/c; permanent blinking
8. **Graphites**: chronic conj. or blepharitis; eyelids red and swollen; eczema of lids, fissured; photophobia; unhealthy skin; thick gluey exudation
9. **Mercurius solubilis**: profuse, burning acrid d/c, after exposure to glare of fire (foundry men); red an swollen lids; < air, warmth, fire, radiation and light
10. **Pulsatilla**: > cold applications; granular pustular cornea; when d/c is thick, yellow or yellow-green and bland; indicated when symptoms have matured; invaluable in ophthalmia, after measles in purulent ophthalmia and in ophthalmia neonatorum (whether gonorrheal origin or not); if fails consider Argenticum nitricum; < night with agglutination of lids in morning; lids inflamed; < heat; > fresh air
11. **Rhus toxicodendron**: granular pustular cornea; useful in conj. caused by getting wet
12. **Sepia**: pustular granular cornea; inflammation is of sluggish type occurring generally in scrofulous children; symptoms are subacute; muco-purulent d/c in morning; eyes feel comparatively comfortable during the day, in evening annoying dryness of conj.
13. **Sulphur**: pustular granular cornea; from irritation of foreign bodies when Aconitum napellus fails; burning ulceration on margin of lids; burning in eyes, < 1-3 am
CONSTIPATION
(also see Bowel toxemia)

**Definition:**
Difficult or infrequent bowel movements. Depending on the patient and situation, constipation can be used to describe difficult stool passage requiring straining, small and/or hard stools, infrequent defecation or a feeling of incomplete defecation. The degree of infrequency which defines constipation is subject to varied medical opinions; naturopathic physicians define healthy elimination as daily at minimum. (see Bowel toxemia)

**Etiology:**

**Acute:**
1. represents a distinct change for the patient and usually indicates an alteration in diet and/or lifestyle, strong stress or an organic cause
2. in patients with no obvious cause and where the constipation is quite recent, a mechanical bowel obstruction should be investigated
3. causes of acute constipation:
   a. **adynamic ileus:** which is often seen with intra-abdominal disease, after a traumatic injury and as a result of general anesthesia
   b. as a side-effect of drug use (esp. aluminum hydroxide, iron salts, bismuth salts, cholestyramine, anticholinergics, opiates, sedatives and tranquilizers)
   c. **colonic tumors** (when the constipation is persistent for weeks or is gradually getting worse)
   d. **anorectal pathology:** herpes simplex outbreak, fissure, etc.

**Chronic:**
1. normal frequency should be an easy, full movement at least once daily
2. factors influencing regularity and ease of stool passage include:
   a. diet
   b. cultural attitudes
   c. individual colonic health and activity
   d. insufficient dietary fiber and roughage
   e. sedentary lifestyle
   f. ignoring defecation urges
   g. frequent travelling
3. the voluntary suppression of the urge to defecate may arise in the child from stresses around toilet training (see Encopresis, course/prognosis) or in the adult from unaccustomed surroundings, unpleasant toilet facilities, a “too busy to spot” lifestyle, medications or conditions requiring confinement to bed
4. as the bowel becomes chronically full, the patient becomes less aware of rectal distention, although associated symptoms such as excessive flatulence, bed breath and h/a may be problematic. Negative feedback then occurs as the constipated patient finally has a bowel movement that proves to be painful, unsatisfactory and necessitates straining. The patient may become even more adverse to defecation because of the discomfort and the situation worsens (constipation to painful stool passage to more constipation)
5. often chronically constipated patients become frequent, dependent laxative abusers, until their bowels can no longer have a movement without laxatives
6. more common in women
7. children with chronic constipation below age 16 and adults with atonic constipation may develop an unpleasant complication known as encopresis (or soiling)
8. causes of chronic constipation:
   a. depression
   b. **decreased colonic motility** (ie. scleroderma, spinal cord injury, Hirschsprung's disease)
   c. **painful anorectal pathology** (ie. hemorrhoids, fissures, abscesses, strictures, carcinoma, hernias, diverticulitis)
   d. metabolic abnormalities (ie. hypothyroidism, hypokalemia, dehydration, hypercalcemia)
   e. **neurologic disorders** (ie. spinal cord injury, multiple sclerosis, Parkinson's senility)
   f. psychological disorders

**Special types:**
1. **psychogenic constipation:** is described as an obsessive-compulsive fixation on frequency and quality of bowel movements. Unhappy with their defecation and anxious if a day is missed, these patients often become dependent on laxatives, developing a "cathartic colon" (a colon that resembles the colon of UC from its lack of haustra on barium enema testing) and demonstrate melanosis in the colon
2. **atonic constipation:** is associated with elderly or invalid (esp. bedridden) patients. There is a lack of normal stimuli eliciting the colon to evacuate and/or the accessory stimuli garnered by eating and physical activity; as a result, feces accumulate in the colon.

**Signs and Symptoms:**
1. infrequent and/or painful defecation
2. small, hard stools
3. feeling of incomplete stool passage
4. straining at stool
5. bloating, flatulence
CONSTIPATION
(also see Bowel toxemia)

6. halitosis
7. full tongue, broad, dry and thick
8. h/a
9. abdominal cramping
10. skin problems (ie. acne vulgaris)
11. decreased appetite
12. anxiety over poor bowel function
13. frequent use of laxatives
14. distended abdomen
15. abdomen tender to palpation
16. feces palpable in colon
17. decreased (or increased) bowel sounds
18. melanosis coli (psychogenic constipation)
19. ampulla full or soft feces
20. non-tender abdomen (atonic constipation)
21. anorectal pathology (ie. fissures)

Lab Findings:
1. increased bowel transit time
2. check occult blood
3. barium enema
4. anoscope/sigmoidoscopy
5. other appropriate tests to rule out suspected underlying disease
6. complete stool analysis to check for bacteria, enzyme, etc.

Course/Prognosis:
1. unless the patient changes the lifestyle factors which usually underlie constipation, the prognosis is for chronic, persistent constipation and associated symptoms or a patient who will become dependent on laxatives
2. chronic constipation may lead to:
   a. fecal impaction: this may be spontaneous or follow a barium enema. The patient presents with rectal pain and spasm and cannot defecate even with the most urgent straining. The patient may experience cramping and the passage of watery mucus or liquid feces around the impacted mass (encopresis). Rectal examination reveals a mass of feces that is often rubbery/putty-like or rock hard. Removal of the mass by the clinician affords great relief.
   b. encopresis: incontinence of feces in a toilet-age child that is not due to an organic illness or defect. Rule out possible pathologies before making the diagnosis. The most common age of patient is 7-8 and it affects boys 3X more that girls. 50% of the children have had control of their defecation before starting encopresis and 50% have never had control. One theory for the development of encopresis is mismanaged toilet training. The suggestion is that parents may try to force toilet training on a child before:
      1. the child’s neuromuscular system is physiologically developed
      2. bowel movements have been coming at regular times
      3. the child comprehends what is expected in the training chair (potty)
      4. the child is willing to sit on the chair and attempt to defecate
   NOTE: with anxious, tense, strict, compulsive, bowel-fixed parents, toilet training becomes an aggravation and struggle; the child begins to hold back to avoid having to defecate. The child might develop some anorectal pathology (ie. fissure that makes stool passage painful, which creates the same cycle as in the adult). The child, ignoring the urge to defecate eventually either loses the stool or has a watery passage of material around the fecal mass (as in the adult atonic constipation). Physical exam reveals normal sphincter tone and a rectal ampulla full of feces. The child may be withdrawn or have poor neurodevelopment (poor coordination, writing/speaking deficiencies). Invasive testing should be minimal; barium enema and x-rays are not usually helpful and sigmoidoscopy should be reserved to those cases where a bowel defect is suspected. Unless a severe psychosis or neurologic condition exists, the prognosis is excellent with caring, patient treatment. The majority of children are no longer encopretic by age 16.

Differential Diagnosis:
1. investigation of cause, including physiologic, mechanical, pharmacologic or behavioral

Nutrition:
1. increase sodium foods
2. increase water consumption, along with fiber (both soluble and non-soluble types)
3. hypoallergenic/rotation diet, esp. if alternating constipation with diarrhea
4. prunes soaked in water
5. flaxseed (1Tbsp. ground on cereal or mixed with ½ glass of water or juice)
6. whey (WHEX concentrated dried goat whey)
CONSTIPATION  
(also see Bowel toxemia)  

7. Black Mission figs soaked in water or fig juice  
8. honey  
9. very ripe bananas, tahini, sprouted seeds, alfalfa sprouts, raw apples, apricots, asparagus, beets, bok choy cooked with beets, burdock root, bamboo shoot, figs, flaxseed, cauliflower, carob, cabbage and Chinese cabbage, sauerkraut, green beans, grapefruit, pineapple, carrots, cherry, persimmons, Jerusalem artichokes, pears, quince, squash, pomegranate, currant, sesame seeds, sunflower seeds, radishes, berries, spinach, sweet potatoes, celery, cucumber, nettle, garlic, onion or dandelion greens, mulberry  
10. grapefruit on an empty stomach in the morning  

Remedies:  

a. eat 2-3 ripe bananas on empty stomach in the morning  
b. honey mixed into warm water to be drank on empty stomach  
c. mix 1 oz. crushed black sesame seeds with ½ cup hot water and drink  
d. mix 2 Tbsp. raw potato juice and 1 Tbsp. honey with a little hot water and drink before breakfast on an empty stomach for 30 days  
e. for hot constipation only: mix 10 oz. cold milk with 3 oz. mashed banana and drink  
f. add water to 3-4 dried figs and let sit several hours until absorbed, then add 1 Tbsp. ground sesame seeds and eat bid  
g. on empty stomach in the morning and mid-afternoon, pour 1 cup boiling water on 2-3 tsp. freshly ground flaxseed and stoop 10 min. then drink the tea at the top  
h. take 12g of plum kernels and crush; add water, steam and serve; wait for at least 4 hrs. before repeating dose  
i. for constipation of the aged: take 10-15g loquat fruit stones and crush them, cover with water and simmer 1 hr., strain to obtain the liquid, add 30g candied honey, mix and serve  
j. take 15g of dried peach kernels (inner kernel removed from peach pit), crush and simmer in water until cooked, add 30g honey, blend and serve [contraindicated for pregnant women]  
k. take 30g dried mulberries and 30g candied honey, add water and simmer until cooked; take prn  
l. eat the flesh of a fresh coconut bid  
m. eat 30g of fresh or boiled, shelled peanuts qd until improvement  
n. simmer 500g of daikon radish in 1 liter of water until liquid is reduced by ½, serve warm  
o. cook brown rice and spinach into a gruel  

Avoid:  
1. food intolerances  
2. salt, starch foods, sugar, chocolate, cheese, blackberries, fried foods, spicy foods, white flour, refined and processed foods  
3. caffeine, coffee, tea, chocolate, alcohol  
4. dairy products  

Supplements:  
1. vitamin B complex  
2. folic acid (up to 60mg qd)  
3. magnesium (600-900mg qd)  
4. lactobacillus acidophilus (may be helpful)  
5. HCl (5-80 grains/meal)  
6. essential FAs  

Hydrotherapy:  
1. constitutional hydrotherapy  
2. sitz bath: alternating  
3. castor oil packs  
4. atonic colon: cool water enema, hold 1 min. OR cool [75°F] sitz bath, 3-8 min.  
5. spastic colon: warm water enema with warm water compress to abdomen, full hot bath 15-20 min.  
6. heating compress to abdomen  
7. cold sitz bath  
8. wet sheet pack: stage 3  

Manipulation:  
1. check and align T9-L3  
2. check lung reflex at T1-T3  

Physiotherapy:  
1. regular aerobic exercise  
2. atonic colon: spondylotherapy, concussion of T1-3  
3. sine: 1º electrode to L2, 2º electrode to rectal sphincter, 20-30 min., 3x/wk  
4. spastic colon: concussion T11 and sine T10 and abdomen  
5. massage: abdomen
CONSTITUTION
(also see Bowel toxemia)

6. abdominal manipulation
7. sine: one electrode at L2 and other electrode over different parts of colon (surging but not rapid)

Hygiene:
1. encourage regular time on toilet each day

Botanicals:
1. Aloe spp.: slow acting in overcoming constipation
2. Atropa belladonna (toxic): obstinate constipation
3. Bryonia alba (toxic): infants, due to difficult digestion of cow's milk, hard stool, dry as if burnt
4. Cascara sagrada: muscular atony
5. Cassia spp. (toxic) (senna): combine with other botanicals
6. Chelidonium majus (toxic): grayish, light or clay colored feces
7. Chionanthus virginicus: light or clay colored feces, dry feces
8. Hydrastis canadensis: sedentary life and much medication
9. Juglans cinerea: atony, flatulence; chronic constipation associated with dyspepsia, combines with Berberis aquifolium and Taraxacum officinale in mild constipation; with Rhamnus purshiana when necessary
10. Linum usitatissimum (linseed, flaxseed): causes no irritation, inflamed mucous membranes
11. Olea europaea (olive oil): rectal injection for impaction; constipation in children
12. Plantago psyllium, ovata (seed): demulcent; use after soaking in water
13. Rhamnus purshiana: chronic
14. Rheum officinale: atonic conditions of bowel, tonifies
15. Rumex crispus: mild
16. Taraxacum officinale (root)
17. Veronicastrum virginicum: improves tone of GI tract, liver
18. Xanthoxylum americanum: atony, stimulates; insufficient secretion

Formulas:
CAUTION: patient may have bowel obstruction
a. add demulcents, carminatives to balance formula
b. Juglans cinerea, Zingiber officinalis (prevents gripping)
c. Cassia spp. (toxic), Mentha piperita, Foeniculum vulgare (seed) + Carum carvi, equal parts
d. for full catharsis: Rheum officinale, Dioscorea villosa, Zingiber officinalis
1. for long term tone: Taraxacum officinale (root)
NOTE: be sure patient is consuming fluid, herbal teas most often act as a diuretic, hence often do not count as fluids

Homeopathy:
1. Aesculus: sensation of fullness; feeling in rectum as if filled with small sticks; stool hard, black, dry, passed with difficulty; back ache after stool
2. Aloe: encopresis; stool with watery or bloody mucus; much gas, loss of urine and stool
3. Alum: no desire for stool for days; violent, ineffectual urging; stool hard as stones with some blood; obstinate constipation with n/v, retching
4. Alumina: dryness of intestinal tract; difficult evacuation, even soft stool requires great pressing; stools hard and knotty (like sheep dung) or soft; no desire until a large accumulation; constipation of pregnant women, children, painters, travelers
5. Bryonia: stools large, hard, scanty, dry as if burnt; constipation accompanied by appendicitis; no urging; stools passed with a great difficulty; in young children with irritability and ill-humor
6. Calcaria carbonica: stool hard, small in quantity, often undigested substances; ineffectual efforts sometimes with pain in evacuation only every 2 days; stools like clay, knotty or serous, feels > when constipated
7. Causticum: hard, pellet-like stools, covered with blood or mucus; even hard stool is voided unnoticed; stool can only be voided while standing
8. Graphites: no urging; no stools for days and blotsches on the face appear; with hemorrhoids/fissures which burn, smart and itch intolerably; aching of anus after stool; stool little round balls, knotted together with shreds of mucus and great pain when passing; people who fail to defecate when urge is apparent
9. Lachesis: anus feels tight as if nothing could go through; feces small, scanty; tenacious; constipation alternating with diarrhea; stool lies close to the anus without passing or urging
10. Lycopodium: ineffectual urging to stool; feels as if something left behind, then excessive, painful flatulence; constriction of the rectum; often associated with hemorrhoids; stools hard, dry or the first part hard, the second soft; constipation of children and pregnant women; lot of rumbling in the abdomen following stool
11. Magnesia muriatica: painful urging before stool; burning in anus during and after stool; constipation in children during dentition; feces are large, long, hard, knotty, but without pain; stools crumble as if burnt, violent tenesmus with scanty evacuation or only emission of flatus
12. Natrum muriaticum: stool hard, crumbly, difficult to expel; causes bleeding; smarting, soreness in rectum after stool; stitches in the rectum; in young people with acne; frequent urging and ineffectual effort
CONSTIPATION
(also see Bowel toxemia)

13. **Nux vomica**: great straining; need strong purgatives; ineffectual desire for stool; caused by excessive use of tobacco, wine, coffee or sedentary habits; stool incomplete; obstinate constipation from inactivity; large, hard feces obstruct intestines

14. **Opium**: no desire for stool; hard, dry, black balls; inactivity, dryness in intestines; paralysis of peristaltic movement; does not usually disturb the person until flatulence builds up in the upper part of the intestines; constipation of old people, travelers

15. **Phosphorus**: stools long, hard, slim, dry; evacuation with straining and trembling of the limbs; urgent and distressing want to evacuate; pain in anus violent; heat in hands an anxiety > application of warm clothes; after stool, tenesmus

16. **Platina**: constipation of travelers; frequent urging; scanty, dry stools as if burnt; constipation after lead poisoning when Nux vomica fails; dryness of the rectum; stools adhere to the rectum like glue or putty sharp, stitches in rectum

17. **Plumbum metallicum**: obstinate constipation; urging to stool with marked retraction of abdominal walls; stools difficult to pass which are black, dry, hard with marked spasm of the sphincter which is painful; anus feels drawn upward; loss of muscular activity

18. **Silica**: offensive stools; hard, difficult and slow to evacuate; foul-smelling flatulence; abdomen hard, swollen; spasmodic sphincter suddenly contracts and partially expelled stool recedes; soreness about the anus with an oozing of moisture; frequent tenesmus; burning and stinging in rectum during stool

19. **Sulphur**: stools hard, knotty, dry as if burnt, large, painful; child is afraid to have stool on account of pain; ineffectual urge with sensation of heat and discomfort in the rectum; hemorrhoids; first effort to stool is painful; constipation/diarrhea; redness about the anus; sensation as if stool left behind

20. **Veratrum**: complete atony if intestines; feces accumulate in large masses and patient strains, often breaking out into a sweat; may be faintness after stool, often accompanied by heat and h/a; constipation of nursing infants
CONTACT DERMATITIS/DIAPER RASH
Also see Eczema

Definition:
Skin irritation caused by primary chemical irritant or a delayed hypersensitivity reaction.

Etiology:
1. caused by exposure to petroleum distillates, soap or other irritants (include plants, such as poison ivy, agents used in the manufacture of clothing and leather, metal compounds, dyes, cosmetics and toiletries
2. some irritants require exposure to light to cause the reaction and are seen as the patient becomes suddenly more sensitive to sunlight
3. allergic dermatitis: is often caused by the very applications used to treat skin irritations; anti-histamines, antibiotics and anesthetics may be used for several years before an allergic reaction develops
4. diaper rash: may be caused by alkalinity of stool or urine; there is also increasing empirical evidence that ingestion of foods to which the child is sensitive, particularly early administration of wheat and dairy, may result in idiosyncratic skin reactions to stool and urine which abate when the offending foods are removed

Signs and Symptoms:
1. itching
2. redness
3. swelling
4. papules
5. vesicles, bullae
6. weeping
7. edema
8. scaling, desquamation
NOTE: significant diagnostic clues may be obtained by examining the location of lesions, as these may suggest the likely irritant

Lab Findings:
1. immune globulins may be elevated for specific antigens

Course/Prognosis:
1. allergic dermatitis from delayed hypersensitivity may take days to develop; if the source of the irritation is removed, the symptoms usually disappear readily; if exposure is allowed to continue, further complications such as excoriation and infection of open sores may result

Differential Diagnosis:
1. atopic dermatitis, psoriasis, seborrheic dermatitis, etc.
2. local infections, esp. candida
3. parasitic exposure
4. emotionally initiated skin changes

Nutrition:
Diaper rash:
1. spread liquid lecithin on affected area
2. apply vitamin E to the affected area
3. in a skillet without oil brown white flour and use as a powder
4. oat flour ground fine as a powder
5. bring to a boil, 1kg raw wheat bran in ½-1 gallon water until it rises up, turn off heat, strain bran water off, add water until it is warm then bathe baby in it

Dermatitis:
1. take 60-150g of pomegranate skin add water and simmer until it thickens; wash the affected area several times a day
2. take 150g of mango skin and simmer in water; wash the affected area several times a day
3. watercress simmered in water
4. soak 30g fresh ginger, sliced fine, in 75ml wine for 24 hours; apply to skin BID

Avoid:
1. diaper rash: food intolerances of baby and if breast feeding (mother)
2. meat, dairy, hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol
4. fruit juices
5. sugar

Supplements:
1. vitamin A (75,000 IU QD)
2. vitamin B complex
3. vitamin B2 (25-50mg QD)
4. vitamin B3 (1g BID)
CONTACT DERMATITIS/DIAPER RASH
Also see Eczema

5. vitamin B5 (500mg BID)
6. vitamin B6 (50mg TID)
7. vitamin E (400-800 IU QD)
8. linoleic acid (1 Tbsp. QD)
9. flax seed oil (1-2 Tbsp. QD)

Lifestyle:
1. fresh air
2. sunlight (unless sensitive to it or cause)

Physiotherapy:
1. peroxide bath

Botanicals:
1. Aloe vera: used externally as a spray
2. Calendula officinalis (succus): apply locally for diaper rash
3. Echinacea angustifolia: locally and internally for aggravated and prolonged cases of Rhus poisoning
4. Grindelia robusta: apply locally for Rhus poisoning
5. Impatiens biflora: topically, fresh juice or frozen into cubes
6. Olea europaea (olive oil): topically for acute dermatitis
7. Solanum dulcamara (toxic): chronic skin affections of a pustular vesicular character
8. Stillingia sylvatica (toxic): skin affections with irritation and serous d/c

Formulas:
a. poison ivy: Lobelia inflata (toxic, moist pack); Ulmus fulva + Echinacea angustifolia

Homeopathy:
*consider a psora miasm constitutionally
1. Apis melifica: burning, redness and swelling of the skin; may be due to cold or heat
2. Arnica montana: inflammation due to contused skin
3. Calendula: ulcers of the skin
4. Cantharis: burning with urinary difficulties
5. Rhus toxicodendron: redness, swelling, itching and burning; < heat
CONTRACEPTION

Methods:

1. Sterilization: tubal ligation in a women and a vasectomy in a man
   a. man's procedure is much less complicated and less expensive and has a lower rate of complications
   b. tubal ligation has an effectiveness of 98-99%; with a very small number of deaths from the procedure (.02-.03%); reversibility rates vary from 25-50%, although this is not guaranteed

2. Rhythm method: abstaining from sex during fertile period
   a. women must be extremely regular to use this type of contraception and even so it is quite risky
   b. ovulation can occur any time during the month and may change monthly, esp. if the woman is under stress, sick, travelling, using alcohol or drugs, etc.
   c. also for some more sexually active couples, the abstinence may not be enjoyed

3. Withdrawal method: removing the penis from the vagina just before ejaculation
   a. effective 98-99% of the time, although pregnancies have been known to occur from the pre-ejaculatory d/c from the penis which can contain some sperm
   b. this type of contraception can only be used by men with excellent ejaculatory control and premature ejaculation is a contraindication for its use
   c. can also create a very anxious atmosphere during love-making and may interfere with wither the man's or woman's orgasm

4. Temperature method: uses the natural rise in body temperature that occurs with ovulation
   a. the woman must have very regular periods to use this method and unless this is practiced extremely carefully pregnancy will result
   b. this method can also be affected by anovulatory cycles, fevers, travel, alcohol and drugs

5. Birth Control Pill (BCP): are hormonal drugs that suppress ovulation in women
   a. in a small number of women, ovulation is never again established (or may take years) once they stop taking the BCP
   b. advantages are that intercourse may be spontaneous without having to stop to deal with a contraceptive device or control
   c. menstrual problems and endometriosis will all be controlled while on the pill
   d. 95-98% effectiveness rate
   e. women must remember to take it daily

6. Cervical Mucus check: depends on the woman checking her cervical mucus daily for its consistency
   a. has a questionable effectiveness rate when used alone (perhaps around 77%)
   b. contraindicated in women with irregular cycles, GC or cystic fibrosis
   c. must be practiced very carefully and sex must be abstained from during the time of ovulation or another form of contraception must be employed

7. Foam (spermacide): has a very low effectiveness rate (est. 58-62%)
   a. easy to use, less messy than creams or jelly, however it interrupts foreplay and is not very effective if used solely
   b. must be reapplied with each act of intercourse
   c. allergic reactions can occur

8. Jelly or Cream (spermacide): effectiveness rate is less than 70%
   a. as with the foam, allergic reactions can occur
   b. disadvantages: leaks from vagina after intercourse as woman sits or stands, some think it has a bad taste or smell and it interrupts foreplay

9. Sponge (spermacide and barrier): basically same as above two
   a. poor protection (est. 73%)
   b. allergic reactions or irritation frequently occur

10. Condom (barrier):
    a. condom alone is only 60-80% effective; with spermacide it is increased to 95%
    b. condoms are easy to use, buy and offer protection against STDs and AIDS (with ones that contain nonoxynol-9)
    c. can help the male afflicted with premature ejaculation, decreases vaginal leakage after intercourse and is not associated with side-effects unless sensitive to latex
    d. they can break, cause irritation if not enough lubricant present, decrease sensitivity for the male

11. Diaphragm (barrier):
    a. always used with spermacide to gains the effectiveness rate of 85-95%
    b. can only be in for about 1-2 hours before sex
    c. must be reinserted with each act of love-making
    d. must stay in the woman from 6-12 hours after intercourse

12. Cervical Cap (barrier):
    a. effectiveness rate is 85-98%
    b. can be inserted up to 12 hours before sex, though which can help making spontaneous without any interruptions
    c. doesn't need to be reinserted for each act of love-making
    d. have been some reports of changes in the cervix resulting form the suction of the cap
    e. it is quite difficult to insert correctly and remove
    f. may be painfully felt by the man or woman during intercourse
CONTRACEPTION

Signs and Symptoms:

Review of complications

1. Sterilization: In the woman, complications include problems with the general anesthesia; bowel or uterine perforations; increased menstrual complaints; risks involved with major surgery; chronic pelvic pain and psychological problems from becoming infertile (the procedure in women is usually not reversible). In men, 1-10% will experience chronic scrotal pain (reversible with surgery) because a vasectomy is an in-office procedure with just local anesthesia there are very low associations with complications (aside from the male feeling inadequate or having other issues arise from the operation). The effectiveness rate is almost 100%

2. Rhythm method: Ovulation can occur anytime during the month and may change monthly, esp. if the woman is under stress, sick, travelling, using alcohol or drugs, etc.

3. Withdrawal method: anxiety during love-making and may interfere with either the man’s or woman’s orgasm

4. Temperature method: can also be affected by anovulatory cycles, fever, travel, alcohol and drugs

5. Birth Control Pill: is a common and dangerous form of contraception and is associated with increased risks of:
   a. blood clots (causing strokes and embolisms)
   b. heart attacks
   c. developing high blood pressure
   d. abnormal blood sugars and become a diabetic (reversible by stopping the BCP)
   e. gallbladder disease
   f. liver disease
   g. endometrial and breast cancer
   h. incidence of vaginitis
   i. incidence of cervical dysplasia and eversion
   j. development of asthma
   k. depression and mood swings
   l. vitamin deficiencies of B6 and folic acid
   m. decrease immune system against viruses
   n. eye pathology
   o. other symptoms (ie. nausea, fluid retention, chloasma, weight gain, etc.)

contraindications:

1. poor circulation
2. uterine fibroids
3. tendency to depression
4. >35 years old
5. any liver diseases
6. abnormal genital bleeding
7. previous or present cancer
8. lactation
9. cystic fibrosis
10. sickle cell anemia
11. pregnancy
use with grave caution in:

1. migraines
2. abnormal blood sugars
3. epilepsy
4. asthma
5. mental retardation
6. heart disease
7. kidney disease

NOTE: BCP plays havoc on the body’s own normal hormonal system and balance

6. Cervical Mucus check: practiced very carefully
7. Foam: allergic reactions and irritation of either the vagina or penis
8. Jelly or Cream: allergic reactions and irritations
9. Sponge: allergic reaction to latex or spermicide; vaginal irritation if not enough lubricant present
11. Diaphragm: reaction to spermicide
   a. 10% of women will experience chronic bladder infections that will cause them to give up the diaphragm
   b. must be fitted properly and rechecked after pregnancy or noticeable weight gain or loss
12. Cervical Cap:
   a. there have been some reports of changes in the cervix resulting from the suction of the cap
   b. allergic reactions

Nutrition:

Therapeutic foods

1. with use of BCP: increase foods rich in B-complex vitamins, esp. B-6
2. gingko nuts
CONTRACEPTION

3. eating wild carrot seed
4. rutin: buckwheat, rye

Supplements:
1. with BCP:
   a. vitamin B-2
   b. vitamin B-6 (50mg TID)
   c. folic acid (5mg QD)
   d. rutin (500mg QD several days preceding and after ovulation)

Botanicals:
Sterility promoting:
1. Cnicus benedictus: infusion of the entire plant; consumed in large amounts by the Quinault Indians to prevent conception
2. Lithospermum ruderale, officinale: cold infuse 1 Tbsp. leaves and stems in 1 cup water; SIG: drink 1 cup/day for 6 months

Implantation prevention:
1. Daucus carota: take 1 tsp. seeds daily from ovulation through end of fertile period; no side-effects known with occasional use, but long-term effects unknown
2. Rutin and vitamin C containing herbs: use several days before through several days after ovulation
   a. Fagopyrum aesculentum
   b. Ruta graveolens (toxic)
   c. Sambucus spp.

Oxytocic:
1. Caulophyllum thalictroides (toxic): contains substances that mimic oxytocin to promote menstrual flow; decoct 1 tsp./cup of water; SIG: drink 1 cup TID
2. Gossypium herbaceum: decoct 1 tsp. root bark/cup of water; SIG: take one tsp. hourly for 1-2 days or 1 cup TID for a maximum of 10 days

Emmenagogues:
1. Artemesia vulgaris: useful for amenorrhea esp. with anemia, soft, thick lymph glands; infuse leaves and flowers using 1 tsp./cup of water; SIG: drink 1 cup TID for a maximum of 6 days. Caution: drinking an infusion of more than 40g/liter can cause liver and kidney disorders
2. Cimicifuga racemosa: decoct root using 1 tsp./cup of water; SIG: drink 1 cup TID for a maximum of 6 days
3. Hedeoma pulegioides: use with caution only the hot infusion of dried leaves not essential oil; infuse 1 tsp. leaves/cup of water; SIG: 1 cup TID for a maximum of 6 days
4. Petroselinum sativum: stimulates smooth muscle contractions; decoct 1 tsp. fresh leaves and stems/cup of water; SIG: drink 1 cup TID; may insert a fresh, clean stem of parsley into the cervical os and change twice a day for 3 days
5. Tanacetum vulgare: use infusion of leaves and flowers 1 week before up to 2 weeks after menses due or use 10 drops tincture every 2 waking hours until menses begins
6. Zingiber officinale: decoct fresh grated root; SIG: drink 1-2 cups TID

Complementary Herbs and Formulas:
DO NOT exceed these dosages or durations

1. tincture: Caulophyllum thalictroides (toxic) + Cimicifuga racemosa + Hedeoma pulegioides (toxic); SIG: 20 drops of each tincture in 1 cup warm water, drink slowly ; repeat every 4 hours for no longer than 5 days; continue one full day after menses starts
2. formula: Caulophyllum thalictroides (toxic) [6 dr.] + Hedeoma pulegioides (toxic) [2 dr.]; SIG: 20 drops every 2 hours for 5 days
3. formula (emmenagogue tea): Caulophyllum thalictroides (toxic) [2 Tbsp.] + Hedeoma pulegioides (toxic) [3 Tbsp.] + Tanacetum vulgare [2 Tbsp.]; decoct the Caulophyllum then infuse the remaining herbs in the decoction for 30 minutes; strain; SIG: drink 1 hot cup every 4 hours up to 5 days; 1 Tbsp. brewer’s yeast added to every cup enhances effect
COSTOCHONDritis
closely related to Tsietze’s syndrome

**Definition:**
Pain and swelling in one or more of the costochondral articulations; very closely related to “Tsietze’s syndrome”

**Etiology:**
1. unknown
2. Tsietze’s disease: usually occurs in patients less than 40 years old and strikes both genders equally
3. Costochondritis: most commonly affecting women and the age group in over 40 years of age

**Signs and Symptoms:**

Tsietze’s:
1. pain may radiate to the shoulders or arms; may be worse sneezing, twisting the chest, coughing, deep breathing
2. swelling (not seen in costochondritis), helpful in discriminating the two
3. usually the 2nd or 3rd articulation is involved in Tsietze’s (costochondritis the 3rd, 4th or 5th articulations are involved)

Costochondritis:
1. pain but no swelling; radiation to the shoulder and arms can also occur and can also be worse sneezing, coughing, etc.
2. commonly seen in the 3rd, 4th and 5th costochondral joints

**Lab Findings:**
1. helpful in only ruling out other disease conditions as cause of pain

**Course/Prognosis:**
1. prognosis is good, the disease is self-limiting and usually disappears within 6 months

**Differential Diagnosis:**
1. cardiac problems
2. abdominal problems
3. musculoskeletal problems
4. thoracic problems

**Nutrition:**

**Acute:**
1. increase fluids
2. short fruit or vegetable juice fast

**Chronic:**
1. hypoallergenic/rotation diet

**Specific:**
1. citrus peel, figs, honey, sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat milk
2. vitamin C foods
3. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root

**Avoid:**
1. food intolerances
2. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol, caffeine, coffee

**Supplements:**
1. vitamin B-6 (50mg TID)
2. *vitamin C
3. vitamin E (topically)
4. manganese (30mg QD)
5. bromelain (500mg TID)

**Manipulation:**
1. avoid adjusting anterior rib
2. check and align posterior rib, sacral level

**Physiotherapy:**
1. relaxation breathing
2. ice: massage locally
3. moist heat
4. support: rib belt or 6” Ace bandage to minimize motion
COSTOCHONDRITIS

closely related to Tsietze’s syndrome

**Botanicals:**
Consider anti-inflammatories
1. Angelica archangelica
2. Arnica montana (toxic): internally or as a fomentation
3. Dioscorea villosa
4. Gaultheria procumbens (oil): locally
5. Guaiacum officinale
6. Matricaria chamomilla (oil): locally
7. Rosemarinus officinalis (oil): locally
8. Salix spp.

**Homeopathy:**
1. Apis mellifica: redness, heat and swelling
2. Arnica montana: articulations and cartilagenous connection of chest feel as if beaten when moving breathing or coughing; violent stitching pain; pain from working in a constrained position
3. Hypericum: excessive painfulness
4. Lachesis: pain in wrist joints as if sprained; phlegmonous inflammation of hand with swelling
5. Lycopodium: hands numb; right hand
6. Mezereum: stitching pains; < cold air; bruised, weary feeling in wrist; intolerant of all touch
7. Rhus toxicodendron: < wet weather, after rest; > on motion; tenderness of carpal articulation; great swelling of hands
8. Ruta graveolens: wrist feel as if sprained; stiff, < in wet cold weather; bones in wrist as if bruised, during rest and motion; soreness
9. Sulphur: stiffness of wrists esp. in morning; pain in wrist as if sprained; burning pain
CROHN'S DISEASE/REGIONAL ENTERITIS
Also see Ulcerative colitis and Celiacs disease

Definition:
A non-specific, idiopathic, inflammatory disease usually affecting the lower ileum but often involving the colon and other parts of the GI tract; also called granulomatous ileitis or ileocolitis

Etiology:
1. may involve a hyper-immune response in the large intestine as a result of food sensitivities
2. avoidance may not always ameliorate the condition, as the patient needs to rebuild the lining of the intestine
3. most cases begin before age 40, with peak incidence on the 20's
4. it is equal in both sexes
5. more common in Jews
6. shows familial tendencies

Signs and Symptoms:
1. acute abdomen
2. chronic diarrhea with:
   a. abdominal pain
   b. fever
   c. anorexia
   d. weight loss
   e. abdominal mass

Lab Findings:
1. x-ray: shows segmental disease and narrowed lumen
2. biopsy

Course/Prognosis:
1. chronic inflammation of the intestines causes ulceration which, if the inflammation continues to progress, ultimately lead to extensive fibrosis
2. inflammation, deep ulceration, edema and fibrosis lead to secondary complications such as obstruction, fistula formation and mesenteric abscesses
3. appropriate dietary management improves prognosis
4. some physicians have observed an association between Crohn’s and dental amalgam mercury syndrome

Differential Diagnosis:
1. appendicitis
2. bowel obstruction
3. volvulus
4. ulcerative colitis
5. diverticulitis
6. Celiac disease
7. irritable bowel syndrome
8. other inflammatory GI conditions

Nutrition:
1. hypoallergenic/rotation diet
2. correct nutrients deficiencies
3. provide adequate calories
4. short (3-5 day) fasts are recommended as are an alkaline juice fast
5. high complex carbohydrate, high fiber diet
6. all foods must be eaten slowly, chewed and salivated well; eat in a calm atmosphere, do not read or watch television while eating
7. be careful with food combinations: esp. avoid starch, sugar, protein combinations (ie. cheesecake)
8. avoid eating too many food types at one time; stick to one type of starch per meal
9. eat more steamed vegetables than raw ones

Acute Phase (1-3 weeks):
   a. breakfast: whole brown rice cereal (cook 3-4 Tbsp. rice flour with 2 cups water, stirring constantly over heat), 2 tsp. olive or corn oil
   b. morning snack: raw grated apple or applesauce or baked apples (sour or semi-sour only; ie. Granny Smith apples)
   c. Lunch: vegetable soup from celery, parsley, squash, zucchini, pumpkin, carrot, potatoes (blend and strain), steamed carrots and squash, rice or millet or barley or potato, 2 tsp. olive or corn oil
   d. Afternoon snack: same as morning
   e. Dinner: same as lunch

As improvement occurs:
CROHN’S DISEASE/REGIONAL ENTERITIS
Also see Ulcerative colitis and Celiacs disease

a. breakfast: oatmeal 3x/week; add soft boiled egg during one meal 3x/week
b. snacks: add almonds (raw and blanched) with apples
c. Lunch and Dinner: if no intolerance to dairy, add yogurt (preferably goat), green beans, waxed beans, lettuce, cucumber, green onion, parsley, celery, garlic, lentils, peaches, apricots, watermelon, grapefruit, grapes, ripe bananas, goat whey
d. Supplements: liquid chlorophyll, alfalfa tabs, calming herb tea (lemon balm [6], oat straw [6], chamomile [3], spearmint [3], orange [2], lavender [2], rose hips [1])

After stabilization:

a. vegetarian sample diet
b. cruciferous vegetables to be eaten only with carminatives (fennel, caraway, cumin, anise, dill)
c. potato broth, cooked carrots, okra, steamed and mashed parsnips, squash, pumpkin, figs and flaxseed tea, steamed zucchini and squash, papaya, grated raw apple, applesauce, ripe peaches without skin, banana (not in Cold conditions), rice porridge, miso soup, slippery elm gruel, psyllium seed powder, flaxseed powder
d. foods high in omega-3 and -6 FAs: vegetable, nut, seed oils, cold water fish, evening primrose oil, black current oil, flaxseed oil

Remedies:

a. pour boiling water over 15g dried powdered apple and serve BID

Contraindicated foods:

a. artichoke, grape skins and seeds, roughage, raw foods, cold foods

Avoid:
1. food intolerances
2. wheat, dairy, corn, peanuts, meat, soybeans, most legumes, oranges, sugar, hot sauces
3. carrageenan-containing foods, refined and processed foods, sweet foods, spicy, fried, fatty, rich and/or salty foods
4. coffee, caffeine, alcohol

Supplements:
1. vitamin A (50,000-75,000 IU QD)
2. vitamin B-12 (IM)
3. vitamin C (1g QD)
4. vitamin E (800 IU QD)
5. folic acid (20-30mg QD)
6. magnesium
7. zinc picolinate (30mg QD)
8. quercetin (500-1000mg QD, 15 minutes before meals)
9. omega –3 FAs (2-3g TID)
10. lactobacillus acidophilus
11. liquid chlorophyll
12. alfalfa tabs
13. chlorella

Hydrotherapy:
1. constitutional hydrotherapy
2. heating compress: abdomen
3. wet sheet pack: stage 3

Manipulation:
1. check and align T5-T9

Physiotherapy:
1. relaxation breathing

Botanicals:
1. Aconitum napellus (toxic): acute exacerbation, irritated mucous membranes
2. Althea officinalis: demulcent, vulnerary
3. Atropa belladonna (toxic): according to indications; anti-spasmodic, congestion of blood
4. Bryonia alba (toxic): acute inflammatory disease, according to indications
5. Cnicus benedictus: enteropathy with flatulent colic
6. Echinacea angustifolia: sepsis, putrefaction, stimulates repair
7. Glycyrrhiza glabra: anti-inflammatory
8. Matricaria chamomilla: enteritis; carminative, spasmylytic; anti-inflammatory; GI disturbance with irritability in children
9. Plantago ovata (seed coat): 1-2 tsp., 2-3 times per day with adequate fluids

Formulas:

a. "OO": Ulmus fulva, Geranium maculatum; SIG: take 2 "OO" caps TID, best before meals
CROHN’S DISEASE/REGIONAL ENTERITIS
Also see Ulcerative colitis and Celiacs disease

b. Robert’s formula: may cause irritation in certain patients
   1. Althea officinalis, Echinacea angustifolia (root), Geranium maculatum, Hibiscus esculentus, Hydrastis canadensis, Phytolacca americana (toxic), Ulmus fulva; SIG: ¼ - ½ tsp. every 2 hours for acute
   2. can add niacinamide and raw duodenum

Homeopathy:
1. Belladonna: distended, hot, tender, swollen abdomen; cutting pain across abdomen; h/a, fever, extremely sensitive to touch, bed clothes, < jarring, pressure
2. Bryonia: burning pain, stitches; < pressure, coughing, breathing; > heat but patient wants to lie in cool room; tenderness of abdominal walls
3. Iris tenax: fearful pain in iliocecal region, great tenderness to pressure on one spot; deathly sensation in stomach pit
4. Lachesis: cutting or tearing pain right side of abdomen; cannot bear anything around waist, patient lies on back with clothing lifted from abdomen; abdomen tympanic; < slightest touch
5. Mercurius corrosivus: bruised sensation in region of appendix, bloated; painful least touch; < night
6. Phosphorus: sharp cutting pains; sensation of great weight in abdomen; < touch; hanging down sensation and sensation of great weight in abdomen
7. Silica: pain of painful cold feeling in abdomen; > external heat; hard, bloated; inguinal glands swollen and painful; <after eating, pressure of clothes; tightness across abdomen
CROUP

**Definition:**
Acute laryngotracheobronchitis; an acute inflammation of the upper and lower respiratory tracts, characterized by inspiration stridor, subglottic swelling and respiratory distress that is most pronounced on inspiration.

**Etiology:**
1. parainfluenza viruses are the major pathogens
2. spread is most commonly airborne or by contact with infected secretions
3. generally age group 6 months to 3 years

**Signs and Symptoms:**
1. usually preceded by URI
2. barking, spasmodic cough, may mark the onset of inspiratory stridor (commonly at night)
3. respiratory distress
4. tachypnea
5. obvious inspiratory retractions of the skin (ie. above the clavicle)
6. cyanosis with increasingly shallow respiration may develop as the child tires
7. auscultation reveals prolonged inspiration and stridor with expiratory rhonchi and wheezes
8. rales may also be present
9. symptoms worsen at night and may be better in mornings

**Lab Findings:**
1. diagnosis is clinical (see Etiology)

**Course/Prognosis:**
1. obstruction increase the work of breathing and as the child tires, results in hypercapnia
2. hypoxia without hypercapnia commonly occurs due to parenchymal pulmonary infection
3. atelectasis may occur if the bronchioles become obstructed

**Differential Diagnosis:**
1. epiglottitis
2. foreign body in throat
3. diphtheria
4. retropharyngeal abscess

**Nutrition:**
1. eat as little as possible
2. increase fluids
3. short fast
4. increase vitamin C foods
5. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables

**Avoid:**
1. dairy products, esp. cow's milk
2. sugar and sweets
3. catarrh forming foods: oranges, tofu, tomatoes, meat, ice cream, shellfish
4. heavy protein foods, fats, meats
5. vinegars
6. white bread, refined foods, processed foods

**Supplements:**
1. general immune support
2. vitamin A (50,000 IU QD)
3. vitamin C (1-6g QD)
4. zinc (30mg QD)

**Hydrotherapy:**
1. steam inhalation
2. Russian steam bath
3. hot fomentation (chest)
4. heating compress to chest; consider wet T-shirt worn overnight
5. hot foot bath

**Manipulation:**
1. T1, T2, upper cervicals
CROUP

Botanicals:
1. Aconitum napellus (toxic): clears heat
2. Allium sativum
3. Cephaelis ipecacuanha
4. Echinacea angustifolia: purifies blood
5. Eucalyptus globulus: membranous croup with Pilocarpus jaborandi
6. Lobelia inflata (toxic): anti-spasmodic without depression
7. Phytolacca americana (toxic)
8. Sticta pulmonaria: with Trifolium pratense
9. Stillilongia sylvatica (toxic)
10. Trifolium pratense: spasmodic croupy cough

Formulas:
a. Eucalyptus globulus, Lobelia inflata (toxic), Pimpinella anisum, Sanguinaria canadensis (toxic), Stillilongia sylvatica (toxic)

Homeopathy:
1. Acetic acid: membranous croup, lining membrane of larynx and trachea covered with fibrinous exudation; difficult breathing and hissing respiration; rattle from laryngeal obstruction; < at each inhalation; no thirst; child swallows with difficulty, even a teaspoon of water, bright redness of face, < evening with coldness, at night; heat, dry skin and delirium
2. Aconitum napellus: from exposure to dry, cold NW wind; child is aroused from sleep by long suffocative attacks; cough hard, dry, barking but not yet wheezing nor sawing respiration; cough and loud breathing during expiration, but not during inspiration; every expiration ends with a course hacking cough; fear of choking to death; high fever; dry skin, anxiety and restlessness; child in agony and throws itself about, > from cold drinks and < after eating
3. Arsenicum album: larynx sensitive to pressure; hoarseness in daytime; dyspnea and suffocative spits at night, esp. after midnight; croup with coryza; cannot breathe through nose, with restlessness and thirst, but can only take sip and is always < after drinking; child feels cold and want to be covered; croup before or after hives or nettles-rash, great prostration
4. Belladonna: case characterized by single attacks, hollow cough, with strangulation and putting hand on larynx; fauces red and great sensitiveness of lower portion of larynx to the slightest pressure, < when coughing, talking or taking breath; painful dryness of larynx, great aversion to all drinks; hoarseness with flushed face and congested eyes
5. Bromium: hoarseness several days; in evening near aphony, jumping up for want of breath while eating or drinking anything cold, > after warm, hot drinks; more difficult swallowing fluids than solids, < by warm air in the room; child ants to be carried; whistling breathing with danger of suffocation from too much phlegm; < before midnight, > after it; suits light complexioned children, light hair, eyes
6. Hepar sulphur: cough < by dry cold wind, swelling below larynx; rattling, choking < in the early hours of the morning; child chokes with coughing spell, has to sit up and bend the head back, > being kept warm, < after warm; cough and eating, every little motion causes slight perspiration, or clammy, sour sweat; frequent desire to urinate, dark yellow and depositing a white sediment; cough comes as soon as child lies down at night and get < toward morning; sensation of fish bones in the throat, causing stitching pain from ear to ear when swallowing or turning around
7. Iodine: black-eyed dark complexion children; wheezing, sawing respiration, with dry, barking cough during which the child strangles so that he clutches his throat; tendency to torpor, difficult inspiration, > cold and after eating, constant desire to change position; coldness of face in very fleshy children
8. Ipecacuanha: catarrhal croup, convulsive evening cough; expectoration of mucus, with metallic taste, rigidity of body followed by jerking of arms toward each other; N/V < from least motion
9. Kali bichromicum: suitable for fat, light haired and plump children; gradual and insidious onset; expectoration of tough, stringy mucus, < on waking, at night with definite aggravation at 3 am; deglutition painful, tonsil and larynx is red, swollen and covered with a false membrane, difficult to detach > breathing; head bent backward, breath offensive, death from aphyxia if not relieved; cough < from undressing > warm in bed; Lachesis follows well
10. Lachesis: children subject to inflammatory rheumatism, < after sleep, after short nap; when totally aroused breaths more freely, cannon bear anything toughing the neck, < left side of throat; sensation of crumb of bread sticking in throat causing frequent hawking and swallowing
11. Phosphorus: hoarseness, with tendency to relapse in tall, slender nervous children, even aphony after croup, > toward morning, a feeling of hunger demanding food for relief; pain in larynx when speaking, child says it hurts him to talk
12. Sambucus nigra: spasm of the glottis during sleep; attacks just after midnight, and from lying with head low; frequent waking from fear of suffocation; mouth and eyes half open, profuse perspiration only after waking, dread of being uncovered
13. Sanguinaria: pseudo-membranous croup; aphony, with swelling of the throat; steady severe cough without expectoration, with pain in the head and circumscribed redness of the cheek
14. Spongia tosta: children with fair complexion; no mucus rales with the croup; cough dry, sounds like a saw driven through a pine board; fear of choking to death, < when lying down, before midnight, > from warm food and drink; croup does not extend below larynx
CUSHING’S SYNDROME

Definition:
It is a constellation of clinical abnormalities due to chronic exposure to excesses of cortisol (the major adrenocorticoid) or related corticosteroids; may be dependent or independent of ACTH regulation by the pituitary. “Cushing’s disease” is generally accepted as referring to Cushing’s syndrome from excess ACTH secretion.

Etiology:
1. pituitary adenoma may secrete excess ACTH; so may a non-pituitary tumor such as an oat cell carcinoma of the lung
2. it is often impossible to discern histologic abnormalities in the pituitary from which the over-stimulation of the adrenal cortex arises (suggests over-stimulation of the pituitary by the hypothalamus)

Signs and Symptoms:
Overproduction of cortisol causes the body to make sugar from its own tissues; this causes wasting of structural proteins and increased blood sugar levels force the insulin response of fat production. From this arise a series of symptoms and signs:
1. round “moon” faces
2. truncal obesity with supraclavicular and dorsal cervical fat pads referred to as “buffalo hump”
3. distal extremities and fingers usually quite slender
4. muscle wasting and weakness
5. thin, atrophic skin with poor wound healing and easy bruising
6. purple striae (stripes) may appear on the abdomen due to rapid growth of fat and weakened capillaries
7. hypertension, renal calculi, osteoporosis, glucose intolerance are seen
8. females often have menstrual irregularities
9. increased production of androgens in addition to cortisol may lead to signs of virilism in females

Diagnosis is generally made via plasma cortisol measurements which should fall as the day goes on; a dexamethasone test is a good screening test.

Lab Findings:
1. excess serum cortisol production with loss of diurnal variation
2. increased urinary free cortisol (best test)
3. increase urinary 17-KS, 17-OHKS
4. dexamethasone depression test if any of above abnormal
5. ACTH levels low or undetectable

Course/Prognosis:
1. once adrenal hyper-function is established, radiographic studies of the pituitary should be ordered along with a careful search for non-pituitary ACTH-producing neoplasm
2. adrenal tumor should also be investigated
3. treatment involves controlling hyper-function of the pituitary or adrenal cortex

Differential Diagnosis:
1. pituitary adenoma
2. ectopic ACTH-producing adenoma (primary lung tumor)
3. adrenal adenoma

Nutrition:
1. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

Homeopathy:
1. Ammonium carbonicum: 30c BID; obesity always tired and weary; take cold easily; forgetful; ill humored, gloomy during stormy weather; weepy, unreasonable; patients have a slow reaction generally; uncleanness, heaviness in all organs; swelling of parts, glands
2. Calcarea carbonica: impaired nutrition; patients who grow fat, are large bellied with large head, pale skin and chalky look; great sensitiveness to cold; partial sweats; apprehensive; < toward evening, from exertion (physical or mental); raised blood coagulability; swelling of glands and rachitic condition
3. Capsicum: fat, indolent; opposed to physical exertion, averse to go outside of their routine; get homesick easily; weak diminished vital heat; not much reactive force; general uncleanness of body; myalgia, aching and jerking of muscles; stomatitis, burning pains and general chilliness
4. Ferrum metallicum: weakly persons, anemic and chlorotic, with pseudo plethora, who flush easily; cold extremities; over-sensitiveness; < after any active effort; irregular distribution of blood; muscles flabby and relaxed; irritability, slight noises are unbearable; > walking slowly about; dropsy after loss of vital fluids; pulse full but soft and yielding also small and weak
5. Graphites: fat, chilly and costive with delayed menstrual history; take cold easily; constipation; anemia with redness of face; tendency to obesity; unhealthy skin, every little injury suppurates; apprehensive, despondency, indecision
CUSHING’S SYNDROME

6. **Thyroidinum**: anemia; emaciation, muscular weakness; sweating; h/a; nervous tremor of face and limbs with tingling sensations and paralysis; rickets; delayed union of fractures; craving sweets; excessive obesity; great weakness and hunger; easy fatigue; weak pulse; tendency to fainting; palpitation; cold hands and feet; various types of edema
CYSTIC FIBROSIS

Definition: An inherited disease of the eccrine perspiration glands and the exocrine glands, causing problems mainly in the digestive and respiratory tracts. CF usually begins in infancy presenting as chronic respiratory infections, abnormally thick mucus secretions, pancreatic insufficiency and susceptibility to extremes of heat.

Etiology:
1. is an inherited autosomal recessive gene, although the underlying metabolic defect is unknown
2. more common in white people (1:1,600-2,000), than black people (1:17,000) and is rare in Orientals
3. most common in descendants of European origin
4. 90% of patients, diagnosis is made in infancy or childhood
5. 10% of patients with milder symptoms escape detection until adolescence or young adulthood
6. glandular involvement occurs in one of three ways:
   a. glands becoming clogged by viscid or solid eosinophilic material in the lumen (intestinal glands, pancreas, gallbladder, submaxillary glands and intrahepatic glands)
   b. glands that produce an marked increase in their normal histological secretions (tracheal, bronchial, Brunner’s glands)
   c. glands that produce normal histological secretions but exude excessive amounts of sodium and chloride (sweat, small salivary and parotid glands)

Signs and Symptoms:
Respiratory/Cardiovascular:
1. bronchitis, bronchopneumonia, bronchiectasis, lung abscess, aspergillosis (allergic)
   a. most common bacteria colonizing CF lungs: Pseudomonas aeruginosa, Pseudomonas cepacia
2. atelectasis
3. sinusitis, nasal polyps
4. pulmonary hypertension
5. cor pulmonale and CHF
6. hemoptysis
7. pneumothorax
8. respiratory failure

Gastrointestinal:
1. intestinal:
   a. meconium ileus
   b. volvulus
   c. ileal strisia
   d. rectal prolapese
   e. intussusception
   f. fecal impaction
   g. pneumatosis intestinalis
2. pancreatic:
   a. nutritional deficit and failure to thrive due to pancreatic insufficiency
   b. steatorrhea
   c. DM
   d. Recurrent pancreatitis
3. hepatobiliary:
   a. atropic gallbladder, cholelithiasis
   b. loss of bile salts
   c. focal biliary cirrhosis
   d. portal hypertension: esophageal varices, hypersplenism, hemorrhoids

Reproductive System:
1. males: sterility, absent or defective vas deferens/epididymis/semen vesicles
2. females: decreased fertility, increased viscosity of vaginal secretions (although many women have been able to carry pregnancies to term

Skeletal:
1. retarded bone age
2. demineralization
3. hypertrophic osteoarthropathy

Other:
1. clubbing of nails
2. salt depletion
3. heatstroke
4. retinal hemorrhage
5. salivary gland hypertrophy
6. apocrine gland hypertrophy

Lab Findings:
1. meconium in neonates contains significant amounts of serum proteins, particularly albumin; meconium ileus may present as initial finding
2. pilocarpine iontophoresis sweat test: CF patients have increased levels of sodium and chloride
3. pancreatic secretions show no or just slight amounts of digestive enzymes and bicarbonate
4. stool trypsin is not present or present only in greatly decreased amounts
5. hair analysis (+) for increased sodium
6. serum ELP shows increased gamma globulin

**Diagnosis:**
1. respiratory changes evident on x-ray
2. pancreatic insufficiency with associated symptoms
3. increased sodium and chloride levels with pilocarpine test

**Course/Prognosis:**
1. today the average survival for CF patients is approximately 20 years
2. many patients survive into their 20's and 30's
3. prognosis is better with the earlier diagnosis so that complications (esp. pulmonary) are better identified and properly treated
4. sickness and death are related mostly to the severity of pulmonary involvement

**Differential Diagnosis:**
1. asthma
2. bronchitis
3. proper diagnosis is needed to prevent treating the sequelae of CF as the primary problems(s)

**Nutrition:**
1. 60-70% complex carbohydrates
2. 10-15 fat, mostly from MCT (medium chain triglycerides), caprylic and capric FAs as a liquid fat used like vegetable oil
3. 15-30% protein
4. pancreatin is given with each meal
5. water soluble and fat soluble vitamins as prescribed by physician
6. foods rich in vitamin A without fat
7. foods that rid Dampness and tonify Lungs
8. organic sodium foods (celery) in hot summer months

**Avoid:**
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods, sweets and sugar
2. alcohol, coffee, caffeine

**Supplements:**
1. vitamin A
2. vitamins B complex
3. vitamin C
4. vitamin D
5. vitamin E (800 IU QD)
6. vitamin K
7. pancreatic enzymes
8. selenium (200-400mcg QD)

**Manipulation:**
1. check and align: upper cervicals
2. mobilize and adjust ribs
3. release accessory muscles (include first rib)

**Physiotherapy:**
1. stretch/release: accessory respiratory muscles
2. tapotement: with cupped hand to back (over lungs) with head of table lower than hips

**Homeopathy:**
1. Antimonium tartaricum: great rattling of mucous but little expectorated; burning sensation in chest; must sit up; bronchial tubes overloaded with mucous
2. Arsenicum album: wheezing respiration; unable to lie down, fears suffocation; airways constricted; suffocative catarrh; profuse perspiration; asthmatic respiration
3. Carbo vegetabilis: spasmodic gaging and vomiting of mucous; wheezing and rattling of mucous in chest; spells of long coughing attacks < evening, open air, after eating and talking; profuse perspiration, cyanosis
CYSTIC FIBROSIS

4. **Hepar sulphur**: choking cough; suffocative attacks, has to rise up and bend head backwards; anxious wheezing; profuse expectoration
5. **Ipecacuanha**: cough incessant and violent, with every breath; chest full of phlegm but does not yield to cough; bubbling rales

**Cell Salts:**
1. **Calcarea fluorica**: address Fluoric diathesia
**CYSTITIS**

**Definition:**
An acute inflammation or infection of the urinary bladder

**Etiology:**
1. most bladder infections are due to gram-negative bacteria that invade through the ascending route (vagina or rectum-urethra-bladder)
   a. E. coli is the most common infectious agent (80-85% of infections), followed by Klebsiella, Proteus, Enterobacter aerogenes and Pseudomonas aeruginosa
   b. Occasionally Staph albus/aureus or Strep faecalis, gram-positive organisms are involved
2. is very common (accounting for over 6 million office visits yearly in the US)
3. occurs in the female 10 times more often than in the male (due to their shorter urethra), except as infants when both sexes are equally affected
4. patients may be extremely symptomatic or asymptomatic
5. the contraceptive diaphragm is implicated in up to 10% of women who suffer from recurrent cystitis

**Signs and Symptoms:**
The onset of cystitis may be very sudden (within 1 hour) or may be more gradual developing within a day or over the course of several days
The typical presentation of cystitis is:
1. burning pain on urination; at the start, during, at the end or through the whole flow
2. constant burning in the suprapubital area
3. frequency, urgency, nocturia
4. low back pain
5. fever, chills and other systemic symptoms are usually absent; if they are present consider a severe infection or spread up to the kidneys

**Lab Findings:**
1. UA: may show pyria, hematuria and bacteriuria
2. Urine: may be cloudy, bloody and malodorous
3. 2 cup urine catch: is recommended; the first 10-20 ml examines the urethra and the next 200ml would be a clean catch of the bladder
4. growth of over 100,000 organisms per ml indicates infection, although marked bacteriuria may be absent in some patients with true cystitis, esp. in asymptomatic patient; if the specimen was garnered with catherization or suprapubic aspiration, bacteriuria of 100-1000/ml is sufficient
5. a urine specimen containing > 5 WBC/hpf definitely constitutes pyuria; > 2 RBC/hpf is considered abnormal and should lead to more investigation
6. it is recommended for women to also get a swab of vaginal secretions to check for vaginitis to rule out Gonorrhea, Chlamydia, Trachomatis, Trichomonas, Hemophilus and Candida

**Course/Prognosis:**
1. in acute uncomplicated cystitis, the typical conventional response is antibiotics
2. if there is some sort of urinary abnormality, neuropathic GU tract lesion or obstruction uropathy, surgery may be required to correct the situation
3. if the disease becomes recurrent, conventional treatment is daily doses of medication for long-term use

**Differential Diagnosis:**
1. vaginitis
2. urethritis
3. pyelonephritis or glomerulonephritis
4. herpes simplex genital eruptions

**Nutrition:**

**Acute:**
1. increase fluids, esp. soothing, immune stimulating herbal teas
2. short fruit or vegetable juice fast

**Chronic:**
1. hypoallergenic/rotation diet
2. all cooling and diuretic foods, food that clear Heat
3. foods rich in vitamin A, B complex and E
4. apples, asparagus, parsley, green leafy vegetables, mango, nectarines, garlic, onions, watermelon (including seeds), pears, carrots, pomegranate, celery, corn, mung beans, cornsilk tea, squash, wheat, water chestnuts, barley, red beans, millet, grapes, strawberries, lotus roots, loquat

**Remedies:**
1. tea from wheat and pearl barley
2. eat squash soup for 7 days
3. eat steamed lotus root and water chestnuts, BID
4. eat 500-1000g of watermelon BID-TID
CYSTITIS

e. eat fresh pineapple BID-TID
f. simmer 250g watercress in water, dissolve a small amount of brown sugar into the hot liquid and serve frequently
g. crush 100g scallions and stir fry with a little salt, while still hot press to the navel, reheat and repeat several times

Avoid:
1. food intolerances
2. citrus, sugar, fruit juices, heavy proteins, meat, dairy products, ginger, black pepper
3. alcohol, coffee, black tea

Supplements:
1. vitamin A (25,000-50,000 IU QD)
2. vitamin B complex
3. vitamin B-5
4. vitamin B-6
5. vitamin C (5-10g QD)
6. vitamin E (600 IU QD)
7. zinc (60-90mg QD)
8. liquid chlorophyll

Hydrotherapy:
1. sitz bath: hot
2. sitz bath: neutral for acute
3. sitz bath: alternating for chronic
4. hot enema
5. hot fomentation: to lower abdomen and upper thighs, 20-30 min. hot then 20-30 sec. cold, 3-4X
6. douche: calendula or vinegar

Manipulation:
1. check and align T5, percuss over sacrum

Physiotherapy:
1. no aerobic exercise during acute attack
2. regular exercise: helps acidify urine
3. diathermy, anterior and posterior

Botanicals:
1. Althea officinalis: as demulcent
2. Aconitum napellus (toxic): acute, according to indications
3. Apis mellifera (toxic): inflammation
4. Arctostaphylos uva-ursi: anti-septic
5. Armoracia rusticana: antibiotic
6. Barosma betulina: mucous or mucopurulent d/c, constant desire to urinate but with little relief from micturition, abnormally acid urine
7. Chimaphila umbellata: pinkish red sediment of mucus, blood or "brick dust"
8. Conium maculatum (toxic): anti-spasmodic in acute cystitis
9. Equisetum arvense: cystic ulceration, hematuria
10. Eryngium maritimum: cystitis with frequency of micturition, calculi, combines with Hydrangea arborescens, Eupatorium purpureum
11. Eupatorium purpureum: irritation, incontinence, painful, frequent urination, blood and pus, pain and weight in loins extending to bladder
12. Gelsemium sempervirens (toxic): acute or chronic according to indications
13. Herniaria glabra: anti-spasmodic
14. Hydrangea arborescens: irritation, gravel, hematuria
15. Hyoscyamus niger (toxic): urethral irritation in feeble with urging
16. Juniperus communis: diuretic, anti-septic, cystitis in absence of renal inflammation, combines with Alchemilla arvensis
17. Pareraria diffusa: recurrent cystitis with urinary lithiasis, combines with Juniperus communis, Alchemilla arvensis, Arctostaphylos uva-ursi, Barosma betulina
18. Piper methysticum
19. Populus tremuloides: anti-inflammatory, anti-septic, tenesmus after urination
20. Thuja occidentalis: in aged
21. Vaccinium macrocarpon (cranberry): juice, prevents bacterial adhesion
22. Zea mays: catarrhal, acute or chronic inflammation of urinary tract with Triticum repens, Arctostaphylos uva-ursi

Formulas:
CYSTITIS

a. demulcent support: Equisetum arvense with Triticum repens or Zea mays
b. hematuria and enuresis: Arctostaphylos uva-ursi, Rhus aromatica (toxic)
c. crystals in urine: Eupatorium purpureum tincture and Hydrangea arborescens tincture
d. Barosma berulina, Berberis aquifolium, Chimaphila umbellata
e. Acute: tinctures of: Apis mellifera (toxic)[20 drops], Cantharis vesicatoria (toxic)[20 drops], then add 2 parts of each: Echinacea spp., Berberis vulgaris and Chimaphila umbellata; SIG: 20 drops every 2 hours for 1-2 days; if severe 20 drips every hour for 1-2 days; may change formula ie. add Arctostaphylos uva-ursi; use a demulcent tea separately while using the above treatment
f. Acute: Althea officinalis, Arctostaphylos uva-ursi; SIG: dose often (ie. every 2 hours) at first
g. Chronic: Cimicifuga racemosa, Eupatorium purpureum, Althea officinalis
h. Chronic: use reproductive tonics (ie. Alteris farinosa, Chamaelirium luteum (Helonias), Cimicifuga racemosa, Turera aphrodisiacs, Serenoa spp., Caulophyllum thalictroides, Mitchella repens, etc.

Formulas:

a. Apis mellifera (toxic) 10 drops, Cantharis vesicatoria (toxic) 10 drops in 4 oz. water; SIG: 1 tsp. TID

Homeopathy:

1. Aconitum napellus: urinary output scanty, hot and painful; urethra red and burning; urinary retention with screaming and restlessness; child will grasp genitals; fearful thirsty
2. Apis: burning and soreness with urination; difficult or involuntary urination; last drop burns; thirstless; > cold applications
3. Benzoic acid: cystitis, nephritis with passing of dark brown, offensive urine which smells like horse urine; dribbling between urination; enuresis; > urinating and cold
4. Berberis: pain runs from kidney along the ureter; burning soreness in region of kidney; burning between urination which may/may not be present with urinating; urine is thick, cloudy and sensation as if some urine remained after urination
5. Cannabis sativa: pain at beginning of urination which stops by time flow ceases; pain from urethra to bladder and urination is difficult to start; burning urine passed drop by drop and patient will walk with legs apart
6. Cantharis: intolerable urging and pain which is stinging and burning; pain before, during and after urination; scalding urine is passed drop by drop with constant desire to urinate
7. Causticum: burning and cutting pain with urination; enuresis; retention of urine after surgery; patient is thirsty, chilly and >damp weather
8. Equisetum: frequent urging with severe pain at close of urination; sensation in bladder not relieved with urination; good for dysuria or retention during pregnancy
9. Lycopodium: pain in back before urination which ceases after the flow; urine flow is slow to start; patient urinates frequently at night; urinary retention or frequency of urination from riding
10. Mercurius corrosivus: continuous passing of blood; painful, hot, burning urination which is passed in small amounts; perspiration during urination
11. Pulsatilla: burning and stitching pain during and after urination; increased desire to urinate with burning at urethral opening; pain is < lying down; patients has dry mouth, no thirst and > open air
12. Sarsaparilla: severe pain at conclusion of urination; urine dribbles while sitting; ineffectual urging, can pass urine only while standing; urine scanty, bloody and may be accompanied with gas
13. Sepia: thick, foul urine with a red adhesive sediment; involuntary urination during first sleep; bearing down sensation in the pelvis > motion
14. Staphysagria: honeymoon cystitis, following sexual relations; sensation as if a drop of urine were continually rolling along urethra, burning in urethra; urging and pain after urination
15. Terebintha: stangury with bloody urine, odor of violets; scanty, suppressed urine, pains alternate between bladder and navel; urine is dark yellow or black
DENTAL CARIES/TOOTHACHE

Definition:  
Bacterially induced gradual destruction and erosion of the tooth enamel and dentin, leading to involvement of the pulp if not properly treated. Usually leads to cavities.

Etiology:  
1. the second most common human disorder after the common cold  
2. 3 factors interrelated to cause caries:  
   a. a susceptible tooth surface  
   b. the presence of caries-inducing bacteria  
   c. a substrate capable of maintaining bacterial growth  
3. the main bacteria responsible for caries is Streptococcus mutans and the favorable environmental bacterial growth is acidic  
4. dental plaque (made of polysaccharides, bacteria and salivary glycoproteins) accelerate the development of caries by acid production as well as by resisting the buffering and remineralization attempts of the saliva  
5. sugary foods are implicated in causing caries (they lead to an acidic oral milieu) esp. in they are sticky (ie. caramels, taffy)  
6. the patient may often remain unaware of the development of caries until the disease has significantly progressed

Signs and Symptoms:  
1. intolerance to cold and sugary foods  
2. as the cavity deepens and leads to damage of the pulp of the tooth, heat sensitivity also develops  
3. pain on chewing or percussion if the lesion gets deep into the tooth

Lab Findings and Dental Exam:  
1. softening of the enamel and/or dentin when tested with a sharp object  
2. x-ray of the tooth will show radiolucent areas where caries have developed

Course/Prognosis:  
1. although caries development may be arrested, the damage tooth will not regenerate  
2. usually though, the lesion does not arrest and will continue to develop until severe disease occurs; periapical granuloma leading to periapical cyst or abscess  
3. complications: osteomyelitis, cellulitis and bacteremia  
4. the normal treatment is excavation and filling of damaged areas; preventative and supportive measures are also important

Differential Diagnosis:  
1. maxillary sinusitis  
2. dental abscess  
3. periodontal disease  
4. TMJ syndrome  
5. other dental problems

Nutrition:  
1. foods high in fiber  
2. prevention: carrots, celery, apples

Avoid:  
1. prevention: sticky, sweet foods (raisins, honey, toffee, taffy, dates, candy, figs, etc.)  
2. toothache due to Excess Heat: avoid hot, spicy foods and hot natured foods  
3. lamb  
4. chewable vitamin C

Supplements:  
1. vitamin B complex  
2. vitamin B-6 (50mg QD, as a rinse; esp. during pregnancy)  
3. vitamin C (3g QD)  
4. calcium citrate (400-500mg QD)  
5. magnesium  
6. zinc  
7. fluoride (1mg QD, as rinse)  
8. trace minerals

Hydrotherapy:
DENTAL CARIES/TOOTHACHE

1. constitutional: during hot phase on chest apply hot compress to cheek, cover with wool then infrared over this, during cold phase cold compress the cheek for 20 min., then repeat hot and cold compresses with patient prone
2. compress: hot to cheek, with cold compress to neck
3. alternate compress: hot compress to cheek for 4-5 min., then cold compress to cheek for 20-30 sec.
4. ice bag over cheek

Botanicals:
1. Eugenia aromatica (oil): for pain, applied on cotton to cavity
2. Gaultheria procumbens (toxic): locally, anodyne
3. Gelsemium sempervirens (toxic): toothache from periodontal inflammation, toothache of pregnancy; facial neuralgia; darting pain due to caries, violent throbbing from active circulation
4. Melaleuca cajuputi (tea tree oil): for pain, applied on cotton to cavity
5. Mentha piperita (oil): soak cotton ball and place on tooth
6. Passiflora incarnata: neuralgic pain
7. Piscidia erythrina (toxic): topically for pain of exposed dental pulp, alveolar abscess or periodontal inflammation
8. Plantago major: topically for sensitive pulp
9. Rhus toxicodendron (toxic): with rheumatic origin, < from warm or warm liquid
Also see Gingivitis

Formulas:
- pain: Piscidia erythrina (toxic) + Humulus lupulus
- pain: Mentha piperita + eugenia aromatica

Homeopathy:
1. Apis: with much swelling and inflammation
2. Bryonia: pain when eating, from hot drinks, from motion, < lying down; esp. molars on right side
3. Calcarea carbonica: caries of teeth in fatty child; < cold air or anything too hot; difficult dentition
4. Calcarea fluorica: caries and necrosis of teeth with loss of enamel; unnatural looseness of the teeth with or without pain; teeth become loose in the socket
5. Chamomilla: unbearable pain when lying in bed at night
6. Fluoric acid: dental fistula with persistent salty d/c; teeth feel warm; affects teeth and bones of upper jaw; toothache from cold drink; acid and foul taste
7. Kreosotum: teeth turn black and decays as soon as they appear; very rapid decay with spongy gums; pain in teeth with severe pains in gums
8. Phosphorus: toothache after washing clothes
9. Pulsatilla: pain < when taking anything warm
10. Silica: demineralization; white spots on nails; caries to teeth in children with rickets; lancinating toothache at night with swelling of bone, looseness of teeth
11. Spigelia: pain when teeth are good
12. Staphysagria: teeth become black and have dark streaks through them and decay; sensitivity of teeth to slightest touch; aching of teeth after eating or drinking; milk teeth not fully grown and become black in spots and crumble away
13. Syphilinum: teeth crumble and turn yellow; decay at gum margin and break off
14. Thuja: teeth decay at the root but crown remains sound
DEPRESSION
Also see Manic Depression, Seasonal Affective Disorder

Definition:
This is diagnosed when the patient fulfills the categorized signs and symptoms of a major depressive episode

Etiology:
1. classifies as the uniform expression of the major affective disorders
2. twice as often in women than men
3. age of onset usually between 35-45 years
4. familial tendency
5. classified as:
   a. primary: when it is the first mental disorder to appear
   b. secondary: when it appears with another psychiatric or medical condition
6. in the elderly, the clinician should be aware of "masked" depression: the patient complains of physical illness and may even frequently smile, when the cause of their illness is a consciously blocked depression

Signs and Symptoms:
Diagnostic criteria for a major depressive episode (from DSM-IV):
1. dysphoric mood or loss of interest or pleasure in all or most of usual activities and pastimes
   a. symptoms include: depression, sadness, hopelessness and irritability
2. at least 4 of the following symptoms have each been present nearly every day for at least 2 weeks:
   a. decreased appetite or weight loss or increased appetite or weight gain
   b. insomnia or hypersomnia
   c. psychomotor agitation or retardation
   d. loss of interest or pleasure in usual activities or decrease in libido
   e. loss of energy; fatigue
   f. feelings of worthlessness, self-reproach or excessive or inappropriate guilt
   g. decreased subjective ability or actual evidence of decreased ability to think or concentrate; slow thinking; indecisiveness
   h. repeated thoughts of death, suicidal thoughts, desire to die or actual suicide attempt
3. physical findings: excessive painful trigger points and areas of tenderness over the entire body upon palpation

Lab Findings:
1. psychological analysis is (+) for depression
2. may have absence of diurnal variation in cortisol levels

Course/Prognosis:
1. most patients (50-80%) who experience one depressive event will have recurrent attacks; the average is 2-3 episodes during their lives
2. untreated depression tends to last from 5-13 months, with an average of 8-9 months
3. between 10-15% of patients will develop a manic form of affective disorder
4. conventional treatment consists of drug therapy (MAOI or tricyclic anti-depressants), hospitalization (if suicidal) and electroconvulsive therapy
   a. Prozac

Differential Diagnosis:
1. bipolar disorder
2. somatic reasons for depression:
   a. pharmacologic: BCP, reserpine, alcohol, alpha-methyldopa, sedatives/hypnotics, amphetamine withdrawal
   b. infectious: flu, viral hepatitis, mononucleosis, TB, tertiary syphilis
   c. endocrine: hypothyroidism, Cushing's disease, Addison's disease
   d. collagen: SLE, RA
   e. neurologic: MS, Parkinson's disease, sleep apnea, brain tumors, early dementias
   f. neoplastic: malignancy of the head of the pancreas; malignancies in general

Nutrition:
1. hypoglycemic diet
2. hypoallergenic/rotation diet
3. foods high in omega-3 FAs: nut, seed, vegetable oils (safflower, canola, walnut, sunflower, flaxseed), evening primrose oil, black currant oil
4. foods rich in vitamin B-6
5. foods high in tryptophan: nuts, eggs, meat, fish, dairy
6. if supplementing tryptophan: give with cofactors (vitamin B-3, B-6 and C) and whole wheat toast, bananas, walnuts, pineapple that are high in serotonin
7. citrus peel, figs, honey
8. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root

Remedies:
DEPRESSION
Also see Manic Depression, Seasonal Affective Disorder

Avoid:
1. food intolerances
2. hypoglycemia
3. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
4. alcohol, coffee, caffeine
5. aspartame
6. toxic fumes, smoking

Supplements:
1. vitamin B-6 (100mg TID)
2. vitamin B-12 (1000mcg IM 1x/week)
3. vitamin C (3g QD)
4. folate (3-5mg QD)
5. zinc
6. tryptophan (3-6g QD; take on empty stomach with juice)
7. DL-phenylalanine (start with 500mg and work up to 3g QD)
8. tyrosine (2g TID)
9. also consider: methionine, threonine
10. evening primrose oil
11. consider thyroid protomorphogens

Hydrotherapy:
1. cold mitten friction
2. constitutional hydrotherapy
3. neutral bath
4. wet sheet pack (stage 2)

Manipulation:
1. check and align T10-12 and L1-2 as innervation to reproductive organs, C6-T3 for thyroid gland innervation

Physiotherapy:
1. aerobic exercise program (to treat and prevent)

Botanicals:
1. Anemone pulsatilla (toxic): with irritability, nervousness, melancholy, tendency to look on the dark side
2. Avena sativa: depression, melancholy
3. Bryonia alba (toxic): tendency to delirium, cares little if recovers or dies
4. Cimicifuga racemosa: climatic depression
5. Ferula assa-foetida: nervous irritation with mental depression, hysteria
6. Hypericum perforatum: also sedates, use long term
7. Lavandula officinalis: combines with Rosmarinus officinalis
8. Panax ginseng: depressive states associated with sexual inadequacy
9. Piper methysticum
10. Rosmarinus officinalis: depressive states with general debility and indications of cardiovascular weakness, with Avena sativa, Sterculia acuminata, Verbena officinalis
11. Sterculia acuminata: great mental despondency, brooding, foreboding; more of a quiet or silent character
12. Strychnos ignatia (toxic): melancholy, tendency to weep, hysterical, disposition to grieve
13. Tumera diffusa: combines according to indications, with Avena sativa, Sterculia acuminata
14. Valeriana spp.: depression, despondency due to worry or imaginary wrongs
15. Xanthoxylum americanum, carolinianum or fraxineum: with prostration in anemic patients

Formulas:
1. consider as formula additions: Capsicum frutescens, Hydrocotyle asiatica, Valeriana spp.

Homeopathy:
1. Anacardium: depression, with out-of-character swearing; h/a > by eating; hates contradiction/suggestion
2. Arsenicum album: restless and self reproaching; fastidious; easily vexed; restless; fear of death; delirium
3. Aurum metallicum: "under a black cloud" and potential suicidal; anger from contradiction; guilt; feels he can never be forgiven; violent anger
4. Calcarea carbonica: depression with fears of various kinds; old people who become weary of life; mental tiredness; inability to apply self; thinks he's going insane; dwells on little things
5. Ignatia: full of contradictions; hysterical female; H/O stress, grief, controversy; occasional chronic is Natrum muriaticum (recurrent emotional problems)
6. Lilium tigridium: hysterical female with mental problems; tends to throw things about
DEPRESSION

Also see Manic Depression, Seasonal Affective Disorder

7. **Lycopodium**: dyspeptic, melancholic and talkative; state of dread; wants solitude but someone else in house; sensitive—cries even when thanked; anxious; apprehensive

8. **Natrum muriaticum**: chronic of Ignatia excessive irritability; weeps in solitude; hypochondriac

9. **Nux vomica**: depression alternating with bad temper; never contented; impulsive; hates being limited

10. **Pulsatilla**: cannot fight against circumstances and does not care who sees them weeping; changeable; moody; consolation

11. **Staphysagria**: easily upset by mere trifles and resentful; repressed anger; bad effects of sexual excess

12. **Sulphur**: depressed to the point of “I don't care”; religious and philosophical speculation; averse to work; forgetful
DIABETES INSIPIDUS

**Definition:**
Excessive excretion of very dilute urine and a marked increase in thirst

**Etiology:**
There are 2 types of diabetic insipidus (DI):
1. **vasopressin-sensitive:** this is either a temporary or chronic condition of the posterior lobe of the pituitary in which there is a deficiency of ADH released and normal kidney reaction to it when administered in laboratory tests
   a. causes are either primary/idiopathic or acquired: sarcoidosis, TB, intra/suprasellar tumors, post-hypophysectomy, vascular lesions, infections and histiocytosis
   b. damage to the posterior lobe will not produce DI, as the posterior lobe is basically just a storage and release area
2. **nephrogenic:** a disorder where the renal function is normal except for an inability of the kidneys to concentrate urine because the renal tubules do not respond to anti-diuretic hormone (ADH)
   a. X-linked therefore only seen in males

**Signs and Symptoms:**
**Vasopressin-sensitive:**
1. onset is insidious or acute
2. occurs at any age
3. tremendous urination and thirst
4. nocturia
5. signs and symptoms specific to the cause if the disorder is secondary

**Nephrogenic:**
1. same as for vasopressin-sensitive, except the disease typically begins soon after birth, if not recognized and treated promptly, the infant may develop permanent mental retardation from hypernatremia, dehydration, fever, vomiting and convulsions

**Lab Findings:**
1. complete water deprivation test:
   a. nephrogenic: dehydration and vasopressin administration do not cause the formation of normal urinary concentrations
   b. urinary concentration increases after the administration of ADH
2. blood Na normal or increased
3. increased Cl
4. increased urine volume
5. decreased blood volume

**Course/Prognosis:**
1. nephrogenic DI: treatment is to ensure the patient has an adequate fluid intake and possibly thiazide diuretics
2. vasopressin-sensitive DI: ma be treated with ADH, thiazide diuretics or ADH-releasing drugs
3. prognosis depends on the cause

**Differential Diagnosis:**
1. uncontrolled DM
2. psychogenic polydipsia
3. osmotic diuresis

**Nutrition:**
1. foods rich in iodine, silicone, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

**Supplements:**
1. general support
2. glandulars: posterior pituitary, hypothalamus

**Hydrotherapy:**
1. Scotch douche: to back

**Manipulation:**
1. check and align T10-12 (T6-9 if needed)

**Botanicals:**
1. **Atropa belladonna:** with cold extremities
2. **Crataegus spp.:** esp. in children
3. **Oplopanax horridum**
4. **Rhus aromatica** (toxic)
DIABETES INSIPIDUS

5. Rubus ideaus: hypoglycemic
6. Trigonella spp.: traditional
7. Trillium pendulum (toxic)
8. Inulin containing plants: Arctium lappa, Jerusalem artichoke, Taraxacum officinale
Also see DM

Homeopathy:
1. Alumen: obstinate constipation; stools flat, thin, long time to evacuate bowels
2. Aluminium metallicum: coma with drowsiness, unable to recognize people or answer questions; constipation; use 200c
3. Argentum metallicum: emaciation and great weakness; face pale and sallow, feet swollen
4. Arsenicum album: extreme thirst, burning thirst, sip drinks; copious urine; dry, brittle scaly skin, dry mouth; unquenchable thirst; no appetite; constipation; patient becomes a mere skeleton
5. Bryonia: extreme thirst, burning thirst, thirsty for large quantities; unquenchable thirst; thirsty for cold drinks; copious urine
6. Carbo vegetabilis: dryness of mouth in early morning; pain in liver as if bruised; sudden weakness and fainting; physical depression and lassitude
7. Chionanthus virginica: pre-diabetic state in patient with liver disease; great thirst, dark urine with glucose; insulin resistant
8. Graphites: broken down; gouty and rheumatic constitutions with emaciation and debility; twitching of limbs and paralytic weakness of joints; sleepless nights
9. Moschus: diabetes with impotency
10. Murex: 6x QID
11. Natrum muriaticum: dryness of skin, itching all over body; restless; yawning and dejection; pass urine every hour
12. Nux vomica: stupor and vertigo, buzzing in ears, sleeplessness due to brain and spinal cord affections
13. Phosphoric acid: nervous patient; urine milk color; great debility and bruised feeling in muscles; due to grief, worry, anxiety; diabetes in early stage
14. Phosphorus: extreme thirst, thirsty for large quantities; unquenchable thirst; thirst for cold drinks; copious urine; colorless urine; tubercular or gouty diathesis; restless and dry mouth; 4-5 pints urine in 24 hours
15. Plumbum metallicum: constipation; albumin and cast in urine
16. Ratanhia: scanty urine
17. Rhus aromatica: urine of low specific gravity; 5-15 drops of mother tincture
18. Syzygium: is specific; 5-10 drops of mother tincture 3-4x/day
19. Thuja: patient who had diabetes, nervousness, sleeplessness, constipation, hear palpitations
20. Uranium nitricum: due to defective assimilation; weak digestion, langour, debility; enormous appetite and thirst; dyspepsia; violent appetite even when stomach is full
DIABETES MELLITUS (DM)

Definition:
A disease of carbohydrate metabolism due to a lack or insufficient action of circulation insulin thus causing hyperglycemia and known sequelae

Etiology:
1. 7th leading cause of death in the US and is rising
2. has been linked to the Western diet and lifestyle (particularly high sugar intake)
3. other theoretical causes for the deficiency of insulin include viral infection of the beta cells, toxic reaction to N-nitroso compounds (found in smoked and cured meats) and auto-immune reaction
4. classically split into 2 types:
   a. insulin dependent DM (IDDM): these patients are susceptible to ketosis and have certain HLA antigens as well as pancreatic islet cell antibodies; typically this type of DM affects young people with peak occurrences at 5 years old and then again between 10 to 12 years old; it accounts for only about 10% of the diabetic patients in the US
   b. non-insulin dependent DM (NIDDM): these diabetic patients are not susceptible to ketosis; most NIDDM patients are obese and between 50-70 years old at onset; unlike IDDM, there is a significant familial component in this type of DM, although no HLA antigens or islet cell antibodies have been found
5. DM from certain conditions: ie. pancreatic disease, malnutrition, etc.
6. gestational DM: glucose intolerance during pregnancy, whether present but unknown before pregnancy or developed post-conception
7. impaired glucose tolerance (IGT): patients who have blood results in between the normal and diabetic reverence ranges

Signs and Symptoms:
1. 3 P’s: polydipsia, polyuria, polyphagia
2. weight loss
3. ketonuria
4. females: increased yeast vaginitis with itching
5. signs and symptoms of common complications:
   a. neuropathy: bilateral, symmetric, distal (common in the feet); paresthiasias; hypethesias and pain
   b. atherosclerosis; ie. heart attacks
   c. microvascular disease: causing vision loss (DM is the leading cause of blindness in the US) and kidney failure
   d. diabetic foot ulcers

Lab Findings:
1. fasting glucose > 140mg/dl on at least 2 separate occasions
2. post-prandial ingestion of 75g of glucose: venous plasma glucose is greater than/equal to 200mg/dl at least 2 hours after eating and at least one other time during the test
3. hypercholesterolemia
4. ketoacidosis:
   a. increased plasma acetone
   b. volume and electrolyte depletion
   c. increased BUN and creatine (creatine unreliable because of increased acetone)
   d. metabolic acidosis with pH < 7.25 and bicarbonate < 10meq/l
   e. increased WBC
   f. serum amylase may be increased
   g. hyperkalemia with insulin treatment

Course/Prognosis:
1. DM patients are at risk for number of problems (esp. the younger patients who acquire IDDM):
   a. large vessel disease (early onset and increased severity of atherosclerosis)
   b. microvascular disease with thickening of the basal lamina (clinical importation in the vessels of the eyes and kidneys)
   c. neuropathy (injury to peripheral nerves)
   d. possibility of falling into a hypoglycemic (insulin shock) or hyperglycemia (ketoacidosis coma) crisis
2. despite insulin therapy, the morbidity for DM patients is high

Differential Diagnosis:
1. renal glycosuria
2. diabetes insipidus
3. hypoglycemia

Nutrition:
Adult onset:
1. low sugar diet
DIABETES MELLITUS (DM)

2. low fat diet of unsaturated fats
3. calorie percentages: 70% complex carbohydrates, 12-15% protein, 15-18% fat
4. high fiber
5. low sodium/sodium restricted diet
6. eat in a pleasant environment and chew all food well; eat 5-6 small meals throughout the day instead of large meals
7. alkaline vegetarian diets can be helpful
8. hypoallergenic/rotation diet
9. cucumber, string beans, garlic, Jerusalem artichokes, burdock, parsley, complex whole grain and legume carbohydrates, pumpkin, whole rice, yams, mung beans, squash, celery, peach, onion, spinach, blueberries, peas, tofu, cabbage, daikon radish, mulberries, wheat germ, liquid chlorophyll, alfalfa sprouts, buckwheat, watercress, rice polishings, apple, cherries, soy, ginger, yogurt, brewer’s yeast, brussel sprout, carrot, lettuce, tomato, watermelon, raw sauerkraut
10. chromium rich foods
11. zinc rich foods
12. foods high in water soluble fiber: flax seed, pectin, guar gum, oat bran, mucilage
13. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk
14. increase omega-3 and –6 FAs: vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flax seed oil, evening primrose oil, black current oil
15. spices: cinnamon, turmeric, bay leaf, cloves

Remedies:
   a. parsley tea
   b. huckleberry leaf tea

Juvenile onset, insulin dependent:
1. diet should be carefully calculated according to the type and amount on insulin used
2. children need enough energy for growth, so supply adequate calories from complex carbohydrates
3. all information concerning adult onset is applicable

Remedies:
   a. celery, yam and pumpkin
   b. pumpkin, yam and potato pie
   c. cook snow peas, blend into juice; SIG: drink ½ cup BID
   d. spinach and chicken gizzard tea; SIG: 1 cup TID
   e. cabbage, yam, winter melon and lentil soup
   f. steam tofu, cool and add sesame oil and slices of raw squash
   g. mung bean, peas and barley soup
   h. steam millet with yams and a few dates
   i. drink daikon radish, celery, carrot and spinach juice
   j. crack open a fresh coconut and drink the juice BID

Avoid:
1. overeating!
2. mental and nervous stresses, esp. worrying
3. food intolerances
4. sugars (all types: malt, maltose, dextrose, corn syrup), candy, honey, molasses, dried fruits, concentrated sweets, concentrated juices
5. fried, spicy and/or processed foods
6. trans-FAs, hydrogenated oils (margarine, vegetable shortenings, imitation butter spreads, most commercial peanut butters, oxidized fats (deep fried foods, fast food, ghee, BBQ meats)
7. iron

Supplements:
1. vitamin B-1 (100mg QD)
2. vitamin B-3
3. vitamin B-6 (100mg QD, esp. with neuropathy, also with gestational DM)
4. vitamin B-12
5. vitamin C (2g QD)
6. vitamins E (100 IU QD, increase slowly to 400 IU adjusting insulin dose PRN)
7. biotin (16mg QD)
8. chromium (200mcg QD)
9. magnesium (500mg)
10. zinc picolinate (30mg QD)
11. phosphorus
12. potassium
DIABETES MELLITUS (DM)

13. manganese
14. coenzyme Q10
15. omega-3 and –6 FAs
16. myo-inositol (1g QD)
17. bioflavonoids: rutin and quercetin (500mg QD)

Hydrotherapy:
1. constitutional hydrotherapy
2. salt glow
3. short cold bath

contraindication: heat to the extremities therefore use a hot pack to groin and upper thighs

Manipulation:
1. check and align T8, T10-12 (avoid adjusting the atlas)

Physiotherapy:
1. asses CV fitness via submax stress test
2. aerobic exercise program: need to do exercise same time of day or carefully regulate food and insulin for IDDM
3. NIDDM: regular aerobic is always part of a treatment program
4. spondylotherapy: concussion T11 alternate with L2 for 3 min. or concuss T7 alternate with T2 for 3 min.

Botanicals:
1. Allium cepa
2. Allium sativum
3. Arctium lappa (root)
4. Chionanthus virginicus: pre-diabetic symptoms
5. Crataegus spp.
6. Ginkgo biloba (standardized extract): to help prevent diabetic retinopathy and peripheral vascular disease
7. Eugenia jambolana: start gradually
8. Galega officinalis: has been used with Eugenia jambolana
9. Glycyrrhiza glabra
10. Juniperus communis
11. Lycopus virginicus: mellitus; great thirst, passing large quantities of clear urine
12. Oplopanax horridum: adult onset, stabilizes blood sugar
13. Panax spp.
14. Phaseolus vulgaris (bean pod)
15. Rhus aromatica (toxic)
16. Taraxacum officinale (root)
17. Trigonella foenum-graecum: traditional
18. Urtica spp.
19. Vaccinium spp. (leaf): stabilizes blood sugar

Formulas:
Short term control:
   a. Vaccinium myrtillus, Phaseolus vulgaris (bean pod), Galega officinalis (herb), Galega officinalis (seed), Mentha piperita; equal parts; SIG: 2 Tbsp. To half liter of boiling water, leave to infuse for 20min., 1 cup TID-QID
   b. bean pod tea: one handful of Phaseolus vulgaris to 1 pint water, boil down to half volume, take half the remaining cup in the morning and half at night
   c. tea to improve sugar tolerance: Cucurbita pepo (seed, peeled) + Valeriana spp. + Vaccinium myrtillus in equal parts, infuse 1 Tbsp. In 1 cup boiling water; SIG: take 1 cup in the course of a day, unsweetened in mouthful doses
   d. to help regulate glucose: Chelidonium majus (toxic), Taraxacum officinale, Allium sativum, Glycyrrhiza glabra, Crataegus spp., Trigonella foenum-graecum (crack or grind seed), decoct
   e. for pancreas: Oplopanax horridum, Glycyrrhiza glabra, Phaseolus spp. (bean pod), Juniperus communis (berries), Vaccinium spp. (leaf), Hydrastis canadensis, Taraxacum officinale, Rubus idaeus, Vinca spp.: useful in diabetic combinations

Homeopathy:
1. Alumen: obstinate constipation; stools fat, thin, long time to evacuate bowels
2. Aluminium metallicum: coma with drowsiness, unable to recognize people or answer questions; constipation; use 200c
3. Argentum metallicum: emaciation and great weakness; face pale and sallow, feet swollen
4. **Arsenicum album**: dry, brittle, scaly skin; dry mouth, unquenchable thirst for small sips; no appetite; constipation; patient becomes a mere skeleton

5. **Carbo vegetabilis**: dryness of mouth in early morning; pain in liver as if bruised; sudden weakness and fainting, physical depression and lassitude

6. **Chionanthus virginica**: pre-diabetic state in patient with liver disease; great thirst, dark urine with glucose; insulin resistant

7. **Graphites**: broken down, gouty and rheumatic constitutions with emaciation and debility; twitching of limbs and paralytic weakness of joints; sleepless nights

8. **Moschus**: diabetes with impotency

9. **Natrum muriaticum**: dryness of skin, itching all over body; restless; yawning and dejection, pass urine every hour

10. **Nux vomica**: stupor and vertigo, buzzing in ears; sleeplessness; due to brain and spinal cord affections

11. **Phosphoric acid**: nervous patients; urine milk color; great debility and bruised feeling in muscles; due to grief, worry, anxiety; diabetes in early stages

12. **Phosphorus**: tubercular or gouty diathesis; restlessness and dry mouth; great thirst for cold drinks; 4-5 pints urine in 24 hours

13. **Plumbum metallicum**: constipation; albumin and casts in urine

14. **Ratanhia**: scanty urine

15. **Syzygium**: is specific; 5-10 drops of mother tincture 3-4x/day

16. **Thuja**: patient who had diabetes, nervousness, sleeplessness, constipation, heart palpitations

17. **Uranium nitricum**: due to defective assimilation; weak digestion, languor, debility; enormous appetite and thirst; dyspepsia; violent appetite even when stomach is full
DIARRHEA

**Definition:**
Increased volume, fluidity or frequency of bowel movements

**Etiology:**
There are several types of diarrhea:

1. **osmotic:** this occurs in response to water-soluble, non-absorbable solutes present in the colon
   a. stops upon fasting or when discontinuation of ingestion of cause
   b. causes: lactase deficiency, sorbitol and mannitol intolerance, vitamin C overdose and poorly
      absorbs salts (i.e. magnesium sulfate, sodium sulfate), citrate containing laxatives [BII]
   c. ceases when the provoking substance is removed/avoided

2. **secretory:** occurs as a result of the intestines secreting salts, electrolytes and water instead of absorbing
   a. persists during fast and the stools are larger via volume and more watery[BII][NII]
   b. stimuli that initiate this process include: bacterial toxins, unabsorbed dietary fat, bile acids,
      castor oil, some cathartics, some hormones and some drugs
3. **malabsorption:** may result in either of the two above; sometimes in generalized malabsorption both types
   of diarrhea exist simultaneously (fat malabsorption resulting in secretory diarrhea and carbohydrate
   malabsorption resulting in osmotic diarrhea)
4. **exudative:** results from inflammatory processes as they lead to increased leakage of plasma, serum
   proteins, mucus, pus and blood; fecal bulk and liquid levels then rise significantly, leading to diarrhea
5. **altered intestinal transit:** diarrhea may occur from either too long or too short a transit time
   a. shorter transit time: causes malabsorption by not allowing the chyme enough time to bind to
      the surface of the intestinal tract; it is often seen after GI surgery (i.e, gastric reaction,
      vagotomy)
   b. longer transit time: can cause malabsorption and diarrhea as the food is esposed and processed
      by the intestinal bacteria; longer transit times are seen in: iatrogenic stagnant loops,
      scleroderma GI disease and with intestinal strictures

Generally, if the cause is in the small intestine, the diarrhea is characterized by large quantities of water and/or fatty
stools; if the diarrhea is due to disease in or of the colon, the stool are frequent and often accompanied by blood, mucus
or pus; it the disease is rectal in origin, there are often frequent movements of a small amount of stool.
Consider deficient gall bladder function
Other causes to consider:
- lactose intolerance
- foods intolerances
- emotional reactions
- maldigestion in general
- laxative abuse
- HIV infection
- Chinese restaurant syndrome

**Signs and Symptoms:**

1. **danger signs:**
   a. profuse stools and/or vomiting
   b. dehydration (dangerous)
      A. children
      - minimal 3% loss of ECF: thirst
      - mild 5% loss of ECF: dry mucosa, oliguria, orthostatic BP drop > 10mmHg,
        increased hematocrit
      - moderate 10% loss of ECF: marked oliguria, flacid/sunken skin, tachycardia
      - severe 15% loss of ECF: low BP when lying, poor perfusion, disorientation,
        irritability, shock
      B. adults: danger when "severe" even in a previously healthy adult
   c. severe electrolyte loss
   d. neurologic signs (fish toxins, mushroom, botulism)
   e. rigors, fever, high WBC, low BP (bacteremia)
   f. localized tenderness (Entameba, Salmonella, appendicitis, diverticulitis, proctitis)
   g. metabolic crisis (hemolytic-uremia, E. coli)
   h. with jaundice (hepatitis)
   i. dysentery: blood, pus, fever, pain (Salmonella, Shigella, E. coli, Campylobacter, Entameba, IBD)
   j. recent GI surgery (perforation, necrosis, suppuration)
   k. painless watery diarrhea in older male (rectal cancer)

2. **pertinent history to obtain for acute diarrhea:**
   a. time and place of onset

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b. history of eating out (suspicious food intake), travelling in a foreign country, drinking from natural water source, day care

c. duration and severity
d. current medications, laxative use
e. appearance of stools: overt blood of fatty/greasy/oily, foamy, etc.
f. smell
g. abdominal pain, cramping, tenesmus
h. surgical history
i. use of dietetic/diabetic products (usually contain sorbitol or mannitol)
j. vomiting, loss of weight/appetite
k. fever
l. anal intercourse

PE:
1. hydration status
2. fever
3. bowel sounds (obstruction, ileus)
4. localized pain/swelling (abscess)
5. abdomen-liver-rectum
6. rash, jaundice
7. weakness

Lab Findings:

Level 1:
1. abdominal exam, rectal exam, endoscopic exam
2. stool examination: for blood, pus, mucus, fat, microorganisms and parasites
3. stool pH: normally > 6.0
4. smear and stain for WBCs
5. urine specific gravity

Level 2:
1. WBC, hematocrit, ESR
2. biopsy of rectal mucosa
3. stool O&P tests
   a. standard microscopy
   b. Entameba histolytica secretory IgA (stool or saliva)
   c. Giardia specific antigen
   d. Cryptosporidium specific antigen
4. stool culture for Salmonella, Shigella, Campylobacter
5. stool culture and sensitivity for enteropathogens
6. serum enzymes
7. intestinal secretory IgA
8. intestinal alpha anti-chymotrypsin (small intestine inflammation marker)
9. fecal lysozyme (large intestine inflammation marker)
10. anti-gliadin SigA (celiac disease)
11. Clostridium difficile toxins A + B

Course/Prognosis:
1. the course solely depends on the cause (ie. virally-induced or sorbitol-induced diarrhea is almost always benign; diarrhea from UC or cholera may be fatal)
2. treatment should be directed to the cause
3. electrolyte and fluid replacement is important in severe cases
4. allopatic medications:
   a. Tr. Opium (1-3 drops every 4 hours PRN) OVERDOSE CAN BE FATAL
   b. Atropine + diphenoxylate (Lomotil) (2 tablets every 4 hours)
   c. Immodium: popular and effective OTC drug
   d. Tr. Datura stramonium (contains atropine and scopalamine) (1/2-3 drops, may use 2 or 3x PRN)
   e. Pepto Bismol (bismuth subsalicylate) (1-4 Tbsp. every 4 hours; 2 oz. QID prevents "turista"

Differential Diagnosis:
1. determine cause
2. rule out hypochlorhydria

Oral Rehydration:
Monitor weight: previous loss of > 1% body weight/day
Estimate stool output; severe diarrhea:
   a. children: 60cc (moderate) to 120cc (severe)/hour
   b. adult: 100-200cc/hour to 2400-4800cc/day
900cc/day must be replace for average adult due to urine, sweat, respiration
+50-75cc/day/°F of fever (ie. 104°F requires additional 250-400cc/day)
in general, dehydrated children need 60-70cc/hour and 2x that amount if severely dehydrated

1. World Health Organization formula:
   a. water (1 liter)
   b. sodium chloride (3.5g; approx. 1/2 tsp.)
   c. sodium bicarbonate (2.5g; approx. 1/2 tsp.)
   d. potassium chloride (1/5g; approx. 1/4 tsp.)
   e. glucose (20g) or sucrose (40g)

2. "two glass formula":
   - drink alternately from:
     a. glass 1: water (8 oz.), sodium bicarbonate (1/4 tsp.)
     b. glass 2: fruit juice (8 oz.), pinch table salt, honey/syrup (1/2 tsp.)

3. Bastyr's treatment to replace minerals in weakened patient after diarrhea:
   - alternate 1 tsp. of saurkraut juice with 1 tsp. tomato juice hourly until improved

Nutrition:

Acute:
1. increase bland fruits, vegetables
2. whole grains, may need to cook all foods well to soften fibers
3. warm food and drinks relax bowel spasm while stimulating peristalsis [Sandberg-Lewis]
   a. Ayurvedic medicine approach is to encourage the patient to drink hot water frequently in order to
      speed up the purging stage of diarrhea, then when stools are more scanty or watery, to treat to
      resolve the diarrhea
4. treat malnutrition [NII]
5. eat light meals (esp. soups and broths) [NP]
6. maintain fluids, electrolytes, esp. in children
7. short fast (will not help with secretory diarrhea)
   a. often a "quick cure", esp. in persistent cases
   b. maintain fluids
8. slowly reintroduce easily digested hypoallergenic foods: broths, grated apples, steamed carrots, etc.
   a. potassium broth (carrot, spinach, celery and parsley)
   b. Bieler's broth (zucchini, celery, Taraxacum (optional), green beans)
9. grated raw apple, rice water or rice porridge, tapiocas, barley broth boiled milk, potato soup with boiled milk,
   bananas, carob powder tea, charcoaled bread, unripe prunes, psyllium seed powder, applesauce, black tea
10. bentonite clay, charcoal
11. miso soup (veneficial micro-organisms, predigested protein, sodium, potassium, trace minerals)
12. carob (has constipating effect, also nutrient)
13. BRAT diet [Sandberg-Lewis]:
   a. Banana, ripe with central core removed (for calories and potassium)
   b. Rice, white rice, well cooked (for calories, complex carbs.)
   c. Applesauce (for calories, potassium and pectin)
   d. Toasted white bread (for calories)

Chronic:
1. hypoallergenic/rotation diet, esp. if alternating with constipation
2. high protein diet (chronicity may result in significant protein loss) [NII]

Osmotic [Marz]:
1. remove all simple carbohydrates (esp. in children)
2. eat cultured foods (ie. yogurt and kefir)
3. pectin miso soup
4. Lactobacillus acidophilus

Secretory [Marz]:
1. balance bacterial flora by replacing lost beneficial bacteria, inhibit harmful bacteria growth and replace
   electrolytes

Remedies:
   a. diarrhea in small children: take 3-15g of hazelnut kernels and stir-fry until outer surface is black, crush to
      a fine powder, cover with water and simmer; SIG: TID
   b. osmotic diarrhea: rice water and rice [Marz]
   c. acute bacterial diarrhea in children: eat honey [NII]
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Chinese Diagnosed Diarrhea types:

Hot type diarrhea:
1. bamboo shoots cooked with rice
2. eggplant
3. green beans with rice
4. snow peas cooked in sweet rice

Deficient Spleen/Stomach (anorexia):
1. take 30g hazelnut kernels, 9g dried orange peel, add water, steam and serve TID

Cold type diarrhea:
1. garlic
2. rice porridge cooked with ginger and black pepper
3. crush 2 cloves garlic, add 2 tsp. Brown sugar, boil in ½ cup water and drink TID
4. fry ginger without oil until dry and burned on outside, grind into powder; SIG: take 8g each time TID with warm water
5. toast one clove of raw garlic in a dry pan until brown and eat it TID
6. mix together 1 oz. dried, powdered apples and 5 oz. warm water and drink before eating TID
7. toast 6 oz. buckwheat and when dry grind in to powder, mix with ½ oz. warm water and swallow
8. chronic diarrhea: boil 4 oz. carrots and 2 oz. brown sugar in 1 ½ pints water until reduced by ½, eat and drink all
9. chronic diarrhea: take a fresh pomegranate, including the skin, crush, add table salt, then steam in water and server TID
10. pour boiling water over 15g dried powdered apple and serve BID
11. juice from a fresh coconut with 30g sugar and dash salt dissolved in it, drink 1 cup TID for 3 days
12. colic with vomiting and diarrhea: take 100g sweet potato vine, cut into small pieces, add salt and stir fry until it begins to scorch, add water and simmer until cooked
13. cold pain in stomach with vomiting and diarrhea: drink the juice of 30g ginger and 120g garlic

Avoid:
1. food intolerances [NII]
2. cold, raw foods, most fruits, juices
3. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
4. sugars and sweet foods
5. irritants and bowel stimulants: alcohol, coffee (osmotic)[Marz], caffeine [NII]
6. milk (acute diarrhea often brings out underlying lactose intolerance or induces temporary lactase deficiency as a result of injury to small intestine mucosa)[Sandberg-Lewis]
7. overeating
8. extra vitamin C supplementation [NP]
9. extra magnesium supplementation [NP]
10. excess fiber [NII]

Supplements:

General considerations:
1. niacin: patient with cutaneous pellagra [NII]
2. vitamin B-12: if ileum affected [NII]
3. folic acid (5mg QD); if jejunal disorder via diarrhea [NII]
4. vitamin K (2-10mg QD); in chronic diarrhea [NII]
5. potassium (KCl 3 -6g QD); chronic diarrhea with listlessness, fatigue and abdominal distention, very important since a deficiency can alter bowel motility and increase bowel distress [NII]
6. sodium: not usually as serious as potassium loss [NII]
7. copper: chronic diarrhea in children esp. with malabsorption
8. iron: chronic diarrhea with malabsorption, anemia
9. omega-6 FAs: linoleic acid inhibited adhesion of E. coli therefore may prevent diarrhea due to colonization of the intestinal mucosa by E. coli [NII]
10. bismuth: in subsalicylate form effective prophylactic for traveler's diarrhea, acute and chronic diarrhea [NII]

If due to irritant:
1. vitamin A (25,000 IU QD); may become deficient in persistent diarrhea [NII]
2. vitamin B complex
3. vitamin C (1-2g QD) BE CAREFUL
4. zinc (30mg QD); Crohn's diarrhea in children, associated with low zinc levels, consider in acute infantile diarrhea [NII]
5. bromelain (550mg 3 caps TID)
6. oxyquinolin sulfate (5 caps QID)

If due to parasites:
1. lactobacillus acidophilus (osmotic and secretory) [Marz][NII]
2. lactobacillus bifidus (age 1-7) [Marz]
3. bromelain (550mg 3 caps TID)
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4. oxyquinolin sulfate (5 caps QID)
5. digestive enzymes

Hydrotherapy:
1. heating compress to abdomen
2. hot fomentation (2x/day for 15 min.)
3. poultice (charcoal for abdominal pain; vinegar if cramping pain)
4. constitutional hydrotherapy
5. retention enema: old fashioned alternative to IV fluids when vomiting precludes oral rehydration, may have technical difficulties in diarrhea patient due to increased motility, inability to retain fluid.
6. Tidal enema: precede with cleansing enema if bowels not well evacuated then infuse hypotonic electrolyte solution without glucose at low infusion pressure, leave enema tube in rectum, allowing reflux of fluids into enema reservoir according to colonic peristalsis
   a. hypotonic electrolyte solution for enema:
      A. sodium chloride (7.3g/L; 3.6 oz./4 gallons)
      B. sodium bicarbonate (6g/L; 3.0 oz./4 gallons)
      C. "Lite Salt" (50% KCl: 2.0g/L; 1.0 oz./4 gallons)

Manipulation:
1. check and align T4, T6-8, T10-L2

Physiotherapy:
1. stretch anal sphincter > 7min. to stimulate parasympathetic

Botanicals:
Anti-microbial:
1. Berberine containing botanicals:
   a. Hydrastis canadensis: stimulates immune system, anti-viral and bacterial (60 drops QID); consider in Cholera, Giardiasis (5mg/kg/day), non-specific gastroenteritis [BII]
   b. Berberis vulgaris: effective anti-microbial; consider in Cholera, Giardiasis (5mg/kg/day), non-specific gastroenteritis [BII]
   c. Berberis aquifolium: effective anti-microbial; consider in Cholera, Giardiasis (5mg/kg/day), non-specific gastroenteritis [BII]
   *all are compared favorably with metronidazole for amebiasis, giardiasis,; effective against Bacillus cereus, Vibrio, Shigella, Candida
      -Berberine sulfate 5-10mg/kg/day for 5-10 days
      -Hydrastis 8-16 capsulse/day adult dose
   2. Allium sativum (garlic): broad spectrum anti-microbial, anti-protozoan; fresh garlic most effective
   3. Avena sativa (garlic): inhibits yeast growth and bacteria, raw form preferred [Marz]
   4. Artemesia annua: 2-3 capsules/drops QID, for infestation, best to combine with grapefruit seed extract
   5. Castela emoryi (Chaparro amargosa): antiPROTOzoal;
   6. Chelone glabra: 1-5 drops tincture, 25-50 drops QID for round and thread worms; liver pain, L lobe or 1-2 dram
   7. Picranea exelsa (Quassia): 10-30 drops TID for helminths, including pinworms

Anti-inflammatory:
1. Glycyrrhiza glabra: decrease inflammation of GI tract (60 drops or 1 cup of tea QID)

Astringents:
1. Alchemilla vulgaris: acute; epidemic diarrhea in infants
2. Cinnamomum zeylanicum
3. Coto bark: 20-30 drops; diarrhea with N/V, a GI specific
4. Geranium maculatum: specific for; particularly in young and old
5. Myrica cerifera (bayberry): catarrhal
6. Potentilla tormentilla
7. Quercus alba or robur (oak): specific for acute diarrhea, use in small frequent doses; may combine with Cinnamomum zeylanicum or some other astringent aromatic
8. Rubus villosa (blackberry root): decoction or fruit juice
9. Vaccinium myrtillus (berries): in medical doses, anti-septic, absorptive

Anti-motility:
1. Atropa belladonna (toxic): anti-cholinergic; with dehydration can cause urinary retention, 5-10 drops every 4 hours
2. Datura stramonium (toxic): very small doses ½-3 drops or can use 2x or 3x dilution
3. Papaver somniferum (toxic): tincture: 5-10 drops every 4 hours

Anti-spasmodic:
1. Amni visnaga: Khella

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2. Chamomilla spp.
3. Dioscorea
4. Mentha piperita: enteric-coated capsules
5. Valeriana spp.: if case severe may use 1-2 dr. doses; see effects in 15-30 min.
6. Viburnum prunifolium or opulus

Anti-emetics:
1. Carophyllus (clove oil): 2 drops
2. Eugenia aromatic: carminative, nausea, vomiting, gastric pains; dose 2 drops
3. Lavendar: compound spirits (Herbpharm); 30 drops 4-5x/day
4. Mentha viridis (spearmint): 10 drops PRN
5. Zingiber officinale: irritant if mucosa is inflamed

Demulcents and Adsorbents:
1. Aloe vera
2. Althea officinalis (marshmallow root); soothes GI tract lining (60 drops QID)
3. Bentonite clay: 1-2 Tbsp./day; osmotic types
4. Charcoal: 8 tabs or 4 caps, dose based on stool frequency (ie. 2 stools = 2 doses; 20 stools = 20 doses); osmotic and secretory diarrhea [Marz]
5. Pectin + kaolin: 1-4 Tbsp. every 4 hours
6. Ulmus fulva (slippery elm): heals the lining of GI tract (60 drops QID) [NP]

Formulas:
   a. diarrhea with tenesmus: tinctures of Opium (toxic)(camphorated)[2 dr], Citrullus colocynthis [5 drops], Dioscorea villosa [10 drops]; fill with water to one oz.; SIG: 40 drops every hour to effect
   b. irritant diarrhea: Aconitum napellus (toxic)[2 drops], Cephaelis ipecacuanha [5 drops]; fill with water to 1 oz.; SIG: 1/2 tsp. every hour to effect; then every 3 hours

Homeopathy:
1. Aloe: rumbling so great it can be heard across the room; abdomen distended even after great quantities of flatus have passed; drives him out of bed in early morning with diarrhea; diarrhea from beer; lumpy, jelly-like watery stool
2. Arsenicum album: diarrhea caused by chilling the stomach by ingestion of cold substances; stools are yellow color; burning pain; < after midnight
3. Cina (3x): expels roundworms, pinworms, esp. if systemic reflex symptoms such as irritability, nasal itch, bruxism, etc.
4. Cinchona: debilitating diarrhea, with watery evacuations containing undigested food, frothy, yellow, painless; caused or made < after eating fruit, milk, beer; stool may escape involuntarily
5. Gelsemium: painless diarrhea from emotions, particularly stage fright or fear; stools yellow, tea green, copious, yellow; tongue yellow or whitish
6. Ipecacuanha: anti-emetic (6x)
7. Nux vomica: anti-emetic (6x)
8. Phosphorus: painless, copious debilitating; green mucous; involuntary, seems as if anus was left open; great weakness after stool
9. Podophyllum: profuse gushy diarrhea containing undigested food; < morning and comes with gush; < after eating; diarrhea during teething with hot glowing cheeks while being bathed or washed; green, watery fetid
10. Sulphur: stool changes frequently in color, may contain undigested food; offensive with penetrating odor which permeated the room; < in morning driving patient out of bed but can come on any time from midnight to noon
11. Tabacum: anti-emetic (6x)
12. Veratrum: painful diarrhea, watery, copious and forcibly evacuated, followed by great prostration; anti-emetic (6x)
DIPHTHERIA

Definition:
Corynebacterium diphtheriae causes this contagious disease which is characterized by the formation of a fibrous pseudomembrane in the respiratory airway. Heart and neural tissue damage may occur as a result of exotoxins.

Etiology:
1. spread via secretions of infected people or contaminated objects
2. cutaneous diphtheria occurs when a wound is colonized by the bacteria
3. as in any infection, prevention is diminished by poor personal hygiene as in indigent adults
4. the respiratory airway pseudomembrane which often accompanies this disease is a result of destruction of the superficial layer of epithelium with fibrin, leukocytes and debris (gray appearance)

Signs and Symptoms:
1. initially mild sore throat
2. dysphagia
3. low grade fever with increased heart rate
4. rising polymorphonuclear leukocytosis
5. later:
   a. signs of toxemia, with increased WBCs
   b. enlargement of cervical lymph glands
   c. in severe cases, the interstitial tissue of the neck may become engorged with exotoxin-borne edema that the person may appear “bull necked”

In children:
1. nausea
2. vomiting
3. fever
4. chills
5. h/a

Psuedomembrane:
1. is usually gray, tough and fibrinous
2. it may be firmly adhered to the wall of the airway
3. may partially obstruct the airway making breathing difficult
4. may become dislodged and cause complications such as complete obstruction

Lab Findings:
1. culture on Loeffler’s media
2. (+) FTA staining
3. albumin and casts in urine

Course/Prognosis:
1. incubation period is usually 1-4 days with a prodromal period of 12-14 hours
2. conventional approach includes administration of antitoxin and admission to an intensive care unit (ICU)
   a. antitoxin is derived form horses and adverse sensitivity is a concern
3. if the disease progresses, myocarditis may occur in the 10-14th day up until the 6th week, heart failure may ensue
4. neural complications include dysphagia from bulbar paralysis in the 1st week; peripheral nerve palsies may be seen until the 6th week

Differential Diagnosis:
1. Strep throat
2. laryngitis
3. tonsillitis

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast
5. lemon juice in water

Avoid:
1. heavy protein foods, meats, shellfish
2. fats
3. sugars
4. vinegar
**DIPHTHERIA**

**Supplements:**
1. vitamin A (50,000-75,000 IU QD)
2. vitamin C (1g/hour till bowel tolerance)
3. adrenal support

**Hydrotherapy:**
1. hot compress to chest
2. nasal irrigation and mouth

**Manipulation:**
1. check and align T5-8, T10-12; if nasal type, check and align C4

**Botanicals:**
1. *Apis mellifera* (toxic): edema of throat and nasal passages
2. *Atropa belladonna* (toxic): to prevent development of; for nephritis as a result of
3. *Echinacea angustifolia* (root): locally and internally
4. *Gelsemium sempervirens* (toxic): with *Phytolacca decandra* (toxic) → see formulas
5. *Leptotania dissectum* (wild parsnip, root): extracted resin
7. *Oleum terebinthinae* (terpentine): with occlusion of larynx, throat, nasal passages from membrane; inhale vapor off hot water a few min. every 2-3 hours; may use with *Eucalyptus spp.* (oil)
8. *Phytolacca decandra* (toxic): in conjunction with other indicated remedies; apply locally and interally if local glands of neck are involved (hard)

**Formulas:**
1. gargle: *Baptisia tinctoria* + *Eucalyptus spp.*
2. post-disease paralysis: tinctures of *Gelsemium sempervirens* (toxic)[1 part], *Phytolacca decandra* (toxic)[1 part]; SIG: 20 drops in 4-6 oz. water, 1 tsp. every 2-4 hours

**Homeopathy:**
1. *Apis*: edema of throat with stinging pains, blisters on border of the tongue; drowsiness and dullness; puffy, glossy, bright red parts
2. *Arum triphyllum*: burning, smarting, rawness of throat and mouth with acrid d/c which excoriate nostrils and upper lip
3. *Belladonna*: intense throbbing with h/a and convulsions
4. *Carbolic acid*: high fever, great burning but no pain in fauces which look fiery red
5. *Crotalus horridus*: persistent epistaxis and bleeding of mucous membranes in mouth
6. *Diphtherinum*: as intercurrent, 200c; bleeding from nose with extreme weakness; collapse almost at beginning; pulse weak, rapid; swallows without pain but fluids then vomited; offensive d/c
7. *Gelsemium*: paralysis of pharynx
8. *Kali bichromicum*: pains are sticking, intermittent, shifting and confined to small spots in each place; tongue coated thick like yellowish brown fur; sensation of plug in throat
9. *Lac caninum*: soreness and swelling changes sides; membrane is grayish, yellow, curdy; paralysis of throat so fluids return by the nose when drinking
10. *Lachesis*: acrid d/c from nose; throat dark red, gray deep with bluish tinge; < on left; swelling of glands, drowsiness, feeble pulse; cold extremities, < after sleep, painful swallowing
11. *Lycopodium*: contraction in throat, nothing goes down; food and drink regurgitate through nose
12. *Mercurius cyanatus*: sudden attack, extreme prostration, collapse; green membrane
13. *Muriatic acid*: deep redness of throat, tonsils swollen, unable to swallow; dark blood from nose, great prostration
14. *Naja*: sensation of choking, patient gasps at throat, fetid breath, short hoarse cough with raw feeling at larynx
15. *Nitric acid*: exudate covering uvula; impossible to eat or drink; salvation; fever, prostration; strong smelling urine like a horse
16. *Phytolacca*: pain shoots to ears on swallowing; great burning, constant desire to swallow with trembling of hands, dark red, blue membrane
DIVERTICULITIS

Definition:
1. diverticulosis: small sac-like mucosal herniations in the muscular wall of the colon
2. diverticulitis: infection or inflammation of one or several diverticula, potentially causing fatal obstruction or perforation or the development of fistulas

Etiology:
1. most common involved area is the sigmoid colon
2. diverticula are seen in 20-50% of the population over 50 years old in Western civilizations
3. the suspected development factor is increased intraluminal pressure (ie. from chronic constipation) that causes the colonic outpouchings to form at the weak areas where arteries penetrate the muscularis
4. diverticulitis follows bacterial or fecal contamination of the colonic tissues in or around the diverticula sac, perhaps involving perforation and serosal or peritoneal inflammation

Signs and Symptoms:
1. usually asymptomatic
2. bleeding from the diverticula will sometimes occur
3. pain with local tenderness, almost always in LLQ but sometimes in RLQ or suprapubic area; the pain may be intense
4. constipation
5. mass palpable in LLQ
6. fever
7. guarding; rebound tenderness is possible
8. rectal bleeding
9. pain < with urination; indicates bowel has adhered to bladder

Lab Findings:
1. proctoscopic exam
2. barium enema; may be dangerous to perform in the acute stage but may paradoxically relieve pain
3. increased WBCs and ESR
4. occult blood in stool
5. hypochromic microcytic anemia in some patients
6. cytologic examination of stool (-) for malignant cells

Course/Prognosis:
1. only about 1% of patients with diverticulosis will develop diverticulitis
2. in patients who increase their roughage, diverticula will often remain asymptomatic
3. diverticulitis may lead to just a small intramural abscess or more seriously, leakage into the free peritoneal cavity causing generalized peritonitis
4. in a case without perforation, surgery is usually not needed; in severe attacks with perforation, bleeding or repeated attacks, surgery is the conventional treatment
5. other conventional treatments include: bulking agents and high-fiber diet
6. severe diverticulitis may require IV fluids, appropriate anti-microbials and non-opiate analgesics

Differential Diagnosis:
1. colonic carcinoma (must rule out before a diagnosis of diverticulitis can be made)
2. appendicitis
3. Crohn’s disease
4. ischemic colitis
5. UC
6. other GI inflammatory conditions
7. diverticulosis
8. diverticulitis

Nutrition:
Acute:
1. increase fluids
2. short fruit or vegetable juice fast progressing to soft semisolid
3. mashed sweet potatoes or yams, steamed carrots and squash, bananas, melons, apricots
4. progress to grated raw vegetables as tolerated, then add cooked grains, well chewed and soft protein like tofu, fish
Chronic:
1. hypoallergenic/rotation diet
2. high fiber, high complex carbo, unrefined diet
3. to protect against diverticulosis: increase cellulose and hemi-cellulose foods in diet
4. increase vitamin A and B complex rich foods
5. increase lactobacillus acidophilus

Avoid:
1. food intolerances
DIVERTICULITIS

2. **acute:** fruit skins and fruit or vegetables with small seeds: strawberries, tomatoes, cucumbers, figs, etc.
3. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
4. sugar and sweets
5. alcohol, coffee, caffeine

**Supplements:**
1. vitamin B complex
2. vitamin C
3. vitamin E (800 IU QD)
4. flax seed oil (2 Tbsp. QD)
5. acidophilus

**Hydrotherapy:**
1. constitutional hydrotherapy
2. vinegar pack (alternating vinegar hot water 50:50, with cold compress to abdomen)

**Physiotherapy:**
1. relaxation breathing
2. diathermy (for diverticulitis)

**Botanicals:**
1. Aconitum napellus (toxic): acute, according to indications
2. Arctium lappa
3. Atropa belladonna (toxic): acute, according to indications
4. Commiphora myrrha: stimulant, anti-inflammatory
5. Lobelia inflata (toxic): spasm
6. Maticaria chamomilla: anti-inflammatory, allays irritation in GI tract
7. Rubus idaeus: astringent

**Demulcents:** Althea officinalis, Borago officinalis, Chondrus crispus, Glycyrrhiza glabra, Hibiscus esculentus, Plantago psyllium or ovata (powdered husks), Symphytum officinale (toxic)

**Formulas:**
- **diverticulitis:** Althea officinalis, Dioscorea villosa, Sambucus nigra
- Robert’s formula: Althea officinalis, Gaeranium maculatum, Echinacea angustifolia (root), Hydrastis canadensis, Hibiscus esculentus, Phytolacca americana (toxic), Ulmus fulva; ¼ - ½ tsp. every 2 hours for acute

**Homeopathy:**
1. Belladonna: distended, hot, tender, swollen; cutting pain across abdomen; h/a, fever; extremely sensitive to touch, bed clothes, < jarring, pressure
2. Bryonia: burning pain, stitches; < pressure, coughing, breathing; > heat but patient wants to lie in cool room; tenderness of abdominal walls
3. Iris tenax: fearful pain in ilio-cecal region, great tenderness to pressure on one spot; deathly sensation in stomach
4. Lachesis: cutting or tearing pain right side of abdomen; cannot bear anything around waist, patient lies on back with clothing lifted from abdomen; abdomen tympanic; < slightest touch
5. Mercurius corrosivus: bruised sensation in region of appendix, bloated; painful least touch; < night
6. Phosphorus: sharp, cutting pains; sensation of great weight in abdomen; < touch; hanging down sensation
7. Silica: pain or painful cold feeling in abdomen; > external heat; hard, bloated; inguinal glands swollen and painful; < after eating, pressure of clothes; tightness across abdomen
DOWN’S SYNDROME

Definition:
An inherited autosomal condition characterized by an extra chromosome 21; also known as "Trisomy 21", "Trisomy G" and "Mongolism"

Etiology:
1. the extra chromosome is present in 95% of the children affected
2. the typical occurrence is a baby born to an older mother, although random trisomic mongolism also occurs in infants of younger mothers
3. relatively common, the incidence is 1:700 live births; the ratio is adjusted for the mother’s age at birth
4. in early childbirth years, the incidence is 1:2000; for mothers over 40 the ratio changes to around 1:22
5. the average age of mother bearing a child with Down’s Syndrome is 37
6. the condition accounts for 1% of mental retardation

Signs and Symptoms:
1. infants: usually calm, cry minimally and have muscular hypotonicity
2. both physical and mental developments are slowed; the mean IQ is approximately 50

Physical appearance:
1. head: small and round, sloping forehead
2. nose: bridge is poorly developed or absent
3. ears: hung low and are round; small pinna
4. eyes: appear to slant upward and outward due to medial epicanthic folds; Brushfield’s spots (whitish gray spots around the iris)
5. mouth: hangs open with a large, fissured, protruding tongue
6. hands: exhibit one palmar crease ("simian crease"); are small and broad; fingers curve inward from hypoplastic or absent middle phalanges (clinodactyly) and have typical dermatoglyphics
7. feet: large space between 1st and 2nd toes, with typical dermatoglyphics
8. brain: subnormal weight; simple convolutional folds

Lab Findings:
1. x-rays: show decreased acetabular and iliac angles
2. (+) chromosomal analysis: available from amniocentesis aspiration or buccal scraping

Course/Prognosis:
1. child born with Trisomy 21 has a decreased life span
2. the death rate is esp. high in the 1st year of the child’s life, from heart disease, respiratory infections and acute leukemia
3. although today, even severe cardiac birth defects may be corrected early in the child’s life, death still usually occurs in the 4th or 5th decade because of an accelerated rate of aging and/or the development of a premature form of Alzheimer’s cerebral degeneration
4. however, most people with Down’s are happy, able to work in protected environments and delight in simple pleasures which most people take for granted

Differential Diagnosis:
1. cretinism (hypothyroidism of children)
2. other gene variants: translocations and mosaics

Supplements:
1. multi vitamin-mineral
2. thyroid glandular
3. selenium (200-400mcg QD)

Physiotherapy:
1. nasal specifics

Homeopathy:
1. Baryta carbonica: intellectual backwardness with large abdomen and swollen tonsil; afraid of strangers; child-like
2. Baptisia: aversion to mental exertion; falls asleep in midst of answer; stupor; feels he is more than one person
3. Carcinosin: mental inertia; apathetic; doesn't reply to questions; fundamental fear; anticipation; attention to details; strong sense of rhythm (love of dancing); sensitive to music
4. Mercurius solubilis: aversion to everyone including close family members; presentiment of death; always discontented with everything; disobedient; hurried and hasty speech; restless
DUPUYTREN’S CONTRACTURE

**Definition:**
Contracture of the palmar fascia form increased fibrous formation, causing flexion deformities and decreased function of the fingers.

**Etiology:**
1. cause is unknown  
2. men are affected more often than women and there is a > 50% genetic tendency  
3. usually it begins spontaneously  
4. DC is seen more in invalids, alcoholism, epilepsy, DM, shoulder-arm syndrome after cardiac infarction, liver disease and pulmonary TB  
5. Usually becomes progressively < after age 40

**Signs and Symptoms:**
1. unilateral or bilateral involvement: when the presentation is unilateral, typically the right hand is more frequently involved  
2. fingers: ring finger is worse, then little, middle and index  
3. palpation: small plaque or nodule develops into a cord-like band  
4. skin puckers around the cord  
5. fingers are fixed in flexion

**Lab Findings:**
1. perhaps (+) deficiency of B-6

**Course/Prognosis:**
1. progression is very variable and may occur over months to years  
2. conventional treatment advises surgery in advanced case, although recurrence is possible

**Differential Diagnosis:**
1. rheumatoid arthritis  
2. scarring from trauma or burns  
3. malformation syndromes  
4. Volkmann’s contracture

**Nutrition:**
1. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples

**Supplements:**
1. vitamin B-6  
2. vitamin E (1200 IU QD, increase progressively)  
3. flax seed oil (2 Tbsp. BID)

**Physiotherapy:**
1. hold-reflex stretching of fingers and wrist of involved hand  
2. flex fingers and wrist, hold for 6 sec., then fully extend fingers and wrist, hold for 15-30 sec., repeat 3x  
3. paraffin baths  
4. US

**Botanicals:**
1. Hypericum perforatum (oil): topically  
2. Symphytum officinale (toxic) (root): poultice

**Formulas:**
a. Symphytum poultice while patient is at home and Hypericum applied topically before and after icing of origins and insertion areas

**Homeopathy:**
1. Arsenicum album: hands can be extended but not fingers  
2. Carbo vegetabilis: sensation of shortening of tendons in wrist and hand; sprained feeling in right hand; tearing in either wrist or in fingers of left hand; joints of hands < windy weather  
3. Causticum: fingers half closed, cannot move them, excepting with the other hand; contracture and induration of tendon of fingers; stiffness of fingers  
4. Lachesis: when associated with neuritis of median nerve; swelling of hands; pain in wrist as if sprained  
5. Sulphur: give for a long time to secure food results; pain in wrist as if sprained; stiffness of wrists, esp. in morning; cramp in 3 middle fingers; deadness of fingers in morning  
6. Silica: contraction of flexor tendons of hands, painful when moving fingers; left middle finger flexed and stiffened, on bending it out great pain along whole extensor tendon in back of hand; paralytic drawing in fingers
DYSENTERY
Also see Diarrhea

Definition:
An acute bacillary infection of the intestines resulting in bloody diarrhea

Etiology:
1. *Shigella sonnei* is the most often implicated species of Shigella in dysentery in the US
   a. it only significant reservoir is in humans
2. disease is spread by the fecal-oral route and is a particular problem in overcrowded conditions where the sanitation is poor (day-care centers, geriatric wards, mental institutions, cruise ships, etc.)
3. the bacteria are virulent and as little as a hundred organisms can cause human disease

Signs and Symptoms:
1. onset of symptoms is usually sudden, about 1-7 days after exposure
2. children are normally afflicted much more seriously than adults
3. watery stools: developing in to stools containing blood, pus and mucus
4. high fever: usually in children; may also have convulsions, delirium, nuchal rigidity
5. N/V
6. diffuse abdominal pain and distention
7. tenesmus: may cause rectal prolapse and/or incontinence of stool
8. myalgias
9. chills
10. backache and h/a
11. dehydration and weight loss: usually in children
12. urgency to defecate ad gripping pains: usually in adults

Lab Findings:
1. culture stool on selective media
2. *Shigella* bacillus is found in 75% of stools, rectal swab may be cultured
3. WBCs increased mildly, or normal
4. decreased plasma carbon dioxide
5. proctoscopic exam may show characteristic ulcers
6. blood, mucus, leukocytes and erythrocytes in stool
7. blood culture (-)
8. serologic tests not useful

Course/Prognosis:
1. in adults, the disease usually is self-limiting in 3-8 days (mild cases) and 3-6 weeks (severe cases)
2. although the overall mortality rate in the US is only 0.1%, the highest risk of fatality is in infants under 2 years old, the elderly and debilitated adults; usually from dehydration and severe electrolyte loss and imbalance

Differential Diagnosis:
1. UC
2. viral diarrhea
3. Celiac disease
4. cholera
5. amebiasis and parasites
6. other inflammatory GI conditions

Nutrition:
1. increase fluids
2. a short alkaline fast or see specific remedies and use only these
3. slowly return to your normal diet after all symptoms have left
4. goat’s milk, mulberries, buckwheat, sweet potatoes, peas, celery, scallions, taro root, ginger, garlic, carrots, daikon radish, green pepper, winter melon, cantaloupe, bitter melon, Hawthorne berries, figs, Chinese prunes, pears, persimmons, guava, olive, sunflower seeds, lotus roots, soy products, corn, pumpkin, water chestnuts, squash, honey, mung beans, cherries, pineapple, watermelon, brown rice, oats, barley kongee

Remedies:
a. bamboo shoots cooked with rice
b. raw garlic mashed in warm water every 2 hours
c. Chinese prune tea
d. cook brown rice with persimmon cap and eat the rice
e. take 5 parts mung beans to 1 part black pepper, grind to a powder and take 1 Tbsp. TID
f. cook sunflower seeds with water for 1 hour, add honey; eat and drink
g. 10g black fungus with warm water BID
h. stir fry tofu with vinegar (chronic type)
i. carrot juice mixed with a little ginger juice, honey and green tea; 1 cup QD
j. mung bean soup
DYSENTERY

Also see Diarrhea

- ginger, garlic, celery and peas stir fried together
- eat 4 persimmons
- soak plums in rice wine for 3 days, take 10 plums BID
- steam sweet potato and pumpkin, mash and eat TID
- chronic case: eat eggs cooked with rice vinegar
- boil brown sugar with 2 Chinese plums and drink as tea
- mash raw garlic into boiled water and drink
- take half-ripe apricots, wash and pit, peel the fruit, mash and squeeze to a pulp, simmer until it becomes a thick paste; take 1 Tbsp. BID
- simmer 100g dried radish leaf until liquid thickens, drink as a tea frequently for 3-5 days
- cook Swiss chard in water and serve
- dysentery with bloody stool: take 30g crushed sunflower seeds and 30g sugar, cover with water and simmer for 1 hour; serve TID
- early stages of dysentery: boil 2 oz. fresh Hawthorn berries and 3 oz. brown sugar in 1 pint water until reduced to ½, drink hot BID-TID
- isotonic electrolyte solution to replace lost fluids: ½ tsp. sodium chloride, ½ tsp. sodium bicarbonate, ¼ tsp. potassium chloride, 4 Tbsp. sugar and 1 quart water
- dysentery with bloody stool: roast an eggplant, including the stalk into charcoal, then grind into a powder, add 3ml warm wine and serve BID
- dysentery in children: take several cucumbers, slice and pickle in honey; serve pieces at regular intervals
- cold pain in stomach with vomiting and diarrhea: drink the juice of 30g ginger and 120g garlic

Avoid:
1. dairy products
2. high-fiber foods, hard to digest foods, fried foods, cold foods, raw foods
3. meats, fish
4. acute cases: chicken eggs

Supplements:
1. vitamin A (50,000 IU QD)
2. vitamin B complex (IV)
3. vitamin C
4. vitamin E (400 IU QD)

Hydrotherapy:
1. constitutional hydrotherapy
2. hot fomentation

Botanicals:
1. Allium sativum: anti-septic, anti-spasmodic, anti-dyspeptic, bacillary and amebic dysentery; helps balance the bowel flora
2. Alchemilla vulgaris
3. Atropa belladonna (toxic): according to indications
4. Baptisia tinctoria: anti-septic, fetal condition, dysentery and proteus infections; combines well with Echinacea angustifolium
5. Collinsonia canadensis: with pain and inflammation of the rectum
6. Erigeron canadensis: suddenly gushing, copious evacuations, with cramps, some blood
7. Euphorbia corollata: with irritating acrid passage, tenesmus and nausea during evacuation
8. Frasera canadensis: relaxed, atonic mucous membranes
9. Geranium maculatum: not acute stage; used where the disease tends toward chronicity
10. Hordeum vulgare (barley grain): demulcent; barley water as a drink in dysentery
11. Hydrastis canadensis: subacute, atonic states with increased flow of mucus
12. Juglans cinerea
13. Lobelia inflata (toxic): spasm
14. Myrica cerifera: chronic catarrhal diarrhea, mucus
15. Olea europoea: as a laxative
16. Papaver somniferum (toxic)(opium poppy): anti-diarrheal
17. Plantago ovata or psyllium: seeds soaked in water; demulcent, laxative
18. Polygonum historta: prolonged dysentery
19. Potentilla tormentilla: tannins, anti-diarrheic for acute and chronic entercolitis, summer diarrhea, paratyphoid diarrhea
20. Quercus alba: diarrhea, mucus, passive hemorrhage
21. Rheum officinalis: laxative, tonic hepatic to cleanse and tone bowels
22. Ribes nigricum: vitamin C, fruit juice used
23. Strychnos nux vomica (toxic): according to indications
24. Trifolium arvense: severe dysentery-like diarrhea
25. Ulmus fulva: demulcent; inflammation of the mucous membranes
DYSENTERY
Also see Diarrhea

26. *Vaccinium myrtillus*: tannins
27. *Zingiber officinalis*: to control flatulence and colic in certain dysenteries, esp. those associated with tainted foods, dietary indiscretions
Also see Cholera, Diarrhea

**Formulas:**

a. chronic watery dysenteries: Euphorbia hypericifolia, Geranium maculatum, Hydrastis canadensis

**Homeopathy:**

1. *Arsenicum alba*: stools undigested, slimy, bloody, inky; violent tenesmus; frequent urging with stools becoming involuntary; burning in rectum; stools offensive; onset due to sudden chilling of stomach, alcohol, rancid meat or fat; pallor, anxiety
2. *Cantharis*: mucous stools, mixed with flakes resembling scrapings of intestines, bloody; skinny, frothy, frequent; violent colic; burning pains in anus; marked tenesmus associated dysuria
3. *Capsicum*: plethoric, flabby person who have abused themselves; occurs in moist weather; bloody, tenacious mucous, mucous streaked with dark blood; after stool, tenesmus and thirst; drinking causes shuddering
4. *Colchicum*: white, jelly-like stools streaked with blood mingled with exudate from the intestines which looks like lining of intestines; watery, with large quantities of white shreddy particles; usually painless and violent tenesmus
5. *Mercurius corrosivus*: bloody, slimy, offensive, scanty, frequent stools with shred of mucus; < night, motion; tenesmus
6. *Phosphorus*: bloody mucous, scanty stools, violent tenesmus; copious diarrhea; profuse flow of water like a hydrant; alternating diarrhea with constipation
7. *Terebintha*: diarrhea, watery stools, greenish, fetid, bloody; hemorrhage form bowels
DYSMENORRHEA
Also see Amenorrhea

Definition:
Painful menstruation

Etiology:
1. primary: occurs in ovulatory cycles without any identified pathology in the genital tract, often, however, the woman’s liver may be hypofunctioning; she is constipated (estrogen can be reabsorbed from the bowel if the stools do not evacuate frequently); she has a hormonal imbalance with too high an estrogen level in relation to her progesterone levels
2. secondary: is recognized by painful periods due to an identifiable cause (i.e. endometriosis, uterine fibroids, PID, adhesions)
3. majority of dysmenorrhea patients also have PMS and the two syndromes often merge in terms of signs and symptoms

Signs and Symptoms:
1. low abdominal pain: cramping, pulling, constrictive; may radiate to back, down legs; starts prior to the period or with the onset of bleeding and usually subsides within 2-3 days of beginning of flow
2. clots are present in the menstrual blood; may be large
3. concurrent symptoms include:
   a. irritability
   b. weepiness
   c. h/a
   d. sugar cravings
   e. bloating
   f. breast tenderness
   g. loose stools

Lab Findings:
1. labwork should be done if a secondary cause is suspected; however, a PAP smear should be done as a good screening test
2. US

Course/Prognosis:
1. dysmenorrhea can be intense enough for the woman to have to be bedridden for 1-2 days
2. can be present from menarche or may develop as the woman ages; it can become progressively worse or get significantly better following births
3. conventional treatment consists of aspirin, codeine, suppression of ovulation with BCP, surgery (hysterectomy, pre-sacral neurectomy)
4. in secondary dysmenorrhea the cause should be diagnosed and treated

Differential Diagnosis:
1. determine the cause

Nutrition:
1. vegan diet of 75% complex carbohydrates, 15% protein, 10% fat
2. high fiber diet
3. increase sodium, iron, calcium and magnesium rich foods
4. increase omega-3 and –6 FAs containing foods (vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, evening primrose oil, black current oil)
5. increase blood nourishing foods; Spleen/Stomach foods, bland foods
6. blackberries, beets, blueberries, parsley, raspberries

Remedies:
   a. irregular menstruation: boil 3 oz. raw brown sugar, 3 oz. dried dates and ½ oz. ginger in 1 pint of water until reduced to half; drink once QD
   b. relieve pain: cook 60g black soybeans, 2 unshelled eggs and 120g rice wine over low heat; peel eggs after cooking and then cook eggs again; add rice wine; eat the eggs and drink the hot soup to relieve pain
   c. relieve pain: boil 50g fresh parsley in 3 cups water until the water is reduced to 1 cup; crack 1 egg into the boiling water and add some seasoning; eat
   d. boil 30g dried ginger in water along with 30g brown sugar and 30g seeded red dates and drink
   e. relieve pain: boil 5g cinnamon twigs, 15g Hawthorne berries and 30g brown sugar in 3 glasses water until water is reduced by half, add brown sugar and continue to boil for a few seconds; drink hot

Avoid:
1. food intolerances
2. coffee, caffeine

Supplements:
DYSMENORRHEA

Also see Amenorrhea

1. vitamin B-3 (100mg BID; will cause flushing)
2. vitamin B-6 (100mg TID)
3. vitamin E (1200 IU QD)
4. calcium (1000-1500mg QD)
5. magnesium (500-800mg QD) (for acute 2cc. IV or 2-3cc. IM)
6. bromelain (crush tab into KY jelly and insert in vagina to relax os
7. essential FAs (2 Tbsp. QD)

Hydrotherapy:
1. constitutional with high frequency
2. hot fomentation to abdomen
3. before menses (4-7 days): daily hot enema, bath or vaginal douche followed by hot foot bath

Manipulation:
1. check and align L1-3, sacrum and ilium

Physiotherapy:
1. aerobic exercise: to prevent (only helpful for some women)
2. spondylotherapy: concussion T10, T11 to dilate uterus
3. roll golf ball under foot arch
4. diathermy
5. TENS

Botanicals:
1. Achille millefolium: anti-spasmodic uterine sedative
2. Angelica archangelica, sinesis: anti-spasmodic, emmenagogue
3. Caulophyllum thalictroides (toxic): anti-spasmodic, emmenagogue indicated for delayed menses, uterine and cervical spasms, amenorrhea, dysmenorrhea, ovaralgia, ovarian pain; specifically indicated for uterine pain with weight, fullness, congestion and uterine debility secondary to chronic inflammation
4. Cimicifuga racemosa: anti-spasmodic and ideal utero-ovarian tonic for dense, heavy uterine pain; uterine atony, deranged menses and heavy bleeding
5. Dioscorea villosa: anti-spasmodic and progesterone precursor
6. Helonias dioica: uterine tonic; weak, relaxed pelvic tissue with sense of weight and congestion; gastric disturbance due to pelvic relaxation and strong, sticky leukorrhea
7. Humulus lupulus: anti-spasmodic, nervine
8. Leonurus cardiaca: anti-spasmodic, emmenagogue; restless, irritable, pelvic and lumbar pain, bearing down pain
9. Lobelia inflata (toxic): for spastic contractions with muscular rigidity; relieves spasms of cervix and relaxes perineum
10. Piscidia erythrina (toxic): pain; 5-10x more potent than Viburnum prunifolium
11. Salvia officinalis: stimulating emmenagogue, general hormonal tonic; abundant menstrual flow, cramps worse with heat, flushed, thirsty, constipated women with dark urine and yellow-coated tongue
12. Senecio aureus (toxic): uterine tonic indicated for dysmenorrhea, meno- and metrorrhagia with bearing-down pains, sense of pelvic weight and vascular engorgement
13. Viburnum prunifolium: strong anti-spasmodic and uterine/smooth muscle sedative, cramps, dysmenorrhea
14. Zingiber officinalis: stimulating emmenagogue and digestive, cramps better with heat and scant dark blood

Consider: Alchemella vulgaris, Alteris farinosa, Matricaria chamomilla, Ribes nigrum, Rhus ideaus, Scutellaria lateriflora, Tanacetum vagare, Taraxacum officinale, Valeriana officinalis

Formulas:
- a. uterine pain and cramps (Doloro formula): Viburnum prunifolium + Alteris farinosa + Chamaelirium luteum (Helonias)
- b. Mother’s Cordial: Viburnum prunifolium or opulus + Helonias dioica + Mitchella repens + Caulophyllum thalictroides (toxic); macerate 1 oz. of each herb in 3 ½ pints brandy for 2-3 weeks, shaking daily; press, strain and add a ½ pint honey; SIG: 2-4 oz. QD

Homeopathy:
1. Belladonna: congestion with heaviness in vulva; pains come on and leave suddenly; vagina hot, dry and pains cut horizontally through pelvis; spasmodic at climacteric with cerebral congestion, < touch, motion, noise, lying down, summer sun; > standing erect, warm room
2. Caulophyllum: spasmodic; intermittent, paroxysmal, erratic; pains flying to other parts of the body; bearing menses; menses profuse, dark, coagulated with dysmenorrhea since puberty
3. Cimicifuga: pains flying from hip to hip; sharp, labor-like, shooting down thigh; h/a before menses; menses profuse, dark, coagulated, offensive; > warmth, eating
4. **Cocculus indicus**: dark clots, h/a and nausea as if sea sick; pains as if sharp stones rubbing together in abdomen; distended abdomen due to flatus; profound weakness, unable to stand; esp. in light haired, sensitive and romantic females; time passes too quickly
5. **Colocynth**: left sided ovarian pain; boring pain extends from umbilicus to genitals; restlessness; patient doubled in pain, > hard pressure and warmth
6. **Magnesia phosphoricum**: neuralgic and crampy pain preceding menses; > warmth, bending double, pressure, friction, < motion, right side, cold, touch, night; use 12x in hot water
7. **Pulsatilla**: dark and delayed menses; more severe the pain, more chilly the patient gets; nausea and downward pressure; changeable pains; with diarrhea; from getting feet wet
8. **Viburnum opulus**: sudden uterine pain with backache; cramps extending down thighs; menses late, scanty and lasts a few hours, < lying on affected side, at night, > open air, resting
9. **Xanthoxylum**: burning, paralytic pain down thighs, esp. left side; profuse, early menses, thick, almost black; h/a over left eye and occiput day before menses; women of nervous, delicate temperament, emaciated
DYSPHAGIA/SPASTIC ESOPHAGUS

**Definition:**
It is a subjective awareness of difficulty in swallowing, resulting from impaired progression of matter from pharynx to stomach.

**Etiology:**
1. **organic lesions** of the pharynx, esophagus, adjacent organs or functional derangements of the nervous system and musculature
   a. for pre-esophageal dysphagia, seek CNS disorders which prevent emptying the pharynx
2. **obstructive disorders** (ie. carcinoma, peptic stricture): usually prevent the passage of food from reduction of the lumen
   a. motor disorders usually involve smooth muscle of the esophagus (ie. achalasia, scleroderma)

**Signs and Symptoms:**
1. dysphagia: patient complains the “food gets stuck on the way down”
2. chest pain
3. back pain
4. solids do not pass through (obstructive)
5. solids and liquids do not pass through (motor)
6. heartburn (reflux of gastric substances)
7. odynophagia (pain with swallowing)

**Course/Prognosis:**
1. dependent on etiology; dysphagia from psychogenic causes or reflux may be easily managed with appropriate treatment
2. dysphagia from esophageal carcinoma has a poor prognosis

**Differential Diagnosis:**
1. carcinoma
2. peptic stricture
3. achalasia
4. scleroderma
5. globus hystericus (psychogenic "lump in throat")
6. esophageal webs
7. lower esophageal ring
8. dysphagia lusoria

**Nutrition:**
1. eat small (chew food thoroughly), low fat meals frequently throughout day; relax while eating
2. increase vitamin A foods
3. high fiber diet

**Remedies:**
a. 1-2 drops peppermint essential oil in ½ cup warm water 15 min. before each meal

**Avoid:**
1. meat, tomato, milk, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. sugar and sweets, chocolate
3. alcohol, coffee, caffeine, nicotine

**Supplements:**
1. vitamin A (25,000 IU QD)
2. vitamin B-3 (50mg BID)
3. vitamin B-6 (100mg TID)
4. vitamin C
5. vitamin E (400 IU QD)
6. magnesium (500-600mg QD)
7. zinc
8. choline
9. lecithin

**Hydrotherapy:**
1. constitutional hydrotherapy

**Manipulation:**
1. check and align upper cervical vertebrae
DYSPHAGIA/SPASTIC ESOPHAGUS

**Physiotherapy:**
1. Spondylotherapy: concussion of T5 on right; helps with ptosed stomach

**Botanicals:**
1. Atropa belladonna (toxic): throat sore, dry, red, swollen with difficulty swallowing
2. Collinsonia canadensis: feeling of constriction
3. Dioscorea villosa: spasmyotic
4. Ferula assa-foetida: anti-spasmodic, nervous disorders with excitability
5. Humulus lupulus: sedative
6. Lobelia inflata (toxic): anti-spasmodic, sedative, dryness of throat
7. Scutellaria lateriflora: sedative
8. Stillingia sylvatica (toxic): dryness of throat
9. Valeriana spp.: sedates, anti-spasmodic
10. Xanthoxylum americanum: dryness of throat

**Homeopathy:**
1. Bryonia: spasm of muscle causes choking; pain in esophagus as if contracted in lower part; pressure in esophagus from overloaded stomach; < motion
2. Hyoscyamus: cannot swallow liquids; constriction; muscles of tongue and throat are paralyzed; food taken through mouth comes up through the nose; sight or sound of water produces spasmodic constriction of esophagus
3. Ignatia: sensation of lump in throat, cause grief
4. Mercurius corrosivus: burning pain in esophagus, < external pressure; spasms of esophagus on attempting to swallow even a drop of liquid; vomiting of whitish, slimy, tenacious masses
5. Natrum muriaticum: sensation of lump in throat, cause grief (long term)
6. Nitric acid: confusion of muscular action of throat causes food to stop in throat with choking; sticking in throat like a splinter on swallowing
7. Stramonium: cannot swallow due to spasm; choking on attempting to swallow; hydrophobia
8. Strychninum: burning along with spasm of esophagus; dry, contracted throat; feeling of lump in throat
ECZEMA
Also see Contact dermatitis

**Definition:**
It is a generic term for inflammatory conditions of the skin. Conditions may present as erythematous, edematous, papular, vesicular or crusting. The conditions may progress to lichenification and scaling. They may be categorized according to endogenous and exogenous causes with the latter further divided into light reactive and non-light reactive.

Atopic dermatitis is a chronic, itching, superficial inflammation of the skin, which often occurs in people who have a history of allergic conditions like asthma or hay fever.

**Etiology:**
1. varied; stress, fatigue and nutrient deficiency all play a role in allowing endogenous or exogenous irritants to cause uncomfortable skin conditions; herpes simplex or vaccination sequelae may lead to grave complications
2. acute, the patient should not be vaccinated or exposed to people who have active herpes or have recently been vaccinated

**Signs and Symptoms:**
1. itching
2. redness
3. papules or pustules
4. dry, cracked skin
5. patches of dry or desquamated skin
6. high serum levels of IgE antibodies
7. eosinophilia
8. lesions typically affect flexor surfaces, neck, face and hands

**Course/Prognosis:**
1. variable according to etiology
2. episodes are usually stronger and longer-lasting in the first 5 years of life; later episodes may occur throughout life
3. medications used in attempt to find relief often cause allergic dermatitis
4. scratching may lead to infection or may cause wheal which exacerbates pruritis
5. clinical observation suggests that extended use of suppressive anti-inflammatory medications may result in development of asthma

**Differential Diagnosis:**
1. etiologic variants
2. psoriasis, seborrheic dermatitis, etc.
3. local infection, esp. Candida
4. parasitic exposure
5. emotionally initiated skin changes

**Nutrition:**
1. high fiber
2. vegan diet
3. hypoallergenic/rotation diet
4. correct low stomach acid
5. foods rich in vitamin A, B complex
6. increase omega-3 and –6 FAs: vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, evening primrose oil, black currant oil
7. black bass, rye, avocados, sea vegetables, whey, apple, cucumbers, millet, rice polishings, rice bran, sprouts, potato, broccoli, dandelion, mung bean, seaweed, pearl barley, adzuki beans, cornsilk, water chestnuts, winter melon, burdock

**Remedies:**
- cabbage or huckleberry (external as a pack)
- dandelion and cornsilk tea
- mung beans and pearl barley tea
- seaweed and winter melon soup
- adzuki beans, pearl barley and cornsilk tea and eat solids, TID
- take 60-150g of pomegranate skin add water and simmer until it thickens; wash the affected area several times a day
- take 150g of mango skin and simmer in water, wash the affected area several times a day
- take 250-500g of pickled plums (plums soaked in vinegar), crush, add water and simmer, use the liquid to wash the affected area several times a day
- take 250g fresh raspberries or 75g dried fruit, add water and simmer until reduced to a thick liquid, use this to wash affected area TID
- simmer the crush shell of a fresh coconut in water, wash the affected areas with this liquid TID
- peel, seed and crush unripe papaya and add 30g each salt and vinegar, mix well, then strain and rub liquid on affected parts

1
ECZEMA
Also see Contact dermatitis

Avoid:
1. food intolerances
2. dairy
3. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
4. stimulating foods
5. alcohol, coffee, caffeine

Supplements:
1. vitamin A (50,000IU QD)
2. vitamin B complex
3. vitamin E (400 IU QD)
4. selenium
5. zinc (90-120mg QD)
6. quercetin (500mg TID, before meals)
7. HCl (5-90 grains with meals)
8. EPO (8-12 caps QD); topical in infants
9. Zinc oxide topically with vitamin E

Hydrotherapy:
1. oatmeal bath
2. wet sheet pack for widespread
3. neutral bath
4. constitutional hydrotherapy

Manipulation:
1. check and align T6-7, T10-12

Physiotherapy:
1. peroxide bath

Botanicals:
1. Arctium lappa: decreased cutaneous circulation; impaired nutrition of the skin
2. Berberis aquifolium
3. Calendula officinalis
4. Chamomilla spp.: compress for weeping eczema; also in bath for irritation
5. Glycyrrhiza glabra: with adrenal involvement
6. Hydrastis canadensis: internally and externally
7. Iris versicolor (toxic)
8. Juglans cinerea: skin eruptions from faulty elimination; with Taraxacum officinale (root)
9. Oenothera biennis (oil): internally; atopic hyperactive eczema of children, ichthyosis with marked pruritis
10. Rumex crispus: with Taraxacum officinale
11. Sanguinaria canadensis (toxic): externally for weeping
12. Solanum dulcamara (toxic): dermatotropic action in skin conditions connected with abnormalities in metabolism
13. Stellaria media: as an ointment for pruritis
14. Trifolium pratense: with Rumex crispus in chronic skin disease
15. Urtica spp.: nervous eczema, cutaneous eruptions; combines well with Arctium lappa (root)
16. Viola tricolor: with serous exudate, particularly when associated with rheumatic symptoms

Formulas:
• oral and topical: Arctium lappa + Rumex crispus
• long-term condition: Trifolium pratense + Rumex crispus
• nervous eczema: Urtica spp. + Arctium lappa (root)
• serous exudate, associated with rheumatic symptoms: Viola tricolor + Rumex crispus + Galium aparine + Trifolium pratense + Urtica spp.

Homeopathy:
→ consider Psoric miasm
1. Agaricus muscarius: burning, biting, extreme itching, prickling as from needles, electric like stitches in the skin; small nodules in the skin, < in winter
2. Alumina: dry, very irritable with constipation
3. Antimonium crudum: thick, hard, honey colored scales, itching when warm; burning, < night; gastric problems; sensitive to cold bathing
4. Arsenicum album: itching, burning, swelling < cold and scratching; dry, rough, scaly skin; between fingers and cracks on tips of fingers; scaly eruptions on scalp and face with acrid, fetid d/c; intense burning an itching
5. Bovista: on back of hands; moist in bends of knees, appearing during full moon
6. Calcarea carbonica: violent itching at all times, < toward morning in bed; sensation as if wearing cold damp socks
ECZEMA
Also see Contact dermatitis

7. Calcarea sulphurica: dry eczema in kids; yellow purulent crusts and scales; pimples on the hair which bleed when scratched
8. Chrysarobinum: behind ears; violent itching; filthy, scabby condition with tendency to form thick crust
9. Cicuta virosa: on hairy parts; pustules run together, suppuration dries in hard crusts
10. Clematis erecta: vesicular and crusting with purulent or watery secretion followed by scales and crusts; rough and firmly adhering crusts to scalp with excoriating yellowish d/c
11. Graphites: weeping, sticky honey-like fluid; on hands, face, lips, behind ears, < warmth and at night; use low potency + Hepar sulphur; moist in folds of skin with itching on bends of joints; suppurates easily and pimples form; sensitive to touch, < dry, cold wind, > damp and warmth
12. Kali sulphuricum: vesicles with thin, yellow pus; inside of hands and fingers; lips cracked < sweets
13. Mezereum: intolerable itching < in bed and from touch; copious, serous exudate; head is covered with thick leather like crusts which collects white pus, hair matted together
14. Petroleum: yellowish, green thick crusts on face and neck which profuse d/c; bloody cracks with no d/c; dry, scaly or moist > in summer, < cold or winter; on hands or behind ears
15. Psorinum: dry, scaly on scalp and face; crusts over the scalp; hair falls out, oozing lifts the crusts and exposes new vesicles, < night from warmth of bed; patient low spirited, unhopeful; nauseating sickening odor from oozing fluid (opposite of general symptoms which are < by cold)
16. Rhus toxicodendron: dry with redness, swelling, intolerable itching < by warmth; on scalp in infants; vesicles suppurate thin watery dark colored secretion
17. Staphysagria: yellow, acrid fluid oozes from under crusts; humid itching, fetid eruptions on head and behind ears; scratching place of itching but increases oozing
18. Sulphur: intense burning, itching < washing or scratching; rough, course, dry scaly skin; redness around orifices
19. Tellurium: itching of hands and feet; ringed shaped lesions with offensive d/c; barbers itch; stinging skin; on back of ears and occiput; offensive foot sweat
20. Thuja: after suppression of gonorrhea or after vaccination; dirty brown skin covered with itching vesicles
**EDEMA**

**Definition:**
An increase in the extravascular portion of the extracellular fluid

**Etiology:**
1. may be localized or systemic; depending on the cause
2. ascites: refers to fluid accumulation in the peritoneal cavity
3. anasarca: refers to systemic, gross edema
4. causes: injury to the capillary lining (from bacterial, chemical, thermal or mechanical agents) and hypersensitivity reactions, as well as the condition listed under Differential Diagnosis

**Signs and Symptoms:**
Symptoms according to underlying cause; important factors include:
1. color
2. thickness
3. sensitivity of skin → redness, local warmth and tenderness suggest inflammation
4. location of the edema

**Lab Findings:**
1. base testing on the complete history and presentation of the patient
2. assess liver function tests, electrolytes

**Course/Prognosis:**
1. the course and prognosis varies depending on the cause

**Differential Diagnosis:**
Causes of edema:
1. inflammation
2. venous obstruction
3. lymphatic obstruction
4. nephrotic syndrome
5. CHF
6. cirrhosis
7. idiopathic
8. acute gloemrulonephritis
9. nutritional origin (ie. protein malnutrition)
10. miscellaneous (ie. hypothyroidism, pregnancy, PMS)

**Nutrition:**
1. crack open a fresh coconut and drink the juice TID
2. for CHF: drink 5 fl. oz. fresh coconut juice TID
3. for edema of malnutrition: take 60g hazelnut kernels and 30g adzuki beans, cover with water and boil until beans turn to pulp, adding water as needed; SIG: serve BID
4. for edema of malnutrition: take 250g black eyed peas and pork bones and cook into a soup
5. simmer 250g yellow soybeans in a liter of water until reduced to ¼ its volume, add an appropriate measure of sweet wine; eat TID

**Avoid:**
1. food intolerances
2. salt in all forms

**Supplements:**
1. vitamin B complex
2. vitamin B-6 (50-200mg QD, or higher esp. in PMS)
3. vitamin C (2-5g QD)
4. bioflavinoids

**Hydrotherapy:**
1. neutral bath
2. revulsive treatments for particular part, ie. alternating foot bath for extremities

**Manipulation:**
1. check and align innervation levels of heart and kidney, sacrum, ilium, L1, L2 (to effect inferior vena cava)
2. “milk” thenar eminence
EDEMA

Botanicals:
1. **Achilles millefolium**: deficient kidney action
2. **Adonis vernalis** (toxic): arrhythmia accompanied by edema and dyspnea
3. **Apis mellifera** (toxic): acute onset, edema of cellular tissues; throat, nasal passages, in diphtheria and scarlet fever
4. **Apocynum cannabinum** (toxic): diuretic, local edema, general atonicity, feeble heart action, “dropsical effusion”
5. **Arnica montana** (toxic)
6. **Cactus grandiflorus** (toxic): diuretic, sedative
7. **Chimaphila umbellata**: improves kidney function, weakness and loss of appetite; with scanty urine
8. **Convallaria majalis** (toxic): of cardiac origin
9. **Crateagus oxyacantha**: of cardiac origin
10. **Equisetum arvense**: associated with kidney diseases
11. **Euorymus atropurpureus** (toxic)
12. **Galium aparine**: mild diuretic, tonic
13. **Iris versicolor** (toxic): of thorax, heart and abdomen
14. **Juniperus communis**: abdominal, dropsy from renal suppression
15. **Ligusticum levisticum** (lovage): renal edema; see Formulas
16. **Parietaria diffusa**: edema of renal origin
17. **Petroselinum sativum**: dropsy, esp. following scarlatina and other exanthematous diseases
18. **Pilosella officinarum**: edema of renal origin
19. **Polygala senega**: not from cardiac lesions
20. **Polyptrichum juniperum**: powerful diuretic (in strong infusion)
21. **Strophantus hispidus**: cardiac, ascites from hepatic cirrhosis
22. **Zea mays**: due to heart condition

Formulas:
- **edema**: Ligusticum levisticum + Agropyron repens + Apium graveolens (seed) + Parietaria diffusa

Homeopathy:
1. **Ammonium carbonicum**: primary remedy for pulmonary edema; ear noises, cold perspiration
2. **Antimoniu tartaricum**: edema and impending paralysis of lungs
3. **Apis mellifica**: pulmonary edema, irregular and slow pulse extending to right arm
4. **Arsenicum album**: pulmonary edema, great prostration, irregular pulse, cold sweat dyspnea
5. **Kali carbonicum**: pulmonary edema, distended stomach, dyspnea
6. **Phosphorus**: pulmonary edema, dilated heart (esp. right ventricle), violent palpitations
7. **Snaquinaria**: pulmonary edema
EMPHYSEMA

**Definition:**
Distention of the air spaces in the lungs distal to the terminal bronchiole with concurrent destruction of the alveolar walls. It is, with chronic bronchitis, a disease termed "Chronic Obstructive Pulmonary Disease" (COPD).

**Etiology:**
1. is apparently related to the effect of proteolytic enzymes on the alveolar septa; these enzymes are released by WBCs during their response to inflammatory processes
2. the leading factor that lead to a state of chronic inflammation in the lungs is SMOKING
3. in homozygotic alpha-1-antitrypsin deficiency, patients develop emphysema at a young age because they are lacking the substance that inhibits proteolytic enzyme activity, even if the enzyme is not markedly increased due to inflammation
4. COPD is a major cause of disability and death in the US, second only to heart disease as a cause of disability
5. Men have been affected much more than women in the past, no doubt due to their more marked smoking, however, with the advent of increased smoking in women, the disease prevalence in females is also increasing

**Signs and Symptoms:**
1. many patients found to have had emphysema post-mortem had no symptoms while alive
2. "smoker’s cough" will typically precede the onset of the disease
3. gradually progressing exertional dyspnea
4. cough: may be mild to severe
5. other findings that are not consistently seen or are only seen in very advanced cases:
   a. barrel chest
   b. use of accessory muscles for breathing
   c. pursed-lip breathing
   d. tripod position when sitting (resting chin on hands) with associated calloused elbows
   e. cyanosis

**Lab Findings:**
1. x-ray: depressed diaphragm, radiolucency of the lungs, tenting of the diaphragm at the rib insertion
2. planograms: detects bullae
3. isotopic lung scans
4. spirometric testing: slowed forced air expiration and low maximum mid-expiratory flow
5. increased pCO₂ and decreased pO₂ in blood gases

**Course/Prognosis:**
1. prognosis is tied to the rate of expiratory slowing
2. the disease is usually only palliated with treatment and is gradually progressive leading to death

**Differential Diagnosis:**
1. chronic bronchitis
2. asthma
3. pneumothorax

**Nutrition:**
1. moderately low fat
2. low sugar
3. high complex whole carbohydrates
4. protein 12-15%
5. vegetarian cleansing diet or short fast
6. foods rich in vitamin A, E
7. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables

**Avoid:**
1. food intolerances
2. dairy products
3. refined products: white bread, sweets
4. processed foods
5. sugar
6. catarrh forming foods: oranges, tofu, tomatoes, meat, ice cream, shellfish

**Supplements:**
1. vitamin A (50,000 IU QD)
2. vitamin C (3g QD)
3. vitamin E (400 IU TID)
4. zinc (30mg BID)
5. lecithin (1200mg TID) [improves surfactant]
EMPHYSEMA

Hydrotherapy:
1. constitutional hydrotherapy
2. spinal compresses: alternating hot and cold

Manipulation:
1. check and align T3,T4

Physiotherapy:
1. breathing exercises
2. aerobic exercise: mild as tolerated, build up gradually
3. massage: accessory respiratory muscles (scalenes, pectoralis minor, trapezius, SCM)

Botanicals:
1. Ammi visnaga: cor pulmonale patients with long-standing emphysema
2. Aspidosperma quebracho-blanco: dyspnea
3. Conium maculatum (toxic): for difficult breathing
4. Ephedra vulgaris
5. Euphorbia milii
6. Glandularia camporum
7. Inula helenium
8. Lycopterus virginicus: chronic irritable cough, chronic lung troubles
9. Physostigma venenosum (toxic): with great muscular relaxation
10. Scilla maritima (toxic): chronic cough with scanty tenacious sputum
11. Selinicerceus grandiflorus (toxic): as a heart tonic
12. Thymus vulgaris: oil, tea
13. Tussilago farfara: chronic, silicosis, eases persistent cough

Formulas:
1. consider respiratory tonics: Inula helenium, Tussilago farfara, Verbascum thapsus

Homeopathy:
1. Ammonium carbonicum: copious mucus in lungs, < physical effort, entering a warm room; cough continual but raises nothing; < 3-4 AM, with rattling of large bubbles; feel faint from effort to breath; drowsy and cyanotic
2. Antimonium tartaricum: excessive dyspnea, must be supported in sitting position in bed; difficulty in expiration; breathing rapid, short, heavy and anxious; rattling mucus below larynx, gasping for breath at beginning of coughing spell
3. Arsenicum album: highest degree of dyspnea, even to suffocation; great anxiety, restlessness; tightness of chest as bound in hoop, burning in chest, face cyanotic and covered with cold perspiration
4. Belladonna: short, hurried, anxious breathing, heavy and stertorous; dizziness, h/a, palpitations of hear; fullness of abdomen
5. Bromium: after pneumonia, asthma; cough dry whistling, ticking in larynx; gasping for breath; spasmodic closure of glottis, cannot inspire deep enough; pressure in stomach, must sit up in bed
6. Carum: dyspnea < after exertion; cough from talking
7. Carbo vegetabilis: often after Arsenicum; neglected bronchitis with emphysema; great dyspnea and anxiety, no restlessness; cough in violent spells; watery, profuse expectoration; breathing short with cold hands/feet; blueness of skin; > from fanning
8. Chlorum: easy inhalation, exhalation impossible; face turgid, convulsive movement; expiration difficult
9. Digitalis: complication with heart disease; respiration slow; paroxysms early in morning, < cold weather and walking, > lying perfectly quiet in a horizontal position
10. Hepar sulphur: bronchial chronic catarrh, < from slightest exposure; cough < from midnight till morning; sleep with head thrown back
11. Ipecacuanha: dry spasmodic cough of old people; collection of mucus difficult to expectorate
12. Lachesis: constriction of chest in morning when sitting up quickly; breathing becomes slow, difficult, whistling, chest stuffed; cover around neck, even chest unbearable; stool smelling badly
13. Lobelia infata: contraction of chest with deep inhalation; impossible deep inspiration; inclusion to sigh or to get very deep breath; burning feeling in chest passing upward; dry tracheal and bronchial catarrh
14. Natrum muriaticum: attacks of suffocation, breathing anxious, oppressed, short on walking fast, > open air and when exercising arm
ENDOCARDITIS (Subacute Bacterial)

Definition:
A bacterial infection of the endocardium or heart valves, recognized by systemic symptoms, tendency for embolism and endocardial vegetations; also termed "bacterial endocarditis"

Etiology:
1. the associated microorganism of subacute bacterial endocarditis (SBE) is typically:
   a. alpha-hemolytic streptococcus, although other strep strains and staph aureus (esp. in patients with prosthetic valves) are increasing in frequency as the cause
2. bacteremia is often associated with infection following, oral cavity infections and operative procedures
3. congenital or acquired malformed or damage heart valves are highly susceptible to the disease
4. it is common in people with pre-existing valvular hear disease

Signs and Symptoms:
1. onset is gradual; it is easy to misdiagnose as the systemic signs become prominent without any signs of cardiac involvement
2. fever: usually below 102.2°F and typically remittent
3. chills (occasionally), malaise, arthralgia
4. weakness, fatigue, weight loss, nightsweats, anorexia
5. embolic signs and symptoms: paralysis, chest pain, abdominal pain, painful fingers or toes, sudden blindness
6. mucocutaneous lesions: petechiae in mouth, pharynx or conjunctiva
7. changed or new heart murmur
8. splenomegaly
9. Janeway’s lesions: red macules on soles and palms
10. Osler’s nodes: tender nodules on the lips of the fingers and toes
11. Possible signs of CHF, in advanced cases

Lab Findings:
1. anemia: normochromic, normocytic; rarely hemolytic
2. microscopic hematuria
3. (+) blood cultures in 80-90%
4. leukocytosis
5. increased globulins, resulting in increased ESR
6. false (+) RF
7. hematuria and albuminuria
8. may see polyclonal gammaopathy on protein ELP

Course/Prognosis:
1. conventional physicians recommend prophylactic antibiotics whenever “dirty surgery” is performed (ie. dental or rectal procedures) on patients with damaged or prosthetic heart valves
2. untreated SBE is fatal; even with antibiotic treatment the mortality rate is 10% for strep more for fungal or gram (-) endocarditis
3. death can be a result of cachexia and anemia, embolic phenomenon of the cerebrum or lungs or kidney failure
4. valvular scarring and damage can lead to hear failure even after the disease has been successfully treated

Differential Diagnosis:
1. other disease as the systemic symptoms indicate
2. rheumatic fever
3. atrial myxoma

Nutrition:
1. eat as little as possible
2. increase vitamin A, C, E and magnesium foods
3. increase fluids: diluted vegetable juice, broths, herbal teas
4. low sugar, low fat diet
5. high complex whole carbohydrates
6. protein 12-15% diet
7. low cholesterol/cholesterol foods
8. low sodium/sodium restricted diet
9. vegetarian cleansing diet or short fast

Avoid:
1. hot sauces, spicy, fried, fatty ,rich and/or salty foods
2. heavy protein foods, meat, fats
3. vinegars
4. sugar
5. shellfish
6. alcohol
ENDOCARDITIS (Subacute Bacterial)

Supplements:
1. vitamin C
2. vitamin E
3. bromelain

Hydrotherapy/Manipulation/Physiotherapy:
See Pericarditis

Botanicals:
1. *Aconitum napellus* (toxic): endocarditis with full bounding pulse; fever; restlessness, sharp cutting pain on left side
2. *Adonis vernalis*: endocarditis
3. *Cimicifuga racemosa*: endocarditis with frontal or vertex h/a; rheumatism, pain under left nipple extending down left arm
4. *Crataegus oxyacantha*: cardiotonic, after condition is controlled; endocarditis
5. *Lycopus virginicus*: endocarditis
6. *Selenicereus grandiflorus* (toxic): chiefly a functional remedy; constrictive cardiac pain, valvular disease
7. *Spigelia marilandica* (toxic): endocarditis with severe pain in left side, violent blowing sound at apes of heart
8. *Taraxacum officinale*: tonic; after condition is controlled
9. *Veratrum viride* (toxic): endocarditis with full, hard and tense pulse, great muscular excitement

Homeopathy:
1. *Aconitum napellus*: sudden onset; severe anxiety; pulse strong, full, hard; lies on back with raised shoulders; constriction of chest; palpitation, feeling as if boiling water was poured on chest
2. *Adonis vernalis*: rheumatic endocarditis, irregular cardiac action, constriction and vertigo; pulse rapid and irregular
3. *Arsenicum album*: endocarditis with restlessness; agony and tingling of fingers of left hand; severe paroxysms of palpitation or attacks of syncope; heart disease with emaciation
4. *Aurum metallicum*: endocarditis with load endocardial bruits of fluttering action of heart or sudden jerks through the heart
5. *Bryonia*: palpitation of heart, frequently violent and with oppression of chest
6. *Cactus grandiflorus*: palpitation lying on left side; subnormal temperature; with mitral insufficiency; together with violent and rapid action; constriction; very acute pains and stitches in heart
7. *Ceanothus*: palpable spleen; < lying on left side
8. *Colchicinum*: severe oppressive pain with dyspnea; great prostration; trembling in precordial area; internal coldness; pulse small, slow and weak; heart impulse strong
9. *Kalmia*: < leaning forward and lying on left side; subnormal temperature; with mitral insufficiency; together with violent and rapid action; constriction; very acute pains and stitches in heart
10. *Lachesis*: cramp-like pain in precordial region, causing palpitation with anxiety; dread of going to sleep on account of marked aggravation of sleep; can bear no pressure on throat or chest; must sit or lie on right side
11. *Naja*: damaged heart after infectious disease; cardiac cough; irritating, dry with sense of choking and grasping at throat; septic; pulse irregular in force; feeling of weight or hear; dragging and anxiety in precordia
12. *Spigelia*: stitching pain, stabbing pain on deep inspiration; pain synchronous with heart beat; > lying right side; insufficiency of mitral valve; pulse weak and irregular
13. *Spongia tosta*: rheumatic endocarditis; load blowing with each heartbeat; rapid and violent palpitations with dyspnea; cannot lie down; also feels best in horizontal position; awakened suddenly after midnight with pain and suffocation; is flushed, hot and frightened to death
14. *Staphylococcinum*: from over wok, worry, lack of proper food, heredity, stress; where staphylococcus is the chief bacterial factor
15. *Zincum metallicum*: splinter-like pain in throat at intervals; < lying left side; > warmth; sudden spasmodic bursting sensation about heart; irregular movements of heart; rapid pulse
ENDOMETRIOSIS

Definition:  
An ectopic occurrence of endometrial tissue

Etiology:  
1. common problem which has no known etiology but a higher occurrence is seen in women who defer pregnancy until later in life

Signs and Symptoms:  
It this tissue is growing adjacent to or on the lumbar nerve plexus or on the colon, the symptoms can be varied and the diagnosis hard to pin down  
1. dull, aching, cramping pain  
2. bearing down pressure in the low back and pelvis  
3. dyspareunia (pain with intercourse) may occur  
4. abnormal bleeding anytime during the cycle  
5. palpable, tender nodules along the utero-scaral ligaments  
6. a fixed, tender, retroflexed uterus  
7. thickening of the adnexae

Lab Findings:  
1. US  
2. fiberoptic laparoscopic techniques allow a direct look at the problematic tissue

Course/Prognosis:  
1. the ectopic endometrial tissue can grow anywhere and responds to the same hormonal messages as other uterine tissue, swelling and changing with the menstrual cycle  
2. Pain tends to increase with time and begins progressively earlier in the menstrual cycle  
3. Laser techniques to destroy it are currently popular in conventional medicine as is removing the uterus, ovaries (and perhaps appendix) thus stopping the menstrual cycle altogether

Differential Diagnosis:  
1. musculoskeletal problems causing low back pain  
2. dysmenorrhea  
3. PID  
4. ovarian tumor

Nutrition:  
1. vegan diet  
2. fruit and vegetable fast for 1 week  
3. citrus peel  
4. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens (Taraxacum), watercress, burdock root  
5. magnesium rich foods

Avoid:  
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods  
2. alcohol

Supplements:  
1. vitamin D  
2. calcium (1-1.5g QD)  
3. lipotrophic factors  
4. linoleic acid (1-2 Tbsp. QD)

Hydrotherapy:  
1. sitz bath: alternating

Manipulation:  
1. check and align L1-3

Botanicals:  
1. Achillea millefolium: anti-spasmodic, uterine sedative, emmenagogue  
2. Alchemilla vulgaris: pelvic congestion, heavy menses, menstrual h/a  
3. Anemone pulsatilla (toxic): for nervous women with debility and faulty nutrition of nerve center; depression, irritability, melancholy, tendency for weeping, best for suppressed menses  
4. Helonias dioica  
5. Hydrastis canadensis  
6. Lithospermum officinale: diuretic, pituitary inhibitor, progesterone precursor
ENDOMETRIOSIS

7. Medicago sativa
8. Salix alba: pelvic sedative, anti-inflammatory, anti-spasmodic
9. Silybum marianum: add soaked and ground seeds to food freely
10. Trifolium pratense
11. Vitex agnus-castus: pelvic sedative, anti-spasmodic, progesterone precursor

Herbs which ameliorate Hyperestrinism:
Achillea millefolium, Alchemilla vulgaris, Angelica sinesis, Hyssopus officinalis, Lithosperma officinalis, Ribes nigrum, Vitex agnus-castus

Anodynes:
Angelica spp. (essential oil), Chamomilla spp. (essential oil), Crataegus oxyacantha, Hamamelis virginiana, Hydrastis canadensis, Hyssopus officinalis, Lavandula officinalis (essential oil), Rosmarinus officinalis (essential oil), Rubus idaeus, Salix spp., Symphytum officinale (toxic), Trifolium pratense

Formulas:
a. Nissim protocol:
1. 1st phase of cycle: Rubus idaeus. Ribes nigrum, Equisetum hyemale, Achillea millefollium, Vitex agnus-castus, Hydrastis canadensis, in equal parts; SIG: 80 drops BID
2. 2nd phase of cycle: Lithospermum spp., Alchemilla officinalis, Vitex agnus-castus, Hydrastis canadensis, in equal parts; SIG: 80 drops BID
3. 3rd phase of cycle (during menses): Piscidia erythrina (toxic), Gelsemium sempervirens (toxic), Hamamelis virginiana, Viola tricolor, Rubus idaeus, in equal part; SIG: 100 drops TID
b. Heron protocol:
1. 1st phase of cycle (end of menses to ovulation): Berberis aquifolium, Borago officinalis succus, Chamaelirium luteum (Helonias), Glycyrrhiza glabra, Leonurus cardiaca, Medicago sativa, Taraxacum officinale, Vitex agnus-castus, 1 part each; Anemone pulsatilla (toxic), Angelica sinesis, Cimicifuga racemosa, ½ part each; SIG: 5ml TID
2. 2nd phase of cycle (ovulation through menses): Alchemilla vulgaris, Borago officinalis succus, Dioscorea villosa, Smilax sarsasparilla, Taraxacum officinale, Verbena spp., Viburnum prunifolium, Vitex agnus-castus, 2 parts each; Eleutherococcus senticosus 1-2 parts; Anemone pulsatilla (toxic), Berberis aquifolium, ½ part each; SIG: 5ml TID
3. 3rd phase of cycle (during menses): Achillea millefolium, Cimicifuga racemosa, Helonias dioica, Leonurus cardiaca, Valeriana officinalis, Viburnum prunifolium, Vitex agnus-castus, 1 part each; Anemone pulsatilla (toxic), Humulus lupulus, ½ part each; SIG: 5ml TID
Can also add 1 Tbsp. Silybum marianum seeds, soaked and ground; add to food for at least 3 weeks of the month

Homeopathy:
1. Apis: stinging thrusting pains, pains similar to those arising from the sting of a bee; < right side; metrorrhagia profuse with heavy abdomen and tightness; great tenderness over abdomen and uterus; absence of thirst; scanty urine; dyspnea
2. Belladonna: burning, stitching, clutching pains come on suddenly and disappear suddenly; involuntary flow of urine; sleeplessness and drowsiness
3. Calcarea carbonica: before menses h/a, colic, chilliness and leukorrhea; menses too early, too profuse, too long; burning and itching before and after menses
4. Carbo animalis: menses too early, frequent, long lasting followed by great exhaustion and weakness; flow only in morning; burning in vagina and labia
5. Cimicifuga: pain immediately before menses, radiates hip to hip; ovarian neuralgia shooting up and down anterior part of thigh; menses irregular, profuse, dark, coagulated, offensive with backache and nervousness
6. Gelsemium: sensation as if uterus squeezed; pain extending to back and hips along with chills; dysmenorrhea with scanty menses
7. Helonias: too frequent, too profuse; parts hot, red swollen with burning and itching
8. Lachesis: chronic metritis with hypertrophy, menses too scanty and difficult; soreness about the pelvic region; < pressure of clothes; pains relieved by flow; sensation as if pains ascend to the chest; ovaritis; puerperal metritis with fetid d/c
9. Lycopodium: cutting pain across hypogastrium from right to left; ovaritis; metritis; d/c of blood from genitals during stool
10. Pulsatilla: menses suppressed from wet feet, nervous debility; menses scanty, thick, dark clotted, changeable, intermittent flow; diarrhea before or after; menses; tensive cutting pains in uterus which is very sensitive to touch and during coitus; metritis and ovaritis after getting feet wet or from suppression of lochial d/c; chilliness and thirstlessness
11. Sabina: pains from sacrum to pubis and shooting up the vagina < least movement; menses profuse, bright; mid-cycle spotting with sexual excitement; leukorrhea after menses; acute metritis; metritis hemorrhagica
12. Sepia: bearing down sensation; menses too late, scanty or early and profuse; pain sharp and clutching; dyspareunia
ENDOMETRIOSIS

13. **Silica**: d/c of blood between periods; paroxysms of icy coldness over whole body during menses; milky acrid leukorrhea during urination
14. **Veratrum**: colic before appearance of menses with strangury; suppressed menses with congestive h/a
EPICONDYLITIS/TENNIS ELBOW

Definition:
Strain and inflammation of the lateral forearm extensor muscles at their origin on the lateral epicondyle of the humerus. Also called "Lateral humeral epicondylitis" and "Tennis elbow"

Etiology:
1. the inflammation is from forceful repetitive supination of the wrist (using a screwdriver, playing tennis)

Signs and Symptoms:
1. history of repetitive movements
2. pain: may be disabling from severity; it occurs over the lateral epicondyle and can radiate to the lateral arm and forearm
3. worse dorsiflexion and supination of the wrist against resistance
4. tenderness may be severe; located distal to the lateral epicondyle

Lab Findings:
1. x-ray: (-) for pathology

Course/Prognosis:
1. with proper treatment and avoidance of the initiating activity, the pain will gradually subside
2. recurrences are common if prophylaxis, such as a forearm strap, is not used when the activity is restarted

Differential Diagnosis:
1. arthritis
2. local trauma

Nutrition:
1. foods rich in vitamin A, C
2. pineapple
3. sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat milk

Supplements:
1. vitamin A (25,000 IU QD)
2. vitamin C
3. manganese [Bastyr]
4. bromelain (500-1000mg TID on an empty stomach)
5. essential FAs

Hydrotherapy:
1. ice pack
2. home care: alternating hot/cold packs BID

Manipulation:
1. check for anterior cervical fixation ipsilaterally
2. check first rib ipsilaterally

Physiotherapy:
1. stretching exercises
2. palms together, raise elbows up and out, hold for 6-10 sec.; backs of hands together, raise elbows up and out, hold for 6-10 sec., repeat
3. sit and rest arm fully extended on table
4. pull back on wrist with other hand, hold 6-10 sec., repeat with wrist in flexion
5. strengthening:
   a. grasp dumbbell with arm supported on chair, arm and wrist hanging over; use dumbbell for wrist flexion and hold in that position (3 sec.), then wrist extend and hold in that position (3 sec.), then radial and ulnar deviation and hold in each position (3 sec.)
   b. water exercise for elbows and wrists
6. massage: 1st: transverse friction massage to tenoperiosteal junction (5 min.), follow with ice massage; repeat 1-2x/week for 3-4 weeks
7. diathermy
8. paraffin bath
9. TENS (analgesia)

Botanicals:
Anti-inflammatories:
1. Angelica archangelica
2. Anthemis spp.: hot infusion ad lib
3. Arnica montana (toxic): internally or as a fomentation
EPICONDYLITIS/TENNIS ELBOW

4. Dioscorea villosa
5. Gaultheria procumbens (oil): locally
6. Guaiacum officinale
7. Maricaria chamomilla (oil): locally, hot infusion ad lib
8. Rosemarinus officinalis (oil): locally

Homeopathy:
1. Rhus toxicodendron: prickling heat in limbs; heaviness; stiffness and pain on first moving after rest or getting up in morning; > continued motion; complaints brought on by wet weather; after morning; stiffness
2. Ruta graveolens: pain prevents walking after standing; bruised sensation as if from fall; < wet, cold weather; numbness and tingling after exercise; pain prevents range of motion
EPIDIDYMISIS

Definition:
Infection of the epididymis

Etiology:
1. is typically secondary to infection of the urethra or prostate
2. the microorganisms usually involved in sexually active men under the age of 30 are:
   a. Chlamydia trachomatis (70-80%)
   b. Neisseria gonorrhea (10%)
3. while older men or following catheterization the associated microorganism is usually Pseudomonas seruginosa

Signs and Symptoms:
1. although it can be bilateral, it is usually unilateral
2. in men less than 35 years old:
   a. urethritis with d/c
   b. fever
   c. pain in the scrotum
   d. swelling, tenderness and induration of the scrotum
   e. history of recent mumps parotitis
3. in older men:
   a. pyuria
   b. infected urine
   c. history of a urinary procedure
   d. preceding urologic conditions (ie. BPH)
   e. no urethral symptoms

Lab Findings:
1. culture and/or stain of urethral d/c

Course/Prognosis:
1. conventional treatment is antibiotics and bed rest
2. prognosis is usually good; however, if the mumps caused bilateral testicular atrophy, then sterility is common
3. in chronic cases, vasectomy or epididymectomy are conventional treatments

Differential Diagnosis:
1. testicular torsion
2. trauma
3. tumor
4. epididymal cyst(s)

Nutrition:
Acute:
1. eat light meals increasing fruits and vegetables or short alkaline fast of 3-5 days
2. foods rich in vitamin A, C and E and zinc
3. squash seeds, almonds, sesame seeds, tahini, kelp

Supplements:
1. vitamin A (50,000 IU QD)
2. vitamin C (6-8g QD)
3. zinc (90mg QD)
4. general immune support

Hydrotherapy:
1. fever treatment
2. short cold baths

Manipulation:
1. check SI joints/pelvic obliquity: adjust and then use deep pelvic psoas massage to release psoas, this is very useful if swelling of testicle present, practitioner will find an area on psoas that refers “same pulling sensation” to epididymis

Physiotherapy:
1. diathermy (see orchitis)
2. Galvanism: ACTUE: use (+) with cotton soaked in 2% MgSO₄ around affected testicle, (-) on sacrum, 5-10mA for 15 min. daily; CHRONIC: (-) with cotton soaked in 2% KI to testicle and (+) at sacrum, 1-3mA for 5 min.

Botanicals:
1. Anemone pulsatilla (toxic): orchitis, epididymitis; pain associated with acute inflammation
2. Echinacea spp.
EPIDIDYMITIS

3. **Equisetum arvense**: inflammation of the spermatic cord
4. **Piper methysticum**: epididymitis depending upon atonic system
5. **Podophyllum peltatum** (toxic): of gonorrhea, relieves pain and inflammation, with potassium bitartrate, with other remedies
6. **Serona repens, serrulata**: epididymitis, genitourinary tonic, alterative, esp. when associated with enlarged prostate
   Also treat as for infection

**Homeopathy:**
1. **Clematis**: right side, pain < at night from warmth of bed, pain extends up to groin and down to thighs
2. **Hamamelis**: nausea and faintness, pain may extend to bowels
3. **Pulsatilla**: main remedy; one sided, usually left; achy, burning pain, < sitting, > gentle motion
4. **Rhododendron**: pain < before storm, windy weather; > motion; esp. right sided
5. **Spongia tosta**: goes right to left side; stitching pain extending up spermatic cord
**Definition:**
A severe, rapidly progressing infection of the epiglottis and surrounding tissues that can be rapidly fatal due to abrupt respiratory obstruction by the inflamed epiglottis. This is an acute emergency and should be referred immediately for hospitalization. DO NOT ATTEMPT TO VISUALIZE THE EPIGLOTTIS if you suspect this condition.

**Etiology:**
1. The associated microorganism is almost always *Hemophilus influenza* type B, can also be Strep or Pneumococcus
2. Although the disease may occur at any age, it is most common in children of 2-5 and rarely seen under 2 years of age
3. In adults, men are 3x more likely as women to develop the disease
4. Usually, the adult has a predisposing factor, such as immunosuppression, Hodgkin's disease or multiple myeloma

**Signs and Symptoms:**
1. Onset is extremely acute and intense; typically the child appears well then suddenly develops symptoms:
   a. High fever
   b. Sore throat
   c. Hoarseness
   d. Dysphagia
   e. Acute respiratory distress (drooling, tachypnea, inspiratory stridor, dyspnea, , urgent use of suprasternal/supraclavicular/intercostal/subcostal muscles to breathe, wheezes, decreased breath sounds bilaterally)
   f. Pharynx deeply inflamed
   g. Swollen, enlarged epiglottis, often visible in the back of the throat; epiglottis is “beefy” red, stiff and may be coated with secretions; DO NOT VISUALIZE
   h. Patients with epiglottis will often lean forward from the waist in a characteristic posture designed to hold the epiglottis forward, away from the airway; they are likely to resist any attempt to make them lie supine

**Physical Exam:**
1. Visualizing the epiglottis is diagnostic but very dangerous in an out-patient setting because of the risk of sudden, complete obstruction of the airway. Do not risk a view of the oropharynx outside a hospital setting

**Lab Findings:**
1. Culture blood and throat in in-patient setting
2. X-ray: reveal swollen epiglottis
3. Increased PMNs

**Course/Prognosis:**
1. Medical emergency
2. Hospitalization to maintain an open airway, this is essential and antibiotic therapy must be initiated
3. Airway obstruction will be fatal in the absence of facilities to treat it

**Differential Diagnosis:**
1. Viral croup
2. Pharyngitis
3. Diphtheria
4. Peritonsillar abscess

**Nutrition:**
1. Fasting
2. IV of glucose, saline

**Avoid:**
1. Food intolerances, possible allergens

**Supplements:**
1. Vitamin C IV + zinc
2. Bromelain (500mg QID)

**Manipulation:**
1. Check and align upper cervical

**Botanicals:**
WARNING – GIVE NOTHING BY MOUTH
EPIGLOTTITIS

1. *Apis mellifera* (toxic): has indications for puffiness of the mucosal tissues; sore throats of an edematous character with uniformly spread puffiness as if stung by a bee

**Homeopathy:**

1. *Aconitum napellus*: acute inflammation of the throat with high fever; dark redness of the parts; burning and stinging in the fauces and difficult deglutition; almost entire disability to swallow with hoarseness
2. *Alumina*: dry mucosa; very difficult to swallow; sensation of a fish bone in the adenoids; < evening; > after taking anything warm
3. *Apis*: uvula swollen, sac-like; puffy, fiery, red, swollen tonsils; mucosa of mouth shiny, flossy and edematous; burning pain < warm drink, least touch of the neck, > cold drink; no or little thirst; burning, stinging in throat
4. *Belladonna*: red, < right side; throat feels constricted; difficulty swallowing; spasms in throat; continual inclination to swallow; sensation as if a tumor or plug in throat which cannot be detached; complete inability to swallow even the least liquid, which frequently passes out the nostrils; burning and dryness in throat
5. *Ferrum phosphoricum*: inflammation of fauces with dryness, redness and pain; feeling of lump on swallowing (on right); on waking, throat feels swollen and stiff, swelling painful; < empty swallowing
6. *Hepar sulfur*: sensation as if a plug and of a splinter in throat; violent pressure in throat with danger of suffocation, swallowing impeded and almost impossible without great efforts; dryness in throat; painful throat scraping
7. *Kali bichromicum*: erythema of fauces and soft palate, bright or dark red or coppery color; uvula relaxed; edematous, bladder-like in appearance; burning in pharynx; throat pains more when tongue is put out; d/c from mouth and throat; tough and stringy
8. *Kali carbonicum*: throat dry, parched rough; sticking pain as if from a fish bone; swallowing difficult; mucous accumulation in morning; lancinating pain on swallowing
9. *Lachesis*: inflammation of throat, begins on left side and extends to right side; purple livid color of throat; very painful; < slightest pressure, touch more annoying; < swallowing saliva or liquids; pain into ear; dryness of throat
10. *Mercurius iodatus flavus*: burning in throat when swallowing saliva; dryness in mouth and throat; fauces and pharynx red and inflamed, esp. right; sensation of a lump as if swollen; accumulation of mucus in throat in morning
11. *Phosphorus*: dryness of throat day and night; smarting, scraping and burning pain in throat; pain as from excoriation in throat; tonsils and uvula are much swollen
12. *Rumex crispus*: scraping in throat, excoriated feeling with secretion of mucus in upper part; sensation of a lump in throat; not > by hawking or swallowing; aching in pharynx with collection of tough mucus in fauces; throat dry, swallowing difficult; pain in left side on swallowing
13. *Wyethia*: throat feels swollen; epiglottis dry and has a burning sensation, swallowing with difficulty; uvula feels elongated; constant clearing and hemming; dryness of fauces
EPISTAXIS (Nosebleeds)

Definition: Bleeding from the nose

Etiology:
1. causes can be local or systemic
2. common cause is nose-picking that tears the blood vessels in the anterior nares (Kiesselbach’s plexus)
3. other causes include:
   a. trauma, skull fracture
   b. URI, sinusitis, rhinitis, dryness of mucous membranes
   c. systemic (malaria, scarlet fever, pertussis)
   d. vicarious menses
   e. aspirin usage
   f. HTN
   g. arteriosclerosis
   h. bleeding disorders (hemophilia, aplastic anemia, other hereditary coagulopathies. Leukemia, Osler-Rendu-Weber syndrome, etc.)

Signs and Symptoms:
1. sudden onset of nasal bleeding

Lab Findings:
1. labwork will only be useful to discern the primary reason for the bleeds; consider coagulation work-up if bleeds are persistent

Course/Prognosis:
1. prognosis depends on the cause but is generally very good
2. usually, with pressure on the nasal alae, the bleed will stop in 5-10 min.
3. however, recurrences may be frequent until the reason for the bleeds is uncovered and controlled
4. additional conventional treatment includes cautery (chemical or electrical), administration of lidocaine and epinephrine locally, packing nasal cavity with petrolatum-impregnated gauze

Differential Diagnosis:
1. investigation of cause

Nutrition:
1. increase foods containing vitamin C, E and bioflavonoids
2. 1 lb. Catfish, 1 oz. scallions, salt; steam and eat 3x/week
3. take 10g crushed garlic and bind to the center of the sole of the foot. If bleeding from the right nostril then bind to left foot, if from left nostril then bind to right foot and if from both nostrils then bind both feet

Avoid:
1. food intolerances
2. sugar and sweet foods

Supplements:
1. vitamin C (1-4g QD)
2. vitamin E (400 IU QD)
3. vitamin K (1mg QD)
4. calcium
5. zinc (30mg QD)
6. bioflavonoids
7. chlorophyll

Hydrotherapy:
1. hot foot bath
2. cold plantar douche
3. cold compress: to nose and/or occiput
4. ice water: place hands in ice water

Botanicals:
1. Calendula officinalis: internally for capillary engorgement of tissues
2. Capsella bursa-pastoris: chronic hemorrhages
3. Chionanthus virginicus: internally
4. Cinnamomum zeylanicum: passive hemorrhage
5. Crataegus oxyacantha: bioflavonoids; increases integrity of blood vessels
6. Erigeron canadensis (oil): topically
7. Geranium maculatum: topically
EPISTAXIS (Nosebleeds)

8. **Hamamelis virginiana**: nasal catarrh with congestion and tendency to recurring epistaxis
9. **Lycopodium virginiana**
10. **Thuja occidentalis**: topically
11. **Trillium pendulum** (toxic): passive hemorrhage
12. **Urtica spp.**: anti-hemorrhage

Homeopathy:
1. **Ambrosia**: nosebleed; stuffed up feeling of nose and head; water coryza
2. **Arnica**: bleeding after every fit of coughing; dark fluid blood; nose feels sore, cold
3. **Bryonia**: frequent bleeding of nose when menses should appear
4. **Ferrum phosphoricum**: bright red blood; anemia
5. **Hamamelis**: profuse bleeding; flow passive, non coagulated
6. **Nitric acid**: nosebleed with chest affections; corrosive d/c; passive bleeding of bright, red blood; poor coagulation of the blood
7. **Phosphorus**: epistaxis instead of menses; bright red blood
ERYSIPelas

Definition:
Superficial cellulitis and skin infection, usually caused by group A beta-hemolytic streptococcus; also known as "St. Anthony's fire"

Etiology:
1. usually seen in infants, young children and the elderly
2. often follows URI, with infection spreading to the surface via small or unapparent breaks in the skin; may follow impetigo

Signs and Symptoms:
1. usually the face is involved symmetrically, but the arms and legs may also be affected
2. sudden onset: malaise, h/a, vomiting, fever, chilliness
3. itching over the area: within hours the area becomes reddened and begins to spread; the infection reaches its largest extent by 3-6 days
4. lesion: skin is warm, well-demarcated, shiny, swollen, painful; often vesicles and/or bullae appear and leave a crust on the skin when they burst
5. often presents as a butterfly rash on the central face
6. HEENT lymphadenopathy

Lab Findings:
1. (+) culture of exudate
2. occasional (+) blood culture

Course/Prognosis:
1. may become recurrent due to chronic lymphatic obstruction
2. fatalities are much less common, but may occur in infants, the elderly and immunosuppressed
3. recovery usually takes a week, depending on the severity of the infection and the host’s health
4. conventional treatment is systemic and topical antibiotics

Differential Diagnosis:
1. SLE
2. herpes zoster
3. allergic contact dermatitis
4. erysipeloid
5. angioneurotic edema

Nutrition:
1. it on a regular diet → try a vegetarian diet in vegetables and complex carbohydrates
2. if on a vegetarian diet → try a fruit and vegetable diet or short fast
3. vitamin A, B complex and C foods
4. watermelon, cucumber, black bass, rye, avocados, sea vegetables, whey, apple, millet, rice polishings, rice bran, sprouts

Remedies:
- apply mashed lettuce, changing poultice TID and drink 1 cup lukewarm lettuce juice TID
- 2 Tbsp. mung bean powder BID
- simmer yellow soybeans in water until reduced to a thick liquid, apply to the affected area

Avoid:
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. alcohol

Supplements:
1. vitamin A (25,000 IU QD)
2. vitamin C (1-2g QD)

Hydrotherapy:
1. cold mitten friction
2. cold compress: during early stages of disease
3. heating compress: after the skin becomes dull red, change every 15-30 min.

Botanicals:
1. Aconitum napellus (toxic): with high fever
2. Apis mellifera (toxic): vesicular erysipelas, subcutaneous inflammations with burning, stinging, tense and lancinating pains
3. Atropa belladonna (toxic): non-vesicular with burning, deep redness of skin and little involvement of subcutaneous tissues
ERYSIPELAS

4. **Echinacea angustifolia**: blood poisoning or tendency to blood poisoning
5. **Lobelia inflata** (toxic): locally; erysipelatous inflammation
6. **Ichthyol** (Ichthyolum): local application; highly valued, reduces pain and burning limits spread of infection
7. **Rhus toxicodendron** (toxic): vivid, bright red, glistening; esp. when confined to the upper part of the face with marked puffiness; vesicles, sharp pulse, nerve centers irritated
8. **Ulmus fulva**: as drawing poultice
9. **Veratum viride** (toxic): topically and internally; tumefaction and redness; full pulse, ordinary redness of inflammation

**Homeopathy:**

1. **Apis**: of throat or any part wit much swelling; burning, stinging pain > cold; painful scanty urination
2. **Arsenicum album**: prostration, restlessness, burning, shifting pains
3. **Belladonna**: red, smooth tense skin; face and head, esp. right side
4. **Borax**: on face with sensation of cobweb
5. **Cantharis**: vesicles run together to form blebs, esp. on face, beginning on nose; restlessness, burning, stinging pains
6. **Crotalus horridus**: blue look, after vaccination or insect bites
7. **Lachesis**: dark blue, purple color; mental prostration; face puffed and red when Belladonna fails
8. **Silica**: fails to heal even though pus has dried up
ERYTHEMA MULTIFORME

**Definition:**
Sudden inflammatory eruption of symmetrical, erythematous, edematous, bullous or other type of skin or mucous membrane lesions, usually from systemic causes

**Etiology:**
1. most common cause is viral but there is no identified cause in over 50% of cases
2. known factors include:
   a. drugs (i.e. penicillin, barbiturates, antipyretics, sulfonamides, polio vaccines, although almost any drug can cause the reaction in a sensitive patient)
   b. infectious organisms (i.e. mycoplasma pneumonia, herpes simplex, coxsackie, histoplasmosis)
   c. food allergies
3. it appears to be a hypersensitivity reaction, although the exact mechanism is unknown
4. tissue damage at the site of the lesions is from release of highly reactive oxygen intermediates by polymorphonuclear leukocytes
5. the condition is seen most often in children and young adults
6. it is worse in the spring and fall, when it tends to occur spontaneously and last for 2-4 weeks

**Signs and Symptoms:**
1. onset is sudden
2. lesions are symmetrical
3. areas most often involved include:
   a. extensor surface of extremities, dorsa of feet, face, lips, mouth, penis: 50% of lesions
   b. dorsum of the hand: usually the first area lesion appear
   c. lungs (30%)
   d. eyes (91%)
4. lesions are edematous and reddened
5. target lesions (annular lesions of concentric circles with a central purpural area) are characteristic; may appear as bullae, macules, papules, purpura or urticaria
6. systemic symptoms are often present : fever, arthralgia, malaise
7. itching is variable among patients
8. **Stevens-Johnson Syndrome:** severe form recognized by bullae on the oral mucosa, pharynx, conjunctiva and anogenital areas; skin ulcers may form and if the eyes are involved, blindness may result after several days; condition can be fatal and is a medical emergency

**Lab Findings:**
1. may see increased WBCs
2. may see eosinophilia

**Course/Prognosis:**
1. if the cause is found and removed, the prognosis is excellent
2. minor cases often do not need medical care, but severe cases, esp. with the presentation of bullae, may require hospital care
3. corneal involvement requires intensive treatment under an ophthalmologist’s supervision

**Differential Diagnosis:**
1. other skin diseases

**Nutrition:**
1. if on a regular diet → try a vegetarian diet high in vegetables and complex carbohydrates
2. if on a vegetarian diet → try a fruit and vegetable diet or a short fast
3. vitamin A, B complex and C rich foods
4. watermelon, cucumber, black bass, rye, avocados, sea vegetables, whey, apple, millet, rice polishings, rice bran, sprouts
5. detoxify the patient

**Remedies:**
   a. lemon juice in water on empty stomach in morning
   b. apply mashed lettuce poultice TID, and drink 1 cup of lukewarm lettuce juice TID
   c. 2 Tbsp. mung bean powder BID

**Avoid:**
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. alcohol
ERYTHEMA MULTIFORME

Supplements:
1. bromelain
2. quercetin (1g TID a.c.)
3. PABA
4. KI

Manipulation:
1. check and align T10-12

Botanicals:
1. Atropa belladonna (toxic): developing stage of inflammation; fever, dullness, dull eyes, dilated pupils
2. Berbers aquifolium: cutaneous affections
3. Echinacea angustifolia: internally and externally; erythema; burning pain with redness and itching
4. Equisetum arvense
5. Eupatorium perfoliatum: fevers, inflammatory states
6. Hydrangea arborescens
7. Rhus toxicodendron (toxic)
   Consider anti-inflammatories

Homeopathy:
1. Apis: dirty; inflamed appearance; after violent exercise and from warmth; skin: shiny, sensitive, sore with stinging pain; intolerable itching; hot edematous
2. Antipyrine: circumscribed patches of hyperemia and swelling; acute erythema multiforme; intense itching; appearing and disappearing suddenly
3. Belladonna: dry and hot; swollen; sensitive; alternate areas of redness and paleness; heat, redness and burning are the 3 great characters
4. Boric acid: erythema multiforme of truck and upper extremities; edema around eyes
5. Copaiva: esp. around abdomen; circumscribed lenticular patches with itching; mottled appearance
6. Strep Nosode: H/O strep infection at any time, H/O acute infections; red, inflamed appearance in people who are highly strung, emotional and weep on being given sympathy
ESOPHAGITIS

Definition: A burning epigastric or retrosternal pain typically after meals bending or lying

Nutrition:
1. vitamin A, C and zinc rich foods
2. eat small meals and no eating 2-3 hours before bedtime
3. fasting

Avoid:
1. foods associated with dyspepsia and heartburn
2. food intolerances

Supplements:
1. vitamin A
2. vitamin C
3. zinc

Manipulation:
1. check and align C1-4, T5-7 and T11

Physiotherapy:
1. spondylotherapy: concussion or nerve pressure beside or sinusoidal current around T5 will cause stomach to assume a more vertical shape with the cardia contracted and the pylorus dilated
2. position to impede reflux by gravity (standing or sitting as opposed to lying) 4-6 inch blocks to elevate head of bed

Botanicals:
1. comfrey
2. pepsin
3. althea
4. aloe vera
EYE STRAIN
(Also see Cataract, Conjunctivitis, Iritis, Visual disturbances)

Definition:
Tiredness and/or inflammation of the eyes from overuse

Etiology:
1. occurs in a variety of situations:
   a. if the eyes are made to focus at small print
   b. in inadequate lighting for long period of time
   c. use of a computer screen many hours of the day
   d. if the eyes are focused strongly when the patient is overtired, etc.

Signs and Symptoms:
1. conjunctiva are hyperemic
2. eyes are scratchy, cry, irritated
3. better cool compresses and closing eyes
4. history of overuse

Course/Prognosis:
1. chronic eye strain may precipitate the development of decreased vision
2. appropriate ergonomics are of key importance in prevention

Differential Diagnosis:
1. conjunctivitis

Nutrition:
1. foods rich in vitamins A and C
2. bilberries, huckleberries, endive

Supplements:
1. vitamin A
2. vitamin B complex
3. vitamin C
4. vitamin E

Hydrotherapy:
1. hot foot bath

Physiotherapy:
1. eye exercises
2. massage: lightly over eyes and around eyes

Botanicals:
1. Anemone pulsatilla (toxic): due to excessive reading, sexual indulgence, h/a, deep seated heavy pain in the globe of the eye
2. Chamomilla spp.: as eyewash
3. Cimicifuga racemosa: with h/a, stiff, “bruised” feeling of ocular muscles
4. Cineraria maritima: as eyedrops, soothing
5. Euphrasia officinalis: eyewash
6. Gelsemium sempervirens (toxic): muscular twitching, engorged
7. Polygala senega
8. Ruta graveolens

Homeopathy:
1. Natrum muriaticum: weakness of eye muscles; muscles of lid feel stiff when moving; letters blur and run together when looking steadily (reading); marked asthenopia; indicated when internal recti muscles affected
2. Ruta graveolens: for irritability of eye tissue from overwork or fine work
FAINTING/SYNCOPE

**Definition:**
Includes sudden loss, near-complete loss and feeling of impending loss of consciousness; medical term is "syncope"

**Etiology:**
1. there are many causes
2. the attack almost always occurs while the patient is in the upright position, usually resolves quickly and spontaneously once the patient is put in or fall to a horizontal position and blood flow (no longer hindered by gravity) flows fully to the brain
3. **vasovagal**: is the typical faint that occurs in healthy people with no underlying condition
   a. can frequently be recurrent when the individual is faced with the same stimuli (ie. a small, warm room) or can be due to emotional shock, intense pain and as a response to trauma
   b. other factors include being bedridden, fasting ,anemia and poor physical and circulatory condition
   c. physiologically, there is a significant drop in arterial pressure concurrent with venous pooling of blood and tachycardia, next comes bradycardia which further reduces cerebral blood flow and initiates the faint
   d. almost always the loss of consciousness occurs gradually enough for the person to get to the ground without injuring themselves, once on the ground, awareness usually resume quickly, although the faint may last up to a ½ hour, but the patient may still feel weak and rising too soon may bring on another faint
4. **postural hypotension with syncope**: this type of faint occurs in patients who have a chronic disorder or variable instability of vasomotor reflexes
   a. the most common reason for this type of syncope is use of drugs that impair autonomic reflexes (typically excessive doses of hypotensive medications, monoamine oxidase inhibitors, the chemotherapy drug vincristine, barbiturates, alcohol, quinidine and L-dopa)
   b. the fall of blood pressure on arising is due to a loss of vasoconstriction reflexes in resistance and the dependent venous capacitance vessels resulting in a decrease of venous return and a drop in cardiac output
   c. the characteristics of the faint are similar to that of the vasovagal type; the distinguishing feature is that the patient experiences the attacks upon rising from a sitting or stooping position and not after having stood awhile
   d. causes for this include the drugs listed above as well as familial tendencies and the dysautonomias
5. **syncope of cardiac origin**: this usually results from a sudden lack of cardiac output, usually due to a arrhythmia
   a. normal people ventricular pulse rates below 35-40 bpm or above 185 bpm are usually needed to induce a cerebral blood flow disorder causing syncope
   b. the most common arrhythmia is complete artioventricular block and combined with subsequent fainting, is known as the Stokes-Adams-Morgagni Syndrome
   c. it is not necessarily associated with the upright position
   d. other cardiac problems that can cause syncope include massive myocardial myofarction, stenosis (leads to exertional fainting), Tetralogy of Fallot and primary pulmonary hypertension
6. **cardiac sinus syncope**: massage of one or both of the cardiac sinuses, esp. in the elderly individual, can cause cardiac slowing and/or decreased arterial pressure
   a. this type of syncope may occur by turning the head, tight collars, shaving over the sinus regions or spontaneously without a clear stimulus
   b. the typical patient is male and the faint usually occurs in the upright position

**Signs and Symptoms (prodromal and faint):**
1. yawning
2. nausea, perspiration ("cold sweat")
3. hypernea, tachycardia (followed by bradycardia: in vasovagal syncope)
4. weakness, confusion
5. dimness or loss of vision
6. feeling of impending loss of consciousness
7. paleness
8. all signs and symptoms disappear in the horizontal position

**Lab Findings:**
1. usually not pertinent unless the faint is suspected to be secondary to one of the pathologies mentioned above
2. CBC to rule out anemia

**Course/Prognosis:**
1. the prognosis is excellent for victims of a vasovagal episode, as long as the patient does not injure themselves on falling and lays horizontally with feet elevated until complete recovery
2. for the other types of syncope, prognosis depends upon the primary cause and the severity of the condition
FAINTING/SYNCOPE

Differential Diagnosis:
1. anxiety attack and hyperventilation; hysterical fainting
2. hypoglycemia
3. acute/insidious hemorrhage
4. cerebral ischemic attacks
5. hypovolemia

Nutrition:
1. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. egg yolk, kale, celery, fish, raw goat’s milk, veal joint broth, cod roe, rice polishings, brewer’s yeast, nutritional yeast

Manipulation:
1. check and align upper cervicals, T1-3

Physiotherapy:
1. check for proper breathing pattern (teach diaphragmatic breathing if necessary)
   See hypotension

Botanicals:
1. *Aletris farinosa*: fainting spells in the nausea of pregnancy
2. *Crataegus oxyacantha*: improves circulation
3. *Gingko biloba* (standardized extract): increases cerebral circulation
4. *Lavandula vera* (essential oil): with carbonate of ammonium as a smelling salt; use tincture for tendency to faint in asthenic individuals
5. *Selenicereus grandiflorus* (toxic): associated with heart disorders; improves circulation to brain
6. *Valeriana spp.*: stimulant, tonic
   See Vertigo

Homeopathy:
1. *Ambra grisea*: asthenia and nervous; timidity
2. *Ignatia*: contradictory, mental hypersensitivity; paradoxical change of mood at the least variations in the emotions
3. *Moschus*: the least cause provokes it in hypersensitive and nervous individuals, esp. females; very changeable mood; exaggeration always, hysteria
4. *Nux moschus*: cerebral asthenia; fainting with the least cause (pain, emotion, long standing, cold, etc.); extreme dryness of mucous membranes
5. *Valerian*: nervous with spasm, hysteria, excitations and joy, insomnia
6. *Veratrum album*: esp. during menses; after fear; extreme coldness and weakness
FEAR
(Also see Anger)

Definition:
Anticipation of misfortune or pain; the state of being afraid; anxiety; reverent awe

Etiology:
1. it is thought that humans may be born with only 2 fears; that of loud noises and that of falling
2. fear is a learned emotion which comes about through painful experiences
3. may be environmental
4. when parents live with dread of factors in their lives, such as finances the child can grow to address money situations with the same emotions even when far better equipped to deal with the situation than his/her parents

Signs and Symptoms:
1. emotional discomfort
2. insomnia
3. worrying, obsessing
4. lack of enthusiasm for projects usually enjoyed
5. diminished healthy aggression in social and business situations
6. stomach cramps
7. muscle tension in face
8. impaired digestion
9. impaired immunity

Course/Prognosis:
1. fear, if felt for long enough, can become attitudinal and cause retarded emotional growth, learning disabilities and interfere with intimacy
2. in alcoholic families, fear of the unknown frequently becomes ingrained and when the child leaves the family system, anticipation and excitement of an impending challenge will be interpreted as fear (from similar physiologic changes) and be perceived as a negative and uncomfortable emotion
3. prognosis is excellent when chronic paralyzing fear is distinguished from anticipatory excitement and can be harnessed and “ridden” rather than overwhelm
4. developing awareness and recognition of emotional patterns helps the sufferer to recognize and deal with this emotion when it arises

Differential Diagnosis:
1. worry
2. excitement
3. somatic conditions associated with fear as a symptom

Nutrition:
1. increase sodium foods
2. warming foods, steamed, baked or cooked foods, ginger, cinnamon bark tea, a little wine
3. chicken, lamb, scallions, sesame seeds, fish, baked tofu, soybeans, walnuts, eggs, lentils, black beans, lotus seed

Avoid:
1. cold and cooling foods, raw foods, fruits
2. hot, spicy foods
3. mulberries, apples, peaches, pears, fresh vegetables, beans, tofu, soy sprouts, chrysanthemum flowers
4. alcohol

Supplements:
1. vitamin B complex

Botanicals:
1. Aconitum napellus (toxic): of impending danger or death esp. if in accident or a “brush with death”, acute panic, of examination, of meeting public, stagefright
2. Anemone pulsatilla (toxic): of impending danger or death
3. Cactus grandiflorus (toxic): vague fear in menopause
4. Gelsemiu sempervirens (toxic): stagefright, fear of meeting public, student’s fear of examination

Formulas:
a. may add nerve sedative herbs and synergist (toxic botanical) according to indications
b. nerve sedatives: Humulus lupulus, Valeriana spp., Verbena hastata, Matricaria chamomilla
c. synergists: Aconitum napellus (toxic), Anemone pulsatilla (toxic), Gelsemium sempervirens (toxic)

Homeopathy:
1. Aconitum napellus: fear of death; wakes suddenly in fright, palpitation result
2. Argentium nitricum: fear causing diarrhea
FEAR
(Also see Anger)

3. *Arsenicum album*: fear and anxiety and hidden irrational motives for action
4. *Calcarea carbonica*: fears loss or reason (insanity), misfortune, disease
5. *Gelsemium*: school phobia, diarrhea and/or incontinence result, fright from anticipation, stagefright
6. *Ignatia*: hysteria due to a fright; crying, laughing, flailing, deep sighs
7. *Kali carbonicum*: fear of being alone, esp. in the evening
8. *Opium*: petrified, fear causing a state of helpless inaction
9. *Phosphorus*: fear of dark, sensitivity to thunderstorms and nightmares
10. *Pulsatilla*: fears leading to floods of tears
FEVER of Unknown Origin

**Definition:**
Fever is the dominant sign in a patient’s illness but the cause is undetectable. The term usually refers to a rectal temperature greater than or equal to 101.3°F (38.3°C) for at least 2-3 weeks and where the cause cannot be identified after considerable testing.

**Etiology:**

*In children:*
1. infection is responsible for 50% of FUO (viruses in those under 2; endocarditis and mononucleosis over 6)
2. collagen inflammatory disease causes 20% (esp. rheumatoid arthritis and inflammatory bowel disease)
3. neoplasms cause 10% (esp. leukemia)
4. miscellaneous accounts for 10% (ie. milk allergy, thyroiditis)
5. unidentifiable cause in approximately 12%

*In adults:*
1. with FUO: infection, collagen vascular disease and neoplasms are most often found
2. 10% of adults also go undiagnosed

**Signs and Symptoms:**
1. fever
2. anorexia, weight loss, chills/sweats, fatigue
3. signs and symptoms specific to the underlying cause

**Lab Findings:**
1. possibly increased ESR (collagen disease or CA)
2. bone marrow examination (leukemia)
3. tissue biopsy
4. blood cultures
5. serologic tests
6. may see increased or decreased WBC, shift to left or increased lymphs

**Course/Prognosis:**
1. course and prognosis relate to the underlying pathology
2. total recovery by group is as follows
   a. infection (90%)
   b. collagen disease (10%)
   c. CA, depends on the type and stage of tumor
   d. unidentifiable (33%)

**Differential Diagnosis:**
1. determine primary cause

**Nutrition:**
1. eat as little as possible
2. increase vitamin C foods
3. short fast
4. eat foods that are easy to digest (barley gruel or barley juice)
5. drink plenty of liquids (water, water and honey)
6. lemon, orange, watercress, barley water, Swiss chard

**Remedies:**
 a. scallion and basil tea
 b. miso soup with ginger and scallions
 c. cabbage broth
 d. cilantro and mint tea
 e. mint, chrysanthemum and dandelion tea
 f. mint, dandelion and licorice tea
 g. eat 2 or 3 clove of raw garlic 2 or 3 times QD

**Avoid:**
1. food intolerances
2. dairy products
3. refined/processed foods, white bread, sugar, sweets
4. catarrh forming foods: tofu, meat, ice cream, shellfish
5. heavy protein foods, fats, meats
6. vinegars
FEVER of Unknown Origin

**Supplements:**
1. vitamin A
2. vitamin C
3. zinc

**Hydrotherapy:**
1. wet sheet pack
2. hot half bath
3. Brand bath

**Physiotherapy:**
1. strenuous exercise is contraindicated during fever

**Botanicals:**
1. **Achillea millefolium:** good in viral disease, drink large amount of tea in evening (ie. 4 cups), cover up well and sleep
2. **Aconitum napellus** (toxic): aesthetic fevers: usually protracted; pulse small, feeble, frequent, sometimes wiry, corded; small dose alternated every few days; sthenic fevers: large doses only until sthenic stage is passed
3. **Anemone pulsatille** (toxic): eruptive as in measles
4. **Asclepias tuberosa** (toxic): fever difficult to break, powerful, not to be taken long-term
5. **Atropa belladonna** (toxic): continued fever, eruptive fevers, according to indications
6. **Baptisia tinctoria**
7. **Brassica spp.:** hot foot bath
8. **Bryonia alba** (toxic): protracted fevers with dry mucous membranes, cracked lips, excessive thirst, dry stool, scanty urine; fevers of infancy; movement causes pain
9. **Capsicum frutescens:** diaphoretic; ¼ tsp. with warm water
10. **Cinchona spp.** (toxic): debility following low exhausting fevers, conditions with symptoms of marked periodicity, administer during remissions
11. **Citrus limon:** lemon water helps break fever in children without suppression
12. **Echinacea angustifolia**
13. **Eupatorium perfoliatum:** remittent, intermittent fevers, debility
14. **Hyoscyamus niger** (toxic): violent, noisy delirium of fevers, induces sleep, subdues excitement
15. **Mentha piperita:** diaphoretic
16. **Rhus toxicodendron** (toxic): inflammatory fevers with sharp hard pulse, restlessness
17. **Sambucus spp.** (flowers): diaphoretic
18. **Verbena officinalis:** depression and debility of convalescence after fevers; with Scutellaria lateriflora or Avena staiva in depressive states
19. **Xanthoxylum americanum:** diaphoretic, tonic for entire system
20. **Zingiber officinale:** to break, diaphoretic, stimulant

**Formulas:**
- **strengthen body during fever:** Achillea millefolium, Capsicum frutescens, Caryophyllus aromaticus, Echinacea spp., Hydrastis canadensis, Myrica cerifera, Nepeta cataria, Rubus spp., Sambucus spp., Trigonella foenum-graecum, Zingiber officinale
- **fever:** Eupatorium perfoliatum and/or Achillea millefolium [for a total of 1 oz.], Zingiber officinale [1/4 oz. dried, ½ oz. if fresh]; infuse in 1 pint of water or diluted apple juice; SIG: 1 Tbsp to ¼ cup every hour until fever breaks or give by rectal injection
- **for infection and to decrease fever:** Arctium lappa (root), Capsicum frutescens, Echinacea spp., Hydrastis canadensis, Taraxacum officinale (root)
- **Mentha piperita** [1/2 oz.], Sambucus spp. (flowers) [1/2 oz.]; infuse in 1 pint water; SIG: 1 Tbsp to ¼ cup every hour until fever breaks

**Homeopathy:**
1. **Aconitum napellus:** sudden onset, spiking; shivering; red, dry skin with no perspiration; face turns pale on sitting up; thirsty for large quantities; anxiety, fear of death
2. **Apis:** sudden onset with plateau-like curve; skin dry, red alternating with periods of perspiration
3. **Belladonna:** sudden spiking fever; red, throbbing; dry mucous membranes; goes to bed fine then wakes up with spiking fever
4. **Bryonia:** plateau-like fever; extreme dryness of mucous membranes; intense thirst; immobile
5. **Ferrum phosphoricum:** 102ºF and less; face color alternates between red and pale
6. **Gelsemium:** high fever, plateau-like; shivering and perspiration, dull, drowsy, thirstless
7. **Rhus toxic:** high plateau-like fever; thirsty; restless, moans; shivers for no apparent reason
8. **Veratrum:** skin may be cool, bright red or dull red
FIBROCYSTIC BREAST CONDITION

Definition:
Inflammation and tenderness in the cystic tissue of a woman’s breast, fibrocystic breast disease (FBD)

Etiology:
1. the most common breast condition in women, occurring about 20% of pre-menopausal females
2. normal menstrual cycle is responsible for biphasic stimulation of the breasts
   a. 1st: the proliferation of breast tissue by estrogens
   b. 2nd: the proliferation of alveolar tissue by progesterone
3. most women do not notice such changes but in some females the breast symptoms are quite noticeable and uncomfortable
4. FBD is associated with a 3x higher risk for the development of breast cancer and caffeine consumption appears to be one of the principal aggravating factors

Signs and Symptoms:
Symptoms usually occur in the 2nd half of a woman’s menstrual cycle
1. typically bilateral
2. pain and swelling of the breast (may be extremely sensitive to touch or ascending/descending stairs, etc.)
3. cysts are often palpable (multiple cysts are common and are easily moved about)
4. no lymphadenopathy occurs
5. often the woman has other concurrent PMS symptoms (bloating, craving for sweets, anxiety/mood swings)

Lab Findings:
1. (-) biopsy for carcinoma

Course/Prognosis:
1. the prognosis is excellent if the reasons for the woman’s PMS and cystic tendencies are addressed and corrected
2. cyst aspiration may relieve symptoms but they often recur if underlying causes are not resolved

Differential Diagnosis:
1. fibroadenoma
2. neoplasia

Nutrition:
1. high complex carbohydrate, fiber diet
2. vegan diet
3. citrus peel
4. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
5. foods high in magnesium, Beta carotene, vitamin B complex and E
6. foods high in omega-6 FAs: vegetable, nut, seed oils (evening primrose oil, flaxseed oil, black currant oil)
7. tumeric used as a spice

Avoid:
1. BCP
2. methylxanthines: coffee, black tea, chocolate, cola drinks
3. estrogenic foods: animal products (meats), apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheat
4. hot sauces, spicy, fried, fatty, rich and/or salty foods
5. alcohol
6. pesticides

Supplements:
1. vitamin A (150,000 IU QD, as a trial)
2. vitamin B complex
3. vitamin E (800 IU QD)
4. iodine (SSKI 30mg = 1 drop, use 1-10 drops QD)
5. flaxseed oil (2 Tbsp. QD)
6. EPO (1500mg BID)
7. lipotrophic factors
8. lactococcus acidophilus

Botanicals:
1. Angelica sinesis: hormonal tonic useful to normalize cyclic hormones and control hyperestrogenism
2. Arctium lappa: alterative, stimulates hepatic and adrenal function and balances estrogen
3. Aleria esculenta: supports thyroid function which is sometimes associated with female disease, inhibits breast cancer
**FIBROCYSTIC BREAST CONDITION**

4. **Medicago sativa**: helps balance estrogens and control hyperestrogenism

5. **Phytolacca decandra** (toxic): hard mammary swellings, topically and internally; do not use with breast feeding mothers

**Formulas:**

a. **Turska's formula**: Aconitum napellus (toxic)[1/2 dr], Bryonia albo (toxic)[1/2 dr], Gelsemium sempervirens (toxic)[1/2 dr], Phytolacca decandra (toxic)[1 dr]; dilute with water to 4 oz.; SIG: 1 tsp. QID, must be used long term

b. **hormonal tonic**: Angelica sinensis [2 dr], Arctium lappa [1 dr], Phytolacca decandra (toxic)[2 dr], Taraxacum officinale [1 dr], Vitex agnus-castus [2 dr]; SIG: 30 drops TID, increasing to 60 drops pre-menstrually or when symptoms are at their worst

c. **topical application**: tinctures of Phytolacca spp. [6 dr.] and either Althea officinalis [2 dr] or Symphytum officinale [2 dr]; SIG: apply gently once a day for 3x/week or as needed

**Homeopathy:**

1. **Asterias rubens**: lumps of the left breast; swelling of breast just before menses; nodes and inductions of mammary gland; dull aching neuralgic pain in this region; swelling of the breast as when the menses are about to appear

2. **Carbo animalis**: painful nodosities and inductions in the mammae; uneven nodules, hard immovable, dirty, bluish-red; tearing stinging pains extending to the side of shoulders and through arm

3. **Conium maculatum**: from prolonged sexual abstinence; often small, pendulous breasts; firm lumps, esp. on right with constant dull heavy pain; from contusion; hypertrophy of breast, either general or lobular, followed by atrophy; hard painful lumps; tumors in mammae, with piercing pains; < night; gland abnormally tender

4. **Graphites**: swelling and induration of mammary gland

5. **Iodum**: heaviness of mammae; as if they would fall off; bluish-red nodosities, size of a hazelnut, in both mammae, dry black points at tips

6. **Lac cacinum**: breasts seem very full; soreness and enlargements of breasts, very painful and sore; sensitive to least pressure, dull constant, aching pain in them all evening; feel as if full of hard lumps; very painful when going up or down stairs

7. **Lycopodium**: swelling of breasts with nodosities

8. **Phosphorus**: hard, extremely painful nodosities as large as goose eggs in breasts, no inflammation

9. **Phytolacca**: hard, painful with axillary lymph swelling; pain before or during menses; hypertrophy of breasts, breasts full of hard, painful nodosities; lump in upper part of left breast

10. **Silica**: hard lumps in mammae; mammae swollen, dark, red; sensitive burning pains prevent rest at night
FLAT FEET/PES PLANUS

**Manipulation:**
1. foot adjustment
2. ankle adjustment

**Physiotherapy:**
1. **golf ball or coca cola bottle technique:** stimulate the foot by rolling under foot, goading spasmed of painful points, also at insertion plantar sponeurosis
   a. toe grasp any object with toes
2. **cold water march:**
   a. nightly before bed
   b. put 8 inches cold water in bath tub and stand and hold onto ankles/feet with hands
   c. march with ankles abducted so they are standing on lateral edges of feet (5 min.)
   d. go straight to bed after marching in tub
   → can also be used in insomnia
3. orthotics
4. tape the foot to support arches
5. **sine:** one pad in saline as well as foot, the other pad covering external popliteal nerve (over tibialis anterior belly)
FOLLICULITIS

Definition:
Superficial or deep infection and inflammation of the hair follicles

Etiology:
1. associated microorganism is usually Staph aureus
2. contributing factors include: DM, immune compromise, skin breakage form dermatitis or other conditions

Signs and Symptoms:
1. lesion is a small pustule or inflamed nodule around the hair

Lab Findings:
1. CBC (in serious infection)
2. culture and sensitivity from lesion would usually show Staphylococcus
3. analysis for underlying conditions

Course/Prognosis:
1. infected hairs are easily removed, although new papules or pustules frequently develop
2. folliculitis may become a chronic condition when it affects areas where the hair follicles are deep in the skin
   a. beard is the most common (sycosis barbae)
3. conventional medicine uses oral antibiotics promptly to avoid developing a chronic condition
4. in the infection worsens, a furuncle or carbuncle can develop, requiring more extensive treatment
   a. Furuncle: is a more heavily infected nodule which may exude necrotic, purulent material
   b. Carbuncle: are groups furuncles which cause serious subcutaneous necrosis
   c. They are most common in patients with underlying diseases

Differential Diagnosis:
1. pseudofolliculitis barbae
2. tinea barbae
3. acne
4. other skin conditions

Nutrition:
1. if on a regular diet → try a vegetarian diet high in vegetables and complex carbohydrates
2. if on a vegetarian diet → try a fruit and vegetable diet or short fast
3. foods rich in vitamin A, B complex, C and zinc
4. watermelon, black bass, rye, avocados, sea vegetables, whey, apple, cucumbers, millet, rice polishes, rice bran, sprouts

Remedies:
   a. apply mashed lettuce, changing poultice TID and drink 1 cup of lukewarm lettuce juice TID
   b. 2 Tbsp. mung bean powder BID

Avoid:
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. alcohol

Supplements:
1. vitamin A (75,000 IU QD)
2. vitamin B complex
3. vitamin C (6-8g QD)
4. zinc (60mg QD)

Hydrotherapy:
1. sitz bath: hot if buttock is affected

Botanicals:
1. Anemone pulsatilla (toxic): skin eruptions associated with bacterial infections; combines well with Baptisia tinctoria and Echinacea spp.
2. Baptisia tinctoria: with Phytolacca decandra (toxic), Viola odorata and Arctium lappa
3. Commiphora myrrha
4. Hydrastis canadensis: skin disorders associated with GI debility, imperfect digestion
5. Iris versicolor (toxic): rough, greasy skin with disorders of the sebaceous follicles
6. Linum usitatissimum: with Lobelia inflata (toxic), Ulmus fulva and Althea officinalis (root) as a poultice
7. Phytolacca decandra (toxic): alterative; vitiated blood associated with hard glandular enlargements
8. Scrophularia nodosa: cutaneous eruptions of a vesicular character
9. Smilax spp.: alterative
10. Trigonella foenum-graecum: poultice; boil seeds in water
FOLLICULITIS

11. **Ulmus fulva**: with *Linum usitatissimum* as a poultice

*Immune-stimulating herbs:*
Echinacea angustifolia, Eleutherococcus senticosus, Eupatorium perfoliatum

*Blood purifiers:*
Arctium lappa (*nourishes skin*), Berberis aquifolium, Echinacea angustifolia, Phytolacca decandra (*toxic*), Rumex crispus, Trifolium pratense, Viola oderata

See Abscess

**Formulas:**

a. see above for poultices
b. **system cleansing tea:** Cassia spp. (*toxic, leaf*), Pimpinella anisum (*seed*), Rhamnus frangula (*toxic*), Rosa spp. (*rose hips*), Taraxacum officinale (*whole plant*); equal parts to make 100g; **SIG:** use 2 tsp. to a cup of boiling water, infuse for 20 min. 1 cup morning and night

**Homeopathy:**

1. **Lithium carbonicum:** scabby, parchment eruptions on hands, head and cheeks; dull stitch ending in itching; barbers itch (used high); rough rash with dry itching skin
2. **Phytolacca:** skin itching, shrunk and dry; postular and papular lesion; sloughing boils < damp, wet weather; > warm, dry weather
3. **Sulphur iodatum:** itching, papular eruptions; cold sores, boils, acne; arms covered with itching; hair feels as if erect
4. **Tellurium:** itching; ring shaped lesions; fetid odor; circular patches
5. **Thuja:** eruptions only on covered parts; < scratching, sensitive to touch; dry skin with tearing pains
FOOD POISONING
Also see Dysentery and Gastroenteritis

Definition:
An acute syndrome of GI distress caused by infection of or ingestion of toxins from microorganisms or plants, including species of Staphylococcus, Clostridium, Salmonella, Vibrio, Campylobacter, Yersinia and Bacillus.

Signs and Symptoms:

Staphylococcus:
1. onset usually 2-4 hours after eating
2. N/V
3. abdominal cramping
4. prostration
5. diarrhea
6. h/a
7. fever
8. may be subnormal temperature and lowered blood pressure

Clostridium perfringens:
1. onset usually 10-12 hours after ingestion
2. sudden onset of colic followed by diarrhea
3. N/V
4. Fever usually absent

Clostridium botulinum:
1. food botulism:
   a. onset is typically abrupt, with neurologic symptoms starting 12-36 hours after ingestion of contaminated food
   b. diplopia
   c. blurred vision
   d. dry mouth
   e. loss of pupillary accommodation
   f. bulbar paresis
   g. decreased or absent pupillary light reflex
   h. GI illness: nausea, vomiting, diarrhea, abdominal cramping
   i. paralysis: symmetrical, descending (usually) or ascending (sometimes)
   j. fever is absent
   k. patients are alert and oriented, even with severe poisoning
   l. constipation, urinary retention, decreased saliva production
   m. sensory system is unchanged
2. infantile botulism:
   a. constipation
   b. neuromuscular weakness
   c. paralysis
3. wound:
   a. similar neuromuscular symptoms appear without the GI symptoms
   b. this type of botulism is quite rare
4. unclassified:
   a. signs and symptoms are similar to the classic food poisoning although no source for the disease can be uncovered

Salmonella:
1. onset is sudden, usually 12-36 hours after ingestion
2. h/a
3. abdominal pain
4. diarrhea, occasional vomiting and nausea, anorexia (can last for days)
5. dehydration can be severe, esp. when infants are afflicted
6. fever is often present
7. rarely, the organism can localize in a body tissue and create abscesses, arthritis, pericarditis, pneumonia, endocarditis, cholecystitis or meningitis

Vibrio parahaemolyticus:
1. onset usually 12-24 hours after ingestion
2. watery diarrhea
3. abdominal cramps
4. occasional N/V, h/a
5. occasional dysentery-like clinical picture with mucous or bloody stools, high fever and high WBC counts

Campylobacter jejuni and coli:
1. onset usually 3-5 days after ingestion
2. the disease expression ranges from mild to severe
3. acute: diarrhea, abdominal pain, malaise, N/V, fever
4. liquid stools, often foul smelling, with blood and mucous

Yersinia enterocolitica:
FOOD POISONING
Also see Dysentery and Gastroenteritis

1. onset 3-7 days after ingestion
2. acute watery diarrhea
3. acute mesenteric lymphadenitis
4. fever, h/a, pharyngitis
5. anorexia, vomiting
6. erythema nodosum, arthritis, iritis

Bacillus cereus:
1. N/V (onset 1-6 hours after ingestion)
2. Cramping and diarrhea (onset 6-16 hours after ingestion)

Lab Findings:

Staphylococcus:
1. (+) isolation of coagulase
2. (+) Staph from suspected food
3. enterotoxin-producing Staph in stool
4. increased WBCs in stool presumptive evidence for Staph poisoning

Clostridium perfringens:
1. culture of organism in food or stool

Clostridium botulinum (all types):
1. check food, stool, wound and serum for toxin using mouse bioassay technique and special anaerobic cultures
2. routine lab studies are not helpful in diagnosing botulism
3. electrodiagnostic studies can differentiate botulism from other diseases causing paralysis

Salmonella:
1. stool analysis for salmonella (when enterocolitis is present)
2. blood culture (when there is enteric fever and septicemia)

Vibrio parahaemolyticus:
1. isolation of the bacteria from stool
2. high WBCs with dysentery

Campylobacter jejuni and coli:
1. cultured organisms from the stool

Yersinia enterocolitica:
1. (+) blood culture
2. (+) fecal culture
3. (+) serologic agglutination

Bacillus cereus:
1. (+) identification in food and/or (+) identification in stool

Course/Prognosis:

Staphylococcus:
1. recovery form Staph poisoning is usually complete within a day or two
2. fatalities are rare and follow electrolyte and/or fluid imbalances, mostly affecting the very old, the very young and the chronically ill
3. no treatment is usually needed but occasional replacement of fluid and electrolytes by IV solution is helpful

Clostridium perfringens:
1. usually mild and self-limiting within 24 hours in healthy persons

Clostridium botulinum:
1. is a MEDICAL EMERGENCY
2. death occurs from respiratory failure, although with proper treatment and antitoxin administration, the fatality rate is < 10-15% for food-borne poisonings and 2% for infantile
3. antitoxin including all 3 subtypes (A, B and E) should be given as soon as possible after diagnosis
4. treatment of the other individual symptoms may be needed (ie. by catheterization, enemas)
5. recovery, while usually full, may be very protract, with residual weakness, respiratory impairment and autonomic symptoms lasting up to one year after hospitalization

Salmonella:
1. is rarely fatal
2. death occurs primarily in infants, the elderly and immunosuppressed
3. the disease may be very intense and require convalescence
4. antibiotics may prolong the carrier state and encourage resistant strains

Vibrio parahaemolyticus:
1. disease is typically self-limiting, though with the dysentery-type, electrolyte and fluid IV replacement may be necessary
2. death is rare

Campylobacter jejuni and coli:
FOOD POISONING
Also see Dysentery and Gastroenteritis

1. The disease is typically self-limiting, although 20% of patients may develop a prolonged clinical picture that requires medical attention.
2. Relapses among recovered patients are not uncommon.
3. Antibiotics may not shorten the course of the disease but may shorten the 2-7 weeks that carriers shed organisms.

Yersinia enterocolitica:
1. The disease is rarely fatal.
2. Abdominal complications require antimicrobial therapy.

Bacillus cereus:
1. The disease is generally self-limiting within 24 hours.

Differential Diagnosis:
1. Most cases of food poisoning are mild and self-limiting but in severe cases, a stool culture is indicated to differentiate from other infectious GI complaints, disorders like UC, irritable bowel syndrome and miscellaneous poisonings (ie. shellfish, belladonna).
2. Clostridium botulinum:
   a. Guillain-Barre syndrome (has mild sensory changes).
   b. Fisher's syndrome (Guillain-Barre with ataxia, ophthalmoplegia and areflexia).
   c. Myasthenia gravis (has a more gradual onset).
   d. Tick paralysis (tick may be evident; paresthesias occur).
   e. Diphtheria.
   f. Poliomyelitis (spinal fluid is abnormal, paralysis and weakness is asymmetrical).
   g. Miscellaneous poisonings (ie. shellfish, belladonna).

Nutrition:
1. Short water or alkaline fast, 2-3 days.
2. When diarrhea and/or nausea subsides increase to a liquid diet and follow rules for breaking fast.

Remedies:
a. Ginger and grapefruit peel tea TID.
b. Scallion and ginger tea BID.
c. Ginger, orange peel and brown sugar tea.
d. Relief of morning sickness: steam 9g grapefruit peel and 12g Chinese salted brown olives in 600-700ml water until olives are fully cooked, relief after eating it 5-7 times.
e. Foil 15-20g grapefruit peel in water, drink tea.
f. Fry 250g sweet rice with 30ml fresh ginger juice until the rice breaks, grind into powder, take 10-20g in warm water each time BID.
g. Bring 60ml rice vinegar to a boil, add 30g sugar and stir until dissolved, break the egg into the boiling vinegar, when the egg is cooked, drink the whole thing.
h. Soda cracker before getting out of bed in morning.
i. 1/2 oz. fresh ginger, 1/2 oz. dried orange peel, boil in 1 pint water until reduced by half, drink while hot.
j. Take 30-40g fresh apple skin and 30g rice which has been stir fried golden brown, add water and simmer until cooked, drink in place of tea.
k. Take 100g sweet potato vine, cut into small pieces, add salt and stir fry until it begins to scorch, add water and simmer until cooked.
l. For dehydration after vomiting: simmer sliced radishes, 2 slices of fresh ginger and a little honey in water and serve.
m. Juice from a fresh coconut with 30g sugar and dash salt dissolved in it, drink 1 cup TID for 3 days.

Hydrotherapy:
1. Alternating compresses: hot compress for 5 min., cold compress 10 min. front, then repeat to back.

Botanicals:
2. Bentonite clay: absorbent.
4. Bryonia alba (toxic): opposes drying; acute inflammatory distress and pain, < from movement, pressure.
7. Collinsonia canadensis: irritated mucous membranes with congested portal circulation, spasmodic pain, anorexia, diarrhea.
8. Echinacea spp.
11. Mentha piperita: herb or enteric coated caps; anti-spasmodic, anti-emetic, carminative.
FOOD POISONING
Also see Dysentery and Gastroenteritis

14. **Symphytum officinale**: demulcent; anti-inflammatory and speeds healing
15. **Ulmus fulva**: demulcent

**Formulas:**

a. **Robert’s formula**: Althea officinalis, Geranium maculatum, Echinacea angustifolia (root), Hydrastis canadensis, Hibiscus esculentus, Ulmus fulva, Phytolacca americana (toxic); SIG: ¼ - ½ tsp. every 2 hours for acute
b. **diarrhea with severe cramping**: Opium (camphorated)[2 dr], Citrullis colocynthis [5 drops], Dioscorea villosa [10 drops], fill bottle to 1 oz.; SIG: 40 drops every hour until effect
c. **irritant diarrhea**: Aconitum napellu (toxic)[2 drops], Cephaelis ipecacuanha [5 drops], fill with water to 1 oz.; SIG: ½ tsp. every hour to effect then every 3 hours
d. **gastroenteritis with flatulence**: Carum carvi (caraway seed)[10g], Foeniculum vulagare (fennel seed)[10g], Chamomilla spp. (flowers)[80g]; SIG: 1 tsp. to a cup of boiling water, infuse, 2 cups of tea taken several times daily
e. **“42 cocktail”**

**Homeopathy:**

1. **Arsenicum album**: nausea, retching, vomiting, after eating or drinking; from ice cream, over ripe fruit
2. **Baptisia**: normalizes digestive secretions, 6x-30x
3. **Carbo vegetabilis**: ptomaine, fish poisoning, spoiled or tainted meat
4. **Cuprum arsenicosum**: violent abdominal pain; rumbling and sharp cutting pain
5. **Echinacea**: 6x
6. **Hyoscyamus**: convulsions during food poisoning
7. **Kreosotum**: ptomaine poisoning; vomiting of food several hours after eating; of sweetish water in morning
8. **Natrum muriaticum**: from eating honey
9. **Nux vomica**: vomiting, pain in stomach, diarrhea
10. **Pulsatilla**: from fatty foods, chocolate, pork
11. **Pyrogenium**: ptomaine poisoning; coffee grounds vomiting, vomits water when becomes warm in stomach
12. **Veratrum album**: copious N/V, < least motion or drinking; abdomen swollen with terrible colic
FOOD SENSITIVITIES

Definition:
Having either an immediate or delayed reaction to an ingested food

Etiology:
1. food sensitivities can be defined as inappropriate and uncomfortable clinical signs and symptoms following the ingestion of food; the reaction may or may not be dependent on an immune reaction and may involve either a protein, large carbohydrate, other food component, or an unnatural food additive (i.e. coloring, preservative, etc.)
2. terms to describe the various food reactions:
   a. adverse reaction (sensitivity) to a food: a general term that can be applied to a clinical abnormal response attributed to an ingested food or food additive (FOFA)
   b. food hypersensitivity (allergy): an immune-mediated response to a FOFA
   c. food anaphylaxis: a classic allergic hypersensitivity reaction involving the release of IgE and chemical mediators
   d. food intolerance: a general term used to describe adverse reactions and measurable signs not necessarily attributable to an immune response
   e. food toxicity (poisoning): a term used to imply an adverse effect as a result of a direct action of a FOFA upon the patient without involving the immune system. Toxins may come from within the food or may be created by microorganisms or parasites inhabiting the food
   f. food idiosyncracy: a quantitatively abnormal response to a FOFA that differs from its physiologic or pharmacological effect, although the reaction is similar to hypersensitivity, it does not involve the immune system. These types of reactions occur in specific groups of people and there is probably a genetic component
   g. anaphylactoid food reaction: an anaphylaxis-type FOFA reaction as a result of the release of chemical mediators independent of the immune system, which mimic the signs and symptoms of food allergy
   h. pharmacological food reaction: an adverse reaction to a FOFA as a result of a naturally derived or added chemical which produces a drug-like or pharmaceutical effect in the host
   i. metabolic food reaction: an adverse reaction to a FOFA as a result of the effect of the food substance upon the metabolism of the patient
3. clinical ecologists classify allergies in 2 ways:
   1. cyclic: accounts for 80-90% of all allergies and occurs after repetitive eating of the same food
      a. after a time of abstinence (may take up to 4 months), the food may be reintroduced and often no reactions will occur unless the patient again begins repetitive eating
   2. fixed allergies: this type of allergy occurs no matter when a food is eaten, the time span between eating the food again is not of importance
4. theories of the causation of food sensitivities include:
   1. genetic predisposition: food allergies are clearly seen as inherited genetic tendencies, allergies commonly run in families
   2. immune system mediated: including IgE (immediate reaction) and IgG and IgM (delayed reaction); IgA can often be faulty for letting the antigen cross the mucosal lining of the intestinal tract
   3. immune system disorder: studies have shown that atopic patients have:
      a. 50% more T-helper cells
      b. a lower immunological set point (thus they react to lower levels of antigen than the non-atopics)
      c. lower levels of IgA, allowing entry of antigens across the intestinal mucosa
4. non-immunological mechanisms: including release of inflammatory mediators without the formation of antibodies
5. digestion: factors involved include:
   a. exposure to a FOFA
   b. improper digestion or low levels of digestive enzymes present (leaving large, undigested molecules that can be absorbed)
   c. poor integrity of the intestinal barrier, letting antigens pass through (partially digested proteins for example) [leaky gut syndrome]
5. simpler version of the etiology might be:
   a. a food allergy is one that elicits a Type I IgE-mediated reaction that can lead to urticaria, angioedema, hypotension and anaphylaxis
   b. in these cases the food particle (usually a protein or long carbohydrate) acts as a true antigen to the body's immune system; this is the rarer type of food reaction
6. the most common type of food reaction is food intolerance
   a. the reaction may be immediate or, most commonly, delayed up to 2 days, the patient develops symptoms after eating specific foods
   b. both IgE and IgG reactions are implicated, though need not be involved
   c. anaphylaxis is not part of this clinical picture
7. also consider a pituitary/low estrogen imbalance where the pituitary stops producing a part of ACTH which stimulates the anti-inflammatory reactions [Easley]

Signs and Symptoms:
1. GI: canker sores, celiac disease, chronic diarrhea, duodenal ulcer, gas and bloating, irritable colon, IBD, malabsorption
FOOD SENSITIVITIES

2. GU: bed-wetting, chronic bladder infections, nephrosis
3. Immune system: chronic infections, frequent ear infections, sinusitis
4. Mental/emotional: anxiety, depression, hyperactivity, lack of concentration, insomnia or hypersomnia, confusion, irritability, mood swings
5. Musculoskeletal: bursitis, arthritis, joint pain, low back pain
6. Respiratory: asthma, chronic bronchitis, wheezing
7. Skin: acne, eczema, hives, itching, skin rash
8. Miscellaneous: arrhythmia, edema, fainting (syncope), fatigue/lethargy, h/a, migraines, hypoglycemia, itchy nose or throat, puffy eyes with dark circles underneath ("allergic shiners"), horizontal creases in the lower eyelids, chronic swollen glands, chronic non-cyclic fluid retention, "allergic salute" (child continually wipes nose upwards with palm of hand)

Lab Findings:
1. (+) sensitivity testing: RAST, RASP, cytotoxic, Vega, kinesiologic, intradermal, many others
2. (+) eosinophilia (think parasites)
3. decreased ACTH [Easley]

Course/Prognosis:
1. untreated chronic food sensitivities may progress through 3 stages:
   a. hypersensitivity: when the patient elicits an acute response to the FOFA each time it is ingested
   b. adaptive: when the acute post-prandial symptoms become less recognizable and the patient begins experiencing more chronic ailments
   c. maladaptive: when the person is in a persistent, constant state of biochemical dysfunction and does not even correlate their ailments to a food sensitivity
2. in all cases, significant improvements may be achieved by appropriate diagnosis and treatment, either by desensitization or dietary changes

Differential Diagnosis:
1. intestinal flora imbalance
2. hypoglycemia
3. environmental poisoning/sensitivity
4. chronic viral fatigue syndrome
5. pituitary/low estrogen imbalance where the pituitary stops producing a part of ACTH which stimulates the anti-inflammatory reactions [Easley]

Nutrition:
1. short alkaline fast, then followed by an elimination diet
2. hypoallergenic/rotation diet
3. increase fiber to decrease bowel transit time
4. increase omega-3 and -6 FAs: vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, EPO, black currant oil (if these are tolerated well)

Avoid:
1. common allergens: wheat, eggs, soy, chocolate, dairy, corn, citrus, shellfish
   a. use an elimination diet then introduce each of these 5 days apart to see reaction
2. rancid oils, fried foods, sugar and sweet products, saccharin, processed foods, high levels of salt, spicy foods, stimulating foods
3. coffee, soft drinks, alcohol, caffeine
4. MSG

Supplements:
1. vitamin B-5
2. vitamin B-6
3. vitamin C
4. vitamin E
5. methionine
6. cysteine
7. essential FAs
8. bioflavonoids (quercetin, hesperinid, catachin)

Hydrotherapy:
1. constitutional hydrotherapy

Physiotherapy:
1. aerobic exercise: may help prevent, since regular exercise appears to enhance immune system function

Botanicals:
FOOD SENSITIVITIES

Treat possible causes for food sensitivity (hypochlorhydria, inadequate enzyme secretion, sluggish liver, colon flora imbalance, etc.

1. **Berberis aquifolium**: bitter principles
2. **Borago officinalis**: oil from seeds influences prostaglandin synthesis
3. **Capsicum frutescens**: atonic dyspepsia with deficient secretion
4. **Gentiana lutea**: bitter, indicated for atonic and sub-acid states; best in small doses combined with other agents and carminatives
5. **Hydrastis canadensis**: indicated in sub-acute and atonic states with increased flow of mucus; stimulates GI secretions
6. **Linum usitatissumum** (flaxseed oil): from seeds influences prostaglandin synthesis
7. **Oenothera biennis**: oil form seeds influences prostaglandin synthesis
8. **Ribes nigrum**: oil form seeds influences prostaglandin synthesis
9. **Urtica dioica, urens**: allergic reactions; helps stabilize mast cell membrane

Formulas:

- **Robert's formula** (due to bowel dysfunction): Althea officinalis, Geranium maculatum, Echinacea angustifolia (root), Hydrastis canadensis, Hibiscus esculenus, Ulmus fulva, Phytolacca americana (toxic); **SIG**: ¼ - ½ tsp. every 2 hours for acute
- **Hypochlorhydria**: Gentiana lutea, Artemisia absinthium; equal parts; **SIG**: ¼ tsp. in warm water half hour before meals

See Hypochlorhydria, Indigestion/Heartburn, Intestinal flora imbalance

**Homeopathy**:

1. **Apium graveolens**: from celery; use 200c and repeat weekly
2. **Argentum nitricum**: allergic disease with affinity for skin, mucous membranes and lungs
3. **Ferrum metallicum**: to eggs
4. **Fragaria vesca**: to strawberries which produces urticaria, sometimes difficulty in breathing as if a weight on chest
5. **Lycopodium**: to oysters, carrots, cabbage, onions
6. **Natrum muriaticum**: to salt, eggs, starches, milk, honey, ragweed, onions, wheat, animal food, etc.
7. **Psorinum**: wheat which causes eczema; chronic of Tuberculinum and use if Tuberculinum and/or Sulphur fail
8. **Pulsatilla**: to cod-liver oil, fats, orange juice; gets bilious from fats or oils; tendency to catch cold and become fatigued; butter, fish, milk, pork, sour foods, fruits, onions, bread
9. **Saccharum officinalis**: to sugar and sugar cane
10. **Sulphur**: main remedy for milk, and milk products, eggs, sardines, to feathers and chocolate; hay fever, hair dyes causing eczema, to cooked animal food
11. **Thuja**: to onions, tea
12. **Tuberculinum**: main remedy for milk, milk products, eggs, sardines, cooked animal foods, hair dyes; use in 200c, if no change with 2 doses in 1 week try Sulphur 200c every week
13. **Urtica urens**: to milk which causes urticaria

- **Tuberculinum**
  - use 200c, if no change with 2 doses in 1 week
  - try Sulphur

- **Sulphur**
  - use 200c every week, if necessary increase potency and give every 2 weeks

- **Psorinum**
  - use if Tuberculinum
  - and/or Sulphur fail
FRACTURE (COMPRESSION)

**Etiology:**
1. usually osteoporosis or CA cause it
2. trauma

**Supplements:**
1. vitamin A (20,000 IU QD)
2. vitamin C (1g 5x/day)
3. vitamin D (600 IU QD)
4. vitamin K (200 IU QD)
5. calcium (1g TID)
6. magnesium (1g QD)
7. bone marrow protomorphogen
8. bone tissue

**Physiotherapy:**
1. bed rest with traction first couple weeks; set up with pulley; after 6 weeks, exercise to strengthen back (ie. walking)

**Botanicals:**
1. comphrey tea: for broken bones
2. licorice root: to increase estrogen and decrease osteoporosis

**Homeopathy:**
1. *Calcaria phosphoricum*: cell salt, 3x, 6x
2. *Ferrum phosphoricum*: cell salt, 3x, 6x
3. *Symphytum*: fracture healing

**Miscellaneous:**
1. if from trauma support soft tissue (ie. vitamin C for collagen rebuilding) as well as massage (cross fiber) to reduce scar build-up
FRACTURE

Definition:
Any break in a bone

Etiology:
Many types of fractures:
1. partial (incomplete): break across the bone is incomplete
2. complete: bone is broken in two pieces
3. closed (simple): broken bone does not protrude through the skin
4. open (compound): broken bone protrudes through the skin
5. comminuted: bone is splintered at the broken area and many smaller fragments of bone are found between the two main pieces
6. greenstick: only occurs in children and is defined by having on side of the bone break and the other side just bend, often seen on the radius
7. spiral: breaking force twist the bone apart
8. transverse: occurs at right angles to the bone
9. impacted: one fragment is forcibly driven into the other
10. Colle’s: fracture of the distal end of the radius and the fragment is displaced posteriorly
11. Potts’: fracture of the distal end of the fibula with serious injury of the distal tibial articulation
12. non-displaced: correct anatomical alignment of the bone is maintained
13. displaced: correct anatomical alignment of the bone is not maintained
14. stress: partial fracture resulting from the inability of the bone to withstand repeated stresses (ie. doing aerobics on hard surfaces, running long distances); almost a ¼ of the stress fractures involve the fibula, particularly the distal 1/3
15. pathologic: fracture that is a result of normal stress on a weakened bone, it occurs in such diseases as osteoporosis, neoplasia, osteomyelitis and osteomalacia

Signs and Symptoms:
1. history of trauma or relevant disease
2. pain
3. other signs on what type of fracture has occurred

Lab Findings:
1. x-ray: sometimes initially it will be (-) (ie. wrist bone fractures) but when the bone is filmed again in 7-10 days the x-ray will show a healing line
2. bone scan: will show areas of bone uptake (ie. fracture)

Course/Prognosis:
1. typically with prompt setting of the bone and immobilization, healing occurs in 4-8 weeks
2. complications:
   a. non-union of the bone
   b. severe fracture requiring surgery and pinning
3. major fractures (ie. femur), the patient may go into shock

Differential Diagnosis:
1. severe sprain
2. muscle tear
3. somatic dysfunction
4. differentiate types of fractures

Nutrition:
1. foods rich in calcium, vitamin B complex, C and D
2. foods that invigorate the Qi and Blood, foods that nourish Blood
3. sesame seed, kale, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat’s milk

Supplements:
1. vitamin B complex
2. vitamin B-6 (15mg QD)
3. vitamin C (3g QD)
4. vitamin D (1000 IU QD)
5. vitamin K (5mg QD)
6. calcium (1500mg QD)
7. magnesium (500mg QD)
8. zinc (10mg QD)
9. boron (3mg QD)
10. silica (1mg QD)
FRACTURE

Hydrotherapy:
1. hot fomentation before cast
2. alternating hot and cold compresses as soon as possible after cast removal, on other limb while cast is on
3. whirlpool baths

Manipulation:
1. check and align vertebra up to fractured vertebra to increase circulation

Physiotherapy:
1. passive exercise: for each joint on either side of fracture begin as soon as possible within limits of pain
2. active exercise: same as for passive
3. don’t over do it; be cautious of creating muscle spasms
4. water exercises: lower extremities for stress fracture
5. massage: part of limb not in cast, daily, then affected part as soon as possible, always stroke toward heart
6. TENS (analgesia)
7. microcurrent: for non-union, non-healing fractures

Botanicals:
1. Equisetum arvense: foot bath; for chronic swelling often persisting after ankle fracture
2. Eupatorium perfoliatum: deep-seated muscle pain
3. Hypericum perforatum (oil): topically, if cast is removable
4. Pilosella officinarum: externally as lotion or compress
5. Piscidia erythrina (toxic): pain of
6. Symphytum officinale (toxic): internally, acute; externally as cool poultice; later stages, as hot poultice

Homeopathy:
1. Arnica: five immediately, high potency every 4 hours for 1st 12 hours
2. Calcarea carbonica: green stick in fatty persons with swollen and sweaty head; 200c
3. Calcarea phosphorica: 6c every 2 hours for 1 week
4. Ignatia: traumatic delirium, sadness, trembling, twitching, intolerance to pain, scanty and restless sleep and oversensitiveness to pain
5. Lachesis: great anxiety, talkative, fidgety, fearful, sleeplessness, uneasy; use after Arnica and Calcarea phosphorica
6. Ruta: after re-union for stiffness and lameness; use 1x and alternate with Rhus tox. tsp. 30c
7. Rhus toxicodendron: when ligaments are torn
8. Symphytum: use 3x alternating weekly with Calcarea phosphorica 6x and Ferrum phosphoricum 6x
FROSTBITE

**Definition:**
Part of a group of cold injuries including frostnip, accidental hypothermia, exposure, immersion, trenchfoot and chilblains (pernio). An injury of the extremities by cold, with secondary structural and functional disturbances of smaller surface blood vessels, nerves and skin; caused usually to exposure to dry cold. Risk and extent of injury are increased by impaired circulation, drunkenness, exhaustion, hunger and/or impaired consciousness. The very young or very old. Often occurs while skiing or enjoying other winter sports; wind-chill factor can dramatically lower otherwise benign temperature.

There are 3 levels of frostbite:
1. incipient or frostnip
2. superficial
3. deep

There are 3 degrees of frostbite.

**Signs and Symptoms:**
1. **incipient or frostnip:** usually involves the tips of the fingers or toes or ears, nose, cheeks and chin; relatively painless
2. **superficial:** skin is firm with a waxy appearance, the subcutaneous tissues are soft and there is substantial numbness
3. **deep:** there is absence of sensation and the skin and underlying tissue are hard and waxy white with a purple tinge
4. **degrees:**
   a. 1° degree: temporary hyperemia following numbness
   b. 2° degree: vesicle formation
   c. 3° degree: onset of gangrene

**Course/Prognosis:**
1. recovery from frostbite depends on the factor involved:
   a. length of time of exposure
   b. temperature
   c. wind speed
   d. tissue protection, patient's overall condition
2. appropriate medical care is critically important
3. treatment of hypothermia, where present, must take precedence over frostbite
4. frostbitten tissue should never be rubbed and should never be rewarmed if there is a risk of refreezing
5. transport takes precedence over rewarmed
6. if you rewarmed, thaw tissue rapidly because greater tissue loss results from slow rewarmed
7. transport as quickly as possible as frostbite is a MEDICAL EMERGENCY

**Differential Diagnosis:**
1. superficial cold injury; usually from exposure to dry cold
2. deeper cold injury; usually from exposure to wet cold, with longer lasting effects
3. trenchfoot
4. Raynaud's

**Rewarming:**
1. **incipient or frostnip:** gentle rewarmed will cause tingling and hyperemia as blood flow recovers
2. **superficial:** place frozen part in water at 105-110°F, maintain even heat and temperature, skin will become purple or mottled blue and will tingle or burn; blisters may form
3. **deep:** EXTREME EMERGENCY; may result in gangrene with subsequent tissue loss; tissue will be extremely painful on rewarmed, turn purplish blue or black and blister extensively
   a. amputation may prove necessary but patients on the verge of amputation have recovered successfully

**Nutrition:**
1. foods rich in vitamin C

**Remedies:**
a. soak crushed chili peppers in sesame oil and apply to skin QD-BID

**Supplements:**
1. vitamin C (1500mg)
2. vitamin E (800-1200 IU QD)
3. zinc (30mg)
4. Coenzyme Q10 (50mg QD)
5. bromelain (1g TID)

**Hydrotherapy:**
1. warm water bath to affected part (DO NOT RUB)

**Botanicals:**
FROSTBITE

1. Arnica montana (toxic): topical; gently apply
2. Capsicum frutescens: 2 "OO" caps BID
3. Hypericum perforatum: topical; gently applied

Homeopathy:
1. Agaricus mascarius: itching; leading remedy
2. Cistus canadensis: cracks on hard surface esp. of workman due to hard manual labor
3. Crotalus: threatened gangrene, chronic; low vitality
4. Hepar sulphur: suppuration
5. Nitric acid: in toes; patient loves fatty and saltish things
6. Petroleum: on fingers, back of hands; skin rough, ragged, bleeds, tissues hardened; patient irritable and easily offended
7. Pulsatilla: > open air, < heat; blue or bluish red
8. Psorinum: skin rough, cracks easily, becomes thick and scaly; cracks break out in scaly eruptions; dingy, dirty and foul look as if covered with dirt
9. Rhus tox.: inflammation
10. Sulphur: irritable skin
FROZEN SHOULDER

**Definition:**
A syndrome in which a stiff shoulder is restricted and painful in both active and passive movement; also known as “adhesive capsulitis”, “periarthritis” and “pericapsulitis”

**Etiology:**
1. the involved joints are the scapulothoracic and glenohumeral
2. there is no bony ankylosis
3. causes include any type of pain in the shoulder upon movement and immobilization from shoulder injury
4. frozen shoulder is seen most often in patients with tendency to tension, anxiety and passive apathy (termed the “periarthritic personality”), combined with a low pain tolerance
5. the pathology of frozen shoulder is believed to be as follows
   a. pain in shoulder (neurologic, vascular, musculoskeletal or referred visceral) causes vasospasm
   b. this vasospasm leads to congestion and myospasm
   c. the myospasm the leads to disuse and further vascular congestion
   d. this initiates the development of fibrous tissues that are responsible for functional disability

**Signs and Symptoms:**
1. painful limitation of the glenohumeral joint which gradually becomes less painful but more restricted in motion
2. abduction is normal at first and then as the condition progresses is restricted because of pain
3. advanced stages: no pain with immobilization but pain in all ROM of the shoulder; patient carries the arm in adduction and internal rotation

**Course/Prognosis:**
1. the untreated course ends in total immobilization of the shoulder joint
2. prevention is the best treatment
3. once the condition is established, cure becomes increasingly difficult for conventional treatment
4. conventional treatment consists of drug therapy (muscle relaxants, sedatives, tranquilizers, analgesics), manipulation of the shoulder, passive and active ROM exercises, ice, physiotherapy and psychological counseling to dispel any anxiety and dependency that may be primary or secondary to the frozen shoulder

**Differential Diagnosis:**
1. bursitis
2. dislocation
3. rotatory cuff tear
4. tenosynovitis
5. neurologic phenomena
6. CVA sequelae

**Nutrition:**
1. celery, pineapple, olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples
2. vitamin C rich foods

**Supplements:**
1. vitamin C (high doses to bowel tolerance)
2. vitamin E (1200 IU QD)
3. calcium
4. magnesium
5. bromelain (1000mg TID, between meals)
6. flaxseed oil (2 Tbsp. QD)

**Hydrotherapy:**
1. hot and cold compresses

**Physiotherapy:**
1. water exercises for shoulder
2. pendulum exercise
3. stretching exercise for shoulder
4. check subscapularis muscle for spasm/contracture/trigger points
5. mobilize glenohumeral joint in a superior to inferior direction, gliding the humeral head downward
6. iontophoresis: vinegar (-), calcium or chlorine for capsulitis
7. interferential: see bursitis
8. TENS: analgesia

**Bowen Technique:**
FROZEN SHOULDER

1. basic relaxation: week 1
2. basic relaxation + shoulder move: week 2
3. basic relaxation + shoulder move: week 3 (optional wrist move)
   a. cannot do shoulder move for 4 weeks

Botanicals:
1. Arnica montana (toxic): oil applied locally
2. Gaultheria procumbens: oil applied locally with iontophoresis or US
3. Hypericum perforatum: oil
   Consider anti-spasmodics if muscles are in spasm

Formulas:
   a. anti-spasmodic formula: tinctures of Humulus lupulus [1 part], Valeriana spp. [1 part], Cimicifuga racemosa [1 part], Hypericum perforatum [¾ part], Arnica montana [1/4 part]; may use with iontophoresis or internally
   b. Gaultheria procumbens (oil)[1 dr], Hypericum perforatum (oil)[3 ½ dr], Arnica montana (toxic oil)[3 ½ dr]; mix and apply locally
FUNGAL INFECTION/RINGWORM

Definition:
Superficial infection of the hair, skin or nails caused by dermatophytes (fungi which invade non-living tissues of the body, i.e. superficial skin, hair or nails).

Etiology:
1. usually classified by the area of the body affected rather than the associated microorganisms

Signs and Symptoms:
1. often very low-grade and cause occasional scaling of the superficial dermis
2. other infections cause acute reactions such as:
   a. bulbous, vesicular lesions (common in the feet)
   b. tinea unguium (toenails) causes nails to become thickened with debris forming under the free edge
   c. tinea capitis

Lab Findings:
1. skin scraping with KOH examination to confirm presence of fungus
2. skin scrapings may also be cultured for fungus
3. fluorescence under Wood's lamp is suggestive but not diagnostic

Course/Prognosis:
1. cutaneous fungal infections are common and easily treated using conventional or alternative anti-fungal preparations
2. however, these infections tend to recur in susceptible hosts and require non-pharmacological constitutional treatment to diminish susceptibility
3. secondary infections are occasionally troublesome, esp. in the groin area

Differential Diagnosis:
1. tinea pedis (athlete's foot)
2. tinea capitis (scalp)
3. tinea cruris (jock itch)
4. other skin conditions including Candidiasis, eczema, psoriasis, impetigo, pityriasis, rosea, syphilis, drug reactions

Nutrition:
1. increase foods rich in zinc, selenium, vitamin A, B complex and C
2. garlic, kelp, black bass, rye, avocados, sea vegetables, whey apple, cucumber, millet, rice polishings, rice bran, sprouts, turnips

Remedies:
1. apply lemon juice topically
2. peel, seed and crush unripe papaya and add 30g each salt and vinegar, mix well then strain and rub liquid on affected parts
3. crush peeled garlic cloves, mix with sesame oil or lard to make ointment, apply externally
4. mix 20g whole cloves with 70% alcohol to make 100ml, apply externally to affected area
5. apply vitamin E oil topically
6. ringworm: apply grated raw turnip bulbs mixed with a Tbsp. Salt
7. ringworm: grind the stones from longan fruit and rice vinegar into a paste, apply to affected area
8. tinea pedis: garlic powder sprinkled on toes
9. tinea corporis: cut up and crush 250g fresh ginger and soak in 500ml white wine for 2 days, apply externally to affected area QID
10. tinea: crush several unripe figs and squeeze to obtain the juice, rub this on the affected part daily

Supplements:
1. vitamin A (25,000-75,000 IU QD)
2. vitamin B complex
3. vitamin C
4. zinc (30mg QD)
5. selenium (200mcg QD)
6. chromium (200mcg QD)
7. kelp

Hydrotherapy:
1. cold mitten friction
2. hot foot baths with vinegar if tinea pedis

Manipulation:
FUNGAL INFECTION/RINGWORM

1. check and align T1-3, T6-8

**Physiotherapy:**
1. UV
2. hydrogen peroxide soak for 2 min. then wash area very well with water and dry thoroughly, wash all clothing in touch with fungal infection in hot water

**Botanicals:**
1. *Arctium lappa:* increase nutrition to the skin
2. *Cinnamomum zeylanicum* (oil): topically
3. *Grindelia robusta:* topically
4. *Iris versicolor* (toxic): externally and internally
5. *Juglans nigra:* externally and internally; caution: stains clothing
7. *Phytolacca decandra* (toxic): tinea capitis; internally
8. *Ricinus communis* (toxic oil): topically
9. *Sanguinaria canadensis* (toxic): externally
10. *Thuja occidentalis:* topically
11. *Thymus vulgaris* (oil): topically
12. *Usnea spp.:* internally and topically

**Homeopathy:**
1. *Apis:* itching and burning, > by cold; use 200c
2. *Bacillinum:* main remedy, use 200c, repeat once/week; if no improvement in 2-3 weeks use another remedy
3. *Calcarea carbonica:* cold, pale persons, moist hands and feet
4. *Chrysarobinum:* violent itching
5. *Sepia:* use after Bacillinum; if no other symptoms
6. *Sulphur:* acidity, indigestion, retching loss of appetite, restlessness
7. *Tellurium:* esp. of face and body; odor of body and sweat is offensive and garlic-like
GANGLION CYST

**Definition:**
An organized fluid-filled tumor on a tendon or aponeurosis, often on the dorsal wrist

**Etiology:**
1. repetitive microtrauma and overuse

**Signs and Symptoms:**
1. a soft, often tender, palpable mass, usually on the dorsal wrist
2. may be asymptomatic
3. pain upon weight bearing extension such as in bicycling or push-ups

**Course/Prognosis:**
1. rarely resolve spontaneously
2. can be asymptomatic or flare up when placed under physical stress
3. aspiration of the thick fluid is possible using a large-bore needle but the ganglion will usually fill again within a few weeks
4. patients often attempt to burst the cyst using a large, flat, heavy object such as an encyclopedia but this rudimentary home treatment, while occasionally successful, does not prevent reoccurrence

**Differential Diagnosis:**
1. lipoma
2. neurofibroma
3. tendonitis
4. tenosynovitis
5. fracture
6. dislocation of a carpal bone
7. subluxation of a carpal bone

**Supplements:**
1. vitamin E (800 IU QD)
2. bromelain (1g TID)

**Hydrotherapy:**
1. if newly formed, use heat followed by local compression (coin taped over it) each night

**Botanicals:**
1. Arnica montana (toxic)
2. Gaultheria procumbens (oil): topical
3. Hypericum perforatum (oil): topical
4. Matricaria chamomilla: topical and internal
5. Ruta graveolens (toxic): external application, used for connective tissue disorders homeopathically

**Homeopathy:**
1. Benzoic acid: swelling of the wrist
2. Bufo: ganglion on the sole of right foot
3. Calcarea fluorica: ganglion or encysted tumor at the back of the wrist
4. Ferrum metallicum: ganglion on the instep
5. Natrum muriaticum: swelling esp. of right hand
6. Phosphoric acid: ganglion at back of hand
7. Ruta: ganglionic swelling on front of left wrist; ganglion on sheath of flexor tendons of 4th finger; in palm of right hand, as large as hickory nut; give botanical tincture simultaneously
8. Silica: ganglion or elastic cyst on extensor surface of left wrist
GASTRITIS
Also see Indigestion

Definition:
Inflammation of the gastric mucosa

Etiology:
1. may be acute or chronic and take several forms
2. acute gastritis: common predisposing factors include aspirin or NSAIDs, severe injuries or burns, surgery, alcohol, corticosteroids, respiratory/renal/liver failure, food or drug allergens, sepsis and shock; aka: acute erosive gastritis, acute stress erosion, acute hemorrhagic gastritis
3. corrosive gastritis: from swallowing strong alkalis or acids, iodine, potassium permanganate or heavy metal salts; damage which depends on what was ingested and in what amount, may range from mild to severe destruction of tissues and hemorrhage
4. atrophic gastritis: idiopathic and seen mainly in the elderly population; exhibits inflammatory infiltrate and gland loss
5. giant hypertrophic gastritis: this is a rare idiopathic condition distinguished by large gastric range throughout the stomach; aka: Menetriere's disease

Signs and Symptoms:
Acute gastritis:
1. may be relatively asymptomatic
2. hematemesis (may be massive) and/or melena
3. mild epigastric discomfort, nausea
4. anorexia, vomiting
Corrosive gastritis:
1. oropharyngeal ulceration
2. dysphagia
3. severe abdominal pain
4. hematemesis
5. melena
6. shock
Atrophic gastritis:
1. non-specific. Many patients are asymptomatic
2. nausea
3. pain
4. gastric discomfort after eating
5. signs and symptoms of pernicious anemia
Giant hypertrophic gastritis:
1. upper GI distress
2. pain similar to ulcer pain
3. anorexia, N/V
4. edema (from hypoproteinemia)
5. weight loss, diarrhea

Lab Findings:
Acute gastritis:
1. (+) endoscopy
2. (+) biopsy
3. (+) occult blood, perhaps
Corrosive gastritis:
1. (+) biopsy
2. Schilling test for B-12/IF deficiency
3. iron deficiency from malabsorption
4. Heidelberg test for hypo- or achlorhydria
5. elevated serum gastrin
Atrophic gastritis:
1. see Corrosive gastritis
Giant hypertrophic gastritis:
1. (+) endoscopy
2. (+) x-ray
3. (+) biopsy
4. hypoproteinemia
5. hypochlorhydria with excess mucus in gastric secretions
6. decreased serum albumin

Course/Prognosis:
Acute gastritis:
1. in general the prognosis is good; however, if bleeding is severe enough to warrant surgery, the mortality rate increases to > 50% (usually from the underlying condition)
Corrosive gastritis:
GASTRITIS

Also see Indigestion

1. treatment and prognosis depends on what was ingested

**Atrophic gastritis:**

1. conventional treatment consists of IM B-12 shots to prevent or treat pernicious anemia

**Giant hypertrophic gastritis:**

1. conventional treatment consists of a high protein diet, partial gastrectomy and periodic check-ups, as patients with the disease have an increased risk of developing gastric carcinoma

**Differential Diagnosis:**

1. infectious GI condition
2. inflammatory GI condition
3. other GI or related conditions causing upper GI symptoms
4. ulcer
5. hypo- or achlorhydria

**Nutrition:**

**Acute:**

1. increase fluids
2. short fast or vegetable juice fast or diet as in Irritable Bowel Syndrome

**Chronic:**

1. hypoallergenic/rotation diet
2. eat in a relaxed atmosphere and chew food well
3. potato broth, parsnips (steamed and mashed), carob powder, okra, papaya, cooked carrots
4. vitamin A rich foods
5. chamomile and licorice tea

**Remedies:**

a. raw potato juice before breakfast

**Avoid:**

1. contraindicated foods: broccoli, cabbage and cabbage family, collards, strawberries
2. food intolerances
3. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods, processed foods
4. sugar and sweet foods
5. alcohol, coffee, caffeine
6. smoking
7. drinking with meals
8. aspirin

**Supplements:**

1. vitamin A (75,000 IU QD)
2. vitamin B complex
3. vitamin C (1-2g)
4. vitamin E (400 IU BID)
5. zinc (60mg QD taken with food)
6. bromelain
7. flaxseed oil (2 Tbsp. QD)
8. lactobacillus acidophilus

**Hydrotherapy:**

1. hot fomentation to epigastric area
2. alternating compresses: hot for 4-5 min. with cold compress for 20-40 sec.

**Manipulation:**

1. check and align T6-8, T10-12

**Physiotherapy:**

1. spondylotherapy: concussion T1-3 to promote gastric dilation
2. relaxation breathing
3. massage: abdomen, gently

**Botanicals:**

1. Aconitum napellus (toxic): acute stage
2. Acornus calamus (toxic)
3. Althea officinalis (root): demulcent
4. Berberis aquifolium: with Chamomilla spp., Acornus calamus (toxic), Veronicastrum virginicum
5. Bryonia alba (toxic): conditions with sharp cutting pain; < with motion, weak, perspires easily
GASTRITIS
Also see Indigestion

6. *Cinnamomum zeylanicum*: with Filipendula ulmaria, Chamomilla spp., Ulmus fulva and Althea officinalis
7. *Collinsonia canadensis*: spasmodic pain, irritation
8. *Frasera canadensis*: catarrhal, sense of fullness even after taking a little food, debility; improves tone
9. *Geranium maculatum*: gastritis, bleeding
10. *Glycyrrhiza glabra*: anti-inflammatory, demulcent
11. *Hydrastis canadensis*: with Chamomilla spp., soothes mucosa
12. *Pollymnia uvedalia*: chronic
14. *Thymus vulgaris*: chronic
15. *Ulmus fulva*: demulcent, with Althea officinalis

**Formulas:**

a. **Simple gastritis**: Chamomilla spp. (flowers) 50g as tea; 1 tsp. to 1 cup of boiling water; infuse 1-2 cups several time daily
b. **Chronic gastritis**: Foeniculum vulgare (seed), Mentha piperita, Melissa officinalis, Acornus calamus; 20g of each; tea 1 tsp. to a cup of boiling water, infuse for 10 min., drink warm in sips BID-TID
c. **Acute gastritis**: black tea leaves, Centaurium erythrea (centaury), Artemisia absinthium, equal parts of each to make 50g; 2 tsp. to 1 cup boiling water, infuse

**Homeopathy:**

1. *Aconitum napellus* (toxic): from exposure or drinking cold water; pressure in stomach as if a stone lay there, persisting even after repeated vomiting
2. *Antimonium crudum*: white coated tongue, ravenous hunger; vomiting of milk in large curds; marked mental irritability; < sauerkraut, beer
3. *Bryonia*: dryness of mucous membranes; food lies in stomach undigested, causing the sensation of stone lying in stomach; < motion; soreness over liver
4. *Cinchona*: weakness; pain rarely present; anorexia; eructation of gas and undigested food; distended stomach
5. *Hydrastis*: abundance of mucous in stomach, intestines, wrapped around stools; ulceration of mucous membranes; sinking sensation in epigastrium; vomiting; loss of appetite; burning and soreness over stomach
6. *Lycopodium*: gastritis with large accumulation of gas; distress, distention, eructation of tasteless gas; rumbling of gas with dry, hard stools with flatus
7. *Pulsatilla*: digestion too slow; < rich food; flatulence and eructations tasting of food several hours after eating, white tongue; craving for fruit which aggravates; gastric h/a with catarrh of sinuses > fresh air
8. *Sepia*: variable appetite with craving for stimulants; acid eructations; burning in epigastrium < eating; burning, aching in back and sharp neuralgic pains followed by sensation of weakness, goneness or sinking in stomach
GASTROENTERITIS
Also see Food poisoning

Definition:
Inflammation of the mucosal lining of the digestive tract; a generic term describing a group of clinical syndromes characterized by upper GI tract symptoms (anorexia, nausea, vomiting, diarrhea and abdominal pain)

Etiology:
1. bacterial exotoxins
2. diarrhea from mucosal invasion or ulceration (Shigella, Salmonella, E. coli cause microscopic bleeding and secretion of electrolytes and water)
3. viral infections
4. non-bacterial food poisoning
5. food intolerances (i.e. lactose)

Signs and Symptoms:
Depends on the nature and dose of irritant, duration of its action, susceptibility/resistance of the patient and extent of GI involvement; often sudden dramatic onset and may include any of the following:
1. anorexia
2. vomiting
3. nausea
4. borborygmi
5. abdominal cramps
6. diarrhea
7. malaise
8. muscular aches
9. reduced BP (sometimes)
10. rapid pulse
11. elevated temperature
12. eosinophilia (parasitic infection or allergies)

Lab Findings:
1. consider CBC, electrolytes, UA if prolonged to assess electrolyte and water balance and check for occult bleeding
2. rectal swab or stool culture to differentiate if severe

Course/Prognosis:
1. loss of electrolytes through diarrhea may cause complications
2. if diarrhea and vomiting persist, dehydration, shock, vascular collapse and oliguric renal failure may occur
3. with vomiting prominent, alkalosis with hypochloremia may occur
4. with diarrhea prominent, acidosis is more likely to occur
5. *although gastroenteritis may have a wide range of causes, treatment of fluid and electrolyte loss from diarrhea and vomiting is the most important factor in management
6. fatality is uncommon where hydration and electrolytes have been maintained, as these illnesses are typically self-limiting
7. further investigation is essential if gastroenteritis persists for more than a few days

Differential Diagnosis:
1. Cholera
2. Salmonellosis
3. Shigella
4. food poisoning
5. lactose intolerance
6. heavy metal poisoning
7. paralytic ileus (absence of bowel sounds)
8. UC
9. amebic dysentery
10. acute (surgical) abdomen
11. acute appendicitis
12. incomplete small bowel obstruction
13. colonic malignancy
14. Candidiasis

Nutrition:
GASTROENTERITIS
Also see Food poisoning

1. short fast recommended or follow the sample diet for acute phase (below)

Sample Diet:

Acute phase:
1. breakfast: whole brown rice cereal (cook 3-4 Tbsp. Rice flour with 2 cups water, stirring constantly over heat), 2 tsp. olive oil
2. morning snack: raw grated apple or applesauce or baked apples (sour or semi-sour only)
3. lunch: vegetable soup from celery, parsley, zucchini, squash, pumpkin, carrot, potatoes (blend and strain), steamed carrots and squash, rice or millet or barley or potato, 2 tsp. olive oil
4. afternoon snack: same as morning
5. dinner: same as lunch

As improvement occurs:
1. breakfast: oatmeal 3x/week; add soft boiled egg during one meal 3x/week
2. snacks: add almonds (raw and blanched) with apples
3. lunch and dinner: if no intolerance to dairy add yogurt (preferably goat), green beans, waxed beans, lettuce, cucumber, green onion, parsley, celery, garlic, lentils, peaches, apricots, watermelon, grapefruit, grapes, ripe bananas, goat whey

After stabilization (vegetarian sample diet):
1. cruciferous vegetables to be eaten only with carminatives (fennel, caraway, cumin, anise, dill)
2. be careful with food combinations; esp. avoid starch, sugar, protein combinations (ie. cheesecake)
3. avoid eating too many types of foods at one time
4. stick to one starch type per meal
5. eat more steamed vegetables than raw one
6. all foods must be eaten slowly, chewed and salivated well

2. a short fast (3-5 days) is recommended or an alkaline juice fast
3. potato broth, carrots (cooked), okra, parsnips (steamed and mashed), squash, pumpkin, figs and flaxseed tea, steamed zucchini and squash, papaya, grated raw apple, applesauce, ripe peaches without skin, banana (not in Cold conditions), rice polishings

Remedies:

a. crush 6g garlic and discard skins, add an appropriate amount of salt and crush together, pour boiling water over mixture and steep, drink BID

Avoid:
1. contraindications: artichoke, grape skins and seeds, roughage in general, raw foods, cold foods
2. meat, peanuts, corn, soybeans, most legumes, oranges
3. sugar and sweet foods
4. refined and processed foods
5. spicy, fried, fatty, rich and/or salty foods
6. alcohol, coffee, caffeine

Supplements:

For fever:
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. vitamin C (3-6g QD)
3. zinc (60mg QD)
4. flaxseed oil (2 Tbsp. QD)

Hydrotherapy:
1. Scotch bath
2. heat on abdomen; before meals
3. hot fomentations to abdomen
4. heating pack to trunk
5. constitutional hydrotherapy

Physiotherapy:
1. relaxation breathing

Botanicals:
1. Aconitum napellus (toxic): acute inflammation according to indications
2. Alchemilla vulgaris: acute diarrhea, epidemic diarrhea of infants; may be combined with Agrimonia eupatoria
3. Atropa belladonna (toxic): as anti-mobility agent, anti-spasmodic, according to indications, may cause urinary retention
4. Bentonite clay: absorbent
5. Berberis aquifolium: bacterial infections of GI tract
GASTROENTERITIS
Also see Food poisoning

6. Bryonia alba (toxic): opposes drying; acute inflammatory distress and pain, < from movement, pressure
7. Chamomilla spp.: anti-spasmodic, anti-inflammatory
8. Charcoal: absorbent
9. Collinsonia canadensis: irritated mucous membranes with congested portal circulation, spasmodic pain, anorexia, diarrhea
10. Echinacea spp.
11. Mentha piperita: herb or enteric coated caps; anti-spasmodic, anti-emetic, carminative
12. Mentha viride: anti-emetic
13. Olea europaea: acute enteritis
14. Opium (tincture): as anti-motility agent
15. Rubus villosa (root): astringent, watery diarrhea, sore throat
16. Rumex crispus: laxative
17. Ulmus fulva: inflammation of stomach, duodenum, diarrhea, irritation from foods; combines well with Althea officinalis
18. Valeriana spp.: anti-spasmodic
19. Viburnum opulus: anti-spasmodic
20. Zingiber officinale: anti-emetic

Formulas:

a. Robert's formula: Althea officinalis, Geranium maculatum, Echinacea angustifolia (root), Hydrastis canadensis, Hibiscus esculentus, Ulmus fulva, Phytolacca americana (toxic); SIG: ¼ - ½ tsp. every 2 hours for acute
b. diarrhea with severe cramping: tinctures of Opium (camphorated)[2 dr], Citrullus colocynthis (colocynth)[5 drops], Dioscorea villosa [10 drops], fill with water to 1 oz.; SIG: 40 drops every hour till effect
c. irritable diarrhea: Aconitum napellus (toxic)[2 drops], Cephaelis ipecacuanha [5 drops], fill with water to 1 oz.; SIG: ½ tsp. every hour till effect, then every 3 hours
d. gastroenteritis with flatulence: Carum carvi (caraway seed)[10g], Foeniculum vulgare [10g], Chamomilla spp (flowers)[80g]; SIG: 2 tsp. to 1 cup boiling water, infuse, 2 cups of tea several times daily
e. gastroenteritis with poor gallbladder function: Carum carvi (caraway seed)[10g], Foeniculum vulgare [10g], Mentha piperita (leaf)[30g], Chamomilla spp. (flowers)[50g]; SIG: 2 tsp. to 1 cup of boiling water, infuse, 2 cups of tea several times daily

Homeopathy:

1. Arsenicum album: N/V and diarrhea caused by spoiled food, esp. bad meat or watery fruit; cannot bear sight of food; great prostration; < about midnight; diarrhea following severe burns or when caused by sudden chilling of stomach with ice water or ice cream; excess of alcoholic drinks; lobster salad, rancid fat, spoiled butter
2. Antimonium tartaricum: vomiting in any position, except lying on right side; nausea, retching and vomiting, esp. after food, with deathly faintness and prostration; thirsty for cold water little and after diarrhea in eruptive diseases
3. Belladonna: pressive pains extending to the chest and shoulders; swelling of the pit of the stomach; abdomen distended below navel; painful breathing; anguish with congestion to the head and dimness of vision; faintness; great thirst; restlessness; sleeplessness
4. Bryonia: when weather suddenly changes from cold to warm or from warm to cold; in the summer, after eating fruits or after vexation/anger; severe pains and high fever from a drink of cold water when perspiring; every motion aggravates the pain and diarrhea; pains shooting from abdomen into chest
5. Hyoscyamus: stupor with incoherent speech; patient is unconscious of the severity of his case; yellow, watery, involuntary stools; abdomen bloated; burning and inflammation of stomach with vomiting of blood; pit of stomach sensitive
6. Ipecacuanha: constant N/V; with pale twitching of face, vomits food, bile, blood, mucous; severe pains in abdomen, radiating to all sides; swelling of stomach; flatulent; clutching colic; diarrhea with pain; constant N/V, little thirst; tongue usually clean
7. Phosphorus: cutting, burning pains in the stomach; severe pressure in the stomach after eating with vomiting food; unquenchable thirst; a weak, empty gone sensation in the whole abdomen cavity
8. Veratrum: copious vomiting with nausea; < drinking, least motion; great weakness after vomiting; alternating vomiting and diarrhea; great prostration; Hippocratic face; cold feeling in stomach and abdomen; cold sweat; cold extremities; pinched face; violent thirst; painful retraction of abdomen during vomiting; also burning as form hot coals in abdomen which is very sensitive; intestinal catarrh, coming on suddenly at night, in summer; stools watery, greenish mixed with flakes
GASTROESOPHAGEAL REFLUX/DYSPEPSIA

Definition:
Irritation to esophageal mucosa caused by refluxing of stomach contents back into the esophagus, aka. Heartburn

Etiology:
1. in the past, reflux was solely attributed to hiatal hernias; this is known to be incorrect as there are many asymptomatic hiatal patients and many symptomatic reflux patients that do not show hiatal hernia on x-ray
2. several factors involved:
   a. incompetent lower esophageal sphincter
   b. reduced sphincter pressure from alcohol, drugs, smoking, peppermint, etc.
   c. increased volume in the stomach, ie. after eating
   d. when the stomach contents are situated near to the gastroesophageal junction; from laying down or bending over or from a hiatal hernia
   e. when the gastric pressure is increased; ie. from pregnancy or general obesity
3. additionally, esophagitis may be caused be caused by infection like herpes or Candida and with mucosal damage from burns or chemicals

Signs and Symptoms:
1. heartburn: may or may not include regurgitation of the stomach contents all or part way back into the mouth
2. odynophagia
3. dysphagia: if peptic strictures are present
4. hemorrhage: with esophageal ulcer or esophagitis
5. pain similar to peptic or duodenal ulcer but located in the high substernal area or by the xiphoid process may indicate esophageal ulcer
6. pain may refer to arms and neck, like angina

Lab Findings:
1. barium x-ray studies
2. endoscopy and biopsy
3. Heidelberg test for esophageal pH
4. Bernstein test: acid perfusion of the esophagus
5. Manometry

Course/Prognosis:
1. untreated gastroesophageal reflux disease can develop into esophagitis as the delicate tissue of the esophagus can no longer recover from injurious effects of the stomach acid, pepsin, and bile
2. peptic strictures may also develop from fibrosis in the esophageal lumen
3. an esophageal ulcer may also form
4. some patients may be asymptomatic for years
5. conventional treatment consists of antacids and other pharmaceuticals, avoiding certain foods known to exacerbate the problem (fatty foods, coffee, chocolate, alcohol, mint, orange juice), losing weight, sleeping with the head elevated, etc.

Differential Diagnosis:
1. esophageal cancer
2. angina pectoris
3. hiatal hernia
4. other inflammatory GI conditions, such as peptic ulcer

Nutrition:
1. eat small meals frequently throughout the day
2. increase vitamin A foods

Remedies:
   a. drink 6 fl. Oz. freshly blended pineapple juice once or twice QD
   b. eat 6 oz. papaya TID after meals
   c. 2 oz. fresh coriander blend with a small amount of sesame oil
   d. almond milk

Avoid:
1. meat, chocolate, tomato
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol, coffee, caffeine
4. sugar and sweet foods

Supplements:
1. HCl: after acute phase
GASTROESOPHAGEAL REFLUX/DYSPEPSIA

2. choline (3g QD)
3. lecithin (6 caps QD)
4. digestive enzymes

Hydrotherapy:
1. constitutional hydrotherapy
   See Hiatal hernia and Gastroenteritis

Manipulation:
1. check and align T4-5

Physiotherapy:
1. relaxation breathing

Botanicals:
1. Acorus calamus (toxic): stimulates appetite, secretions
2. Althiria farinosa: atonic dyspepsia with flatulence and borborygmi, increases appetite
3. Anemone pulsatilla (toxic): nervousness, indulgence in pastries, fatty foods; eructations, distention, gnawing in stomach
4. Angelica archangelica: aromatic tonic, bitters
5. Avena sativa: due to mental distress, overwork
6. Berberis aquifolium: atonic dyspepsia; stimulates digestion, improves appetite
7. Chamomilla spp.: nervous dyspepsia
8. Cinnamomum zeylanicum: flatulence, nausea
9. Cnicus benedictus: bitter
10. Filipendula ulmaria: atonic dyspepsia with heartburn and hyperacidity, with Althea officinalis, Melissa officinalis
11. Gentiana lutea: atonic, increases digestion and stimulates appetite
12. Humulus lupulus: sedative, bitter
13. Hydrastis canadensis: strengthens secretions, tones mucosa
14. Lavandula officinalis: nervous dyspepsia
15. Melissa officinalis: dyspepsia associated with anxiety or depression
16. Mentha piperita: flatulence
17. Panax quinquefolius: exhaustion, debility
18. Rosmarinus officinalis: flatulent dyspepsia associated with psychogenic stress
19. Strychnos nux vomica (toxic): stimulates digestion, increases appetite
20. Taraxacum officinale: atonic dyspepsia with or without flatulent colic
21. Xanthoxylum americanum: with deficient secretions, atony, flatulence
22. Zingiber officinalis: atonic dyspepsia with or without flatulent colic

Formulas:
a. dyspepsia with flatulence, mental stress: Chamomilla spp., Symphytum officinale (toxic), Althea officinalis, Filipendula ulmaria, Humulus lupulus

Homeopathy:
1. Arsenicum album: patient excessively weak without feeling fatigued; any exertion produces fainting; taste lost or is sour, bitter or putrid; stomach swollen as if filled with water; craving for acid and coffee; burning feelings; anxiety and stress < after eating
2. Carbo vaeg meterialis: heaviness, fullness, sleepiness after eating; fullness of abdomen almost bursting; burning in stomach
3. Kali carbonicum: dyspepsia of old people; burning acidity, bloating; < ice water; sour eructations; nausea > lying down; constant feeling as if stomach were full of water; anxiety felt in stomach; sour vomiting; easy choking when eating
4. Lycopodium: sour taste or sour or burning eructations; abdomen in state of ferment; distention of abdomen
5. Nux vomica: sour taste; nausea in morning, after eating; weight and pain on stomach < after eating; sour bitter eructations; ravenous hunger, esp. a day before an attack of dyspepsia; epigastrum bloated, with pressure of a stone several hours after eating; dyspepsia < coffee
6. Pulsatilla: from eating fatty food; thick coated moist, white tongue; nausea with little vomiting, heartburn, absence of much pain; feeling of much distention, clothes must be loosened
GIARDIASIS

**Definition:**
An infection of the small intestine caused by *Giardia lamblia*, a flagellated protozoan

**Etiology:**
1. Found worldwide, esp. in children and particularly where sanitation is poor
2. Infection rates are high among travelers, male homosexuals and patients with gastrectomies, decreased gastric acidity, chronic pancreatitis and immunodeficiencies
3. One of the most common infections in the US (about 7% of stools submitted for parasitologic examination contain *G. lamblia* cysts)
4. Spread by the fecal-oral route (either directly (as between children or sexual partners) or indirectly (via food or water) as cysts
5. Water-borne epidemics involve sources that range from remote mountain streams to chlorinated but poorly filtered community systems
6. Both humans and animals may serve as reservoirs
7. **Mechanism of infection:**
   a. The *G. lamblia* trophozoite attaches itself to the duodenal and jejunal mucosa by a ventral sucker
   b. Multiplies by binary fission
   c. Passed in normal stool as cysts (resistant form which the disease is spread by)

**Signs and Symptoms:**
1. Often asymptomatic
2. Symptoms are commonly mild, yet intermittent nausea, eructation, flatulence, epigastric pain, abdominal cramps, bulky, malodorous stools and diarrhea may occur
3. Malabsorption: severity is related to the degree of infection
   a. Mechanical blockade of the microvilli, damage to their brush border, altered motility and mucosal invasion resulting in T-cell mediated mucosal damage have all been suggested as possible mechanisms
4. In severe cases: malabsorption can lead to significant weight loss

**Lab Findings:**
1. (+) stool (acute infection: parasite can be readily found in stool; chronic infection: excretion is irregular therefore requiring repeated stool examinations)
2. (+) duodenal secretions (via nylon string (Enterotest®) or by endoscopic aspiration) for trophozoites

**Course/Prognosis:**
1. **Quinacrine** (100mg TID for 5 days for adults; 2mg/kg (max. 300mg/day) for 5 days for children): when treated allopathically, highly effective but the intestinal environment becomes hostile and the protozoans are sometimes driven to the pancreas and biliary tract and chronic symptomatology results
2. **Metronidazole** (250mg TID for 5 days for adults; 15mg/kg/day in 3 divided doses for 5 days for children): effective and better tolerance; not currently licensed for use in giardiasis
3. **Furazolidone** (100mg QID for 7-10 days for adults; 6mg/kg/day in 4 doses for 7-10 days for children): is less effective than either of these agents but is available as a suspension, making it useful in children
4. **Tinidazole** (unavailable in the USA): has been reported to effect a good cure rate in adults with one 2g dose orally
5. **Paromomycin**: used on pregnant women if they show significant symptoms

**Nutrition:**
1. Garlic, olive oil and lemon for liver flush
2. Beets (a lot) to cleanses liver and RE system

**Physiotherapy:**
1. Diathermy: ½ hour QD over kidney and liver

**Botanicals:**
1. *Taraxacum vulgare* (tansy)

**Miscellaneous:**
1. **Sulfax**: children 1 tab in “OOO” caps TID; adult 3 tabs TID; continue 1 week; if this fails → KI
   a. Rectal implant with ear syringe of sulfax, after liver flush follow with chionanthus (take temperature to watch for hyperpyrexia)
   b. Sulfax tabs TID in “OOO” caps for 3 days will occasionally result in (+) stool samples when other are (-)
GINGIVITIS

**Definition:**
A condition of the peridontal disease (pyorrhea) group; literally, inflammation of the gingiva

**Etiology:**
1. primary cause is poor hygiene characterized by plaque from bacteria

**Signs and Symptoms:**
1. swelling, redness, change of normal contours and bleeding
2. a band of red, inflamed gum tissue surrounding of necks of teeth
3. bleeding on minimal injury
4. pain is usually absent

**Course/Prognosis:**
1. periodontal disease generally begins as gingivitis and progresses to periodontitis
2. swelling of the gingiva deepens the pockets between the gingiva and the teeth
3. can be more pronounced during hormonal changes associated with pregnancy and puberty

**Differential Diagnosis:**
1. periodontal disease
2. underlying conditions

**Nutrition:**
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast

**Remedies:**
a. eat the skin and flesh of 2 mangos QD
b. eat 1-2 plums QD
c. eat 1-2 tomatoes QD

**Avoid:**
1. heavy protein foods, fats, meats, shellfish
2. sugars
3. hot or spicy foods
4. vinegars

**Supplements:**
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. vitamin C (6g QD)
3. vitamin E (800 IU QD)
4. zinc (50mg QD as a rinse)
5. lactobacillus acidophilus

**Dental work:**
1. removal of mercury amalgam fillings

**Physiotherapy:**
1. hydrogen peroxide rinse

**Botanicals:**
1. Baptisia tinctoria
2. Commiphora myrrha: soreness, bleeding, spongy gums
3. Hydrastis canadensis: anti-septic mouthwash, irritation of mucosa
4. Myrica cerifera: soreness, spongy, flabby bleeding gums (as mouthwash)
5. Pinus canadensis
6. Quercua alba: relaxation of mucosa
7. Salvia officinalis: anti-microbial
8. Sanguinaria canadensis: anti-plaque, anti-septic

**Formulas:**
a. bleeding, feels like teeth are loose: Rumex crispus, Symphytum officinale (toxic)
b. stomatitis: Baptisia tinctoria, Cephaelis ipecacuanha
c. gingivitis: Pinus canadensis, Connniphora myrrha, Cephaelis ipecacuanha
GINGIVITIS

Homeopathy:
1. Arsenicum album: with desire for frequent small drinks
2. Borax: ulcers on tongue and cheeks
3. Calcarea phosphorica: swollen, tender and easily bleeding gums
4. Carbo vegetabilis: sore bleeding gums and loose teeth
5. Causticum: toothache and ulceration of the gums
6. Kali carbonicum: with offensive breath
7. Mercurius sulphuricus: gums are swollen and not close to the teeth; bad breath
8. Natrum muriaticum: bitter taste and loose teeth
9. Nitric acid: sharp pains like splinters and ulceration develops
10. Phosphorus: gums are soft and spongy and bleed easily
11. Silica: gum boils develop slowly and heal slowly
GLAUCOMA (Non-Acute)

Definition: A problem of gradually increasing intraocular pressure causing at first a slow loss of peripheral vision but leading to late loss of central vision and complete blindness if uncontrolled.

Etiology:
1. this is most common type of glaucoma, usually seen in patients over 30, though it may develop in childhood
2. it is usually familial and affects both eyes
3. the reason glaucoma develops in unknown, although the physiology is recognized
4. there is in imbalance between the production and drainage of the aqueous humor, usually due to an obstruction of outflow, although in chronic open angle there is usually no clear reason for this to occur, as the anterior chamber appears anatomically normal
5. glaucoma is the second leading cause of blindness in the US
6. approximately 1 to 50 people over the age of 35 have the disorder and it is estimated that about 1 million more people have it and do not know it

Signs and Symptoms:
1. the condition is rarely painful
2. frequent need to change prescription for glasses or contact lenses
3. impaired dark adaptation
4. sees halos around lights
5. mild h/a or undefined visual disturbances
6. may be asymptomatic

Lab Findings:
1. ophthalmoscopic: possible cupping of the optic disc
2. gonioscopy: intraocular pressure greater than 22mg on three successive testing

Course/Prognosis:
1. without treatment, the patient will slowly become blind
2. treatment includes eyedrops, tablets and/or surgery to keep the aqueous fluid draining

Differential Diagnosis:
1. vitamin A deficiency

Nutrition:
1. hypoallergenic/rotation diet
2. increase vitamin A and C, choline and rutin containing foods
3. chrysanthemum tea
4. mint, oyster shell powder, mulberries, black sesame seed, lycium fruit, grapefruit, lemons, oranges, carrots, beets, beet tops

Remedies:
- mulberries, oyster shell and black sesame tea, TID
- chrysanthemum and mint tea, BID

Avoid:
1. food intolerances
2. stimulating foods
3. alcohol, coffee
4. salt
5. drugs

Supplements:
1. vitamin B complex
2. vitamin B-3 (50mg QD)
3. vitamin C (1g 5x QD)
4. vitamin E (400 IU QD)
5. magnesium (500mg BID)
6. thiamine
7. rutin (20mg TID)
8. bioflavinoids (4-5g QD)

Physiotherapy:
1. aerobic exercise program: has been shown to decrease intraocular pressure
See Conjunctivitis

Botanicals:
GLAUCOMA (Non-Acute)

1. Physostigma venenosum (toxic)
2. Pilocarpus jaborandi (toxic)

Homeopathy:
1. Aconitum napellus: pains extend down the face (tic douloureux) esp. after exposure to intense cold or cold winds or in rheumatic patients
2. Belladonna: relieves the pain esp. if accompanied by throbbing head, flushed face, etc.; the eyes are injected, pupils dilated, fundus hyperemic and pain in and around the eye, mostly deep seated and of a pressing nature as if eyes being torn out or pressing into head; eyes feel hot, dry and stiff as if might protrude
3. Cannabis sativa: opacity of cornea in alcoholics, smokers or after nervous trouble
4. Gelsemium: choroidal and venous congestion with or without serous effusion; amaurotic symptoms, with dilation of pupils, disturbed accommodation, pain in eyes, with or without lachrymation
5. Phosphorus: fundus hyperemic, hazy halo around the light; various lights and colors flashing before the eyes
6. Prunus spinosa : pains severe, crushing in the eye as if pressed as under or sharp shooting through the eye and corresponding side of the head; aqueous and vitreous humor hazy; fundus hyperemic
7. Spigelia: pains sharp and stabbing through the eye and head; < on motion and at night
GLOMERULONEPHRITIS

**Definition:**
A disease characterized pathologically by diffuse inflammatory changes in the glomeruli and clinically by the abrupt onset of proteinuria, hematuria and usually RBC casts.

**Etiology:**
1. the classic example is post-streptococcal glomerulonephritis (PSGN)
   a. this is a complex and theoretical autoimmune condition wherein antigen-antibody complexes form a streptococcal infection in another area of the body are deposited in the glomeruli
   b. this stimulates a breakdown of the walls of the glomeruli
2. other PSGN conditions occur following such disease as:
   a. hepatitis
   b. syphilis
   c. malaria
   d. these specific examples may lead to sclerosing and excessive proteinuria, aka. Nephrotic syndrome

**Signs and Symptoms:**
1. edema
2. oliguria
3. bloody urine
4. hypervolemia
5. h/a
6. visual disturbances due to hypertension
7. question: has the patient had a sore throat or some infection some time prior to these symptoms
8. question: has the patient been treated with cortisone rather than antibiotics? (cortisone treated patients have experienced disastrous results → urinary changes resulting from blood and debris being sloughed off are the primary changes seen)

**Lab Findings:**
1. (+) ASO titer
2. hematuria, casts (esp. RBCs), fat deposits in urine
3. increased ESR
4. leukocytes
5. mild anemia
6. proteinuria

**Course/Prognosis:**
1. prognosis is good if diagnosed and treated early
2. increased proteinuria and nephrotic syndrome carry a worse prognosis

**Differential Diagnosis:**
1. bladder infection
2. urethritis
3. renal vein thrombosis
4. bacterial endocarditis
5. cardiac or hepatic failure

**Nutrition:**
1. low protein
2. hypoallergenic diet
3. asparagus
4. foods rich in vitamins A and C
5. apple skin tea

**Acute Nephritis:**
1. black bass, mung beans, adzuki beans, pearl barley, garlic, carp, winter melon, watermelon, cornsilk tea, sweet rice, lotus root, water chestnuts

**Chronic Nephritis:**
1. ginger, black jujube, sweet rice, soybeans, winter melon, carp, yams, mung beans, black bass, Kidney tonifying foods
2. rice porridge with ginger, cinnamon and black jujube, BID
3. make a small hole in the shell of a raw egg and insert 7 white peppercorns, wrap in damp paper and steam until cooked, discard shell and eat; adults BID, children QD
GLOMERULONEPHRITIS

Avoid:
Acute and Chronic Nephritis:
1. sour, spicy, salty foods, high protein foods
2. alcohol, coffee, caffeine
3. smoking

Supplements:
1. vitamin A
2. vitamin C
3. adrenal support
4. thymus gland (500mg BID)

Hydrotherapy:
1. hot fomentation: over lower back for 20 min. followed by 1 min., cold towels followed by heating compress to abdomen
2. wet sheet pack: stage 3 (acute GN)
3. heating pack to trunk

Manipulation:
1. check and align T10-L1

Botanicals:
1. Aconitum napellus (toxic): acute nephritis; may be continued until asthenia appears
2. Althea officinalis: demulcent
3. Apocynum cannabinum (toxic): tubular nephritis, 2nd stage with renal congestion
4. Atropa belladonna (toxic): acute nephritis, congestion of capillaries
5. Chionanthus virginicus: liver conditions esp. with GN
6. Chimaphila umbellata: alteratives, diuretic, helps clear wastes; scanty urine, mucopurulent or bloody mucopurulent, irritation
7. Convallaria majalis (toxic): poor heart function; alterative, diuretic
8. Echinacea spp.: detoxifies blood
9. Eriogon canadensis: nephritic affections
10. Gelsemium sempervirens (toxic): irritation, inflammation
11. Hydrangea arborescens: deep-seated renal pain, dysuria, hematuria
12. Hydrastis canadensis: anti-microbial
13. Juniperus communis: prevents structural changes
14. Piper methysticum: works well with the synergist Atropa belladonna (toxic) for pain
15. Solidago spp.: diuretic, acute or chronic nephritis
16. Taraxacum officinale: to help clear liver which is doing the kidney's job
17. Oleum terbinthinae: stimulant, chronic affections of the kidneys and bladder

Homeopathy:
1. Apis: inflammation of the kidney as sequelae to acute disease; proteinuria and hematuria; scant, dark urine; ineffectual urging; caused by cold/wet exposure; after scarlet fever/diphtheria; constant dull pain in both kidneys; < pressure or on stooping; burning in urethra before and during micturition; retention of urine; febrile symptoms with oppressed respiration, h/a and gastric derangement
2. Belladonna: retention, acute, infectious urine, scanty with tenesmus; dark and turbid, loaded with phosphates
3. Benzoic acid: renal pains which penetrate the chest on taking a deep breath; sore pain in back, loins stiff, right knee swollen; burning in left kidney with drawing when stooping; urine dark and very offensive
4. Berberis vulgaricus: burning pains, pains radiate from kidneys in all directions with feeling of stiffness and lameness; urine with thick mucus and bright red mealy sediment; bubbling sore sensation in kidneys
5. Cantharis: intolerable urging and tenesmus; nephritis with bloody urine; violent paroxysms of cutting and burning in whole renal region; bloody urine by drops, cutting before, during and after urination; with high fever
6. Eucalyptus globulus: acute nephritis complicating influenza; hematuria; suppurative inflammation; urine contains pus and is deficient in urea; scarlatinal
7. Kali carbamicum: nephritis from injury
8. Kali chloricum: parenchymatous nephritis with stomatitis; croupous nephritis; hemoglobinuria; urine albuminous, scanty, suppressed; hematuria, diuresis
9. Nux vomica: nephritis for stagnation of portal circulation; bloating of abdomen; pressure, heat, burning in loins and region of kidneys; after suppression of hemorrhoidal flow; abuse of liquors or when caused by a calculus; frequent calls, little and often, ineffectual urging, spasmodic and strangury
10. Ocimum canum: renal colic; right side with violent vomiting every 15 min., twists about the groans; red and bloody urine with brick-dust sediment after the attack, thick purulent urine with an intolerable smell of musk
11. Terebinthina: inflamed kidneys following any acute disease; < living in damp dwellings; violent burning pain in region of kidneys, drawing in right kidney and extending to hip; constant tenesmus, strangury with bloody urine, scanty, suppressed, with odor of violets; with bronchitis; with rheumatism
12.Thuja: congestion and inflammation of kidneys; sharp pains in kidneys; burning urine
GLOSSITIS

**Definition:**
An acute or chronic inflammation of the tongue

**Etiology:**
1. may be either a primary or secondary manifestation of disease
2. **systemic disorders:** that may cause the problem include:
   a. vitamin deficiency (esp. B vitamins)
   b. anemia (pernicious or iron deficiency)
   c. multitude of skin diseases (aphthous lesions, pemphigus, erythema multiforme, lichen planus, etc.)
3. **local problems:** that may cause glossitis:
   a. mechanical trauma (poorly fitting dentures, jagged teeth)
   b. sensitization (toothpastes, candy/gum additives, mouthwashes)
   c. direct oral irritants (alcohol, tobacco, spicy foods)
4. as the tongue is often a valuable mirror for disease in the body (particularly in Chinese med.), a patient presenting with glossitis should be studied closely on a systemic level

**Signs and Symptoms:**
1. manifestation depends on the cause and the patient’s own response to the initiating factor
2. the severity of the lesions does not correlate with the patient’s reporting on symptom severity

**Tongue appearances:**
1. **reddened edges and tip of the tongue:** pellagra, pernicious anemia, smoking, mechanical irritation and heart disease (Chinese med.)
2. **entire tongue is fiery red and ulcerated:** later stages of pellagra
3. **pale and smooth:** iron and B-12 deficiency
4. **painful ulcers:** aphthous ulcers, strep infection, pemphigus, etc.
5. **white patches:** leukoplakia, Candidiasis, lichen planus, syphilis mucus patch
6. **geographic/wandering tongue:** asymptomatic presentation of denuded red patches “wandering” across the surface of the tongue; caused by rapid growth and loss of filiform papillae
7. **hairy tongue:** elongation of filiform papillae in the median dorsal area that may stain brown to black because of tobacco smoke, food or chromogenic bacterial overgrowth; often seen with antibiotic use, fevers, decreased salivation and use of oxygen-freeing mouthwashes
8. **median rhomboid glossitis:** congenital abnormality of the tongue consisting of a reddened, denuded, oval region in the area of the median posterior part of the tongue
9. **sick, shiny/glazed tongue:** Moeller’s glossitis
10. **severe, acute glossitis:** usually is a result of trauma, burns or infection; it can develop rapidly with swelling and pain; it may present a significant danger by blocking the airway; chewing, speaking and swallowing can be so painful as to be impossible to perform
11. **glossodynia/glossopyrosis:** painful, burning tongue, often without lesions visible to explain the pain; this is mostly seen in post-menopausal women

**Signs associated with various nutrient deficiencies:**
1. **biotin:** geographic tongue; lingual papillae atrophy
2. **riboflavin:** soreness and intraoral burning; cheilosis; angular stomatitis; glossitis with magenta tongue
3. **niacin:** intraoral burning; glossitis; tongue swollen, with red tip and sides; swollen, red fungiform papillae; inflamed and atrophied filiform papillae
4. **pyridoxine:** intraoral burning; glossitis; mucosal ulcerations and erosions; cheilosis
5. **folic acid:** gingivitis, glossitis with atrophy or hypertrophy or filiform papillae; cheilosis
6. **cobalamin:** intraoral burning; mucosal erosions and ulcerations painful glossitis with beefy or fiery red, atrophied tongue
7. **vitamin C:** sore and bleeding gums; gums deep blue color; loose teeth; follicular hyperkeratosis
8. **iron:** cheilosis; atrophic glossitis; gingivitis; Candidiasis; intraoral pain or burning; mucosal ulcerations and erosions; pallor
9. **zinc:** marked halitosis; cheilosis; stomatitis; discrete red, scaly plaques from short-lived vesicles; white coating on tongue and mucosa

**Lab Findings:**
1. bloodwork to discern if a nutrient deficiency truly exists; CBC, iron, B-12, folate assays
2. Heidelberg pH capsule gastric analysis: to check for hypochlorhydria causing B-12 or iron deficiency

**Course/Prognosis:**
1. depends on the reason for the glossitis
2. when the main reason is uncovered, the condition may usually be quickly reversed
3. if the lesion is harmless (ie. median rhomboid glossitis) but permanent, the patient should be reassured the condition is totally benign
4. all ulcerated lesions that fail to heal after 1-2 weeks should be biopsied
GLOSSITIS

Differential Diagnosis:
1. determine the cause

Nutrition:
Acute:
1. increase vitamin C foods
2. short alkaline fast
Chronic:
1. vitamin B complex, esp. B-3

Avoid:
1. sour, spicy, salty foods
2. alcohol, coffee, caffeine
3. smoking

Supplements:
1. vitamin B complex
2. vitamin B-2
3. vitamin B-12 (IM 1cc. 3x/week)

Manipulation:
1. check and align C3-5, T6-8 and T10-12

Botanicals:
1. Aconitum napellus (toxic): swollen, dry, red, tingling on dorsum
2. Aloe vera (juice): to soothe
3. Atropa belladonna (toxic): for acute congestion and inflammation
4. Echinacea angustifolia: anti-septic alterative
5. Gelsemium sempervirens (toxic): acute stages; according to indications
6. Pilocarpus jaborandi (toxic): onset of acute condition; hot, full head with bounding pulse
7. Salvia officinalis: as a gargle, mouthwash
8. Symphytum officinale (toxic): as a cool tea to soothe
GOITER

Definition:
Enlargement of the thyroid gland causing a swelling in the front part of the neck

Etiology:
1. is a non-specific indication of thyroid pathology
2. there are many causes for thyroid enlargement:
   a. Grave's disease (hyperthyroidism)
   b. Plummer's disease (toxic multinodular goiter)
   c. toxic adenoma
   d. silent thyroiditis
   e. hypothyroidism
   f. congenital goiter (this can occur with or without hypothyroidism and is classified into types based upon the causative defect: Hashimoto's thyroiditis, subacute thyroiditis (aka. DeQuervain's thyroiditis), euthyroid goiter (aka. Non-toxic nodular goiter, simple/endoic/non-toxic diffuse goiter)

Signs and Symptoms:
1. Grave's disease: (hypothyroidism) See Grave's disease
2. Plummer's disease: this occurs when one nodule of the thyroid hyperfunctions idiopathically; hyperthyroidism does not always occur with the multinodular goiter
3. toxic adenoma: essentially the same as for Plummer's disease
4. silent thyroiditis: recognized by mild to moderate thyroid gland enlargement; lack of tenderness upon palpation
5. hypothyroidism goiter: typically occurs in areas where goiters are endemic from lack of ingested iodine (See euthyroid goiter below) See Hypothyroidism
6. congenital goiter:
   a. Hashimoto's thyroiditis: disease is theorized to be the leading cause of primary hypothyroidism; it is characterized by a painless enlargement of the thyroid that is not tender to palpation; it is much more common in women, esp. between the ages of 30-50; other autoimmune diseases are frequently seen in these patients, such as RA, SLE and Sjogren's syndrome
   b. Subacute thyroiditis: disease is thought to be caused by a virus and not infrequently, there is a history of mumps or UTI; the patient presents with a sore throat/neck pain, fever of 100-101°F and tenderness on throat palpation; the thyroid is enlarged and firm; typically the patient develops hyperthyroidism that usually spontaneously resolves to euthyroidism
   c. Euthyroid goiter: enlargement of the thyroid gland from decreased thyroid hormone production but without the clinical presentation of hypothyroidism; it can be due to lack of dietary iodine (endemic goiter); ingestion of goitrogens and drugs; this type of thyroid enlargement is the most common and is often seen at puberty, during pregnancy, and at menopause

Lab Findings:
1. Grave's disease: see Grave's disease
2. Plummer's disease: increased T3 and T4 and increased RAI uptake only in the hyperfunctioning nodule
3. toxic adenoma: same as Plummer's disease
4. silent thyroiditis: increased ESR, normal WBC indices
5. Hashimoto's thyroiditis: high levels of anti-thyroid antibodies and decreased T4 and RAI uptake
6. Subacute thyroiditis: increased T4, decreased RAI uptake, increased ESR and leukocytosis
7. Euthyroid goiter: usually normal results for RAI uptake, T4 and T3-resin uptake

Course/Prognosis:
1. Grave's disease: see Grave's disease
2. Plummer's disease: this disease is more common in the elderly and is treated with surgery or radioiodine
3. toxic adenoma: essentially the same as for Plummer's disease
4. silent thyroiditis: after a self-limiting hyperthyroid episode lasting weeks to months, the patient returns to being euthyroid
5. hypothyroidism goiter: prognosis good with increased iodine intake
6. congenital goiter: this can occur with or without hypothyroidism and is classified into 4 types based upon the causative defect:
   a. Hashimoto's thyroiditis: conventional treatment consists of lifelong replacement with thyroid hormone
   b. Subacute thyroiditis: conventional treatment is usually not needed
   c. Euthyroid goiter: treatment consist of identifying and removing the cause; conventional treatment may consist of blocking TSH and ten administering full thyroid HRT or surgery if the goiter grows too large

Differential Diagnosis:
1. thyroid cancer
2. cyst
3. other neoplasms
GOITER

Nutrition:
1. foods high in iodine, silicon, phosphorus: kelp, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat’s milk
2. garlic, crab, lobster, dulse, ocean fish, seaweed, pineapple

Supplements:
1. zinc
2. copper (2-3mg QD)
3. KI (<5 drops)
4. protomorphagens: thyroid, pituitary
5. kelp (level tsp. QD)
6. atomidine

Hydrotherapy:
1. ice pack

Manipulation:
1. check and align lower cervicals and T6-8

Botanicals:
1. Alaria esculenta (kelp)
2. Echinacea angustifolia
3. Fucus vesiculosus: simple goiter, exophthalmic goiter
4. Hydrastis canadensis
5. Iris versicolor (toxic): of recent onset
6. Lycopus europaeus: Grave's disease with cardiac involvement; thyrotoxicosis with dyspnea, tachycardia and tremor
7. Phytolacca decandra (toxic): in combination with other remedies
8. Quercus alba: compress from strong decoction
9. Selenicereus grandiflorus (toxic): exophthalmic goiter with feeble heart
10. Strophanthus kombe (toxic): in combination with other remedies

Formulas:
   a. Anemone pulsatilla (toxic), Selenicereus grandiflorus (toxic), Cimicifuga racemosa

Homeopathy:
1. Ammonium carbonicum: 30c BID or Crocus 30c BID; balance endocrine system
2. Adrenalin: exophthalmic goiter with quick pulse, rapid heart action and dyspnea
3. Bromium: when Iodine 1M fails; enlargement with softness; can’t lie on right side because of palpation; patient is light complexion, cheerful
4. Calcarea carbonica: simple goiter in fat person with sweating; use 200c every 4 hours till improvement
5. Ferrum metallicum: after suppression of menses
6. Fucus vesiculosis: mother tincture in drop doses; indigestion, flatulence, constipation
7. Ignatia: pain in goiter in nervous patient
8. Jodine: main remedy, dark, active patient 1M; marked hardness with sense of constriction; both lobes, more swollen and painful at menses; patient thin but eats heartily; soft with heat and rapid pulse; patient depressed, low spirited, suicidal
9. Lachesis: slight tremor with hot flushes; awakes from sleep with palpitation and hot feeling
10. Lykopodium: right side, tense, smooth, shining appearance, with feeling of constriction
11. Natrum muriaticum: early stages; fears being alone at night, in thunderstorms; exophthalmic goiter with emaciation, weakness, trembling, palpitation, thirst, nervous irritability, sleeplessness
12. Spongia tosta: painful; asthma with anemorrhea; pain on swallowing; complexion and glandular enlargement of Bromium and mental anxiety and low vitality of Iodum
13. Thyroidin: 3x or 6x if Iodine or Bromium fails
GOUT

Definition:
Arthritis nodosa or uratica; is an inherited disorder of metabolism causing recurrent acute arthritis of the peripheral joints.

Etiology:
1. a disorder of protein metabolism leading to hyperuricemic body fluids which cause deposition of crystals of monosodium urate in and around the joints and tendons
2. occurs more commonly in men

Signs and Symptoms:
1. acute or chronic arthritis
2. crystalline sodium urate deposition in soft tissues and cartilage; these may produce nodules known as tophi
3. metatarsophalangeal joint of the big toe is the most commonly affected joint
4. x-ray signs include punched-out lesions in subchondral bone

Lab Findings:
1. raised blood uric acid level, can be drug-induced (normal is about < 7-8mg/100ml); aspirin will decrease uric acid levels to normal; often several determinations are necessary to get increased levels
2. only a 1/3 of patients with hyperuricemia have gout
3. increased occurrence of uric acid stones in urine
4. potential proteinuria prior to gout symptoms
5. consider underlying malignancy with uric acid > 10mg%
6. perform 24 hour urine uric acid
7. increased WBCs and ESR during acute phase
8. uric acid crystals in joint effusions

Course/Prognosis:
1. attacks can last from a few days to weeks; symptom free periods exist between attacks
2. early diagnosis is helpful
3. gout can be controlled will and the prognosis is good
4. in advanced cases, secondary renal damage and joint damage is difficult to reverse

Differential Diagnosis:
1. RA
2. ankylosing spondylitis
3. osteoarthritis
4. infection

Nutrition:
1. a short alkaline fast is recommended for 5 days and repeated 1 month later
2. water fast is NOT advised
3. increase fluids
4. low purine diet
5. low fat diet of unsaturated fats
6. high fiber
7. if overweight, reduce weight to normal range
8. calorie percentages: 70% complex carbohydrates, 12-15% protein, 15-18% fat
9. apples, black currants, watercress, kale, strawberries, dandelion greens, potato broth, chicory, cherries, blueberries, raspberries, parsnips, celery, olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples

Avoid:
1. purine rich foods: organ meats, meat, shellfish, herring, anchovies, sardines, lentils, dry peas, dry beans, seafood, asparagus, mushrooms
2. vitamin B-3, ketones
3. refined carbohydrates, saturated fats
4. alcohol, coffee, tea, cocoa, cola drinks

Supplements:
1. vitamin C (3-5g QD)
2. folic acid (10-75mg QD, monitor B-12 levels and watch for toxicity)

Hydrotherapy:
1. hot foot bath
2. wet sheet pack
3. Russian bath

Manipulation:
GOUT

1. check and align T10-L2

Physiotherapy:
1. aerobic exercise: for any type of arthritis
2. stretching exercises for affected joints
3. paraffin bath

Botanicals:
1. Apium graveolens (seed)
2. Aralia racemosa: cleanses, tones
3. Arctium lappa: alterative
4. Calluna vulgaris
5. Chimaphila umbellata: removes metabolic waste
6. Colchicum autumnale (toxic): 3x for acute attacks
7. Daucus carota
8. Eupatorium purpureum
9. Gualiscum officinale: during acute attack or chronic or as a prophylactic
10. Harpagophyllum procumbens
11. Juniperus communis: as a diuretic, chronic gout
12. Mentha pulegium (oil): topically
13. Populus gileadensis
15. Sassafras albidum
16. Smilax sarsaparilla: alterative
17. Taraxacum officinale: alterative
18. Teucrium chamaedrys
19. Trigonella foenum-graecum

Formulas:

a. to cleanse the blood: Taraxacum officinale (root, leaf) [20g], Urtica spp. [20g], Sambucus niger (flowers) [20g], Rhamnus frangula (toxic, bark) [20g], Foeniculum vulgare (fennel seed) [20g]; SIG: 1 tsp. per cup of boiling water, morning and night for 4 weeks, may add carminative for flavoring

Homeopathy:
1. Antimonium crudum: alternating with vomiting
2. Arnica: patient afraid of touch because sore and tender
3. Benzoic acid: severe wandering pains, swollen joints; strong, foul smelling urine
4. Bryonia: joint hot and swollen, < motion, pressure, > moderate pressure and warmth; patient chilly
5. Colchicum: general remedy; aversion to food which smells; abdomen bloated with gas; irritability form pains or odors; < motion, touch, mental effort, > warmth, rest, sitting
6. Ledum: specific if pain travels from down to up; chilly yet pains > cold; irritable, desires to be alone
7. Pulsatilla: shifting pains, esp. at night in warm room and at rest
8. Sabina: alternating with uterine bleeding
9. Urtica urens: thick urine; 5-10 drops TID lowers uric acid in blood
GRIEF

Definition:
A universal human response to loss, separation and/or disappointment. It is called "bereavement reaction" and is the accepted standard of reactive depression.

Etiology:
1. onset of grief usually follows episodes of significant loss and separation (death of a loved one, financial or material setbacks, marital separation or other romantic disappointment and moving from a familiar place either voluntarily or by force)
2. usually the condition does not progress into clinical depression, unless the patient is extremely vulnerable (perhaps with no developed support groups to help process the loss) and the upset is marked
   a. those predisposed of affective disorders are at more risk during the grieving period

Signs and Symptoms:
1. the patient has a positive history of some loss, separation or disappointment
2. presents with insomnia, agitation, autonomic nervous system hyperactivity
3. the eyes may be red and puffy from crying and the patient may sigh often during the interview or may appear withdrawn
4. there may be drooping of tissues and a sad expression on the face
5. vitality will be noticeably decreased
6. the typical progression from onset to acceptance of an emotional upset is:
   a. shock
   b. denial
   c. anger
   d. guilt
   e. grief
   f. acceptance

Lab Findings:
1. in severe and unrelenting grief, lab values may show some decrease in immune status

Course/Prognosis:
1. classically, after a significant loss, it is considered that working through the emotions around it normally last up to 2 years
2. if longer or if the patient seems unable to function as they did before the grief (often constantly dwelling on the past), then clinical depression may be suspected

Differential Diagnosis:
1. depression

Nutrition:
1. vitamin A rich foods

Avoid:
1. raw, cold foods in winter
2. fatty, rich and/or salty foods
3. processed foods
4. sugar and sweets
5. coffee caffeine

Supplements:
1. vitamin B complex
2. vitamin B-3 (500mg QD)
3. vitamin B-6 (100mg QD)
4. vitamin B-12 (IM)

Hydrotherapy:
1. neutral bath

Botanicals:
1. Anemone pulsatilla (toxic): nervousness, despondency, sadness, depression, tendency to weep
2. Delphinium
3. Staphysagria (toxic)
4. Strychnos ignatia (toxic): melancholic, hysterical, disposition to grieve
**GRIEF**

**Homeopathy:**

1. **Coccules indicus:** time passes too quickly, profound sadness
2. **Cimicifuga:** thinks going crazy; fear of death; sensation of heavy clouds setting over her; all dark and confused; with weight on head; talkative, goes form subject to subject; grieved, troubled; sighing; next day joy; mid disturbed by disappointed love
3. **Ignatia:** sighing, silent grief, unable to control emotions and excitement; effects from long, continued grief; bad news; unhappy love; misplaced affections; change of mood; everything you say will be distorted; remedy for contradictions; canon stand contradiction or fault-finding; over sensitive to pain
4. **Natrum muriaticum:** depressed esp. in chronic disease < consolation; wants to be alone to cry
5. **Phosphoric acid:** listless, apathetic, despair, ill effects from grief
6. **Pulsatilla:** mild, gentle, tearful; very irritable, bursts into tears when spoken to or giving facts; changeable mentally and physically; vexed about nothing; may have aversion to marriage
HALITOSIS

**Definition:**
Unpleasant odor to the breathe which may be produced from ingested or inhaled substances that are excreted in part by the lungs.

**Etiology:**
1. gingival or dental disease
2. fermentation of food particles in the mouth
3. association with systemic disease (ie. hepatic encephalopathy, diabetic acidosis, infectious or neoplastic disease of the respiratory tract)
4. foul eructation may occur with gastric retention or gastric and esophageal tumor
5. GI disorders do not generally cause halitosis
6. it is a fallacy that breath odor reflects the state of digestion and bowel function
7. **psychogenic halitosis:** an individual's complaint of bad breath, possibly based on psychologic factors that others do not perceive
   a. may occur during an anxiety state (ie. a teenager's first date)
   b. may be reported by the hypochondriacal patient who commonly amplifies normal body sensations
   c. may reflect serious thinking disorders
   d. obsessional patient may have a pervading sense of uncleanliness or the paranoid person may have the delusion that his organs are rooting

**Signs and Symptoms:**
1. bad breath
2. patient may not be aware of bad breath but others are

**Course/Prognosis:**
1. remove cause (ie. stress)
2. extensive diagnostic evaluation should not be undertaken unless history and PE suggest an underlying disease
3. psychiatric consultation may be required in psychogenic halitosis

**Nutrition:**
1. detoxification diet

**Supplements:**
1. pancreatic enzymes
2. HCl
3. chlorophyll tablets
HANGOVER
Also see Addiction (withdrawal)

Definition:
Lay term referring to the metabolic sequelae of excessive alcohol consumption

Etiology:
1. hangover are associated mainly with an acute episode of alcohol overuse, normally experienced the morning after an evening bout but occasionally experience a few hours after daytime intoxication
2. physiologically, the hangover may be associated with dehydration, metabolic irregularities, liver compromise or the effects of the many congeners present as constituents of drinks
3. it is most likely to be a synergistic phenomenon

Signs and Symptoms:
1. h/a
2. irritability
3. dry mouth, thirst
4. malaise, sluggishness, fatigue
5. muscle aches
6. slight dizziness
7. mental depression
8. anorexia
9. nausea
10. tremor (more severe cases)

Course/Prognosis:
1. course is usually benign
2. the disorder is typically self-limiting within hours
3. proper hydration is essential but other treatment is generally considered unnecessary, though it may be beneficial
4. there are innumerable folk remedies to “cure a hangover”
   a. the best treatment is prevention
5. hepatic decompensation may take place after extreme intoxication, causing alcoholic hepatitis

Differential Diagnosis:
1. history is usually diagnostic
2. rule out other conditions, like infections, if the presenting symptoms are esp. severe or persistent

Nutrition:
1. bamboo shoots, cooling foods, diakon radish, spinach, banana, grapefruit, mulberries, pear, persimmons, strawberries, mandarin orange, black soybeans, dandelion, burdock, chlorophyll, artichokes, garlic, onions
2. increase zinc, magnesium and vitamin B-1 and B-6 rich foods

Remedies:
   a. slice and eat 500-1000g of watermelon OR take 60g of skin, steam in water and serve
   b. eat 90-150g fresh strawberries
   c. take 2 fresh mandarin oranges, squeeze the juice and discard the skin; add 1 cup of boiling water, mix and drink
   d. eat 60g of banana skin, boiled in water until cooked
   e. eat or drink fresh tangerines or juice

Avoid:
1. cinnamon and other heating foods, spicy foods
2. sweets and sugar foods
3. high fat diet, fried foods
4. coffee (long term)

Supplements:
1. vitamin B-12 (500mg)
2. prevention: antioxidants and drink a lot of water

Hydrotherapy:
1. cold compress to forehead

Manipulation:
1. check and align T10-12

Botanicals:
HANGOVER
Also see Addiction (withdrawal)

1. Coffea arabica: stimulant, h/a
2. Camphora: dizziness, nausea, vomiting, h/a
3. Capsicum frutescens
4. Sterculia acuminata: as a substitute for alcohol
5. Strychnos nux vomica (toxic): dyspepsia, nausea, vomiting, tremor
See Addiction (withdrawal)

Homeopathy:
1. Antimonium crudum: nausea, stomach is very weak, tongue is furred
2. Calcarea cabonica: very weak, h/a < from mental exertion, speaking, stooping, reading or writing
3. Carbo vegetabilis: nausea, pale, thin stools, unwell, heavy and stupid; h/a > cool fresh air
4. Coffea: excited, irritated, trembling with nervousness; h/a which was not > after trying Nux vomica
5. Nux vomica: throbbing h/a in temples < open air; as if a nail being driven into head < walking, stooping, moving, vomiting and retching; constipation
**Definition:**
The acute seasonal form of allergic rhinitis, recognized by sneezing, nasal d/c, nasal obstruction, itching/tearing eyes and pruritis.

**Etiology:**
1. not necessarily related to hay and is not associated with a fever
2. the term is used to describe the seasonal suffering of patients who are allergic to pollens (trees, weeds, grasses)
3. different plants pollinate at different times of the year, creating spring, summer and fall sensitivities; geographical location will often dictate when the patient will develop symptoms, b the type of foliage present there
4. often, the afflicted patient is of an atopic family history; that is one of an allergic disposition, where hay fever, eczema, asthma or urticaria is commonly seen
5. food sensitivities should be considered as a causal or contributing factor with chronic hayfever
6. symptoms generally begin before the patient is 30 years old and although they tend to diminish as the patient ages, it is uncommon for the patient to have a total remission

**Signs and Symptoms:**
1. itchiness: eyes, nose, roof of the mouth, throat
2. lacrimation: may or may not excoriate
3. sneezing: may occur in paroxysms
4. nasal d/c: typically is clear and watery
5. nasal mucosa: swollen, gray/pale, boggy
6. conjunctiva: injected (conjunctivitis may occur)
7. nasal obstruction: may necessitate mouth – breathing
8. possible development of nasal polyps
9. < outside, mowing lawn or around flowers and trees
10. h/a, irritability, depression
11. in worse disease: coughing and/or asthma may develop

**Lab Findings:**
1. (+) eosinophilia
2. (+) allergy testing for seasonal allergies

**Course/Prognosis:**
1. course is benign but recurrent seasonally causing much morbidity and discomfort
2. chronically suppressing the condition with anti-histamines can drive the allergy deeper into the system, resulting in asthma or other problems
3. conventional treatment consists of anti-histamines and allergy shots

**Differential Diagnosis:**
1. other types of rhinitis
2. sinus infections
3. environmental toxicity

**Nutrition:**
1. moderately low fat
2. low sugar
3. high complex carbohydrates
4. protein 12-15%, decreasing foods high in arachidonic adic (red meat and dairy products)
5. vegan cleansing diet or alkaline juice fasts (3-7 days), followed by a vegetarian diet with emphasis on alkaline forming foods
6. hypoallergenic/rotation diet
7. foods high in flavonoids and carotenoids: dark green leafy, deep yellow and orange vegetables
8. increase silicon foods
9. garlic, nettles, ginger, onion, bamboo shoots, cabbage, beet tops, beets, carrots, leafy vegetables, yams

**Avoid:**
1. food intolerances
2. esp. milk, chocolate, wheat, cheese, bananas, peanuts, citrus
3. food colorings (tartrazine)

**Supplements:**
1. vitamin A (50,000 IU QD)
2. vitamin B complex
3. vitamin B-5 (1-2g QD)
4. vitamin B-6 (100mg TID)
5. vitamin C (to bowel tolerance)
6. vitamin E
HAYFEVER

7. zinc (30mg QD)
8. bioflavonoids (2g TID)

Hydrotherapy:
1. steam inhalation

Manipulation:
1. check and align C4, C7, T1

Physiotherapy:
1. nasal irrigation

Botanicals:
1. Alnus serrulata
2. Aralia racemosa: relieves respiratory complaints
3. Asclepias tuberosa (toxic): inflammation
4. Ephedra vulgaris: allergic symptoms, may be used with Echinacea spp. and Gnaphalium uliginosum
5. Euphrasia officinalis: astringent in catarrhal conditions
6. Grindelia robusta
7. Sticta pulmonaria: hayfever with d/d of hot, irritating, watery mucus which becomes thick, bloody, greenish or yellow, severe h/a, sneezing
8. Urtica dioica, urens: allergic reactions
9. Veratrum viride (toxic): spasmodic cases of “hay asthma”
10. Verbascum thapsus: demulcent

Formulas:
a. helps correct the condition: Cimicifuga racemosa, Cnicus benedictus
   b. Scutellaria lateriflora, Asclepias tuberosa (toxic), Nepeta cateria, Capsicum frutescens
   c. Verbascum thapsus, Grindelia robusta
   d. tinctures of Urtica spp. [5 dr], Glycyrrhiza glabra [3 dr]; SIG: 30-60 drops BID before meals, 5 days weekly, preferably one month before symptoms usually begin and during any symptoms

Homeopathy:
1. Allium cepa: copious, watery d/c from nose, as if nose runs like a faucet; eyes watery but bland; lot of sneezing; < warm room, evening, light; > cool room
2. Ambrosia: itching eyes; sneezing; real dulness of mind
3. Arsenicum album: nose and eyes d/c exorating; often get asthma with hayfever; great irritation and cough
4. Carbo vegetabilis: asthma < lying down, night, eating; gas; burping; watery d/c from nose going to chest; plugged up nose, difficulty breathing; wants lots of fresh air
5. Euphrasia: irritated conjunctiva; nose d/c bland and eyes acrid, looks like conjunctivitis; margin eyes swollen; burning and hot sensation; > warm application
6. Nux vomica: stuffed up, cannot breathe but drips all over; h/a; irritability; eyes more dry; keep sense of smell
7. Sabadilla: nose plugged up < cold air; d/c thin and watery; thickens up then more and more stuffed up; lot of itching on face, eyes, mouth, palette; hysterical reaction; exaggeration of symptoms; sensitive to cold air; eyes < cold air
8. Sinapis nigra: mucous membranes dry and hot, burning; if cough > lying down, < warm room; < 4-6 pm
HEADACHE (Non-vascular)

Also see Eye strain

**Definition:**
Headache without a vascular cause

**Etiology:**
1. most commonly diagnosed condition in the US; 70% of these are caused by muscle tension
2. causes include:
   a. suboccipital muscle spasms from injury (whiplash)
   b. postural strain (ie. computers screen angled incorrectly therefore forcing the patient to hold the head at a strenuous angle)
   c. too large a pillow forcing flexion of the neck during rest

**Signs and Symptoms:**
1. most commonly arising from tension in the suboccipital musculature
2. do not throb but are felt as a constant dull ache in various areas of the head and neck
3. area of pain are varied because they are often referred pain zones from trigger points in neck and skull muscles

**Course/Prognosis:**
1. usually gradual onset but tend to persist in cyclical patterns of tension and relaxation
2. in time patterns will be held in tension as somatic dysfunction leads to segmental malposition

**Differential Diagnosis:**
1. TMJ syndrome
2. eye strain
3. vascular h/a
4. determine psychogenic causes

**Nutrition:**
1. h/a due to common cold or influenza: short fasts are recommended to rid the body of toxins (5-7 day fast) (see influenza)
2. chrysanthemum flowers, mint, green onions, ginger, oyster shells, buckwheat, pearl barley, carrots, prunes, celery
3. lemon juice and ½ Tbsp. Baking soda mixed in glass of water and drink
4. h/a is in left side: squirt carrot juice into left nostril
5. h/a is in right side: squirt carrot juice into right nostril
6. h/a both sides: squirt carrot juice into both nostrils
7. 2 pm h/a or evening h/a: increase potassium foods
8. Blood deficient h/a: honey in water in morning before eating

**Avoid:**
1. stimulating foods, spicy foods
2. alcohol, coffee, caffeine
3. chocolate
4. fried foods

**Supplements:**
1. vitamin B complex
2. vitamin B-3 (500mg QD)
3. vitamin B-6 (100mg QD)
4. vitamin C (1g QD)
5. vitamin E (800 IU QD)
6. calcium
7. magnesium (800mg QD)

**Hydrotherapy:**
1. neutral bath daily
2. Russian steam bath or any bath that causes sweating
3. enema
4. hot leg bath (like hot foot bath)
5. constitutional hydrotherapy

**Manipulation:**
1. check and align
   a. frontal h/a: occiput-C5
   b. vertex h/a: T5, T6
   c. top of head: C1
   d. occiput: C2
   e. occiput and back of neck: C2, C3
   f. sinus h/a: C1, C2
HEADACHE (Non-vascular)
Also see Eye strain

- **g.** PMS h/a: C6-T3, T12-L3
- **h.** h/a behind the eyes or alternating side to side: C6-T3
- **i.** caution: atlas adjustment will make "chemical h/a" worse

**Physiotherapy:**
1. massage head and neck
2. vibratory therapy to occiput
3. TENS

**Botanicals:**
1. *Anemone pulsatilla* (toxic): with weakness, nervousness, irritability, depression; a concomitant with nasal catarrh, gastric upset, suppressed menses
2. *Betonica officinalis*: h/a in neurasthenia
3. *Bryonia alba* (toxic): frontal to occiput; sharp pain; tender form pressure; wiry pulse
4. *Chelidonium majus* (toxic, fresh plant): with impaired hepatic function; full, pale tongue and sallow skin, frontal and occipital aching
5. *Humulus lupulus*: restlessness associated with nervous tension h/a and indigestion
6. *Hyoscyamus niger* (toxic): nervous h/a
7. *Hypericum perforatum*: neuralgia, depressive states
8. *Lavandula officinalis*
9. *Melilotus officinalis*: idiopathic; neuralgic
10. *Nepeta cataria*: sedative
11. *Passiflora incarnata*: nervine
12. *Piscidia erythrina* (toxic): pain
13. *Sanguinaria canadensis* (toxic): "sick h/a" with poor circulation, cold extremities, liver congestion
14. *Scutellaria lateriflora*: nervine
15. *Strychnos ignatia* (toxic): congestive neuralgia with facial and ocular twitching
16. *Valeriana spp.*
17. *Veronicastrum virginicum*: with constipation, depression, cold extremities

Consider: laxatives
See: Constipation

**Formulas:**
- nervous h/a: *Betonica officinalis, Scutellaria lateriflora*

**Homeopathy:**

- Reporitize, too many rubrics
HEADACHE (Vascular)

**Definition:**
Headache from vascular disturbance

**Etiology:**

**Migraine:**
1. periodic throbbing h/a
2. prodrome seems to be due to a vasoconstriction of the cerebral blood vessels (or vessels leading into the brain), while the h/a itself seems to be due to a vasodilation of the blood vessels with subsequent congestion of tissues
3. seen more often in women and is thought to affect up to 20-30% of the population
4. usually begins between the ages of 10-30 and remissions commonly occur after age 50 suggesting hormonal cause
5. definite familial component

**Hypertension:**
1. h/a is typically throbbing and located in the occiput or vertex
2. it is paroxysmal
3. history of renal or CVD

**Cluster (histamine h/a):**
1. much more frequent in men
2. associated histaminic symptoms

**Miscellaneous:**
1. toxic states, infections, alcoholism, uremia, lead, arsenic, morphine, carbon monoxide, poisoning, encephalitides
2. h/a is moderate in intensity
3. there is a history of exposure to a toxin or other signs and symptoms that would point to a associated microorganism

**Signs and Symptoms:**

**Migraine:**
1. unilateral or bilateral; often located about or behind an eye spreading to one or both sides of the head
2. frequently there is nausea and vomiting and a desire for darkness and quiet
3. h/a lasts from hours to 1-3 days
4. classic type has a prodrome of various symptoms:
   a. scintillating scotomas
   b. mood swings
   c. dizziness and tinnitus
   d. dazzling zigzags
   e. perhaps feeling of impending doom
5. physical and neurological findings between attacks are unremarkable; during attacks there may be transient neurological signs

**Hypertension:**
1. h/a is typically throbbing and located in the occiput or vertex
2. it is paroxysmal
3. history of renal or cardiac disease (such as hypertension)
4. physical exam will reveal hypertension with retinopathy, edema and cardiac findings
5. generally, the hypertensive h/a is associated with advanced hypertensive disease or attacks of potentially serious hypertension

**Cluster:**
1. h/a is paroxysmal
2. often wake the patient at night
3. abrupt onset of severe pain; lasts 1-2 hours
4. occur typically in clusters of days to weeks and then are not experienced again for months or years
5. unilateral with associated histaminic symptoms: lacrimation, plugged nose, ptosis, cheek flushed and edemic
6. remissions may occur lasting for years or permanently
7. physical exam shows facial vasodilation; pupillary constriction; injected conjunctiva; tenderness to palpation of external and common carotid arteries

**Miscellaneous:**
1. there is a history of exposure to a toxin or other signs and symptoms that would point to a associated microorganism

**Lab Findings:**

**Migraine:**
1. rule out organic disease
2. skull x-ray
3. brain scan
4. EEG
HEADACHE (Vascular)

Hypertension:
1. blood chemistries
2. renal studies

Cluster:
1. blood studies
2. urine studies

Miscellaneous:
1. specific to the causative agent
2. lumbar puncture
3. blood chemistries
4. urine studies

Course/Prognosis:
Migraine and Cluster:
1. chronic conditions that recur and are not cured by conventional treatment
2. although they are both benign, the pains can be debilitating and cause much morbidity
3. conventional treatment usually involves ergotamine prophylaxis and narcotic analgesics

Hypertension:
1. is correctable by controlling the patient’s hypertension
2. if uncontrolled hypertension, then serious hypertension sequelae may occur (ie. stroke)

Miscellaneous:
1. toxic h/a: is treated by dealing with the toxic exposure and ridding the body of the substance

Prognosis for migraine h/a is favorable if thorough assessment and avoidance of triggers, along with biochemical/metabolic therapy is undertaken

Differential Diagnosis:
1. non-vascular h/a
2. brain tumor
3. hemangioma
4. carotid aneurysm
5. Meniere’s disease
6. seizure disease

Nutrition:
1. short fast are recommended to rid the body of toxins (5-7 day fast
2. hypoallergenic/rotation diet
See: Headache (non-vascular)

Avoid:
1. food intolerances
2. stimulating foods, spicy foods
3. alcohol, coffee, caffeine
4. chocolate
5. fried foods

Supplements:
1. vitamin B complex (IM every 2-10 days)
2. vitamin B-3 (500mg at onset)
3. magnesium (400-800mg QD)
4. quercetin (500mg QD)
5. choline (cluster h/a)
6. omega-3 FAs (migraine h/a)
7. omega-6 FAs

Hydrotherapy:
1. cold wet packs: to head, forehead and back of neck
2. rub finger tips on head after dipping in ice water
3. hot foot bath: with apple cider vinegar and peppermint
4. severe h/a: alternate hot and cold fomentation(s) to head and face
5. hot sitz bath
6. alternating sitz bath
7. ice pack to head
8. constitutional hydrotherapy

Manipulation:
1. check and align cervicals
HEADACHE (Vascular)

2. **occiput pain:** C1, C2
3. **forehead pain:** C2, C3
4. **thyroid stimulation:** C6-T3
5. **jaw/TMJ:** check 2nd molar area, also malocclusion, dental referral
6. **PMS association:** check for pelvic “congestion” and/or retroflexed uterus

**Physiotherapy:**
1. relaxation breathing
2. decrease frequency of migraines by regular aerobic exercise
3. spondylotherapy: sine or concussion to C7
4. interferential: 90-100 Hz, 10-15 min.
5. diathermy
6. US (to cervicals)
7. vibratory therapy
8. TENS

**Botanicals:**
1. **Feverfew:** use in relief of migraines

**Homeopathy:**

Reporitize, there are too many rubrics
HEARING LOSS

Definition:
Subjective sensation or objective measurement of hearing impairment of varying degrees

Etiology:
1. varied
2. diagnosis of hearing loss is generally separated into the categories of conductive (auditory canal or middle ear) versus sensorineural (8th cranial nerve)

Signs and Symptoms:
1. loss of sensation of air conducted sound
2. loss of sensation of bone conducted sound

Course/Prognosis:
1. hearing loss is generally thought of in terms of chronic states; acute infections for instance are treated by treating the underlying cause; chronic hearing loss is usually gradual unless it is the sequelae of an acute episode or trauma

Differential Diagnosis:
1. 8th cranial nerve lesion
2. cochlear lesion
3. blockage of auditory canal
4. purulent labyrinthitis
5. noise-induced hearing loss
6. presbycusis
7. acoustic neuroma
8. Meniere's disease

Supplements:
1. vitamin A
2. vitamin B complex
3. vitamin B-3 (1g QD)
4. vitamin C
5. vitamin E (800 IU QD)

Manipulation:
1. check and align upper cervical

Botanicals:
1. Bryonia alba (toxic): partial deafness from cold, from scarlet fever with swollen glands
2. Eleutherococcus senticosus
3. Gingko biloba (standardized extract): increases cerebral circulation
4. Hydrastis canadensis: deafness due to catarrh
5. Hypericum perforatum: helps nerve regeneration
6. Pilocarpus jaborandi (toxic): nervous deafness, deafness following scarlet fever and diphtheria
7. Sambucus nigra: deafness due to chronic nasal catarrh
8. Strychnos ignatia (toxic): impaired hearing depending on general atonic condition
9. Verbascum thapsus: oil, externally; for progressive idiopathic cases, uncomplicated cases
See: Tinnitus (for hearing loss due to noise in the ears)

Homeopathy:
1. Borax: chronic suppurative otitis media, when antibiotics have not been completely successful; very sensitive to slightest noise
2. Calendula: deafness < damp surroundings; hearing best riding a train and distant sounds
3. Causticum: with tinnitus and reverberation of the voice; ringing, roaring, pulsating; words and steps re-echo
4. China officinalis: elderly, debilitated persons with deafness and much tinnitus
5. Chinimum sulphuricum: roaring or buzzing in ears
6. Chenopodium: progressive hearing loss, difficulties to hear human voice, esp. low sounds, but very sensitive to noise in the street; often vertigo; “canon shot” noise
7. Graphites: hardness of hearing, hearing > in noise, riding in car; hissing in ears
8. Hydrastis canadensis: deafness; Eustachian catarrh, with high pitched voice
9. Kali muriaticum: Eustachian catarrhal obstruction; chronic catarrhal conditions of the middle ear; snapping and noises in the ear
10. Lycopodium: with d/c from the ears, eczema of outer ear, humming and roaring with hardness of hearing
11. Mercurius solubilis: with “glue ear” < warmth of bed
12. Nitric acid: hearing > noisy surroundings or riding in car or train
13. Pulsatilla: catarrhal deafness > open air; hearing difficult as if ear was stuffed; decrease acuteness of hearing
14. Silica: catarrhal deafness with sinusitis as well; roaring in ears
HEATSTROKE

Definition:
A grave reaction to high temperature following inadequate response or overload of the heat-regulating mechanism, aka. "sunstroke", "hyperpyrexia" and "thermic fever"

Etiology:
1. most commonly seen in elderly patients already afflicted with chronic disease; other susceptible individuals include: diabetics, alcoholics, users of anticholinergic drugs, military recruits during basic training and patients with diseases of the skin causing impaired sweating (i.e. scleroderma)
2. heatstroke's mechanism is not well understood

Signs and Symptoms:
1. onset abrupt
2. prodromal symptoms: vertigo, fatigue, abdominal distress, confusion and h/a
3. absence of perspiration (usually)
4. skin is hot, dry and flushed
5. pulse increases: up to 160-180 bpm
6. temperature: 105-106°F rectally; core temperature have been recorded reaching 112-113°F
7. respiration is rapid and weak
8. patient feels as if he is "burning up"
9. circulatory collapse and shock are grave indicators

Lab Findings:
1. AST: increased usually 20x normal by 36 hours
2. ALT: increased 10x normal
3. LDH: increased by 3rd day to 5x normal
4. serum potassium may be increased or decreased
5. signs of kidney damage: mild proteinuria to acute oliguria
6. DIC is seen in severe cases
7. EKG: may appear abnormal

Course/Prognosis:
1. heatstroke is a serious MEDICAL EMERGENCY and patients may die within a few hours of being discovered or from complications such as acute renal failure
2. if the hyperpyrexia lasted for hours and the patient survived, brain damage may have occurred
3. patients may also die weeks after the episode, often of myocardial infarction, heart failure or kidney failure
4. prognosis improves with early treatment

Differential Diagnosis:
1. heat exhaustion
2. malaria
3. meningitis
4. encephalitis

Nutrition:
1. water fast or alkaline fast for 24 hours
2. watermelon
3. foods that are cooling, cold and clear Heat and replace fluids
   a. to clear Heat: juice some garlic and apply a few drops of the juice just inside the nostrils; this will hurt but will clear heatstroke
   b. to clear Heat and replace fluids: juice 3 oz. french beans and mix with warm water, drink BID
4. blend and drink 5 oz. fresh pineapple, BID
5. take equal quantities of lotus root, mung beans, winter melon and kelp, add water and boil into a soup, add salt to taste and serve
6. boil 4 oz. mung beans in 1 pint water until reduced by half, eat and drink
7. crack open a fresh coconut and drink the juice, BID

Hydrotherapy:
1. ice bag: to head and neck
2. cold mitten friction
3. cold water: pour over person while another person rubs vigorously, esp. the spine

Homeopathy:
1. Aconitum napellus: patient dull, stupid, < sitting up, anxiety and fear of death; burning dry skin; increased thirst
2. Amyl nitrite: congestive stage of sunstroke, longing for fresh air
3. Belladonna: h/a with face flushed, hot, drowsiness, loss of consciousness; perspiration on covered parts; first stage of sunstroke; angry and fearful; < stooping, moving, emotion
4. **Gelsemium**: giddiness on trying to move, band like pain, pain in occiput depressed from the hear and not the immediate effects of sun; vertigo; dilated pupils; dim sight; no thirst; no appetite
5. **Glonoinum**: severe h/a with pale face; fixed eyes, white tongue, full round pulse, labored respiration, cerebral vomiting an sinking at the pit of the stomach; high temperature; loss of consciousness after vertigo; nausea; h/a; great prostration
6. **Lachesis**: dizzy and faint; chronic sequelae; talkative delirium; h/a over eyes and occiput
7. **Natrum carbonicum**: sequelae of sun heat; inability to think; stupefied
8. **Natrum muriaticum**: chronic effects with h/a returning in hot weather; debility in the sun; dizziness and fainting
9. **Opium**: coma with unconsciousness; eyes glassy and half closed; tetanic rigidity; sight obstructed
10. **Silica**: heat causes nausea and gastric ailments; feels intoxicated; brain feels shaken when stepping firmly
11. **Theridion**: 1st and 2nd degree sunstroke; h/a with nausea and vomiting
HEMATOCELE

Definition: An accumulation of blood within the tunica vaginalis of the scrotum.

Etiology:
1. typically a hematocele is 2nd to genital trauma

Signs and Symptoms:
1. swollen scrotum that does not transilluminate
2. pain can be present
3. can palpate normal cord structures above the mass

Course/Prognosis:
1. if the hematocele does not spontaneously resorb into the tissues then surgery is normally performed

Differential Diagnosis:
1. hydrocele
2. tumor
3. hernia

Nutrition:
1. sour foods
2. vitamin C and E rich foods
3. squash seeds, almonds, sesame seeds, tahini, kelp

Avoid:
1. coffee, caffeine

Supplements:
1. vitamin C
2. vitamin E (800 IU QD)
3. bromelain (500mg QID)
4. flaxseed oil (3 Tbsp. QD)

Hydrotherapy:
1. hot pack: to hip and legs for 10-20 min. repeat every 2-3 hours, ice bag over hematocele during intervals
2. alternating compresses: after 24 hours: hot 4-5 min., cold 20-40 sec.
3. enema: hot water

Botanicals:
1. Arnica montana (toxic): diluted, locally, internally, used to prevent blood extravasation

Consider: increasing the integrity of the vascular system:
   Calendula officinalis, Crataegus spp., Fagopyrum esculentum, Ginkgo biloba, Ruta graveolens (toxic), Vaccinium spp.

Homeopathy:
1. Aurum metallicum: pain and swelling; chronic induration
2. Conium maculatum: after bruises and injuries of glands; impotency with great sexual desire; emissions without dreams; painful ejaculation
3. Hamamelis: bruised soreness of parts; "Aconitum of the venous capillary system" > warm, humid air
4. Oxalic acid: testicles contused and heavy; terrible neuralgic pains
5. Oxytropis: no desire or ability; pain, radiating down thighs
6. Ruta: bruised sensation; from injuries > walking < lying, cold wet weather
HEMOPHILIA

**Definition:**
Bleeding disorder due to hereditary clotting factor deficiencies

**Etiology:**
1. **Hemophilia A:** factor VIII deficiency  
   a. affects about 80% of hemophiliacs  
2. **Hemophilia B:** factor IX deficiency  
3. both A and B have identical clinical manifestations, screening test abnormalities and sex-linked (X chromosome) genetic transmission  
4. males are affected almost exclusively  
5. daughters of hemophiliacs will be obligatory carriers  
6. specific factor assays are required to distinguish the two

**Signs and Symptoms:**  
1. severe bleeding episodes throughout lifetime (even with a factor VIII or IX level < 1%)  
   a. first episode usually occur before age 18 months  
   b. mild trauma can result in extensive tissue hemorrhages and hemarthroses, which, if improperly managed, can result in crippling musculoskeletal deformities

**Nutrition:**  
1. peanuts, sprouted alfalfa, green vegetable

**Supplement:**  
1. vitamin K
HEMORRHOIDS

**Definition:**
Varicosities of the internal and/or external hemorrhoidal plexuses

**Etiology:**
1. occur in the right anterior, right posterior and left posterolateral positions
2. internal hemorrhoids are found just above the anal canal, while external hemorrhoids are located beneath the anoderm of external skin
3. if a patient presents with external hemorrhoids, there is a good probability that he/she also has internal hemorrhoids
4. the hemorrhoidal plexus drain into the valveless portal venous circulation so factors that increase the hydrostatic pressure of the portal veins can initiate the development of hemorrhoids, factors include:
   a. heredity
   b. pregnancy
   c. sedentary lifestyle
   d. straining at stool; chronic constipation
   e. standing for long periods of time
   f. sitting on hard, cold surfaces
   g. liver stagnancy or disease (cirrhosis)
   h. benign prostatic hypertrophy (BPH)
   i. anal intercourse

**Signs and Symptoms:**
1. bright red blood on the toilet paper or in the toilet bowl
2. prolapse may occur but usually reduces spontaneously; may be associated with edema and spasm of the sphincter; may become chronic and need manual reduction
3. pain: seen only with external hemorrhoids, particularly if they suddenly increase in size
4. mucus d/c may be associated with itching

**Lab Findings:**
1. visual exam will detect the external hemorrhoids
2. anoscopy will detect the internal hemorrhoids
3. proctoscopy or barium enema might be done to rule out other pathology
4. Hgb and Hct to check for anemia

**Course/Prognosis:**
1. recurrences are common unless the predisposing conditions are altered
2. external hemorrhoids tend to regress when internal hemorrhoids are treated
3. internal hemorrhoids may be treated with stool softeners, sitz baths, increased fluid intake, etc.
4. the most effective treatment presently available are Galvanic (Keesey treatment) and infra-red cauterization
   a. both are non-surgical outpatient procedures with high success rates and few complications
5. severe thrombosed external hemorrhoids may require surgical incision and clot removal

**Differential Diagnosis:**
1. other GI or proctologic conditions causing pain and/or bleeding (ie. tumor, hematoma, anal fissure, etc)

**Nutrition:**
1. increase fluids
2. calorie percentages: 70% complex carbohydrates, 12-15% protein, 15-18% fat and high fiber
3. increase cellulose and hemi-cellulose foods in diet (fiber)
4. cranberries, blueberries, blackberries, cherries, black fungus, water chestnut, buckwheat, tangerines, figs, plums, fish, prunes, guavas, bamboo shoots, mung beans, winter melon, black sesame seeds, persimmons, bananas, squash, cucumbers, tofu
5. Cooling foods, lubricating foods, Qi tonifying foods
6. fresh juices:
   a. carrot
   b. carrot and spinach
   c. carrot, spinach, turnip and watercress
   d. carrot, celery, spinach and parsley

**Remedies:**
1. narrow, raw potato slice inserted in anus
2. ¼ cup flaxseed tea strained and inserted in anus as a retention enema at bedtime
3. eat black fungus with rice every morning for breakfast on empty stomach for 1 month
4. roast and grind black sesame seeds and eat with honey and water every night before bed
5. steam or soak figs, add honey and steam again several times until soggy and eat every day
6. take 2 halves ripe bananas, including the skin and steam with water in a covered pot, mash and eat BID
7. take 90g of skinned water chestnuts and eat BID
HEMORRHOIDS

h. cover 1kg fresh or 0.5kg dried crushed pumpkin seeds with water and simmer, wash affected area BID-TID for 5-7 days
i. take 6g of charcoal made from chestnut shells, grind into powder, add 30g candied honey, thin with a little boiling water and serve
j. simmer Swiss chard until water has thickened and use to wash affected parts, squat over the steaming liquid

Avoid:
1. spicy, fried, fatty, rich and/or salty foods, stimulating foods
2. lack of exercise, sitting and standing for too long
3. meat, hot sauces, sugar and sweet foods
4. alcohol, coffee
5. smoking

Supplements:
1. vitamin A (25,000 IU QD)
2. vitamin C (2-3g QD)
3. vitamin E (400 IU QD)
4. bioflavonoids (3g QD)
5. flaxseed oil (2 Tbsp. QD)

Hydrotherapy:
1. constitutional hydrotherapy
2. hot sitz bath (painful)
3. alternating sitz bath
4. Scotch douche: to legs and feet
5. hot bath: feet and legs
6. enema: cold water

Manipulation:
1. check and align coccyx, sacrum, S1, L1-2
2. Chapman’s reflex: check and treat just superior to ischial tuberosity, then check and treat sacrum close to ilium at lower end of SI joint

Physiotherapy:
1. aerobic exercise to prevent
2. relax tight anal sphincter
3. massage: over sacrum with circular strokes
4. Qi gong
5. electrical and oscillating:
   a. Keesey treatment: along with infra-red, the best available treatment for hemorrhoids
   b. Infra-red: specialist equipment cauterizes internal hemorrhoids of lesser grades
   c. Galvanism: cover a wooden chair with dry folded towel then cover (+) electrode with moist compress; patient sits directly on moist compress, put electrode on back or leg 5 min. at 5-15mA

Botanicals:
1. Aesculus glabra, hippocastanum (toxic): sense of fullness in the rectum due to faulty rectal circulation, dryness, sense of stricture
2. Aloe vera: externally
3. Althea officinalis: demulcent, topically
4. Anemone pulsatilla (toxic): with nervousness and venous congestion
5. Arnica montana (toxic): acute inflammation as a cool compress, decongests
6. Calendula officinalis: topically as cream for itch
7. Capsella bursa-pastoris: bleeding and diarrhea
8. Cnicus benedictus:
9. Cassia angustifolia (toxic): acute hemorrhoids; to ease liver and gallbladder function, small doses every 3 hours
10. Ceanothus americanus: internally with bleeding
11. Chamomilla spp.: acute inflammation, as a cool compress, decongests
12. Collinsonia canadensis: early stage, with poor venous circulation, bleeding
13. Geranium maculatum: swollen, irritated, bleeding
14. Hamamelis virginiana: as witch hazel extract or ointment topically; soreness, venous congestion, prolapse
15. Hypercium niger (toxic): pain of hemorrhoids
16. Hypericum perforatum: anti-microbial, vulnerary; internally and externally
17. Mentha piperita (oil): apply topically
18. Phytolacca americana (toxic): releives mucous membrane irritation, inflammation
19. Plantago major: chronic
HEMORRHOIDS

20. Plantago psyllium, ovata: demulcent
21. Populus tremula: ointment with crushed fresh buds, said to be decongestant, anti-irritant, soothing
22. Quercus alba: acute inflammation; as a cool compress, esp. with surrounding irritated skin
23. Ranunculus ficaria: topically as ointment or suppository, internal or prolapsed piles with or without hemorrhage
24. Rhamnus purshiana (toxic): laxative, inactivity of the lower bowel
25. Stellaria media

Suppositories:
   a. Ulmus fulva + Hamamelis virginiana + Olea eurpaea
   b. Collinsonia canadensis + Juglans nigra + Veronicastrum virginicum

Formulas:
   a. Chamomilla spp. (flowers), Acorus calamus (toxic), Foeniculum vulgare (seed), Cassia spp. (toxic, leaf),
      Rhamnus frangula (toxic, bark); equal parts to make 100g; SIG: 1-2 tsp. to a cup of boiling water, infuse
      10 min., 1 cup morning and night

Hemorrhoid and Varicose Vein Formula: Collinsonia canadensis, Ruscus aculeatus, Hamamelis virginiana,
Achillea millefolium, Aesculus hippocastanum, Cinnamomum spp.

Homeopathy:
1. Aesculus: deep throbbing in abdomen; feeling of dryness in rectum as though sticks or splinters were pricking
   the folds of the mucous membrane; sharp shooting pains up the back; < during climacteric
2. Aloe: hemorrhoids protrude like a bunch of grapes; very sore and tender; > cold water
3. Collinsonia: sensation of sticks in rectum; constipation; hemorrhoids with uterine prolapse; painful bleeding
   hemorrhoids
4. Graphites: burning and stingning hemorrhoids; anus is extremely sore < sitting
5. Hamamelis: hemorrhoids with considerable hemorrhage; back feels as if it would break
6. Lycopodium: bleeding hemorrhoids; size of hemorrhoid larger than size of vein would warrant; blue hard lumps;
   painful to touch
7. Nux vomica: itching hemorrhoids that keeps patient awake at night; > cold water; bleeding; persons of sedentary
   life; hemorrhoids with ineffectual urging
8. Ratanhia: burning like fire, temporarily relieved by cold water
9. Sepia: bleeding at stool, with feeling of fullness in the rectum as though it were distended with some foreign
   material, which seems to excite urging to stool
HEPATITIS

**Definition:**
Inflammation of the liver characterized by patchy or generalized heptatocellular necrosis

**Etiology:**
1. 4 major types of hepatitis (A, B, C and D)
2. Disease is viral in origin and although types A, B and D can be distinguished by their antigenic properties, all four display a clinically similar picture; other less common infective causes of hepatitis include:
   a. infectious mononucleosis
   b. yellow fever
   c. cytomegalovirus
   d. leptospirosis
3. Hepatitis may also follow exposure to substances like carbon tetrachloried, benzene, tetracyclines, amanita mushrooms, arsenic and alcohol

Hepatitis A:
   a. Associated microorganism is an enterovirus and the disease is spread by the fecal-oral route
   b. It is contagious during the incubation period of 2-6 weeks but only for a few days once symptoms appear
   c. Epidemics are frequent, as the virus is spread very easily through food and water
   d. Often, the disease may be so mild it is unrecognized and only blood work would discern the virus’s presence
   e. No carrier state
   f. Does not lead to chronic liver disease
   g. Unlike the other hepatitis types which are seen in all ages equally, hepatitis A is seen mostly in children and young adults

Hepatitis B:
   a. Incubation: 4-25 weeks (average is 30 days)
   b. Has a more varied range of expression, including subclinical carrier state, acute hepatitis, chronic hepatitis, post-hepatic necrosis and liver cancer
   c. Spread parenterally, most notable through the infected needles of drug addicts, sexual contact and blood out of body (has a 7 day life span outside of body)
   d. Risk of accidental transmission: medical personnel, esp. surgeons, dentists, dialysis staff, lab technicians and others in contact with blood

Hepatitis C:
   a. Presents with similar incubation time, biologic and clinical pictures as of hepatitis B
   b. Spread parenterally, most commonly through transfusion
   c. Lead to chronic hepatitis
   d. Lead to a chronic carrier state

Hepatitis D:
   a. Can only infect a person who is in a carrier state of hepatitis B

**Signs and Symptoms:**
May range from a minor flu-like illness to a severe liver disease ending in hepatic failure and death; there are usually several distinct stages:

**Anicteric phase:**
1. Malaise
2. Fever
3. Aversion to cigarettes
4. Altered liver function tests

**Preicteric phase:**
1. Anorexia, N/V
2. Malaise
3. Fever
4. Weakness
5. H/a
6. Myalgia
7. Enlarged, tender liver
8. Dark urine
9. Occasionally a patient will experience arthalgias and hives

**Jaundice phase:**
1. Follows 3-10 days later
2. Dark urine and jaundice including the sclera; jaundice worsens for 1-2 weeks and then gradually disappears during the 2-4 week recovery period; when the jaundice, most the patients begin to feel better, as the systemic symptoms decline
3. Liver enlarged and tender; the edge is smooth
4. Mild splenomegaly is present in 15-20% of patients

**Lab Findings:**
HEPATITIS

1. AST/SGOT: 1000-3000 units (does not correlate with disease severity)
2. ALT/SGPT: 1000-3000 units (does not correlate with disease severity)
3. (+) urinary bilirubin
4. (+) serum bilirubin (usually direct)
5. WBCs; low normal
6. differential: atypical lymphocytes

Hepatitis A:
- viral antigen HAAg during acute infection
- IgM: appears early in the disease but disappears after a few weeks
- IgG (anti-HA): appears a few weeks, and probably persists for life

Hepatitis B:
- active infection is recognized by the presence of hepatitis B surface antigen (HBsAg), which can appear 1-6 weeks before clinical disease is evident; it usually disappears during convalescence
- related antibody (HBsAb) appears weeks to months later and usually; persists for life
- in 10% of patients, HBsAg persists and HBsAb does not develop; these patients are likely to develop chronic hepatitis or become subclinical carriers of the virus
- the antibody (HbcAb) to the core antigen of the virus (HbcAg) typically appears at the beginning of the disease, signifying viral replication and gradually decreases from then on
- the antigen (HBeAg) is only found in HBsAg (+) serum: the meaning of its presence is debatable, although it is generally thought to presage more serious sequelae, unless its antibody (HBeAb) is also present

Hepatitis D:
- in acute infection, anti-D antibody of IgM is detectable in the serum
- serum shows large anti-D titers of both IgG and IgM if the disease becomes chronic

Course/Prognosis:

Hepatitis A:
1. prognosis is very favorable
2. the disease is usually mild and benign
3. no carrier state exists
4. typically lasts for 4-8 weeks
5. conventional treatment and prophylaxis comprises injection of immune globulin

Hepatitis B:
1. prognosis is guarded and is worse with age and debility
2. the disease can be severe and 5-10% of patients will develop the chronic state
3. carrier state
4. prophylactic treatment comprises injection of hepatitis B vaccine

Hepatitis C:
1. prognosis is guarded
2. the disease is moderate in expression
3. carrier state can follow in 10-50% of patients
4. no conventional treatment

Rarely, hepatitis may develop into:
- submassive hepatic necrosis (fatal in about 20%)
- fulminant hepatitis (70-95% mortality)

Differential Diagnosis:
1. hepatitis variants
2. other abdominal infections
3. bile duct obstruction
4. infectious mononucleosis

Nutrition:
1. high protein, lacto-ovo vegetarian diet
2. high fiber diet
3. dandelion greens, burdock root, mustard greens, black radish, apples and saffron, watercress, beets, parsley, artichokes, cherries, grapefruit, parsnips, endive, garlic, onion, chicory, carob, horseradish, kumquats, limes, quinces, grapes, wheat germ, lecithin, yogurt, tofu, soy, Ganoderma mushrooms

Remedies:
- lemon juice mixed with water, upon rising in the morning 30 min. before eating
- eat 3-4 oz. fresh white mushrooms TID
- take 4 oz. fresh grapes and boil in 1 pint water until reduced by half, drink and eat

Avoid:
HEPATITIS

1. saturated fats, meat, trans-FAs, hydrogenated oils (margarine, vegetable shortening, imitation butter spreads, most commercial peanut butters, oxidized fats [deep fried foods, fast foods, ghee, BBQ meats])
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. cow's milk and dairy products
4. refined and processed foods, white bread
5. refined simple carbohydrates: sucrose, white flour, sugar and sweet foods
6. catarrh forming foods: tofu, meat, ice cream, shellfish
7. alcohol, coffee, caffeine

Supplements:
1. vitamin B-12 (IM)
2. vitamin B-12 and folic acid
3. vitamin C (40-100mg QD)
4. catechin

Hydrotherapy:
1. hot enema: to relieve liver pain
2. lower-half body pack: while also applying thick steam pack over the lower chest and upper abdomen for 15 min., then give thorough cold rub and repeat 4 times, do this once a day for several days
3. cold water: applied over lower portion of right chest and epigastrium to enhance liver circulation
4. heating compress: around abdomen over night, for chronic hepatitis
5. poultice: over liver of clay, cabbage or bran-cabbage-onion
6. castor oil pack
7. wet sheet pack
8. constitutional hydrotherapy

Physiotherapy:
1. breathing exercises (chronic)
2. walking daily (chronic)
3. stretching exercises: for trunk
4. no strenuous exercise
5. massage: abdominal self-massage, use circular motion from lower right chest to upper right abdomen, 100-200 times
6. spondylotherapy: concussion T7

Botanicals:
1. Aconitum napellus (toxic): according to indications
2. Achillea millefolium: as compress for warm to liver
3. Atropa belladonna (toxic): onset of inflammation (according to indications)
4. Berberis spp.: cholagogue, cholecystitis, cholelithiasis, jaundice
5. Bryonia alba (toxic): chronic with deep seated soreness and quick, shooting pains esp. with some elevation in temperature
6. Chelidonium majus (toxic): chronic
7. Cichorium intybus: jaundice
8. Chionanthus virginica: chronic
9. Conium maculatum: pains of chronic hepatitis
10. Podophyllum peltatum (toxic): chronic
11. Silybum marianum
12. Taraxacum officinale: jaundice
13. Veronicastrum virginicum

Nutritive and tonic herbs:
Eleutheroactus senticosus, Medicago sativa, Panax spp., Rumex officinalis, Taraxacum officinale, Urtica dioica

Formulas:
1. Veronicastrum virginicum + Ceanothus americanus + Urtica urens + sunlight and vitamins A, B, C, E

Homeopathy:
1. Bryonia: sticking pain < coughing, deep breathing, > lying painful side; thirsty for cold water; nausea while sitting in bed; weakness < getting up, before noon
2. Chelidonium: dirty yellow, esp. sclera, face, palms; violent pruritis; pain > eating; desire warm drinks; bilious vomiting
3. Cinchona: pain < touch, light pressure, > strong pressure, gigantic abdominal distention from gas; tympanism not > passing flatus; great weakness
4. Chionanthus virginica: dull pain; enlarged, painful liver, icterus; variable stools
5. Lycopodium: pain < right side, palpation, touch, eating to satiety; great abdominal flatulence; < on waking, 4-8pm
6. Mercurius solubilis: profuse sweat doesn't ameliorate; excessive salivation; pain < touch, lying right side
HEPATITIS

7. **Natrum sulphuricum**: great amelioration after bowel movement; pain < lying left side; noisy flatus which ameliorate; diarrhea < before rising or morning
8. **Phosphorus**: hypertrophied liver; unable to lie on right side; intense thirst for cold; fear of death
9. **Ptelea**: sensation of stone in epigastrium; frontal h/a; bitter taste
**Definition:**
The protrusion of a structure through a weakness in the abdominal wall.

**Etiology:**

**Inguinal:**
1. **indirect:** a protrusion through the inguinal ring, often producing a bulge over the middle of the inguinal ligament
   a. common in both sexes and occur often in children
   b. males: often protrudes into the scrotum; palpation with examiner’s finger into the inguinal canal reveals a mass meeting the finger in the canal
2. **direct:** a protrusion through the posterior wall of the inguinal canal (Hesselbach’s triangle), the bulge is noticed close to the pubic tubercle, that is more medially than the indirect hernia
   a. infrequently seen in females
   b. usually occur in men over 40
   c. males: rarely extrude into the scrotum; palpation reveals a bulge anteriorly which pushes the examiner’s finger forward

**Femoral:**
1. protrusion occurs through the femoral canal
2. males: do not protrude into the scrotum and the inguinal canal is empty; palpation below the inguinal ligament and medial to the femoral artery and vein

A weakness in the wall of the abdomen allows protrusion of a serosa-lined pouch to protrude into the femoral or inguinal canal. The danger lies in the possibility of strangulation and infarction of the protruding structure, commonly the small intestines. Inguinal hernias are more common in males than females since the spermatic cord and testes descend through the inguinal canal, leaving it more patent and therefore susceptible

**Signs and Symptoms:**
1. pain may or may not be present
2. hernia may or may not be reducible
3. (+) physical exam, however, it is hard to perform the exam for inguinal hernias on women
4. males:
   a. pain and swelling in the femoral canal or scrotum
   b. constipation
   c. a palpable mass felt by the examiner’s finger inserted into the inguinal canal or over the femoral canal; the mass is made more obvious as the patient stands or bears down (Valsalva)

**Course/Prognosis:**
1. unless the hernia becomes strangulated and lead to gangrene
2. the prognosis is favorable
3. surgery is the treatment of choice for conventional physicians
4. various treatments are available to replace the protruding tissue and maintain closure of the hernia opening
5. males:
   a. may cause strangulation of the structures involved and subsequent infarction as the structure swells and cuts off blood supply
   b. various treatments are available to replace the protruding tissue and maintain closure of the hernia opening

**Differential Diagnosis:**
1. lymphadenopathy
2. saphenous vein varicosity
3. females:
   a. uterine prolapse
4. males:
   a. hydrocele
   b. varicocele

**Nutrition:**
1. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
2. squash, almonds, sesame seeds, tahini, kelp
3. vitamin E foods

**Remedies:**
1. take 30g dried green peach (pitted young green fruit left to dry in the sun) and a fresh mango, cover with water and simmer until cooked, serve BID
2. take 30g of tangerine seeds, stir fry until yellow then crush finely, add 30-60g of rice wine and drink BID

**Supplements:**
HERNIA

1. vitamin C (6-8g QD)

Hydrotherapy:
1. to reduce hernia: apply hot compress to relax tissues then manually put mass back in place
2. to hernia region: alternating hot and cold
3. after reduced: sine wave: apply small pad hernia and large pad on back, then move small pad to hepatic flexure, then to splenic flexure region, 5 min. each region, intensity to just see contractions, 3x/week

Physiotherapy:
1. abdominal exercises: after hernia has been corrected
2. breathing exercises: after hernia correction to strengthen diaphragm
3. support: use pressure belt

Botanicals:
1. Atropa belladonna (toxic): strangulated, to reduce; topical application of extract (Atropine sulfate) over hernia
2. Chamaelirium luteum (Helonias): sense of pelvic weight and congestion
3. Collinsonia canadensis: sense of pelvic weight and congestion
4. Hamamelis virginiana
5. Lobelia inflata (toxic): strangulated, breaks spasm
6. Senecio aureus (toxic): sense of pelvic weight and congestion
7. Symphytum officinale (toxic): local application of fresh root
See: Uterine prolapse in females

Homeopathy:
1. Aesculus hippocastanum: for inguinal hernias
2. Aurum metallicum: pressure in abdomen ring as if hernia would protrude while sitting; protrusion of inguinal hernia with great cramp-like pain; inguinal hernia in children if others fail
3. Belladonna: strangulated hernia; intense local inflammation; distension of abdomen either hard or painful
4. Calcarea carbonica: a leading remedy; start treatment with it, will cure most cases; where walls of abdomen are thin and truss cannot be worn; infantile hernia
5. Cocculus indicus: incarcerated hernias; umbilical hernia; protrusion takes place slowly as if from paralytic state of abdominal ring; when Nux vomica and Lycopodium fail
6. Coffea: strangulated inguinal hernia
7. Colocynth: pain in groin like from a hernia and on pressure sensation as if hernia would recede
8. Cubeba: femoral hernia
9. Granatum: inguinal, umbilical hernia
10. Lachesis: hernia strangulated, sloughing; gangrene threatens strangulated hernias; very sensitive
11. Lycopodium: umbilical hernias, right sided, abdomen distention with rumbling of gas; femoral hernia
12. Magnesium muriaticum: congenital scrotal hernia
13. Nitric acid: inguinal hernia, also of children
14. Nux moschata: umbilical hernia; abdomen enormously distended
15. Nux vomica: use every 10-15 min., esp. on left side; right side if Lycopodium fails
16. Opium: strangulated inguinal hernia; redness of face; distension of abdomen; vomiting of putrid matter or of feces and urine
17. Plumbum metallicum: intussusception with colic and fecal vomiting; strangulated hernia whether femoral, inguinal or umbilical
18. Silica: hernia of rickety children
19. Spigelia: inguinal
20. Sulphuric acid: violent protrusion of inguinal hernia
21. Thuja: congenital hernia
22. Tabacum: strangulated hernia
23. Veratrum album: incarcerated hernia, not inflamed; cold feeling in abdomen; great sinking of strength and empty feeling
24. Wiesbaden: femoral and inguinal
25. Zabacuon: strangulated hernia
26. Zincum metallicum: inguinal
HERPES SIMPLEX

Definition:
Chronic, recurrent viral infection with a typical presentation on the skin or mucous membranes. Lesions consist of single or multiple groups of small vesicles filled with serous fluid, on slightly raised erythematous bases which ulcerate. The virus may affect several systems, causing several conditions from minor "cold sores" to frequently fatal encephalitis.

Etiology:
1. herpes simplex virus (HSV) is responsible for the infections
2. the initial infection is characterized by severe systemic complaints are not present in subsequent recurrences of the lesions
3. systemic complaints are not present in subsequent recurrences of the lesions
4. following the primary disease the virus is not recoverable from the ganglia or from surface viral proteins
5. the virus maintains latency yet it is unknown
6. various stimuli reactivate the virus to elicit another infection; triggers associated with beginning an attack include:
   a. sunlight
   b. high arginine content in diet
   c. fevers
   d. infections
   e. physical or emotional stress
   f. trauma to the skin
   g. sexual stimulation
   h. immunosuppression

HSV 1:
   a. causes herpes labialis and keratitis (oral and ocular lesions)

HSV 2:
   a. causes genital lesion
   b. considered a sexually transmitted disease passed by contact with the open lesions
   c. most common form of genital ulceration in the US
   d. initial incubation is from 1-26 days (usually 2-7 days after exposure)

It is now thought that HSV 1 and 2 can interchangeably produce oral and/or genital lesions, though the symptoms of HSV 2 are typically more severe.

Signs and Symptoms:
General:
1. lesions may appear anywhere on the skin or mucosa; patients usually present with lesions around the mouth, on or just above the lips, on the nose, conjunctiva, cornea or anywhere on the genitalia (including the cervix)
   a. associated lymphadenopathy may be present
2. a pathognomonic symptom of HSV is a prodromal sensation of tingling or itchiness over the exact area where the lesions later occur (1-2 days)
   a. may also be paresthesias or neuralgic pain in adjacent areas
3. cluster size may be from 0.5cm to 1.5cm, although groups may merge together
4. vesicles appear, grow larger (causing pain from pressure), break open to form ulcers, then scab over with a thin, yellowish crust
5. healing begins after ~10 days but it usually takes a full 21 days to completely resolve the sore
   a. lesions on moist body parts heal more slowly
6. there is usually no scarring or atrophy of the tissue under the lesion, unless lesions recur frequently in the same location

Specific infections:
Oral/facial herpes:
   a. primary infection is marked by gingivostomatitis and pharyngitis
   b. commonly seen in children and young adults
   c. presents with: fever, myalgia, malaise, irritability, refusal to eat and cervical lymphadenopathy
      1. may persist for 3-14 days
   d. oral/facial lesions frequently involve the hard and soft palates, lips, tongue, gingiva and entire facial area
   e. recurrent lesions tend to focus on or above the lips
      1. less severe and are not accompanied by systemic symptoms
      2. usually preceded by neuralgia

Genital lesion:
   a. systemic symptoms include: fever, myalgia, malaise and h/a
   b. genital complaints include (can be severe): itching, tender inguinal lymphadenopathy, vaginal and urethral d/c and dysuria
1. Herpes simplex
   a. cervical and urethral involvement is noted in over 80% of the initial infections
   b. rectal and anorectal herpes are generally seen in homosexual men and/or heterosexual women after anorectal intercourse with an infected partner
   c. symptoms include: tenesmus, anorectal pain, anorectal d/c and constipation (holding in due to the pain of stool passage)
   d. patients who already have oral/facial herpes may have a less intense primary attack of genital herpes
   e. recurrences of genital herpes are common
      1. usually within 1-4 months of the first outbreak
      2. the average number of recurrences experienced by genital herpes sufferers is 4-7 episodes a year, preceded by typical prodromal symptoms

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1. HERPES SIMPLEX
   a. infection of the finger, usually seen in medical practitioners or their support staff
   b. signs and symptoms include: fever, edema/erythema/tenderness of finger, vesicular/pustular lesions of the finger, epitrochlear/axillary lymphadenopathy and lymphadenitis

Central nervous system infections:
- HSV is responsible for 10-20% of all cases of acute viral encephalitis in the US
- diagnostic signs and symptoms include: acute onset of fever and neurologic symptoms (esp. those relating to the temporal lobe)
- HSV meningitis is an acute, self-limiting disease presenting with h/a, mild photophobia and fever lasting from 2-7 days

Neonatal HSV infection (< 6-7 weeks):
- neonates usually acquire the disease as they pass through an infected birth canal, although congenitally acquired cases have been reported where the mother developed a primary infection during pregnancy
- skin lesions are usually present
- 70% of untreated neonates will develop CNS involvement
- with therapy, the neonatal morbidity form the disease is less than 25% but less than 10% of neonates with CNS involvement experience normal development

1. Lab Findings:
   1. (+) culture form base of lesion
   2. primary infection: there will be a progressive increase in the serum antibodies
   3. biopsy
   4. amino acid testing for arginine and lysine levels
   5. Tzanck smear of lesion shows multinucleated giant cells

Course/Prognosis:
- see entries in Signs and Symptoms
- the most common infections are oral or genital lesions; there is no cure for these and recurrences are common, though their frequency seems to reduce as the years go on
- conventional physician treat severe primary attacks with acyclovir
- the drug does not effectively alter the rate of recurrence but appears to reduce severity of attacks, so is indicated in the immune-compromised
- recurrences are experienced until their triggers are found and avoided or their immune systems are built up to fight off the viral episodes
- outbreaks are infectious from the first prodromal symptoms until the lesions have completely healed over and the scab has disappeared
- the vesicular fluid is filled with viral material and is extremely infectious
- sufferers should therefore observe extreme care while cleaning or treating their lesions
- patients should use the prodromal periods as a sign for sexual abstinence until the lesion have healed

Differential Diagnosis:
- Oral/facial:
  a. trauma
  b. aphthous stomatitis
- Systemic:
  a. herpes zoster
  b. varicella
- Genital:
  a. trauma
  b. excoriations of non-ulcerative skin lesions (ie, scabies)
  c. squamous cell carcinoma
  d. fixed drug reactions (esp. tetracycline, methaqualone, barbiturates)
  e. ulcerative illnesses involving both the genital and non-genital areas (psoriasis, pemphigus/pemphigoid, lichen planus, Behcet's syndrome, dermatitis herpetiformis and erythema multiforme)
HERPES SIMPLEX

Nutrition:
1. if on a regular diet → try a vegetarian diet high in vegetables and complex carbohydrates
2. if on a vegetarian diet → try a fruit and vegetable diet or a short fast
3. low fat, whole food diet
4. diet high in lysine foods: fish, poultry, cheese, lima beans, shrimp, mung bean sprouts, cottage cheese, yeast
5. foods rich in vitamin A, B complex and C and zinc
6. watermelon, black bass, rye, avocados, sea vegetables, whey, apple, cucumber, millet, rice polishings, rice bran, sprouts, mung beans, daikon radish, carrots, brewer’s yeast, yogurt, kefir

Remedies:
   a. lemon juice in water on empty stomach in morning, ½ hour before eating
   b. apply mashed lettuce, changing poultice TID and drink 1 cup of lukewarm lettuce juice TID
   c. 2 Tbsp. mung bean powder BID

Avoid:
1. foods high in arginine: chocolate, peanuts, almonds, cashews, walnuts, filberts, pecans, brazil nuts, sesame and sunflower seeds, coconut, gelatin, buckwheat
2. during acute attacks: avoid chickpeas, lentils, wheat, oats, barley, carob, cocoa, eggplant, tomato, squash, fruits and berries, meat, hot sauces, spicy, fried, fatty, rich and/or salty foods, alcohol

Supplements:
1. vitamin B-3 (niacinamide; 500-1000mg QD)
2. vitamin B-5 (250-500mg TID, at first of tingling)
3. vitamin C
4. zinc (100mg BID)
5. L-lysine (1-6g QD, till healed, then 500mg; watch cholesterol levels) [acute stage]
6. bioflavonoids (20-30g QD)

Hydrotherapy:
1. ice: to decrease pain and duration of outbreak, hold on lesion 60-90 min. at very beginning
2. cool compress: wet with Hydrastis tea
3. fever treatment
4. baking soda compress

Physiotherapy:
1. infra-red: for drying

Botanicals:
1. Abies canadensis: apply oil locally
2. Aloe spp.: yellow coloration of plant necessary, apply topically
3. Berberis aquifolium
4. Echinacea angustifolia, purpurea: viral infections
5. Eupatorium purpureum: topically and internally; immediately wen prodrome is felt
6. Glycyrrhiza glabra: glycyrrhiza acid component inhibits growth and cytopathic effects of herpes simplex virus
7. Hydrastis canadensis
8. Lavandula officinalis: apply oil topically
9. Lycopodium clavatum (toxic): dry powder, apply locally
10. Melissa officinalis: apply ointment in early symptoms
11. Mentha piperita
12. Rhus toxicodendron (toxic): with burning, itching and exudation
13. Smilax officinalis: chronic diseases of skin
14. Solanum dulcamara (toxic): topical; scaly, moist, honey-colored fluid
15. Urtica spp.: vesicles with watery d/c
16. Veratrum viride (toxic): labial

Formulas:
   a. Herplic ®: topical preparation of Glycyrrhiza extract
   b. itching: Hydrastis canadensis, Mentha piperita (oil)
   c. Juglans cinerea, Hydrastis canadensis
   d. Melissa officinalis ointment: made by Aschoff
   e. Berberis aquifolium, Rumex crispus, Arctium lappa
   f. Herbaderm: from Planetary Formulas

Homeopathy:
1. Arsenicum album: burning, shooting pain < at night; crusts large, deep, bleed when removed
2. Borax: esp. in children
3. Calcarea carbonica: ulcerate easily, < open air and from water, > warm room
HERPES SIMPLEX

4. Carbo vegetabilis: face, chin, lips, mouth; glandular swelling, itching changed to burning when scratching
5. Dulcamara: moist, suppurating, oozing pale water scratched; due to cold, wet weather
6. Graphites: in females with scanty menses; watery, sticky fluid; ulcerates easily < indoors, warmth, motion, > outside
7. Hepar sulphur: very sensitive to touch, to cold air
8. Mercurius solubilis: burning when touched; easy bleeding; scratching changes itching to burning; < night, cold, damp weather
9. Natrum muriaticum: during fever; gnawing, shooting pains; itching, moist, oozing eruption; related to stress; dry, cracked lips; watery, clear d/c
10. Rhus tox.: malaise, sudden outbreak of many; severe burning and itching
11. Silica: inclined to ulcerate; very sensitive
HERPES ZOSTER

**Definition:**
An acute infection caused by reactivation of the varicella-zoster virus and involving the dorsal root ganglia; causes eruptions and neuralgia on the skin corresponding to the distribution of the affected root ganglia; aka. “shingles”

**Etiology:**
1. is most prevalent among those 50 years and older, although it may strike at any age, particularly in immunosuppressed patients
2. it only affects people who have had chickenpox
3. reactivation may be idiopathic or follow immunosuppression, stress, trauma including surgery, radiation, etc.

**Signs and Symptoms:**

**Prodromal stage:**
1. pain, burning or redness of the involved area
2. malaise
3. fever with or without chills
4. GI disorders

**After 2-5 days:**
1. the rash appears in a unilateral, dermatomal distribution usually on the thoracic area (T3-L3), face or neck
   a. erythematous base
   b. linear patches of grouped vesicles
   c. pain may be intense
   d. lesions stop abruptly at the midline of the body
   e. new crop may continue to appear for 3-5 days, after which the lesions begin to dry and crust

**Problem area for herpes zoster:**
1. geniculate zoster: pain in the ear with transient paralysis of the face on the involved side; eruptions are visible in the external auditory canal and on the pinna, the soft palate and the anterior pillars of the fauces
2. ophthalmic herpes zoster: eruption occurs on the ophthalmic branch of cranial nerve V (5); if vesicles appear on the tip of the nose, then corneal involvement may occur and can lead to corneal ulcers and opacities

Recurrence rate is high

**Lab Findings:**
1. (+) Tzank smear showing multinuclear giant cells
2. FAMA: fluorescent-antibody to membrane antigen
3. ELISA: enzyme-linked immuno-absorbent assay
4. 40% show hypercellularity in CSF
5. prolactin increased if lesions on chest wall

**Course/Prognosis:**
1. shingles eruption that continues for more than 2 weeks or becomes generalized warrants investigation for malignancy or immunologic defect. However, even in generalized zoster, fatalities are rare
2. post-herpetic neuralgia is seen in 50% of the patients over 50 years old who develop herpes zoster and may cause excruciating pain that lasts for months or years

**Differential Diagnosis:**
1. coxsackie virus infections
2. pleurisy
3. Bell's palsy
4. trigeminal neuralgia
5. herpes simplex lesions

**Nutrition:**
1. if on a regular diet → try a vegetarian diet high in complex carbohydrates
2. if on a vegetarian diet → try a fruit and vegetable diet or a short fast
3. mung beans, daikon radish, carrots
4. foods rich in vitamin B complex, C and zinc
5. lemon and water

**Avoid:**
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. stimulating foods
3. alcohol, coffee, caffeine

**Supplements:**
1. vitamin B-5 (500mg TID)
2. vitamin B-12 (1000mcg IM QD)
HERPES ZOSTER

3. vitamin C (10g QD)
4. vitamin E (for post-herpetic neuralgia; 1200-1600 IU QD); topical applications
5. DL-phenylalanine

Hydrotherapy:
1. Fever treatment: up to 102°F daily till skin lesions dry up, start as soon as possible after diagnosis
2. Poultice: charcoal

Manipulation:
1. Check and align vertebrae at level of dermatomal irritation and T10-12

Physiotherapy:
1. Aerobic exercise: daily may help enhance immune system functioning
2. Interferential: electrodes covering dermatome, 90-150Hz, 10-15 min., mild intensity
3. UV
4. US

Botanicals:
1. Aralia nudicaulis: externally as a wash
2. Beta vulgaris (beetroot): general stimulant and resistance-enhancing effect; large quantities of juice daily; NOTE: urine and stools will turn red
3. Echinacea spp.: enhances resistance to viruses
4. Eupatorium perfoliatum: enhances resistance to viruses
5. Glycyrrhiza glabra: anti-viral, anti-inflammatory
6. Iris versicolor (toxic)
7. Rhus toxicodendron (toxic): acute inflammation, inflammation with bright, red, tumid surfaces and deep seated burning pain
8. Rumex crispus: internally

Homeopathy:
1. Apis: stinging pains, come out in cold weather, < warmth, > cold
2. Arsenicum album: intense burning < night; crusts deep and large, bleed when removed
3. Carboneum oxygensatum: vesication along course of nerves, large and small vesicles of pemphigus
4. Dulcamara: moist, suppurating; oozing pale water when scratched; after taking cold, thick crusts all over body, < evening, cold, wet weather, > gentle exercise in warm room
5. Graphites: burning when touched; esp. on left side; itching blotsches with oozing watery, sticky fluid; ulcerates easily
6. Iris versicolor: following gastric problems, esp. on right side; fine eruption with black points after scratching, great itching at night
7. Lachesis: large vesicles, first yellow then dark with much pain; vesicles break and leave excoriated surface which burn when touched; every spring and fall; > warmth
8. Mezereum: sharp stitching, lightening-like pains, sometimes boring, which leave parts numb; < in bed, from touch; vesicles form brown scabs; post-neuralgic pains
9. Psorinum: esp. on bends of joints and scalp with itching; dry, scaly eruptions < cold and warmth of bed
10. Ranunculus bulbosus: sharp, stitching pains; vesicles have thin, acrid fluid; burning, itching vesicles in clusters < touch, motion, change of temperature, entering cold place
11. Rhus tox.: right side, incessant itching, burning, tingling, alternating pains with dysenteric stools; < in winter, hardly any eruption in hot weather
12. Thuja: from suppressed gonorrhea, itching and burning violently; white, dry scaly, eruptions on covered parts; < cold water, heat of bed, at night; > gentle rubbing
13. Zincum metallicum: post-neuralgic pains; burning, jerking, itching pains, < evening and slightest touch; on back of hands with burning pains, between fingers
HIATAL HERNIA

Definition:
A herniation of a portion of the stomach into the thoracic cavity through an enlarged esophageal hiatus in the diaphragm.

Etiology:
1. no clear cause but trauma or congenital abnormality may be involved
2. are common; they may be seen up to 60% of the population over 50 years old
3. sliding hiatal hernia: the gastroesophageal junction and the fundus of the stomach both slide upwards
4. paraesophageal hiatal hernia: the gastroesophageal junction remains in its anatomically correct position while just a pouch of the stomach slides up through the esophageal hiatus to sit next to the gastroesophageal junction

Signs and Symptoms:
1. often asymptomatic
2. heartburn with esophageal reflux, aggravated by alcohol, smoking, coffee, etc.
3. chest pain: worse laying down, after eating
4. feeling of fullness in the chest or neck
5. sensation of restricted inhalation, sometimes
6. dysphagia, sometimes

Lab Findings:
1. (+) barium x-ray (presence of hiatal hernia does not rule out other causes of symptoms)
2. endoscopy

Course/Prognosis:
1. is most commonly a chronic condition which may be asymptomatic or symptomatic or both at different times
2. visceral manipulation and other therapies are often successful in treating it
3. pharmacological agents may ameliorate symptoms
4. paraesophageal hernia may incarcerate, strangulate, perforate or cause respiratory distress, creating a medical emergency
5. either type of hernia may cause bleeding

Differential Diagnosis:
1. peptic ulcer
2. gastroesophageal reflux
3. esophageitis
4. gastritis
5. angina pectoris
6. hypochlorhydria

Nutrition:
1. eat small meals frequently throughout the day
2. increase vitamin A foods
3. for acid regurgitation: raw potato juice before breakfast

Avoid:
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. sugar and sweet foods
3. alcohol, coffee, caffeine

Supplements:
1. lecithin (6 caps QD)
2. choline
3. essential FAs
4. glycyrrhizic acid (ie. rhizinate)
5. PABA (2g QD)

Manipulation:
1. check and align lower thoracics, lumbar, SI and coccyx
2. manipulation of hiatal hernia: pull stomach down using deep tissue drag, patient supine with head and hips flexed

Physiotherapy:
HIATAL HERNIA

1. gravity: use gravity to reduce
2. heal drops
3. massage abdomen
4. truss: after hernia reduced

See: Gastroenteritis

Botanicals:
1. Aloe vera
2. Althea officinalis: demulcent
3. Geranium maculatum: astringent, hemostatic
4. Glycyrrhiza glabra: increases mucosal resistance
5. Quercus alba: astringent
6. Symphytum officinale (toxic): demulcent

Contraindicated botanicals:
a. Mentha piperita and other strong mints
b. Coffea arabica
c. Atropa belladonna (toxic)
‡ they relax the lower esophageal sphincter and may aggravate the condition

Formulas:
Note: use demulcents and astringents
a. Rhizinate (DGL or deglycyrrhated licorice) [available from Phytopharmica]
   b. Symphytum officinale, Hydrastis canadensis, Ulmus fulva; SIG: 2 tsp. as necessary

Homeopathy:
1. Chelidonium: with bitter taste; bilious excretations; < motion; > heat and eating
2. China officinalis: heartburn and regurgitations esp. after a meal, mostly bitter, acid or tasteless; pyrosis, accumulation of water in the mouth; sensation of excoriation and pressure on the epigastrum, esp. in morning; indigestion after a late supper; dysphagia
3. Ferrum phosphoricum: sour erucations; vomiting of undigested food at irregular times; hematomesis; weight and fullness in stomach with fullness in forehead; pain in stomach < after eating and by pressure; on waking throat feels swollen and stiff; < empty stomach
4. Lachesis: acid, burning making mouth sore; nausea after lying down; < tough and sleep; > d/c and hard pressure
5. Lycopodium: during pregnancy with or without cramps; with or without nausea; belching, sour vomiting; < cold drinks; > motion and warm drinks
6. Magnesia muriaticum: burning with h/a; foul emissions; like rotten eggs; inability to digest milk; patients with tapeworm
7. Mercurius solubilis: nausea, frequent swallowing; < lying on right side, at night and warmth of bed; never get completed feeling with stool
8. Nux vomica: sour, bitter erucations; flatulence and pyrosis; N/V < in morning; after a meal or after eating or drinking; retching; regurgitation and vomiting of blood, mixed with clots; weight and pain in stomach; stomach very sensitive to pressure; epigastrium bloated; difficulty swallowing; loves fats and tolerates them well
9. Petroleum: with nausea, in morning; gnawing hunger but pain on eating; diarrhea only in daytime
10. Pulsatilla: during and before menses, at night; < fats or rich foods; taste of food remains a long time; bitter taste; pain as if from subcutaneous ulceration; flatulence; thirstless; affections of tea drinkers
11. Ranunculus bulbosus: burning and sensitiveness; flatulence and colic; soreness on pressure; < motion, walking and breathing
12. Sepia: after drinking; < by eating; tobacco dyspepsia; nausea before eating; flatulent with h/a
HIRSUTISM

**Definition:**
Variable development of some male physical characteristics in a woman, the most familiar being hypertrichosis (excessive hair growth in areas usually not hairy). While normal or desirable amount of hair on the female body is culturally determined, hair on the face, breasts and abdomen may be undesirable. It is present in about 30% of women.

**Etiology:**
1. may be a familial or idiopathic, as determined by history, examination and finding a normal amount of testosterone levels
   a. in these females, normal amounts of androgens stimulate hypersensitive hair follicles
   b. has been controlled with ovarian suppression
2. more frequent in people from the Mediterranean area
3. an endocrine disorder may be implicated in women and children; most often:
   a. adrenal virilism
   b. basophilic adenoma or the pituitary
   c. masculinizing ovarian tumors
   d. Stein-Leventhal syndrome
4. menopause: seen frequently with systemic androgenic steroid or corticosteroid therapy and with some antihypertensive drugs
5. may also occur in porphyria cutanea tarda

**Signs and Symptoms:**
1. hair on the face, breasts and abdomen in females

**Course/Prognosis:**
1. may occur in response to hormonal changes associated with puberty, pregnancy and menopause
2. depending on etiology, may or may not resolve with medical treatment, leaving only cosmetic approaches where the appearance is deemed unacceptable
3. only permanent local treatment is destruction of individual hair follicles by electrolysis (tedious process and expensive)

**Differential Diagnosis:**
1. virilism: which is accompanied by clitoromegaly, acne, temporal balding and increased muscle mass as well as hirsutism
2. adrenal hyperplasia
3. congenital adrenal hyperplasia
4. basophilic adenoma of the pituitary
5. ovarian tumor
6. hyperlutenization
7. hilar cell hyperplasia
8. ovotestes
9. Stein-Leventhal syndrome (polycystic ovary syndrome)

**Nutrition:**
1. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
2. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

**Supplements:**
1. vitamin E (400 IU QD)
2. lipotrophics (1-2g QD)

**Botanicals:**
1. Chamaelirium luteum (Helonias)
2. Mitchella repens: regulator
3. Serenoa repens
4. Vitex agnus-castus

Consider hormonal precursor botanicals:
   a. Aletris farinosa: disorders of the female reproductive organs, low estrogen
   b. Arctium minor, lappa: estrogenic
   c. Cimicifuga racemosa: estrogenic
   d. Glycyrrhiza glabra: increases estrogens
HIRSUTISM

e. Medicago sativa
f. Petroselinum sativum: estrogenic
g. Smilax sarsaparilla: hormonal precursor and regulator

Formulas:
a. increase estrogen: Glycyrrhiza glabra, Taraxacum officinale, Arctium lappa

Homeopathy:
1. Calcarea carbonica: fat perspiring patient with too profuse, too early, too long menses; with pale face; seed warts on left cheek
2. Medorrhinum: hair growth all over the body; women with chronic pelvic disorders; edema of limbs; facial acne; blotches of red color; small boils break out during menses; leukorrhea excoriating or fishy odor
3. Natrum muriaticum: face is oily, shiny as if greased; acne on face; salt retention causing edema and dropsies
4. Oleum Jecoris aselli: on chin and upper lip an growth of short, thick hair; menses are re-established
5. Psorinum: humid eruption on face; profuse sweating; leukorrhea; fetid menses late and scanty
6. Sulphur: dry and hard hair and skin; much offensive perspiration; menses too late, short, scant and difficult
7. Thuja: leukorrhea, anemia; hair on face and legs with offensive perspiration about genitals; heat in face; greasy skin of face; large, hard, dark wart with large base
8. Thyroidinum: fresh growth of hair; face flushing; anemia, emaciation; muscular weakness and sweating
HUMAN PAPILLOMAVIRUS (HPV) (also see Cervical Dysplasia and Cervical Cancer)

Definition:
HPV is a sexually transmitted virus associated with causing genital warts (Condylomata acuminata).

Etiology:
1. types 1, 2, 6, 11, 16 and 18 are cause of genital warts and usually are sexually (horizontally) transmitted by visible warts [11, 12]
2. incubation period of 1-6 months
3. most commonly occur on warm, moist surfaces
   a. males: in the subpreputial area, the coronal sulcus, within the urethral meatus and on the penile shaft
   b. females: the vulva, the vaginal wall, the cervix and the perineum
   c. homosexual males: particularly common in the perianal region and rectum
4. most common sexually transmitted disease in the world [2, 10, 11]
5. extremely contagious
   a. approximately 2/3 of all people who have sexual contact with an infected partner will develop HPV usually within 3 months [11]
   b. only 1 in 100 with HPV will exhibit any warts [13]
   c. in 1990, the Centers for Disease Control estimated that 800,000 new cases of HPV infection were diagnosed in the US [11]
   d. women who have genital warts, there is a 60-90% chance that her partner is also infected by the virus [10]
6. over 70 different types of HPV, 40 which affect the urogenital area

<table>
<thead>
<tr>
<th>HPV Types</th>
<th>Clinical Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2, 4, 29, 57</td>
<td>Verruca vulgaris (common warts)</td>
</tr>
<tr>
<td>1, 2, 4, 10</td>
<td>Verruca plantaris and plana (deep plantar and palmar warts)</td>
</tr>
<tr>
<td>19-25, 36, 46, 47, 50</td>
<td>Epidermodysplasia verruciformis</td>
</tr>
<tr>
<td>6, 11, 42, 54</td>
<td>Anogenital condyloma acuminatum</td>
</tr>
<tr>
<td><strong>16, 18</strong>, 30, 31, 33-35, 39, 40, 42, 43, 45, 51, 52, 56, 58</td>
<td>Cervical intrapithelial neoplasia and/or cervical carcinoma</td>
</tr>
</tbody>
</table>

a. HPV 16: associated with 60% of squamous cell cancer of cervix [2]
b. HPV 18: associated with 18% of squamous cell cancer of cervix [2]
c. HPV 31, 33: associated with 20% of squamous cell cancer of cervix [2]

---6, 11---

Condyloma ---+CIN I ------+ CIN II ----------------+ CIN III ------+ Cervical Cancer

(------------------------------------------------------------16, 18--------------------------------------------)

(31, 33)

DYSPLASIA: mild ----+ moderate ----+ severe ----------------+ CIS

SIL: low grade ----------------+ high grade -----------------+ [2]

7. once infected with HPV, one will probably carrier the virus for life [10, 12]
8. HPV is commonly found in cervical cancer (at least 90% contain HPV DNA) can also lead to cervical dysplasia [12]
   a. females with cytologic evidence of HPV have a 16-fold increased risk for progression to carcinoma in comparison to women without cytologic evidence of HPV [11]
   b. HPV 16 is most commonly found in cervical cancer (accounting for 50% of all cervical cancer cases), followed by 18, 45, and 31 [11]
9. HPV and cervical dysplasia:
   a. cervical dysplasia: is a premalignant or precancerous change to the cells of the cervix (mild, moderate and severe types)
   b. HPV is one of the most frequent causes of cervical dysplasia
   c. 80-90% certain that you have the virus if you have been diagnosed with any type of cervical dysplasia [13]
10. HPV's highest prevalence range peaks at age 15 to 25 and declines sharply with age [11]
11. risk factors:
   a. multiple sexual partners (#1 risk factor for cervical HPV infection)
   b. current infection with herpes
   c. smoking
   d. OCP use
   e. pregnancy
   f. early onset of sexual intercourse (age less than 20 years old)
HUMAN PAPILLOMAVIRUS (HPV)  
(also see Cervical Dysplasia and Cervical Cancer)

g. male partners with multiple partners  
h. sexual partners of men whose previous partner had HPV or cervical cancer  
i. history of STD infection  
j. history of genital warts  
k. partner with warts  
l. cervical biologic immunity is poor  

12. HPV co-factors: [2]  
   a. smoking  
   b. folic acid deficiency  
   c. vitamin A deficiency  
   d. vitamin C deficiency  
   e. pregnancy  
   f. immunosuppressed patients  

13. HPV infected children mirrors the rise in child abuse cases [11]  
14. transmission during birth (vertical) is where the mother gives HPV to her offspring; if the HPV doesn’t show up after the first year of the baby's life the association with vertical transmission and disease decreases  
15. HPV and pregnancy:  
   a. due to hormonal changes in the body during pregnancy, warts can grow in size and number, bleed or make a delivery more difficult  
   b. rare, babies exposed to HPV during birth may develop warts in the throat [10]  
   c. woman with genital warts do not need to have a Cesarean section delivery unless the warts are blocking the birth canal [10]  

Signs and Symptoms:  
1. appearance of warts:  
   a. growths or bumps that appear on the vulva, in or around the vagina or anus, on the cervix and on the penis, scrotum, groin or thigh  
   b. may be raised or flat  
   c. single or multiple  
   d. small or large  
   e. some may cluster together forming a cauliflower-like shape  
   f. flesh colored  
   g. painless warts  

2. "subclinical" HPV infection: may only cause subtle changes on the skin which cannot be seen with the naked eye  

Lab Findings:  
1. cytology and colposcopy: histological tests; can detect clinically manifesting HPV infections; cannot identify a latent infection or the type of HPV infection  
2. hybridization studies and PCR: higher sensitivity; cannot differentiate between latent and clinical infection  
3. biopsy of infected tissue is the only way to confirm infection [10]  
4. Pap smear screen  
5. FTA-antibodies (exclude syphilis)  
6. hysteroscopy  

HPV Screening:  
1. females: regular Pap smears (yearly) and if suspicious follow-up with a colposcopy (subclinical infection), self exam (external), history (of possible risk factors), Pap history, pelvic exam, cytology  
2. males: self-exam (external), for subclinical infections wrap the penis in gauze which has been soaked with a vinegar solution (may cause slight discomfort) - subclinical warts will show up whitish [10]  
4. 2-3% of population has clinical lesions [2]  
5. 2-3% evidence with vinegar and magnification [2]  
6. 5% detected on Pap smear [2]  
7. 12-13% show DNA evidence of HPV with DNA probes, PCR [2]  

Differential Diagnosis:  
1. condyloma lata (2° syphilis)
HUMAN PAPILLOMAVIRUS (HPV)
(also see Cervical Dysplasia and Cervical Cancer)

Course/Prognosis:
1. there is no cure for HPV
2. recurrence of warts are thought to be due to reactivation of the HPV (it lives under the skin), not to re-infection from a sexual partner [10, 12]
3. possible spread of the virus even when there are no detectable warts [12]
4. the longer one goes without the presence of warts - the risk of spreading the virus becomes lower [12]
5. the warts will usually go away on their own approximately in 3 months (body develops immunity to the warts) [12]
6. topical medications (Podophyllin, bichloroacetic acid and trichloroacetic acid {TCA}): are applied to the individual warts usually weekly and are washed off in 6-8 hours after application; may cause burning and irritation
   a. podofilox: new prescribing drug which works like podophyllin but can be applied at home by the patient
7. removal of the warts:
   a. cauterization: uses heat, electricity or chemicals to burn the warts off
   b. cryosurgery: freezes the warts and they eventually fall off
   c. laser surgery: destroys the warts cellular tissue
8. interferon
9. no treatment is satisfactory
10. vaccine strategies:
    a. currently there is no vaccine for HPV (1997) but there is data being gathered in support of both potential prophylactic vaccines for HPV infection and therapeutic vaccines to protect against tumor development in infected individuals. However, one serious limitation is the inability to grow infectious virus in tissue culture as the viral replication is exclusively linked to the differentiated state of the epithelial cell.
       1. prophylactic vaccine strategy: recombinant viral capsid proteins (L1 and L2) as a prophylactic subunit vaccine and works by conformational epitopes seem to be the key to inducing a protective antibody response against HPV. L1 and L2 HPV viral capsid proteins self assemble into the native virions therefore making them ideal potential immunogens. [11]
       2. therapeutic (tumor) vaccine strategy: these vaccines focus on HPV16 E6 and E7 (HPV oncoproteins). Studies have shown IgG and IgG2a antibodies were elicited, along with I1-2 and I1-4 and in vivo protection against challenge with E6 or E7-transfected tumor cells. [11]
11. DO NOT use drugstore treatments for warts (they are not meant for sensitive genital skin)
12. poor prognosis of HPV to CINs:
    a. over 6 months duration
    b. over 5 lesions
    c. plaque pattern
    d. large lesions
    e. previous treatment failure
    f. perianal disease
    g. flat lesions (16,18, 31)

HPV Progression to:
1. cervical dysplasia: see chart in Etiology
2. cervical cancer: see chart in Etiology
   a. nearly 50% of all women who have cervical cancer die within 2.5 years of diagnosis [2]
   b. each year worldwide, ½ million women develop cervical cancer

   NOTE: annual screening has successfully prevented about 70% of potential cervical cancers [17]
   c. time of progression to CIN:
      1. worst case: normal to cancer in 2 years
      2. usual case: oncogenic exposure: teens – 20's
         CIN: 20's – 30's
         cancer: 40's – 50's [2]

Prevention:
1. no totally reliable way for sexually active people to prevent HPV exposure
2. use of condoms (a 1981 study showed all grades of CIN regressed and no progression while using condoms [2]and spermicides
   a. condoms do not cover enough area that can be involved
HUMAN PAPILLOMAVIRUS (HPV)
(also see Cervical Dysplasia and Cervical Cancer)

3. talk with partner about sexually history and STDs
4. if have HPV, to prevent recurrence, best bet is to avoid immunity suppression in any way or reactivation can result
5. virginity/celibacy
6. life-long mutual monogamy
7. National STD Hotline 1-800-227-8922 (8am-11pm, M-F, Eastern time)

NATUROPATHIC TREATMENT APPROACH

Nutrition:
1. organically grown and raised foods
2. avoid food intolerances
3. eat foods rich in vitamin A, C, E, zinc and selenium

Avoid:
1. food intolerances
2. coffee, caffeine, alcohol
3. rich, fatty, processed foods
4. smoking
5. oral contraceptives
6. stress

Supplements:
1. beta carotene (150 000 – 200 000 IU QD) [3]
2. vitamin C (6g QD) [3]
3. vitamin E (800 IU QD) [3]
4. zinc (30mg QD) [3]
5. selenium (400mcg QD) [3]
6. thymus extract [6]
7. co-enzyme Q10 (60mg QD)
8. folic acid (10mg QD for 3 months, then 2.5mg QD) [female]
9. prostate gland (3 caps QD) [male]

Botanicals: [9]
1. Aristolochia clematitis: immune enhancer
2. Astragalus membranous: promotes the production of interferon
3. Baptisia tinctoria: increase antibody production
4. Beta vulgaris (juice): immune enhancer
5. Echinacea angustifolium: anti-viral, antiseptic, anti-cancer, immune enhancing
6. Glycyrrhiza glabra: immune enhancer, apply topically or use the solid extract internally (make sure to give potassium and put on a low sodium diet)
7. Leptotania disecta: anti-viral
8. Ligusticum porteri: anti-viral; clinical trails have supported its use with condyloma
9. Lomatium dissectum: anti-viral; condyloma on the cervix; 5-8 drops BID
10. Phytolacca americana (toxic): anti-viral, hard and painful
11. Serenoa repens: standardized extract (6 caps QD) [male]
12. Tebebuia spp.: anti-viral, anti-neoplastic
13. Thuja occidentalis: oil applied topically on warts (small), GU antiseptic
14. Tilia cordata: enhances immune resistance

Formula:
   a. Chelidonium, Hamamelis, Thuja; equal parts in a tincture
   b. Echinacea (3dr), Hydrastis (1dr), Ligusticum (2dr), Thuja (2dr); SIG: 30 drops TID

Homeopathy (warts, genitals):
1. Calcarea carbonica (2)
HUMAN PAPILLOMAVIRUS (HPV)
(also see Cervical Dysplasia and Cervical Cancer)

2. Euphrasia (1)
3. Lycopodium (1)
4. Mercurius (2)
5. Natrum sulphuricum (3)
6. Nitric acid (3)
7. Sabina (2)
8. Sarsaparilla (2)
9. Staphysagria (2)
10. Thuja (3)

Gynecological:
1. **cervical condylomas** (no CINs):
   a. vaginal suppositories
      - week 1,3,5: vitamin A suppository nightly
      - week 2,4,6: condyloma suppository nightly (Thuja, Lomatium isolate, vitamin A)
      - week 7,8: none
      - week 9,11: vitamin A suppository nightly
      - week 10,12: condyloma suppository nightly
   b. Escharotic treatment (avoid intercourse)
   c. also include: beta carotene, vitamin C, Lomatium preparation, formula 'b' and folic acid (all dosages above)
   d. cryotherapy
2. **vaginal condylomas**:
   a. vaginal suppositories
      - week 1: condyloma suppository nightly for 6 nights (Thuja, Lomatium isolate, vitamin A)
      - week 2: vitamin A suppository nightly for 6 nights
      - week 3: condyloma suppository nightly for 6 nights
      - week 4: vitamin A suppository nightly for 6 nights
      - week 5,6: none then continue again
   b. also include: beta carotene, vitamin C, Lomatium preparation and formula 'b' (all dosages above)
   c. electrocautery
3. **vulvar condylomas**:
   a. TCA 80% (see topical application techniques)
   b. Podophylline in benzoin 25% (see topical application techniques)
   c. topical ointment (esp. flat condyloma)
   d. also include beta carotene, vitamin C, Lomatium preparation and formula 'b' (all dosages above)
4. **penile and scrotal condyloma**:
   a. TCA 80% (see topical application techniques)
   b. Podophylline 25% (use "Condylux;" apply BID for 3 consecutive days and withhold use for 4 days; repeat up to 6 weeks)
   c. topical ointment (see topical application techniques)
   d. also include beta carotene, vitamin C, zinc, Lomatium preparation, formula 'b', Serenoa repens standardized extract and prostate gland (all dosages above)
   e. electrocautery
5. **perianal condyloma**:
   a. topical ointment (see topical application techniques)
   b. also include beta carotene, vitamin C, zinc, Lomatium preparation, formula 'b', Serenoa repens standardized extract and prostate gland (all dosages above)
   c. electrocautery
   d. cryotherapy

Topical Application Techniques:
1. **TCA 80%**:
   a. warn there will be discomfort locally for 2-5 min.
   b. apply with cotton swab
   c. allow to evaporate (30 sec.)
   d. then apply in layers till white
HUMAN PAPILLOMAVIRUS (HPV)
(also see Cervical Dysplasia and Cervical Cancer)

e. paint clitoral lesions last
f. hasten drying by fanning or heat lamp
g. after drying apply cold paper towels to sooth
h. avoid TCA contact with non-involved skin (absorb run off immediately with petroleum or zinc oxide)

2. Podophylline in benzoin 25%:
a. shake the bottle to suspend podo. in benzoin
b. apply to area with cotton applicator
c. allow to dry with fanning or heat lamp
d. avoid contact with non-involved skin
e. wash off in 3-5 hours

3. Topical ointment:
a. esp. for flat condyloma and in pregnant or late menses women
b. contains vitamin A, Thuja, Lomatium
c. apply BID
HYPERCHLORHYDRIA

**Definition:**
Hypersecretion of HCl in the stomach.

**Etiology:**
1. causes include:
   a. physical or mental/emotional stress
   b. caffeine (coffee, chocolate, cocoa, black tea)
   c. hypoglycemia
   d. Zollinger-Ellison syndrome (gastrin-secreting pancreatic tumor)

**Signs and Symptoms:**
1. heartburn
2. peptic ulcer disease
3. gastritis

**Lab Findings:**
1. (+) Heidelberg pH capsule analysis for acidity
2. increased serum gastrin (with Z-E syndrome)
3. (+) endoscopy for ulceration (possibly)
4. (+) for hypoglycemia (possibly)

**Course/Prognosis:**
1. Zollinger-Ellison syndrome is a serious disease that requires careful treatment and close follow-ups
   a. 60% of the pancreatic tumors are malignant
2. in the hyperchlorhydria is left untreated, peptic ulcers may occur and gastritis may develop and become chronic

**Differential Diagnosis:**
1. esophagitis
2. hiatal hernia
3. gastroesophageal reflux
4. peptic ulcer disease

Hypergastrinemia can be found in:
   a. pernicious anemia
   b. renal insufficiency
   c. chronic gastritis
   d. pheochromocytoma
   e. marked intestinal resection

**Nutrition:**
1. apples, asparagus, cherry, cucumber, dandelion greens, green vegetables
2. foods high in chlorophyll
3. foods high in vitamin A
4. foods high in acidophilus and lactobacillus

**Remedies:**
   a. 2 oz. guava powder, eat ½ oz. TID with warm water half hour after each meal
   b. take 8 clams and toast in their shell and eat the clams BID

**Avoid:**
1. meat, hot sauces, spicy, fried, fatty, rich and/or salty foods
2. sweets and sugar
3. alcohol, coffee, caffeine

**Supplements:**
1. manganese (50mg TID)
2. choline (1g every 6 hours)
3. liquid chlorophyll (1 Tbsp. TID)
4. alfalfa (4 tabs TID)
5. chlorella (tabs as instructed)

**Hydrotherapy:**
1. compress: hot to abdomen, at same time, cold compress to back
HYPERCHLORHYDRIA

Manipulation:
1. check and align T6-8

Physiotherapy:
1. relaxation breathing

Botanicals:
1. Acorus calamus (toxic) gastric ulcer, hyperacidity
2. Althea officinalis: demulcent
3. Cinchona spp. (toxic)
4. Filipendula ulmaria: atonic dyspepsia with heartburn and hyperacidity; with Althea officinalis
5. Glycyrrhiza glabra: demulcent, anti-inflammatory
6. Spiraea ulmaria: restores normal balance to gastric secretory function; with Agrimonia eupatoria
7. Symphytum officinale (toxic): demulcent
8. Ulmus fulva: demulcent

If due to a nervous condition, consider using:
   a. Avena sativa
   b. Passiflora incarnata
   c. Scutellaria lateriflora
   d. Verbena hastata

See: Peptic ulcer

Homeopathy:
1. Anacardium: empty feeling in stomach; pain as if dull plug were pressed into intestines; eating relieves dyspepsia; waterbrash and vomiting in evening; followed by acidity; great thirst with arrested breathing on drinking; bitter taste; sx < by eating but return after 2 hours
2. Argentum nitricum: belching, painful swelling of pit; colic with much flatulent distension; irresistible desire for sugars which < eating, > nausea but < stomach pains; warm drinks > and cold < stomach pains; nausea after meals; gastralgia from stress; violent belching with undigested food
3. Atropin: when Belladonna fails; vomiting of food after hot drinks; severe sticking pains in umbilical region, > after vomiting; region of stomach very sensitive; swelling in pyloric region
4. Calcarea carbonica: frequent sour eructation, sour vomiting; dislike of fat; heartburn and loud belching; cramps in stomach are < pressure and cold water; swelling over pit of stomach like a saucer turned bottom up; pain in epigastric region to touch; ravenous hunger; aggravation while eating
5. Carbo vegetabilis: eructations after eating and drinking; epigastric region very sensitive; temporary relief from belching; rancid sour or putrid eructations; burning in stomach, extending to back and along spine contractive pain extending to chest with distention of abdomen
6. Chininum arsenica: alteration of hyper with hypo-acidity; thirst for water yet diarrhea; anorexia; sensation as if diarrhea would set in; sx < motion; stomach discomfort > by expanding the chest; very severe colic
7. Iris versicolor: burning of whole alimentary canal; vomiting, sour, bloody; flatulent colic; eructations of tasteless gas; great burning distress in epigastrium; violent pain at intervals; gastric sx < with h/a
8. Lycopodium: food tastes sour; sour eructations; great weakness of digestion; incomplete burning eructations rise only to pharynx, there burn for hours; pressure in stomach after eating, with a bitter taste in mouth; eating ever so little creates fullness
9. Natrum carbonicum: waterbrash; very weak digestion caused by slightest error of diet; depressed after eating; bitter taste; old dyspeptics, always belching, have sour stomach and rheumatism
10. Nux vomica: sour taste and nausea in morning and after eating; weight and pain in stomach < eating, sometime after; flatulence and pyrosis; sour bitter eructations; epigastrium bloated with pressure as if a stone, several hours after eating; ravenous hunger; esp. about a day before an attack of dyspepsia
11. Orexine tannate
12. Pulsatilla: averse to fat food, warm food and drink; eructations; taste of food remains a long time; bitter taste; diminished taste of all food; heartburn, pain in stomach an hour after eating; waterbrash, with foul taste in morning
13. Robinia: intensely acrid eructations; acid and greenish vomiting; colic, flatulence, nightly burning pains in stomach and constipation with urgent desire; heartburn and acidity on lying down; food turns very sour after eating; intensely acid stomach after eating; distention and flatulent colic
14. Sulphuric acidum: heartburn, sour eructations, sets teeth on edge; coldness of stomach relieved by applied heat; relaxed feeling in stomach; sour vomiting
HYPERCHOLESTEROLEMIA
(also see Atherosclerosis)

**Definition:**
An excess of cholesterol in the blood; generally defined as > 200mg/dl, although many doctors are now citing
180mg/dl as the maximum of the reference range

**Etiology:**
1. hyperlipoproteinemias: cholesterol may be slightly increased in types I and IV; moderately increased in
type V (up to 250-500mg/dl); markedly increased in types IIa, IIb and III (up to 300-1000mg/dl)
2. idiopathic
3. biliary obstruction
4. Von Gierke's disease
5. "sluggish" liver syndrome
6. hypothyroidism
7. pregnancy
8. pancreatic dysfunction
9. nephrosis
10. diet (high intake levels of cholesterol, saturated and polyunsaturated fats, fried foods, hydrogenated oils,
meat, sugar, coffee, alcohol)
11. low fiber intake
12. nutrients (high zinc, low intake of vitamin C, calcium, chromium, copper, magnesium)

Cholesterol levels have become the source of much national fear, even though cholesterol is one of the most
valuable substances in the human body. Cholesterol is needed for strong cell walls, as a precursor for hormone
production and as a coating around nerves, to name just a few of its very important functions. It is made on
the liver in amounts up to 2000mg/day. Cholesterol associated with HDL (and Apolipioprotein A-1) is generally
considered to be beneficial to the body, as it works to remove cholesterol from blood vessel walls and the blood
itself, bringing it to the liver for processing and excretion. It is associated with the LDL (and Apolipioprotein B)
which is generally thought of be harmful to the body as it carries cholesterol into the bloodstream and can
therefore place it into the intima of the arterial walls, promoting atherosclerotic processes. VLDLs become LDLs
in the liver and are therefore also generally thought to be harmful. For many years, this theory placed the
effect of high cholesterol as the major etiologic agent in the epidemic of heart attacks and CVD experienced in
Western nations. However, recent evidence suggests other important factors (see Atherosclerosis).

**Signs and Symptoms:**
1. high levels of total cholesterol, LDL and VLDL cholesterol; of most concern when accompanied by low
levels of HDL cholesterol
2. history of poor eating habits, sedentary lifestyle, smoking, excessive drinking, etc.
3. angina, hypertension, kidney disease
4. no signs or symptoms may be present with life-threatening atherosclerotic disease

**Lab Findings:**
1. Naturopathic Medical standards
   a. total cholesterol = < 180mg/dl
   b. HDL cholesterol = > 60mg/dl
   c. LDL cholesterol = < 100mg/dl
   d. VLDL cholesterol = < 35mg/dl
2. total cholesterol: HDL ratio
   a. men: optimal = < 3.43 (average = 4.97; 2x above average = 9.55)
   b. women: optimal = 3.27 (average = 4.44; 2x above average = 7.05)

**Course/Prognosis:**
1. in more developed countries, people who are apparently symptom-free may suddenly have a massive MI
   a. may be the first indicator of disease
   b. yearly cholesterol screens are highly recommended
2. hypercholesterolemia in Western countries seems well-linked to significant morbidity (hypertension,
   angina) and mortality (MI, CVA)
3. estimated that half the population will die from CHD and the results of atherosclerosis
4. coronary bypass surgery: is one of the most common operations now performed, even though it carries
   inherent risks and research has shown that its effect is generally transient, with patients often
   experiencing repeat symptoms only 2-3 years post-surgery
5. chelation therapy: offers some hope but it remains controversial and the province of only a few physicians
6. new research suggests that prevention and natural treatment offer the healthiest and most lasting and
   least costly route to recovery
HYPERCHOLESTEROLEMIA
(also see Atherosclerosis)

**Differential Diagnosis:**
1. hypercholesterolemia (is generally an incidental finding on blood screening or identified following symptoms of complications)
2. classic lipidemias
See: primary causes as listed in the etiology

**Nutrition:**
1. low sugar
2. low fat diet of unsaturated fats
3. high fiber  
   a. foods high in water soluble fiber: flax seed, pectin, guar gum, oat bran
4. low cholesterol
5. low sodium/sodium retention diet
6. vegetarian cleansing diet or short fasts
7. calories percentages: 70% carbohydrates, 12-15% protein, 15-18% fat
8. garlic, wheat germ, liquid chlorophyll, alfalfa sprouts, buckwheat, watercress, rice polishings, apple, celery, cherries, onions, beans, legumes, soy, ginger, yogurt
9. increase omega-3 and -6 FAs: vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, EPO, black currant oil

**Avoid:**
1. trans FAs, hydrogenated oils (margarine, vegetable shortening, imitation butter spreads, most commercial peanut butters, oxidized fats [deep fried foods, fast food, ghee, BBQ meats])
2. refined, simple carbohydrates: sucrose, white flour, processed foods

**Supplements:**
1. vitamin B-3 (100mg TID, working up to 6g QD)  POSSIBLE LIVER PROBLEMS
3. vitamin B-6 (40mg QD)
4. folic acid (5mg QD)
5. vitamin C (3g QD)
6. vitamin E
7. magnesium (500mg QD)
8. selenium
9. zinc
10. copper (2mg QD)
11. molybdenum
12. chromium (200mcg QD)
13. L-carnitine (3g QD)
14. bromelain
15. omega-3 FAs: (EPA 5-10g QD)
16. gugolipids
17. rice bran oil (3g QD)
18. phosphotidyl ethanolamine

**Physiotherapy:**
1. regular aerobic exercise

**Botanicals:**
1. Allium cepa: lowers cholesterol
2. Allium sativum: lowers cholesterol
3. Commiphora mukul (guggalon gum): lowers LDL and VLDL, while raises HDL
4. Eletherococcus senticosus: lowers cholesterol
5. Panax ginseng: in hyperlipidemia; reduces total serum cholesterol, TGs and raises serum HDL-cholesterol levels
6. Vaccinium myrtillus: reduces serum cholesterol and TG levels in primary dyslopidemia

**Homeopathy:**
1. Cholesterolinum: if necessary, with regular lab work every 3 months; starting with higher potencies and descending
HYPERCHOLESTEROLEMIA
(also see Atherosclerosis)

2. **Carbo vegetabilis**: patient is sluggish, fat and lazy; very debilitated; general venous stasis, bluish skin, limbs cold; the simplest food distresses; digestion slow, food putrefies before it digests; aggravation from rich fatty foods

3. **Ferrum metallicum**: obesity, patient looks strong, but is weakly anemic and chlorotic with pseudo-plethora; < after any active effort; muscles flabby and relaxed; irregular distribution of blood; sanguine temperament; distention and pressure in stomach after eating; aggravation from fats, oils; intolerance of eggs

4. **Nitric acid**: person dark complexioned and past middle life; hydrogenoid constitution; irritable; vindictive; hopeless despair; love fat and salt; longings for indigestible things; great hunger with sweetish taste

5. **Nux vomica**: patient is thin active irritable, seeks stimulants, takes preferably rich and stimulating food; indulges in alcohol; has late hours; thick head; dyspepsia and irritable temper; easily chilled and avoids open air

6. **Pulsatilla**: mild, gential, yielding disposition; seeks open air; symptoms ever changing; averse to fat food, cannot tolerate it; eructations; taste of food remains a long time

7. **Sulphur**: great acidity; sour eructation; craving for fats; food tastes too salty; very selfish; averse to business; < standing, < warmth of bed; > dry warm weather; very weak and faint around 11am
HYPERPARATHYROIDISM

Definition:
A generalized disorder resulting from excessive secretion of parathyroid hormone (PTH); it is usually characterized by hypercalcemia, hypophosphatemia and abnormal bone metabolism. Nephrolithiasis and reduction of bone mass are common.

Etiology:
1. is unknown
2. conditions that lower serum Ca:
   a. renal insufficiency
   b. intestinal malabsorption syndrome can cause increased secretion of PTH over long periods
      1. termed secondary hypoparathyroidism; can lead to hyperplasia of the glands and ultimately oversecretion of PTH causing hypercalcemia
3. malignancies: parathyroid, also lung, kidney and liver, can secrete PTH-like substances and are detected by radioimmunoassay
4. hypercalcemia (consistent Ca levels > 12.5mg/dl): causes nervous system, alimentary tract and kidney disorders
5. neuromuscular transmission is reduced (muscle weakness, memory loss) from calcium-inducing hypokalemia

Signs and Symptoms:
1. usually asymptomatic; hypercalcemia is found through routine lab work
2. peptic and duodenal ulceration
3. irritability and memory loss
4. muscle weakness
5. anorexia
6. constipation
7. high urine volume from high solute load

Lab Findings:
Primary hyperthyroidism:
1. increased serum PTH
2. increased serum Ca (may need repeat determinations; measure total protein and albumin to assess meaning of calcium levels)
3. decreased serum phosphate
4. serum Alk. Phos. May be slightly increased or normal
5. increased urine Ca and PO.
6. polyuria with low specific gravity
7. serum chloride increased

Secondary hyperthyroidism:
1. labs reflecting underlying disease
2. serum Ca low or normal
3. serum phosphate increased
4. increased PTH
5. decreased chloride

Course/Prognosis:
1. "metastatic calcifications" from hypercalcemia causing deposition of calcium, can be found in the kidneys (esp. renal tubules), lungs, blood vessels and stomach
2. controlling stimulus for the oversecretion of PTH is obviously the first consideration
3. parathyroid adenomas must be addressed
4. renal disease must be considered

Differential Diagnosis:
1. parathyroid adenomas
2. renal disease

Nutrition:
1. diet should be high caloric until normal weight has been reached and may be high in protein initially until wasting is stopped
2. vitamin B complex foods
3. calcium and phosphorus rich foods
4. foods that calm the spirit, tonify the Heart
HYPERPARATHYROIDISM

5. sedating foods
6. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

Supplements:
1. phosphorus (500mg TID)

Manipulation:
1. check and align C5-T2

Homeopathy:
1. Ammonium carbonicum: 30c BID or Crocus 30c BID; balance endocrine system
2. Belladonna: hot, red skin, flushed face; restless sleep; delirium, hallucinations, sees monsters, hideous faces; furious, rages, bites, strikes; incontinence of urine, continuous dropping; frequent and profuse uremia; anorexia; N/V; thirst for cold water; sleeplessness
3. Calcarea carbonica: apprehensive, forgetful, confused, low-spirited, jaded state mental and physical due to overwork; great sensitiveness to cold; partial sweats; loss of appetite when overworked; frequent sour eructations; gall stone colic; urine abundant, fetid sour with white sediment; renal colic; rheumatoid pains, as if after exposure to wet
4. Lycopodium: melancholy, afraid to be alive; deep seated progressive, chronic disease; earthy complexion; uric acid diathesis, red sand in urine; back ache in renal region; emaciation; pains come and go suddenly; dyspepsia due to farinaceous and fermentable food eating; eating ever so little causes fullness; polyuria at night; palpitation at night
5. Phosphoricum acidum: mental debility, later physical and nervous exhaustion; after acute diseases, excesses, grief, loss of vital fluids; pyrosis, flatulence, nausea, diarrhea, diabetes, rachitis, delirium with great stupefaction; urine frequent, profuse watery, milky; somnolency; uremia
6. Plumbum metallicum: pallor, icterus, anemia, delirium, coma, convulsions, mental depression, memory impaired, hypertension and arteriosclerosis; excessive and rapid emaciation; chronic interstitial nephritis, with great pain in abdomen; gastralgia
7. Sepia: indifferent to those loved best; weariness and weakness; red, adhesive sand in urine; chronic cystitis; prodromal symptoms of apoplexy; nausea at sight and smell of food, nausea < lying on side; flatulent with h/a; intermittent palpitation
8. Stramonium: talkative, gaurilous, laughing, hallucinations, delirium with desire to escape; < in dark room, when alone; uremia, violent thirst; vomiting of mucus and green bile
HYPERTENSION
Also see Pre-eclampsia

Definition:
Primary or secondary elevation in either systolic and/or diastolic blood pressure.

Etiology:
1. is characterized by a diastolic reading above 90mm/Hg or a systolic reading above 140mm/Hg or both
2. 2 types of hypertension
   a. primary (essential or idiopathic):
      1. with no discernible cause; conventionally
      2. about 89% of cases are considered to be in this category, however, many factors are implicated in the development of primary or essential hypertension
      3. some of the recognized risk factors include:
         a. family hx.
         b. environment (family size, crowding, eating patterns, occupation, obesity)
         c. salt ingestion and sensitivity (there is controversy over whether the sodium or chloride part of the salt molecule is the principal factor)
         d. race (blacks have more primary hypertension and more morbidity and mortality than whites)
         e. hyperlipidemia
         f. smoking
         g. diet
   a. secondary:
      1. accounts for only a small minority of patients with hypertension but must be ruled out in all cases, as discovery and treatment of the cause will cure the hypertension
      2. causes of secondary hypertension include:
         a. sympathetic nervous system compensation in response to pancreatic hypoglycemia: usually will fluctuate; in the morning it will be better and in the afternoon it will be worse
         b. epinephrine compensation in response to severe pancreatic hypoglycemia: the patient will seem like they are calm outside but really tense inside; they will tend to have increasing hypertension as the day goes on
         c. obese hypertension: may be hormonal, hormonal with adrenal compensation, hormonal with liver compensation or adrenocortical compensation
         d. renal hypertension: divided into renovascular hypertension (pre-eclampsia and eclampsia) and renal parenchymal hypertension (stenosis of a renal artery causing decreased renal perfusion which results in the kidneys activating the renin-angiotensin pathway
         e. endocrine hypertension: this includes adrenal hypertension (primary aldosteronism, Cushing's syndrome and pheochromocytoma), acromegaly, hypercalcemia and oral contraceptives (probably the most common cause of secondary hypertension)
         f. coarctation of the aorta

Signs and Symptoms:
Primary hypertension:
1. patients are often asymptomatic until late in the disease, and frequently hypertension is discovered during routine physical examination
2. occipital h/a: seen only with severe, advanced disease; < in the morning on rising and > as the day goes on
3. dizziness
4. palpitations
5. blurred vision: (+) fundus changes are a late sign
6. epistaxis
7. hematuria
8. (+) bruits over renal arteries: abdominal aorta aneurysm
9. no fall in BP from supine to standing
Secondary hypertension:
1. same symptoms as primary HT, plus symptoms or hx. related to whatever is the inciting cause; in addition:
   a. blood pressure falls during orthostatic measurement
   b. sympathetic nervous system compensation may cause BP fluctuations, > morning, < evening; the individual will appear calm but experiences internal tension

Lab Findings:
HYPERTENSION
Also see Pre-eclampsia

1. chem screen: to monitor renal status, blood glucose, potassium levels
2. UA: microscopic exam of urine for casts
3. chest x-ray: for aortic aneurysm, coarctation of the aorta
4. Fantus test for urine chloride: high chloride may indicate NaCl-sensitivity HT
5. specific studies to rule out suspected causes of secondary HT

Course/Prognosis:
1. it has been estimated that untreated primary HT decreases life-span by 10-20 years, principally by increasing atherosclerosis
2. death is usually from heart disease, stroke or kidney failure
3. approximately 1% of HT patients will develop malignant HT (extreme HT with papilledema, retinal hemorrhages and exudates, severe h/a, vomiting, convulsions, stupor, coma)
   a. malignant HT is a MEDICAL EMERGENCY
4. conventional treatment of primary HT consists of stress management, dietary modifications (decreased salt intake, decreased calories in overweight patients, decreased cholesterol and saturated fats), regular exercise, control of risk factors that promote atherosclerosis and drug therapy

Differential Diagnosis:
1. primary versus secondary then differentiate the secondary cause

Nutrition:
1. low sugar
2. low fat diet of unsaturated fats
3. high fiber
4. low cholesterol
5. low sodium/sodium restricted diet
6. 1-2 week fast on alkaline juices or watermelon fast, followed by a vegetarian diet
7. hypoallergenic/rotation diet
8. millet, buckwheat, oats, rice, raw goat’s milk, raw leafy vegetables, watermelon, garlic, onions, cornsilk tea, broccoli, celery, cherries, nectarines, pineapple, kumquats, squash, pomegranate, guava, parsley, cucumber, dandelion greens
9. foods rich in potassium, magnesium, rutin
10. diuretic foods
11. increase omega-3 and -6 FAs: vegetable, nut seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, EPO, black currant oil
12. overweight: reduce weight to normal range
13. extreme hypertension restrict diet to 500mg sodium

Remedies:
   a. cornsilk and white mushroom soup
   b. take 60g of banana skins or stems, steam in water and eat TID
   c. 1 cup of grape juice and celery juice each, taken with warm water TID for 20 days; after on 20 day course of treatment, a 5-7 day rest, then resume another course
   d. drink the decoction of 10 water chestnuts and 25g each of kelp and cornsilk
   e. soak peanuts in vinegar for 5 days, eat 10 peanuts every morning
   f. take a handful of sunflower seeds every morning and evening with 1/2 cup of celery juice for 1 month
   g. drink 1 small "wine glass" of turnip juice morning and evening for 10 days
   h. decoct 250g celery (1/2 lb.) and drink, at same time eat 10 large Chinese dates
   i. constipation caused by hypertension: take 500g of peeled banana and mash together with 15g black sesame seed, eat QD
   j. take 60g of water chestnuts and 30g of fresh orange peel, add water, steam until cooked and serve BID-TID
   k. take 30g dried green peach (pitted young green fruit left to dry in the sun) cover with water and simmer until cooked and drink in place of tea

Avoid:
1. food intolerances
2. salt, salty foods (pickles, olives, chips, packaged snacks, pretzels, nuts with salt)
3. meat (esp. ham, frankfurters, bacon, bologna, corned beef, lunch meats, frozen fish fillets, sardines, herring, caviar, anchovies, shellfish, smoked meats and fish, pork)
4. dairy products (processed cheese, ice cream, milk shakes)
5. spicy foods (salsa, white and black pepper, mustard)
HYPERTENSION
Also see Pre-eclampsia

6. ginger, canned tomato juice, V-8 juice, canned, dried or instant soups, frozen peas and beans, most processed and refined foods, mayonnaise, salad dressings, gravies, ketchup, baking powder, baking soda, soft drinks, Jello, candy, rennet tablets, pudding mixes, beverage mixes
7. preservatives (MSG, sodium benzoate, sodium propionate in cheese and bread)
8. alcohol
9. fried and/or fatty foods
10. overeating
11. low levels of calcium
12. trans-FAs, hydrogenated oils (margarine, vegetable shortenings, imitation butter spreads, most commercial peanut butters, oxidized fats (deep fried foods, fast food, ghee, BBQ meats)

Supplements:
1. vitamin A
2. vitamin B complex
3. vitamin B-3
4. vitamin C
5. vitamin D
6. calcium (1-2g QD)
7. magnesium (500mg QD)
8. potassium (99mg QD)
9. coenzyme Q10 (60mg QD)
10. omega-3 FAs (10-15g QD)
11. omega-6 FAs (EPO, flaxseed; 1-2 Tbsp. QD)

Hydrotherapy:
1. hot baths to promote sweating
2. constitutional hydrotherapy
3. acute hypertension: enema, then full body hot bath with cold compress to head and neck
4. alternating foot baths
5. peroxide baths to gently stimulate skin circulation

Manipulation:
1. check and align upper cervicals for high diastolic
2. check and align C7-T3 or T10-L2 for high systolic
3. very high BP don’t adjust cervicals

Physiotherapy:
1. assess CV fitness by submax. stress test
2. aerobic exercise program; the preferred treatment for mild HT
3. caution patient against isometrics
4. spondylotherapy: concussion or sine between T3, T4; for acute hypertension concussion T9
5. massage: gentle, full body

Botanicals:
1. Achillea millefolium: essential HT
2. Allium sativum
3. Apium graveolens: juice and seeds
4. Arctium lappa
5. Arnica spp. (toxic)
6. Berberis vulgaris (root bark)
7. Cimicifuga spp.
8. Crataegus oxyacantha: cardiotonic, stabilizes heart
9. Fagopyrum esculentum (buckwheat): with vitamin C; raised arterial tension with capillary bleeding
10. Ginkgo biloba (standardized extract)
11. Hamamelis virginiana
12. Olea europaea (olive): in combinations
13. Rauwolfia serpentina (toxic): primary HT
14. Scutellaria lateriflora: nervine
15. Taraxacum officinale: diuretic, tonic
16. Tilia platyphyllos: HT associated with atherosclerosis
17. Valeriana spp.
18. Veratrum album (toxic)
19. Viscum album (toxic): mild; subjective improvement with symptoms associated with high blood pressure: h/a, dizziness, loss of energy, irritability
HYPERTENSION
Also see Pre-eclampsia

Formulas:

a. **Hypertension**: Crataegus oxyacantha combines well with: Selenicereus grandiflorus (toxic), Tilia platyphyllos, Viscum album (toxic) or Scutellaria lateriflora

b. **Hypertension**: Viscum album (toxic), Tilia platyphyllos + Scutellaria lateriflora, Crataegus oxyacantha

c. **Essential HT**: Achillea millefolium, Tilia platyphyllos

d. **Hypertension**: Viscum album (toxic), Crataegus oxyacantha (leaves and flowers), Melissa officinalis (leaves), equal parts; **SIG**: 1 cup morning and night, prepared by infusing 2 tsp. of the mixture for 5-10 min., taken in sips while warm

e. Carum carvi (1 part), Foeniculum vulgare (1 part), Pimpinella anisum (1 part), Achillea millefolium (1 part), Matricaria chamomilla (2 parts), Mentha piperita (2 parts)

f. **Hypertension for immediate relief**: tinctures of Cactus grandiflorus (toxic) [15 drops], Crataegus oxyacantha [5 drops], Salix nigra [30 drops], Passiflora incarnata [20 drops], Menyanthes trifoliata [30 drops]; **SIG**: every 4 hours for 2 days

g. **Hypertension (mild)**: powders of Ruta graveolens (toxic) [1 dr], Solidago odora [1 dr], Valeriana officinalis [3 dr], Glycyrrhiza glabra [3 dr], Veronicastrum virginicum [4 dr], Tilia europa [2 dr], Rhamnus frangula (toxic) [6 dr]; mix well and divide into 20 doses; **SIG**: 1 dose to 2 cups water, cover and boil for 2-3 min., let steep for 10 min., strain, drink

h. **Hypertension (severe)**: Crataegus spp. (fruit, flower) [6 dr], Passiflora incarnata, Scutellaria latifolia or Valeriana spp. [6 dr], Capsicum frutescens [2 dr]; **SIG**: 60-120 drops BID-TID in 1/4 cup of water

i. **Hypertension (mild)**: powders of Sassafras variifolium [1 1/2 dr], Solidago odora [1 1/2 dr], Viscum album (toxic) [1 1/2 dr], Cimicifuga racemosa [1 1/2 dr], Phytolacca americana (toxic) [1 1/2 dr], Cassia acutifolia (toxic) [4 dr], Rhamnus frangula (toxic) [1 1/2 dr], Cassia spp. (toxic, bark) [1 1/2 dr]; mix well and divide into 20 doses; **SIG**: 1 dose to 2 cups water, cover and boil for 2-3 min., let steep for 10 min., strain, drink

j. **Hypertension (severe)**: Crataegus spp. (fruit, flower) [6 dr], Passiflora incarnata, Scutellaria latifolia or Valeriana spp. [6 dr], Capsicum frutescens [2 dr], Veratrum viride (toxic) [2 dr]; **SIG**: 60 drops BID-TID and monitor blood pressure, if it increases go back to higher dosage

k. Taraxacum officinale (root); **SIG**: 60 drops BID

Homeopathy:

1. Aurum metallicum: violent palpitation; orthopnea, fullness in heart region, < night

2. Baryta carbonicum: chilly, physically and mentally dwarfed; palpitation, < lying on left side; vertigo in morning, fainting with nausea

3. Conium maculatum: vertigo, slightest motion of head or lying down, > closing eyes; occipital h/a on rising in the morning

4. Kali iodatum: past history of syphilis or Mercurius solubilis poisoning; hemorrhagic diathesis; chronic acid coryza and pain in frontal sinus

5. Lachesis: left-sided heart failure, hemorrhagic tendencies, angina, hot patient

6. Natrum muriaticum: h/a and vertigo, throbbing, one-sided; hot patient; vertigo with nausea and tendency to fall forward and to the left

7. Picroc acid: due to enlarged prostate, renal conditions; occipital h/a > tight bandage

8. Plumbum metallicum: atherosclerosis; nephritis; mental depression; < night, mental exertion; “sheep dung” stool

9. Secale cornutus: internal hear with external coldness > uncovering; bleeding tendency; palpitation and boring pain in chest

10. Strontium carbonicum: flushed face and threatened apoplexy; vertigo with h/a and nausea; chilly, > immersing hands in water
HYPERTHYROIDISM/GRAVE'S DISEASE

Definition:
A disease of hyperthyroidism combined with one or more of the following:
1. pretibial myxedema
2. exophthalmos
3. goiter
Also termed toxic diffuse goiter and Grave's disease.

Etiology:
1. Grave's disease is the classic cause of hyperthyroidism
   a. seen most in women aged 20-40
   b. cause is unknown although there might be an autoimmune connection, as in about 20-50% of patients there are circulating "long-acting thyroid stimulators" (LATS), which appear to be antibodies to the thyroid tissue

Signs and Symptoms:
1. goiter
2. tachycardia
3. warm, fine, moist skin
4. tremor
5. atrial fibrillation; widened pulse pressure

Frequent symptoms:
   a. nervousness and hyperactivity
   b. increased perspiration; < heat
   c. palpitations: tachycardia
   d. weight loss; increased appetite
   e. insomnia; fatigue; weakness
   f. increased bowel movements
   g. exophthalmos; blurred and double vision
   h. myopathy: often involving the shoulder
   i. infiltrative dermopathy (aka. pretibial myxedema): red and very itchy lesion

Lab Findings:
1. increased serum T3 and resin uptake
2. increased serum total thyroxine (T4)
3. normal serum thyroxine-binding globulin
4. increased radioactive iodine uptake
5. decreased serum cholesterol and lipids
6. abnormal liver tests
7. decreased TSH
8. specific antibody testing to differentiate Grave's disease and thyroiditis

Course/Prognosis:
1. prognosis is variable: conventional treatments include iodine, anti-thyroid drugs, radioactive iodine and surgery (which offers a very good prognosis)

Differential Diagnosis:
1. thyroid storm
2. toxic adenoma
3. toxic multinodular goiter
4. thyrotoxicosis factitis
5. silent thyroiditis
6. T3 toxicosis
7. anxiety states
8. pheochromocytoma

Nutrition:
1. diet should be high caloric until normal weight has been reached and may be high in protein initially until tissue wasting is stopped; high fat diet
2. foods rich in vitamin B complex, calcium and phosphorus
3. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

Avoid:
HYPERTHYROIDISM/GRAVE'S DISEASE

1. tobacco and alcohol
2. coffee and tea in moderation

Supplements:
1. vitamin A (200,000–400,000 IU QD) TOXIC DOSE
2. potassium iodide
3. promorphogens: thymus, spleen, pituitary, pancreas, duodenum, ovarian, corpus luteum (if hyperovarian), adrenal; NO thyroid
4. calcium
5. phosphorus
6. KI (supersaturated): 3 drops for 3 days max. to shut down in thyroid storm

Generals:
1. detoxification
2. remineralization
3. if all things fail, radioactive iodine, thyroidectomy or radiation therapy is used

Hydrotherapy:
1. neutral bath
2. wet sheet pack
3. hot foot bath

Physiotherapy:
1. aerobic exercise in open air
2. spondylotherapy: concussion of C7 with fist in middle finger of hand contracting vertebrae, seven sharp shocks followed by 7 seconds rest, then 7 times in succession
3. synthetic nauheim baths: 40 gallons of water in tub with 1 lb. bicarbonate of soda, after patient is in bath add 1 lb. citric acid slowly, patient rests for 20 min. repeat daily

Botanicals:
1. Fucus: kelp powder
2. Cactus: with rapid pulse
3. Iris
4. Lycopus

Homeopathy:
1. Belladonna: patient excited, worries over trifles, violent in emotions; full pulse, rapid and bounding; throbbing in carotids; increased skin temp.; eyeballs prominent, pain deep in eyeball, pupils dilated
2. Ferrum phosphoricum: face flushes bright red under least excitement; rapid pulse, full and soft
3. Iodine: palpitation lest exertion; flashes of heat all over body; profuse attacks of sweating in patient with normally dry skin; emaciation; goiter with sense of constriction; pain in larynx; loss of flesh with great hunger
4. Lycopus: eyes feel pushed out with tumultuous action of heart; palpitation with nervous irritation
5. Natrum muriaticum
6. Spongia tosta: hypertrophy of thyroid becoming increasingly hard; eyes protruding; all symptoms < mental excitement; rapid and violent palpitations; flushed
HYPOADRENALISM
Also see Addison’s disease

Definition:
Adrenal hypofunction, also known as Addison’s disease

Physiology:
1. adrenal cortex produces androgens, glucocorticoids (ie. cortisol) and mineralocorticoids (ie. aldosterone)
2. reduced cortisol levels lead to increased ACTH secretion causing increase in beta-lipotropin which has melanocyte producing activities and causes hyperpigmentation of the skin and mucous membranes

Etiology:
1. the majority of cases are due to idiopathic atrophy of the adrenal cortex with the remainder being due to granulomatous lesions, inflammatory conditions or neoplasms of the cortex

Signs and Symptoms:
1. increased excretion of Na and decreased excretion of K result in low blood concentrations of Na and Cl along with high serum K; these electrolyte changes produce increased water excretion, dehydration, increased plasma concentration, hypotension and may lead to circulatory collapse
2. diminished cortisol levels contribute to hypotension and disrupt protein, carbohydrate and fat metabolism
3. diminished conversion of protein to carbohydrates may lead to hypoglycemia
4. hyperpigmentation: reduced cortisol levels lead to increased ACTH secretion causing increase in beta-lipotropin which has melanocyte producing activities and causes hyperpigmentation of the skin and mucous membranes
5. weakness
6. diminished resistance to infection, trauma and stress
7. decreased cardiac output capability
8. orthostatic hypotension
9. black freckles over the face, neck and shoulders
10. bluish dark coloration of the areola, lips, mouth, rectum and vagina
11. later stage symptoms: weight loss, dehydration, hypotension and small heart size
12. subclinical adrenal hypofunction: may cause increased susceptibility to allergic responses; it is also characterized by vague symptoms like fatigue, dizziness, weight loss, abdominal pains, craving for salt, hypoglycemia

Lab Findings:
1. low serum Na levels (< 130 mEq/L)
2. high serum K levels (> 5 mEq/L)
3. elevated BUN (> 20mg/100ml)
4. ratio serum Na:K (< 30:1)
5. low fasting blood sugar (< 50 mg/100ml)
6. elevated hematocrit
7. low WBC count
8. relative lymphocytosis
9. increased eosinophils
10. specific testing for Addison’s disease involves ACTH stimulation

Course/Prognosis:
1. depends upon etiology; this condition is usually subacute and insidious, presenting simply as diminished energy or perhaps increased allergic response; may go on for years without treatment
2. it is proposed that a high proportion of people in present day society suffer from varying degrees of adrenal hypofunction because of the stress demands placed upon most individuals

Differential Diagnosis:
1. hypopituitarism
2. nutritional deficiency
3. food or environmental sensitivity or allergy
4. malabsorption
5. malignant disease
6. psychogenic symptoms
7. myopathies

Nutrition:
1. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

Supplements:
HYPOADRENALISM
Also see Addison's disease

1. vitamin B-5 (500-1500mg QD)
2. vitamin C (1-3g QD)
3. glandulars: adrenal, thyroid

Hydrotherapy:
1. heating compress to trunk

Manipulation:
1. check and align T8-T12 and levels of parasympathetics (cervicals and lumbars/sacrum)

Physiotherapy:
1. spondylotherapy: concussion of T11
HYPOCHLORHYDRIA

**Definition:**
Decreased secretion of HCl from the stomach

**Etiology:**
1. generally associated with aging (esp. after 50 and with chronic diseases), can affect anyone at any age
2. children with asthma are suspect
3. causes:
   a. autoimmune diseases (anti-parietal cell antibody)
   b. *Helicobacter pylori* infection (H. pylori IgG antibody)
   c. chronic eating of devitalized food
   d. excess dietary fat and sugar
   e. chronic overeating (the stomach has to concentrate they hydrogen ion by 4 million times that in arterial blood)
   f. hypothyroidism
   g. hypoadrenalism
   h. chronic stress
   i. salt-restricted diets
   j. radical diet changes
   k. possible seasonal allergies
   l. many food allergies
   m. recurrent food poisoning or excessive dysbiosis (bacterial, parasitic, yeast, fungal)
4. common diseases associated with hypochlorhydria/achlorhydria:
   a. DM
   b. childhood asthma
   c. thyroid: hypothyroid, hyperthyroid
   d. skin: eczema, vitiligo, rosacea
   e. gall bladder: cholelithiasis, cholecystitis
   f. liver: chronic hepatitis
   g. osteoporosis
   h. RA
   i. urticaria
   j. SLE
   k. adrenal exhaustion
   l. chronic atrophic gastritis

**Physiology:**
1. normal stimuli for the production of gastric acid:
   a. thinking about food
   b. chewing food
   c. certain foods in the stomach (esp. proteins, milk, calcium salts, coffee)
   d. epinephrine (sympathetic dominant states)
2. gastrin is secreted by the G cells of the pyloris and duodenum into the stomach lumen and portal system
3. gastrin stimulates acid production by parietal cells and may also be a neurotransmitter in the colon (gastrocolic reflex) [see: GI function, Immunity and Stress]
4. acid entering the duodenum stimulates:
   a. cholecystokinin (CCK): slows gastric emptying, relaxes the sphincter of Oddi, stimulates gall bladder contraction, pancreatic enzyme and bicarbonate production and decreases appetite
   b. secretin: stimulates pancreatic juices
   - without enough HCl, the gall bladder, duodenum and pancreas are effected
5. gastric chief cells produce pepsinogen which is converted to pepsin (breaks down protein to peptides) by HCl
6. other factors of stomach acid:
   a. kills ingested bacteria and parasites
   b. allows absorption of B-12
   c. stimulates duodenal CCK and secretin

**Signs and Symptoms:**
1. bloating, eructations, burning immediately after a meal (< when food in stomach)
2. functional dyspepsia
3. after eating, food feels like a "lump in the stomach"
   a. delayed gastric emptying with a heavy, long-lasting, full feeling in the stomach
4. constipation or diarrhea is occasionally present
5. brittle fingernails, hair loss (in women)
HYPOCHLORHYDRIA

6. acne rosacea, vitiligo, pernicious anemia and other disease have been associated with low gastric HCl
7. stool with undigested food in it
8. signs:
   a. soft, brittle or peeling nails
   b. hair loss in women
   c. telangiectasia of maxillary area (alcoholics?)

Lab Findings:
1. (+) Heidelberg capsule analysis for low HCl, can also give strong evidence for the presence of acute and
   subacute gastritis, recent or chronic gastric ulcer, pyloric insufficiency, excess stomach mucus
2. (+) gastrotest
   a. pH=2: best
   b. pH=3-5: hypochlorhydria
   c. pH=6+: achlorhydria
3. chemscreen: shows some combination of low total protein, calcium, iron, ferritin, magnesium
4. hair analysis: show 5, 6 or more mow minerals (excluding sodium and potassium)
5. CDSA:
   a. excess undigested meat fibers in stool (can also mean meat allergy, rapid transit time or
      pancreatic exocrine insufficiency
   b. reveal stool pH approachin 7.0 (may also be due to low butyric acid, loss of lactobacillus)
6. CBC: MCVs equal or above 93.0 um^3 (a possible sing of B-12 def. therefore due trial B-12 IM shot)
7. serum B-12 < 300pg/ml
8. (+) for many food allergies

Course/Prognosis:
1. although low HCl is relatively benign, its effects can be insidious and progressive, since poor digestion has
   many long-term complications, including compromised absorption of many essential nutrients
2. bowel toxemia and food sensitivities may follow the presence of maldigested food in the intestines for
   extended periods
3. untreated hypochlorhydria can result in pancreatic exocrine insufficiency [Sandberg-Lewis]
4. complications:
   a. osteoarthritis [Marz]
   b. osteoporosis [Marz]

Differential Diagnosis:
1. insufficient pancreatic enzymes or bile
2. food sensitivities
3. tropical sprue (50% are hypochlorhydric) [Marz]
4. other GI disorders

Strategies:
1. treat adrenal, thyroid, autoimmune or H. pylori

Nutrition:
1. papaya
2. orange juice a few minutes before meals
3. eat when hungry, rather than when trying to “stuff” emotions
4. use food combining
5. take a short walk after eating (muscle activity produces acids which decrease parietal cell acid
   conservation)
6. protein (caution: if not enough HCl present, difficult to breakdown protein to peptides)

Avoid:
1. overeating or excessive fluids with meals
2. excessive fat and sugar intake
3. constipation

Supplements:
1. betaine HCl start with 5 grains/meal and work up (titrate)
   titration technique:
   a. 1 capsule/meal (just before or mid meal) for 2-3 days
   b. no stomach pain, aggravation of burning, queasiness, abdominal or lower chest discomfort
      occurs increase to 2 capsules/meal for 2-3 days

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HYPOCHLORHYDRIA

c. if none of the above occur go to 3 capsules/meal, etc. up to 10 per meal (10 for someone who is achlorhydric)

NOTE: if symptoms occur at any dose, decrease to previous dose
d. switch to 10 grain capsules (or a combination of 10 and 5 grain capsules) to decrease the amount of capsules necessary per meal after titration is completed and maintain for 3 months, then decrease by one capsule/meal until finding a maintenance level or getting off completely

Contraindications and Cautions for using HCl:
- patient who cannot communicate with you
- irresponsible patients
- those taking NSAIDs or prednisone on a daily basis
- acute ulcer, gastritis
- diabetics with autonomic neuropathy

2. apple cider vinegar/meal or lemon juice (alternatives to HCl replacement)
3. digestive enzymes with meal to aid in digestion
4. deglycyrrhizinated licorice root extract (4:1): aids in gastric reflux if present
5. B-12 (injections, oral/sublingual/nasal gel; esp. if MCV is > 93.0)

Manipulation:
1. check and align T6-8

Physiotherapy:
1. relaxation breathing
2. spondylotherapy: concussion of C1 and 2

Botanicals:
- use bitters 20 min. before meals
  1. Acorus calamus (toxic): aromatic bitter
  2. Angelica archangelica: aromatic bitter
  3. Berberis aquifolium: bitter principles; 15-20 drops in a little warm water
  4. Capsicum frutescens: atonic dyspepsia with deficient secretion
  5. Cinchona spp. (toxic): tonic
  6. Citrus limon: lemon water
  7. Cnicus benedictus
  8. Erythraea centaurium: tonic bitter
  9. Gentiana lutea: bitter, indicated for atonic and sub-acid states; best in small doses combined with other agents and carminatives
  10. Hydrastis canadensis: indicated in sub-acute and atonic states with increased flow of mucus; stimulates GI secretions
  11. Juniperus communis: crushed berries increase HCl, use with caution
  12. Menyanthes trifoliata: tonic bitter
  13. Panax quinquefolius: mild tonic, stimulant, use long term, dyspepsia, slight nervous debility
  14. Rumex crispus: bitter
  15. Strychnos nux vomica (toxic): GI atonicity
  16. Zingiber officinalis: increases gastric secretions, dispels gas

Formulas:
  a. Gentiana lutea, Artemesia absinthium, equal parts; SIG: 1/4 tsp. in warm water 1/2 hour before meals
  b. Gentian/Scutellaria combination

Homeopathy:
1. Baptisia: regulates digestive secretions
2. Carbo vegetabilis: main remedy for absence or low acidity
3. Strychninum nitricum: main remedy for low acidity; increases amount of gastric secretions
4. Sulphuric acid: if Carbo vegetabilis fails
HYPOGLYCEMIA

Definition:
An abnormally low blood glucose (below 50mg/dl)

Physiology:
1. excess sugar in the bloodstream is taken into the liver (where it is stored as glycogen), fat cells (where it is converted to adipose) and the muscles (where it is converted to muscle glycogen). The blood sugar level therefore falls severely, causing feedback to the hypothalamus and the pituitary and thyroid glands. During this time the patient can experience the symptoms of hypoglycemia (see signs and symptoms).
2. pituitary releases growth hormone (GH): which causes the liver to change glycogen back into sugar and release it. GH also causes the adrenals to release cortisol (which also tells the liver to make sugar, increases amino acid release from the muscle tissues and cause dells in the body to use less sugar) and epinephrine (which also tells the liver to promote gluconeogenesis)
3. thyroid gland: increases the metabolic rate to help the liver make more sugar quickly while increasing the rate of carbohydrate oxidation in all the tissues. Thus, the body strives to replace the needed blood sugar.
4. The brain does not use insulin for its supply of sugar energy, as insulin does not pass the blood-brain barrier. Therefore, when a lot of insulin is needed following a simple carbohydrate meal, there is essentially less energy for the brain (as the insulin will bring the sugar into the other body cells), which may account for post-prandial fatigue and lethargy. Unfortunately, if the body must constantly send out a lot of insulin to balance the effect of a meal of simple carbohydrates, the pancreas and other organs will begin to suffer; then the load falls on other organs (adrenals, pituitary, liver) which in turn will begin to falter.

Etiology:
Reactive (after a meal or drugs) hypoglycemia:
1. most common type and typically occurs 2-4 hours post-prandially
2. if termed "alimentary or postgastrectomy hypoglycemia" it is due to a rapid absorption of glucose into the circulation from the intestinal tract followed by a marked release of insulin
   a. frequently seen after gastrectomy, gastrojejunostomy, pyloroplasty or vagotomy
3. functional reactive hypoglycemia (FRH): the reaction comes after a carbohydrate load and the mechanism is less known, although it is presumably similar to the alimentary type
   a. probably the most common of all the hypoglycemias, even though its existence is still doubted by many conservative conventional physicians
   b. mechanism: when complex carbohydrates are eaten, the body breaks them down slowly and the basic sugars are gradually released into the blood stream, where they circulate as energy for the brain (which uses up to 80% of all circulating blood sugar) and other body organs and systems. Chronic ingestion of simple carbohydrates (refined sugar and flour products) is the main causative factor for FRH. When simple carbohydrates are ingested, the body quickly digests them and floods the bloodstream with glucose. The body quickly responds to this excessive level by having the pancreatic beta-cells release insulin, which brings the sugar into the cells (with the aid of GTF chromium and oxygen)
   c. (see Physiology) after the continuous insulin reaction cycles, the blood will remain low in FRH patients. They will begin to suffer from the array of signs and symptoms associated with low blood sugar [this is the proposed pathogenesis of FRH).
4. "true hypoglycemia* is reactive hypoglycemia when patients experience symptoms 2-5 hours after eating but a measurable low blood sugar is not found

Spontaneous (during a fast) hypoglycemia:
1. occurs in liver disease or other causes that are less common (ie. a large tumor consuming available glucose)

NOTE: It has been suggested that the most common form of hypoglycemia exists in individuals whose liver does not use lithium properly in the process of releasing stored glycogen. They experience a chronic low energy state until lack of food or increased stress elicit a massive glycogen release episode, leaving them more drained than ever. It is further observed that the second most common type of hypoglycemia is that where the patient experiences extreme moodiness from amino-acid glycogen-storage dysfunction. A third suggested etiology relates to nickel and diminished capacity to store sugar as glycogen.

Signs and Symptoms:
1. epinephrine release: palpitation, tremors, perspiration, tachycardia, anxiety/nervousness, hunger
2. CNS symptoms: irritability, dizziness, h/a; if marked and serious: confusion, vision problems, palsy, ataxia, personality disturbances, loss of consciousness, convulsions and coma
3. > eating
4. chronic low energy
5. bipolar episodes of feeling energetic then feeling even worse the next day
HYPOGLYCEMIA

6. feeling extremely moody, better eating, then worse 30 min. to 2 hours later
7. needing to eat sugar all day long

**Lab Findings:**
1. blood sugar < 50mg/dl (fasting)
2. impaired glucose tolerance test, even if not clearly diagnostic of hypoglycemia
3. reactive hypoglycemia usually shows a normal fasting glucose
4. 2 hour post-prandial glucose test is more useful

**Course/Prognosis:**
1. prognosis for functional hypoglycemia is good once the patient is helped with nutrition counseling and stress management, if necessary
2. severe hypoglycemia may approach insulin shock and is a MEDICAL EMERGENCY

**Differential Diagnosis:**
1. DM
2. Addison’s disease
3. anorexia nervosa
4. anxiety
5. bulimia
6. islet cell tumor
7. hypothyroidism

**Nutrition:**
1. eat 4-5 small meals throughout the day
2. snack on nuts and sour apples
3. high fiber diet
4. high complex carbohydrate diet (whole grains): sweet rice, brown rice, yams, potatoes, walnuts, tofu, soybeans, corn, vegetables, black beans, nuts
5. hypoallergenic/rotation diet
6. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk

**Avoid:**
1. food intolerances
2. sugars, honey, simple carbohydrates, white four, fructose, syrups, sweet and dried fruits, juices
3. stimulating food
4. fried and/or fatty foods
5. alcohol, coffee

**Supplements:**
1. niacinamide (1g QD)
2. vitamin B-5 (500mg QD)
3. vitamin B-6 (150mg QD)
4. vitamin C (3g QD)
5. calcium 500mg QD
6. chromium (400mcg QD)
7. liver extract or protomorphogen
8. adrenal protomorphogen

See: Homeopathy-Low Potency/Supportive Remedies

**Hydrotherapy:**
1. constitutional hydrotherapy

**Manipulation:**
1. check and align C5-occiput

**Physiotherapy:**
1. pressure to stimulate tender reflex points on lateral side of 5th ray of foot

**Botanical:**
1. Armoracia lapathifolia (horseradish root)
2. Dioscorea villosa
HYPOGLYCEMIA

3. Glycyrrhiza glabra: decrease blood sugar, pancreatic botanical
4. Hydrastis canadensis: pancreatic botanical
5. Juniperis communis: pancreatic botanical
6. Opopanax horridum: stabilizes blood sugar, pancreatic botanical
7. Rubus idaeus: pancreatic botanical
8. Taraxacum officinale (root): regulates glucose, pancreatic botanical
9. Trigonella spp.: normalizing blood sugar
10. Vaccinium corymbosum or myrtillus: stabilizes blood sugar, pancreatic botanical

Consider: sedatives for anxiety
See: Diabetes mellitus

Formulas:

- to support pancreas and adrenals, eliminate toxins and increase resistance to stress: Armoracia lapathifolia, Dioscorea villosa, Glycyrrhiza glabra, Juniperus communis, Taraxacum officinale

Homeopathy:

- Low Potency/Supportive Remedies:
  1. Magnesia muriatica: 3x (3 BID); provides mineral for enzymatic cofactor to enhance gluconeogenesis with liver hypoglycemia
  2. Niccolium metallicum: 3x (3 BID); liver hypoglycemia with poor or no glycogen manufacturing
  3. Lithium carbonicum: 3x (3 BID); liver hypoglycemia with inability to mobilize glycogen in absence of stress response
  4. Cuprum metallicum: 3x (3 BID); provides mineral for enzymatic cofactor with spleen hypoglycemia
  5. Magnesia muriatica: 30c BID to balance the endocrine system
  6. Anacardium: empty feeling in stomach; eating relieves dyspepsia; swallows food and drinks hastily
  7. Argentum nitricum: faintness, tremulous; melancholic; time passes too slowly; belching with gastric ailments; flatulence; painful swelling at pit of stomach; great craving for sweets; gradual appearance and disappearance of symptoms; h/a with coldness and trembling; from cold food, SWEETS, after eating; > eructation, cold
  8. Arsenicum album: cannot bear sight or smell of food; great thirst, drinks much in sips; vegetables disagree; < cold foods or drink; > warm drinks
  9. Cocculus indicus: sensation of emptiness; aversion to food, metallic taste; trembling and pain in limbs; < eating
  10. Crocus: 30c BID to balance the endocrine system
  11. Ignatia: sinking in stomach; much flatulence; < after meals, coffee, liquids; > while eating
  12. Iodine: loss of weight despite great appetite; great debility; anxiety if does not eat; great thirst
  13. Kali carbonicum: anxiety in stomach; sensation as stomach is full of water; drowsy after eating; < soup, coffee, about 3 am
  14. Phosphorus: suddenness of symptoms, hungry soon after eating, vomits by the mouthful; drowsy after meals; weakness and trembling in extremities; very weak, all gone sensation in abdomen; < warm food or drink; > cold food
  15. Sulphur: sinking feeling of stomach at 11 am; complete loss of or excessive appetite; milk disagrees; trembling hands; < 11 am, alcohol
HYPOTENSION

Definition:
Not a disease entity in itself, but a manifestation of irregularities in BP regulation

Etiology:
1. often caused by drug or disease interference with the autonomic nervous system or a frank lack of blood volume
2. there are many specific underlying causes which the physician must identify
3. when low grade orthostatic hypotension exists, it is often ignored by patient and doctor, but should not be, as it is a clear warning sign of underlying problems

Signs and Symptoms:
Orthostatic hypotension:
1. diminished ability of the body to respond to the pressure changes in the vascular system when a person rises to a standing position; often caused by drug or disease interference with the autonomic nervous system or reduced blood volume
2. faintness, lightheadedness
3. mental and visual blurring
4. less often syncope and seizures

Neuropathic hypotension:
From disease involving the autonomic system, including:
1. DM
2. amyloidosis
3. porphyria
4. syphilis
5. pernicious anemia
6. uremia
7. Parkinson’s disease
8. Guillain-Barre syndrome
9. Riley-Day syndrome (familial dysautotonia)
10. Shy-Drager syndrome
11. idiopathic orthostatic hypotension

Lab Findings:
1. rule out the above with CBC, chem screen, UA and other diagnostic tests as indicated

Course/Prognosis:
1. prognosis depends on the underlying cause

Differential Diagnosis:
1. orthostatic hypotension
2. drug-induced hypotension
3. nephrotic syndrome hypotension
4. neuropathic hypotension
5. anemia/hypovolemia
6. Shy-Drager syndrome
7. Idiopathic orthostatic hypotension

Nutrition:
1. food combinations
2. raw apple, bamboo shoots, carob, molasses, lentils, honey, pecans, chicory, eggs, figs, grapes, onions

Supplements:
1. vitamin A
2. vitamin B complex
3. vitamin B-1
4. vitamin B-5 (250-500mg QD)
5. vitamin C (1g QD)
6. vitamin D
7. vitamin E
8. manganese
9. adrenal protomorphogens

Hydrotherapy:
HYPOTENSION

1. cold shower
2. fever treatment

Manipulation:
1. check and align T5 to stimulate blood forming organs, liver

Physiotherapy:
1. aerobic exercise program graded
2. spondylotherapy: concussion C7 alternating with L2

Botanicals:
1. Aconitum napellus (toxic): asthenic, adynamic state, enfeebled circulation
2. Adonis vernalis (toxic): constitutionally low blood pressure, not due to infection or toxin; asthenic patient with myocardial weakness
3. Convallaria majalis (toxic)
4. Crataegus spp.: hypo- or hypertension, cardiotonic
5. Cystus scoparius: functional palpitation with lowered blood pressure
6. Lycopus virginica
7. Myrica cerifera: to stimulate arterial circulation
8. Panax ginseng: arterial, hypotonia
9. Panax quinquefolius: short term, tonic for low blood pressure when recuperating from illnesses
10. Sanguinaria canadensis (toxic): small doses; stimulant, tonic to heart and arteries
11. Selenicereus grandiflorus (toxic): low blood pressure and anemia; heart weakness
12. Strophanthus hispidus: with weak heart from debility
13. Xanthoxylum americanum: sluggish circulation

Formulas:

a. arterial hypotension: Convallaria majalis (toxic), Gentiana lutea, Struchnos nux vomica (toxic);
10 ml of each tincture; SIG: 20 drops TID

Homeopathy:
1. Aethusa cynapium: peripheral circulatory failure following gastroenteritis in small children; inability to digest milk
2. Apis mellifica: cardiogenic shock; anaphylactic shock; vascular and neurogenic origin
3. Arsenicum album: cold, clammy skin; great prostration after slight exertion; MI or CHF leading to circulatory failure; chilly
4. Camphor: icy coldness yet averse to being covered; shock from diarrhea and vomiting; throbbing in occiput
5. Carbo vegetabilis: “corpse revival” when blood pressure may not be recordable; pulse thready with general coldness; cyanosis, cold perspiration, air hunger; > open air, draft, breeze
6. Cuprum metallicum: extreme nausea, hypovolemic shock; cramps, convulsions, meningitis, < before menses
7. Gelsemium: postural hypotension; post influenzal; heart block; slow pulse; vertigo spreading from occiput
8. Helleborus niger: shock due to meningitis and/or hydrocephalus; complete unconsciousness; severe h/a; rolls head day and night, h/a ends in vomiting, horrible smell from mouth
9. Ipecacuanha: peripheral circulatory failure after excessive vomiting or loss of blood; bones of skull feel crushed or bruised
10. Opium: apoplectic or comatose; vertigo with tight feeling in head; drowsy, stuporous condition where patient says nothing is wrong with them; from fright
11. Psorinum: postural hypotension
12. Thuja: postural hypotension
13. Veratrum album: post-operative shock; extreme coldness, blueness, weakness; desires cold water and salt; cramps in extremities; cold perspiration on forehead
14. Viscum album: pulse is slow due to irritation on the vagus; unable to rest in reclining position
HYPOTHYROIDISM

Definition:
A lack of thyroid hormone in the adult (aka. cretinism in children) and the characteristic presentation (myxedema).

Etiology:
1. thyroid deficiency is common, officially affecting about 1% of the population, esp. women
2. it is often under diagnosed and physicians have now observed many cases of subclinical hypothyroidism, where patients have hypothyroid symptoms and respond well to thyroid support, although measure normal on thyroid panels
3. tends to run in families
4. Primary hypothyroidism:
   a. most common type
   b. usually a result of Hashimoto's thyroiditis, where the thyroid becomes shrunken and fibrotic with markedly diminished function
5. other causes include:
   a. exposure to radioiodine
   b. dietary goitrogens (brassica family)
   c. antithyroid drugs
   d. thyroidectomy
   e. DeQuervain's thyroiditis
   f. suprathyroid disease
   g. congenital absence
   h. hypoplasia or ectopia of the gland
   i. pituitary or hypothalamic failure/imbalance
6. typically, the onset of hypothyroidism is insidious and gradually progressive (often the patient, family and physician may not notice its development)
7. in infants, symptoms may be evident at birth but usually develop in the first few months of life, depending upon the extent of thyroid deficiency (1 in 5000 neonates)

Signs and Symptoms:
Infant/Child:
1. extended physiologic jaundice
2. constipation
3. somnolence
4. hoarse cry
5. feeding difficulties
6. failure to reach expected milestones of development
7. as the child grows he/she manifests the typical physical appearance of the cretin:
   a. short stature
   b. protruding tongue
   c. widely set eyes
   d. sparse hair
   e. dry skin
   f. protuberant abdomen with umbilical hernia
   g. broad flat nose
   h. decreased mental development
   i. impaired sexual maturation at puberty
   j. poor school performance

Adult:
1. cold intolerance
2. dry skin and hair
3. constipation
4. heavy menses
5. facial puffiness and paleness
6. deep, monotonous voice
7. tingling hands (carpal tunnel syndrome)
8. decreased libido
9. decreased energy
10. mental slowness, confusion, lethargy, apathy
11. dull, expressionless look
12. possible goiter
13. decreased Achilles' reflex return
14. decreased basal body temp.: 97°F or below on first morning reading
HYPOTHYROIDISM

Lab Findings:
1. decreased serum T4: although it may be normal
2. *may see decreased T3-uptake
3. decreased FT41
4. increased TSH: though this is not specific for hypothyroidism and may be normal
5. increased serum cholesterol
6. T3 assay will often be normal (from increased TSH)
7. TRH stimulation test for 2ndary hypothyroidism: if TSH rises, the patient has a hypothalamic disease; if TSH does not rise, then it is diagnostic for pituitary disease
8. hypothyroidism from sympathetic excess/adrenocortical compensation will show low T3 and borderline high T4; treatment with exogenous thyroid eventually stops being effective
9. liver enzymes may be mildly increased

Course/Prognosis:
1. with proper replacement therapy, usually by either the synthetic hormone or thyroid extract, USP, the prognosis is excellent, although carpal tunnel syndrome may take up to a year to clear
2. in children, it is imperative that therapy begin as soon as possible to avoid irreversible impairment of mental and/or physical development
3. major complication is myxedema coma (hypothermic, stuporous coma) a possible sequela of an untreated patient with severe hypothyroid disease

Differential Diagnosis:
1. simple obesity
2. Down's syndrome: can be confused with cretinism in children
3. chronic nephritis of the nephrotic syndrome: can be confused with myxedema
4. consider sympathetic nervous system excess related to low hormone levels (ie. estrogen) or glycogen or glucagon disorder
5. dementia
6. failure to thrive

Nutrition:
1. low sugar
2. low fat diet or unsaturated fats
3. high fiber
4. low cholesterol
5. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat milk
6. foods rich in iodine: sea weed, artichokes, onions, garlic

Avoid:
1. goitrogens: turnips, cabbage, mustard, soy, peanuts, pine nuts, millet

NOTE: cooking will inactivate goitrogens

Supplements:
1. vitamin B complex
2. vitamin B-6 (25mg QD)
3. vitamin C
4. vitamin E
5. iodine (4mg)
6. zinc (15mg QD)
7. copper (2mg QD)
8. tyrosine (50mg QD)
9. thyroid protomorphogen

Hydrotherapy:
1. short cold bath
2. wet sheet pack
3. cold mitten friction
4. soak feet in salt water then paint soles with organic iodine (2-3 times weekly)
HYPOTHYROIDISM

Manipulation:
1. check and align C6, C7 and T2, T4
2. spring clavicals forward with thumbs
3. align occiput

Physiotherapy:
1. aerobic exercise in open air
2. massage: whole neck and stretch thyroid tissue upward
3. spondylotherapy: concussion C7
4. traction: of neck and thorax, hold for 3 min.
5. Galvanic: (-) pad over gland soaked with 2% KI solution, indifferent pad on abdomen, 10-20mA for 10 min., 3-4 times/week

Botanicals:
1. Alaria esculenta (kelp): source of iodine
2. Chondrus crispus: source of iodine
3. Fucus vesiculosus: hypothyroidism, associated with obesity

See: Goiter

Homeopathy:
1. Ammonium carbonicum: 30c BID to balance endocrine system
2. Alumina: dryness of mucus membranes; sluggish functions, heaviness, numbness and staggering, constipation; low spirited, loss of reason, confused as to personal identity; falling out of hair, itchy scalp; brittle nails
3. Baryta carbonicum: loss of memory, mental weakness; confusion, hair falls out; constipation with hard knotty stools
4. Calcarea carbonica: fair, fat, flabby, perspiring and cold; very sensitive to cold; cold hands and feet, stool hard and large; constipation; unhealthy skin
5. Ferrum metallicum: weakly; cold extremities; weakness from mere speaking or walking; pallor of skin, mucus membranes; muscles flabby and relaxed; irritable; ineffectual urging; stool hard
6. Graphites: fair complexion with skin problems and constipation; fat, chilly; skin rough, hard with persistent dryness of portions of skin unaffected by eczema
7. Lycopodium: chronic constipation, stool dry, hard, drowsy during the day; skin dry, lacks vital heat, poor circulation, cold extremities
8. Thyroidium: 1x-3x potency; hypothyroid after acute disease; easy fatigue, weak pulse; tendency to palpitation; cold hands and feet; low BP; chilliness, sensitive to cold
**IMPETIGO**

**Definition:**
Superficial vesiculopustular skin infection mainly seen in children; also called "impetigo contagiosa" and "ecthyma" (when the impetigo is ulcerative).

**Etiology:**
1. associated microorganism is primarily Group A beta-hemolytic streptococcus, although staph aureus is being implicated in a growing number of cases (in the past staph was limited to only bullous impetigo).
2. Primarily seen in children under 5 years old and appears on exposed areas like the lower legs, arms or face
3. The infection may follow trauma to the skin, scabies, insect bites, fungal infections, fleas, various kinds of dermatitis or may just appear on normal skin.

**Signs and Symptoms:**
1. lesions: rapid progression of lesions from maculopapules to vesicopapules or bullae and a thick, honey-colored, sticky exudate that crusts
2. itching: scratching can easily spread the infection
3. ecthyma: localized, shallow, punched-out ulcerations that are covered with a brown-black crusts and surrounded by erythematous tissue; may progress rapidly and leave a scar
4. with either type, there may be fever, malaise and lymphadenopathy

**Lab Findings:**
1. (+) blood findings of infection
2. may have increased WBC count
3. (+) culture of staph and/or strep from skin lesion
4. ASO titer may be useful

**Course/Prognosis:**
1. untreated infection may develop into cellulitis, lymphangitis or furunculosis and there may be pigment changes and/or scarring of the affected tissues
2. acute glomerulonephritis may develop in children after skin infection with strep

**Differential Diagnosis:**
1. herpes zoster
2. varicella
3. contact dermatitis

**Nutrition:**
1. eat as little as possible
2. increase vitamin A, C, D, B complex foods
3. increase fluids
4. short fast
5. black bass, rye avocados, sea vegetables, whey, apple, cucumbers, millet, rice bran, rice polishings, sprouts

**Remedies:**
- take 60-150g of pomegranate skin, add water and simmer until it thickens, wash the affected area several times a day
- peel, seed and crush unripe papaya and add 30g each salt and vinegar, mix well, then strain and rub liquid on affected parts
- bake cucumber vine in a slow oven until dry, add equal amount of alum and crush into a powder, apply this to affected area

**Avoid:**
1. heavy protein foods, fats, meats, shellfish, vinegars, sugars

**Supplements:**
1. vitamin A (50,000 IU QD)
2. vitamin C (3g QD)
3. vitamin D
4. vitamin E (800 IU QD)

**Hydrotherapy:**
1. hot bath: every 2 hours followed by charcoal compresses in between
2. sulfur bath (See: Lice)
IMPETIGO

3. fever treatment

**Physiotherapy:**
1. UV: with gentian violet

**Botanicals:**
1. Echinacea angustifolia: internally and externally
2. Iris versicolor (toxic): alterative in skin disease
3. Juglans cinerea: when associated with abnormal condition of intestinal tract

Consider to cleanse, detoxify and build:
   a. Arctium lappa
   b. Berberis aquifolium
   c. Hydrastis canadensis
   d. Phytolacca decandra (toxic)
   e. Rumex crispus
   f. Scrophularia nodosa: (chronic skin diseases)
   g. Trifolium pratense
INDIGESTION/HEARTBURN

Definition:
Gnawing or burning pain/belching/bloating after eating, felt in the stomach, upper abdomen and/or esophagus.

Etiology:
1. most common causes of indigestion:
   a. hypochlorhydria: pain, belching, bloating
   b. hyperchlorhydria: heartburn
   c. decreased bile production: worse after fatty meals
   d. decreased pancreatic enzymes: pain, bloating, belching
   e. poor eating habits: not chewing food well, eating too fast
   f. anxiety, tension causing increased sympathetic nervous system activity
   g. intolerance to ingested foods: allergies, sensitivities
   h. hiatal hernia: pain worse lying down after a meal, bloating, belching
   i. gastritis
   j. esophageal pathology: ie. reflux
   k. poor food choices: food high in preservatives, chemicals, coffee, refined foods, spices (irritants to the GI tract)
   l. insufficient yin or yang

Signs and Symptoms:
After eating:
1. belching, upper GI bloating, borborygmi
2. substernal or epigastic pain, heartburn, regurgitation of the stomach contents into the mouth
3. feeling of a "stone in the stomach" or that digestion is slow
4. symptoms are > with antacids and < eating and lying down or eating a big meal
5. possible change in bowel habits: tendency to constipation (more often) or diarrhea
6. reliance on OTC or prescription medications

Lab Findings:
1. (+) breath hydrogen test for undigested carbohydrates reaching the colon
2. stool analysis: for undigested food, stool pH, etc.
3. urinary indican: toxemia from undigested protein in the colon
4. Heidelberg Gastric Capsule Analysis: to test stomach pH
5. food allergy testing
6. amino acid analysis: HCl is needed to absorb phenylalanine, tryptophan and tyrosin
7. upper GI barium study
8. endoscopy
9. Berstein acid perfusion test: to replicate the symptoms of heartburn

Course/Prognosis:
1. indigestion is usually a functional disorder and rarely a sign of serious disease but it should always be fully investigated to rule out ulcers, cancer and other major pathology when the signs and symptoms are chronic, severe, not previously investigated or unrelenting
2. in uncomplicated cases of indigestion, where no severe pathology is uncovered, the prognosis is usually good once the correct diagnosis of cause is made and proper treatment initiated

See: Bowel toxemia

Differential Diagnosis:
1. cardiac ischemia
2. diffuse esophageal spasm
3. gastroesophageal reflux
4. peptic ulcer disease
5. cholecystitis
6. anxiety
7. aerophagia from excess consumption of carbonated beverages
8. lactose intolerance

Nutrition:
1. short alkaline fast 3-5 days, followed by slow introduction to mild, bland foods
2. important to relax and eat in a relaxed environment, stress-free and to eat slowly
3. increase vitamin A foods

Remedies:
INDIGESTION/HEARTBURN

- a. raw potato juice before breakfast
- b. eat 1-2 fresh figs in the morning and evening
- c. eat mango fruit and skin in the morning and evening
- d. take fresh, half ripe fruit, peel and crush, wrap the pulp in clean gauze and squeeze; SIG: drink 1/2 cup every 4 hours TID
- e. eat 2-3 fresh kumquats including the skin in the morning and evening
- f. eat 60g of fresh strawberries TID, before meals
g. for digestion and diarrhea and vomiting: eat 15g of fresh raspberries BID
- h. eat 60g of fresh papaya or half-ripe tangerines BID
- i. for digestion with vomiting clear liquid: add 3-5g ground peppercorns to wine and serve

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. coffee, caffeine, alcohol
4. sweet foods and sugar

Supplements:
1. calcium

Botanicals:
1. *Arctium lappa*: chronic indigestion; in cachectic individuals
2. *Berberis aquifolium*: indigestion due to sluggish liver
3. *Carica papaya*: general distress, stomach pain during digestion
4. *Cnicus benedictus*: bitter
5. *Echinacea spp.*: fermentive digestion
6. *Equisetum spp.*: acidity from indigestion
7. *Erythraea centaurium*: bitter
8. *Gentiana lutea*: bitter
9. *Hydrastis canadensis*: insufficient secretions, eructations
10. *Mentha piperita*: pain of acute indigestion; contraindicated in hiatal hernia
11. *Rheum officinale*: laxative; indigestion with irritation; food causes distress and irregular bowel movements
12. *Strychnos nux-vomica* (toxic): atonic indigestion
13. *Taraxacum officinale*: indigestion
14. *Ulmus fulva*: demulcent; soothes tissues
15. *Xanthoxylum americanum*: nausea with indigestion
16. *Zingiber officinalis*: chronic indigestion, flatulence

See: Hiatal hernia

Homeopathy:
1. *Antimonium crudum*: from rich foods; eructations smell like meal just eaten; constant N/V; white coating on tongue
2. *Carbo vegetabilis*: belching
3. *Chelidonium*: tongue yellow coat; inability to digest fat; colic after fatty foods
4. *Cinchona*: tympanic resonance < fruits, milk; painful gas and distention; no relief from belching
5. *Hydrastis canadensis*: empty feeling; yellow coated tongue; vomiting of yellow ropy mucus
6. *Ipecacuanha*: from greasy foods followed by vomiting; nausea with feeling of sunken stomach
7. *Lycopodium*: lots of bloating and gas; > warm drinks; burning eructations that persist after belching
8. *Nux vomica*: as if a weight in stomach 1-2 hours after eating; sleepy after meals, nausea wanting to vomitting but nothing comes up
9. *Pulsatilla*: crave butter, ice crams that aggravates
10. *Sulphuric acid*: constant acid vomiting
11. *Sulphur*: from sweets, spicy foods; thirst with little appetite
INSOMNIA

Definition:
Difficulty falling asleep (initial insomnia) and/or frequent awakenings with difficulty falling back asleep or subsequent sleep that is restless and unsatisfying (early morning awakening insomnia or maintenance insomnia).

Etiology:
1. in any year 30% of the population will experience insomnia with 4-6 million people a year receiving prescriptions for sedative hypnotics
2. aging itself tends to decrease the total amounts of sleep needed and the sleep garnered is more restless
3. causes of initial insomnia include:
   a. anxiety or tension
   b. environment change
   c. emotional arousal
   d. fear of insomnia
   e. sleep phobia
   f. disruptive environment
   g. pain or discomfort
   h. caffeine or alcohol ingestion
4. causes of maintenance insomnia include:
   a. depression
   b. environmental change
   c. sleep apnea
   d. nocturnal myoclonus
   e. hypoglycemia
   f. parasomnias
   g. pain or discomfort
   h. drugs
   i. alcohol
5. the boundary between the causes of the two types of insomnia is not clearly established
6. another cause may be inverted sleep rhythm:
   a. seen in the elderly and secondary to the inappropriate use of sedative hypnotics that are often prescribed to combat insomnia
   b. patients become sleepy in the morning and sleep or catnap most of the day, this sets them up for interrupted and fitful sleep at night
   c. the problem is made manifest when the medication is increased and the patient wanders around in confusion or a stupor at night
   d. if the medication is withdrawn, the patient experiences the rebound effect of wakefulness, which the patient interprets as a return of insomnia thus provoking a return to the sedatives
7. a detailed history and PE should be performed:
   a. history: should include a thorough checking for prescription, non-prescription and recreational drugs (to determine if the patient is taking a stimulant or any other substance known to interfere or interrupt sleep (such as diet pills, oral contraceptives, thyroid medication, marijuana, beta-blockers, alcohol, chocolate, coffee, soda pop or tea)
   b. eating or exercising late at night are also known to cause insomnia
9. habit bound insomnia: person knows that they will not get to sleep and each night will be tortured
   a. people do not achieve multiple brief periods of sleep during the night but they focus on their difficulty and have amnesia for sleep periods
   b. with this type of insomnia there is usually some past event that has led to an imprint (like behavior of sleep avoidance)
   c. insomnia may not present for years and may be triggered by a later event or there may be a build up of consciously unrecognized alarm
      1. associated with sexual molestation or physical abuse as a child, which usually happens at night with the child being frightened immediately upon waking
      2. fear that a relative may die during the night or by having that experience
      3. trauma during an operation
      4. recurring traumatic dream that interrupts sleep an eventually results in reluctance to go to sleep

Signs and Symptoms:
Primary insomnia:
1. may be long-standing and hard to attribute to any immediate psychological or somatic events

Secondary insomnia:
1. from some acquired pain, anxiety, depression or other emotional upset or somatic event
INSOMNIA

Lab Findings:
1. sleep lab testing can sometimes uncover problems achieving deep REM sleep or sleep apnea
2. a sleep log is suggested to help diagnose as well as a polysomnograph in a sleep lab
   a. ie. the pattern of unipolar depression is characterized by frequent awakenings with a decreased REM latency (period of time from first fall asleep to first REM sleep) and shortened stages III and IV NREM sleep. Patients with a bipolar disorder show these same polysomnograph traits but also experience daytime drowsiness necessitation naps, while increasing their night-time rest period. In patients who are long-term users of sedative hypnotics, stages III, IV and REM sleep are shortened, there are frequent awakenings and the stages of sleep are not clearly outlined

Course/Prognosis:
1. a recent onset insomnia is usually related to a current problem (ie. health concerns, marital troubles, dilemmas at work, etc.) and as such usually last less than 3 weeks
2. if no such mental/emotional reason can be uncovered then physical causes should be investigated
3. insomnia that does not respond to simple measures is often due to an emotional upset, esp. in depression
4. morbidity can be very discomforting: chronic fatigue, anxiety about sleeping, lack of concentration, etc.
5. conventional treatment is sedative hypnotics if OTC drugs fail to help

Differential Diagnosis:
1. narcolepsy, sleep apnea
2. affective disorder
3. restless leg syndrome or myoclonus
4. drug or stimulant use or withdrawal
5. mental problems (ie. depression, etc.)

Nutrition:
1. foods high in tryptophan: nuts, eggs, meat (turkey), fish, dairy
2. foods high in serotonin: whole wheat toast, bananas, walnuts, pineapple
3. increase foods high in vitamin B complex and C

Remedies:
   a. insomnia caused by anemia: 10oz. duck meat, 4oz. pork, 1/2oz. fresh ginger, boil in 2 pints water until reduced by half; SIG: eat and drink the results
   b. insomnia caused by hypertension: boil 4oz. celery in 1 pint water until reduced by half; SIG: drink before bedtime
   c. 2oz. fresh walnuts, 2oz. black sesame seeds, crush and mix together, make into 1/8oz. supplements; SIG: take 3 supplements TID
   d. 3oz. wheat kernels, 15 dried dates, 1oz. honey, boil them together in 1 pint water until reduced to half, eat and drink the results of this
   e. boil 1oz. mulberries in 6 fluid oz. water until reduced to half; SIG: drink and eat TID

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol, coffee, caffeine
4. sweet foods and sugar

Supplements:
1. L-tryptophan (1-4g 30-45 min. before bedtime with carbohydrates, no protein)
   a. must take cofactors (vitamins B-3, B-6 and C) with tryptophan
2. avoid B complex after 5pm, esp. B-6 (unless with tryptophan)
3. vitamin B-12 (1cc/week IM)
4. niacinamide (1000mg at bedtime; if can fall asleep readily but cannot return to sleep after waking)
5. myo-inositol (500mg QD)
6. calcium (500mg before bedtime with 250mg of magnesium)

Hydrotherapy:
1. hot fomentation to spine, 20-30 min.
2. neutral bath (15 min. to 1 hour)
3. Russian bath
4. sitz bath (hot)
INSOMNIA

5. wet sheet pack (stage 2)

Physiotherapy:
1. aerobic exercise program
2. nourish breathing before bed
3. massage: self massage of middle of sole of foot for 10 min. before going to bed
4. peroxide bath

John Bastyr:
Following these guidelines will probably relieve 90% of sleep difficulties and visualization will take care of the remaining 10%:
1. eliminate medical problems (including dependency on sleeping pills or alcohol, depression)
2. no stimulants after dinner or stimulating activity (mental or physical) 2 hours before bed
3. no naps or going to bed early, even if you’ve had a restless night
4. use your bed for sleeping only, except for sex! to eliminate wakeful associations
5. correct your sleeping environment (temperature, air, comfortable, dark and quiet)
6. get up if not asleep in 15 min., read or do something quiet until extremely drowsy, then go back to bed, repeat as needed until success
7. use thought stopping and breath counting to silence worries

Botanicals:
1. Anenome pulsatilla (toxic): according to indications
2. Avena sativa: frequent doses at short intervals, sedative
3. Chamomilla spp.: anxiety-induced; irritability; children
4. Gelsemium sempervirens (toxic): according to indications
5. Humulus lupulus: allays irritation, promotes sleep, anxiety, dried hops pillow
6. Hyoscyamus niger (toxic): irritability, unrest, fright in sleep, to subdue excitement and induce sleep, sleeplessness with pain, insomnia of the aged and infants
7. Leonurus cardiaca
8. Melissa officinalis: nervous heart, nervous stomach and difficulties going to sleep
9. Nepeta catara
10. Passiflora incarnata: relaxing nervine, disturbed sleep from mental worries, anxiety, geriatric cases where insomnia is due to fear
11. Piscidia erythrina (toxic): anodynal sedative; insomnia, general nervousness
12. Primula veris: anodynal sedative; induced sleep when pain is present
13. Scutellaria lateriflora: nightmares, restless sleep with Passiflora incarnata
14. Valeriana spp.: relaxing and stimulating nervine, nervous insomnia (with Humulus lupulus)

Formulas:
a. nightmares, restless sleep: Passiflora incarnata, Scutellaria lateriflora
b. nervous insomnia: Humulus lupulus, Mentha piperita, Scutellaria lateriflora, Valeriana spp.
c. anxiety-induced insomnia: Chamomilla spp., Humulus lupulus, Passiflora incarnata, Scutellaria lateriflora, Valeriana spp.
d. herb pillow: with volatile oils such as Origanum vulgare, Thymus vulgaris, Lavandula officinalis (flowers), Valeriana spp. (root), Humulus lupulus

e. sedative tea: Achillea millefolium [10g], Angelica archangelica or officinalis (root) [20g], Humulus lupulus (strobiles) [20g], Lavandula officinalis (flower) [10g], Melissa officinalis (leaf) [30g], Rosmarinus officinalis [10g], Valeriana spp. (root) [20g], 1-2 tsp. to 1 cup boiling water, infuse; SIG: 1-2 cups before going to bed, use regularly over a period of time

Homeopathy:
1. Aconitum: sleeplessness after midnight with anxiety and nervous fear; restlessness; skin hot and dry; thirst increased
2. Arsenicum album: sleeplessness after midnight; nervous exhaustion; restlessness and prostration; due to nausea and gastric troubles; fear of death or of being left alone
3. Belladonna: sleeplessness of nervous excitement; flushed face; starting on first falling to sleep; sleep interrupted by talking, startlings, muscular jerks and spasmodic motions; head hot and throbbing; < noise and light
4. Calcarea carbonica: troubled by phantoms; by frightful images which appear as soon as the eyes are shut
5. Chamomilla: due to irriability; complaints of bowels and flatulence; sleeplessness due to pain; teething in children, wants to be carried
INSOMNIA

6. Cinchona: sleeplessness from exhausting diseases; the mind indulges in castle building; pressive pain in
the head; starting with fright on going to sleep
7. Coffee: due to exciting, agreeable causes; cannot switch off; all senses are more acute; sleeplessness
during convalescence from acute diseases
8. Hyoscyamus: sleeplessness from nervous excitement with bewildering ideas and images; tossing about
9. Ignatia: sleeplessness from grief, fright or suppressed mental suffering; hysteria
10. Lachesis: excessive mental exertion; particularly at climacteric period with frequent hot flushes and hear at
top of head
11. Nux vomica: involuntary crowd of ideas; night-watching; when late reading or singing is followed by
wakefulness; awakes from anxiety and frightful dreams; after use of drugs, strong coffee and/or tobacco
12. Opium: various figures and visions appear before the eyes; terrible or frightful events
13. Pulsatilla: wakeful until early morning, then sound asleep, wake unrefreshed; < at time of menses; mild,
timid women; form indigestion, > cool air
14. Rhus toxicodendron: extremely restless with general soreness; < getting wet, > heat, exercise dreams of
walking, climbing
15. Sulphur: involuntary crowd of ideas; mind cluttered with arithmatic figures; short periods of sleep, wakes
frequently or sleeps all day and is sleepless at night
IRITIS

Definition:
Infection of the iris. It is also called anterior uveitis when it involves both the iris and the ciliary body (cyclitis), which is how it typically presents.

Etiology:
1. causes are many and are rarely identified
2. iritis/uveitis is associated with many other diseases:
   a. keratitis (infection of the cornea)
   b. Reiter's disease
   c. Behcet's syndrome
   d. herpes simplex infections
   e. sarcoidosis
   f. TB
   g. syphilis
   h. collagen vascular diseases
      i. as well as corneal ulcers and ocular trauma
   3. it may be granulomatous or non-granulomatous

Signs and Symptoms:
1. moderate pain in and around the eye
2. lacrimation
3. photophobia
4. redness of conjunctiva
5. blurred vision
6. injection around the cornea spreading outwards
7. small, irregular pupil
8. iris: details are obscured on visualization; may be swollen
9. eyeball tension: usually normal or soft
10. anterior chamber: is normal depth

Course/Prognosis:
1. iritis may last form a few days to several weeks
2. recurrences are not uncommon
3. if the disease becomes chronic, it may last from months to years
4. if the inflammation is severe, it may lead to the formation of adhesions between the posterior surface of the iris and the lens capsule that may eventually block the flow of aqueous humor, causing the iris to bulge forward, initiating an acute angle closure glaucoma that may cause rapid blindness
5. less intense chronic inflammation may cause the development of open-angle glaucoma, cataracts or corneal disease

Differential Diagnosis:
1. acute, angle-closure glaucoma
2. conjunctivitis
3. foreign body in eye

Nutrition:
1. hypoallergenic/rotation diet
2. vitamin A and C rich foods

Avoid:
1. food intolerances

Supplements:
1. vitamin A (25,000-50,000 IU QD)
2. vitamin C
3. rutin (400mg QD)

Hydrotherapy:
1. constitutional plus 3 min. sine over temples before turning patient over
2. hot compress: over eye 1-3 min. followed by potato poultice over eye, covered with cold, wrung out wash cloth for 5 min.
3. poultice: charcoal; taped over eyes at night
4. ice cold compress: over eyes for 1/2 hour changed every 2 or 3 min.; stop for 1 hour then re-apply
IRITIS

**Physiotherapy:**
1. Galvanic: (+) to eye cup and (-) pad to cheek, 2-5mA, 5-10 min. every other day

**Botanicals:**
1. Anenome pulsatilla (toxic): internally
2. Atropa belladonna (toxic): acute inflammation with congestion; atropine sulphate 1% solution locally to prevent adhesions between the iris and the lens
3. Bryonia spp. (toxic): rheumatic iritis
4. Echinacea angustifolia: detoxifies blood
5. Euphrasia officinalis: soothes irritation
6. Physostigma venenosum (toxic): clears inflammation, adhesions, rheumatic iritis
7. Saxifrage pennsylvanica: iritis, alternative in affections of the eyes

**Formulas:**
- Calendula officinalis, Cineraria maritima as eye drops

**Homeopathy:**
1. Aconitum: traumatic; first stage or sudden reappearance; ciliary injection marked; pupils contracted; severe beating and throbbing pain esp. at night; great heat and dryness of eyes; fever
2. Arsenicum album: serous iritis with periodic burning pains; < at night (midnight-1am); > warm applications
3. Asafoetida: more applicable to females; syphilitic iritis or after abuse of Mercurius solubilis; pains severe in eye, above it, in temples, of a throbbing, pulsing, pressing, burning and stitching character and tend to be periodic; pains from within out, relieved by rest and pressure; soreness of bones around the eyes; > pressure on the eyeball
4. Aurum metallicum: syphilitic iritis, after overdosing with Mercurius solubilis or potash; pain deep in the bones surrounding the eyes; tearing, pressing, often extending into the eyeballs, with burning hear esp. when opening eyes; pain from above downwards and from without inwards; < touch; mental depression, bone pains in other parts of body; > warmth
5. Belladonna: traumatic; early stages, causes from cold, with much redness and throbbing pain in eye and head; congestion of conjunctiva, ciliary neuralgia, photophobia
6. Cinnabaris: syphilitic iritis; condylomata of iris and lids; pain commences at inner canthus and extends across the brow and even passes around the eye; shooting pain through the eye in to the head, esp. at inner canthus or soreness along the course of the supra-orbital nerve and corresponding side of head; < night
7. Clematis: with adhesions; much heat and dryness of eye, great sensitivity to cold air, light and bathing
8. Colchicum: rheumatic cases, with great soreness of the eyeballs
9. Colocynthis: sharp cutting pains in the eyeballs and then extending up into the head; eye o stooping feels as if it would fall out; profuse acid tears
10. Euphrasia: rheumatic, with constant aching and occasional darting pain in eye, always < at night; ciliary injection, photophobia, aqueous humor cloudy and iris discolored and bound down by adhesions; iris reacts very tardily to light; the pains are burning, stinging, shooting in character, with acrid lachrymation
11. Hepar sulphur: kerato-iritis, ciliary body involved; pus in anterior chamber from rupture of a condyloma; pressing, boring and throbbing pains, > warmth, < from slightest motion, cold, eye very tender to touch; photophobia, great tenderness of conjunctiva, lids red swollen, spasmodically closed
12. Kali bichromicum: is indicated later, when has been exudation posteriorly between iris and crystalline lens causes in adhesions of structures to each other; characteristic is indolence; little or no photophobia and not a very decided redness attending the inflammation
13. Mercurius solubilis: night aggravation, with hypopion; all forms of iritis; pains severe, tearing, boring, cutting, < at night and in damp weather, much heat around eye and soreness of corresponding side of head; acrid lachrymation; pupil contracted and overspread by a thin bluish film, with great tendency to formation of adhesions to the lens; iris discolored, ciliary injection; lids red, swollen, spasmodically closed
14. Mercurius corrosivus: < night, with adhesions, with hypopion; burning, agonizing, pains with most excessive photophobia and profuse excoriating lachrymation, making the cheeks sore, almost taking the skin off; tearing pains in the bones around the eye; ulceration of the cornea with tendency to perforation
15. Nitric acid: with adhesions; suppressed syphilis; gonorrheal kerato-iritis, pressing, stinging pains, < by change of temperature, at night
16. Rhus toxicodendron: < night, rheumatic, traumatic; idiopathic, rheumatic iritis, from exposure to wet; suppurative iritis of traumatic origin, as after cataract extraction; lids edematous, spasmodically closed, upon opening them tears gush out profusely; chemois; photophobia, varied pains, < after midnight and in damp weather; vesicular eruptions on corresponding side of face; more often attacks right eye and the
IRITIS

pus is thinner; rheumatic iritis, pains darting from the eye through to the occiput, with great deal of restlessness.

17. Sulphur: night; adhesions; chronic iritis in scrofulous persons; after suppression of eruptions
18. Terebinthinae: with adhesions; rheumatic iritis, urinary symptoms; suppressed foot sweat
19. Thuja: with hypopion; syphilitic, marker by condylomata on iritis; severe, sharp, stitching pains in eyes,

night, warmth; heat above and around eye; tearing, dull brow ache, as if a nail were driven in
IRRITABLE BOWEL SYNDROME
(Also see Crohn's disease)

Definition:
A functional motility illness of the small and large intestines, in the absence of true structural damage to the intestines.

Etiology:
1. consists of various degrees of constipation, diarrhea and abdominal pain
2. most common GI disease seen by general practitioner, covering about 30-50% of their referrals to gastroenterologists
3. patients present in one of 3 ways:
   a. with spastic colitis causing pain and constipation
      1. there is a measurable increase in resting colonic peristalsis
   b. with chronic watery diarrhea showing high levels of mucus
      1. if chief complaint is diarrhea, there is a measurable decrease in intestinal motility
   c. with abdominal pain and alternating constipation and diarrhea
4. there is no anatomic defect found; the basic pathophysiologic abnormality is a change in stability of the small and large bowel motility
5. precipitating and aggravating factors surrounding the onset and maintenance of the disorder include:
   a. diet
   b. drugs
   c. hormones
   d. esp. emotional stresses (such as depression, hysteria, obsessive-compulsive traits, anxiety and resentment)
   e. common psychosocial situations associated with IBS are martial discord, death of a loved one, worrying over children or job, or just excessive anxiety over everyday matters
6. IBS is a disease predominantly of women (3:1 to men) and the average age of onset is 20-40
7. it is most likely to be a disorder of synergistic nature, that is, a series of triggers which individually would not provoke an outbreak may do so when combined
   a. food sensitivities and bowel flora imbalance are likely to play a significant role; ie. emotional or stress triggers which might affect the GI system only slightly tip over into IBS when the presence of offending foods or imbalanced flora create GI reaction and instability

Signs and Symptoms:
Vary based on the type of IBS:

a. spastic colon:
   1. the patient will complain of irregular, cramping, lower abdominal pain (usually over the sigmoid colon) and constipation or alternating constipation and diarrhea; either way there is an excess of mucorrhea
   2. the patient will also usually complain of excessive gas and bloating, although the bloating may not be apparent during PE
b. chronic watery diarrhea:
   1. may have been going on sporadically for months or even years
   2. usually morning diarrhea, occurring after awakening or after breakfast
   3. usually the patient has 3-4 loose stools in the morning and then normal stools for the rest of the day
   4. it is rare for the patient to continue to have diarrhea throughout the day or at night
   5. a variation to water diarrhea is "pencil-thin" pasty stools

1. general symptoms:
   a. heartburn
   b. fatigue
   c. h/a
   d. faintness
   e. back pain
   f. palpitations
   g. weakness
2. occasionally the pain of IBS may present as RUQ pain, necessitating a further investigation of peptic ulcer and/or biliary tract disease
3. PE:
   a. unremarkable except for evident anxiety in the patient
   b. the abdomen may be distended if there is intense pain but no rigidity or visible peristalsis will be noticeable
   c. the LLQ may contain palpable feces, although the rectal ampulla is empty of stool
   d. sigmoidoscopic exam is normal except for the preponderance of mucus and possible hyperemia that might be encountered
IRRITABLE BOWEL SYNDROME  
(Also see Crohn's disease)

Lab Findings:
1. stools must be carefully cultured for ova, parasites and occult blood
2. barium enema usually unremarkable except for exaggerated haustra in constipated patients
3. (+) test for food sensitivities
4. all other tests are normal
5. with the exclusion of any other disease process and the typical presentation of chronic, intermittent attacks of symptoms related to environmental and/or emotional stress, the diagnosis of IBS can be made

Course/Prognosis:
1. disorder does not lead to serious disease such as inflammatory bowel disease or malignancy (although there might be an association between IBS and the development of diverticular disease)
2. determination of aggravating factors can yield good results, where those stresses prove controllable
3. spasmolytic drugs are sometimes given conventionally but do not cure the condition and tend to constipate

Differential Diagnosis:
1. dietary abuses or irritating foods: coffee, tea, simple sugars, carbonated beverages, highly spiced foods
2. lactose or gluten intolerance
3. inflammatory bowel disease
4. food poisoning
5. intestinal infestation: giardiasis, amebiasis, etc.
6. intestinal candidiasis or other intestinal flora imbalance
7. cancer or the bowel
8. diverticulitis
9. laxative abuse
10. pancreatic insufficiency or another malabsorption disease
11. metabolic disorders such as DM, adrenal insufficiency and hyperthyroidism
12. mechanical problem such as fecal impaction

Nutrition:
1. hypoallergenic/rotation diet
2. correct nutrient deficiencies
3. provide adequate calories
4. be careful with food combinations: esp. avoid starch, sugar, protein combinations (ie. cheesecake)
5. avoid eating too many types of foods at one time
6. all foods must be eaten slowly, chewed and salivated well; eat in a calm atmosphere, do not read or watch TV while eating
7. stick to one type of starch per meal
8. eat more steamed vegetables than raw ones (Bieler's broth)
9. short (3-5 day) fasts are recommended as are an alkaline juice fast
10. high complex carbohydrate and fiber diet

Sample diet:

Acute phase:
- breakfast: whole brown rice cereal (cook 3-4 Tbsp. rice flour with 2 cups water, stirring constantly over heat), 2 tsp. olive or corn oil
- morning snack: raw grated apple or applesauce or baked apples (sour or semi-sour only)
- lunch: vegetable soup form celery, parsley, zucchini, pumpkin, carrot, potatoes (blended and strained), steamed carrots and squash, rice or millet or barley or potato, 2 tsp. olive or corn oil
- afternoon snack: same as morning
- dinner: same as lunch

As improvement occurs:
- breakfast: oatmeal 3x/meal; add soft boiled egg during one meal 3x/week
- snacks: add almonds (raw and blanched) with apples
- lunch and dinner: if no intolerance to dairy, add yogurt (preferably goat), green beans, waxed beans, lettuce, cucumber, green onion, parsley, celery, garlic, lentils, peaches, apricots, watermelon, grapefruit, grapes, ripe bananas, goat whey

Supplements:
- liquid chlorophyll
- alfalfa tabs
- chlorella
IRRITABLE BOWEL SYNDROME
(Also see Crohn's disease)

d. calming herb teas (lemon balm, chamomile, fennel, peppermint)

After stabilization:

Vegetarian sample diet:

a. cruciferous vegetables to be eaten only with carminatives (fennel, caraway, cumin, anise, dill)
b. potato broth, cooked carrots, okra, steamed and mashed parsnips, squash, pumpkin, figs and flaxseed tea, steamed zucchini and squash, grated raw apple, applesauce, ripe peaches without skin, banana (not in Cold conditions), rice porridge, miso soup, slippery elm gruel
c. psyllium seed powder, flaxseed powder
d. foods high in the omega-3 and omega-6 FAs: vegetable, nut, seed oils, cold water fish, EPO, black currant oil, flaxseed oil
e. foods high in water soluble fiber: flax seed, pectin, guar gum, oat bran, legumes

Contraindicated foods:

a. artichoke
b. grape skins and seeds
c. food sensitivities

Avoid:

1. food intolerances (wheat, corn and dairy)
2. carrageenan-containing foods
3. peanuts, meat, soybeans, most legumes, oranges
4. sugar and sweet foods, refined and processed foods
5. hot sauces, fried, fatty, rich and/or salty foods
6. coffee caffeine, alcohol

Supplements:

1. vitamin A (50,000 IU QD)
2. folic acid (40-60mg QD) [with diarrhea]
3. vitamin C (buffered, 3g QD)
4. vitamin E (400 IU QD)
5. zinc (60mg QD)
6. flaxseed oil (2 Tbsp. QD)
7. peppermint oil (3-6 caps [0.2 ml/cap] QD)
8. liquid chlorophyll
9. alfalfa tabs
10. chlorella

Hydrotherapy:

1. vinegar pack: with acute abdomen pain
2. hot fomentation: to abdomen for pain
3. heating trunk pack: 20-30 min.
4. constitutional hydrotherapy
5. heating compress: abdominal
6. wet sheet pack: stage 3

Physiotherapy:

1. aerobic exercise: regular to decreases stress
2. spondylotherapy: concussion or sine to T11 to dilate colon; concussion to T4 to relax viscera
3. abdominal massage: if constipated

Botanicals:

1. Achillea millefolium: intestinal irritation
2. Althea officinalis: irritation of mucous membranes
3. Glycyrrhiza glabra: anti-inflammatory, demulcent
4. Linum usitatissimum (flax seed): inflamed mucous membranes, constipation; must drink plenty of water in addition
5. Mentha piperita: enteric-coated capsules from Phytopharmica (2 caps between meals)
6. Plantago ovata (psyllium): dose 5-10g after soaking several hours in warm water
7. Ulmus spp.: demulcent
8. Valeriana spp.: for smooth muscle spasm; use large doses, 1-2 dr.

Consider nervines take ad lib: Humulus lupulus, Matricaria chamomilla, Scutellaria lateriflora
IRRITABLE BOWEL SYNDROME
(Also see Crohn's disease)

Formulas:
a. carminative tea: Chamomilla spp., Carum carvi, can add Atropa belladonna (toxic) tincture if necessary, taken at breakfast, midday meal, between evening meal and bedtime, continue at length
-Mentha piperita, enteric-coated capsules from Phytopharmica, 2 caps between meals
b. Ulmus fulva, Glycyrrhiza glabra, Aethea officianalis, powdered, take 1 tsp. BID in 1/2 cup water or make a gruel
c. Valeriana spp. Preparations

Homeopathy:
1. Arsenicum album: abdomen swollen and painful; diarrhea after eating; painless diarrhea; diarrhea alternating with constipation; frequent urging
2. Phosphorus: painless copious debilitating diarrhea; great weakness after stool; diarrhea alternating with constipation
3. Podophyllum: painless diarrhea; diarrhea of longstanding < early morning, green fetid, profuse, gushing; constipation alternating with diarrhea; diarrhea after eating; dull aching abdominal pain during diarrhea
**Nutrition:**
1. no fat, mat or fried food
2. eliminate foods or eat only fresh raw salads with lemon juice an olive oil dressing
3. vegetable soup with lots of greens
4. rice cream
5. protein containing sulfur amino-acids (ie. eggs) \([250mg \text{ QD}]\)
6. tomato juice 1/2 cup combined with 8 fl.oz. of water TID with no food
7. tomato juice 1/2 cup, citrus juice 1/2 cup with 6 Tbsp. wheat germ oil blended; SIG: 1 glass TID sipped slowly 1 hour after each meal
8. modified fast: 24oz. carrot juice hourly (unless vomiting)
9. mild diet: no fruit daily; morning: carrot juice, noon: vegetable soup boiled brown rice, steamed potato (in skin), green salad (chew well)
10. celery-carrot juice between meals
11. grapefruit juice if patient cannot handle carrot juice
12. raw grated apple (no chunks to chew)

**Supplements:**
1. vitamin A
2. panthothenic acid (100mg)
3. vitamin B-6 (50mg)
4. vitamin C (1-5g, every 3 hours in acute conditions; 3-5g QD)
5. vitamin D
6. vitamin E (600 IU)
7. calcium
8. magnesium
9. lecithin
10. phosphorus

**Hydrotherapy:**
1. compress over liver: castor oil, cold milk, chopped cabbage; cover with wool until compress warms up to body temp.
2. hot and cold compress on liver
3. enema: 1 cup coffee/2 quarts water or cold milk or buttermilk

**Physiotherapy:**
1. Galvanic: interrupted current labile or moving application, massage roller or sponge pad over liver, 20-30 min., QID
2. diathermy: on liver

**Botanicals:**
1. Agrimonia eupatoria: 1oz. to 1 pint boiling water, steep 5 min., strain and drink 1/2 cup BID
2. Chelidonium majus (tetterwort): whole herb, cholegogue vesicant, rubefscient, tincture up to 10 drops, powder 1-30g
3. Chelone glabra (balmony): laxative, cholegogue, gall stones with jaundice, use with Hydrastis and Gentiana for hepatic jaundice; 1-2 ml powder, 15-30g
4. Chinona officinalis: tincture
5. Chionanthus virginicus (fringe tree, bark or root): cholegogue, alterative, purgative, for soft bile stones, slow action, must be repeated, cirrhosis of liver, use powder 3-25g, tincture 3-15 drops
6. Euonymus strop.: acute 5-10 dr. tincture
7. Euporbia ipecacuanha (wild ipecac.): for slight jaundice with sluggish liver, dyspepsia, flatulence, alone or combined with Chelidonium podophyllum, Veronicastrum virginicum, powder 1.2-5g
8. Hydrastis canadensis (goldenseal, root): mix with water for nausea
9. Iris lacustris (blue flag): may also use iris versicolor root, emetic, cathartic, cholegogue, liver with glandular involvement, chronic obstruction of biliary tracts, 10-25 drops TID, powder 2-20g, as cathartic 20g
10. Leptandra virginica (culver root): powder 5-60g, cholegogue, cathartic, alterative
11. Linaria vulgaris (toad flax): standard tea
12. Podophyllum pelatum (may apple): cholegogue, 1/4-8 drops larger doses 20-50 drops as purgative; teratogenic - will affect embryo in large doses will crate glomerular nephritis, specific in constipation with hepatic involvement; stimulate d/c of bile (1 tsp. BID to 1 pint of boiling water)
13. Rosemarium officinalis: tincture 10-20 drops TID
14. Taraxacum officinalis (root)
JAUNDICE

Catarrhal jaundice: ammonium chloride, alterative, detergent, tonic, digestive; decoction 2-4 fl. oz. every 3 hours (1 dr. to 4 oz. boiling water), powder 5-45g

Chronic jaundice: Iris, Juglans, sodium sulphate, Taraxacum

Hematogenous jaundice: Aloes, Iberis, kavakava, phosphorus, sodium phosphate, Berberis vulgaris

Jaundice due to malaria: arsenic, boldu, quinine, Iris

Psychology:
1. rest
KIDNEY FAILURE

Definition:
A disorder of the kidneys resulting from many pathologic conditions that cause abnormal and insufficient functioning and excretion of the kidneys

Etiology:
1. 3 stages of chronic kidney failure (CKF):
   a. decreased renal reserve
   b. renal failure
   c. uremia
2. most common cause for CKF is glomerulonephritis
3. other frequently seen precipitating factors are DM, polycystic kidney disease, HTN, nephrosclerosis as well as assorted other reasons
4. glomerular filtration rate must be significantly reduced before symptoms of CKF appear
5. **early stages of CKF:**
   a. the GFR is only 35-50% normal, the patient is totally asymptomatic
   b. renal indices are well maintained due to renal functional adaptation
6. **GFR reaches 20-35% of normal:**
   a. azotemia will begin
   b. although patient are still usually pretty symptom-free, the renal reserve is compromised to the point that any additional stress (infection, dehydration) can usher in over failure
7. **overt CKF:**
   a. with the systemic manifestations of uremia (is typically seen when the GFR decreases to below 20-25% of normal [GFR < 6ml/min./m²])

Signs and Symptoms:
1. patients may be asymptomatic or may experience only mild and vague symptoms even when the BUN and creatine are elevated
2. nocturia
3. fatigue
4. lethargy
5. diminished mental sharpness
6. neuromuscular presentations: muscle twitching/cramps, convulsions
7. GI presentations: anorexia, vomiting, stomatitis, offensive taste in the mouth
8. skin: may become yellow-brown, itching may be severe, may develop a "uremic frost" (urea from the sweat crystallizing on the skin)
9. HTN
10. GI ulcers and bleeding: in advanced stages
11. malnutrition with muscle wasting: in advanced disease
12. many other signs and symptoms ranging from sexual dysfunction to h/a to ecchymosis to hepatitis, etc.

Lab Findings:
1. normochromic normocytic anemia
2. acidosis
3. loss of renal concentrating ability specific gravity usually equals glomerular filtrate (< 1.020)
4. abnormal UA: proteinuria, hematuria, pyuria, casts
5. **decreased:**
   a. urine osmolality
   b. urine volume in dilution test
   c. serum sodium
   d. serum albumin and total protein
   e. serum calcium
6. **increased:**
   a. BUN and creatinine
   b. serum potassium
   c. serum phosphorus (when the creatinine clearance falls below 25ml/min.)
   d. increased or normal serum alkaline phosphatase
   e. serum magnesium (when GFR falls below 30ml/min.)
   f. serum amylase
   g. possible increase in serum CK
   h. serum TGs, VLDL and cholesterol
   i. blood organic acids: phenol, indoles, amino acids
7. (+) bleeding tendency
8. may see lab findings in regard to uremic meningintis or uremic pericarditis/pleuritis/pancreatitis or other disorders
KIDNEY FAILURE

Course/Prognosis:
1. prognosis depends on the cause and severity of the primary disease and existing complications
2. close attention to diet and protein/potassium/liquid intake, dialysis or transplantation are the conventional treatments

Differential Diagnosis:
1. determine underlying cause
2. hepatic or cardiac failure
3. CNS infection (meningitis)

Nutrition:
Without hemodialysis:
1. protein is restricted to 10g QD or totally eliminated
2. glucose is infused or a nasogastric feeding is used
3. sodium and potassium are severely restricted

With hemodialysis:
1. 60% carbohydrates, 7-12% protein, 28-33% fat
2. diet high in complex carbohydrates: whole grains, vegetables and fruit
3. low in proteins and medium low in polyunsaturated and monounsaturated fats
4. sodium restricted to 500-1000g QD, depending on accompanying hypertension (potassium is limited to 1.5-3g QD)
5. watercress, melons, green beans, collards, beets, asparagus in small amounts, parsley in small amounts, grapes
6. foods that tonify the kidney
7. apple peel tea (steeped)
8. potato broth

Foods contraindicated:
1. asparagus and parsley with extreme kidney inflammation
2. rutabaga

Supplements:
1. vitamin A (25,000 IU QD)
2. vitamin B complex (esp. B-6)
3. vitamin C (1g QD)
4. vitamin E (400 IU QD)

Hydrotherapy:
1. fever treatment
2. constitutional hydrotherapy

Manipulation:
1. check and align T10-L1, T12

Physiotherapy:
1. ROM exercises of the trunk: to enhance renal circulation
2. spondylotherapy: concussion of T7 then T10, alternate dilation and contraction

Botanicals:
1. Apocynum cannacinum (toxic): uremia
2. Barosma betulina: urmeia
3. Echinacea angustifolia: uremia with convulsions, chronic nephritis
4. Lespedeza cap: acute and chronic renal insufficiency, reports of its efficacy vary
5. Orthosiphon stamineus: eliminates fluid, nitrogenous wastes, sodium chloride, possible ulcerations; chronic nephritis, early signs of decompensation and renal atrophy
6. Pilocarpus jaboracdi (toxic): uremia, with convulsions
7. Pipermethysticum: uremia

Homeopathy:
1. Apis: thirstlessness; edema of face, extremities; pain in head, back, limbs, kidneys; scanty, frequent urination heavily loaded with albumen
KIDNEY FAILURE

2. **Apocynum**: edema with scanty urine and thirst
3. **Arsenicum album**: watery diarrhea; pale skin; many urine casts; fear of death; convulsions
4. **Calcarea sulphurica**: anemia with progressive emaciation and debility
5. **Cantharis**: uremic delusions with sense of persecution; suppression of urine with restlessness, flushed face; urge to pass urine but none present in bladder
6. **Colchicum**: kidneys produce no urine; scanty urine with edema; inky, dark brown to black urine; proteinuria
7. **Digitalis**: degeneration of kidney with palpitation of heart, slow pulse
8. **Helleborus niger**: uremia with unconsciousness; pupils dilated, insensitive to light; convulsions; strong urinous odor from body
9. **Plumbum metallicum**: degeneration of kidney; pale, bloated, heavy expression
10. **Solidago**: tenderness of kidneys to slightest touch with pain extending from kidney to abdomen; urine scanty, thick, voided with difficulty
11. **Terebinth**: early states; urine bloody with pain along ureters and in the back
KIDNEY STONES

Etiology:
1. stones in urinary tract cause the hospitalization of every 1 in 1000 people in the US each year
2. certain areas of the country have a higher incidence and there have been episodes in time when stone epidemics occurred
3. almost all kidney stones are made up of either calcium salts (calcium phosphate and oxalates)
   A. types:
      1. calcium salts (calcium phosphate and oxalate)
         a. responsible for 75-80% of all stones
         b. calcium stones are chiefly in men and often show family history
      2. uric acid stones
         a. only 5-8% of stones
         b. mostly in men, half which suffer from gout
      3. cystine stones
         a. 1-3% of all stones
      4. struvite stones (magnesium ammonium phosphate)
         a. common in women
         b. often form after UTI (caused by bacterial species Proteus)

   B. factors involved in stone formation:
      1. increased urinary concentration of crystal components
      2. dehydration (decreased urine volume)
      3. pH changes in urine
         a. increased alkalinity ‡ struvite stones
         b. increased acidity ‡ calcium type, uric acid and cystine stones
      4. urinary stasis
      5. foreign bodies (ie. bacteria Proteus)
      6. decrease in the bodies own normal protective mechanisms against stone formation

Signs and Symptoms:
1. often symptomatic
2. flank pain/renal colic (when a stone obstructs either one/more calyces, renal pelvis or the ureter)
   a. pain is usually intermittent, excruciating and can cause the person to enter shock
   b. pain may radiate:
      i. across the abdomen
      ii. into the genitals
      iii. inside the thigh

Lab Findings:
1. UA: typically hematuria present, crystals can be visible, may see stones
2. chemical analysis: determines the type of stone present
3. X-ray: visualize most stones (calcium types)
4. Retrograde or Intravenous Urography/IVP: can show radiolucent or radio-opaque crystals and the size of the obstruction
5. possibility of increased urinary calcium present
6. proteinuria
7. increased urine WBCs

Course/Prognosis:
1. small stones: often need no treatment except pain relievers
2. larger stones: conventional therapy treat with surgery or lithotripsy (breakage of stones into small pieces with ultrasound)

Differential Diagnosis:
1. other causes of abdominal pain (ie appendicitis)
2. kidney infarction
3. causes for the formation of kidney stones
   a. idiopathic
   b. hypercalciuria
   c. hyperuricouria
   d. primary hyperthyroidism
   e. distal renal tubular acidosis
   f. hyperoxaluria
   g. idiopathic calcium lithiasis

Nutrition:
1. increase high fiber foods, dark green leafy vegetables (beets, radishes, mustard, dandelion, callard greens, kale, spinach, chard), grapefruits, comsilk, watermelon, water chestnuts and sea weed
2. decrease high purine foods, high oxalate foods and dairy products
KIDNEY STONES

3. foods high in magnesium and calcium: soy, lima beans, potatoes, avocado, brown rice, barley, corn, buckwheat and rye

Avoid:
1. spicy, hot, rich foods, dairy products, tofu
2. purine rich foods: organ meats, meat, shellfish, herring, anchovies, sardines, lentils, dry peas, dry beans, seafood, alcohol, asparagus, mushrooms
3. oxalate containing foods: spinach, black tea, cocoa, tomatoes, red beet tops, rhubarb, parsley, cranberry, nuts

Supplements:
1. MAY need to restrict calcium, oxalate, vitamin C and D (if calcium oxalate stones)
2. vitamin B-6 (10-100mg qd)
3. magnesium (500mg qd)
4. potassium citrate (60-80mcg qd)
5. taurine

Hydrotherapy:
1. hot fomentation: abdominal (5-10 min) followed by 1 min cold (ice pack best); repeat 3x
2. hot vinegar pack: for severe pain (use 50:50 vinegar:water)
3. Scotch douche: for pain
4. graduated bath: for pain

Physiotherapy:
1. diathermy: on back over the kidneys
2. ultrasound: over nerve roots
3. spine: check alignment of T10-L1

Homeopathy:
1. Argenticum nitricum: dull ache in small of back and over bladder, face has dark hue and looks dried up; burning with urination, urgency, urine contains uric acid, blood, renal epithelium, urine passes unconsciously, day and night
2. Belladonna: sudden onset of sharp, shooting pains, radiates into various points from the central point of irritation; fever, pt. excitable, sensation of motion in bladder as if a worm, frequent and profuse urination, urine is scanty, dark and turbid, loaded with phosphates, hematuria where no pathological condition can be found
3. Benzoicum acidum: strong smelling urine which is hot, dark brown with a strong, foul odor, generally dark, excess uric acid, kidney insufficiency, bedwetting
4. Berberis: sharp, stitching, tearing pain radiating from renal region to all directions (particularly down and front filling pelvis); worse motion and when seated; pain in loin and hips; urine is yellow, turbid, copious, slimy with reddish sediment; stones like pinheads, frequent need to urinate in small quantities, nephritis
5. Cantharis: violent pains with passing of stone, acute cystitis, constant desire to urinate, urine is burning, scalding with cutting pains and intolerable urging and is passed drop by drop, intolerable tenesmus (painful and ineffectual effect to empty bladder)
6. Colocynthis: pains on urinating over whole abdomen, urine, gelatinous, sticky, stringy, red hard crystals adhering to the vessels
7. Lithium carbonicum: colic pain from stones, cystitis (sub-acute and chronic), pain in right kidney and ureter and in bladder, while urinating pressure in heart, urine is free and colorless or turbid urine has mucus, scanty and dark, acid, sandy deposits
8. Lycopodium: frequent urging to urinate better riding in cars, pain in back before urinating, ceases after flow, urine is slow in coming, must strain, polyuria during the night, heavy red sediment, kidney colic in ureter (right) to bladder
9. Nitric acid: urine contains oxalic acid and is principle ingredient of stone, cramps from kidney to bladder, kidney feels burning and stinging, urethra as if hot tire in it, offensive urine as if smell like horse’s and feels cold when it passes, painless retention or incontinence of urine
10. Pareira brava: pt. has to get down on all fours to urinate; great tenesmus (constant urging, great straining); urine passes in drops, painful urination; pains shoot down thighs during efforts to urinate from kidneys; uric acid and blood in urine
11. Phosphorus: congestive and inflammatory sx despite purulent, chalky or sandy sediment
12. Sarsaparilla: pain from right kidney downward, kidney colic, severe pain at conclusion of urination
13. Uva ursi: flow of urine stops as if stone rolled in front of bladder orifice, burning after the discharge of slimy urine, pyelitis (inflam. Of kidney pelvis)

Cinnamon zelanicum
It is also excellent to slow or stop bleeding associated with kidney stones or excessive menstrual bleeding.
**KWASHIORKOR**

**Nutrition:**
1. protein: divide body weight (lbs.) by 2 to get amount of protein in grams required
2. skim milk formula (due to their poor ability to tolerate fat)

**Supplements:**
1. vitamin A
2. folic acid
3. vitamin C
4. vitamin D
5. vitamin E
6. chromium
7. copper
8. viodeunum (vioben): duodenal substance
LABOR PAINS

Definition:
The physical discomfort and pain associated with the birthing process.

Etiology:
1. Labor pains are due to the contractions of the uterus as it begins and continues to expel the fetus.
2. False labor pains are those that occur before the birthing begins, they are parts of the uterus practicing (Braxton-Hicks contractions)
   a. Not usually severe.

Signs and Symptoms:
1. Painful contractions of the uterus: in real labor they become closer and more regular.
2. In false labor, PE shows only part of the uterus contracting.

Course/Prognosis:
1. Are not dangerous in themselves but intense and prolonged pains may be the symptoms of a serious condition (pelvic disparity).
2. Conventional physicians relieve moderate to severe pain with a spinal block.
3. In many cultures, the birthing process is not looked upon as such an ordeal as it is in American society and severe labor pains are not really known.
4. The mental/emotional state of the woman should not be overlooked or ignored if there are bed pains and assurance, relaxation exercises, etc. can be very beneficial in decreasing the pains.

Differential Diagnosis:
1. True and false labor.
2. Other causes of abdominal pain during pregnancy.

Nutrition:
1. Light foods that are easily digested: fruit, juices.
2. Supply enough fluids, herbal teas.

Physiotherapy:
1. Relaxation breathing: during pregnancy to lessen labor pains.
2. Pregnancy exercises.
3. Firm pressure against low back: allow mother to get into any position she feels more comfortable in.
4. TENS.

Botanicals:
1. Anemone pulsatilla (toxic): for weak, sluggish, ineffectual labor in women inclined to weep.
2. Caulophyllum thalictroides (toxic): use during labor to ease pain or as a partus preparator; indicated for uterine pain with weight and fullness extending into thighs; for delays in labor due to sluggish contractions, weakness and fatigue; for debility due to lack of uterine power and secondary to chronic pelvic inflammation.
3. Cimicifuga racemosa: for weak, irregular contractions; will diminish false labor contractions but will strengthen and regulate true ones; has oxytocic action enhanced by minute doses of Aconitum napellus (toxic) and Atropa belladonna (toxic); use 15-60 drops tincture every 30 min. for 2 hours.
4. Cystisus scoparius (budding tops): oxytocic action when contractions are weak and ineffectual.
5. Helonias dioica: used as uterine tonic prior to labor, early stages of labor; use 5 drops in a sip of water during first stage, effect lasts 3 hours.
6. Hypericum perforatum: labor pain; complementary to Scutellaria lateriflora.
7. Lobelia inflata (toxic): anti-spasmodic; cervical os thick and rigid; use 30-60 drops in hot water no more than 3x in 2 hours, noting any nausea or respiratory effects.
10. Viburnum opulus: promotes effective regular contractions and prevents hemorrhage.

Formulas:

- **Mother's cordial:** Caulophyllum thalictroides (toxic), Mitchella repens, Viburnum prunifolium or opulus, Chamaelirium luteum (Helonias); macerate 1oz. of each herb in 3 1/2 pints brandy for 2-3 weeks, shaking daily, press, strain and add a 1/2 pint honey; SIG: 2-4oz. QD, use during the last half of pregnancy to prevent difficult labors, promote smooth, effective contractions and rapid involution or the uterus.

- **Partus preparator:** Caulophyllum thalictroides (toxic), Cimicifuga racemosa, Helonias dioica, Mitchella repens, Rubus idaeus, Viburnum opulus, in equal parts; SIG: 60 drops TID, during last trimester.
LABOR PAINS

Homeopathy:
1. Actea racemosa: “shivers” during first stage; pains too strong
2. Arnica: soreness after a severe labor; violent after pains
3. Bellis perennis: pains too distressing; spasmodic; too weak or ceasing; after pains
4. Caulophyllum: long exhausting labor fails to progress, trembling, rigid os with uterine atony and passage of dark passive blood
5. Chamomilla: spasmodic pains, press upward; patient intolerant to pain
6. Coffea: severe labor pains; patient greatly excited; severe pains in the small of the back
7. Cuprum: cramps; sudden blindness during labor
8. Lachesis: pains after labor
9. Lycopodium
10. Opium: horrible pains in uterus with urging to stool; cessation of labor pains with coma and twitching
11. Pulsatilla: false pains; intense inertia; weeps because she has not delivered; labor pains too weak; spasmodic or ceasing
12. Viburnum opulus: false pains
LACERATIONS

Definition:
An irregular split or tear in tissues that results from incision or from stretching beyond their tensile strength

Etiology:
1. commonly derived from the history

Signs and Symptoms:
1. obvious signs of bleeding and tissue damage
2. pain

Course/Prognosis:
1. a wound will heal by "first intention" if the tissues are approximated and held together with sutures or tape and kept free of infection
2. a wound may heal by "second intention" if there is a large tissue defect that must be filled, such as in an ulceration
   a. these wounds tend to have a greater degree of inflammation, more scar tissue and a greater degree of contraction as the wound continues to heal
3. granulation tissue fills the gap from the edge of the wound toward the center
4. Keloid formation (esp. in blacks) may be a secondary effect of wound healing (there is an excess of collagen in the scar tissue, which may be raised above the level of the surrounding dermis
5. it is important to ensure that lacerations have been well cleaned before closing or suturing, as dirty wounds may lead to local or systemic complications

Differential Diagnosis:
1. abrasion
2. incision
3. puncture
4. avulsion

Nutrition:
1. foods rich in vitamins A, C, E and zinc

Supplements:
1. vitamin A (25,000 IU QD)
2. vitamin B-5
3. Vitamin C (2g QD)
4. vitamin E (800 IU QD)
5. zinc (30mg QD)

Physiotherapy:
1. rinse: thoroughly with water or calendula succus
2. use hydrogen peroxide to help remove objects from wound site (bubbles draw up debris)

Botanicals:
1. Arnica montana (toxic): dilute 1 Tbsp. to 1 pint water, use fomentation, for indolent wounds with a sticky deposit at the base and poor granulation
2. Calendula officinalis: dilute tincture, use to cleanse open wound, helps prevent keloids when used locally
3. Digitalis purpurea (toxic): topically; dilute, indolent wounds with a dirty deposit and that have persisted for a long time
4. Echinacea angustifolia: topically; very obstinate and heal slowly
5. Erigeron canadensis: bleeding
6. Hypericum perforatum: nerve injury; oil: for small circumscribed wounds
7. Symphytum officinale (toxic): allantion, topically: ulcerous and obstinate
8. Thuja occidentalis: topically; dilute

Formulas:
   a. suppurating wounds: Echinacea spp., Lobelia inflata (toxic), Trigonella foenum-graecum, Ulmus fulva

Homeopathy:
1. Calendula: bloody and serous infiltration in open wounds; great tendency to start and twitch with nervousness
2. Hamamelis: dissecting wounds, hemorrhages
3. Hypericum: intolerable pains, esp. due to nerve damage
LACERATIONS

4. **Lachesis**: small wounds bleed profusely; the blood does not coagulate
5. **Ledum**: puncture wounds
6. **Petroleum**: slightest wounds ulcerate and spread
7. **Phosphorus**: bleeds profusely but bleed coagulates after leaving the body
8. **Silica**: from needles
9. **Staphysagria**: clean, incised wounds, d/c is a greenish color
LACTATION (Excess/Deficiency)

**Definition:**
Too much or too little production esp. during nursing.

**Etiology:**
- **Lactation deficiency:**
  1. Often due to a deficiency in prolactin
     a. After birth, a prolactin deficiency may be the first indications of panhypopituitarism from pituitary destruction during the peripartum period (Sheehan's syndrome)
     b. Prolactin stimulation test are needed to discern if the prolactin levels are indeed low
  2. Another cause includes stopping breast-feeding for a time (ie. due to mastitis)
- **Lactation excess (galactorrhea):**
  1. Breast secretion as a non-puerperal or inappropriate phenomenon
  2. The precise definition of the illness is not clearly defined in the literature
  3. 25% of women who have previously given birth can demonstrate lactation to some degree; this appears to be clinically unimportant
  4. The secretion should be checked to ensure that it is milk and not another secretion that may signal serious breast pathology
  5. Unfortunately there is no sure connection between hyperprolactinemia and galactorrhea; in many patients with high prolactin levels, lactation may not occur
  6. In patients with galactorrhea, the levels of prolactin may be low (ie. in the wet-nurse phenomenon where repeated stimulation of the breasts in a women who has been previously pregnant will cause lactation without a surge in prolactin level)
  7. However, the drug bromocriptine (which causes prolactin levels to be suppressed) decreases galactorrhea, even in women who have low prolactin levels to begin with, so there must be some relationship to the ailment and the hormone, although at this time it is unclear

**Signs and Symptoms:**
- **Lactation deficiency (the woman has given birth):**
  1. No or insufficient amounts of milk are produced
  2. Other possible hormonal signs indicating Sheehan's syndrome
- **Lactation excess (the woman is postpartal or is non-puerperal):**
  1. Secretion of milk beyond the infant's demand
  2. Secretion of milk when the woman has not given birth

**Lab Findings:**
1. Check prolactin levels
2. Check other pituitary levels if Sheehan's syndrome is suspected
3. (-) Inflammatory or cancerous secretion in galactorrhea

**Course/Prognosis:**
1. The course depends on the diagnosis of the true cause of the symptoms
2. Sheehan's syndrome can be serious and necessitate the replacement of all pituitary hormones
3. The possibility of breast tumor as a cause in the non-puerperal female secretion of breast fluid must be considered

**Differential Diagnosis:**
1. Sheehan's syndrome
2. Breast tumor
3. Hyperprolactinemia (excess)
4. Hypoprolactinemia (deficiency)

**Nutrition:**
- **Insufficient lactation:**
  1. Foods rich in vitamins A, B complex, C, E, iron and magnesium
  2. Apricots, asparagus, green beans, carrots, sweet potatoes, peas, pecans, leafy greens, parsley, watercress, beet tops, dandelion greens
  3. Eat foods from the carrot family: carrots (juice 1 pint per day), fennel, dill, caraway
  4. Increase water and fluid intake

**Remedies:**
1. 4oz. barley shoots, boil them in 1 pint water until reduced by half, drink the liquid but do not eat the shoots
2. 1 lb. papaya, 8oz. fish, boil in 3 pints water until reduced by half, eat and drink the results
LACTATION (Excess/Deficiency)

c. mix 1 Tbsp. brewer’s yeast, 1 Tbsp. honey and 1 Tbsp. ground pecans or blanched almonds (not roasted) together and eat BID-TID
d. prepare 30g lily flowers and 60g lean pork as in normal cooking, steam the 2 ingredients over high heat until the pork is well done, eat the whole ting
e. simmer 500g papaya with 500ml rice vinegar and 30g fresh ginger over low heat for 40 min., drink as tea BID
f. eat cracked wheat and brown rice
g. soak 1/2 cup pearled barley in 3 cups cold water overnight, strain out barley and heat 1-2 cups barley water to boiling, then pour 1 cup boiling barley water over 1 tsp. fennel seeds and steep 10-15 min., drink

Congested lactation:
a. boil 3 pints water until reduced by half, 1 lb. carp, 4oz. rice, eat and drink half this amount BID
b. foil in 1 pint rice wine, 8oz. lightly fried shrimps, eat and drink 6oz. BID, continue for 3-4 days

Excess lactation:
a. drink sage tea, 1 cup 6-8 times in one day to stop lactation or 1 cup BID to decrease milk
b. fry 120g malt over low heat for a few seconds, add 750ml water and bring it to a boil and cook until the malt is fully cooked, add 30g brown sugar, drink as soup QD for 5-7 days

Avoid:
1. coffee, caffeine

Botanicals:
1. Atropa belladonna (toxic): local inflammations and swellings such as mastitis and engorgement, apply liniments or plaster topically taking care to wash thoroughly from breasts before nursing; for an anti-galactagogue effect when weaning or when mastitis threatens, place 5-10 drops in 4oz. water and take 1 tsp. doses every few hours
2. Borago officinalis: infusion of flowers and leaves, drink freely to promote nursing
3. Cinnamomum camphora: suppresses milk production when used internally or topically on breast
4. Cnicus benedictus: 10-20 drops tincture of leaf promotes milk production
5. Foeniculum vulgare: contains phyosterols that promote lactation, bruise or crush the whole seeds
6. Humulus lupulus: infusions, tinctures and even good quality dark beer promote lactation, esp. in women form whom tension or anxiety impairs milk let down
7. Leonurus cardiaca: a general women’s herb, galactagogue
8. Pimpinella anisum: contains phytosterols that promote lactation, bruise or crush the whole seeds
9. Physostigma venenosum (toxic): increases mammary gland secretions
10. Pilocarpus jaborandi (toxic): increases milk supply when deficient
11. Salvia officinalis: dries up milk when weaning a child or lactation in excessive

Formulas:
a. Cnicus benedictus [1oz.], Urtica spp. [1oz.]; infuse herbs in half gallon boiling water overnight, strain and refrigerate, at nursing time reheat 1 cup tea and pour over 1 tsp. of any of the following: Carum carvi, Foeniculum vulgare, Pimpinella anisum; steep 5 min., strain and drink; use freely throughout the day
b. nursing tincture: Borago officinale [1oz.], Foeniculum vulgare [1oz.], Physostigma venenosum (toxic) [1 drop] fl optional; SIG: 60 drops in 4oz. water TID
c. weaning tincture: Atopa belladonna (toxic) [3 drops], Cinnamomum camphora (essential oil) [3 drops], Salvia officinalis [1oz.]; SIG: 30 drops QID

Homeopathy:
1. Borax: milk too thick and tastes bad so child will not nurse
2. Calcarea carbonica: increase milk supply
3. Calcarea phosphorica: child refuses milk because tastes salty
4. Chionanthus virginica: to stop milk supply
5. Lac caninum: milk too profuse
6. Lactuca virosa: to increase milk supply
7. Lac vaccinum defloratum: for reducing milk supply
8. Phytolacca: inflammation and milk become stringy and hangs from nipple; milk coagulated; scanty, thick, unhealthy and dries up soon
9. Pulsatilla: to stop flow after child weaned
10. Sabal serrulata: to produce a milk supply
11. Secale cornutum: suppression or non-appearance of milk after delivery
12. Sticta pulmonaria: scanty milk; annoyed because of lack of milk
13. Urtica urens: decreased secretion with swelling of breasts; dries up milk in women who are weaning
LARYNGITIS/HOARSENESS

Definition:
Laryngitis: inflammation of the larynx
Hoarseness: roughness in the voice, often with decreased vocal power

Etiology:
1. most laryngitis is caused by microorganisms, viral and bacterial (esp. streptococcus)
2. it can also occur concurrently with other URIs and pulmonary infections
3. other causes include:
   a. voice overuse
   b. allergic reactions
   c. inhaling irritating substances (ie. smoking)
4. hoarseness is the most common symptom
5. in persistent hoarseness rule out neoplasm

Signs and Symptoms:
1. hoarseness: usually of short duration, may become chronic if the cause is not addressed (ie. smoker keeps smoking)
2. pain or rawness: if severe, dysphagia may occur
3. cough: may be associated with a tickling sensation
4. aphonia or just decreased vocal power

Lab Findings:
1. culture if inflammation present
2. visualize larynx
3. (+) laryngoscopy for serious pathology (nodules, tumors)

Course/Prognosis:
1. in simple laryngitis from overuse or microorganisms, the prognosis is excellent
   a. voice rest is very helpful
2. conventional physicians will use antibiotics if the cause is bacterial
3. in more serious cases, the prognosis is still good
   a. 90% of laryngeal cancer diagnosed and treated early (by laryngectomy and irradiation) will be cured

Differential Diagnosis:
1. pharyngitis
2. determine underlying cause
3. rule out neoplasm if persistent

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. avoid heavy protein foods, fats, meats, vinegars, shellfish, sugars
4. increase fluids
5. short fast
6. steamed carrots, olives, daikon, celery, seaweed, licorice, cilantro

Remedies:
   a. tea from carrots, olives, drink TID for 1 week
   b. tea from daikon radish and green apples, BID
   c. tea from cilantro, 1 Tbsp. green tea and salt, steep 5 min.
   d. honey in warm water for dry, sore throat

Avoid:
1. alcohol
2. stimulating foods, spicy, hot, fatty and/or fried foods

Supplements:
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. vitamin C (6g QD)
3. zinc (30mg QD)

Hydrotherapy:
1. heating compress to neck
2. steam inhalation

**Manipulation:**
1. check and align lower cervicals, T6-8

**Physiotherapy:**
1. diathermy over throat
2. UV: spray throat with saline and 10% mercuriochrome followed by 20sec UV on 2 successive days

**Botanicals:**
1. Aconitum napellus (toxic): laryngitis: 1st stage, with fever, hot skin, extreme restlessness, dyspnea
2. Althea officinalis: demulcent
3. Arnica montana (toxic): hoarseness
4. Capsicum frutescens: infusion for colds, catarrh, hoarseness
5. Collinsonia canadensis: chronic laryngitis, "minister's sore throat", hoarseness, sense of constriction
6. Eryngium yuccaefolium: chronic pharyngitis associated with laryngeal irritation
7. Glycyrrhiza glabra: laryngitis
8. Phytolacca decandra (toxic): chronic mucous affections
9. Plicaria serrulata: cough associated with laryngitis, aphonia
10. Populus gilieadensis: laryngitis with aphonia
11. Salvia officinalis: as a gargle
12. Serenoa serrulata: cough associated with laryngitis, aphonia
13. Stillnoja sylvatica (toxic): laryngeal irritation
14. Oleum terbinthineae: chronic affection of the mucous membranes of the air passages
15. Tussilago farfara

**Homeopathy:**

**Acute:**
1. Aconitum: burning, dry, constricted, stinging; agitation, anxiety; in dry cold weather; hoarse, dry croupy cough; < 12am and after
2. Ammonium causticum: acute or subacute; sensation of rawness and burning very intense; persistent cough, almost no voice left; tendency to ulceration
3. Arum triphyllum: frequent, recurrent; burning and dry sensation in pharynx; voice breaks down when attempting to speak or sing high pitch; voice uncertain, uncontrollable
4. Belladonna: sore, painful as if foreign body were in it; may be painless, hoarseness, loss of voice; high piping voice, moaning at every breath < touch, draught
5. Causticum: aphia; sensation of painful wound in larynx, burning, very sensitive; voice low pitch, difficulty speaking loudly
6. Ferrum phosphoricum: 1st stage of inflammation; dry cough due to laryngo-tracheal tickling, < night and 4-6am, touch, right side, > cold application
7. Hepar sulphur: loss of voice an cough after midnight; after exposure to dry, cold air; dry, hoarse cough < dry cold air, > dampness; very sensitive patients
8. Phosphorus: very painful, very sensitive to touch; clergyman's sore throat; violent tickling in throat when speaking; aphonia < evenings; can't speak because of pain < cold air, talking, evening and drinking cold
9. Spongia tosta: great dryness, burning constricted, sensitive to touch; feeling of a plug in larynx; pain talking an swallowing; cough dry, burning with sensation of tearing in throat , any nervous excitation, talking, lying with head low > cold drink, eating a lot

**Chronic:**
1. Argentum metallicum: chronic hoarseness; sensation of scraping, rawness < using voice; cough from laughing
2. Argenticum nitricum: sensation of a splinter in throat on swallowing; chronic hoarseness; high notes cause cough; swelling around vocal cords with tendency to ulceration; hoarseness < morning, warm room, smoke, speaking or singing, > fresh air, cold
3. Calcarea phosphorica: difficult breathing < dampness, getting feet wet > lying
4. Calcarea sulphurica: last stage of ulcerated sore throat with yellow d/c; chronic hoarseness, < dampness, draughts, warm room > open air, dry warm air
5. Causticum: aphia, larynx sore, hoarseness > cold air, cold water, < external warmth, dampness; own voice roars in ears and distresses; difficulty of voice of singers and public speakers
6. Chlorum: stridulous laryngitis, sudden spasm of the glottis; constriction with suffocation; loss of voice from damp air; sudden dyspnea from spasm of vocal cords
7. Kali muriaticum: whitish mucus hard to expel; dry cough < cold air, dampness > dry heat
8. Kali phosphoricum: paralysis of vocal cords; hoarseness < cold, eating, early morning > warmth
LARYNGITIS/HOARSENESS

9. **Manganum**: laryngitis and cough in damp weather, often followed by bronchitis or vice versa; hoarseness < morning, open air, > smoking

10. **Silica**: chronic cough and sore throat; suppurative stage, < cold, > heat

11. **Stannum**: throat dry and stings; sensation of erosion in larynx; hoarseness, < cold, talking, singing; causing weakness in chest temporarily > after cough and spit; very weak person
LEUKEMIA

Definition:
A heterogeneous group of neoplasms developing in the bone marrow and causing malignant changes in the hematopoietic cells.

Etiology:
1. although associated microorganisms are identified in only a minority of patients, there are known risk factors:
   a. ionizing radiation (iatrogenic or other)
   b. chemicals
   c. drugs (benzene, arsenic, phenylbutazone, chloramphenicol, chemotherapeutic agents)
   d. marrow hypoplasia
   e. genetic factors (Down’s syndrome, Klinefelter’s syndrome, Fanconi’s aplasia)
   f. viral agents (RNA viruses)
   g. immunologic factors (immunodeficiency)
2. a multiplicity of causes may be factors in each individual
3. there are 4 basic types of leukemia:
   a. acute lymphocytic leukemia (ALL)
   b. acute myelocytic leukemia (AML)
   c. chronic lymphocytic leukemia (CLL)
   d. chronic myelocytic leukemia (CML)

Signs and Symptoms:
Acute Leukemias:
1. abrupt onset that appears infections in nature
2. there is often a high fever an joint pains
3. bleeding is common
4. however, the acute leukemias may also have an insidious onset with only increasing weakness and pallor
5. may see meningeal leukemia in 25-50% of children
6. infection causes 90% of deaths

ALL:
1. primarily seen in children
2. in half the patients the lymphocyte concentration is high, half it is normal or low
3. there are many lymphoblasts, severe, anemia and low platelets
4. lymphadenopathy is often present and the majority of patients have splenomegaly
5. CNS involvement occurs in 50% of patients after 1 year

AML:
1. occurs at any age
2. the lymphocyte concentration is high in 60% of patients and normal or low in the other 40%
3. there are many myeloblasts and the anemia is usually severe
4. most patients have a decreased platelet count
5. lymphadenopathy is occasionally present and half of he patients will have splenomegaly

Chronic Leukemias:
1. usually present with non-specific symptoms:
   a. fatigue
   b. weight loss
   c. weakness

CML:
1. this predominately strikes young adults and the lymphocyte concentration is always high
2. the differential uncovers the entire myeloid series
3. most patients have anemia, progressively severe, normocytic and normochromic
4. 60% of patients have low platelets (terminal stages) and others may be normal or increased in early stages
5. lymphadenopathy is uncommon but most patients suffer from severe splenomegaly
6. associated with the presence of the Philadelphia chromosomes

Lab Findings:
Acute leukemias:
LEUKEMIA

ALL:
1. WBC is rarely > 100,000/mm³
2. normoblasts and polychromatophilia are common
3. low platelets
4. severe anemia

AML:
1. decreased platelet count
2. LDH increased
3. Occasionally slight increase in AST, ALT

Chronic leukemias:
1. diagnosis can follow careful work-up or a routine blood draw

CML:
1. presence of the Philadelphia chromosome
2. increased WBC count is the earliest sign (100-500,000/mm³ at onset), with progressive shift to left
3. lymphocytes show relative decrease
4. may also be increased LDH, uric acid, AST, ALT, B-12 and hyperplastic bone marrow
5. normocytic and normochromic anemia
6. 60% have low platelets (terminal stages)

CLL:
1. lymphocyte concentration is high
2. anemia in 50% (mild); autoimmune hemolytic anemia in 25%
3. platelets will be low
4. WBC count (50-250,000/mm³), with blast forms uncommon
5. bone marrow hyperplastic
6. less elevation in serum enzymes than in CML

Course/Prognosis:

Acute leukemia:
1. untreated acute leukemia, death is inevitable and frequently very quick
2. death is usually from hemorrhage or secondary infection
3. on chemotherapeutic drugs, the median age for a child to survive is 36 months (3 years) and if the child survives past that, may become cured

CML:
1. the prognosis is unfavorable: the disease progresses gradually leading to death usually within 3-4 years
2. 20% survive longer than 5 years and 2% survive longer than 10 years
3. once "blastic transformation" occurs, the patient typically has only from 4-6 months to live
4. conventional treatment is administration of chemotherapeutic drugs

CLL:
1. the disease is progressive, although some patients will be asymptomatic for years and may experience lengthy remissions with treatment
2. however, gradually the disease becomes more active and the patient succumbs

Differential Diagnosis:
1. other causes of lymphadenopathy
2. other causes of anemia
3. other causes of lymphocytosis

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. increases fluids
4. short fast which is repeated several times under physician supervision

Recommendations for all Cancers:
1. seaweeds, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruits and vegetables
LEUKEMIA

Remedies:
  a. soup of black or ling zhi mushrooms and white fungus TID
  b. boil together mung beans, pearl barley, adzuki beans and figs
  c. dandelion, burdock and chrysanthemum flower tea

Avoid:
  1. meat, chicken, heavy protein foods, shellfish
  2. coffee, alcohol, caffeine
  3. dairy products
  4. fats
  5. spicy, fried, fatty, rich and/or salty foods
  6. cinnamon, anise, pepper
  7. smoking, stress, constipation
  8. sugars
  9. vinegars

Supplements:
  1. vitamin B complex
  2. vitamin B-12 (IM)
  3. folic acid
  4. vitamin C
  5. vitamin E
  6. general immune support

Hydrotherapy:
  1. constitutional hydrotherapy
  2. fever treatments

Physiotherapy:
  1. regular aerobic exercise: associated with lower incidence of cancer

Botanicals:
  1. in 85% of cases, depression dominates the personality cycle
  2. **Mania phase**: may be associated with adrenal compensation following liver hypoglycemia in which liver glycogen stores are chronically inadequate
  3. **Depressive phase**: may be associated with the hypoglycemic drop following adrenal exhaustion, relief of stresses or attempts to relax
  4. **Avena sativa**: nervous debility of convalescence
  5. **Baptisia tinctoria**: for tumorous or malignant conditions
  6. **Berberis aquifolium**: dyscrasiae due to cancerous cachexia
  7. **Ceanothus americanus**: splenic enlargement and other splenic conditions, alterative and purificant in conditions of vitiated blood
  8. **Chelidonium majus** (toxic): splenic congestion, pale sallow skin (does not mention cancer)
  9. **Colchicum autumnale** (toxic): lymphoblastic
  10. **Echinacea spp.**: increases interferon production, purifies blood, tendency to malignancy
  11. **Iris versicolor** (toxic): soft glandular enlargements; chronic splenic disease, when skin is blanched as in leukocythemia
  12. **Phytolacca decandra** (toxic): lymphoma; hard, swollen lymph nodes
  13. **Polymnia uvedalia**
  14. **Rumex crispus**: to prevent early stages of cancer
  15. **Scrophularia nodosa**: for enlarged lymphatics (does not mention cancer)
  16. **Taraxacum officinale**: loss of appetite, weak digestion
  17. **Trifolium pratense**: purifies blood, cancerous diathesis, ulceration

Formulas:
  a. Colchicum autumnale (toxic), Podophyllum peltatum (toxic), Trifolium pratense, vinca rosea

Homeopathy:
  1. **Aconite**: infantile leukemia, initial stage, high fever, continued or remittent; digestive troubles; pale face
  2. **Acetic acid**: great debility, profuse anemia; with dropsical symptoms; skin pale waxen; hectic fever with cough; hemorrhage from nose, lungs, stomach, bowels, uterus; great thirst
LEUKEMIA

3. Arsenicum iodatum: chronic myeloid; give after meals; profound prostration; emaciation with good appetite; obstinate diarrhea; bronchitis with dyspnea; tensive pressure pain in spleen with induration and enlargement

4. Calcarea carbonica: infantile leukemia; remittent fever with sweat on head only; tardy ossification of fontanelles; difficult dentition; anorexia or appetite for earth; denteria with or without mucousities; swelling of cervical and lingual glands; hard tumors in spleen with leukemic blood an appearance of petechia

5. Calcarea phosphoricum: infantile leukemia; peevish and fretful children; < from change of weather; fontanelles open too long, or close and reopen; excoriating d/c from nose; slow dentition, too rapid decay of teeth; unusual hunger; stitches in hepatic region or in spleen, < when taking a deep breath, > from passing flatus up or down; offensive diarrhea; incipient phthisis in anemic persons

6. Ceanothus: chronic myeloid; pain or discomfort in region of spleen; anemic patients; enormous enlargement of spleen; deep seated pain in left hypochondrium; active hemastatic; materially reducing the clotting of blood; pain in liver and back

7. Chininum sulphuricum: tenderness and pain in vertebrae, esp. in dorsal region; pain and tension at stomach; highly lateritious state of urine which on cooling deposits urates and purpurate of ammonia

8. Diaderma aranea: leukemia medullaris; violent, dull, burrowing pains esp. in the humerus and forearm, tibia and os calcis, , in morning in bed an periodically returning during the day; general malaise; popular eruptions on skin here and there; restless sleep; chills prevail during febrile attacks; nervous palpitations

9. Kalium phosphoricum: brain fatigue from overwork; cross-ness and ill temper in children; asthemia; pale, sickly, sallow features; gone sensations in pit of stomach; splenic troubles; foul, putrid diarrhea; lassitude and general debility; faint spells from weakness of heart; rachitis

10. Naturm muriaticum: chronic myeloid; pale complexion and cold extremities; splenic and lymphatic leukemia; hypochondriasis and weariness; bursting h/a, caused by getting wet; limbs feel weak and bruised; periodicity; skin of face greasy; stitches and pressure in the region of swollen spleen; stitches in liver; abdomen bloated; sensation of lameness, of a sprain in the shoulder joint and hip

11. Naturm sulphuricum: chronic myeloid; splenic and lymphatic leukemia; depression of mind and irritability; pain in left hypochondrium or above false ribs; pain as if a weight going through from abdomen to back; diarrhea < in wet weather; swelling of ribs near sternum; inexpressible agon?y; slowly coagulating blood; piercing pain in extremities, < from uncovering, wet weather, damp places, cold open air; prostration and exhaustion

12. Nux vomica: hypochondriasis; stupefaction, congestion to head and red bloated face; scalp sensitive to touch and to wind; > from being warmly covered; gastrosis

13. Picric acid: chronic myeloid; sexual excitement; perversion of nutrition; great chilliness, followed by cold, clammy sweat; lack of will-power to undertake anything; dull, heavy pain in head and neck; oppressive feeling in epigastrium; weakness and heaviness in limbs, esp. left; legs feel as if mad of lead; the least exertion exhausts; cold, clammy sweat on hands and feet, in daytime

14. Thuja: chronic myeloid; leukemia medullaris, stitches in hypochondria; short-breathed from fullness and constriction in hypochondria and upper abdomen; bone disease; edema around joints; emaciation or swelling around diseased parts (hyperplasia, atrophy, fatty degeneration)

15. Sulphur: infantile leukemia; slow but moderate fever; leukemia blood; marked tumefaction of spleen; greenish or yellowish diarrhea; insomnia
LEUKOPLAKIA

Definition:
A potentially precancerous lesion in the mouth anywhere on the oral mucosa recognized as an adherent white patch that cannot be determined to be any other disease.

Etiology:
1. arises in response to chronic irritation to the oral mucosa
2. factors implicated include:
   a. tobacco
   b. alcohol
   c. poorly fitted dentures
   d. spicy foods
   e. sharp or worn-down teeth
   f. vitamin deficiencies (particularly vitamins A and B-complex)
   g. syphilis
3. hormonal changes and candida are also associated with leukoplakia but the relationship is unclear
4. leukoplakia histologically: shows hyperkeratosis, hyperplasia and acanthosis
5. nodular leukoplakia: has a higher association of developing into a malignant lesion than the homogenous type
6. leukoplakia is typically seen in men between 40-70 years old and is also seen in the immunodepressed (ie. AIDS patients)

Signs and Symptoms:
1. common sites:
   a. palate
   b. floor of the mouth (highest incidence of developing into cancer)
   c. tongue (esp. the sides)
   d. buccal and alveolar mucosa
2. white, well-circumscribed, small lesions to generalized lesions in the mouth
3. smooth and flat to thick, nodular and firm
4. may be "hairy" on tongue

Lab Findings:
1. all leukoplakic lesions should be biopsied

Course/Prognosis:
1. irritants should be removed to prevent new lesion development
2. conventional treatment is to excise or cauterize lesions

Differential Diagnosis:
1. candida
2. lichen planus
3. pachyderma oralis

Nutrition:
1. increase vitamin A and C foods
2. increase fluids
3. short fast

Avoid:
1. heavy protein foods, meats, shellfish
2. fats
3. sugars
4. irritating foods, vinegars
5. tobacco

Supplements:
1. vitamin A (300,000 IU QD) TOXIC DOSE
2. folate (5mg QD)
3. general immune support

Physiotherapy:
1. mouth irrigations:
   a. hot (110°F) saline solution applied via a syringe or dental water pick
   b. with head tilted to side over sink or basin spray hot saline into mouth
LEUKOPLAKIA

c. allow fluid to run into sink, use 1 quart of fluid

Botanicals:
1. Echinacea purpurea: increases non-specific resistance
2. Eucalyptus spp.: associated with syphilis and excessively secreting mucosa
3. Eupatorium perfoliatum
4. Eupatorium purpurea (extract)

Homeopathy:
1. Aurum metallicum: ulcers in gums with swelling of cheeks; fetid smell of the mouth, like rotten cheese; piercing pain in velum palati; tongue swollen, with scirrhus-like hardness; coated, dry, ulcerated, carries in palate; with ulcers of a bluish color, esp. after abuse of mercury
2. Carcinosin: for pre-cancerous state
3. Hydrastis: stomatitis after mercury or chlorate of potash; nursing women or weakly children; peppery taste; tongue as if burned or raw, with dark red appearance and raised papulae; excessive secretion of thick, tenacious mucus from mouth; tumor in hard palate painful to touch, hard, somewhat elastic, disposed to bleed and d/c offensive matter; climacteric; precancerous ulcer on left side of throat inside
4. Natrum phosphoricum: moist, golden-yellow or creamy coating on back part of roof of mouth; gumboils on molars; bad taste (coppery) on walking
5. Nitric acid: ulcerated spots on inner surface of cheeks with sticking pains as from a splinter; offensive and putrid smell from mouth; ptyalism; white and swollen gums, loose teeth, ulcers in mouth and fauces and tongue; with pricking pains
6. Sulphuricum acidum: white spots like membrane in mouth; aphthous mouth and gums; painful yellowish or whitish ulcers; swollen ulcerated and readily bleeding gums; profuse ptyalism; dryness of tongue; cancerum oris with rapid extension of ulceration
LICE/SCABIES

Definition:
Scabies: is a parasitic disease of itch mites; they burrow under the skin and lay eggs, causing the host to itch.
Lice: on the other hand, live on the host or in the clothing.

Etiology:
Scabies:
1. the mites are transmitted person to person, usually from prolonged contact
2. the itching from scabies is from a hypersensitivity reaction which may take days or weeks to develop

Lice:
1. are transmitted person to person and also frequently be bedding and clothing

Signs and Symptoms:
Scabies:
1. characterized by intense itching, skin burrows and occasionally secondary infections
2. itching is generally worse at bedtime
3. lesions and burrows are seen in the finger webs, wrists, belt-line, groin, areola in females and lower buttocks
4. the lesions will usually be observed in various stages of development, from papular to excoriated by itching to scabbed over

Lice:
1. may produce tiny black specks in the patients undergarments, which are excretions
2. nits may be seen at the base of hair, esp. in pedicularis pubis (crab lice)
3. mild excoriations may be seen from scratching

Lab Findings:
1. microscopic viewing of the organism by scraping the lesion bottom

Course/Prognosis:
1. treatment with topical applications generally stops the conditions
2. complications arise from superficial infection of the burrows and contact dermatitis from the topical application
3. in all cases it is important to clean clothes, sheets, pillows, etc. along with treatment
4. since the skin reaction to scabies is on of delayed hypersensitivity, it may be several days or weeks before a previously unexposed patient develops symptoms
5. for the same reason, a symptomatic patient may not become symptom free until a week or more after treatment, when the reaction settles down
6. lice transmit: typhus, trench fever and bubonic plague

Differential Diagnosis:
1. spider bites or other insect bites
2. contact dermatitis
3. atopic dermatitis
4. other skin conditions producing clusters or pruritic lesions

Nutrition:
1. garlic, onions
2. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips. dandelion greens, watercress, burdock root

head lice:
1. wash hair, then rinse with a decoction of parsley seed (crushed)
2. apply lavender oil undiluted to scalp
3. apply large amount of butter to scalp

Supplements:
1. vitamin A (25-75,000 IU QD)
2. vitamin B complex
3. vitamin C
4. selenium
5. kelp

Physiotherapy:
LICE/SCABIES

1. **Sulfur Bath**: in a 1/2 full bath of 102°F, stir in 1 oz of potassium sulfate; patient sits in water and dips affected area for 30-60 min., after bath skin blotted dry with friction

**Botanicals:**

- **Scabies**
  1. Balsamum peruvianum (from Toluifera pereirae): topically for 3 days, as long as there is no skin reaction
  2. Eucalyptus spp. (oil): apply topically, mix with Melaleuca cajuputi oil
  3. Melaleuca cajuputi (oil): apply topically
  4. Phytolacca decandra (toxic): topically effective; with Podophyllum peltatum (toxic)
  5. Sulfur

- **Formulas**
  a. Hedemoa pulegioidea, Lavandula officinalis, Phytolacca decandra (toxic), Pimpinella anisum; infuse 1 oz in 2 pints of water, add to hot bath and soak for 30 min., blow dry, repeat once a day for 3 days

- **Lice**
  1. Cystisus scoparius: tea, rubbed into hair
  2. Equisetum arvense: 5-60 drops
  3. Geranium robertianum: fluid extract or tincture applied to hair
  4. Lavandula officinalis (oil): pubic, 1 part to 2 parts glycerine (preferred treatment for children under 5 years old)
  5. Melaleuca cajuputi (oil): locally
  6. Pine tar soap: pubic area
  7. Quassia amara: infusion topically
  8. Sassafras albidum (oil): topically on pediculosis capitis

**Homeopathy:**

- **Scabies**
  1. Arsenicum album: pustular eruption in bends of knees; burning, itching
  2. Carbo vegetabilis: dry, fine eruption over whole body, itching < after undressing
  3. Hepar sulphur: pustular, crusty itch
  4. Lycopodium: suppurating eruption, full of deep fissures, itch violently when warm
  5. Mercurius solubilis: bend or elbows, insomnia from itching
  6. Pseurinum: repeated outbreak of single pustules after main eruption gone
  7. Ranunculus bulbosa: itching < contact and pressure
  8. Sulphur: main remedy, voluptuous itching till bleed, < scratching, warm of bed

- **Lice**
  1. Carbolic acid
  2. Lycopodium: specific for skin lice
  3. Psorinum: in head hair, if fails try Carbolic acid
  4. Ranunculus bulbosa: itching < contact and pressure
  5. Staphysagria: in pubic hair; also for head hair
LIVER CANCER

Definition:
1. neoplasm of the liver: may be benign, primary malignant or metastatic

Etiology:
1. most liver cancers in the US are metastatic
2. malignant primary neoplasms of the liver are categorized into:
   a. hepatomas: liver cell carcinomas
   b. cholangiocarcinomas: bile duct carcinomas
   c. combination of the above
   d. hepatoblastomas
   e. hemangiomas
   f. angiosarcomas
3. while the exact etiology of these conditions is unknown or unproven, there are many clear associations with risk factors:
   a. hepatocellular carcinoma:
      1. chronic hepatitis B
      2. hemochromatosis
      3. cirrhosis
      4. alpha-1-antitrypsin deficiency
      5. administration of exogenous androgens
      6. aflatoxin ingestion
   b. angiosarcomas:
      1. exposure to chemicals (ie. arsenic and vinyl chloride)

Signs and Symptoms:
   General:
   1. hepatomas do not produce characteristic symptoms or signs
   2. history of sudden deterioration in a patient with a non-malignant liver condition
   3. hepatomegaly
   4. ascites
   5. systemic signs along with hemorrhage and biliary obstruction
   
   Hepatoma:
   1. hemochromatosis
   2. occasional marked hypoglycemia

Lab Findings:
   General:
   1. elevated LDH enzymes may be seen in certain liver cancers
      a. 4 LDH isoenzymes; all may be at the high end of normal but combine to give an overall elevated LDH level
   2. alkaline phosphatase levels may be seen
   
   Hepatoma:
   1. serum alpha-fetoprotein present in 50% of white and 75-90% of non-white patients
   2. ESR and WBC may be elevated
   3. lab findings consistent with hepatic or portal obstruction
   4. hepatitis B antigen present in 50%
   
   Infiltrative liver carcinoma:
   1. increased:
      a. serum alkaline phosphatase
      b. leukocyte alkaline phosphatase
      c. AST and sometimes ALT
      d. Bilirubin
   2. (+) radioactive liver scan
   3. (+) blind needle biopsy

Course/Prognosis:
1. liver tumors are often difficult to diagnose and grow rapidly
2. systemic signs may be present, along with hemorrhage and biliary obstruction
3. Budd-Chiari syndrome and polycythemia may occur
4. most patient present with well-established disease which proves fatal within 6 months of diagnosis
5. surgery can be effective but is possible only in 25% of patients
LIVER CANCER

6. other conventional treatments are ineffective
7. small, potentially treatable focal lesions are hard to detect sufficiently soon
8. however, as with most cancers, there are examples of patients who have recovered despite the odds, with the help of alternative, conventional or combined treatments

Differential Diagnosis:
1. various neoplasms of the liver
2. hepatic metastases
3. hepatic abscess or cyst

Nutrition:
1. fasting is recommended under physician supervision (7-21 day alkaline fasts)

Recommendation for all cancers:
a. seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

Remedies:
a. soup of black or ling zhi mushrooms and white fungus TID
b. boil together mung beans, pearl barley, adzuki beans and figs
c. dandelion, burdock and chrysanthemum flower tea

Avoid:
1. meat, chicken
2. cinnamon, anise, pepper
3. dairy products
4. spicy, high fat, fried and/or salty foods
5. hot sauces
6. smoking, constipation, stress
7. alcohol, coffee, caffeine

Supplements:
1. selenium
2. creatinine
3. urea (8-15g QD divided doses)

Hydrotherapy:
1. constitutional hydrotherapy
2. fever treatments
3. poultice: charcoal to control pain over painful area

See: Leukemia and Hepatitis

Manipulation:
1. check and align T4

Physiotherapy:
1. visceral massage: spleen "pump" to stimulate leukocytes; hold 10 seconds with patient inhaling, repeat 10x

See: Leukemia and Hepatitis

Botanicals:
General cancer/neoplasm:
1. Avena sativa: nervous debility of convalescence
2. Baptisa tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: dyscrasias due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increases interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
7. Larrea divaricata (Mexican folklore)
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
LIVER CANCER

9. Rumex crispus: to prevent early stages of cancer
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:

a. Liver tonic: Galium aparine, Taraxacum officinale, 12 cups/day: sedative, diuretic
b. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [6g], Berberis aquifolium [6g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [6g], Rhamnus frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [6g], Trifolium pratense [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine (Lugol's) solution, take QID, PC and before bed

Homeopathy:

1. Arsenicum album: weakness, debility; restlessness; sharp, burning pains
2. Aurum metallicum: mental despondency; fear, anxiety of death
3. Chelidonium: acute pain, tenderness in region of liver; pain under right scapula; associated with gallstones
4. Cholesteriunum: obstinate hepatic engorgements; burning pain in side, on waking holds hand on side
5. Conium maculatum: flying, stitching pains < night; hardness, infiltration
6. Hydrastis canadensis: constipation, loss of appetite; sallow complexion; mental despondency; worn out expression on face
7. Nux vomica: gastric symptoms
Supplements:

1. vitamin A (25,000 IU QD)
2. vitamin B complex QD
3. niacin (100mg QD)
4. vitamin B-6 (50mg QD)
5. vitamin B-12 (50mcg QD)
6. vitamin C (3g QD)
7. brewer’s yeast (3-5 Tbsp./day)
8. choline (up to 10g QD for 2 weeks)
9. lecithin (2Tbsp. QD)
LUNG CANCER

Definition:
Malignant primary or metastasized tumor in the lungs

Etiology:
1. typical patient is between 40-70 years (esp. 55-65)
2. the lung is a site for both primary tumors and, very often, metastases from other organs (breast, colon, kidney, thyroid, testis, bone and prostate)
3. most lung cancers are clearly associated with cigarette smoking, which explains the continual rise in lung cancers in women paralleling their increase in smoking
4. primary lung malignancy is the most common cause of death from cancer
5. tumor types are defined as being squamous cell, oat cell, undifferentiated large cell and adenocarcinoma

Signs and Symptoms:
Depends on tumor extent, type and location
1. cough not excessive but typically contains blood and inflammatory exudate
2. bleeding uncommon
3. local wheezing
4. atelectasis
5. infections
6. chest pain
7. weight loss, fatigue, anorexia
8. symptoms more specifically relating to the area of the tumor:
   a. superior vena cava syndrome ie. in tumors that obstruct the venous drainage
   b. pancoast tumors (upper lung): thoracic outlet syndrome
9. extrapulmonary manifestations are many and varied:
   a. clubbing of fingers and toes
   b. encephalopathy
   c. polymyositis
   d. Cushing’s syndrome
   e. carcinoid syndrome
   f. polycythemia

Lab Findings:
1. sputum cytology
2. chest x-ray
3. tumor biopsy

Course/Prognosis:
1. treatment and survival estimation is based on the type of tumor and staging classification of the tumor
2. conventional treatments include:
   a. lung resection or other surgery
   b. chemotherapy
   c. radiotherapy
3. in general, the prognosis is very poor for patients with bronchogenic malignancies, with the 5-year survival rate less than 10%
4. even in patients with small, clearly circumscribed, slow growing tumors, the 5-year survival rate is only 25-40%
5. prophylaxis by avoiding smoking is strongly recommended

Differential Diagnosis:
1. foreign bodies
2. pneumonia
3. TB
4. systemic mycoses
5. autoimmune disease

Nutrition:
1. moderately low fat
2. low sugar
3. high complex whole carbohydrates
4. protein 12-15% diet
5. vegetarian cleansing diet or short fasts
6. foods rich in vitamin A and E
**LUNG CANCER**

7. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables

**Recommendation for all cancers:**

a. seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, itchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

**Avoid:**

1. meat, chicken  
2. cinnamon, anise, pepper  
3. dairy products  
4. spicy, high fat, fried and/or salty foods  
5. hot sauces  
6. smoking, constipation, stress  
7. alcohol, coffee, caffeine

**Supplements:**

1. beta carotene (200,000 IU QD)  
2. vitamin C  
3. vitamin E  
4. selenium

**Hydrotherapy:**

1. constitutional hydrotherapy  
2. wet sheet pack  
3. fever treatment  
4. poultice: charcoal for pain over painful area

**Botanicals:**

**General cancer/neoplasm:**

1. Avena sativa: nervous debility of convalescence  
2. Baptisa tinctoria: for tumorous or malignant conditions  
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LYME DISEASE

**Definition:**
A zoonotic inflammatory disorder recognized clinically by an early skin lesion, erythema chronicum migrans (ECM), that may be followed weeks to months later by neurologic, cardiac or joint abnormalities. Cryoprecipitates (resulting from cooling) and immune complexes may occur in the serum early in the condition, as well as in the synovial fluid. Lyme disease appears to be a systemic, immune mediated inflammatory disorder that becomes localized to the joints. Patients tend to have increased IgM levels in the pre-arthritis phase. By the time arthritis appears, immune complexes are no longer found in most serum samples but are found in the synovial fluid.

**Etiology:**
1. tick-borne infection of spirochete *Borrelia burgdorferai*
2. the disease was first recognized by mapping close geographic clustering of cases in the small community of Lyme, Connecticut
3. endemic foci exist in other areas

**Signs and Symptoms:**
1. the distinctive skin lesion (ECM):
   a. has an indurated central area with heavy infiltration of all layers of the epidermis with mononuclear cells
   b. it begins as a red macule or papule that expands to as large as 50cm
   c. the lesion is usually hot to the touch
   d. soon after onset many patients develop multiple, smaller lesions without indurated centers
   e. ECM usually lasts for several weeks
2. most patients report being bitten by a tick 3-12 weeks before
3. most common symptoms accompanying ECM are:
   a. malaise and fatigue
   b. chills
   c. fever
   d. h/a
   e. stiff neck
   f. other less common symptoms include: myalgia, sore throat, lymphadenopathy and spleen enlargement
4. arthritis:
   a. may occur 2 weeks to months after ECM, in various joints but with the knees being very susceptible
5. neurologic abnormalities:
   a. may occur in about a quarter of the patients with ECM and before onset of arthritis
   b. these may last for months but resolve completely
   c. they include: lymphocytic meningitis, chorea, meningoencephalitis, cerebellar ataxia, cranial neuritis, bilateral Bell’s palsy, motor and sensory radiculoneuritis, myelitis
6. myocardial abnormalities:
   a. occur in 1/10 patients
   b. include varying degrees of atioventricular blocks, myopericarditis and cardiomegaly
7. synovial membranes in affected joints appear similar to those seen in RA

**Lab Findings:**
1. ESR may be elevated
2. Specific antigen/antibody studies available for spirochete

**Course/Prognosis:**
1. usually persists for some weeks or months, with transition from ECM to neurologic or cardiac symptoms then arthritis
2. the arthritic stage may remit and exacerbate for years and may lead to chronic arthritic conditions
3. conventional sources suggest that administration of tetracycline during the ECM stage may reduce the severity of later stages

**Differential Diagnosis:**
1. juvenile RA (Lyme disease doesn’t usually have morning stiffness, subcutaneous nodules, iridocyclitis, mucosal lesions, rheumatoid factor and antinuclear antibodies [ANA])
2. rheumatic fever
3. spondyloarthopathies (differentiated by the lack of axial skeletal involvement in Lyme disease)

**Nutrition:**
1. organic sodium rich foods
LYME DISEASE

See: Arthritis (General Immune Support)

**Botanicals:**
See: Rheumatoid arthritis

**Homeopathy:**
1. Arsenicum album: skin eruption resembling red petechia, from the size of a flea bite to that of a lentil; burning an itching parts painful after scratching; peripheral neuritis; fever with great restlessness
2. Antipyrine: erythema, fever with excessive perspiration
3. Belladonna: erythema of skin; high fever; shifting rheumatic pains; joints swollen, red shining, with red streaks radiating; h/a with much throbbing and heat
4. Mercurius vivus: erythema upon which vesicles form and pour out a thin clear fluid; vesicle quickly broken, contents desiccate, redness, remains for a week or 10 days; fever with profuse perspiration and creeping chilliness; dropsical swelling of feet and legs
5. Rhus toxicodendron: erythema, rapidly progressing to vescication, often accompanied with edema and with the final formation of pus and scabs; surface about eruption is red and angry looking; fever with chills; rheumatic pains spread over a large surface at nape of neck, loins and extremities; > motion; pain stiffness in small of back; h/a in occiput
LYMPHOMA
(Hodgkin's and Non-Hodgkin's)

Definition:
Hodgkin's lymphoma: a malignant disorder of the lymphoid tissue that begins in the lymph nodes and spreads to adjacent nodes than liver, spleen an bone marrow.
Non-Hodgkin's lymphoma: A heterogenous group of disease causing malignancy of lymphoid cells with early metastasis throughout the body.

Etiology:
Hodgkin's lymphoma:
1. cause is unknown, although researchers are working on an infectious theory (viral)
2. most with Hodgkin's disease are men (also have the worst prognosis)
3. approximately 1/2 the cases occur between the ages of 20 and 40, with less than 10% of cases occurring in those less than 10 or older than 60
4. normal lymph nodes are replace by lymphocytic infiltration including characteristic Reed-Sternberg giant cells

Non-Hodgkin's lymphoma:
1. there are more cases of non-Hodgkin's disease than of Hodgkin's disease each year
2. onset is typically later than that of Hodgkin's, with cases beginning to occur around 50-59 years old, reaching maximum risk at 60-69
3. like Hodgkin's, a viral etiology is suspected but has yet to be proven
4. some, like Burkitt's lymphoma and T-cell lymphoma are associated with viruses, in these cases EBV and HTLV

Signs and Symptoms:
Hodgkin's lymphoma:
1. painless lymph node swelling; usually the cervical nodes are involved
2. other possible symptoms: fever, malaise, sweating (night sweats), weight loss, itching
3. symptoms relating to other organ involvement (esp. the liver, spleen, retroperitoneal nodes and bone)

Non-Hodgkin's lymphoma:
Typically the patient presents with:
1. asymptomatic cervical and/or inguinal (esp. in children) adenopathy
2. may have fever, weight loss, malaise, etc. at this time
3. early involvement of oropharyngeal lymphoid tissue: tonsils, skin, GI tract and bone
4. increased susceptibility to viral, fugal and bacterial infections
5. anemia

Lab Findings:
Hodgkin's lymphoma:
1. blood findings vary from normal to marked abnormalities
2. (+) Reed-Sternberg cells found in biopsy of lymph nodes
3. WBCs may be normal, decreased or increased as high as 25,000/mm³
4. eosinophilia may be present
5. lymphopenia or hemolytic anemia occurs in advanced disease
6. lymphyphocytosis rules out Hodgkin's albumin often decreased, with increased alpha 1 and 2 globulins
7. may be evidence of autoimmune disease, with hemolytic anemia, cold agglutinins and (+) LE test
8. ESR and CRP may be increased during exacerbations
9. increased serum alkaline phosphatase
10. to detect nodal or organ involvement: chest x-ray, US, IVP, lymphangiography, CT scan and/or laparotomy
11. (+) direct Coombs
12. bone marrow biopsy
13. Gallium-67 scintiphotography

Non-Hodgkin's lymphoma:
1. lymph node biopsy (-) for Reed-Sternberg cells
2. x-rays
3. CT scan
4. lymphangiography
5. laparotomy
6. US
7. CBC: variable WBC, eosinophilia in 20%. Lymphopenia
8. decreased albumin
9. increased ESR and CRP in acute stages
LYMPHOMA
(Hodgkin's and Non-Hodgkin's)

Course/Prognosis:

Hodgkin's lymphoma:
1. Prognosis is good, if liver and/or bone involvement has not yet occurred; it also depends upon the staging of the disease and the type of lymphoma
2. Conventional treatment consists of radiation and/or chemotherapy and occasional splenectomy
   a. Remission rates presently 70-90% at 5-years with that treatment

Non-Hodgkin's lymphoma:
1. When first diagnosed, the disease has spread throughout the body in 70-90% of patients
2. Prognosis depends upon the amount of dissemination, the staging of the disease and the type of lymphoma
3. The prognosis is generally improving, with the introduction of new treatment methods
4. Although most patients develop progressive disease over 2-6 years, survival rate is 75% over 5-years

Differential Diagnosis:

Hodgkin's lymphoma:
1. Non-Hodgkin's lymphoma
2. Acute or chronic leukemia
3. TB
4. Infectious mononucleosis
5. AIDS
6. Toxoplasmosis
7. Metastatic carcinoma

Non-Hodgkin's lymphoma:
1. Hodgkin's lymphoma
2. Acute or chronic leukemia
3. Infectious mononucleosis
4. TB

Nutrition:

Hodgkin's lymphoma:
1. Alkaline fast according to physician
2. Low fat diet

Non-Hodgkin's lymphoma:
1. Decrease intake of fats severely
2. Vitamin C rich foods
3. Apples, celery, collards, guava, kohirabi

Recommendation for all cancers:
   a. Seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

Avoid:
1. Meat, chicken
2. Cinnamon, anise, pepper
3. Dairy products
4. Spicy, high fat, fried and/or salty foods
5. Hot sauces
6. Smoking, constipation, stress
7. Alcohol, coffee, caffeine

Supplements:

Hodgkin's lymphoma:
1. Vitamin A (50,000 IU QD)
2. Beta carotene (200,000 IU QD)
3. Vitamin C (10g or to bowel tolerance)
LYMPHOMA
(Hodgkin's and Non-Hodgkin's)

4. selenium (200mcg BID)
5. thymus gland (500mg QD)
6. multi vitamin/mineral

Non-Hodgkin's lymphoma:
1. beta carotene (150,000 IU QD)
2. vitamin C (to bowel tolerance)
3. vitamin E (400 IU TID)
4. selenium (200mcg TID)

Hydrotherapy:
Hodgkin's lymphoma:
1. fever treatment if body temp. below 102°F
2. reduce fever if body temp. > 106°F by cold compress to head and neck or tepid bath or ice bag over heart
   in feeble patient or cool water by mouth
3. constitutional hydrotherapy

Non-Hodgkin's lymphoma:
1. fever treatment
2. constitutional hydrotherapy
3. castor oil packs: over abdominal area and spleen, add phytolacca oil, 2x/week, 1 hour
4. Epsom salt baths: 2x/week, 20-30 min. end with cold mitten friction, dry and stay warm

Manipulation:
1. check and align T5, T10-12

Botanicals:
General cancer/neoplasm:
1. Arctium lappa: alterative for the lymphatic system
2. Avena sativa: nervous debility of convalescence
3. Baptisia tinctoria: for tumorous or malignant conditions
4. Berberis aquifolium: dyscrasias due to cancerous cachexia
5. Calendula officinalis: for lymphatic system
6. Conium maculatum (toxic): pain of cancer
7. Echinacea spp.: increases interferon production, purifies blood
8. Galium aparine: specific for enlarged lymph nodes
9. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
10. Iris versicolor (toxic): soft glandular swellings
11. Larrea divaricata (Mexican folklore)
12. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
13. Rumex crispus: to prevent early stages of cancer
14. Taraxacum officinale: loss of appetite, weak digestion
15. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
16. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
17. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:
a. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [5g],
   Berberis aquifolium [5g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [5g], Rhamnus
   frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [5g], Trifolium pratense
   [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3
   cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine
   (Lugol's) solution, take QID, PC and before bed

Non-Hodgkin's lymphoma:
a. Iris versicolor (toxic), Chimaphila umbellata, Berberis aquifolium, Ceanothus
   americanus; SIG: 30 drops TID
b. infusions of Arctium lappa and Taraxacum officinale
LYMPHOMA
(Hodgkin's and Non-Hodgkin's)

Homeopathy:
1. Apis: on neck with hectic fever; edema of skin and mucus membranes
2. Arsenicum album: great exhaustion; burning pains; lymphoma on neck with hectic fever, with holes as in a sieve
3. Arsenicum iodatum: weakness, night sweats
4. Belladonna: sore throat, swollen face, dry cough
5. Graphites: with fever
6. Phosphorus: with fever, suddenness of symptoms, with nervous debility; emaciation
7. Pulsatilla: with digestive problems
8. Rhus toxicodendron: restlessness and soreness
MASTITIS

Definition:
Infection of the female breast

Etiology:
1. most cases of mastitis occur while the woman is breast-feeding
2. Staphylococcus is an implicated organism though others may be involved

Signs and Symptoms:
1. pain: may be severe
2. redness, heat, swelling
3. tenderness to palpation
4. fever can often be present

Lab Findings:
1. increased WBCs
2. culture of any breast d/c

Course/Prognosis:
1. mastitis, although usually very painful, is not typically a serious disease
2. prognosis is excellent with appropriate treatment

Differential Diagnosis:
1. duct ectasia
2. fat necrosis
3. neoplasm
4. galactocele
5. trauma

Nutrition:
1. eat as little as possible; if nursing, steamed vegetables, fruit and juices
2. increase vitamin A and C foods
3. increase fluids
4. a short fast
5. cooling foods, cabbage, cucumber, dandelion, lettuce, malt, lotus root

Remedies:
   a. tea from malt (sprouted oats) and drink TID
   b. dandelion and honey tea drink TID for 5 days
   c. poultice: cabbage, lettuce and dandelions
   d. poultice: apply hot; parsley, comfrey leaves
   e. poultice: cold; grated raw potato
   f. poultice: crushed hear of sweet potato, renew poultice when it becomes hot
   g. simmer 500g papaya with 500ml rice vinegar and 30g fresh ginger over low heat for 40 min.,
      drink as tea BID, 1 small glass each time
   h. take 15g of dried orange or mandarin orange seeds and crush them, add 30g rice wine and
      water, steam and serve BID, may be used topically as well

Avoid:
1. heavy protein foods, meats, shellfish
2. fats
3. dairy products
4. stimulating foods, spicy foods, hot foods
5. vinegars
6. sugars
7. coffee, alcohol

Supplements:
1. vitamin A (50-100,000 IU QD)
2. vitamin C (500mg/hour)
3. zinc (60mg QD)

Hydrotherapy:
See: Nutrition-Remedies for list of poultices and Botanicals
1. charcoal: poultice and internally
MASTITIS

2. castor oil pack: to affected breast
3. constitutional hydrotherapy with high frequency
4. heating compress (chest)
5. hot fomentation: to breast 15min. every 3 hours
6. hot hip and leg pack: for derivative effect

**Physiotherapy:**
1. diathermy: short wave
2. Galvanic: (+) pad soaked with Phytolacca at 1mA for 10min.

**Botanicals:**

NOTE: when using herbs topically, be sure to wash breasts thoroughly before nursing!

1. *Achillea millefolium* (toxic): poultice of leaf, flower and rot; antiseptic, anodyne
2. *Aconitum napellus* (toxic): to prevent suppuration
3. *Althea officinalis*: poultices or compresses to draw out infection
4. *Atropa belladonna* (toxic): topically as a plaster or liniment on breasts to reduce swelling and inflammation, wash off thoroughly before nursing
5. Bentonite clay: mix with hot water or warm castor oil and apply topically to draw out infection or fill sink with hot water and 1-2 cups clay powder, bend forward and soak breasts
6. *Bryonia alba* (toxic): mammary infection with tender, knotted, swollen glands and sharp cutting pains that are worse with motion
7. *Cimifuga racemosa*: mastitis with breast pain
8. *Cinnamomum camphora*: topically to breasts to reduce inflammation
9. *Hypericum perforatum*: topically and internally for mastitis, tenderness and burning pain worse with pressure
10. *Phytolacca decandra* (toxic): has marked action on the mammary glands, indicated for hard glandular swellings
11. *Symphytum officinale* (toxic): steam the fresh or dried leaves in a clean wet cloth and apply to breasts

**Formulas:**

a. mastitis tincture: *Aconitum napellus* (toxic), *Bryonia alba* (toxic), *Phytolacca decandra* (toxic), combine and use in minute quantities to prevent suppuration; wash breasts thoroughly before nursing
b. mastitis poultice (toxic): *Achillea millefolium* [1 part], Bentonite clay powder [1 part], *Althea officinalis* [1 part], *Cinnamomum camphora* [1/2 part]; combine the powdered herbs and stir into enough boiling water to make a paste, spread pasted on a hot moist cloth and apply to breasts, cover with heat

**Homeopathy:**

1. *Belladonna*: comes on quickly; hot, swollen; < least motion
2. *Bryonia*: hot, swelling; > pressure (wears a tight bra), < motion
3. *Hepar sulphur*: very sensitive, wants it covered and warm; may induce suppuration
4. *Mercurius solubilis*: smelly d/c
5. *Phytolacca*: very common remedy; stitching pains; may center around nipple; pains radiate from the spot to axilla and shoulder; chills, aches
6. *Silica*: abscess, esp. if a fissure; sharp pains when nursing; child refuses to nurse
7. * Sulphur*: itchy eruptions; < heat of bed; tender, swollen
MASTOIDITIS

Definition:
Bacterial infection of the mastoid process

Etiology:
1. extension of acute purulent middle ear infection to the mastoid process

Signs and Symptoms:
1. post auricular abscess: with lateral cortex destruction
2. mastoid process: red, swollen, painful, fluctuation
3. ear lobe is displaced inferiorly and laterally
4. hearing loss
5. pain, fever, creamy d/c

Lab Findings:
1. (+) increased WBCs with shift to left
2. (+) culturing of d/c for bacteria
3. increased ESR

Course/Prognosis:
1. may destroy mastoid air cells if not treated rapidly
2. prognosis is good with appropriate therapy
3. if a subperiosteal abscess forms, then a mastoidectomy is indicated

Differential Diagnosis:
1. acute otitis

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast

Avoid:
1. heavy protein foods, meats, shellfish
2. fats
3. sugars
4. vinegars

Supplements:
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. beta carotene (100,000 IU QD)
3. vitamin C to bowel tolerance
4. zinc (60mg QD)

Manipulation:
1. endonasal technique
2. check and align occiput-C1 if fixated

Physiotherapy:
1. gentle massage: sub-occipitals
2. infra-red: light 18 inches for 60 min.
3. diathermy: short wave with mastoid pads

Botanicals:
1. Allium sativum: anti-microbial
2. Atropa belladonna (toxic)
3. Baptisia tinctoria: anti-microbial
4. Calendula officinalis: anti-microbial
5. Commiphora myrrha: anti-microbial
6. Echinacea spp.: anti-microbial
7. Hydrastis canadensis: anti-microbial
8. Phytolacca decandra (toxic)
9. Thymus vulgaris: anti-microbial
10. Veratrum viride (toxic)
Also, consider herbs which cleanse system of toxins, soothe, aid with fever

**Homeopathy:**

1. **Arsenicum album:** with acute otitis < 12-3am
2. **Aurum metallicum:** chronic suppuration > head wrapped warmly, < winter, cold, touch, night; fetid d/c
3. **Capsicum:** very active in all cases; inflammation of mastoid; tenderness over petrous bone, swelling and pain behind ears; burning and stinging in ears; extremely sore and tender to touch
4. **Ferrum phosphoricum:** 1st stage of inflammation, acute otitis; pain < night, motion, jarring, touch > cold applications; throbbing h/a
5. **Hepar sulphur:** scurfs on and behind ears; fetid d/c; whizzing and throbbing in ears with hardness of hearing, (be extremely cautious if suppuration cannot drain out freely)
6. **Hydrastis canadensis:** chronic otitis with otorrhea; thick suppuration with obstruction of Eustachian tube
7. **Silica:** caries of mastoid; fetid d/c; roaring in ears
MENINGITIS

Definition:
Inflammation and infection of the brain or spinal cord

Etiology:
1. the cause may be bacterial (*Neisseria meningitidis*, *Haemophilus influenzae*, *Streptococcus pneumoniae*, *Group A Streptococcus*, *E. coli*, *Pseudomonas*, *Staphylococcus*) or viral (*arbo/polio/echo/coxsachie viruses; herpes simplex/zoster*)
2. **Bacterial:**
   a. there are 4.6-10 cases of bacterial meningitis/100,000 people per year
   b. *H. influenzae* is usually the associated microorganism in children 2 months to 3 years old
   c. Pneumococcal meningitis occurs mostly in the over 40 population
3. **Viral:**
   a. most cases of viral meningitis occur after a viral infection and are thought to have an immunologic mechanism

Signs and Symptoms:
**Bacterial:**
1. history of recent URI or sore throat
2. fever, h/a, stiff neck/back [(+)] Kernig's and Brudzinski's], vomiting
3. changes in consciousness: irritability; confusion; lethargy; stupor; delirium; coma in more serious disease
4. 25% of patients become severely ill within 24 hours
5. skin rash: with meningococcal infections
6. in babies: fever, vomiting, shrill/metallic/high-pitched cry; bulging fontanelle; seizures

**Viral:**
The disease appears in 3 ways:
1. asymptomatic: no symptoms, fever or malaise though there would be a (+) CSF analysis
2. meningitis: fever, h/a, vomiting, malaise, stiff neck/back
3. encephalitis: meningitis with cerebral symptoms (change in consciousness, seizures, etc.)

Lab Findings:
1. analysis of CSF for cells, protein (culture and gram stain)
2. CBC: increased WBCs with shift to left
3. chem screen: for acid-base balance, rule out uremia

Course/Prognosis:
1. in cases receiving early conventional treatment, antibiotics have reduced the fatality rate of bacterial meningitis to < 10%
2. however, if diagnosed late or in neonates, the elderly or debilitated, bacterial meningitis is frequently fatal
3. in surviving children, 10% will experience neurologic deficits, esp. hearing loss
4. the course of viral meningitis is usually more benign and even patients that are extremely ill may recover fully

Differential Diagnosis:
1. sub-acute meningitis
2. meningismus
3. lead encephalopathy
4. inebriation
5. delirium tremens
6. hepatic encephalopathy
7. Behcet's syndrome

Nutrition:
1. eat as little as possible
2. increase vitamin A, C and E foods
3. increase fluids
4. short fast
5. garlic

Avoid:
1. heavy protein foods, meats, shellfish
2. sugars
3. fats
4. vinegars
MENINGITIS

Supplements:
1. vitamin A (300,000 IU QD) TOXIC DOSE
2. vitamin C (IV)
3. vitamin E
4. zinc (50mg QD)
5. garlic

Hydrotherapy:
1. hot leg pack: with ice bag to head
2. fever treatments
3. hot foot bath

Physiotherapy:
1. fluxion to spine

Botanicals:
Warning: this is an extremely dangerous condition
1. Aconitum napellus (toxic): use with acute discrimination
2. Atropa belladonna (toxic): meningeal inflammation
3. Bryonia alba (toxic): spinal tenderness and pain on pressure
4. Gelsemium sempervirens (toxic): acute cerebrospinal meningitis; do not use if effusion takes place
5. Lobelia inflata (toxic)
6. Passiflora incarnata: convulsions
7. Physostigma venenosum (toxic)
8. Rhus toxicodendron (toxic)
9. Veratrum viride (toxic): convulsions

Formulas:
a. Echinacea angustifolia, Gelsemium sempervirens (toxic)

Homeopathy:
1. Apis: indifferent, sudden on set; less advanced case than Helleborus niger; apathy, > cold, no thirst, oversensitive to touch; onset of acute meningitis
2. Bryonia: thirsty for large quantities and frequent intervals; congested face; shouts if moved; constipation due to dryness of mucosa
3. Gelsemium: prostrated and stupid; face red, slow pulse, local paresias; no thirst; muscular weakness (esp. in limbs); very shaky
4. Helleborus niger: marked general muscular weakness; rolls head from side to side; falling of lower jaw; wrinkled forehead; eyes opened and staring, torpor; very slow pulse, pale
5. Iodoformum: rapid and feeble pulse; pupils dilated and contract unequally; tuberculous condition; very sensitive spine
6. Zincum metallicum: very sensitive spine; lethargic, stupid, very weak, twitching, shaking of the limbs, esp. legs
MENOPAUSE

Definition:
The time in a woman's life after her menses has stopped. Then time before the total cessation of menses when periods are irregular is termed the "climacteric." Menopause is also termed "the Change of Life."

Etiology:
1. may be natural between 40 and 52 years old, premature (under 40) or induced (by surgical removal or irradiation of the ovaries or radium implantation in the uterus)
   a. the average age of menopause is 50-51 years old
2. during the climacteric there is gradually decreasing ovarian function and often physical, endocrinal and mental/emotional diseases/imbalances arise at this time

Signs and Symptoms:
Symptoms and degrees of symptoms vary greatly. The woman may be asymptomatic except for menses cessation or she may suffer severe symptoms for several years.
1. vasomotor instability: hot flashes with sweating
2. atrophy of the urogenital epithelium and skin
3. osteoporosis
4. hyperlipidemia
5. nervousness and irritability
6. depression and insomnia
7. urinary frequency and burning

Lab Findings:
1. increased FSH
2. decreased urinary estrogens and urinary 17-KS
3. serum estone greater than estradiol

Course/Prognosis:
1. menopause is not fatal or dangerous, although it can be extremely uncomfortable and socially embarrassing (hot flashes in particular)
2. conventional treatment is usually estrogen replacement therapy
3. unopposed estrogen therapy's now linked with cancer of the uterus, ovaries and breasts, so most up-to-date physicians now give progesterone in opposition
   a. may cause a return of the woman's periods
4. most of the medical problems that women are warned will develop with the onset of menopause (osteoporosis, heart disease) can be fully prevented by diet and lifestyle adherence to healthy living
5. the woman should be reassured that menopause is not a disease that needs to be treated but a normal and healthy time of change in her body

Differential Diagnosis:
1. pregnancy
2. amenorrhea
3. other causes of presenting symptoms

Nutrition:
1. low fat
2. low animal protein diet
3. black beans, sesame seeds, soybeans, walnuts, lycium fruit, mulberries, yams, licorice, black jujube, lotus seeds, chrysanthemum flower
4. estrogenic foods: animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheat

Remedies:
   a. cook black beans with rice into porridge and eat BID
   b. steam chicken with lycium fruit and yam
   c. porridge from rice, walnuts, lotus seeds and sunflower seeds
   d. hot flashes: simmer 60g celery and 30g Leonuris cardiaca (Motherwort), then serve

Avoid:
1. meat
2. cow's milk and other dairy products
3. sweet foods and sugars, white bread
4. fried, fatty, rich and/or salty foods
5. refined and processed foods
MENOPAUSE

6. alcohol, coffee, caffeine
7. smoking
8. if hot flashes: hot sauces, spicy foods, hot drinks (esp. coffee)

Supplements:
1. vitamin B-6 (150mg QD)
2. vitamin E (400-2500 IU QD)
3. L-tryptophan (for depression)
4. essential FAs (1-2 Tbsp. QD)
5. bioflavinoids (1-3g QD)

Hydrotherapy:
1. sitz baths (alternating)

Manipulation:
1. for hot flashes: L1-3
2. check and align T12-L3 or atlas

Botanicals:
1. Arctium lappa: alterative, estrogenic
2. Angelica sinensis: digestive, anti-spasmodic, hormonal tonic with analgesic, uterine-relaxing properties
3. Dioscorea villosa: anti-spasmodic, digestive that contains phytoprogesterones (pregnenolone and diosgenin); spastic contractions and nausea in the abdomen; yellow skin and conjunctiva; boring pain radiating from the umbilicus and tenderness > with pressure
4. Glycyrrhiza glabra: contains phytoestrogens and steroidal estrogenic saponins capable of balancing female hormones; best limited to the first half of menstrual cycle or menopausically 2-3 weeks out of the month to avoid bloating and water retention
5. Humulus lupulus: a bitter, digestive herb that contains phytoestrogens
6. Leonurus cardiaca: specifically indicated for uterine pain or atony associated with anxiety and tension
7. Medicago sativa: nutritive, contains phytoestrogens capable of providing some estrogenic activity when estrogens are low and competes for estrogen binding sites when estrogens are high

Formulas:
a. general menopause: powdered herbs of Angelica sinensis [2 parts], Arctium lappa [2 parts], Dioscorea villosa [1 part], Glycyrrhiza glabra [2 parts], Leonurus cardiaca [1 part]; SIG: 2 caps. TID or 30 drops tincture of same formula TID
b. general menopause tincture: Angelica sinensis [1 part], Chamaelirium luteum [1 part], Cimicifuga racemosa [1-2 parts], Glycyrrhiza glabra [1/2 to 1 part], Hypericum perforatum [1 part], Leonurus cardiaca [1 part], Medicago sativa [1/2 to 1 part], Salvia officinalis [1-2 parts], Viburnum prunifolium [1/2 to 1 part], Vitex agnus-castus [2 parts]; SIG: 3-5ml TID away from meals and before bed (can add Taraxacum officinale and Berberis aquifolium)
c. hot flash tincture: Hydorocotyle asiatica [2 parts], Leonurus cardiaca [2 parts], Mentha piperita [3 parts], Rosemarinus officinalis [1/2 part], Rubus idaeus [2 parts], Salvia officinalis [3 parts], Thymus vulgaris [1 part]; infuse 1 Tbsp. herb mixture in 1 pint of boiling water; SIG: 2-3 cups per day
d. suppositories for vaginal dryness and loss of elasticity: Angelica sinensis, powder [1 Tbsp.], Cupressus sempervirens essential oil [10 drops], Dioscorea villosa, powder [1 Tbsp.], Glycyrrhiza glabra, powder [1 Tbsp.], Humulus lupulus essential oil [10 drops], Medicago sativa, powder [1 Tbsp.], vitamin E oil [2 Tbsp.]; melt 1 oz. cocoa butter and stir in other ingredients
e. osteoporosis tea: Avena sativa [2 parts], Capsella bursa-pastoris [1 part], Equisetum hyemale [1 part], Medicago sativa [2 parts], Rumex crispus [2 parts], Taraxacum officinale (leaf) [2 parts], Urtica spp. [2 parts]; infuse 1 Tbsp. of mixture per pint of boiling water; SIG: 2-3 cups/day

Homeopathy:
1. Actea racemosa: violent h/a as if top of head is torn off; neck, back muscles sore
2. Arsenicum album: insomnia; anxiety on going to sleep
3. Calcarea carbonica: pale, flabby, relaxed, cold, tiresome from overwork; as an intercurrent remedy
4. Camphor: flushes of heat and sweat in a warm room; limbs and abdomen very cold; suffers from cold when uncovered and copious sweat when covered
5. Cimicifuga: great menopausal remedy
6. Glonoinum: hammering of head < warm room, hear of sun; cannot lie in bed
MENOPAUSE

7. **Lachesis**: a main remedy; severe h/a radiating from occiput to front of head; palpitation of heart and pulsation's of body; hypersensitive to touch; flushing
8. **Oophorinum**: nervous; acne rosacea or other skin problems
9. **Pulsatilla**: irritable temper, changeable; weeps telling symptoms
10. **Sepia**: cold, fidgety; spiteful, tired of affection, dislikes sympathy; sudden hot flushes with sweat, weakness and tendency to faint
11. **Sulphur**: tiresome; losing weight; skin course and dirty; as an intercurrent remedy
MENORRHAGIA

Definition:
It is excessively prolonged or profuse menses, also called "hypermenorrhea" or "menostaxis".

Etiology:
1. this condition falls under a broader category of "abnormal bleeding" (prolonged, excessive, irregular with regard to time of the cycle or time of life)
2. it is important (although seemingly obvious) in the diagnosis to determine if the bleeding is coming from the vagina and not the urethra or rectum
3. there are many causes which are so varied that they may be treated as separate conditions
4. DUB (Dysfunctional Uterine Bleeding): describes abnormal uterine bleeding not associated with tumor, inflammation or pregnancy
   a. commonly caused by unopposed estrogen stimulation from a tumor or disease condition
   b. this causes the endometrial tissue to hypertrophy and eventually to begin sloughing and bleeding

Signs and Symptoms:
1. excessive bleeding during menses

Lab Findings:
1. CBC, platelet count, clotting factors
2. ovulation testing
3. thyroid, estrogen, progesterone levels
4. D&C, esp. in older patients

Course/Prognosis:
1. usually responds well to treatment of the underlying condition
2. conventional treatment: hysterectomy may be a later option

Differential Diagnosis:
1. endometrial carcinoma
2. IUD damage
3. endometriosis
4. uterine myomas
5. tubal or ovarian carcinoma
6. blood coagulation disorders
7. bleeding due to the complications of pregnancy
8. DUB

Nutrition:
1. vegan diet
2. foods rich in vitamins A, C, E, K and iron
3. increase dark green leafy vegetables: beet, radish, mustard, dandelion, collard greens, kale, spinach, chard
4. increase omega-3 and omega-6 FAs: vegetable, nut, seed oils, salmon, herring, mackerel, sardines, walnuts, flaxseed oil, EPO, black currant oil

Remedies:
   a. irregular menstruation: boil 3oz. raw brown sugar, 3oz. dried dates and 1/2oz. ginger in 1 pint of water until reduced to half, drink QD

Avoid:
1. animal products with the exception of cold water fish

Supplements:
1. vitamin A (25,000 IU BID)
2. vitamin C (1g QD)
3. vitamin E (400 IU QD)
4. vitamin K (5-10mg QD)
5. iron (30-100mg QD)
6. EPO (3 caps TID)
7. thyroid protomorphogens

Hydrotherapy:
1. sitz bath (cold with feet in hot water)
MENORRHAGIA

2. hot vaginal douche (for 1-3min.)
3. hot foot bath (120°F with cold to lower abdomen)
4. cold water vaginal irrigation (6min.)

Manipulation:
1. check and align atlas

Physiotherapy:
1. Galvanism: (+) vaginal electrode wetted with cotton ball, (-) abdominal pad, 15-20mA for 10min., 3x/week, for 3 weeks, preceding menses

Botanicals:
1. Achillea millefolium: an astringent tonic useful for passive menorrhagia due to uterine atony, not as effective when bleeding is due to tissue destruction or uterine destruction
2. Caulophyllum thalictroides (toxic): uterine tonic
3. Cinnamomum camphora: essential oil and tincture are anti-septic, anti-spasmodic and hemostatic; indicated for passive, atonic uterine bleeding due to fibroids or polyps or when organ is empty and flaccid such as postpartum
4. Citrus limon (essential oil): hemostatic properties
5. Claviceps purpurea (toxic)(ergot): active hemorrhages, uterine inertia and congestion; acts more powerfully on the gravid uterus than non-gravid, excellent for subinvolutions; use only after the infant or retained uterine material has been passed or uterine rupture is possible risk (see contraindications)
6. Equisetum hyemale: hematuria, menorrhagia
7. Erigeron canadensis: for capillary or passive hemorrhage, most indicated for GI bleeding but of some use in uterine meno- and metrorrhagia
8. Eugenia caryophyllus: infusion as a stimulating uterine tonic
9. Hydrastis canadensis: helps control passive uterine hemorrhage
10. Senecio aureus (toxic): passive menorrhagia due to uterine atony with sense of weight and engorgement in pelvis
11. Viburnum prunifolium: passive and menopausal menorrhagia

Formulas:
a. active, spasmodic, acute bleeding: Cinnamomum camphora [2dr.], Claviceps purpurea (toxic) [1dr.], Hydrastis canadensis [2dr.], Viburnum prunifolium [2dr.]; SIG: 30-60 drops every 2-4 hours then reduce frequency to TID, when effect is noted
b. chronic, heavy menses:
   A. end of menses to ovulation: Angelica sinensis [2 parts], Arctium lappa [2 parts], Glycyrrhiza glabra [1 part], Medicago sativa [1 part], Vitex agnus-castus [2 parts]; SIG: 60-120 drops TID
   B. from ovulation to menses: Achillea millefolium [3 parts], Dioscorea villosa [2 parts], Smilax sarsaparilla [1 part], Taraxacum officinale [1 part], Vitex agnus-castus [1 part]; SIG: 60-120 drops TID
   C. during menses: Achillea millefolium, Cinnamomum camphora, Vitex agnus-castus, in equal parts; SIG: 30-60 drops TID
c. postpartum hemorrhage and general menorrhagia: Chamaelirium luteum (Helonias), Dioscorea villosa, Viburnum prunifolium, in equal parts

Cinnamomum zelianicum
It is also excellent to slow or stop bleeding associated with kidney stones or excessive menstrual bleeding.

Homeopathy:
1. Aconitum: gushing bright red with overwhelming fear of death
2. Aletris farinosa: profuse and premature due to atonic uterus; debility from loss of fluids, sterility; large clots; disgust for food, nausea and indigestion
3. Ambra grisea: bleeding on slightest strain in nervous women; too early and too profuse; 7 days early with itching, soreness and swelling of genitals
4. Ammonium carbonicum: too soon, blackish, often clots; colic before menses; bleeding from rectum
5. Belladonna: premature and profuse menses with sensation everything will fall out; foul smelling coagulated blood; throbbing h/a
6. Calcarea carbonica: large clots mixed with bright red flow which is copious; mental shock starts flow
7. Carbo vegetabilis: too early, long and copious; prostration with every menstrual flow; burning in vagina
8. Cinchona: excessive bleeding of long duration; weak, debilitated; dark clots and abdominal distension
MENORRHAGIA

9. Ferrum metallicum: too early, too profuse, too long, causing debility
10. Ignatia: every 2 weeks of long duration with cramps and hardness of abdomen; hysteria; nausea with fainting; intolerance of light; vision blurred
11. Ipecacuanha: bright red blood with prostration, does not coagulate easily; pale, nausea
12. Kreosotum: bleeding brought on by lifting, over-exertion, following coitus; constant dull aching back; terrible left side h/a a day after flow; flow only when lying down, cease on sitting or walking
13. Lachesis: excessive flow with dark clots and severe pains, > as soon as flow starts, cold; < heat, warm weather; profuse, unpleasant perspiration
14. Mitchella: bleeding with frequent urination not very free or satisfactory; bright red blood with painful urination
15. Phosphorus: bleeding with uncontrolled thirst for cold water
16. Platinum: 4-6 days early and very profuse
17. Ratanhia: bleeding with pains in abdomen and loins, bearing down towards genital organs, followed by leukorrhea
18. Sabina: bleeding with bearing down sensation; at times may not stop before next menses starts
19. Secale cornutum: profuse bleeding of black color with icy cold extremities; women wants to uncover and to be cool; blood thin and fetid
20. Stramonium: profuse black, coagulated blood; drawing pains in abdomen, thighs, limbs; talkative
21. Thlaspi bursa pastoris: starts slowly then abundant and women becomes very weak; slow to regain strength and next flow starts
22. Trillium: bright red and profuse with faint feeling at epigastrium, pain in back; cold extremities; prostration with rapid feeble pulse
23. Ustilago: bright red, partly thin and partly clotted; uterus soft and spongy
24. Viscum album: profuse bleeding following cold foot bath
METRORRHAGIA

Definition:
Uterine bleeding, usually of normal or slight amount, occurring at completely irregular or regular intervals outside of the normal menstrual flow.

Etiology:
1. There are many causes for metrorrhagia:
   a. adenomyosis
   b. adenomyomas
   c. endometriosis
   d. endometrial cancer
   e. endometrial polyps
   f. atrophic endometritis
   g. exogenous estrogen therapy
   h. uterine fibroids
   i. foreign bodies (such as IUDs)
   j. cancer of the fallopian tubes
   k. ovarian cancer
   l. ovarian cysts
   m. blood coagulation disorders (with vaginal and other area bleeding
   n. spontaneous abortion
   o. cervical polyps

Signs and Symptoms:
1. Women is between menarche and menopause
2. Bleeding from the vagina in between her normal periods
   a. May be spotty and slight or heavy enough to require a heavy pad
3. Possible dysmenorrhea may be present in the woman

Lab Findings:
1. Pap smear
2. Cervical biopsy
3. Diagnostic fractional D&C
4. Pregnancy test
5. Gynecological exam
6. Laparoscopy
7. CBC

Course/Prognosis:
1. The course is often persistent, with the bleeding remaining the same or getting worse
2. Conventional sources suggest that "total hysterectomy and bilateral salpingo-oophorectomy may be indicated, despite the failure to find any pathologic changes in the reproductive tract: (Merck).
3. However, many women without any serious pathology causing the condition will respond to proper comprehensive medical approaches
4. Metrorrhagia should have a full work-up preferably at the beginning of treatment

Nutrition:
1. Vegan diet
2. Foods rich in vitamin A, C, E, K and iron

Remedies:
- Irregular menstruation: Boil 3oz. raw brown sugar, 3oz. dried dates and 1/2oz. ginger in 1 pint of water until reduced to half, drink QD

Avoid:
1. Animal products with the exception of cold water fish

Supplements:
1. Vitamin A (25,000 IU BID)
2. Vitamin C (1g QD)
3. Vitamin E (400 IU QD)
4. Vitamin K (5-10mg QD)
5. Iron (30-100mg QD)
6. EPO (3 caps TID)
7. Pituitary, hypothalamus promotormorphs as indicated
HYDROTHERAPY:
1. Sitz bath: alternating
2. Vaginal irrigation: 96°F water for 10min.

PHYSIOTHERAPY:
1. Galvanism: (+) vaginal electrode wetted with cotton ball, (-) abdominal pad, 15-20mA for 10min, 3x/week, for 3 weeks, preceding menses

BOTANICALS:
1. Achillea millefolium: an astringent tonic useful for passive menorrhagia due to uterine atony, not as effective when bleeding is due to tissue destruction or uterine destruction
2. Arctium lappa: general alterative
3. Berberis aquifolium: hepatic tonic, alterative
4. Caulophyllum thalictroides (toxic): uterine tonic
5. Chelidonium majus (toxic): general alterative
6. Cinnamomum camphora: essential oil and tincture are anti-Septic, anti-spasmodic and hemostatic; indicated for passive, atonic uterine bleeding due to fibroids or polyps or when organ is empty and flaccid such as postpartum
7. Citrus limon (essential oil): hemostatic properties
8. Claviceps purpurea (toxic)(ergot): active hemorrhages, uterine inertia and congestion; acts more powerfully on the gravid uterus than non-gravid, excellent for subinvolutions; use only after the infant or retained uterine material has been passed or uterine rupture is possible risk (see contraindications)
9. Equisetum hyemale: hematuria, menorrhagia
10. Erigeron canadensis: for capillary or passive hemorrhage, most indicated for GI bleeding but of some use in uterine meno- and metrorrhagia
11. Eugenia carophyllus: infusion as a stimulating uterine tonic
12. Hydrastis canadensis: helps control passive uterine hemorrhage
13. Rumex crispus: general alterative
14. Senecio aureus (toxic): passive menorrhagia due to uterine atony with sense of weight and engorgement in pelvis
15. Taraxacum officinale: general alterative
16. Viburnum prunifolium: passive and menopausal menorrhagia
17. Vitex agnus-castus: irregular menstrual cycles, normalizes hormones

NOTE: Hormonal balance: ensure adequate estrogens with estrogen precursor herbs, as insufficient or unbalanced hormones may cause breakthrough bleeding. Balance the menstrual cycle with phytoestrogens in the first half of the cycle and phytoprogesterones in the second half of cycle:

<table>
<thead>
<tr>
<th>Phytoestrogens</th>
<th>Phytoprogesterones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angelica sinensis</td>
<td>Dioscorea villosa</td>
</tr>
<tr>
<td>Arctium lappa</td>
<td>Lithospermum officinale</td>
</tr>
<tr>
<td>Cimicifuga racemosa</td>
<td>Lithospermum ruderale</td>
</tr>
<tr>
<td>Glycyrrhiza glabra</td>
<td>Smilax sarsaparilla</td>
</tr>
<tr>
<td>Humulus lupulus</td>
<td>Tanacetum vulgare</td>
</tr>
<tr>
<td>Medicago sativa</td>
<td>Vitex agnus-castus</td>
</tr>
<tr>
<td>Vitex agnus-castus</td>
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</tr>
</tbody>
</table>

FORMULAS:
A. Menstrual cycle tonic:
   1. End of menses to ovulation: Angelica sinensis [2 parts], Arctium lappa [2 parts], Glycyrrhiza glabra [1 part], Medicago sativa [1 part], Vitex agnus-castus [2 parts]; SIG: 60-120 drops TID
   2. From ovulation to menses: Achillea millefolium [3 parts], Dioscorea villosa [2 parts], Smilax sarsaparilla [1 part], Taraxacum officinale [1 part], Vitex agnus-castus [1 part]; SIG: 60-120 drops TID

HOMEOPATHY:
1. Aconitum: gushing bright red with overwhelming fear of death
2. Aletris farinosa: profuse and premature due to atonic uterus; debility from loss of fluids, sterility; large clots; disgust for food, nausea and indigestion
3. **Ambra grisea**: bleeding on slightest strain in nervous women; too early and too profuse; 7 days early with itching, soreness and swelling of genitals
4. **Ammonium carbonicum**: too soon, blackish, often clots; colic before menses; bleeding from rectum
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6. **Calcarea carbonica**: large clots mixed with bright red flow which is copious; mental shock starts flow
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8. **Cinchona**: excessive bleeding of long duration; weak, debilitated; dark clots and abdominal distension
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23. **Ustilago**: bright red, partly thin and partly clotted; uterus soft and spongy
24. **Viscum album**: profuse bleeding following cold foot bath
MONONUCLEOSIS

Definition:
An acute disease characterized by sore throat, fever and generalized lymphadenopathy, as well as atypical lymphocytes and heterophil antibodies.

Etiology:
1. infectious agent in the Epstein-Barr virus (EBV), a member of the herpes group of viruses
2. as with other herpes viruses, a persistent carrier state follows the primary EBV illness, although antibodies are detectable for life, signifying the patient has immunity to re-infection
3. the virus is present for months in the oropharyngeal secretions or recovered patients, but mononucleosis is still not very contagious
4. the disease is usually spread by the oral-respiratory route (aka. The teenage "kissing disease")
5. in poorer populations, infants usually get the illness and gave mild or no symptoms
6. in higher socioeconomic groups the disease typically develops in adolescents and young adults (15-25 year olds) and lead to the typical presentation
7. the average incubation time is 10-14 days in children and 30-50 days in older patients

Signs and Symptoms:
1. following the incubation period, a 3-5 day prodromal period is experienced:
   a. malaise
   b. h/a
   c. myalgia
   d. fatigue
2. the acute phase then begins with:
   a. fever (may be high, up to 39-40°C)
   b. pharyngitis, lymphadenopathy
   c. eyelid and orbital edema
   d. nausea/anorexia
   e. neuritis
   f. splenomegaly (50% of patients), hepatomegaly (20% of patients), jaundice (< 5% of patients)
3. almost any organ may be involved, which can confuse the case
4. during and after the acute phase the patient may manifest CNS involvement resembling Guillain-Barre syndrome, Bell’s palsy, meningocencephalitis, Reye’s syndrome or cerebellar ataxia
5. a more uncommon form of the disease, know as the typhoidal form, strikes < 10% of patients and presents with fever, slight or no sore throat and belated hematological and serologic changes

Lab Findings:
1. (+) heterophil agglutination test (ie. Monospot: (+) 2-3 weeks after onset of symptoms)
2. overall WBC count increase (10,000-15,000) with a definite lymphocytosis and many atypical lymphocytes (> 20%)
3. cold-agglutinin and rheumatoid factors (IgM antibodies) are often elevated
4. EBV-specific serodiagnostic tests: (+) for acute EBV infection (IgM antibody)

Course/Prognosis:
1. acute phase of infectious mononucleosis usually lasts from 1-4 weeks, although the convalescence can be prolonged for 2-3 months
2. prognosis is excellent and sequelae are rare, except for the recent recognition of Chronic Viral Fatigue Syndrome of which sub-acute EBV may play a substantial part
3. death from the acute disease is very uncommon but may follow splenic rupture, pancytopenia, acute pericarditis/myocarditis, CNS involvement, agranulocytosis or airway obstruction

Differentiation Diagnosis:
1. primary CMV: usually seen in older patients
2. other causes for acute pharyngitis: Group A beta-hemolytic streptococci infection, diptheria, Vincent’s angina, other organisms
3. other causes of atypical lymphocytes: rubella, hepatitis, toxoplasmosis, mumps, drug reactions
4. other lymphoproliferative disorders: Hodgkin’s disease, leukemia

Nutrition:
1. eat as little as possible
2. increase vitamin A, B and C foods
3. increase fluids
4. short fast
5. green leafy vegetables, watercress, okra, apples, celery
MONONUCLEOSIS

Avoid:
1. heavy protein foods, meats, shellfish
2. fats
3. sugars
4. vinegars

Supplements:
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. vitamin B complex (esp. B1, B2, B5, B6, biotin, choline)
3. vitamin C to bowel tolerance
4. potassium
5. zinc (30mg QD)

Hydrotherapy:
1. hot compress: over enlarged liver or spleen for 10min. then cold compress 1min.
2. cold compress: of rosemary tea to swollen lymph gland covered with wool
3. constitutional hydrotherapy
4. fever treatment

Manipulation:
1. check and treat rib 6, 7 on right side from mid mammillary line to sternum, then check and treat midway between spinous process and transverse process between T6 and T7 for liver congestion

Physiotherapy:
1. contraindication to exercise is acute infection
2. spondylotherapy: concussion L1-3 or T3 to constrict spleen

Botanicals:
1. Achillea millefolium: anti-viral
2. Allium sativum: anti-viral
3. Baptisia tinctoria: acute
4. Ceanothus americanus: splenic hypertrophy with sallow; doughy skin; mononucleosis with splenic tenderness
5. Echinacea angustifolia, purpurea: viral infections
6. Eleutherococcus senticosus: nutritive and tonic
7. Glycyrrhiza glabra: acute, anti-viral
8. Hydrastis canadensis: acute phase
9. Hypericum perforatum
10. Iris versicolor (toxic): soft glandular enlargements, lymphatic and splenic congestion
11. Larrea divaricata: anti-viral
12. Ligusticum porteri: anti-viral
13. Lomatium dissectum: anti-viral
14. Melissa officinalis: anti-viral
15. Medicago sativa: nutritive and tonic
16. Mentha piperita: anti-viral
17. Panax spp.: nutritive and tonic
18. Paeo D’Arco: anti-viral
19. Phytolacca decandra (toxic): hard glandular enlargements
20. Rumex crispus: nutritive and tonic
21. Taraxacum officinalis: nutritive and tonic (liver)
22. Urtica dioica: nutritive and tonic

Acute phase (liberal consumption as teas)
1. Achillea millefolium
2. Arctium lappa
3. Eupatorium perfoliatum
4. Matricaria chamomilla

Formulas:
a. splenic tenderness: Ceanothus americanus, Echinacea spp.
MONONUCLEOSIS

Homeopathy:

1. Arsenicum album: intermittent fever, prostration, exhaustion, physical restlessness, hepato-splenomegaly, great heat at 3am
2. Baptisia: septic condition with muscle soreness, fever with chills; < right side, moist heat and 11am
3. Baryta Carbonicum: icy coldness even to numbness or paralysis; marked lassitude, mild lymphadenopathy with more swelling around inguinal nodes, < morning, with weak legs
4. Carbo vegetabilis: white tongue, quickened respiration, coldness, thirst, prostration and paleness, > with open window
5. Cistus canadensis: specific remedy for deep acting anti-psoric with lymphadenopathy; uvula and tonsillar swelling, pharyngitis, < inhaling cold air and a sensation of cold in the stomach
6. Gelsemium: a main remedy, alternating hot and cold sensations
7. Phosphoric acid: mental debility
8. Psorinum: underlying miasm, offensive odor; swollen tonsils, profuse offensive sweat, night sweat
MULTIPLE SCLEROSIS (MS)

Definition:
A slowly progressive demyelinating disease of the brain and spinal cord, recognized by exacerbations and remissions of neurologic symptoms.

Etiology:
1. the cause is idiopathic; though there are theories about autoimmunity, slow viruses and myelinic enzymes, etc., no specific mechanism has been proven
2. most cases begin between 20 and 40 years old and rarely after 50
3. females are affected slightly more than males
4. MS seems to be a disease of temperate latitudes (in either the Northern or Southern hemispheres and is rarely seen in equatorial regions)
5. the characteristic lesion in MS is one of patchy demyelinization of the myelin sheaths in the CNS, particularly in the white matter

Signs and Symptoms:
1. the disease is much noted by its apparently random exacerbations and remissions
2. as the disease progresses, the remissions become less complete and permanent deficit is apparent
3. onset is almost always insidious
4. symptoms are vague and the diagnosis is often missed in the early stages
5. optic neuritis: partial or total loss of vision in one eye with pain on moving that eye
6. diplopia and other visual disorders
7. tic doloureux in a young person
8. ataxic gait
9. tingling of tightness in the extremities and the perception of a band across one's middle
10. bladder dysfunction: urgency, hesitancy, etc.
11. depression, apathy, lack of judgment, hysteria
12. increased deep reflexes, (+) Babinski
13. Charot's triad: in advanced disease (nystagmus, intention tremor and scanning speech)
14. others specific to the individual

Lab Findings:
1. CSF analysis, CT scan, brain scans, skull and spinal x-rays
2. CSF IgG is increased in 70% of patients
3. agar/agarose gel electrophoresis of CSF shows discrete bands of oligoclonal proteins (85-95% of patients)
4. increased myelin basic protein (70-90% of patients)

Course/Prognosis:
1. there is no conventional cure and the course is unpredictable
2. conventional physicians treat MS with corticosteroid therapy occasionally
3. generally, MS patient live 30 years after diagnosis and many can live a long time before becoming disabled

Differential Diagnosis:
1. small cerebral infarctions
2. amyotrophic lateral sclerosis
3. syringomyelia
4. hereditary ataxias
5. pernicious anemia
6. platybasia
7. syphilis
8. arthritis of the cervical spine
9. ruptured intervertebral discs
10. spinal cord, brainstem or cerebellar tumors
11. Friedreich's ataxia

Nutrition:
1. very low fat diet (< 12% of total calories)
2. very low saturated fats
3. decrease gluten and milk products
4. hypoallergenic/rotation diet
5. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
6. increase omega-3 and -6 FAs
7. egg yolks, kale, celery, fish, raw goat's milk, veal joint broth, cod roe, rice polishings, brewer's yeast, nutritional yeast
MULTIPLE SCLEROSIS (MS)

Remedies:
- raw goat's milk and 1 tsp. sesame, sunflower or almond butter, 1 tsp. honey and sliver of avocado
- weakness in legs: 5oz. minced beef, 2 slices fresh ginger, boil for 10min. in 3/4 pint water, eat and drink while hot at night

Avoid:
1. food intolerances
2. trans-FAs. Hydrogenated oils (margarine, vegetable shortenings, imitation butter spreads, most commercial peanut butters), oxidized fats (deep fried foods, fast food, ghee, BBQed meats)

Supplements:
1. vitamin B-12 (1000mcg or IM)
2. vitamin E (800 IU QD)
3. selenium (200mcg QD)
4. lecithin (2400mg QD)
5. essential FAs
6. flax oil (2 tsp. QD)
7. EPA (3 caps BID)
8. black current oil (2 caps QD)
9. bile salts and lipase

Hydrotherapy:
1. fever treatment: to slow down progress of disease, patients may be aggravated by heat
2. cold baths: to prevent muscular atrophy
3. colonics
4. constitutional hydrotherapy

Manipulation:
1. check and align: atlas, axia, only adjust atlas 2-3 times, check parasympathetics (cervicals and sacrum)

Physiotherapy:
1. aerobic exercise: mild, best done in open air in cool of morning or evening
2. Frenkel exercises (for ataxia)
3. massage gentle
4. spondylotherapy: concussion of T10, 11 to increase circulation to spinal cord
5. ice: crushed, wrapped in wet towels applied to spastic muscles for 10 min., followed by exercise
6. cold (50°F) emmersion of spastic extremity for 10 min. followed by exercise
7. TENS: for analgesia

Botanicals:
1. Arnica montana (toxic): as bath
2. Hypericum: nerve tonic

Homeopathy:
*Syphilitic miasm is quite often at the root of all the complaint
1. Arsenicum album: burning pain in the lower limbs > warmth; cramps in calf muscles; general symptoms like restlessness, prostration and unquenchable thirst are important; < after midnight, cold, right side; > warmth
2. Aurum muriaticum: arteriosclerosis and vascular degeneration may be present; melancholy; feeling of self-condemnation; disgust of life; talks of committing suicide but fears death; over-sensitiveness to noise; extreme photophobia, diplopia, upper half of object invisible, stitching pain in eyes; weakness and dropical condition of limbs; < cold weather, winter, sunset to sunrise; possible hypertension
3. Baryta carbonicum: arteriosclerosis with cerebral and spinal affections; stiffness of joints; every form of maina when sexual desire is increased; icy coldness of body with paralysis; sensory functions intact but voluntary muscular power gone; deafness; stupid, idiotic, mental dementia; high systolic and low diastolic blood pressure
4. Causticum: tends to be very right sided; paralysis is gradual and affects specific parts of the body; face can be affected; legs can be restless at night, quite thirsty; fear of twilight, death, dark; spacin
MULTIPLE SCLEROSIS (MS)

5. **Conium maculatum:** ascending paralysis, uncoordinated legs (bounce off the wall); easy exhaustion; paralysis painless, vertigo even lying in bed; unstable when up; fear of falling; sexual grief, lack of desire

6. **Kali phosphoricum:** paralytic weakness of extremities < exertion; pain with fatigue and complete exhaustion; ptosis of eyes

7. **Lathyrus sativus:** no pain; reflexes increased; spastic paralysis; sleepy, constant yawning; excessive rigidity of legs

8. **Magnesia phosphorica:** twitching and jerking, painful spasms > warmth, pressure, bending double; eyes hot, aching, tired, vision blurred with colored objects before eyes

9. **Nux vomica:** more left sided; usually lower limbs; twitching and jerking in the limbs; often affects bladder and anus; ineffectual urge; numbness of the affected side (face common), drunkard picture; difficult swallowing; anger and irritability

10. **Phosphorus:** ascending paralysis, left-sided affection; weakness felt in knee joints; knee gives way; burning along the spine with formication; nervousness, bleeding tendency; fear of dark and thunderstorms; < twilight, thunderstorms, lying on left or painful side; > by cold, sleep and lying on right or unaffected side; knee jerk absent; tiredness, spaceness; hypoglycemia; upper limbs usually first, but can also go the other way; trembling; drops things; sudden joint weakness; spots and sparkles in front of the eyes; optic nerves start to go; urinary incontinence; involuntary stool; weak anus, feels open after stool

11. **Physostigma:** staggering gait as if drunk; rigidity of muscles; sudden jerking of limbs on going to sleep

12. **Plumbum iodatum:** arteriosclerosis; enlarged glands; paralysis; pellagra

13. **Plumbum metallicum:** pain in paralyzed parts; paralysis of extensor group of muscles causing foot-drop (possible wrist drop); emaciation of affected parts; pain in right big toe at night; if abdominal colic and absolute constipation or sheep-dung like stools are there, then it should be prescribed; < night, motion; > rubbing, hard pressure

14. **Strychnia phosphorica:** twitching, stiffness, weakness, loss of power, burning, aching, weakness of spine
MUMPS/PAROTITIS

Definition:
An acute, contagious, generalized viral disease, usually causing painful enlargement of the salivary glands, most commonly the parotids.

Signs and Symptoms:
1. 14-24 day incubation period: onset occurs with prodrome:
   a. chilly sensations
   b. h/a
   c. anorexia
   d. malaise
   e. low to moderate fever which last 12-24 hours before glands swell
   f. pain upon swallowing, esp. acidic liquids
   g. pain at angle of the jaw
   h. temp. goes to 39.5-40°C (103-104°F)
   i. parotid swelling reaches maximum on second day
   j. oral duct openings of glands are “pouting” and slightly inflamed

Lab Findings:
1. WBC count may be normal and reduction in granulocytes is normal
2. paired acute and convalescent serum antibody studies
3. elevated serum amylase
4. virus isolation from throat, CSF and urine

Course/Prognosis:
1. the associated microorganism, a paramyxovirus, is spread by droplet infection or direct contact with material contaminated with infected saliva
2. it usually resolves in 2 weeks
3. orchitis: occurs in 20% of postpubertal males and is usually unilateral and testicular atrophy may ensue
4. other complications include:
   a. meningoencephalitis
   b. pancreatitis
   c. prostatitis
   d. nephritis
   e. myocarditis
   f. mastitis
   g. polyarthritis

Differential Diagnosis:
1. blocked salivary duct
2. infected parotid gland (ie. Staphylococcal infection)
3. TMJ disorder
4. pharyngitis
5. other EENT viral infections

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast

Remedies:
1. burdock and dandelion tea
2. mash sprouted (adzuki) beans and apply and cover
3. grind 50-70 small red beans into powder, mix with warm water and egg white or honey to make a cream and apply to affected area, cover with bandage
4. mix potato juice with vinegar and apply to affected area
5. carrot poultice

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread
4. cow's milk and other dairy products
5. refined and processed foods
6. catarrh forming foods: tofu, ice cream, heavy protein foods, shellfish
7. vinegars
8. alcohol, coffee, caffeine

Supplements:
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. vitamin C (6-8g QD)
3. zinc (60mg QD)
4. bioflavinoids
5. abundant fluids

See: Rubeola

Manipulation:
1. check and align upper cervicals

Botanicals:
1. Aconitum napellus (toxic): according to indications
2. Anemoni pulsatilla (toxic): ovaritis, with tensive tearing pain, orchitis
3. Ascolus tuberosa: painful inflammations
4. Atropa belladonna (toxic): dullness, stupor
5. Bryonia alba (toxic): orchitis, pain sharp and cutting, high fever, face flushed; usually with Aconitum napellus (toxic) or Phytolacca decandra (toxic) or other direct remedies
6. Datura stramonium (toxic): according to indications; used as fomentation
7. Echinacea spp.
8. Gelsemium sempervirens (toxic): increased heat of head, inability to sleep, with general h/a
9. Phytolacca decandra (toxic): specific for parotitis
10. Rhus toxicodendron (toxic): sharp pain, frontal h/a and sharp pulse
11. Veratrum viride (toxic): according to indications

Formulas:

a. Bastyr Black Book: Arctium lappa, Echinacea angustifolia, Gallium aparine, Phytolacca americana (toxic), Sassafras officinalis, Xanthoxylum napellus (toxic)
b. Aconitum napellus (toxic) or Veratrum viride (toxic) [5 drops] + Phytolacca decandra (toxic) [10 drops], fill with water to 4oz.; SIG: 1 tsp. every hour; if needed, replace Phytolacca decandra with Atropa belladonna (toxic) or Rhus toxicodendron (toxic) or Gelsemium sempervirens (toxic) according to indications
c. Orchitis from mumps: lotion of Aconitum napellus (toxic), Phytolacca decandra (toxic), Atropa belladonna (toxic)
d. Orchitis from mumps: externally, Echinacea angustifolia, Phytolacca decandra (toxic), Atropa belladonna (toxic)
e. Lymphadenitis: Galium aparine, Iris versicolor (toxic), Phytolacca decandra (toxic)
f. Arctium lappa (root)[1/2oz.], Cinnamomum zeylanicum (1/4oz.) or (Zingiber officinale or Xanthoxylum americanum), Sambucus canadensis (flower)[1/2oz.], Trifolium pratense [1/2oz.], Verbascum thapsus (leaf or flowers)[1/2oz.], decoct in one and a half pints water for 3 minutes, infuse; SIG: 2 Tbsp. to a 1/4 cup 3-6 times

Homeopathy:
1. Abrotanum affects testes or mammae, after Pulsatilla fails
2. Aconitum napellus: fever with restlessness and anxiety; early febrile stage
3. Belladonna: inflammation of right parotid with bright redness and violent shooting pains; glowing redness of face; sensitive to cold
4. Bromium: esp. left, after scarlet fever, "swelling and hardness warm to touch"; slow inflammation of glands, esp. those upset by being overheated, but when attack comes on sensitive to colds and draughts < damp hot weather
5. Carbo vegetabilis: parotitis; face pale, cold; involvement of mammae or testes
6. Lachesis: esp. left side, enormously swollen; sensitive to least touch, least pressure; severe pain, can scarcely swallow; shrinks away when approached; face red and swollen; eyes glassy and wild
7. Lycopodium: begins on right and goes to left; desires warm drinks
8. Mercurius solubilis: mumps, esp. right side, offensive salivation, foul tongue, offensive sweat
9. Parotidinum: valuable along with other remedy when convalescence is slow
10. Phytolacca: inflammation of sub-maxillary and parotid glands with stony hardness; pain shoots into ears when swallowing < cold and wet; right side; stiffness of neck
MUMPS/PAROTITIS

11. Pilocarpus: #1 remedy; acts quickly and relieves the pain; excellent if metastasis in testes or breasts, when swelling suddenly subsides as result of a chill; can also be used prophylactically

12. Pulsatilla: lingering fever or metastasis; if in mumps patient gets a cold, breasts swell in girls, testicles in boys; ear involved and pain intense

13. Rhus toxicodendron: parotid and submaxillary glands highly inflamed and enlarged; mumps on left side, cold, cold wind, cold wet; “always with herpes on lips”
MUSCULAR DYSTROPHY

Definition:
Muscular dystrophy is a group of inherited diseases characterized by progressive weakness and degeneration of muscle fibers, without evidence of neural degeneration.

Etiology:
1. Duchenne's (pseudohypertrophic) is the most common type
   a. presents in boys 3-7 years old as proximal muscle weakness causing different symptoms (below)

Signs and Symptoms:
1. waddling gait
2. toe walking
3. lordosis
4. frequent falls
5. difficulty climbing stairs and standing
6. pelvic girdle is affected first followed by the shoulder girdle

Lab Findings:
1. serum CK levels markedly elevated to 50 times normal in 50% of patients
2. serum CK levels in 75% of female carriers
3. biopsy shows muscular atrophy

Course/Prognosis:
1. progression is steady and patients are confined to a wheelchair by age 12
2. flexion contractures and scoliosis are common
3. death usually results in the teens or 20's, often from infection

Differential Diagnosis:
1. Duchenne's: pseudohypertrophic
2. limb girdle muscular dystrophy
3. facioscapulohumeral muscular dystrophy
4. polymyositis (dx. via muscle biopsy)

Nutrition:
1. increase foods rich calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. egg yolk, kale, celery, fish, raw goat's milk, veal joint broth, cod roe, rice polishings, brewer's yeast, nutritional yeast

Supplements:
1. vitamin E (300 IU QD)
2. selenium (200-1200mcg QD)
3. glycine (5-10mg QD)
4. glutamic acid (10-20g QD)
5. phosphatidyl choline (20g QD)
6. lipase, pancreatin

Hydrotherapy:
1. alternate hot and cold compresses to spine (hot 10-15 min., cold 1-2 min.)

Botanicals:
1. Strophanthus hispidus: muscle weakness, muscle atony in prolonged diseases

Homeopathy:
1. Arsenicum album: paralysis comes on slowly, preceded by shaking, pains and contractions, esp. in the legs (lesions of the lower part of spinal cord); then pains (burning, < cold, > warmth), cramps, shaking, contractions and atrophy increase; often with edema of ankles
   a. Romberg's test: motility problems; extremely sharp pains come and go suddenly; cutaneous hypoesthesia of lower limbs
2. Carbomeum sulphuratun: very weak, emaciated; chilly, irritable, dazed, vertigo,
   a. Romberg's test: motility problems; extremely sharp pains come and go suddenly; cutaneous hypoesthesia of lower limbs
3. Causticum: weakness; localized and progressive paralysis; generalized paresis; stiffness and contractions
4. Lathyrus: spasmodic paresis or paralysis of lower limbs with stiffness, exaggeration of reflexes; tendency to muscular atrophy; no pain except a few cramps; < cold
5. Mercurius solubilis: weakness of limbs, bone pains in limbs, < at night; sensitivity to cold; oily perspiration; trembling extremities, esp. hands; cold clammy sweat on legs at night; dropsical swelling of feet and legs
6. Oleum jecoris aselli: young child very emaciated
MUSCULAR DYSTROPHY

7. **Phosphorus**: general loss of shape of the skeleton; paretic weakness of the back and legs; great weakness of the spine and limbs; increasing; loss of reflex and flabby paralysis

8. **Physostigma**: great weakness and muscular impotency with locomotor troubles and tendency to paralysis; difficult contraction of muscles; motor incoordination; progressive muscular atrophy; numerous spasms (cramps in hands, shaking, sudden jolt of limbs on falling asleep)
MYOCARDIAL INFARCTION SEQUELAE

Definition:
MI is a medical emergency requiring immediate hospitalization permanent myocardial damage due to myocardial infarction.

Etiology:
1. the most common cause is coronary artery disease, following the many attendant risk factors for atherosclerosis
2. occlusion may be gradual or thrombotic and involve coronary spasm or emboli
3. lesions may be transmural or subendocardial
4. curiously, traditional Chinese medicine considers excessive joy as a potential contributing factor
   a. contrasts sharply with the emerging Western understanding of suppression of anger and other emotions of the more familiar implication of "type A" behaviour as etiologic factor
5. complications:
   a. pericarditis
   b. mural thrombi (subject to rupture)
   c. peripheral artery embolism
   d. frank rupture
   e. cardiac tamponade (intraperidardial hemorrhage)
   f. ventricular aneurysm

Signs and Symptoms:
1. classic symptoms of an MI include:
   a. deep, severe substernal pain referred to the left arm, jaw or back
   b. the pain is refractory to notroglycerin; it may be preceded by on eof the angina variants (fear, sweating, great anxiety)
   c. shortness of breath
2. other associated symptoms are:
   a. hypotension, poor peripheral blood flow, pulmonary edema, arrhythmias, fever, leukocytosis

Lab Findings:
1. elevated levels of CPK, LDH and AST, depending on timing
   a. CPK-MB isoenzyme returns to normal after 3 days
   b. LDH increases 10-12 hours after MI, peaks at 48-72 hours (LDH isoenzymes flip so LDH 1/LDH 2 ratio > 1
   c. AST level increases at 6-8 hours, peak at 24 hours, normal in 4-6 days
2. elevated levels of alkaline phosphatase
3. leukocytosis invariable by 2nd day
4. ESR increased 2nd-3rd day
5. glycosuria in 50% of patients

Course/Prognosis:
1. damage to the hear muscle results in coagulative necrosis of the muscle fibers and loss of normal contractile and conductive responses of the myocardium
2. in the post infarction phase: scar tissue is the primary consideration
3. there can be many complications (listed under Etiology) but the depth, extent and health of the scar tissue determines the length and quality of life after an MI
4. early intervention with tissue plasminogen activator (TPA) has been shown to reduce mortality by causing early dissolution of vessel obstruction

Differential Diagnosis:
1. indigestion, peptic ulcer, hiatal hernia, gall bladder disease
2. angina pectoris
3. abdominal emergency
4. aortic aneurysm
5. pneumonia, pleuritis, pneumothorax, pulmonary embolism
6. costochondritis
7. anxiety

Nutrition:
1. immediately after infarct: fluid diet/fast
2. progressing to a soft diet: low fiber slowly progress to the following diet plan:
   a. low fat diet
   b. low sugar
   c. high complex carbohydrates
MYOCARDIAL INFARCTION SEQUELAE

d. protein 12-15% of diet
e. low cholesterol/cholesterol foods
f. low sodium/sodium restricted diet
g. vegetarian cleansing diet or short fast

3. flax seed oil, okra, hawthorn berries, millet, buckwheat, sunflower seeds, sesame seeds, bananas, potatoes, asparagus, apples, honey in small amounts

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol, coffee, caffeine

Supplements:
1. vitamin B-3 (1-3g QD)
2. vitamin B-6 (40mg QD) with folate
3. folate (5mg QD) with B-6
4. vitamin C (3g QD)
5. vitamin E (400-800 IU QD)
6. calcium (600-1200mg QD)
7. magnesium (500mg QD)
8. selenium (200mcg QD)
9. chromium (200mcg QD)
10. coenzyme Q10 (60mg QD)
11. bromelain (500mg TID)
12. DL-carnitine (3g QD)
13. Omega-3 FAs (EPA)

Hydrotherapy:
1. constitutional hydrotherapy
2. foot baths (alternating)

Manipulation:
1. spinal percussion to C7, T2
2. “milk” thenar eminence

Physiotherapy:
1. aerobic exercise program: absolute must, should assess cardiac fitness level by submax. stress test

Botanicals:
1. Aconitum napellus (toxic): acute pain, full bounding pulse, restless, fear of death, sharp cutting pain on left side, suffocating feeling
2. Adonis vernalis: contained indicated in function heart disorders with weakness
3. Apocynum cannabinum (toxic): feeble heart action, edema
4. Capsicum frutescens: will increase circulation; angina pectoris
5. Convallaria majalis (toxic)
6. Crataegus oxyacantha: cardiotonic, angina pectoris; pain left breast, radiating down left arm, fear of death
7. Digitalis purpurea (toxic): cardiac emergency wit cyanosis, pain, tachycardia, irregular pulse, threatened or actual failure
8. Kalmia latifolia (toxic): cardiac fibrillation, cardiac excitation
9. Leonurus cardiaca: cardiotonic
10. Lobelia inflata (toxic): angina pectoris; pain with tightness and constriction of chest; acute heart failure
11. Lycopus virginicus: anxiety, irritability, irregularity, cardiac palpitation from organic lesions [Caution: powerfully increases contraction of heart muscle fibers]
12. Selenicereus grandiflorus (toxic, cactus): cardiac spasm, constrictive pain like a band around the heart or chest, apprehension of danger or death
13. Taraxacum officinale (leaf): diuretic, tonic
14. Valeriana spp.: nervine in heart conditions

Formulas:
 a. gold drops: Digitalis substitute for the heart
 b. Crataegus oxyacantha [4oz.], Urginea maritima (toxic)[2oz.], Valeriana officinalis [16oz.]; SIG: 10-15 drops a half hour PC

Homeopathy:
MYOCARDIAL INFARCTION SEQUELAE

1. Aconitum: fever, tachycardia, pulse frequent and small, bradycardia
2. Ammonium carbonicum: collapse, pericarditis, hiccup
3. Arsenicum nitricum: nausea, eructation, > eructation; abdominal distension
4. Arnic: to absorb the blood clot
5. Arsenicum album: great prostration; irregular pulse; cold sweat, dyspnea
6. Apis: fever, tachycardia, heart murmur, faintness, > cold, < warmth
7. Cactus grandiflorus: constricting pain as if in a vice; dyspnea > lying on back, sadness, anxiety
8. Carbo vegetabilis: cold sweat; burning, > fanning, eructation
9. Crotalus horridus: MI giving rise to heart block; feeble and tremulous pulse; trembling feeling to heart
10. Lachesis: sensation of fullness; heart feels too large
11. Tarentula hispana: sensation as if heart is burning, as if heart twisted and squeezed; respiration difficult
MYOFIBROSITIS/ADHESIONS

Definition:
Scar-type tissue causing restriction of tissue motion.

Etiology:
1. traumatic tearing of soft tissues or long standing muscle spasms cause production of thixotropic gel which organizes itself into collagen scar tissue
   a. this is the body’s attempt to stabilize what is perceived as injury
2. three problems result from scar tissue formation:
   a. scar tissue is more pain-sensitive than normal structural and contractile tissue
   b. scar tissue is less flexible and therefore diminishes joint motion
   c. scar tissue is more “brittle” than healthy tissue and susceptible to re-injury

Signs and Symptoms:
1. diminished joint play
2. pain with deep palpation of the tissue
3. a “gritty” feel esp. in ligaments and muscles
4. local areas of muscle spasm; “trigger points”

Course/Prognosis:
1. this condition occurs after trauma or in long-standing overloading of muscles
2. this can occur in a "postural strain" situation (ie. when a person works over a desk day after day causing constant relentless contraction of the neck and upper back muscles. Then, these muscles and the adjacent articular ligaments (rib joints and vertebral joints) may become infiltrated with scar tissue adhesions
3. prognosis is good with appropriate treatment and ergonomic changes designed to prevent chronicity

Differential Diagnosis:
1. myofascial pain syndrome
2. SLE
3. rheumatoid disorders
4. polymyalgia rheumatica

Nutrition:
1. foods rich in vitamins A, C, E and bioflavinoids
2. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples

Supplements:
1. vitamin B-6 (50mg TID)
2. vitamin C (3g QD)
3. vitamin E (400 IU QD)
4. zinc (15mg QD)
5. selenium (200-300mcg QD)
6. bromelain (500mg TID)
7. bioflavinoids (3g QD)

Manipulation:
1. manipulate any joint adjoining the muscle, as necessary to maintain normal joint mobility
See: Botanicals-Hypericum perforatum

Physiotherapy:
1. stretching exercises (affected area and overall)
2. ROM exercises (for affected area)
3. heat: followed be deep massage daily, 10-15min. devoted to each region
4. diathermy
5. iontophoresis: chlorine, iodine, magnesium, PABA, proteolytic enzymes, SOD
6. interterferential
7. G-5 vibratory therapy
8. microcurrent
9. US

Botanicals:
1. Arnica montana (toxic): adhesions, counterirritant
2. Hypericum perforatum (oil): adhesions, warm Hypericum oil and apply, next apply ice to numb area, then manipulate area to break up adhesions
MYOFIBROSITIS/ADHESIONS

3. *Symphytum officinale* (toxic, root): adhesions or myofibrosis, internally and as poultice

**Homeopathy:**

1. *Aesculus hippocastanum*: glandular swellings of bone; sore muscles morning on awakening and on motion; spasms of muscles and limbs
2. *Arnica*: myalgia, particularly after over exertion; bruised feeling in whole body; soreness in the limbs
3. *Berberis*: bone pains; scraping upon bones in muscles; tension, shooting, tearing, pulsating, gurgling
4. *Bryonia*: soreness appears to be in sheath of tendon, but principally in periosteum and ligaments; < motion
5. *Calcarea fluorica*: chronic problem
6. *Hypericum*: excessive painfulness if injured parts; lancinating pain in upper and lower limbs
7. *Rhus toxicodendron*: ailments from strains, over-lifting, getting wet while perspiring; inflammation of tendons of muscles; inflammation and swelling of long bones; soreness and stiffness in muscles, pass of during any exercise
8. *Ruta graveolens*: periostitis and pains in consequence of external injury; with erysipelatous inflammation of parts; bruised feeling all over as from a fall or blow; < in limbs and joints; pain in long bones as if they were broken
9. *Silica*: cellular tissues inflammed; inflamed swelling, carries and necrosis of bones; inflammation of fibrous portions of joints, particularly the knee
10. *Thisinaminum*: a resolvent, externally and internally for dissolving scar tissue, adhesions
NARCOLEPSY

Definition:
A rare syndrome of recurrent attacks of sleep, sudden loss of muscle tone (catalepsy), sleep paralysis and hypnagogic phenomena, with a characteristic initial REM sleep pattern.

Etiology:
1. idiopathic
2. 4x more common in men than in women
3. onset is adolescence or adulthood

Signs and Symptoms:
Four components of the disorder:
1. sleep attacks:
   a. frequent and untimely occurrence
   b. REM sleep is immediate vs. that of normal sleep in which NREM sleep precedes REM sleep
   c. The patient can be roused from narcoleptic sleep as easily as normal sleep
2. cataplexy (sudden loss of muscle tone):
   a. monetary paralysis occurs in association with sudden emotional reactions
   b. an element of surprise seems important (ie. the patient may drop the rod when fish strikes the line)
3. sleep paralysis:
   a. just when falling asleep or upon awakening, the patient wants to move and for a moment they cannot (this is common in some normal adults and children)
4. hypnagogic phenomena:
   a. vivid auditory or visual illusions or hallucinations may occur at the onset of sleep

Course/Prognosis:
1. onset is adolescence or adulthood
2. is considered lifelong, though does not appear to exacerbate

Differential Diagnosis:
1. depression
2. sleep apnea
3. substance abuse
4. epilepsy
5. hypothyroidism
6. intracranial neoplasm

Nutrition:
1. foods rich in vitamin B complex

Supplements:
1. vitamin B complex (IM)
2. vitamin B-12 (IM 1mg/week)
3. tyrosine (500mg TID)

Manipulation:
1. upper cervical adjustment
2. also check for pelvic distortions and correct

Homeopathy:
1. Cannabis indica: very sleepy but unable to do so; dreams of dead bodies; prophetic, nightmare; < mornings, coffee, liquor, tobacco, lying on right side; > fresh air, cold water, rest; exhausted after a short walk, disoriented of time and space
2. Crotalus horridus: yawning, dreams of the dead; starting in sleep, smothering sensation when awaking, < open air, evening and morning, jar, spring, coming of warm weather, yearly, on awaking, damp and wet
3. Curare: < dampness, cold weather, cold wind
4. Hydrocyanic acid: yawning and shivering; irresistible drowsiness; vivid, incoherent dreams; sinking sensation at pit of stomach; hysterical; < full moon, suppression, storms
5. Morphinum: yawning, drowsy, prolonged deep sleep; profound depression; hysterical condition; dream like state; sleep but cannot sleep
6. Moschus: < cold, open air feels very, very cold
7. Opium: heavy stupid sleep, stertorus breathing, great drowsiness
NEPHROSIS

Definition:
Nephrotic syndrome; degeneration of the renal tubular epithelium resulting in heavy protein in urine.

Etiology:
1. may be caused by:
   a. toxic reaction to poison
   b. degenerative diseases
   c. trauma causing decreased renal blood flow or increased flow of fluids through the kidneys

Signs and Symptoms:
1. heavy proteinuria
2. edema
3. HTN may be present
4. scanty urine
5. acute nephrosis will show scanty urine with little or no albuminuria or edema

Lab Findings:
1. UA: RBCs, casts, lipids, high protein levels
2. increases in lipids and TGs

Course/Prognosis:
1. the renal tubules are damaged and prognosis depends upon the agent of the destruction
2. if extensive necrosis occurs, prognosis is predictably poor

Differential Diagnosis:
1. amyloid nephrosis
2. hemoglobinuric nephrosis
3. osmotic nephrosis
4. toxic nephrosis
5. hypoxic nephrosis
6. cardiac or hepatic edema

Nutrition:
1. low salt diet
2. moderately high protein intake
3. watermelon, pomegranate, apples, asparagus, liquid chlorophyll, parsley, green leafy vegetables

Remedies:
   a. edema: cornsilk tea

Supplements:
1. vitamin B complex
2. vitamin B-6
3. folate
4. vitamin C
5. calcium (1200-1600mg QD)
6. zinc
7. choline
8. methionine
9. histadine
10. bioflavinoids
11. essential FAs

Manipulation:
1. check and align T10-L1

See: Glomerulonephritis

Botanicals:
1. Chimaphila umbellata: nephritic affections
2. Erigeron canadensis: painful diseases of kidney and bladder; hematuria
3. Galium aparine: inflammation of the kidneys and bladder
4. Solidago spp.
5. Taraxacum officinale (leaf): acts as a diuretic
NEPHROSIS

Formulas:
   a. Acorus calamus [40g], Cassia spp. (toxic)[20g], Mentha piperita [20g], Juniperus officinalis [20g], 1 Tbsp. herb mixture to 2 cups boiling water, infuse 20 minutes; SIG: 2-4 cups QD

Homeopathy:
1. Arsenicum album: renal disease with scanty urine, with albumin but no blood, abundant renal casts; urine looks like dark 'dung water'
2. Aurum metallicum: hyperemia of kidneys, initially increased urination followed by fatty degeneration and oliguria; proteinuria; kidney disease secondary to heart disease
3. Cannabis: burning, stitches, aching in kidneys; laughing; uremia with h/a as if vertex was opening and shutting; delirium with delusions of time and space
4. Colchicum: kidneys produce no urine; scanty urine with edema; inky dark brown to black urine; proteinuria
5. Digitalis: hyperemia of the kidneys, edema, slow feeble pulse; scanty dark turbid urine, proteinuria; looks like Arsenicum album without the restlessness
6. Phosphorus: fatty or amyloid degeneration of the kidneys, esp. if associated with liver degeneration or heart disease; urine contains epithelial cells, waxy or fatty casts
7. Plumbum metallicum: degeneration or cirrhosis of the kidneys; little edema or proteinuria but marked tendency for uremia and convulsions
ORCHITIS

Definition:
Acute infection of the testis.

Etiology:
1. usually an ascending infection (from the urinary opening upward)
2. recent epididymitis, UTI, catheterization may contribute

Signs and Symptoms:
1. high fever
2. extremely tender testis/testes
3. scrotal edema or erythema

Lab Findings:
1. CBC for inflammation
2. UA for offending agents

Course/Prognosis:
1. as in any infection, the course is often rapid and acute
2. if conservative care is attempted, the risk of sterility should be considered carefully

Differential Diagnosis:
1. testicular torsion (MEDICAL EMERGENCY)
2. epididymitis
3. trauma
4. tumor

Nutrition:
1. sour foods
2. vitamin C foods
3. sesame seeds, pumpkin seeds, seed and nut butter, cod roe lecithin, egg yolk, raw goat's milk

Supplements:
If caused by an infection:
1. vitamin A (75,000 IU QD)
2. vitamin C (6g QD)
3. vitamin E (800 IU QD)
4. zinc (30mg QD)

Hydrotherapy:
1. hot hip and leg pack: use hot water bottle to feet and between legs with cold compress over genitals
2. cold compress: over genitals with hot foot bath
3. neutral bath: prolonged, BID

Physiotherapy:
1. diathermy: patient lying on back place to concave discs on either side of testicle connect to machine, 250mA, for 1/2 - 1 hour [caution be sure discs stay in place and do not touch]

Botanicals:
1. Aconitum napellus (toxic): acute, pain and fever
2. Anemone pulsatilla (toxic): edematous, pain, congested, dark red, enlarged, sensitive, infection from mumps
3. Bryonia alba (toxic): chronic orchitis; tenderness on pressure, < movement; sharp, cutting, lancinating or tearing pain, sore as if bruised
4. Cimicifuga racemosa: orchalgia; heavy, tensive aching pain
5. Datura stramonium (toxic): applied locally in all forms of orchitis
6. Echinacea spp.: locally
7. Equisetum arvense: inflammation of spermatic cord
8. Phytolacca decandra (toxic): from mumps and other causes, glandular swellings are hard, painful
9. Pilocarpus jaborandi (toxic): acute, according to indications
10. Serenoa serrulata: orchitis, orchalgia, epididymitis; tenderness
11. Veratrum viride (toxic): according to indications
12. Verbascum thapsus: internally and externally

Formulas:
**ORCHITIS**

a. orchitis from mumps: Anemone pulsatilla (toxic), Phytolacca decandra (toxic)
b. orchitis from mumps: lotion of Aconitum napellus (toxic), Phytolacca decandra (toxic), Atropa belladonna (toxic)
c. orchitis from mumps: externally, Echinacea angustifolia, Phytolacca decandra (toxic), Atropa belladonna (toxic)

**Homeopathy:**
1. Aconitum: with fever, restlessness, anxiety
2. Aurum metallicum: chronic cases with pain in spermatic cord and testes
3. Belladonna: fever, great intolerance of pain, with sensitiveness of nervous system
4. Clematis: from suppression of gonorrhea
5. Hamamelis: use locally and topically when excessive local tenderness
6. Pulsatilla: acute when the d/c becomes suppressed
7. Spongia tosta: chronic inflammation with aching and swelling of testes and cord
8. Thuja: recurrent attacks of gonorrhea with complications of orchitis, possibly with warts
OSTEOARTHRITIS

Definition:
Degeneration and loss of the articular cartilage, with concurrent subchondral bony sclerosis, cartilage and bony proliferation at the joint margins and the growth of osteophytes. Aka. "degenerative joint disease" and just "arthritis".

Etiology:
1. most common form of arthritis and can affect all joints but has special affinity for the weight-bearing joints (knees, hips, spine)
2. it is seen in both men and women, men usually before 45 years old and women after 45-55 years old
3. OA is universal and appears to have a hereditary tendency
4. The initiating factors include:
   a. poor diet
   b. trauma
   c. repetitive forceful stress to a joint, although the exact cause is unknown

Signs and Symptoms:
Onset is gradual and begins in one or a few joints:
1. pain: deep, aching; < movement and reducing barometric pressure and > rest and warmth
2. stiffness: < morning upon rising and after periods of rest during the day (lasts 15-30 min.); > moving
3. trouble sleeping at night from pain and stiffness
4. tenderness to palpation
5. Heberden's nodes (distal interphalangeal joint) can sometimes be palpated (they are esp. seen in women with OA)
6. joint crepitus with movement
7. weakness of the joint on weight bearing
8. common joints affected: DIPs of hands, shoulders, spine, knees, hips
9. chronic symptoms picture may be punctuated by acute flare-ups of pain, swelling and stiffness

Lab Findings:
1. ESR: normal or slightly increased
2. (-) RF
3. (-) synovial fluid analysis
4. (+) x-ray changes: osteophytes, bone cysts, narrowed joint space, subchondral bony sclerosis
5. decreased ROM

Course/Prognosis:
1. although the disease is typically benign, in severely affected knees, hips or spinal OA, the patient may be disabled
2. pain, stiffness and decreased ROM tends to increase and worsen progressively
3. chronic pain can cause depression and a poor outlook on life that decreases health in general
4. conventional treatment focuses on pain relief, exercise and weight loss and applies surgery (like joint debridement, fusion and osteotomy) in advanced cases

Differential Diagnosis:
1. RA
2. psoriatic arthritis
3. Reiter's syndrome
4. chondrocalcinosis
5. OA variants: erosive inflammatory osteoarthritis and diffuse idiopathic skeletal hyperostosis

Nutrition:
1. low sugar
2. low fat diet of unsaturated fats
3. short fasts (5-7 days) are recommended with 2 week intervals between them
4. vegetarian cleansing diet
5. hypoallergenic/rotation diet
6. sesame seeds, kale artichokes, green beans, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat's milk, goat whey and black mission figs, gelatin (make a gelatin mold with cherry concentrate and no sugar), burdock root, cherries, pineapple, quince, watercress, blackberries, black currants, mustard greens, limes, lettuce, olive oil

Avoid:
OSTEOARTHRITIS

1. animal products, cow's milk and other dairy products due to promotion of PGE\textsubscript{2} pro-inflammatory mediators
2. spinach, asparagus, rhubarb, vegetables from the nightshade family (tomatoes, green peppers, potatoes), pimentos, eggplant
3. sugar
4. refined foods, fried foods
5. tobacco
6. coffee, caffeine

**Supplements:**
1. niacinamide (800mg TID) [watch liver enzymes]
2. vitamin B-5 (500mg QD)
3. vitamin B-6 (100mg TID)
4. vitamin C (1-2g QD)
5. vitamin E (400-1600 IU QD)
6. calcium
7. magnesium (500mg QD)
8. selenium (200mcg QD)
9. essential FAs (2 Tbsp. QD)
10. cod liver oil (2 Tbsp. QD)
11. glycosaminoglycans

**Hydrotherapy:**
1. heating compresses to area
2. constitutional hydrotherapy (chronic condition)

**Manipulation:**
1. spine: restore motion to hypo-mobile segments
2. joints: gently mobilize into "glide" motion of articular surfaces
3. Heberden's, Bouchard's nodes: check and align C6, C7

**Physiotherapy:**
1. water exercises
2. moist heat: to affected joints, 1-2 hours/day (at home can use wet towel folded covered with plastic, then heating pad on top, don't let heating pad get wet)
3. diathermy
4. TENS: for analgesia

**Botanicals:**
1. Arctium lappa: nutritive alterative
2. Bryonia alba (toxic): muscular pains, pain on movement
3. Capsicum frutescens: tired painful muscles, stiff joints
4. Chimaphila umbellata: anti-rheumatic via improved kidney function
5. Cimicifuga racemosa: muscular soreness, ache
6. Gaultheria procumbens: locally use oil; internally use tincture; rheumatic conditions
7. Glycyrrhiza glabra: anti-inflammatory
8. Harpagophyllum procumbens
9. Juniperus communis: chronic arthritis
10. Medicago sativa: nutritive
11. Populus tremuloides
12. Smilax sarsaparilla: chronic rheumatism
13. Symphytum officinale (toxic, leaf): rheumatic pain, arthritis
14. Xanthoxylum americanum: stimulates circulation
15. Zingiber officinale: warming

**Formulas:**
1. Arctium lappa, Rhamnus purshiana, Zingiber officinale; SIG: 15-30 drops BID
2. "formula A": Larrea mexicana (leaf), Harpagophyllum procumbens, Yucca spp., Cimicifuga racemosa, Medicago sativa [Western Herb Product]

**Homeopathy:**
1. Aurum metallicum: destruction of bones; weakness in limbs most in hollow of knee; soreness of affected bones; > in open air; < at night
2. Bryonia: pains in limbs and joints > in warmth; joints swollen, tense; < by motion or touch
OSTEOARTHRITIS

3. Fluoric acid: stiffness and contraction of joints; caries and necrosis esp. of long bones; pains < night with great prostration; > while walking; desires to be in fresh air

4. Kali bichromicum: shooting, pricking pains < in morning, pains fly rapidly from one place to another; wandering pains along bones; < cold; pain in small spots; stiffness all over; can hardly move in morning; audible cracking in joints on slight motion of wrist, ankles and spine; < by motion

5. Rhus toxicodendron: sensation of stiffness on first moving limbs after rest; pain as if bruised or sprained in joints; cracking of joints when stretched; tension, stiffness and stitches in joints left when rising from a seat; chronic inflammation of articular structures esp. when resulting from blows, strains, etc.

6. Ruta graveolens: is unable to bend; pains in all joints and hip bones; spine and limbs feel bruised; inflammation of large joints esp. in upper extremity; < in wet cold weather

7. Mercurius solubilis: drawing and tearing in all limbs, painful stiffness of limbs; tendency to complete destruction of joints; pain aching or stabbing; < night, external warmth

8. Ledum: stiffness of all joints could only move them after applying cold water drawing pain in various joint and parts of extremities; < after taking wine; tense hard swelling of affected joints; painful hard nodes; calcareous concretions; < be warmth of bed

9. Silica: obstinate pains in limbs left when weather changes after a cold; inflammation, swelling, ulceration and necrosis of bone
OSTEOPOROSIS

Definition:
An overall decrease in bone mass: the remaining bone has a normal mineral ratio. There is a greater loss of trabecular bone than compact bone, causing the main complication of the disease (crush fracture of the vertebrae, the femur and distal radius).

Etiology:
Primary osteoporosis:
1. idiopathic, with no clear single or multiple reason(s) for the onset
2. it is caused by an increase in bone resorption: whether bone formation remains normal or not is not clearly known
3. is most common in post-menopausal white women
   a. white women have histologically less dense bones at maturity than blacks, which account for the specificity of the disease to Caucasians
4. post-menopausal women produce less estrogens which stimulate osteoblasts to form new bone
5. other factors involved in the development of the disease include:
   a. malabsorption of intestinal calcium
   b. vitamin D deficiency
   c. little muscle mass
   d. history of smoking cigarettes
   e. high protein (acid) diets
   f. use of heparin
   g. failure to maximize bone mass during young adult life
   h. a sedentary lifestyle (lack of impact exercising that creates more bone mass)

Secondary osteoporosis:
1. may be a response to several medical problems (See: Differential Diagnosis)
2. may also appear during nursing and pregnancy

Signs and Symptoms:
1. generally affects the entire skeletal system but is seen esp. in the weight-bearing bones (spine, hips, feet and legs)
2. the early stages of the disease or mild disease: may remain asymptomatic for years
3. as the disease progresses: aching pain in the bones may appear, most notably in the back
4. crush vertebrae fractures:
   a. are usually not related to trauma and are most often seen in the weight-bearing vertebrae (T8 and below)
   b. pain with the fracture is acute, non-radiating, < weight-bearing and gradually subsides to tenderness over the local area in days or weeks
   c. patients often do not seek medical help unless the pain is severe
5. cervical lordosis and thoracic kyphosis:
   a. present as well as constant aching in the lower thoracics and lumbar vertebrae follow multiple cruched vertebrae
6. other patients may not have their osteoporosis uncovered until they suffer from a hip or Colles' fracture

Lab Findings:
1. generally undiagnostic
2. normal ESR, serum calcium, alkaline phosphatase and phosphorus
3. if lab values are abnormal: secondary osteoporosis should be suspected and the cause sought
4. x-ray changes include:
   a. loss of radiodensity
   b. increased visibility of both the cortical endplates and the existing vertical trabeculae of vertebrae
   c. x-ray of fractures will show anterior wedging in the thoracic area and swelling of the vertebral interspaces in the lumbar region
   d. secondary osteoporosis from corticosteriod excess shows radiolucency of the rib fractures, skull and excessive callus formation
5. may see increased urine calcium

Course/Prognosis:
1. the disease is usually gradually progressive and deforms the correct alignment of the spinal vertebrae because of crush fractures
2. hip fractures in elderly women account for a significant amount of mortality from immobilization-induced repercussions (ie. malnutrition and pneumonia)
3. the key element is prevention by maintaining a vigorous exercise program throughout life
OSTEOPOROSIS

Differential Diagnosis:
1. osteomalacia (has similar x-ray signs and is differentiated by lab findings)
2. ostogenesis imperfecta
3. malignancies (multiple myeloma, lymphoma, leukemia, carcinomatosis)
4. Paget's disease
5. thyrotoxicosis
6. hyperparathyroidism
7. acromegaly
8. hyperadrenocorticism
9. hypogonadism

Nutrition:
1. low animal protein diet (down to 1g protein/4 lb. body weight)
2. increase blood pH by increasing fruit and vegetable intake
3. foods rich in calcium, B-complex, magnesium, vitamin D
4. sesame seeds, tahini, kale, millet, celery, barley, okra, almonds, collards, turnip greens, mustard greens, raw goat milk, sea vegetables (arame, hijiki, nori)
5. estrogenic foods: animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheat

Avoid:
1. soda pop, coffee, caffeine, alcohol
2. salt
3. smoking
4. animal proteins (dairy, meats, eggs)

Supplements:
1. vitamin A (20,000 IU QD)
2. vitamin B-6
3. folic acid (5mg QD)
4. vitamin D (400-1000 or 2000 IU QD)
5. vitamin K (1mg QD)
6. calcium (1.5g for post-menopausal and 1 g pre-menopausal)
7. calcium:phosphorus (2:1 or 1:1)
8. copper
9. magnesium (400-600mgQD)
10. boron (2mg QD)
11. silicon (500-1000mcg QD)
12. fluoride

Manipulation:
1. gently! For ribs fracture easily
2. induce extension of the thoracic spine

Physiotherapy:
1. Avoid: exercises that acutely flex the thoracic spine: rowing machines, sit ups, slouching in chair, etc.
2. physical exercise is the only proven way to increase bone calcium (density)
3. to prevent: aerobic exercise
4. to treat: reclining exercises, upright exercises

Botanicals:
1. Althea officinale
2. Glycyrrhiza glabra
3. Medicago sativa (leaf)
4. Rumex crispus
5. Symphytum officinale (toxic)
6. Taraxacum officinale (leaf)
7. Urtica dioica (leaf)

Formulas:
Consider: Angelica sinensis, Avena sativa, Chenopodium album, Cimicifuga racemosa, Equisetum spp., Medicago sativa, Rumex crispus, Taraxacum officinale, Urtica spp., Viburnum spp., Xanthoxylum americanum
OSTEOPOROSIS

Homeopathy:

1. Calcarea phosphorica: bones affected along sutures or at symphyses; tendency of bones to bend or curve; defective bone growth, bones thin and brittle
2. Silica: when a number of cells in the CT are gradually deprived of silica, they become atrophied
3. Symphytum: injury to bone, tendon and periosteum; non-union of fractures
OTITIS EXTERNA

**Definition:**
Infection or inflammation of the ear canal, aka. "swimmer's ear"

**Etiology:**
1. the infection may be localized or generalized
2. is more common during the summer months
3. micro-organisms commonly associated with otitis externa include:
   a. Pseudomonas
   b. E. coli
   c. Proteus vulgaris
   d. Staphylococcus aureus
4. factors involved include:
   a. frequent ear wetness
   b. trauma to the canal (including hearty use of cotton swabs)
   c. excessive and impacted cerumen
   d. irritating substances getting in the canal (ie. hair dye)

**Signs and Symptoms:**
1. itching
2. pain: with pulling the ear lobe or pushing in the tragus
3. offensive d/c from the ear
4. furuncle
5. canal is hyperemic, swollen and visibly full of infectious matter

**Lab Findings:**
1. possibly (+) staining of causative organism
2. culture d/c

**Course/Prognosis:**
1. furuncle should be allowed to suppurate naturally
2. conventional treatment consists of topical antibiotic and corticosteroids
3. usually resolves easily as long as causative agents are removed

**Differential Diagnosis:**
1. otitis media
2. foreign body in the ear
3. seborrheic dermatitis (often causes otitis externa)

**Nutrition:**
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. a short fast is recommended during the acute phase or a diet of steamed vegetables and fruit

**Avoid:**
1. dairy products, esp. cow's milk
2. catarrh producing foods: oranges, tomatoes, potatoes, tofu, rice, dairy, wheat products
3. heavy protein foods, meats, shellfish
4. sugars
5. vinegars
6. fats

**Supplements:**
1. beta carotene (100,000 IU QD)
2. vitamin A (10,000 - 25,000 IU QD)
3. vitamin C to bowel tolerance
4. zinc (60mg QD)
5. bioflavinoids (6g QD)

**Hydrotherapy:**
1. poultice: charcoal over ear, effectiveness can be increased by heat lamp over poultice (keep poultice moist)
OTITIS EXTERNA

Manipulation:
1. check and align upper cervicals

Physiotherapy:
1. spondylotherapy: concussion of C2, C3
2. diathermy

Botanicals:
1. Allium sativum
2. Atropa belladonna (toxic): decongestant, anodyne
3. Calendula officinalis (oil): locally
4. Echinacea angustifolia: purifies blood
5. Hydrastis canadensis: otorrhea (See: Formulas)
6. Hypericum perforatum (oil): locally
7. Phytolacca decandra (toxic): swollen glands
8. sesame oil: locally, irritated, dry
9. Verbascum spp. (oil) applied locally, anodyne

Formulas:
a. eardrops: Commiphora myrrha, Echinacea spp., Eucalyptus globulus, Hydrastis canadensis, Verbascum thapsus
b. Bastyr's ear oil: Lobelia inflata (toxic)[1dr], Olea europaea [4dr], Commiphora myrrha [1dr], Sassafras officinalis [1/2dr], Hemlock spp. [1/2dr], Gaultheria procumbens (oil)[1/2 dr]; SIG: 2 drops BID for 1 week, ROC and irrigate, dry and evaluate

Homeopathy:
1. Ferrum phosphoricum: after exposure to wet; inflammation is diffuse, systemic; TM is beefy red; mucopurulent d/c, does not relieve pain; pain in paroxysms, throbbing and sharp; sensitive to sounds; anemic children
2. Hepar sulphur: suppurative otitis; sensitive to slightest touch, acute exacerbations with increased d/c; d/c thick, creamy and somewhat offensive; irritability (children), sensitive to drafts
3. Mercurius solubilis: suppurative otitis; swelling of parotid glands; offensive breath; hardness of hearing due to swollen tonsils; d/c thin and acrid
4. Pulsatilla: outside of ear is hot, red an swollen; sensation of stuffed ear; thick bland d/c; offensive odor; pain > night
5. Silica: fetid d/c; loud pistol-like report; sensitive to noise; roaring in ears
OTITIS MEDIA

Definition:
Acute otitis media is a viral or bacterial infection of the middle ear.

Etiology:
1. usually secondary to a URI
2. most common in children 6 to 36 months old and then again at 4-7 years old
3. most frequent diagnosis of children in a clinical setting and it is estimated that about 2 billion dollars are spent each year for conventional medical and surgical treatment of the condition
4. the Eustachian tube is the focal point of concern in most cases of acute otitis media (AOM)
   a. the Eustachian tube protects the middle ear from nasopharyngeal secretions, regulates gas pressure in the middle ear, prevents bacteria and viruses from having easy access in to the middle ear from the mouth and nasopharynx and clears secretions from the middle ear
   b. in the child, the tube is at a horizontal level in the head (the tube becomes slightly vertical in the adult), making it easier for organisms to move from the nasopharynx into the middle ear
   c. the tube opens during the act of swallowing due to the contraction of the tensor veli palatini muscle
   d. obstruction of the tube and/or abnormal patency are the initiating factors causing acute otitis media. Obstruction may be:
      A. functional: due to an abnormal opening mechanism and/or increased tubal compliance
      B. mechanical: due to abnormal hyperpalsia of the tissues around the tubes opening into the nasopharynx or swelling of the tube itself
      C. infection or allergy: affecting nearby tissues causing them to swell and occlude the tube
5. in infants: the bacteria most involved are E. coli and S. aureus
6. in older children (but less than 8 years): the most common bacteria are S. pneumonia, H. influenza, Group A-beta hemolytic streptococci and S. aureus
7. over the age of 8 years: H. influenza is less involved in infections of the ear and the other 3 bacteria (E. coli, S. aureus and S. pneumonia) are the main cause
8. OM usually begins when a viral URI or acute otitis media experienced secondary invasion by one of the above mentioned bacterial organisms
9. causative factors involved in susceptibility include:
   a. substituting early bottle feeding for breast feeding: human breast milk seems to have a prophylactic effect on a baby, although the exact reason why is not understood; that is, whether it has more to do with an intolerance to the cow's milk or the natural immune boost provided by mother's milk or a combination of both
   b. supine feeding: related factor to bottle feeding is supine feeding with the bottle has been shown to cause regurgitation of milk which then has a chance of entering the Eustachian tube
   c. one or more food or inhalant allergies: very common cause
      A. allergens may cause AOM by causing mucus production and mucous membrane swelling, once the allergens are discovered and removed from the child's environment or diet, health can greatly improve
      B. food allergens which are common include cow's milk, wheat, soy, corn, citrus and egg, although other foods may be implicated on an individual basis
      C. inhalant allergies include molds, dust, animal dander and hay fever
10. pre-teen OM seems to be related to true food allergies while OM in adults (20+) to be mostly food sensitivities
11. course of AOM see Course/Prognosis

Signs and Symptoms:
1. initial complaint of AOM is usually that of a persistent painful earache
   a. children may pull on their ear or bore their finger into the canal
2. child's mood may often change to irritability or clinginess
3. there is not infrequently a history of recent viral URI, although Eustachian tube obstruction from any cause can lead to infection
4. hearing loss may occur but is not that common
5. fever (up to 105°F/40.5°C), chills nausea, vomiting and diarrhea may be present
6. TM: hyperemic, opaque and bulging; the cone of light is displaced and the landmarks are hard to discern
7. insufflation shows a TM that does not move

NOTE: if the TM spontaneously ruptures, there is significant pain relief associated with the flow of bloody, serous and/or purulent otorrhea

Lab Findings:
1. WBCs may be increased
OTITIS MEDIA

2. (+) food allergy or other allergen testing
3. (+) culture of any d/c

Course/Prognosis:
1. potential complications of AOM include:
   a. acute mastoiditis
   b. perositis
   c. brain abscess
   d. facial paralysis
   e. labyrinthitis
   f. hearing loss (conductive and sensorneural)
   g. meningitis
   h. subdural empyema
   i. lateral sinus thrombosis
   j. otitic hydrocephalus
   k. the development of serous otitis media

   NOTE: symptoms of the beginning of one of the serious complications (all but serous OM) include:
   A. h/a
   B. chills and fever
   C. vertigo
   D. sudden severe hearing loss
2. typical course for a child having recurrent infections and seeing an allopath for treatment would be
   continuous use of antibiotics, tympanostomy tubes, tonsillectomy and adenoidectomy, although these
   procedures have no significant efficacy in the literature when compared to treatment with placebo
3. in a child is taken off of foods they are intolerant of and avoids other allergens, a complete cessation of
   AOM episodes may often ensue

Serous Otitis Media (SOM):
1. is a chronic effusion in the middle ear resulting from the incomplete resolution of AOM or a
   chronic obstruction of the Eustachian tube
2. it may be recognized by seeing an air fluid level or bubbles behind the TM with otoscopy, as well
   as retraction of the membrane, a displaced light reflex and an ability to see the landmarks more
   distinctly
3. it is found in 20-40% of children under 6 years old and may cause conductive hearing loss
4. on culture, the exudate present is usually sterile but may contain pathogenic bacteria
5. allergies have been firmly implicated in patients with SOM:
   a. inhalant (16%)
   b. food (14%)
   c. both (70%)
6. patients who are treated for allergies by removing the offending antigen and/or by
   desensitization show a very good success rate in curing SOM

Differential Diagnosis:
1. otitis externa
2. foreign object in the ear
3. head trauma (causing serous or bloody fluid leakage from ear)

Nutrition:
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. a short fast is recommended during the acute phase or a diet of steamed vegetables and fruit

Chronic:
1. hypoallergenic/rotation diet

Remedies for chronic:
   a. poultice: bake whole potato, wrap it in a cloth and apply it behind the ear to provide heat and
      relief (esp. good for young children)
   b. poultice: grilled, baked or sautéed onion poultice applied to ear
   c. if eardrum is intact: drop 2 drops of warm olive oil in ear, then secure with cotton ball [garlic oil
      make with olive oil may be substituted for older children and adults]
OTITIS MEDIA

d. ear inhalation: make peppermint herb tea and place in a thermos, let steam enter affected ear with head tilted over thermos

e. place walnut oil in ear canal

Avoid:
1. food intolerances of baby and if breastfed (mother)
2. dairy products, esp. cow's milk
3. wheat, peanuts, eggs
4. catarrh producing foods: oranges, tomatoes, tofu, rice, wheat, etc.
5. heavy protein foods, meats, shellfish
6. sugars
7. fats
8. vinegars

Supplements:
1. beta carotene (100,000 IU QD)
2. vitamin A (10,000 - 25,000 IU QD)
3. vitamin C to bowel tolerance
4. zinc (60mg QD)
5. bioflavinoids (6g QD)

Hydrotherapy:
1. warm compress over ear
2. charcoal poultice over ear
3. onion poultice over ear
4. alternating hot/cold (hot 3min., cold 1min. towels over ear)
5. wet sock treatment
6. carrot poultice over ear, esp. if lymph glands swollen

Manipulation:
1. check and align cervicals
2. endonasal technique: to open Eustachian tube

Physiotherapy:
1. spondylotherapy: concussion of C2, C3
2. massage: cervical lymphatic chain downward with carrot juice
3. infrared to ear
4. diathermy (short wave)
5. zinc iontophoresis: patient lying affect ear up, fill with 0.2% zinc sulfate, place dropper in ear, pass zinc wire through dropper till touches solution attach to (+) electrode, place (-) pad to back, 2-4mA, 3-5min. 2x/week

Botanicals:
1. Allium sativum: external use
2. Anemone pulsatilla (toxic): tinnitus, yellow d/c, creamy d/c
3. Atropa belladonna (toxic): decongestant, anodyne; throbbing, flushed, fast onset
4. Calendula officinalis (oil): locally, inflammation
5. Chamomilla spp.: associated with colds
6. Echinacea angustifolia: purifies blood
7. Guaifenesin officinalis: anti-inflammatory
8. Hydrastis canadensis: otorhea, mucopurulent d/c
9. Hypericum perforatum (oil): locally
10. Phytolacca decandra (toxic): swollen glands (hard)
11. sesame oil: locally, irritated, dry
12. Verbascum spp. (oil) applied locally, anodyne, purulent d/c

Formulas:

a. Guaiacum officinalis, Verbascum thapsus
b. Zingiber officinale, olive oil: apply locally
c. eardrops: Allium sativum (oil), Verbascum thapsus (oil): locally
d. eardrops: Usnea spp. (oil), Hypericum perforatum, Allium sativum (oil): locally
e. acute otitis media: fluid extract containing Echinacea spp. [2 parts], Phytolacca decandra (toxic) [1 part], Hydrastis canadensis [2 parts]; SIG: (age x 5) drops every 2 hours internally
OTITIS MEDIA

Acute otitis media: tincture of Aconitum napellus [toxic], Verbascum thapsus [4 parts], Hydrastis canadensis [4 parts]; SIG: 3-4 drops in ear at night or as needed

Homeopathy:

1. Aconitum napellus: rapid onset of attack, high fever, sharp pains with bright red ears; after exposure to cold, dry winds; burning thirst, very anxious and restless
2. Belladonna: sudden onset of pain and fever, with throbbing of carotids; child cries out in sleep; high temp., little thirst, anxiety of fear; no thirst with fever
3. Calcarea carbonica: stitching and pulsating pain in ear with a mucopurulent d/c and enlarged glands; profuse sour d/c; takes cold easily and is sensitive to cold around face and neck
4. Capsicum: otitis with rupture of the membrane; tenderness and soreness of the mastoid, abscess of mastoid; chronic d/c
5. Chamomilla: ears red hot, violent pain which makes them irritable; child wants to be held, wants to be put down and held again; sensitive to cold wind on ears; one cheek red and the other pale
6. Ferrum phosphoricum: 1st stages, before exudate; from wet and cold; pulsating and throbbing pain; high fevers, membrane is red and bulging; not thirsty
7. Hepar sulphur: often begins in left ear and goes to right; stitching pain, covers ear due to not wanting draft or wind exposure; chilly, oversensitive, perspires easily
8. Lycopodium: thick, yellow, offensive d/c; humming and roaring with deafness; craves warm things, irritable and sensitive and averse to being alone; > 4-8pm
9. Mercurius solubilis: d/c from ear is thick, yellow-green, bloody, is fetid and foul in odor; easy, profuse perspiration; patient is thirsty with a moist mouth and chilly
10. Pulsatilla: copious, thick, yellow-green d/c; symptoms constantly change, patient is thirstless and craves the cool air and sympathy; good remedy to give at 2nd or 3rd stages
11. Silica: roaring sound in ears, sensitive to the pain, noise; profuse sweats; thirsty; condition is slow to develop and resolve; occurs after a vaccination
12. Tellurium: rupture of the membrane with a thin, acrid and profuse d/c which lasts a long time, smell of pickles; d/c is excoriating
13. Sulphur: ill effects of suppression of a d/c; lack of reaction, redness of ears with localized throbbing; thirsty; hot head but cold feet
OVARIAN CANCER

Definition:
Cancer of the ovary(ies).

Etiology:
1. 20% of all gynecologic neoplasms occur in the ovaries
2. usually remain undetected until they have extended or metastasized to other areas
3. change in size noted in a routine pelvic exam is often the first sign and an enlarged ovary in a post-
menopausal woman should be highly suspect
4. ovarian tumors are the 5th greatest cause of death in US women
5. may be serous, mucinous, adenocarcinoma and unclassified
6. have usually progressed far before diagnosis is made

Signs and Symptoms:
Usually few and late in onset:
1. pelvic uneasiness, discomfort
2. inappropriate bleeding (from hormone secretion)
Much later:
1. abdominal swelling
2. edema in abdomen (ascites)
3. pelvic pain

Lab Findings:
1. associated with local effects of tumor and type
2. Pap smear
3. Laparoscopy

Course/Prognosis:
1. the disease incidence is highest in women in their 50's
2. the tumor often grows undetected as symptoms may be vague and mild until the disease has progressed
and metastasized
3. hysterectomy and salpingo-oophorectomy are often the surgical treatments of choice
4. conventional physicians also use radiation and chemotherapy, which now claims around 50% remission
rates after several years

Differential Diagnosis:
1. ovarian cysts
2. depends on symptomatology

Nutrition:
1. medium length alkaline fasts depending on condition of patient under physician's supervision
2. citrus peel
3. vitamin A and magnesium rich foods
4. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock
   root

Recommendation for all cancers:
   a. seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea
cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion
greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

Remedies:
   a. soup of black or ling zhi mushrooms and white fungus TID
   b. boil together mung beans, pearl barley, adzuki beans and figs
   c. dandelion, burdock and chrysanthemum flower tea

Avoid:
1. meat, chicken
2. cinnamon, anise, pepper
3. dairy products
4. spicy, high fat, fried and/or salty foods
5. hot sauces
6. smoking, constipation, stress
7. alcohol, coffee, caffeine
OVARIAN CANCER

8. acid forming foods, tomatoes

Supplements:
1. vitamin A and E emulsion
2. vitamin C
3. digestive enzymes: bromelain
4. glandulars: thymus, adrenal

Hydrotherapy:
1. sitz bath: hot or alternating
2. fever treatment

Physiotherapy:
1. aerobic exercise: a physically active lifestyle has been associated with lower incidence of reproductive cancers in women

Botanicals:
1. Dioscorea villosa: spasmolytic useful in relieving ovarian pain
2. Mitchella repens: improves circulation and relieves congestion and irritation of pelvic organs
3. Trifolium pratense: a traditional cancer remedy used

General cancer/neoplasm:
1. Avena sativa: nervous debility of convalescence
2. Baptisa tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: dyscrasias due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increases interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
7. Larrea divaricata (Mexican folklore)
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
9. Rumex crispus: to prevent early stages of cancer
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alternative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:
a. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [6g], Berberis aquifolium [6g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [6g], Rhamnus frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [6g], Trifolium pratense [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine (Lugol's) solution, take QID, PC and before bed

Homeopathy:
1. Alumen: with obstinate constipation; 200c every week; often left ovary
2. Apis: stinging pains; on right; < from colition; > lying on right side; ovarian tumor with stinging, cutting and throbbing pains; < from standing, walking, palpitation; pains often extending to right breast; tumor hard; ovarian tumors; patient passes more urine than is normal; menses irregular, lasting a day or two
3. Arsenicum album: burning or tense pain in ovary; tumors painful or painless; ovarian tumor; with leg pain, cannot keep foot still; tumor on right side; fills entire abdominal cavity; could not stoop to dress her feet
4. Calcarea carbonica: bearing down in pelvis, pain in uterus or right ovarian region extending down thighs
5. Colocynthis: stabbing pain in right pelvis; walks bent with hands pressed upon painful side pain extends down thighs and down femoral nerve; a firm, elastic tumor between uterus and vagina anteriorly and rectum posteriorly, completely occluding vagina and rendering defecation very difficult
6. Conium: induration and enlargement of ovaries with lancinating pains; indurations, esp. of a scrofulous nature or from injuries
OVARIAN CANCER

7. **Fluoric acid**: right side with continuous grinding, worrying pain and sense of weight; increased necessity to walk about, to exercise, without fatigue, regardless of heat in summer or cold in winter.

8. **Graphites**: tumor, size of an orange, in right iliac fossa, also similar on in left, both hard, round, slightly movable; not painful to pressure, nor producing inconvenience from weight; enlarged ovaries, which become more tender and more enlarged every time she takes cold or gets her feet damp; swelling and hardness of ovaries after menses.

9. **Hepar sulfur**: tendency to suppurate; great sensitiveness.

10. **Iodine**: bearing down pain, esp. right ovary; great sensitiveness of right ovarian region during or after menses; induration and swelling of ovaries, pain commencing in right ovary, passing down broad ligament to uterus; dull pressing wedge-like pain as if a dull plug were driven from right ovary to womb.

11. **Kreosotum**: after chill, menses suppressed for six months; unable to lie on either side; dull pain in region of ovaries, could not bear strong pressure; morning urine colorless, brownish-yellow, acrid leukorrhea; constipation; aphthous or inflammatory state of external parts; symptomatic of ovarian disease.

12. **Lachesis**: pains boring or burning, > with start of menses; pains shoot from L to R; ovarian tumors, L ovary first affected, tending to R; ovarian tumors with profuse and prolonged menses; great sensitiveness in lower abdomen; severe aching pain, anteriorly in thighs, in branches of anterior crural nerve.

13. **Palladium**: induration and swelling of R ovary with soreness and shooting pains from navel to pelvis; heavy weight in pelvis, > lying on L side and rubbing; < standing and on motion.

14. **Podophyllum**: pain R side with hear, down thighs, > from pressure; shooting pain in R ovary before and during menses; ovarian tumor with pain extending upward to shoulder; ovarian tumor, size of a hen's egg to half the size of a fist.

15. **Psorinum**: L ovary indurated from a blow, sensitive knotty hump above the tight groin; cutting in the L loin cannot walk without assistance.

16. **Thuja**: burning pain when walking; must lie down; cutting, squeezing; shooting pain in L ovary; severe pain in ovaries as a result of an over physiological action.
PROSTATE CANCER

Definition:
A malignancy of the prostate.

Etiology:
1. is rarely seen in males under 50 years old
2. is rated third in cancer deaths in male patients over the age of 65 (behind lung and colon cancer)
3. most adenocarcinomas
4. associated with BPH but there is no specific causative link
5. increase the risk of prostate cancer:
   a. high intake of refined sugar
   b. high intake of animal fat and protein
   c. lack of carotenes (specifically beta-carotene)

Signs and Symptoms:
1. may be asymptomatic
2. frequency
3. urgency
4. nocturia
5. rectal examination reveals a firm, hard prostate

Lab Findings:
1. (+) biopsy
2. increased serum acid phosphatase
3. increased prostate-specific antigen
4. x-ray: (+) for bony metastases (generally the alkaline phosphatase will also be increased
5. (+) bone marrow aspiration or bone scan with Technetium –99m polyphosphate for metastases to bone

Course/Prognosis:
1. conventional treatment is prostatectomy and/or radiation or hormone therapy
2. non-metastatic disease: 10-year survival rate is 65%, although the male almost always becomes impotent
   and urinary incontinence can develop (5-15% of patients) following surgical removal of the prostate
3. hormone therapy with estrogen can provide excellent results
4. bone metastasis: if occurred the survival rate declines to 2-3 years

Differential Diagnosis:
1. BPH
2. metastasized cancer

Nutrition:
1. alkaline fasts under supervision of physician
2. zinc rich foods: squash seeds, almonds, sesame seeds, tahini
3. vitamin E rich foods: kelp
4. pumpkin seeds (raw): 25 QID [high in both zinc and essential FAs]
5. lemon juice in warm water
6. carotene rich foods: dark-green leafy vegetables (kale, collards, spinach) and yellow-orange fruits and
   vegetables (apricots, cantaloupe, carrots, sweet potatoes, yams, squash)
7. increase fiber
8. low fat, vegetable rich diet

Recommendations for all cancers:
1. seaweeds, mushrooms (Chinese black, Shiiatke), figs, beets, beet tops, mung beans, sea
cucumbers, carrot, asparagus, taro roots, papaya, litchi fruit, mulberries, pumpkin, dandelion
greens, burdock, white fungus, pearl barely, grains (as little refining as possible), licorice, fresh
fruits and vegetables
2. boil together mung beans, pearl barley, adzuki beans and figs
3. dandelion, burdock and chrysanthemum flower tea

Avoid:
1. dairy products
2. rich, fatty and/or greasy foods
3. stimulating foods, coffee, caffeine, alcohol
4. meat, chicken
5. spicy foods, cinnamon, anise, pepper
6. smoking
OVARIAN CYST

Definition:
A cyst of an ovary, when associated with other disorders of the hypothalamic-pituitary-ovarian axis, and many cysts are present, it is termed Polycystic Ovary Syndrome (aka. Stein-Leventhal Syndrome)

Etiology:
1. ovarian cysts may be due to:
   a. endometriosis
   b. follicular or corpus luteum cysts
   c. malignancy
   d. dermoid cysts
2. in Polycystic Ovary Syndrome, follicular cysts develop as a result of pituitary over-production of LH to try to initiate ovulation

Signs and Symptoms:
Non-polycystic:
1. often these cysts are asymptomatic
2. abdominal pressure, discomfort, pain with palpation, heaviness
3. there is rarely sharp sudden pain that would tend to indicate a different pathology such as rupture, hemorrhage or ovarian torsion
4. bleeding with ovulation
5. metrorrhagia

Polycystic:
1. normal maturarion of sexual development
2. hirsuitism: usually only on the face
3. obesity
4. anovulating periods
5. irregular periods with extended periods of amenorrhea
6. infertility
7. ovaries are enlarged and polycystic

Lab Findings:
Non-polycystic:
1. endometrial biopsy (in women over 35 years old)
2. laparoscopy

Polycystic:
1. increased serum LH and normal FSH
2. increased serum testosterone
3. increased urine 17-KS
4. increased serum androstenedione
5. endometrial biopsy
6. increased pregnanediol in urine with luteal cysts

Course/Prognosis:
Non-polycystic:
1. treatment is only needed if the cyst becomes symptomatic (unless there is a malignancy)
2. conventional treatment is usually surgery

Polycystic:
1. while the course is typically benign, achieving pregnancy may be problematic (usually fertility must be drug induced)
2. normal conventional treatment consists of suppressing the pituitary release of LH by giving low-dose estrogen BCPs

Differential Diagnosis:
1. ovarian adhesions
2. uterine fibroid, cysts, adhesions
3. investigate other endocrine abnormalities

Nutrition:
1. vegan diet
2. high fiber diet
3. citrus peel
4. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
5. magnesium rich foods
6. foods high in omega-3 and -6 FAs: vegetable, nut and seed oils, cold water fish (salmon, herring, mackerel)
7. lemon juice in water
OVARIAN CYST

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sugar
4. smoking
5. alcohol
6. estrogenic foods: animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheat

Supplements:
1. vitamin A and E emulsion
2. vitamin B complex
3. vitamin C (3g QD)
4. zinc (30mg QD)
5. flax seed oil (2 Tbsp. QD)

Hydrotherapy:
1. sitz bath: alternating
2. hot hip and leg pack: ice over cyst for acute

Manipulation:
1. check and align L1, L2

Physiotherapy:
1. diathermy: pad over ovaries for 20min. 3x/week (only if sure ovarian mass not malignant)

Botanicals:
1. Apis mellifera (toxic): ovarian congestion and inflammation; genital puffiness, itching and a sense of fullness, R sided ovary pain
2. Citrullus colocynthis (toxic): ovarian cyst with pain
3. Dioscorea villosa: spasmolytic, ovarian pain
4. Mitchella repens: improves pelvic circulation and relieves congestion and irritation of pelvic organs

Formulas:
   a. Phytolacca decandra [3dr], Bryonia alba (toxic)[1 1/2 dr], Aconitum napellus (toxic)[1 1/2 dr], Gelsemium sempervirens (toxic)[1 1/2 dr], dilute with water to 1oz. quantity; SIG: 5 drops QID

Homeopathy:
1. Apis: stinging pains after intercourse < R side; sharp, cutting stinging pain; < during menstruation
2. Bovista: soreness between labia and thighs; every few days some blood between menses; after midnight painful urging towards genitals, with heaviness in small of back > next morning by a bloody d/c
3. Cantharis: tenderness and burning in ovarian region; dysuria, cutting, burning in passing only a drop of urine
4. Iodine: bearing down pain, induration and enlargement; pressing, dull, wedge-like pain from R ovary to uterus; R ovary very sensitive during or after menses
5. Kali bichromicum: pain, swelling, tenderness of L ovary; decreased sexual desire
6. Oophorinum: nervousness, skin problems
7. Prunus: tickling, itching in region of ovaries not > by scratching
8. Thuja: cutting squeezing, shooting pains in region of L ovary
PANCREATIC CANCER

Definition:
Malignancy of the pancreas

Etiology:
1. the incidence of pancreatic cancer has tripled over the last 40 years
2. there is no known cause
3. risk factors include:
   a. chronic pancreatitis
   b. smoking
   c. certain chemicals (coke and metal workers, gas plant workers)
   d. coffee
   e. alcohol
   f. DM (only in women)
4. it is a rare cancer, accounting for only 2-3% of all cancers
5. it accounts for 10% of all fatal abdominal malignancies (4th most common fatal cancer in the US)
6. 3-4x more common in men
7. seen between the years of 35-70, with the peak at about 60

Signs and Symptoms:
1. onset is insidious
2. Carcinoma:
   a. asthenia, anorexia
   b. weight loss: often rapid and severe
   c. alteration in bowel habits
   d. thrombophlebitis
   e. nausea, bloating
   f. depression
   g. DM
   h. pain: dull; in the epigastrium of back
   i. persistent jaundice with itching (head of pancreas tumor)
   j. palpable gall bladder (head of the pancreas tumor)
   k. palpable abdominal tumor (tail of pancreas tumor)
3. Islet cell tumor:
   a. functioning tumors (symptoms of over-secretion of insulin):
      i. hypoglycemia
      j. fatigue
      k. lethargy
      l. restlessness
      m. malaise
      n. change in consciousness
      o. staggering
      p. coma
      q. hypothermia
   b. non-functioning tumors (Zollinger-Ellison syndrome):
      i. severe peptic ulcer disease

Lab Findings:
1. (+) CT scan
2. (+) endoscopic retrograde cholangiopancreatogram
3. (+) biopsy
4. (+) US
5. increased CEA

Course/Prognosis:
1. conventional treatment is surgery, irradiation and chemotherapy
2. pancreatic cancer is a quickly metastasizing malignancy that is usually surgically untreatable by the time of diagnosis
3. the prognosis is extremely unfavorable; the 5-year survival rate is only 9% and it is rare for a patient to live beyond 5 years, though some have done so

Differential Diagnosis:
1. pancreatitis
2. infectious GI disorders
3. hepatitis

Nutrition:
PANCREATIC CANCER

1. fasting is recommended under physician supervision (7-21 day alkaline fasts)

Recommendation for all cancers:
   a. seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

Remedies:
   a. soup of black or ling zhi mushrooms and white fungus TID
   b. boil together mung beans, pearl barley, adzuki beans and figs
   c. dandelion, burdock and chrysanthemum flower tea

Avoid:
   1. meat, chicken
   2. cinnamon, anise, pepper
   3. dairy products
   4. spicy, high fat, fried and/or salty foods
   5. hot sauces
   6. smoking, constipation, stress
   7. alcohol, coffee, caffeine

Supplements:
   1. beta carotene (200,000 IU QD)
   2. vitamin C to bowel tolerance
   3. vitamin E (400 IU BID)
   4. selenium (200mcg BID)
   5. multi vitamin/mineral

Hydrotherapy:
   1. fever treatment
   2. alternating hot and cold to abdomen

Botanicals:
   General cancer/neoplasm:
   1. Avena sativa: nervous debility of convalescence
   2. Baptisa tinctoria: for tumorous or malignant conditions
   3. Berberis aquifolium: dyscrasias due to cancerous cachexia
   4. Conium maculatum (toxic): pain of cancer
   5. Echinacea spp.: increases interferon production, purifies blood
   6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
   7. Larrea divaricata (Mexican folklore)
   8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
   9. Rumex crispus: to prevent early stages of cancer
   10. Taraxacum officinale: loss of appetite, weak digestion
   11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
   12. Viola odorata: malignant disease, neoplasm in alimentary canal ; after tumor extirpation to protect from metastases; combines well with Galium aparine
   13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:
   a. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [6g], Berberis aquifolium [6g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [6g], Rhamnus frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [6g], Trifolium pratense [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine (Lugol's) solution, take QID, PC and before bed

Homeopathy:
PANCREATIC CANCER

1. **Calcaria arsenica**: flat unpleasant taste; saliva runs together in mouth like water with tasteless belching; dull, pressing stitching below stomach, with cutting across abdomen; undigested foods with emaciation palpitation and oppression of chest, bodily and mental relaxation; albuminuria

2. **Conium maculatum**: induration of glands; trembling of abdomen; contraction of the abdomen with oppression

3. **Iodine**: loss of flesh with great appetite; hungry with much thirst; depressed and irritable; pancreas enlarged; whitish whey like diarrhea; abdominal pulsation's; throbbing of abdominal aorta; constant profuse sweat; ptylism; cutting pain in abdomen

4. **Iris versicolor**: awful burning distress deep in region of pancreas; not > by cold water, from continued motion; evening and at night from rest

5. **Phosphorus**: distressing burning pains in celiac axis; atrophy of pancreas with DM; anemia; pale face; stools undigested, containing particles of fat or looking like cooked sago

6. **Silica**: canine hunger with nervous, irritable persons; sour eructation; nausea with violent palpitations; stools contain undigested food, with great exhaustion but painless
PANCREATITIS

**Definition:**
Inflammation of the pancreas

**Etiology:**
1. Condition may be either acute or chronic
2. Common causes are:
   a. Biliary tract disease (about 1/2 of all patients)
   b. Alcoholism (esp. in chronic disease)
   c. Stomach/biliary tract surgery
   d. Hypolipoproteinemia
   e. Trauma
   f. Viral and bacterial infections (esp. H. pylori, Giardiasis, S. typhi, Streptococcus, Cocksackie)

**Signs and Symptoms:**

**Acute:**
1. Severe abdominal pain:
   a. May radiate to the back, flank, chest, etc.
   b. It increases over hours and lasts until the inflammation disappears (days to weeks)
   c. The pain is < supine and > sitting flexed forward with knees up
2. N/V
3. Fever of 100-102°F
4. Abdominal guarding and rigidity (in 1/3 of patients)
5. Occasional rebound tenderness, diminished or absent bowel sounds
6. Patient is distressed and anxious
7. Tachycardia, hypotension
8. Shock may occur
9. Grey Turner's sign or Cullen's sign may appear after a couple of days (ecchymosis on the flanks or around the umbilicus, respectively)
10. Abscesses are common 2-5 weeks after the attack

**Chronic:**
1. Upper abdominal pain may be persistent or intermittent
   a. < after eating, often radiates to the back and is described as aching, gnawing, burning or stabbing
   b. It typically lasts for days to weeks
2. N/V
3. Progression to insufficiency
4. Steatorrhea may occur when the pancreas has been severely damaged
5. Weight loss
6. Abdominal masses may be palpated

**Lab Findings:**

**Acute:**
1. Serum amylase concentration begins to rise at 3-6 hours, peaks at 20-30 hours, then declines (> too Somogyi units/ml characteristic)
2. Increased:
   a. Urine amylase/creatinine clearance ratio above 5%
   b. Serum TG concentration
   c. Serum lipase remains elevated 14 days after amylase normalizes
   d. Bilirubin may be
   e. WBCs
3. Blood sugar and glycosuria
4. LDH over 700 units, AST/SGOT over 250 S-F units, and/or Pa O₂ < 60mmHg indicates a poor prognosis
5. Hemococoncentration occurs
6. X-ray of abdomen and chest
7. IV cholangiography
8. US
9. CT scan
10. Serum calcium may be decreased 1-9 days after onset (may cause tetany)

**Chronic:**
1. (++) secretin test measuring decreased pancreas exocrine function
2. Pancreas x-ray show calcific pancreas (usually in patients with alcoholic history)
3. Abdominal US, CT scan, angiography
4. May see increase in serum amylase or lipase (10%)
5. Glucose tolerance test mimics diabetic pattern
6. Steatorrhea present
PANCREATITIS

Course/Prognosis:

Acute:
1. most patients recover in 5-7 days in cases of mild, uncomplicated acute conditions
2. mortality is about 5%
3. complications include:
   a. progression to chronicity
   b. abscesses
   c. jaundice
   d. respiratory failure
   e. acute renal failure
4. the prognosis in acute hemorrhagic or supplicative pancreatitis is very unfavorable, with a mortality rate of 50-90%
5. acute pancreatitis must be treated with utmost urgency to avoid complications
6. acute pancreatitis with LDH over 700 units, AST/SGOT over 250 S-F units, and/or Pa O₂ < 60mmHg indicates a poor prognosis

Chronic:
1. the pancreatic acinar cells decrease and the patient develops steatorrhea and creatorrhea
2. if islet cell destruction occurs, the patient may develop glucose intolerance and DM
3. the course is gradual and progressive
4. conventional treatment includes the use of pancreatic enzymes, antacids and provision of pain relief

Differential Diagnosis:

Acute:
1. acute cholelithiasis
2. perforated viscus
3. acute intestinal obstruction
4. mesenteric infarction
5. ectopic pregnancy
6. diabetic coma
7. other causes of acute abdomen

Chronic:
1. peptic ulcer
2. gastitis
3. biliary tract disease
4. pancreatic cancer
5. malabsorption
6. Crohn's disease

Nutrition:

Acute phase:
1. during acute attack nothing is given by mouth, when pain and tenderness ceases use an alkaline fast for 4 days then slowly return to a normal diet
   a. pancreatin (1.8-2.7g should accompany each meal)
2. fasting/cleansing diet:
   a. diet should be adequate fiber with low simple carbohydrates, adequate in trace minerals and protein
   b. chew carbohydrates adequately
3. increase vitamin A, C, D, K, calcium and folic acid foods; vitamin B-12 may be given 1/month
4. increase fluids

If Steatorrhea:
1. use low fat diet with medium chain TG (MCT oil)

Avoid:
1. heavy protein foods: meat, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread
4. dairy products
5. refined and processed foods
6. alcohol, coffee, caffeine
7. catarrh forming foods: tofu, meat, ice cream, shellfish

Supplements:
1. vitamin A (50-75,000 IU QD)
2. vitamin B complex
PANCREATITIS

3. vitamin B-6
4. vitamin C (6-8g QD)
5. vitamin E (800 IU QD)
6. magnesium
7. bicarbonate
8. pancreatic enzymes (Aspergillus): wide range of action; SIG: 1-2 at the beginning of meals [will kill Clostridium and other bacteria]
9. papain (papaya): digests protein
10. bromelian (pineapple): digests protein [caution: can irritate gastric lining, esp. if gastritis is present]

Hydrotherapy:
1. constitutional hydrotherapy
2. compress: alternating hot and cold to abdomen (4min./1min.)

Manipulation:
1. check and align T5-9

Botanicals:
1. Achillea millefolium: as compress
2. Aconitum napellus (toxic): acute
3. Bryonia alba (toxic)
4. Chionanthus virginica: obstruction of bile ducts due to duodenitis
5. Inula helenium

Formulas:
a. subacute: Capsicum frutescens, Hydrastis canadensis

Homeopathy:
1. Belladonna: congestion; sudden attack; intense pain; constriction of abdomen around the navel as if a fall or lump would form; tenderness of abdomen < least jar, pressure
2. Carbo animalis: indurated pancreas; profuse, tasteless, thin saliva of sweetish, putrid odor; sensation of coldness; apparently rising from the abdomen into throat and mouth; eating causes distress and burning in the stomach; oppression in the epigastrium
3. Conium maculatum: acute pancreatitis; sudden attacks of vomiting and diarrhea at night; vomiting of a white substance containing saliva without any admixture of the contents of either stomach or bowels; trembling of abdomen
4. Iodine: pancreatic disease; severe chill followed by high temp.; swelling, tenderness and cutting pain in abdomen; whitish, whey-like stools; loss of appetite; chronic inflammation; pancreas enlarged; abdominal pulsation's; great thirst; appetite appeased by smallest quantity of food; urine scanty brown, sallow face, depressed, irritable; sensitiveness to pressure; pressure in the region of stomach with much belching; occasionally vomiting of small quantity of tough sour mucus
5. Iris versicolor: vomiting of a sour, bilious, brassy-tasting substance; soreness through the abdomen; stools constipated between attacks but diarrhea during attack; > continued motion; burning distress in region of pancreas; sick h/a periodically every week
6. Kali iodatum: rancid taste in mouth after eating or drinking; viscid satish saliva; burning in pit of stomach; cutting and burning around navel; emaciation and loss of appetite
7. Phosphorus: pancreatic disease; very weak empty sensation in whole abdomen; fatty degeneration; oily stool; stools undigested, containing food particles of fat or looking like cooked sago; pale yellow face anemia; atrophy of pancreas with DM
8. Spongia tosta: chronic pancreatitis; abdomen hard and light
PARALYSIS
(also see: Bell's palsy)

Definition:
Loss or impairment of motor function due to a condition of the neural or muscular mechanism.

Etiology:
1. spinal cord injury: paralysis following a spinal cord injury may be temporary (concussion or contusion) or permanent (from laceration or transection)
2. polio: this causes asymmetric flaccid limb paralysis or bulbar palsies without sensory loss

Signs and Symptoms:
1. history of accident/trauma or polio
2. acute transverse cord lesion: the most serious injury, causes immediate flaccid paralysis that gradually changes into spastic paralysis over days or hours from an exaggeration of the normal stretch receptors
   a. paralysis occurs below where the cord was transected:
      A. above C5: causes respiratory paralysis and is usually fatal
      B. C4-5: causes complete quadriplegia
      C. C5-6: the arms can abduct and flex
      D. C6-7: paralysis of legs, wrists and hands, though shoulder movement is normal and elbows can flex
      E. Above T1: causes miotic pupils
      F. C8-T1: causes Horner's syndrome
      G. T11-12: affects leg muscles above and below the knees
      H. T12-L1: paralysis below the knee

Lab Findings:
1. CSF findings in polio will show increased protein and AST (also present in many viral CNS diseases)
2. check associated blood findings

Course/Prognosis:
1. spinal cord trauma: compressed nerve tissue will recover its function, although severed or degenerated nerve processes will lead to permanent disability
   a. any dysfunction remaining after 6 months will probably be permanent
2. polio: fewer than 25% of afflicted patients suffer permanent disability, 25% have mild disabilities and > than 50% recover with no residual paralysis

Differential Diagnosis:
1. differentiate among the many causes of paralysis by clinical picture and etiology
2. MS
3. Bell's palsy

Nutrition:
1. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. egg yolk, celery, fish, raw goat's milk, veal joint broth, cod roe, rice polishings, brewer's yeast, nutritional yeast

Avoid:
1. heavy protein foods: meat, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread
4. dairy products
5. refined and processed foods
6. alcohol, coffee, caffeine
7. catarrh forming foods: tofu, meat, ice cream, shellfish

Supplements:
1. vitamin B complex (esp. B-2, B-6)
2. vitamin C (3g QD)
3. selenium (300mcg QD)
4. choline, inositol
5. essential FAs (2 Tbsp. QD)

Hydrotherapy:
1. hot fomentation (watch heat if sensory problems)
2. hammock bath for muscle spasms
3. wet sheet pack

Manipulation:
PARALYSIS
(also see: Bell's palsy)

1. during polio infection without fever, check and align C1-3

Physiotherapy:
1. water exercises: begun as soon as possible, esp. for affected part
2. passive exercises: right after onset
3. massage
4. diathermy: include region of cord where lesion is between two electrodes
5. sine: 15-20 surges/min. for 5 min., gradually increasing time as muscles improve

Botanicals:
1. Arnica montana (toxic): chronic milder forms, paraplegia, hemiplegia after acute inflammation from injury has passed
2. Avena sativa: hemiplegia following apoplexy; wasting diseases
3. Capsicum frutescens: local or general of central origin
4. Claviceps purpurea (toxic): ergot; hemiplegia, paraplegia
5. Collinsia canadensis: with Avena sativa; infantile
6. Conium maculatum (toxic): from below upwards; vertigo, staggering gait
7. Crataegus spp.: paralysis of the L side with heart involvement
8. Gelsemium sempervirens (toxic): after rheumatism, inflammatory conditions of cerebrospinal system
9. Hypericum perforatum: helps nerve growth, spinal injuries
10. Physostigma venenosum (toxic): for temporary use in progressive paralysis of the insane
11. Rhus toxicodendron (toxic): hemiplegia or paralysis of legs after rheumatism
12. Strychnos ignatia (toxic): local, hysteric, neurasthenic, following diphtheria or syphilis; due to lead or arsenic; nerve stimulant
13. Strychnos nux vomica (toxic): local, not caused by hemorrhage with the nervous system or inflammation

Homeopathy:
1. Arnica: paralysis of extravasation of blood in brain, from concussion of spine or brain, of apoplexy; sore, bruised, everything on which he lies feels too hard
2. Bulgaris
3. Causticum: R sided paralysis
4. Conium: paralysis from periphery upward to spinal cord and medulla oblongata after concussion of spine; acute ascending spinal paralysis; paralytic lameness
5. Kali phosphoricum: paralytic lameness in back and extremities, < exertion, > motion; pain esp. felt after rising from sitting or on beginning to move; softening of spinal cord with gradual deadening of nerves
6. Lathyrus: reflexes always increased; spastic paralysis of lower extremities; excessive rigidity of legs; no atrophy; abductors move attacked than adductors; sensibility remaining intact or even hyper-aesthetic; affects lateral and anterior columns of cord
7. Magnesia phosphorica: neuralgia every night but well during day; acute pains coming periodically, excruciating, spasmodic, extending to the ends of nerve fibers; drawing, constrictive kind of pain
8. Mezereum: causes is syphilis, herpes zoster; painful parts sensitive to pressure; severe, constant shaking, chill with anxiety and stitches in R side
9. Phosphorus: ascending sensory/motor paralysis; paralysis of spinal origin; tingling and formincation in limbs, > form friction; heat in paralyzed part
10. Ranunculus bulbosus: sharp shooting pains about chest; chest feels sore, bruised; < from touch, motion or turning body
11. Zincum metallicum: neuralgic pains between skin and muscle in subcutaneous tissue; great weakness of all limbs; deficiency in vital power
PARASITES (INTESTINAL)

Definition:
Infection of the colon by a protozoal parasite; 2 examples are amebiases (Entamoeba histolytica) and giardiasis (Giardia lamblia).

Etiology:
Amebiasis:
1. may be asymptomatic or may cause diarrhea ranging from mild to severe (dysentery)
2. 2 forms:
   a. motile trophozoite and the cyst: is the parasitic form that dwells in the bowel lumen where it lives on bacteria and/or tissue. When diarrhea occurs, the unchanged trophozoites can be recovered from the stool. They are extremely labile outside the intestine, dying quickly. When they pass from the intestine in normal stool, they usually enter into their cyst form, which is very resistant to environmental change and is how they spread from person to person through food or water.
   b. nonmotile trophozoite and the cyst: is the parasitic form that dwells in the bowel lumen where it lives on bacteria and/or tissue. When diarrhea occurs, the unchanged trophozoites can be recovered from the stool. They are extremely labile outside the intestine, dying quickly. When they pass from the intestine in normal stool, they usually enter into their cyst form, which is very resistant to environmental change and is how they spread from person to person through food or water.
3. spread is either direct (ie. among children in day-care centers or homosexuals practicing anal –oral sex) or indirect (ie. from contaminated food eaten by travelers)
4. in the US the spread is usually direct and the infection rate is 1 -5%
5. in some areas of the world where sanitation is very poor, the infection rate may increase to 50%
6. can result in intestinal ulceration and the spread of E. histolytica through the portal venous system to the liver and from there to the pleura, right lung and pericardium

Giardiasis:
1. also frequently asymptomatic, although symptoms may range from flatulence to malabsorption
2. the organism contains a central sucker, with which it adheres to the mucosa of the duodenum and jejunum in its trophozoite form.
3. found in normal stool in its cyst form, which is resistant to environment changes
4. like E. histolytica, it is spread by the fecal-oral route, either directly or indirectly
5. it is seen worldwide and is now the single most frequent cause of waterborne-induced diarrhea in the US
6. common in travelers, hikers, homosexuals and children in day-care centers

Signs and Symptoms:
Amebiasis:
1. most patients are asymptomatic because of the infrequency of tissue invasion; symptoms develop only when tissue invasion occurs:
   a. alternating diarrhea and constipation
   b. flatulence
   c. cramping abdominal pain
   d. liver and ascending colon tender to palpation
   e. stools may contain blood and/or mucus
   f. amebic dysentery (more severe form, usually seen only in the tropics):
      1. episodes of frequent fluid or semi-fluid stools
      2. stools often contain blood, mucus flecks
      3. slight fever occasionally seen
      4. emaciation and anemia can worsen between attacks, although intestinal symptoms decrease to abdominal cramps and semisolid stools

Giardiasis:
1. most patients are asymptomatic or only mildly affected
2. recurring anorexia
3. nausea
4. eructation/flatulence
5. epigastric pain abdominal cramps
6. diarrhea
7. malabsorption causing weight loss and bulky, greasy, malodorous, occasionally foamy stools which float

Lab Findings:
Amebiasis:
1. (+) trophozoites, cysts or eggs in stools; may require up to 6 specimens
2. (+) biopsy of intestinal lesions
3. (+) serologic tests
4. with liver abscess: possible (+) x-ray, (+) radioisotopic liver scan, (+) US scan, increased ESR and alkaline phosphates
5. increased eosinophils with worms
6. purged specimens are best for recovery of organisms

Giardiasis:
PARASITES (INTESTINAL)

1. (+) organism (usually cysts) in stool; may require up to 6 specimens
2. (+) examination of duodenal contents for trophozoites (string test)
3. (+) serologic tests

Course/Prognosis:
1. Complications:
   a. bowel perforation
   b. abscess
   c. hemorrhage
   d. pulmonary and pericardial infection
   e. cutaneous ulceration
   f. irritable bowel syndrome
   g. rarely, intussusception

Amebiasis:
1. Most common extra-intestinal complication is hepatic abscess (which may rupture)
2. Suggested that 50% of patients with liver abscesses show a history suggesting previous amebic dysentery
3. Conventional treatment: amebicides (esp. metronidazole) and supportive care, if necessary
   a. Re-infection is common

Giardiasis:
1. Conventional treatment: metronidazole or quinacrine
   a. Re-infection is common
2. Optimal treatment is prevention:
   a. Appropriate filtering or cooking of open water
   b. Appropriate hygiene in food handling or sexual activity
   c. Care choosing foodstuffs in foreign countries

Differential Diagnosis:
1. Non-dysenteric amebiasis
2. Irritable bowel syndrome
3. Regional enteritis
4. Diverticulitis
5. Hepatic amebiasis
6. Pyogenic liver abscess
7. Neoplasm
8. Hydatid cyst
9. Amebic dysentery
10. Bacillary dysentery
11. Salmonellosis
12. Schistosomiasis
13. Ulcerative colitis
14. Giardiasis
15. Other intestinal infections
16. Lactose intolerance
17. Intestinal flora imbalance

Nutrition:
1. Garlic, onions
2. Pumpkin seeds, raspberries, coconut, bamboo shoots, water chestnuts, nectarines, pomegranates, rutabagas, sesame seeds, sunflower seeds
3. Hazelnut milk

Pinworms:
1. On empty stomach in morning: eat 100 raw pumpkin seeds, then fast 5 hours and follow with fresh carrot juice, next day repeat if necessary
2. Peel carefully raw garlic clove and be careful not to nick, then insert into rectum before bed
3. Eat 1 Tbsp. raw pumpkin seeds ground into a powder with warm water twice in morning an hour apart, every day for 1 week
4. Take white part of green onion and make into juice, add 1-2 tsp. sesame seed oil and take BID on empty stomach for 3 days
5. Eat sunflower seeds every morning on empty stomach
6. Eat garlic every morning on empty stomach

Roundworms:
PARASITES (INTESTINAL)

1. 1 lb. saltwater eel, 1 pint, rice wine, some salt, boil until reduced by half, eat 8-10oz. with a little vinegar (cider or rice), do this 3x/wk
2. take 250g unripe papaya, peel, discard seeds and soak in vinegar, eat the fruit and drink 60ml of the soaking liquid h.s. for 3 days
3. take 60g fresh ginger, crush to obtain juice and add 60ml honey, divide and take TID

Tapeworm:
1. eat 4oz. coconut flesh, fresh in the morning on empty stomach then do not eat for 4 hours, every day for 1 week or until passage of tapeworm
2. drink the juice of one fresh coconut; eat 4oz. of the flesh in the morning on an empty stomach then do not eat for 4 hours, do this every day
3. take 250g unripe papaya, peel, discard seeds and soak in vinegar, eat the fruit and drink 60ml of the soaking liquid h.s. for 3 days

Supplements:
1. vitamin A
2. vitamin B complex (esp. B1, B2, B5, B6, B12)
3. vitamin C
4. vitamin D
5. vitamin K
6. calcium
7. iron
8. acidophilus (amebic dysentry)
9. bromelain (1g 4x QD)

Hydrotherapy:
1. constitutional hydrotherapy
2. hot water enema then two fomentations to abdomen followed by cold mitten friction

Botanicals:
1. Allium sativum: anti-bacterial, anti-spasmodic, anti-dyspeptic, for after effects of amebic dysentery
2. Althea rosea: demulcent, vermifuge
3. Cephaelis ipecacuanha: amebic dysentery (See: Formulas)
4. Cinnamomum zeylanicum
5. Euphorbia hirta (pilulifera)
6. Hydrastis canadensis
7. Juglans nigra: giardia
8. Myrica cerifera: not in active conditions, debility of mucosa
9. Tanacetum vulgare (toxic): protozoacide; giardia

Formulas:
a. amebic dysentry: Acorus calamus, Cephaelis ipecacuanha, Rubus idaeus (leaf)
b. amebic dysentry: Cassia spp., Picraena excelsa; pineapple fast
c. parasites: Lavanula officinalis (oil), Heleoma pulegioides (oil), Melaleuca cajuputi (oil)
d. giardia: Berberis aquifolium, Hydrastis canadensis, Juglans nigra
e. giardia: Juglans nigra, hulls of fresh young fruit in 40% alcohol + 10% vinegar, as a tincture; SIG: 30 drops QD to BID, 5 days on, 3 days off, 5 days on
f. parasites: Artemisia absinthium [1 part], Juglans nigra [4 parts], add nervines [3 parts]

Homeopathy:
1. Baryta carbonicum: crawling sensation in rectum; constipation; abdomen is hard and tense with intense colic; good for ascarides
2. Calcarea carbonica: follows other remedies well, esp. if infections keep recurring
3. Chenopodium: hookworm, roundworm
4. Cinchona: darting pains across abdomen; increased flatus and bitter eructations; pains in liver area, liver swollen; abdomen distended
5. Cina: tapeworm; tossing about or suddenly during sleep; epilepsy or convulsions from parasites; intense itching at nose and anus; pain comes in shocks, very hungry, gnawing sensation in stomach
6. Filix Mas: primarily for tapeworm, in tincture or 1x - 3x potency; bloated abdomen with diarrhea and vomiting; itching of the nose; pale face with blue rings around the eyes
7. Mercurius corrosivus: evacuations very painful; bloody with much mucus; distension of the abdomen with fetid breath and stool and excessive saliva
8. Santonin: for treatment of ascarides or thread worms but not tapeworms; itching of the nose and anus; restlessness with sleep and twitching of muscles; tincture can be toxic as can lower potencies; contraindicated in children with fever or TB
9. Spigelia: itching and crawling sensation in the rectum; ineffectual urging to stool
PARASITES (INTESTINAL)

10. **Teucrium**: intense itching in the rectum as well as intense itching and boring in the nose; nightly restlessness and irritability; crawling sensation in nose and rectum after stool
11. **Thymol**: specific for hookworm
PARKINSON’S DISEASE

Definition:
A chronic progressive CNS disorder characterized by slowness of purposeful movement, resting tremor and muscle rigidity.

Etiology:
1. the patient is typically middle-aged or elderly when symptoms begin
2. the disease is extremely gradual in progression
3. in the majority of patients it is not a familial disorder but occur randomly
4. although the syndrome is well presented in a worldwide distribution and the manifestations often are clearly distinguishable and easily diagnosed, the disease is idiopathic and the pathophysiology poorly understood
5. there is usually a loss of cells in the substantia nigra, locus ceruleus and in other pigmented cells, as well as a decrease in the dopamine levels in the axon terminals of cells connecting the substantia nigra to the caudate nucleus and putamen
6. the disease initially presents as a unilateral disorder but in later stages becomes symmetrical
7. it has an insidious onset and may not become incapacitation for many years
8. after WWI, there was an encephalitis outbreak that led to numerous patients developing symptoms almost exactly like Parkinson’s, as the same cells that become disordered in Parkinson’s were the same ones to be affected by the encephalitis, which is one of the known causes of the disease
   a. generally, however, only the idiopathic version of the disease is termed Parkinson’s

Signs and Symptoms:
1. cogwheel rigidity: this describes the ratchet-like catches that occur when a sufferer’s arm is put through passive movements
   a. it is due to the hypertonia of muscles that equally affects opposing muscles
2. lead-pipe rigidity: this describes another possible presentation of the muscle rigidity and is a general resistance to movement
3. with either muscle rigidity, there may be:
   a. pain
   b. cramping
   c. decreased strength
   d. however, patient retains normal sensation and reflexes in the limbs
   e. patient’s writing becomes small and hard to read
4. bradykinesia: the patient exhibits a general slowing of all voluntary movements
5. akinesia: the patient exhibits a paucity or even an absence of spontaneous movements associated with the typical animation of an normal individual
6. festinating gait: this term describes the patient’s difficult process for initiating walking from a standing position; the patient takes several small, awkward steps and then breaks into a jog or run to prevent himself from falling
   a. the typical patient pose during walking includes small, shuffling steps often dragging the feet, a slightly bent over posture and having the arms in 90 degrees flexion and held tightly at his sides
7. propulsion or retropulsion: this describes the patient who falls forward or backward, respectively, upon being pushed
8. fixed facial mien: the typical facial expression is one of a fixed, immobile nature, with a montonous voice
   a. may be drooling at the corners of the mouth
   b. the eyes stare and do not blink as often as normal
9. resting tremor: this is the classic tremor of the Parkinson’s patients
   a. it occurs during rest and is described as a pill-rolling of the fingers with the hand bent in flexion
   b. it is often unilateral, but may become bilateral
   c. although it is most pronounced in the hands, it is also seen in the legs, lips, tongue and eyelids (when they are firmly closed)
   d. the tremor disappears upon voluntary movement and during sleep
   e. < with fatigue, emotional stress and embarrassment and many patients will try to hide the affected hand by keeping it in their pocket or by covering it with their unaffected had during the interview
10. depression: about 1/2 of Parkinson’s patients present with or will develop depression

Lab Findings:
1. generally unremarkable

Course/Prognosis:
1. there is no cure, only symptomatic treatment
2. the course is progressive and very gradual and patient may live their normal life-span with the disease
3. others may become increasingly incapacitated and eventually wind up in wheelchairs or dependent on others for normal daily activities, such as dressing and preparing food, etc.

Differential Diagnosis:
1. benign essential tremor
2. hysterical tremor
3. involutual depression
PARKINSON'S DISEASE

4. cerebral ateriosclerosis
5. Wilson's disease and Farr's disease: when patients are under 30 years old presenting with symptoms
6. MPTP, reserpine or phenothiazine drug usage

Nutrition:
1. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. egg yolk, kale, celery, fish, raw goat's milk, veal joint broth, cod roe, rice polishings, brewer's yeast, nutritional yeast

Avoid:
1. cooking in aluminum pots
2. meat
3. hot sauces, spicy, fried, fatty, rich and/or salty foods
4. sweet foods and sugar, white bread
5. dairy products
6. refined and processed foods
7. alcohol, coffee, caffeine
8. constipation: makes muscle rigidity and tremors worse

Supplements:
1. vitamin B-6 (10-100mg QD)
2. vitamin C (3g QD)
3. magnesium (200-500mg QD)
4. omega-6 FAs (2 Tbsp. QD)
5. octacosanol (300mcg TID)
6. leucine (10g QD)
7. L-methionine (1-5g QD)
8. D-phenylalanine (1-250mg QD)
9. L-tryptophan (if receiving levadopa)
10. L-tyrosine (100mg/kg QD)

Hydrotherapy:
1. hammock bath (5-6x/week)
2. hot compress to spine soaked in ginger tea (do QD for 1-6 months)

Manipulation:
1. check and align atlas

Botanicals:
1. Atropa belladonna (toxic): in special cases, ie. post-influenza Parkinsonism
2. Avena sativa: nerve tremors, neurotonic
3. Conium maculatum (toxic): soothing for spasmodic affections and irregular muscular movements
4. Cordylalis cave: tremors
5. Datura stramonium (toxic): symptomatic treatment of tremor
6. Equisetum spp.: baths
7. Gelsemium sempervirens (toxic): trembling without rigidity
8. Gingko biloba (standardized extract): increases cerebral circulation
9. Hyoscyamus niger (toxic): tremor of, senile tremors, tincture of fresh herb used in higher dosage range
10. Scutellaria lateriflora: nervous, insomnia; nervous disorder with irregular muscle action, twitching, tremors, restlessness with or without coordination
11. Viburnum opulus: relaxes cramps and spasms

Homeopathy:
1. Agaricus muscarius: diagonal course of symptoms and crawling sensations; vertigo with impulse to fall backward; < cold weather
2. Antimonium crudum: Parkinson's associated with gastric symptoms; desires sour but disagrees; thickly white coated tongue; stubborn; anxious; disgust of life; < heat, wine; mentals < in moonlight
3. Argentum nitricum: tremulousness esp. of nervous origin; desires sweets; < night, warm room; > cool open air; apprehension and fear gives rise to diarrhoea
4. Aurum sulphuratum: constant nodding of the head; staggering gait; rush of blood to head
5. Camphor bromata: nervous excitability guiding condition; directions appear reversed (north appearing to be south); hysterical; laughing and weeping alternately; restlessness
6. Hyoscyamus: tremulous, weakness and twitching of tendons; suspicious, jealous, talkative, quarrelsome; great hilarity; < night, menses, after eating and lying down; > stooping
7. Lolium: symptoms particularly < wet weather; confusion of mind; great depression; tremors and convulsions; tightness in calves
8. **Lycopodium**: mental and generally important to select it causation: fear, fright, chagrin, vexation, anxiety, fevers, over-lifting, masturbation, tobacco chewing; generals: loss of confidences; aversion to company but wants company in the adjoining room, desires sweets; flatulence; < 4-8pm

9. **Mercurius solubilis**: marked weakness and tremors of the hand; weak memory; slow in answering questions; increased salivation with thirst for cold drinks; profuse perspiration without relief; vibration in forehead; tremors of tongue and hand

10. **Plumbum metallicum**: all types of paralysis; convulsive movements of arms and hands with pain in joints; it could be due to cerebral sclerosis; spasm of facial muscles, painful spasms > hard pressure, < touch, motion; constipation with sheep dung-like stool

11. **Rhus toxicodendron**: L sided predominantly affected with tremors and characteristic festinating and propulsive gait of Parkinson's; initial movement easier; numbness and tingling after extension; physical restlessness

12. **Zincum metallicum**: lameness and weakness; weak memory; repeats everything; automatic motion of head and hand; soles sensitive; fidgety feet; often involvement of CNS coming as a result of suppressed eruptions

13. **Zincum picricum**: symptoms similar to Zincum metallicum; weakness is more marked
PELVIC INFLAMMATORY DISEASE

Definition:
Infection of the Fallopian tubes (salpingitis), uterus (endometritis), ovaries (oophoritis), pelvic peritoneum (peritonitis) and/or broad ligaments.

Etiology:
1. PID may be:
   a. primary: occurring spontaneously and spread through sexual relations
   b. secondary: after invasive procedures (abortion, D&C)
   c. during birth: (esp. Cesarean deliveries)
2. PID is typically a disease of women under 25 years old
3. is uncommon in women before their periods begin, during pregnancy or after menopause
4. ascending spread from the lower genital tract into the upper genital tract via sexual relations with an infection individual is the most common introduction to the associated microorganism
5. common infectious agents include:
   a. Chlamydia trachomatis
   b. Neisseria gonorrhoea
   c. Mycoplasma hominis
   d. others such as bacteriodes and anaerobic Gram (+) cocci
6. PID must be part of the differential in any young woman presenting with lower abdominal pain

Signs and Symptoms:
1. may range from asymptomatic to quite severe
2. history of sexual relations ( or giving birth, abortion, IUD or invasive intrauterine procedure)
3. (+) Chandelier sign: severe pain on moving the cervix
4. enlargement or mass palpated in pelvic region
5. direct or rebound abdominal tenderness; abdominal pain
6. normal or elevated temp.
7. vaginal d/c with/without bleeding
8. dysparemia
9. menometrorrhagia
10. dysuria
11. occasional nausea and/or vomiting

Lab Findings:
1. (+) culture and/or Gram stain of an organism
2. leukocytosis
3. increased ESR

Course/Prognosis:
1. PID can cause infertility from scarring and adhesions of the Fallopian tubes
2. other complications include:
   a. peritonitis from cyst rupture
3. conventional treatment consists of antibiotic therapy

Differential Diagnosis:
1. ovarian torsion
2. appendicitis
3. ectopic pregnancy
4. endometriosis
5. corpus luteum bleeding
6. ovarian tumor
7. uterine fibroid
8. inflamed psoas muscle(s)

Nutrition:
Acute:
1. increase vitamin A, B-complex, C and zinc foods
2. eat as little as possible
3. increase fluids
4. a short alkaline fast
5. if on a regular diet, try a vegetarian diet high in vegetables and complex carbohydrates
6. if on a vegetarian diet, try a fruit and vegetable diet or a short fast
7. mung beans, daikon radish, carrots, lemon and water
8. Heat clearing foods

Remedies:
1. lemon juice in water on empty stomach in morning
PELVIC INFLAMMATORY DISEASE

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. stimulating foods
4. alcohol, coffee, caffeine

Supplements:
1. vitamin A (75,000 IU QD)
2. vitamin C (6g QD)
3. zinc (60-90mg QD)
4. thymus

Gynecological:
1. chronic: GYN massage
2. hot vaginal irrigation (acute PID): 110-115°F, 3 gallons of vinegar water (1/4 cup vinegar/gallon water), then hot foot bath for 10 min., then heating trunk pack, then full blanket pack with cold compress to suprapubic region, finish with cold mitten friction

Hydrotherapy:
1. sitz bath (alternating); use for 30-60 days along with hot vaginal irrigation several times a week
2. hot hip and leg pack (ice over adnexae)

Physiotherapy:
1. PID exercises: for chronic only to increase circulation and reduce inflammation
2. diathermy: for subacute and chronic

Botanicals:
1. Achillea millefolium: anti-inflammatory, hemostatic, anti-spasmodic, carminative; reduce pain
2. Anemone pulsatilla (toxic): relieves pain of dysmenorrhea, ovaritis and endometriosis; progesterone-like
3. Bentonite clay (or other clay): use as a poultice to pelvis daily for 15-30 days in a row
4. Calendula officinalis: vulnerary
5. Echinacea spp.: tincture or decocted root tea internally to mobilize phagocytic activity, stimulate leukocyte activity and enhance immune response
6. Hypericum perforatum: congestion and inflammation of mucous membranes
7. Hypericum perforatum: anti-viral and antibiotic activity

Formulas:
a. Echinacea spp. [2dr], Hydrastis canadensis [2dr], Calendula officinalis [2dr], Anemone pulsatilla (toxic)[1dr], Achillea millefolium [1dr]; SIG: 20 drops 5x/day
b. herbal vaginal suppositories: powders of Calendula officinalis [1g], Symphytum officinale (toxic)[1g], Hydrastis canadensis [1g], Achillea millefolium [1g], Echinacea spp. [1g], Thymus vulgaris (essential oil)[2 drops], Melaleuca cajuputi (essential oil)[2 drops]; possible additions include: Usnea spp., Boric acid powder, Sulfur powder, Bentonite clay; melt 10g of cocoa butter and stir in powdered herbs, pour into suppository molds, insert 1 vaginally every night before bed

Homeopathy:
1. Apis: soreness, stinging pains, ovaritis esp. R side; sense of tightness; bearing down as if menses would appear
2. Arsenicum album: burning in ovarian area; leukorrhea acrid, burning, offensive, thin; pain as from red hot wires < least exertion
3. Belladonna: sensation as if all viscera would protrude out; cutting pain from hip to hip
4. Cantharis: burning pains in ovaries, extremely sensitive
5. Lac caninum
6. Lachesis: pain on rising form a sitting posture
7. Lycopodium: R ovarian pain; leukorrhea acrid with burning in vagina
8. Sabina: inflammation after abortion; pain from sacrum to pubis and from below upwards shooting up the vagina
9. Secale cornutus: brownish, offensive leukorrhea
PEPTIC ULCER DISEASE

Definition: A type of ulcer in the upper GI tract that occurs in mucosa that has contact with acid and pepsin.

Etiology:
1. Ulcers occur when the effects of acid and pepsin overwhelm the body’s natural ability to defend itself with mucus production
2. Relation/cause with H. pylori
3. 2 main types:
   a. Duodenal ulcer:
      1. Most ulcers of this type occur in the first part of the duodenum
      2. They are typically round/oval, less than 1cm in diameter
      3. Are chronic and recurrent (60% of healed ulcers will recur within 1 year and 80-90% will recur within 2 years)
      4. Predisposing factors for ulcer development include: family history, cigarette smoking and mental/emotional stress/anger/anxiety
      5. Recent estimates suggest that up to 10% of the population will experience a duodenal ulcer at some time during their life
      6. The condition is more common in males (esp. in their 40’s)
      7. More common than gastric ulcers
      8. Duodenal ulcers appear to follow increased secretion of acid and pepsin
      9. Are more common in patients with chronic obstructive lung disease, Zollinger-Ellison syndrome, cirrhosis and hyperparathyroidism (all of which are associated with increased serum gastrin)
   b. Gastric ulcer:
      1. Typically seen in patients in their 50’s or older
      2. Occur about equally in both sexes
      3. Almost all are located in the antrum
      4. Benign ulcers almost always occur with gastritis
      5. Unlike duodenal ulcers, which appear to follow high acid-pepsin secretion, gastric ulcers are more often due to the lack of protection from the mucosal cells, as patients with gastric ulcers tend to have normal or even reduced amounts of HCl secretion
      6. There is a strong association with consumption of aspirin steroids and NSAIDs
      7. Some physicians have noted a strong correlation between gastric ulcers and gall bladder dysfunction

Signs and Symptoms:
Duodenal:
1. Epigastric pain: often burning, gnawing or vague; pain is < 2-3 hours after eating and frequently wakes the patient up at night; > with food or antacids
2. Epigastric tenderness: to palpation, < on midline

Gastric:
1. Epigastric pain: can often be made < from food and antacids help less than with duodenal ulcers
2. Hemorrhage: occurs in approximately 25% of patients; melena, hematemesis
3. Anorexia, nausea and vomiting may occur

Lab Findings:
Duodenal:
1. (+) Barium x-ray of upper GI
2. (+) Endoscopy and/or duodenoscopy
3. CCK for gall bladder function
4. Secretory tests and serum gastrin
5. Occult blood

Gastric:
1. (+) Barium x-ray
2. (+) Endoscopy
3. Lab findings consistent with underlying conditions
4. Lab findings due to complications: dehydration, hypokalemic acidosis with gastric retention; hemorrhage; increased WBC with left shift, increased serum amylase with perforation

Course/Prognosis:
Duodenal:
1. Without treatment the ulcer can become chronic with persistent pain and may perforate or cause hemorrhaging
2. Conventional treatment consists of antacids, H2-receptor antagonists, anticholinergic agents, coating agents and prostaglandins and to avoid caffeine and alcohol
3. Full healing typically occurs within 2-6 weeks, though recurrences are common where dietary and lifestyle factors remain unchanged
PEPTIC ULCER DISEASE

Gastric:
1. many also progress to hemorrhage or perforation
2. gastric perforation is 3x more likely to be fatal than a duodenal, probably due to the patients are usually older
3. gastric patients should be watched closely:
   a. If an ulcer fails to heal to half its size within 3 weeks, gastric cancer must be ruled out
4. healing typically occurs within 4-12 weeks
5. conventional treatment consists of bed rest, antacids and H2-receptor antagonists and recommendation to avoid aspirin, alcohol and caffeine drinks

Differential Diagnosis:
1. pancreatitis
2. gastroenteritis
3. gall bladder disease
4. appendicitis
5. coronary artery disease
6. stomach cancer

Nutrition:
1. small and frequent meals are better tolerated
2. low protein
3. short alkaline fast for 3 days
4. hypoallergenic/rotation diet (duodenal ulcer)
5. high fiber diet to delay gastric emptying
6. foods high in vitamin A and E and zinc
7. pureed lima beans, steamed carrots, rice gruel, barley water, okra, goat’s milk, potato broth, coconut milk, carob, parsnips (steamed and mashed), dates and whole raw milk, pumpkin, squash, tapioca, fig, kale

Remedies:
   a. cabbage (raw juice): 1 liter QD, for 10 days
   b. slippery elm gruel
   c. 1/4 cup raw potato juice on an empty stomach 20-30min. before breakfast
   d. take 250g cabbage and boil until partly cooked, then remove from water, to the broth add a lemon that has been pickled in salt and a little honey, simmer until the lemon in cooked and drink broth throughout the day for 15-20 days
   e. slice together a tomato and a pickled lemon, add honey and eat a small amount TID for 3 weeks

Avoid:
1. pepper, chili, hot and spicy foods, stimulating foods
2. acid producing foods
3. fried, fatty and/or rich foods
4. food intolerances (esp. milk)
5. sweet foods and sugar
6. alcohol, coffee, caffeine
7. smoking, stress
8. aspirin, NSAIDs, antacids

Supplements:
1. vitamin A (20,000 IU TID)
2. vitamin C (1g TID, buffered)
3. zinc picolinate (90mg QD)
4. copper (5mg QD)
5. essential FAs (1-2 Tbsp. QD)
6. bismuth citrate salts
7. catechin (bioflavinoid) (1g, 5x QD)
8. glutamine

Hydrotherapy:
1. hot fomentation to abdomen
2. for bleeding: use hottest fomentation that can be tolerated for 2min. followed by ice rub
3. hot and cold compresses (alternating)
4. poultice: charcoal and olive oil to abdomen
5. constitutional hydrotherapy

Manipulation:
1. check and align T5-8 and L1-3, also endonasal
2. duodenal: T9, T10
PEPTIC ULCER DISEASE

3. **gastric**: C1

**Physiotherapy:**
1. aerobic exercise: mild to moderate to reduce stress
2. relaxation breathing
3. diathermy: short wave, electrodes on abdomen and directly behind, mild treatment; contraindicated with hemorrhage

**Botanicals:**
1. *Artemisia absinthium*: as a bitter
2. *Atropa belladonna* (toxic): anti-secretory, anti-spasmodic
3. *Brassica oleacea* (cabbage): juice, 1 liter QD in diluted doses for approximately 10 days
4. *Chamomilla* spp.: given often for a period sufficient to heal
5. *Cnicus benedictus*: as a bitter
6. *Geranium maculatum*: astringent
7. *Glycyrrhiza glabra*: anti-inflammatory
8. *Symphytum officinale* (toxic, leaf or root): demulcent; gastric ulcer; combines with *Althea officinalis*
9. *Ulmus fulva*: demulcent; gastric or duodenal, combines well with *Althea officinalis*

**Formulas:**
- b. powders of *Glycyrrhiza glabra*, *Ulmus fulva*, 1/2oz. each, mix 1 tsp. - Tbsp. in a little water and eat BID until controlled; discontinue if HTN develops
- d. Peptic ulcer with persistent constipation if indicated: Carum carvi [10g], *Chamomilla* spp., *Cassia* spp. (toxic, leaf), *Rhamnus fragula* (toxic)(add if needed), use last 3 herbs in equal amounts to make 100g; as a tea: 2 tsp. to a 1/4 liter boiling water, infuse for 15min.; SIG: daily and before bed

**Homeopathy:**
1. *Argentum nitricum*: griping with burning; gnawing; stinging, ulcerative; burning; twisting; soreness; pain extends from stomach to back, shoulders and down abdomen; swelling of pit of stomach; nausea, vomiting of black material; < touch, deep inspiration, eating, drinking; > eructating gas, vomiting
2. *Arsenicum album*: burning pain < eating and drinking esp. cold which may cause vomiting; rapid emaciation; liquid dark stool often containing blood; fearful of outcome of condition
3. *Hydrastis canadensis*: burning and soreness over stomach; sinking sensation of epigastrium; mucous in stomach; bitter taste; cannot eat bread or vegetables
4. *Kali bichromicum*: round ulcer of stomach; vomiting of bright yellow water; nausea and vomiting after beer
5. *Lachesis*: intolerance of anything about stomach or abdomen; sticking, gnawing pains; vomiting of black blood; distended abdomen < pressure; excessive use of alcohol; < sleep; hot weather
6. *Secale cornutus*: pain in pit of stomach; violent vomiting of all food, drink and medicine; vomiting of coffee or chocolate colored matter; thirst with dry mouth; ravenous appetite
PERICARDITIS

Definition:
Inflammation of the pericardial lining.

Etiology:
1. may be caused by:
   a. microorganisms (bacterial, viral or fungal)
   b. systemic diseases (RA, SLE, etc.)
   c. iatrogenic (from radiation or drugs)
   d. can develop idiopathically
2. it may present as serous, sanguinous, hemorrhagic, purulent or fibrinous

Sings and Symptoms:
1. may occur acutely or be an incidental finding during systemic illness
2. pain: often severe, centrally located, radiating to the back and trapezius ridge
   a. < with inspiration, coughing and movement of chest
   b. > sitting up and leaning forward
   c. may resemble the pain of MI and radiate down the arm
3. pericardial friction rub: heard usually during expiration throughout the cardiac cycle (loud, to-and-fro leathery, creaky sounds and often is transitory)
   a. have patient hold breath to hear and differentiate between pleurisy and pericarditis
4. fever, sweating

Lab Findings:
1. EKG changes: (+) for pericarditis
2. x-ray: (+) cardiac catherization and angiography scans
3. pulsus paradoxus: indicates cardiac tamponade
4. if chronic: will see altered liver function tests, CHF picture
5. effusion identified on echocardiography
6. pericardial fluid culture and cytology

Course/Prognosis:
1. the most serious complication of pericarditis is the potential limitation of ventricular filling during diastole that occurs from pericardial fluid accumulaiton, fibrosis or calcification
2. abrupt fluid accumulation can cause cardiac tamponade, MEDICAL EMERGENCY
3. conventional treatment consists of aspirin or other pain relievers, antibiotics when causes is a microorganism
   a. treatment of complications: pericardiocentesis or thoracotomy when tamponade develops

Differential Diagnosis:
1. myocardial infarction
2. pleuritis
3. aortic aneurysm
4. acute bacterial endocarditis

Nutrition:
Acute:
1. eat as little as possible
2. increase vitamin A, C, E and magnesium foods
3. increase fluids
4. short fast
5. low fat diet
6. low sugar
7. high complex carbohydrates
8. low cholesterol diet
9. low sodium diet
10. vegetarian cleansing diet

Avoid:
1. heavy protein foods, meat, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. fats
4. vinegars
5. sugars
6. alcohol
7. iron supplements

Supplements:
PERICARDITIS

1. vitamin A (25,000 IU QD)
2. vitamin B-complex
3. vitamin B-5 (500mg QD)
4. folic acid (5mg QD)
5. vitamin C to bowel tolerance
6. vitamin E (400-1200 IU QD)
7. calcium (1g QD)
8. magnesium (1g QD)
9. phosphorus (1g QD) [usually get enough through diet]
10. lecithin (1-2 Tbsp. QD)

Hydrotherapy:
1. ice bag: over heart, remove every 15min., rub chest with dry flannel until skin is red

Physiotherapy:
1. diathermy: short wave active electrode left axilla

Botanicals:
1. Aconitum napellus (toxic): lessens pain and nervous irritation; inflammation
2. Allium sativum: anti-bacterial with some anti-viral
3. Alpinia galanga
4. Asclepias tuberosa (toxic): pericardial pains
5. Bryonia alba (toxic): sharp, cutting, lancinating or tearing pain aggravated by motion
6. Cimicifuga racemosa
7. Cinnamonum zeeylanicum
8. Crataegus oxyacantha: heart tonic
9. Echinacea spp.: anti-bacterial
10. Gelsemium sempervirens (toxic): acute inflammation; look for indications
11. Glycyrrhiza glabra: anti-viral
12. Humulus lupulus
13. Lycopus virginicus: inflammation
14. Monarda punctata
15. Phytolacca decandra (toxic)
16. Prunus persica
17. Seleincereus grandiflorus (toxic): pericarditis following exhausting diseases, constrictive heart pain

Homeopathy:
1. Aconitum: early and acute stage; dyspnea, faintness, dysphagia, fever and sweating, palpitation with anxiety, restlessness
2. Apis: rapid onset, burning pain, hypersensitivity of precordial area, < touch; hot patient
3. Arsenicum album: great prostration; palpitation; irregular pulse; cold sweat; dyspnea on ascending; > sitting and leaning forward
4. Bryonia: stitching pain, < movement, > pressure
5. Colchicum: severe oppressive pain and dyspnea; great prostration; trembling in precordial area with sticking pain; internal coldness
6. Digitalis: pericarditis due to MI; slow and irregular pulse; sensation as if "if I move my heart would stop"
7. Kali carbonicum: > sitting and leaning forward; crampy, burning pain; backache
8. Kali iodatum: nightly aggravation; sticking and tensive pain
9. Psorinum: > lying on back with arms apart; offensive d/c
10. Spigelia: rheumatic or helminthic affection; stitching pain or vice-like sensation; stabbing pain through heart on deep inspiration
11. Spongia toasta: dry, loud barking, single cough which abates on drinking or eating; weight on chest with palpitation
PHARYNGITIS

**Definition:**
Acute inflammation or infection of the pharynx

**Etiology:**
1. is usually due to a viral agent
2. other associated microorganisms include Group A beta-hemolytic Strep (strep throat), pneumococcus, gonococcus or other STD or staphylococcus

**Signs and Symptoms:**
1. sore throat: may be extremely painful
2. dysphagia
3. (+) cervical/tonsillar adenopathy
4. possible fever, chills, malaise, anorexia
5. possible membrane and/or exudate
6. hyperemic pharyngeal tissues with vascular injection
7. possible vomiting, h/a, strawberry tongue, circumoral pallor, tachycardia
8. possible rash: diffuse, pinkish-red flush of skin, blanching with pressure

**Lab Findings:**
1. increased WBCs and shift to left or decreased WBCs with relative lymphocytosis
2. smear and culture of exudate
3. possible (+) rapid strep

**Course/Prognosis:**
1. viral pharyngitis is self-limiting and usually benign
2. strep throat may cause complications in a small number of susceptible patients
3. antibody cross-reactions may cause glomerulonephritis (GN) or in 3-7% of untreated infections, rheumatic fever
4. conventional treatment of strep throat is antibiotics
5. it usually resolves without complications after appropriate treatment

**Differential Diagnosis:**
1. laryngitis
2. diphtheria
3. epiglottitis
4. Scarlet fever
5. peritonsillar abscess

**Nutrition:**
**Acute:**
1. eat as little as possible
2. increase fluids (dilute vegetable juice, broths, herbal teas)
3. increase vitamin A and C foods
4. vegetable juice fasts
5. low sugar

**Chronic:**
1. hypoallergenic/rotation diet
2. lemons, limes, honey, garlic, elderberries
3. foods rich in vitamin A and C

**Remedies:**
a. tea from carrots and olives, drink BID for 1 week
b. tea from daikon radish and green apple, drink BID
c. honey in warm water
d. mix 1 tsp. rock salt in 1 cup hot water and gargle
e. lemon juice in warm water, gargle and drink
f. strong sage tea, gargle and drink
g. turnip poultice externally on throat
h. for beginning inflammation: slowly chew 30-60g fresh pitted cherries BID

**Avoid:**
1. food intolerances
2. heavy proteins, meats, shellfish
3. hot sauces, spicy, fried, fatty and/or rich foods
4. sweet foods and sugar
5. dairy products (esp. cow’s milk)
6. fats
7. vinegars
8. alcohol, coffee, caffeine

**Supplements:**
1. vitamin A
2. vitamin C
3. zinc (90mg QD and as a gargle throughout day or lozenges)

**Hydrotherapy:**
1. heating compress to throat
2. mouth irrigation with saline or ginger tea
3. poultice: turnip applied to throat

**Manipulation:**
1. check and align C3-5, T6-8

**Physiotherapy:**
1. diathermy
2. infrared
3. UV (internally)

**Botanicals:**
1. Aconitum napellus (toxic): acute; irritation, elevated temp.
2. Althea officinalis: demulcent for old forms with dry cough, dysphagia or for acute inflammation and irritation; as a gargle several times daily
3. Arnica montana (toxic): 1 tsp. to a glass of water as a mouthwash or gargle; stimulates peripheral circulation, increases mucosal resistance
4. Atropa belladonna (toxic): congestion
5. Baptisia tinctoria: esp. with foul conditions, halitosis (bad breath), dusky purplish, lurid discoloration; combines well with Echinacea spp., Capsicum frutescens and Commiphora myrrha
6. Chamomilla spp.: anti-inflammatory for acute inflammation; hot tea as a gargle every hour
7. Collinsonia canadensis: relaxed condition with dark discoloration and poor capillary circulation
8. Commiphora myrrha: specific for pharyngitis; combines well with Echinacea spp. and Baptisia tinctoria
9. Echinacea spp.: anti-bacteria, anti-viral, immune stimulator
10. Gelsemium sempervirens (toxic): with Phytolacca decandra for difficulty swallowing, aching and fullness
11. Gualscum officinalis: stiffness and dryness of the throat; painful swallowing, burning in throat
12. Hydrastis canadensis: locally and internally; simple catarrhal, follicular or granular pharyngitis
13. Phytolacca decandra (toxic): follicular pharyngitis, hard swollen glands, ulcerated; covers many varieties of pharyngitis
14. Potentilla tormentilla: astringent
15. Salvia officinalis: for older forms with dry cough, dysphagia or for acute inflammation and irritation; as a gargle several times daily
16. Usnea spp.: as gargle and internally

**Formulas:**
- a. Commiphora myrrha, Echinacea spp., Hydrastis canadensis, Phytolacca decandra (toxic), equal parts (may add on synergist, either Bryonia alba (toxic), Gelsemium sempervires (toxic), Atopa belladonna (toxic) according to indications); SIG: 20 drops every hour on day 1, 20 drops every 2 hours on day 2, 20 drops every 4 hours on day 3, swish in mouth then swallow

**Homeopathy:**
1. Aconitum: throat very red, tingling, uvula feels long, comes in contact with throat, sudden onset at night after exposure to cold wind; burning, tearing sore throat; cannot swallow; high fever with great thirst for cold water; anxiety and fear
2. Apis: swelling of uvula (edematous), can hardly swallow, > cold, > heat; no thirst; burning, stinging pain
3. Belladonna: pharynx is hot, dry, red, esp. R side; rapid progress, constriction on attempting to swallow; aversion to liquids, everything hot except feet, delirium
4. Cantharis: very severe burning and rawness; constriction of throat and larynx; suffocation on any attempt to swallow water
5. Capsicum: hot smarting sensation as if caused by pepper, < not swallowing
6. Ferrum phosphoricum: slow onset without the anxiety of Aconitum, delirium, redness and heat of Belladonna and thirst of Phosphorus; hemostaxis
7. Gelsemium: develops several days after exposure; soreness comes on gradually; muscular weakness local and general
8. Hepar sulphur: fish bone or crumb sensation in throat; d/c ropy, stringy, exudate in throat looks like fine ashes sprinkled on the part
9. Lac caninum: goes from side to side; sensation they will "choke", > cold or warm drink
PHARYNGITIS

10. **Lachesis**: bluish tinge of the pharynx; sense of constriction and dysphagia; goes L to R
11. **Lycopodium**: < 4-8; goes R to L; from above downward, > swallowing warm fluids and holding cold fluids in mouth; throat extremely painful
12. **Mercurius cyanatus**: gray exudate present; throat looks raw in spots, as if denuded
13. **Mercurius solubilis**: much saliva and retching
14. **Nitric acid**: prickling sensation as if from a fish bone; violent pain extending to ears at least swallowing; ulcers with bluish margins
15. **Nux vomica**: sensitive to least draught; sneezing from itching in nose, throat, trachea; great heat, burning but if uncovered become chilly
16. **Phytolacca**: feeling of a hot lump in the throat, swallowing causes pain which radiates to the ears, "as if a ball of red hot iron lodged in the throat"
17. **Spongia tosta**: dryness, burning, stinging; clears throat constantly < eating sweets
18. **Sulphur**: great burning and dryness; chronic soreness; tonsils enlarged with purplish aspect lasting for weeks and months
PITYRIASIS ROSEA

**Definition:**
A mild idiopathic inflammatory scaling skin disease.

**Etiology:**
1. cause is unknown, although infectious agent has not yet been confirmed (it is a likely factor)
2. seen mainly in children and young adults

**Signs and Symptoms:**
1. "herald" patch typically appears on the trunk but may be anywhere other than the face; noticed 3-14 days before the generalized eruption; circular, 2-6cm in diameter, brownish-red or rose colored, with a scaly, raised border
2. generalized eruption appears 3-14 days after the herald patch
3. lesions are similar in appearance to herald patch lesion but smaller (0.5-2cm in diameter)
4. appear on trunk and extremities; on the back, may appear in a "Christmas tree" pattern radiating out from the spinal column
5. bran-like scales are found on the periphery of the lesions
6. new lesions continue to erupt for 2-3 weeks
7. mild itching may be found in 15% of patients
8. some patients will have h/a and generalized symptoms

**Lab Findings:**
1. serologic testing for secondary syphilis should be performed

**Course/Prognosis:**
1. prognosis is excellent
2. the disease is self-limiting in 4-12 weeks and recurrences are rare
3. conventional treatment neither exists nor is needed
4. phototherapy with UV may speed resolution

**Differential Diagnosis:**
1. drug eruption
2. dermatitis
3. secondary syphilis
4. tinea corporis
5. tinea versicolor
6. tinea pedis
7. psoriasis

**Nutrition:**
1. if on a regular diet, try a vegetarian diet high in vegetables and complex carbohydrates
2. if on a vegetarian diet, try a fruit and vegetable diet or a short fast
3. foods rich in vitamins A, B complex and C and zinc
4. mung beans, daikon radish, carrots, black bass, rye, avocados, sea vegetables, whey, apple, cucumber, millet, rice polishings, rice bran, sprouts

**Remedies:**
- lemon juice in water on empty stomach in morning

**Avoid:**
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods, stimulating foods
3. alcohol, coffee, caffeine

**Supplements:**
1. vitamin A (large doses)
2. zinc (30mg QD)
3. bromelain (500mg TID)
4. quercetin (500mg TID)
5. cod liver oil (2 Tbsp. QD)

**Manipulation:**
1. check and align T5, T10-12

**Homeopathy:**
1. Antimonium crudum: brownish-red spots, here and there
2. Cantharis: in children
3. Cocculus indicus: red, irregular shaped spots on chest, neck, behind ears, without heat or itching
4. Conium maculatum: recurring red, itching spots on the body
PITYRIASIS ROSEA

5. **Lachesis**: small, reddish spots on face, neck and chest
6. **Ledum**: bluish spots
7. **Mezereum**: brown, miliary rash on chest, arms, thighs; night with itching and burning of skin
8. **Phosphorus**: brown, bluish-red or yellow blotches on abdomen and chest
9. **Sepia**: brown-red spots on skin
PLEURISY

Definition:
Inflammation of the pleura of the lungs.

Etiology:
1. pleural injury due to pathology in the lung (ie. pneumonia, embolism)
2. invasion of pleural space by an infectious agent
3. invasion of the pleura by an infectious or noxious agent via the bloodstream or lymphatics
4. pleural trauma
5. pleural inflammation due to asbestos
6. pleural effusion due to chronic ingestion of dantrolene sodium

Signs and Symptoms:
1. onset is typically sudden
2. pain: < breathing, coughing
3. breathing is shallow and rapid
4. (+) pleural friction rub upon auscultation; often heard only after the pain has been present 24-36 hours; is pathognomonic for pleurisy
5. effusion: with effusion, the pain generally disappears; percussive dullness; absent tactile fremitus; minimal or absent breath sounds; (+) egophony; possible dyspnea

Lab Findings:
1. (+) x-ray
2. (+) needle biopsy for effusion
3. total and differentiated cell counts (to identify condition)

Course/Prognosis:
1. fibrosis of the pleura may occur as part of the healing reaction
2. though usually minimal, it may encase the lung with fibrous tissue decreasing chest wall motion and causing pulmonary dysfunction
3. conventional treatment consists of wrapping the chest, bronchial lavage, thoracentesis (if effusion is present), parenteral antibiotics (with empyema) or enzymes (with hemothorax)

Differential Diagnosis:
1. MI
2. spontaneous pneumothorax
3. pericarditis
4. chest wall lesions
5. costochondritis
6. acute abdominal distress
7. intercostal neuritis
8. embolic phenomena
9. pneumonia

Nutrition:
1. eat as little as possible
2. increase fluids: dilute vegetable juice, broths, herbal teas
3. short fast
4. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables
5. increase foods rich in vitamin A and C

Avoid:
1. dairy products (esp. cow's milk)
2. sugar and sweets, white bread, refined and processed foods
3. catarrh forming foods: tofu, meat, ice cream, shellfish, oranges
4. fats
5. vinegars
6. heavy protein foods

Supplements:
1. vitamin A (50,000 IU QD)
2. magnesium (500-800mg QD)
3. bromelain (1g TID)
PLEURISY

Hydrotherapy:
1. constitutional hydrotherapy
2. heating compress: to chest, covered by long sleeve sweater, then place double fomentation across chest cover with plastic to retain heat for 20 min., replace fomentation 2x for 20 min. each, finish with warm shower then use heating compress overnight

See: Pneumonia

Physiotherapy:
1. diathermy

Botanicals:
1. Aconitum napellus (toxic): initial stages, clears acute heat
2. Angelica archangelica (leaf): acute stage, lessens arterial tension
3. Asclepias tuberosa: acute stage, lessens arterial tension
4. Atropa belladonna (toxic): for onset of inflammatory conditions
5. Bryonia alba (toxic): sharp, cutting or tearing pain from serous inflammation
6. Cimicifuga racemosa
7. Gelsemium sempervirens (toxic): for fever
8. Linum usitatissimum (flax seed): as poultice; pleuritic pain
9. Pilocarpus jaborandi (toxic): clears hear and inflammation
10. Veratrum viride (toxic): acute stage with Bryonia alba (toxic)
11. Verbascum thapsus: with exudation

Homeopathy:
1. Aconitum: first stage, comes on suddenly; burning pains; anxiety; < inspiration, motion, lying on painful side; > lying on back
2. Apis: dyspnea; esp. difficult inspiration; upper lobes very sore and sensitive
3. Arsenicum album: < 12-2am; restlessness; chilly; burning thirst > warm drinks; likes company, must sit up; specific for right apex
4. Asclepias tuberosa: painful respiration, esp. base of L lung; pains > leaning forward
5. Bryonia: sharp, stitching pain < jar, motion; > lying on painful side, pressure; very dry, increased thirst
6. Cantharis: intense dyspnea; palpitation, frequent, dry cough; tendency to syncopy
7. Ferrum metallicum: chest oppressed; dry, spasmodic cough
8. Hepar sulphur: cough deep and dull excited by difficulty of respiration; < cold
9. Kali carbonicum: cutting pain < lying on R side; dry, hard cough about 3am with stitching pains; whole chest is sensitive
10. Mercurius solubilis: sharp pains; sensation muscles are bruised; inability to take full inspiration
11. Natrum muriaticum: breath short, chest tight; stitching pains in chest and sides with shortness of breath; esp. with long inspiration
12. Phosphorus: compliment of Arsenicum; respiration oppressed, quick, anxious; heaviness; fullness; tension on chest
13. Silica: aching in chest; sometimes only when coughing or sneezing; contusive pain when drawing breath or coughing
14. Squill: dyspnea and stitches in chest; violent cough
15. Sulphur: pains tend to be above nipple < evening, coughing; may be burning pain or sensation of coldness; affects L lung more than R
PNEUMONIA

**Definition:**

An acute infection of the parenchyma (alveolar spaces and/or interstitial tissue) of one or both lungs.

**Etiology:**

1. Pneumonia is classified by the extent of lung involvement:
   a. **lobar:** one entire lobe is involved
   b. **segmental or lobular:** parts of one lobe are involved
   c. **bronchopneumonia:** when it affects the alveoli next to the bronchi

2. Pneumonia is also classified by the associated microorganism involved in creating the infection:
   a. **bacterial:** pneumococcal pneumonia (the most common), Strep. Pneumoniae, Staph. Aureus, Group A hemolytic Strep., klebsiella pneumoniae, Hemophilus influenzae, Francisella tularensis
   b. **non-bacterial:** viruses, fungi, rickettsias

3. Risk factors for developing pneumonia include:
   a. URI
   b. malnutrition
   c. hospitalization
   d. debility or immobilization
   e. alcoholism
   f. exposure
   g. coma
   h. hypostasis
   i. foreign object aspiration into the lungs
   j. decreased cough reflex (i.e. from smoking)
   k. COPD
   l. major bony abnormality or deformity (i.e. severe kyphoscoliosis)
   m. bronchial tumor
   n. treatment with immunosuppressive drugs

**Signs and Symptoms:**

1. Often, pneumonia is preceded by a URI
2. The onset is typically sudden
3. The following are typical for pneumonia (viral may not be as severe):
   a. shaking chills
   b. cough with sputum (mucoid, bloody or purulent) production
   c. fever
   d. chest pain
   e. dyspnea with tachypnea
   f. h/a
   g. decreased respiratory excretion on affected side
   h. patient flexed over to affected side and the shoulder of affected side may droop

4. PE:
   a. dullness on percussion
   b. auscultation uncovers high or low-pitched crackles
   c. (+) bronchial breath sounds with (+) egophony and bronchophony

**Lab Findings:**

1. (+) sputum analysis for bacteria
2. Increased WBCs with left shift for bacteria; WBC count may be normal or even low
3. (+) x-ray

**Course/Prognosis:**

1. In **Pneumococcal pneumonia** patients:
   a. 90-95% of patients aged 2-50 years old recover uneventfully after treatment
   b. Factors that decrease the chance of survival include:
      A. patient <1 or >60 years of age
      B. (+) blood culture
      C. involvement of >2 lobes
      D. WBC count of <5000
      E. BUN >70mg/100ml
      F. Underlying systemic disease
      G. Development of meningitis, endocarditis or extrapulmonary illness
   c. Early treatment leads to the best prognosis

2. Viral and Mycoplasma pneumonia are much more benign and are often self-limiting and rarely need treatment other than rest and support:
   a. Although pneumonia from Influenza A can be severe and fatal
   b. Either case, the illness may last for weeks
PNEUMONIA

**Differential Diagnosis:**
1. pleurisy
2. bronchitis
3. pulmonary embolism
4. bronchiectasis
5. pulmonary edema

**Nutrition:**
1. increase vitamin A and C rich foods
2. vegetable juice fast
3. low sugar diet
4. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables

**Remedies:**
- a. turnip pack externally on chest
- b. juice from pineapple and lemon, drink before meals for relief
- c. to expel phlegm: mix honey and apple cider vinegar, drink
- d. cough syrup: soak chopped onions (or garlic) in honey overnight covered until syrup has formed
- e. cough with thick phlegm: take 2 dried persimmons and 30g candied honey, add water, steam in a covered pot, mash and eat BID
- f. burning cough with excessive phlegm: simmer bamboo shoots in water and serve
- g. hot cough with excessive phlegm: simmer bok choy in water and serve
- h. burning in lungs with frequent cough: simmer watercress in water and serve

**Avoid:**
1. dairy product's (esp. milk)
2. sugars and sweets, white bread, refined and processed foods
3. catarrh forming food: tofu, meat, dairy (ice cream), citrus fruit (esp. oranges), grains, shellfish, vinegars
4. heavy protein foods
5. fats

**Supplements:**
1. vitamin A (150,000 IU QD) TOXIC DOSE
2. vitamin C to bowel tolerance
3. vitamin E (1200 IU QD)
4. zinc (90mg QD)
5. selenium (250mcg QD)
6. bioflavinoids (4-6g QD)

**Hydrotherapy:**
1. hot fomentation (chest)
2. Russian steam bath
3. constitutional hydrotherapy with high frequency
4. heating compress (chest)
5. steam inhalation (esp. with dry, thick secretions)
6. wet sheet pack (stage 3)
7. mustard plaster (chest)
8. turnip poultice to chest

**Manipulation:**
1. check and align C4, T1, T3-5, T10-12 and ribs

**Physiotherapy:**
1. massage: back muscles
2. diathermy: can do with constitutional hydrotherapy

**Botanicals:**
1. **Aconite napellus** (toxic): early stage, controls inflammation
2. **Allium sativum**: anti-bacterial and viral, immune stimulator
3. **Asclepias tuberosa**: early stage with indications
4. **Aspidosperma quebracho-blanco**: chronic, with cyanosis
5. **Atropa belladonna** (toxic): early stage, congestion, fever
6. **Bryonia alba** (toxic): later stages to control the inflammatory process
7. **Creosotum**: purulent expectoration
8. **Digitalis purpurea** (toxic): for heart after pneumonia with indications for Digitalis
9. **Eriodictyon californicum**: chronic pulmonary difficulties
10. **Eucalyptus globulus**: foul, purulent condition
PNEUMONIA

11. Ligusticum porterii: viral
12. Rhus toxicodendron (toxic): irritable, gastric irritation
13. Selenicereus grandiflorus (toxic): feeble heart action following pneumonia, advanced interstitial pneumonia
14. Sticta pulmonaria: dry, hacking cough, soreness
15. Veratrum viride (toxic): early stage, full bounding pulse, sedates
16. Zingiber officinale: prevents cold from worsening to pneumonia

Homeopathy:
1. Aconitum: first stage in robust persons; chill followed by intense fever; hot, dry skin, quick and hard pulse; accelerated, labored, incomplete respiration; restless; fear of death; hard, painful, cough; soreness, sputum: thin, frothy, tinged with blood; percussion sounds still clear, crepitating rales audible
2. Antimonium tartaricum: pneumonia bilosa, with hepatic congestion, pleuro-pneumonia; must sit up to breathe, dyspnea with desire to cough and though chest is full of mucus, inability to bring it up; great thirst, tendency to diarrhea; pneumonia of drunkards, with bilious complications; suitable to infants or cachectic people
3. Arsenicum album: extreme prostration, clammy perspiration, urgent thirst, drinking little but often; shortness of breath, on slight exertion, ichorous expectoration fetid or dingy green
4. Bryonia: pleuro-pneumonia, indicated after Aconitum, when hepatization stage of exudation has set in; oppression with feeling of anxiety, heavy pressure just above sternum, bruised feeling and shooting pains in chest, < by every motion; pains more bearable when lying on affected side; abdominal breathing; thirst for large quantities of water at long intervals
5. Carbo vegetabilis: spasmodic cough with deep, rough voice or else aphonia; burning in chest, profuse, yellow fetid expectoration, esp. in aged patients; great deal of rattling in chest, < on turning over in bed and on dropping off to sleep; tongue dry with little or no thirst; craves fresh air, foulness of all secretions, pneumonia complicated with failure of right heart
6. Chelidonium: infantile pneumonia, bronchitis with hepatic symptoms; face deep red, oppression of chest; fan-like expansion of alae nasi; one hot and one cold foot; lethargy during the day; severe chills; anxious mood; irregular palpitation of heart; bright-yellow stools; straining cough < morning, with expectoration deep from lungs; violent stitches in right lung going to lower edge of R scapula
7. Ferrum phosphoricum: first stage of infantile pneumonia, esp. caused by checked perspiration on hot summer's day; pneumonia of adults, as long as no exudate has taken place; very little profuse expectoration of almost pure blood or frothy, pink mucus
8. Hepar sulphur: mild suppurative stage, extending only over small part of lung, chronic pneumonia; profuse purulent expectoration; weakness of chest preventing talking; late stage of croup-like pneumonia
9. Lycopodium: maltreated or neglected pneumonia, passing in to a typhoid stage; R side mostly affected; high-sweat, extensive hepatization; diaphragmatic breathing and fan-like motion of nostrils; great dyspnea, expectoration of whole mouthful of light rust colored mucus, not thick, more stingy; coldness of right foot, while other is warm or hot
10. Phosphorus: dryness of air passage; great weight on chest or tightness, chest sore, bruised, hepatization of lower half of R lung; wing-like motion of alae nasi; < from lying on left side, hepatization with mucus or bloody sputum; coughing increases difficulty of breathing, pleuro-pneumonia
11. Pulsatilla: broncho-pneumonia in acholoratic and anemic women; loose cough lingers after the resolution of a severe inflammation; debility and inertia of mid and body; free yellowish-green sputum
12. Rhus toxicodendron: tearing cough and restlessness; rest agg. pain and dyspnea; tongue dry, sooty, red tip; loss of strength; dryness and heat of skin, sputum < from distension of pit of stomach, sputum bloody, brick-dust or green, cold, of putrid smell
13. Sulphur: slow solidification of the lungs; frequent weak, faint spells and flushes of heat; feels suffocated, want doors and windows open; constant heat on top of head; short rapid breathing, a mere heaving of the chest; cough and expectoration nearly impossible, < about midnight; hepatization mostly heard on back; pneumonia of infants and old people
14. Veratrum album: frothy, serous sputum; blue face; dry, spasmodic cough; hurried and small pulse, cold skin and cold sweat with excessive debility; edema of lungs, suitable often to old people
POST-TRAUMATIC STRESS DISORDER

Definition:
The after-effect of a stressful situation that can cause a chronic complex of emotional and physical symptoms.

Etiology:
1. although a traumatic event is the trigger for the anxiety disorder known as PTSD, not all people experiencing traumatic events acquire the continued acute emotional responses to it
2. another factor in developing PTSD, aside from trauma, is the person's own innate ability to cope with the stress. While some soldiers become "battle-fatigued" after fighting with the enemy, others emerge from battle exhilarated by the encounter
3. it is hard to determine who exactly is at highest risk for development of PTSD in situations of severe stress (like soldiers before going to battle, or survivors of a massive natural disaster)
   a. many "strong" people wind up unable to cope with stress while "weak" people can rise to the occasion
   b. therefore, all who encounter stresses should be made aware of any untoward personality, emotional or physical changes that might signify the beginnings of PTSD

Signs and Symptoms:
Diagnostic criteria for PTSD include:
1. a person experiences an identifiable stress that would elicit symptoms of stress in almost anyone
2. the person re-experiences the trauma as noticed by one or more of the following:
   a. intrusive and recurrent memories of the event: "can't get it out of my mind"
   b. recurrent dreaming of the event
   c. acute episodes of "reliving" the event: acting out the event or feeling as if it were happening all over again (this type of response is triggered suddenly by a person, place, thing or occurrence in the environment)
   d. withdrawing from or numbed to the external world, beginning some time after the traumatic experience, as noticed by one or more of the following:
      A. decreased interest in former pleasurable or enjoyed activities (ie. sex, hobbies, job, family, sports, etc.)
      B. feeling of alienation/estrangement from others
      C. narrowed or flattened emotional range of response
3. the development of 2 or more of the following symptoms that were not present before the traumatic event:
   a. sleeping problems
   b. sensitivity to being startled; hypervigilance
   c. guilt over surviving or over actions that were needed to survive
   d. decreased ability to concentrate; forgetfulness; poor memory
   e. avoiding activities that recall the traumatic event
   f. worsening (intensification) of symptoms at events that symbolize or resemble the stressful event

PTSD can therefore include 1 or all of the following

Mental/emotional:
1. anxiety, depression, fear, irritability
2. sleep problems (too much or too little)
3. decreased memory, inability to concentrate or focus thought
4. recurrent nightmares; flashbacks
5. obsessive thoughts of the stressful event
6. poor work or school performance, withdrawal
7. personality changes, no interest in formerly pleasurable pursuits

Physical:
1. increased colds/flu
2. stomach pains, GI disturbances
3. h/a
4. generally lowered immune system functioning causing any number of diseases
5. assorted and various pains

Lab Findings:
1. (+) psychological testing for PTSD
2. test adrenal function

Course/Prognosis:
1. PTSD can cause significant life stress to the patient and their family and friends
POST-TRAUMATIC STRESS DISORDER

2. if untreated, the patient may gradually develop deeper mental/emotional disorders that can lead to suicide or violence against others
3. PTSD is treatable with psychotherapy, homeopathy and various other therapies to help the patient integrate the horror of the past experience with living now in a healthy and happy manner

Differential Diagnosis:
1. schizophrenia
2. paranoia
3. depression

Nutrition:
1. for nervous tension: 3oz. fresh oysters, 3oz. peanuts, 2oz. celery, boil in 2 pints water until reduced to half, divide in 2 halves and eat and drink BID for 7-14 days

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol, coffee, coffee
4. sweet foods and sugar

Supplements:
1. vitamin B complex
2. vitamin B-3 (1g QD)
3. vitamin B-6 (300mg QD)
4. vitamin B-12 (3mg QD)
5. tryptophan (1-2g QD)
6. consider adrenal support

Hydrotherapy:
1. constitutional hydrotherapy for relaxation

Physiotherapy:
1. aerobic exercise helps minimize stress

Botanicals:
1. Avena sativa: nervine tonic
2. Ferula sumbul: nerve tonic and re-constructive in convalescence from serious illness
3. Humulus lupulus: nervine
4. Panax spp.: adaptogen, increases resistance to stress
5. Passiflora incarnata: nervine
6. Scutellaria latifolia: nervine
7. Valeriana spp.: used in PTSD

Homeopathy:
1. Arsenicum album: loss of consciousness; vertigo; loss of memory; thoughts crowd the mind
2. Aurum metallicum: mental dullness and stupidity; insanity; joy from thoughts of death; ailments from grief, lost love
3. Ignatia: fright followed by grief; grief from loss of dear persons/object
4. Natrum muriaticum: bad effects of anger; violent rage if comforted; gloominess; sensitive to comments
PRE-ECLAMPSIA

**Definition:**
The development of albuminuria, HTN or edema between the 12th week of pregnancy and the end of the 1st week of postpartum, aka. "pregnancy-induced HTN (PIH)."

**Etiology:**
1. pre-eclampsia is seen mainly in women pregnant for the 1st time and in women who had HTN or a vascular disease before becoming pregnant
2. seen in 5% of pregnant women

**Signs and Symptoms:**
Pregnancy along with:
1. PB equal to or higher than 140/90 or
2. edema of the hands or face or
3. albuminuria equal to or greater than 1+ or
4. BP raises 30 mmHg systolic or 15 mmHg diastolic from their pre-pregnant readings; even if 140/90 is not reached

**Course/Prognosis:**
1. pre-eclampsia is not dangerous in itself, however, untreated it will develop into eclampsia, a potentially fatal illness
2. another of the most serious complications of pre-eclampsia is abruptio placenta
3. with proper treatment of pre-eclampsia the life of the mother and the fetus is usually preserved

**Nutrition:**
1. low fat, sugar, cholesterol and sodium diet
2. increase complex carbohydrate intake and foods rich in magnesium, potassium and rutin
3. protein 12-15% of diet
4. millet, buckwheat, oats, rice, raw goat's milk, raw leafy vegetables, onions, corn silk tea, garlic, broccoli, celery, cherries, nectarines, pineapple, kumquats, watermelons, squash, pomegranate, guava, parsley, cucumber, dandelion greens

For edema in pregnancy:
- boil 1 liter water and add 100g black soybeans and 30g sliced garlic cloves and 30g brown sugar, boil over low heat until the soybeans are fully cooked, eat 5-7x/day
- steam 250g gold carp with 90g small red beans until beans are soft, eat 5-7x/day
- soak 100g small red beans overnight; next day, boil in 3 cups water until beans begin to break, drink as soup

**Avoid:**
1. dairy products
2. salt, salty foods (pickles, olives, pretzels, chips, packaged snacks, meat (esp. ham, frankfurters, bacon, bologna, corned beef, lunch meats, frozen fish fillets, sardines, herring, caviar, anchovies, shellfish)
3. spicy foods (salsa, white and black pepper, mustard)
4. hot foods (ginger)
5. canned juices, soda pops and foods
6. preservatives (MSG, sodium benzoate, sodium propionate (in cheese and bread))
7. baking powder and soda
8. smoked foods (meats, fish)
9. Jello
10. alcohol, coffee, caffeine
11. fried, fatty, rich, spicy and/or salty foods
12. overeating
13. low levels of calcium and folate
14. sugar and sweets

**Supplements:**
1. vitamin B-6 (preventative: 20mg QD, if has developed: 800mg QD; also consider IM and calcium: 1-1.5mg QD)
2. vitamin B-6 (600mg IV) and magnesium (1500mg QD); for an 150lb. woman consider 200mg chloride [10cc of 2% MgCl2]
3. zinc
4. omega-6 FAs (for HTN)

**Hydrotherapy:**
1. neutral bath
2. peroxide bath

**Physiotherapy:**
1. pregnancy exercises to help prevent
PRE-ECLAMPSIA

**Botanicals:**

**Hypertension:**
1. Allium cepa and sativum
2. Crataegus oxyacantha
3. Medicago sativa
4. Passiflora incarnata
5. Petroselinum sativum
6. Rubus idaeus
7. Scutellaria lateriflora: nutritive and potassium-balancing
8. Taraxacum officinale

**Formulas:**

a. Avena sativa, Passiflora incarnata, Taraxacum officinale, Urtica spp. in equal parts; SIG: 60 drops, 4-5x/day

**Homeopathy:**

1. *Apis:* albuminuria; edema of feet; lack of thirst; < heat and touch; >open air, uncovering and cold bathing; dropsy in latter period of pregnancy, followed by puerperal convulsions
2. *Arsenicum album:* albuminuria; coldness and restlessness; great weakness; burning pains during urination
3. *Castoreum:* prostration; hysterical women with pains, cramps and weakness after severe illness
4. *Cuprum arsenitum:* albuminuria; puerperal convulsions; nephritis of pregnancy
5. *Kali chloricum:* toxaemic condition of pregnancy; albuminious, scanty, suppressed urine
6. *Lachesis:* puerperal convulsions; face purple
7. *Lycopodium:* pain in back before urinating, ceasing after flow, slow in coming, must strain; > by motion; < R, 4-8pm, from heat or warm room
8. *Phosphorus:* puerperal eclampsia during pregnancy; pale, bluish, puffed face; blue lips and nails; cramps; urine frequent and scanty, contain albumin and exudation cells
9. *Rhus toxicodendron:* d/c of blood; pelvic articulations stiff on beginning to move
10. *Veratrum viride:* puerperal convulsions during pregnancy; severe vomiting and constant nausea; constant pressure and confused feeling in the head with paroxysms of intense burning pains; prostration of strength; coolness of limbs; face flushed
PREMENSTRUAL SYNDROME

**Definition:**
A constellation of symptoms characterized by nervousness, irritability, emotional instability, depression, h/a, edema, mastalgia and food cravings, which arise in the 7-14 days before menses starts.

**Etiology:**
4 types of PMS:
1. **PMS-A** (most common type):
   a. anxiety
   b. mood swings
   c. nervous tension
   d. irritability
   -related to high estrogen and low progesterone
2. **PMS-C**:
   a. increased appetite and cravings
   b. h/a
   c. fatigue
   d. dizziness
   e. fainting
   f. palpitations
   -related to increased carbohydrate tolerance, decreased prostaglandin E1 in some
3. **PMS-D**:
   a. depression (crying, forgetfulness, confusion, insomnia)
   -related to low estrogen, high progesterone, elevated adrenal androgens if hirsuitism
4. **PMS-H**:
   a. hyperhydration (fluid retention, weight gain, swollen extremities, breast tenderness, abdominal bloating)
   -related to excess aldosterone

-most PMS sufferers will experience symptoms from more than one group
-consider liver overload on the 2 phase detoxification systems thus hormones can not be broken down properly and therefore circulate longer
-consider GI: certain bacteria can unconjugate (ie. estrogen) and then it will be reabsorbed and re-circulated

**Signs and Symptoms:**
Generally:
1. craving foods esp. chocolate and sugar
2. abnormal (for the patient) mood swings and hyperirritability
3. edema
4. bloating
5. breast tenderness
6. back pain
7. constipation and diarrhea
Specifically:
1. **PMS-A**: mood swings, nervous tension, irritability, anxiety
2. **PMS-C**: cravings, appetite increase, h/a, fatigue, dizziness, fainting, palpitations
3. **PMS-D**: depression, crying, forgetfulness, confusion, insomnia
4. **PMS-H**: hyperhydration (fluid retention, weight gain, swollen extremities, breast tenderness, abdominal bloating)

**Lab Findings:**
1. hormonal levels may be confirmatory of signs and symptoms if necessary

**Course/Prognosis:**
1. PMS is a complex problem involving many variables but can be well-controlled in most patients provided the appropriate diagnostic and therapeutic measures are employed

**Differential Diagnosis:**
Cyclic symptoms are normally unambiguous but transiently:
1. infections
2. pregnancy
3. toxic h/a
4. caffeine withdrawal

**Nutrition:**
1. vegan diet (75% carbs, 15% protein, 10% fat)
2. high fiber diet
3. increase food rich in vitamin B complex, calcium and magnesium
4. **liver cleansing foods**: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
PREMENSTRUAL SYNDROME

5. increase omega-3 and -6 FAs: vegetable, nut, seed oils, cold water fish (salmon, herring, mackerel, sardines), walnuts, flaxseed oil, EPO, black currant oil
6. citrus peel, garlic, onions, legumes, kelp, apples, sesame seeds, brewer’s yeast, alfalfa tablets, dark green leafy vegetables (beet, radish, mustard, dandelion greens, collard greens, kale, spinach, chard), ginger, green onions, fennel, hawthorn berries, cinnamon

Remedies:
   a. tea from ginger, green onions, fennel, black pepper and orange peel, boil for 10min., drink TID, starting 1 week before premenstrual symptoms
   b. spinach soup boiled for 30min.
   c. tea from hawthorn berries and cinnamon

Avoid:
1. meat, shellfish
2. spicy, fried, fatty, rich and/or salty foods
3. sugar and sweets, chocolate
4. cold and raw foods in excess
5. excess fruit
6. dairy products
7. processed and refined foods
8. alcohol, coffee, caffeine, black tea
9. cabbage, cauliflower, broccoli, brussel sprouts, kale, sweet potatoes, turnips
10. estrogenic foods: animal products, apples, cherries, olives, plums, carrots, yams, nightshade family (eggplant, peppers, tomatoes, potatoes, tobacco), peanuts, soy products, coconut, brown rice, barley, oats, wheat, alfalfa

Supplements:
1. vitamin A (100-300,000 IU QD, 2nd half of cycle) TOXIC DOSE
2. vitamin B-3
3. vitamin B-6 (100mg TID)
4. vitamin E (30 IU QD) [2 month trial]
5. magnesium (800mg QD)
6. calcium (1g QD)
7. zinc
8. lipotrophic factors: cystein, methionine, choline, inositol
9. tryptophan (1-2g QO, without food)
10. tryosine (500mg BID)
11. digestive enzymes
12. essential FAs: EPO (500mg TID) or flaxseed oil (1 Tbsp. BID)

Hydrotherapy:
1. constitutional hydrotherapy

Physiotherapy:
1. aerobic exercise program (sometimes helps)
2. massage: to abdomen and pelvis

Botanicals:
1. Angelica sinensis
2. Borago officinalis: oil from seed influences prostaglandin synthesis
3. Chamaelirium luteum (Helonias): sense of weight; congestion of pelvic contents with irritability
4. Linum usitatissimum (flaxseed oil): oil from seeds influences prostaglandin synthesis
5. Oenothera biennis: oil from seeds influences prostaglandin synthesis
6. Ribes nigra: oil from seeds influences prostaglandin synthesis
7. Selenicereus grandiflorus: for nervous menstrual h/a
8. Silybum marianum: improves liver function; helps liver conjugate and metabolize estrogen
9. Taraxacum officinale: improves liver function; helps liver conjugate and metabolize estrogen; diuretic
10. Trifolium pratense: anti-spasmodic with phytosterol activity; alterative
11. Viburnum prunifolium: uterine sedative and tonic
12. Vitex agnus castus: PMS based on hyperfolliculinism; acne and premenstrual herpes labialis

Formulas:
   a. Angelica sinensis, Chamaelirium luteum, Viburnum spp., Vitex agnus-castus in equal parts; SIG: 60 drops QID
   b. uterine pain: Caulophyllum thalictroides or Cimicifuga racemosa, Viburnum spp.

Homeopathy:
PREMENSTRUAL SYNDROME

1. **Bovista**: spasm in chest; painful bearing down I genitals; diarrhea, pain as if bruised; weary in loins, belly and thighs, preventing going upstairs; leukorrhea is acrid, corrosive, green, thick, slimy, tough

2. **Calcarea carbonica**: sensitive to frights and amorous dreams; h/a; chills and nocturnal colic pains; aching of back and hips; pain in armpits and swelling of breast; leukorrhea

3. **Calcarea phosphorica**: insatiable sexual desire (nymphomania), followed by a copious flow; h/a for 3-7 days before; gripping and rumbling in bowels

4. **Cuprum**: violent, unbearable cramps in the abdomen, extending to the chest, causes N/V; may have convulsions of limbs and piercing shrieks

5. **Lachesis**: nervous distress; desires open air; vertigo, nosebleed; pains in the L ovary; spasms of the chest; eructations; diarrhea with violent straining colic, leukorrhea: copious, green, stiffens lines; pain in the back with abdominal cramps and throbbing h/a

6. **Lycopodium**: sad, chilly, bloated abdomen; melancholy; delirium with weeping; coldness and heaviness of feet/legs; flatulence; ill humor; h/a; severe back ache; nausea; faintness

7. **Natrum muriaticum**: anxious, sad, irritable; nausea, sweetish eructations in morning; h/a; eyes heavy; palpitation; disposition to faint; expectoration of bloody saliva; cutting, tearing, burning in vagina; leukorrhea; lassitude and trembling; toothache

8. **Pulsatilla**: leukorrhea; desire to urinate; water running from mouth; vomiting; asthma; abdomen swells, stitches in the side; vertigo and eructations; chills; convulsions

9. **Sepia**: sadness, toothaches; violent pressure in the forehead; nosebleeds; soreness of limbs; colic pains day before menses; restless sleep, with frequent starting and screaming; hour before pressure in the abdomen becomes a violent pain in the umbilical region, > menses

10. **Sulphur**: moroseness/apprehension with uterine pain; menses 2 days too late; constipation and distended abdomen; suppressed with congestion to other parts; nosebleed; itching of vulva; cramp in splenic region; toothache, heartburn, night sweats

11. **Veratrum**: nymphomania before menses from unsatisfied passion or mental causes; h/a, vertigo, nosebleed, night sweats

12. **Zincum metallicum**: boring pain in the L ovary region, > from pressure, entirely relieved by menstrual flow; boring, burning felt between menstrual periods; > excessive flow; heaviness and weakness of lower extremities; pain so severe in limbs she cannot keep them still
PROSTATE CANCER

7. constipation
8. stress

Lifestyle:
1. exercise
2. laugh often

Supplementation:
1. vitamin A (has been shown to diminish the decreased wound healing)
2. vitamin C (3-12g QD, divided doses)
3. vitamin E (400-800 IU QD)
4. selenium (200mcg QD)
5. zinc
6. Co-enzyme Q10 (150-300mg QD, during chemotherapy and for 6 months after)
7. thymus extract (750mg crude polypeptide 1-2x/day)
8. flax seed oil (1-2 Tbsp. QD)

Hydrotherapy:
1. fever treatments

Botanicals (general cancer/neoplasm):
1. Avena sativa: nervous debility of convalescence
2. Baptisia tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: dyscrasias due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increases interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
7. Larrea divaricata: Mexican folklore
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
9. Rumex crispus: to prevent early stages of cancer
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use patients are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formula:
Constitutional cleansing and cancer support formula:
1. Arctium lappa (6 g)
2. Berberis aquifolium (6 g)
3. Glycyrrhiza glabra (12 g)
4. Phytolacca decandra [toxic] (6 g)
5. Rhamnus frangula [toxic] (3 g)
6. Rhamnus purshiana (3 g)
7. Stillingia sylvatica [toxic] (6 g)
8. Trifolium pratense (12 g)
9. Xanthoxylum americanum (3 g)

Combine the dry herbs, place in 3 cups of water and simmer for 10-15 minutes, cool, strain and store in a dark glass jar.
SIG: use 2-4 Tbsp. tea in a third cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops strong iodine (Lugol's) solution; take QID, after each meal and before bed (NCNM Pharmacy)

Homeopathy:
1. Conium maculatum: stony, hard prostate, inability to have erections but high sex drive; intermittent urination in old people; urine flows and stops; weight like a stone in perineum
2. Crotalus horridus: cancer with hematuria
3. Iodatum: incontinence of urine; complete prostration of strength and general emaciation; < external warmth
4. Psorinum: d/c of prostatic fluid before urinating; several organs flabby, torpid; aversion to sex
5. Selenium: lot of sexual activity that led to debility, masturbation; < in hot weather, after sleep and anything that causes relaxation; involuntary dribbling
PROSTATE CANCER

6. Sulphur: offensive sweat around genitals
7. Thuja: pain, burning on urination or ejaculation, lot of sexual problems; frequent and urgent desire to urinate
PROSTATITIS

Definition:
An acute or chronic infection of the prostate gland

Etiology:
1. usually infection by Chlamydia (major cause of acute non-bacterial prostatitis), gram (-) enteric bacteria or Neisseria gonorrhea

Signs and Symptoms:
Acute bacterial prostatitis: often seen in young males and those receiving catheterization
1. high fever with chills
2. UTI with frequency, urgency, dysuria or burning, nocturia
3. occasional hematuria
4. low back/testicular/perineal pain
5. obstructive symptoms when voiding may occur
6. boggy, markedly tender prostate

Note: vigorous massage of the prostate with suspected infection is contraindicated to avoid bacteremia
Chronic bacterial prostatitis: most common cause of recurrent bacteriuria in males
1. often asymptomatic; except when there are frequent UTIs (symptomatic)
2. bacteriuria
3. bacteria found in prostate secretions
4. prostate may feel normal on palpation or tender and boggy with significant secretions

Acute non-bacterial prostatitis:
1. typically seen in young, sexually active men
2. symptoms are the same as bacterial prostatitis but no bacteria are present
3. recent hx of non-specific urethritis
4. pain or burning sensation upon urination or ejaculation
5. Chlamydia infection can be asymptomatic

Chronic non-bacterial prostatitis:
1. symptom picture is similar to chronic bacterial prostatitis
2. rarely have UTIs

Lab Findings:
Acute bacterial prostatitis:
1. three cup UA and culture of urine for causative agent

Chronic bacterial prostatitis:
1. three cup UA and culture
2. possible WBCs and oval fat bodies in prostatic secretions

Acute non-bacterial prostatitis:
1. WBCs are >1000 leukocytes/mm³

Chronic non-bacterial prostatitis:
1. WBCs and oval fat bodies usually present in secretions
2. culture d/c

Course/Prognosis:
1. anti-microbial drugs (tetracycline and erythromycin) are typically used with good results in the bacterial diseases
2. non-bacterial prostatitis treatment is harder for conventional physicians to treat since the drugs do not help
3. serious problem if infection involves the epididymus and vas deferens
4. Chlamydia is cause of 28-71% of infertile males which have evidence of Chlamydia infection

Differential Diagnosis:
1. BPH
2. Prostate cancer
3. Other causes for UTIs (ie. urethritis, cystitis, pyelonephritis) in a male patient

Nutrition:
Acute:
1. increase fluids (increases urine flow; > 64 ounces of liquids therefore avoid soft drinks, concentrated fruit drinks, coffee and alcohol; no fluids after 7pm)
2. short fruit or vegetable juice fast
3. vegetarian cleansing diet

Chronic:
1. hypoallergenic/rotation diet
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2. foods rich in zinc: oysters, herring, clams, eggs, molasses, brewer’s yeast, squash seeds, almonds, sesame seeds, tahini
3. vitamin E rich foods: kelp
4. anise, tangerine, cherries, figs, litchi, sunflower seeds, mangos, seaweeds
5. pumpkin seeds (raw): 25 QID
6. lemon juice in warm water

Avoid:
1. food intolerances (identify)
2. dairy products
3. rich, fatty and/or greasy foods
4. stimulating foods, coffee, caffeine, alcohol
5. citrus
6. sugar

Supplementation:
1. vitamin B complex
2. vitamin B-6 (50mg QD)
3. vitamin C (500-1000mg TID)
4. vitamin E (200-400 IU QD)
5. magnesium (400mg QD)
6. zinc (50mg QD for 3 months then 30mg QD)
7. evening primrose, flax, sunflower, soy oils (1 Tbsp. QD)
8. bee pollen (3 tabs QD)
9. lactobacilli acidophilus (if antibiotics have been used)

Hydrotherapy:
1. sitz bath (alternating)
2. short cold bath
3. hot foot bath: with cold compress to pelvic region
4. hot enema: up to 103°F may be used 3-4x/day (great for acute cases, says Kellogg)
5. chronic: hot sitz bath (avoid in acute inflammation or infection or with fertility problems)

Manipulation:
1. check and align T-12

Physiotherapy:
1. pelvic muscle massage
2. spondylotherapy: sine or concussion over T-12 and sacrum
3. prostatic massage (weekly)
4. diathermy: use electrode on prostate gland via rectum and large pad over abdomen; 200-1000mA, for 20-30 min., 3x/wk, or place one pad lower abdomen and 2nd pad mid buttocks

Botanicals:
1. Aconitum napellus (toxic): initial stages of inflammation
2. Barosma betulina: antiseptic with Althea officinalis; inflammation
3. Buchu: chronic prostatitis
4. Chimaphila umbellata (leaves): scant urine but excessive voiding of mucus, muco-pus or bloody muco-pus; burning pain with urination; chronic vesical catarrh with debility; combine with Cimicifuga and zinc (tincture: ½-2 dr; fluid extract: ½-2 dr)
5. Delphinium staphysagria (toxic): incontinence, vesicle and prostatic irritation with urgency and increased frequency, dysuria; excessive d/c from (+ zinc)
6. Equisetum hyemale: increases flow of urine, relieves irritation; boggy feeling; aged and sedentary
7. Eryngium maritimum: with increased frequency; combines well with Hydrangea arborescens and Eupatorium purpureum
8. Eupatorium purpureum
9. Gallium aparine: weakened, elderly patient, clears inflammation; irritation of
10. Hydrangea arborescens; prostatitis and enlarged prostate
11. Medicago sativa: restores weakened patient, relieves irritation
12. Piper cubeba: chronic inflammation; drainage following infection
13. Piper methysticum: burning urination, hypertrophy
14. Pygeum africanum: high in beta-sitosterol; has an anti-inflammatory effect; lower serum testosterone and LH, increase prostatic secretions and reduce hypertrophy; standardized extracts containing 14% beta-sitosterol and 0.5% n-docosanol (50-100mg BID for approximately 2-3 months)
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15. Salix nigra: an aphrodisiac, tonic
16. Santalum: with zinc; urinary antiseptic (oil: 1-15 drops, usually BID; fluid extract: ½-2 dr)
17. Serenoa repens: boggy feeling; liposterolic extract of the Saw palmetto berry standardized to contain 85-95% FAs and sterols (160mg BID)
18. Serenoa serrulata: dull, aching, throbbing pain in prostatic urethra, mucoid and prostatic d/c
19. Thuja occidentalis: enlarged, urine dribbles
20. Triticum repens (cough grass): chronic prostatitis with enlarged prostate, hematuria and strangury
21. Urtica dioica: nourishing diuretic for stinging pains; pollen extract (Cerniton®: 2 tabs TID)
22. Zea mays

Consider for inflammation of the prostate with sensation of heat and burning pain: Agropyron repens, Epigea repens, Eupatorium purpureum, Gaultheria procumbensm, Galium aparine, Hydrangea arborescens, Zea mays,

Formulas:

a. cleans out sediment and arrests infection:
   Althea officinalis, Arctostaphylos uva-ursi, Capsicum frutescens, Eupatorium purpureum, Hydrastis candensis, Juniperus communis (berries), Lobelia inflata (toxic), Petroselinum sativum, Zingiber officinale (NCNM Botanicals)

b. to improve health of the prostate:
   Alaria esculenta, Capsicum frutescens, Cimicifuga racemosa, Fo-Ti (Chinese), Glycyrrhiza glabra, Lobelia inflata (toxic), Zingiber officinale (NCNM Botanicals)

c. prostatitis with pain on ejaculation and possibly bloody ejaculate:
   Althea officinalis (2 dr), Arctostaphylos uva-ursi (1 dr), Echinacea spp. (2 dr), Piper cubeba (2 dr), Serenoa repens or serrulata (1 dr)
   SIG: 45-60 gtt. every 2 hours for 8-12 hours
   Then take out the Echinacea spp. and optionally Piper cubeba, add Zea mays (1 dr)
   SIG: 46-60 gtt. TID, then 30 gtt. TID (NCNM Botanicals)

d. Cucurbita pepo (pumpkin seeds), Echinacea, Serenoa repens, Uritica dioica; equal parts powder
   SIG: 2-3 caps BID

Homeopathy:

1. Aconitum napellus: initial stage
2. Belladonna: throbbing
3. Chimaphila: with hypertrophy of prostate, frequent urination and discomfort
4. Conium maculatum: with enlarged gland
5. Ferrum picrum: best remedy for prostatic enlargement and inflammation in the aged
6. Lycopodium: enlarged prostate and inflammation, when there is pressure in the perineum near the anus while urinating
7. Sabal serrulata: inflammation and enlargement when the gland is hot, swollen and painful; in senile cases
8. Spongia tosta: hypertrophy, spermatic cord and testicles are red and swollen
9. Thuja: hypertrophy and inflammation, frequent pressing to urinate with small d/c, d/c of prostatic fluid in morning on waking
PSORIASIS

Definition:
A common, persistent and recurrent skin disease with dry, well-circumscribed silvery, scaling papules and plaques of different sizes.

Etiology:
1. is one of the most common skin diseases, affecting approx. 2-4% of the Caucasian population (fewer African-Americans are affected)
2. most experience the onset before the age 20, although the usual ages are between 10-40 years old
3. there seems to be a genetic tendency, as 30% of patients have a (+) family history and certain HLA antigens are associated with the disease
4. although the exact cause is unknown, one possible explanation for the development might be the abnormal ratio of cAMP to cGMP in the epidermis of the psoriatic patient (decreased cAMP and increased cGMP levels are present in affected individuals)
5. it is a hyper-proliferative disease, where the normal transit time of the epidermis decreases from 28 days to 3-4 days
6. the presentation can vary from 1-2 lesions to a severe outbreak with accompanying arthritis and exfoliation
7. miasatically speaking, the second we touch the earth we have psora (psoric miasm) therefore depending on how the vital force decides to exhibit symptoms or what miasm the individual is presenting may determine the extent of the psoriasis outbreak. By clearing the psoric miasm and getting the patient to a latent psora state is the ultimate goal.

Signs and Symptoms:
1. onset is gradual
2. course of disease is marked by remissions and exacerbations of varying acuity
3. only 30% of psoric patients experience itching of the lesions
4. usually < in winter from low humidity and lack of sunlight
5. lesions:
   a. well-circumscribed papule or plaque with a characteristic salmon-red color and overlapping, slivery, slightly opaque, shiny scales
   b. removal of the scale results in pinpoint bleeding (Auspitz sign)
   c. heal without scarring and do not affect hair growth
   d. pustules may present with inflammation (they are sterile and do not represent infection)
6. if the nails become involved, they resemble fungus infections with pitting, fraying, thickening, discoloration and debris under the nail bed
7. factors which can trigger an eruption include:
   a. trauma to the area (the Koebner phenomenon)
   b. bad sunburns, irritation
   c. topical medications
   d. acute URI (esp. in children)
8. eruptions:
   a. may be generalized over the entire body, with particular areas of susceptibility:
      A. hairline of the scalp
      B. extensor surfaces of extremities (knees, elbows, wrists)
      C. buttocks and sacrum
      D. occasionally: the eyebrows, axillae, nails (50% of patients have nail involvement), umbilicus and anogenital regions (psoriasis is the most common cause of pruritis ani)

Lab Findings:
1. (+) food sensitivities
2. altered cAMP/cGMP ratio
3. (+) HLA-B27
4. pustular lesions should be checked for Candida

Course/Prognosis:
1. no conventional treatment that assures a cure and the prognosis depends on the age of onset and the severity of presentation
2. often, acute attacks can clear up but it is rare for complete remissions to occur and last after conventional treatment
3. 6-7% of psoriatic patients develop psoriatic arthritis (usually following skin eruption) and almost all such patients have nail involvement
4. psoriatic arthritis is a rheumatoid-like arthritis with a (-) RF serology, although most patients have a (+) HLA-B27 antigen
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a. the arthritis can be very severe and quickly causes major joint damage (treatment is similar to RA)

Differential Diagnosis:
1. seborrheic dermatitis: with scalp lesions; there is healthy skin between psoriatic lesions
2. squamous cell carcinoma in situ: with truncal lesions
3. 2nd syphilis: (+) blood serology
4. fungal infections of nail: (+) fungal culture
5. eczema
6. lichen planus: has little scaling
7. localized scratch dermatitis
8. cutaneous LE
9. tinea corporis: will have (+) fungal culture
10. pityriasis rosea: “herald patch”, has acute onset
11. contact dermatitis

Nutrition:
1. vegan diet
2. hypoallergenic/rotation diet
3. high fiber diet
4. vegetable juice fast
5. foods rich in vitamin A, B complex, E, silicon and lecithin
6. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
7. increase omega-3 and -6 FAs
8. unripe dry prunes, guava skins, pearl barley, vinegar, garlic, walnuts, cucumber, beet tops, dandelions, squash, mung beans, black bass, rye, avocados, sea vegetables, whey, apple, millet, rice polishings, rice bran, sprouts

Remedies:
   a. cut and crush 250g fresh ginger and soak in 500ml white wine for 2 days, apply externally
   b. crush peeled garlic cloves, mix with sesame oil or lard to make ointment then apply externally
   c. mix 20g whole cloves with 70% alcohol to make 100ml, apply externally to affected area
   d. oil of avocado applied externally
   e. decoct dried, unripe pitted prunes into tea, then reduce into syrup, take in 2 Tbsp. warm water TID

Avoid:
1. food intolerances
2. cyclo-oxygenase inhibitors: NSAIDs, aspirin
3. tryptophan
4. cGMP stimulators: biotin, ginseng, vitamin C and cAMP antagonists (ie. beta-blockers) [Marz]
5. alternative complement system activators: burdock, Echinacea, Inula [Marz]
6. spicy foods, Heat producing foods, stimulating foods
7. fatty, fried and/or rich foods
8. citrus fruit
9. animal products, pork, eggs
10. dairy, butter
11. sugar and sweet foods, refined foods, processed foods
12. foods with hydrogenated fats

Supplements:
1. vitamin A (50,000 IU QD)
2. vitamin B-6 (50mg QD)
3. vitamin B-12 (1000mcg IM)
4. folic acid (25mg TID)
5. vitamin D cream
6. vitamin E (400-800 IU QD)
7. magnesium (500mg QD)
8. selenium (200mcg QD)
9. zinc (30mg QD)
10. omega-3 FAs
11. EPO (4 caps TID)
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12. lecithin (3-6g QD)
13. bioflavonoids (2g TID)

Hydrotherapy:
1. constitutional hydrotherapy
2. fever treatment: hot half bath, 5x/wk
3. daily baths: to assist the removal of scales
4. sea water bathing
5. starch bath

Manipulation:
1. check and align T6, T9-11

Physiotherapy:
1. daily outdoor exercise: to reduce stress
2. US: with linseed oil
3. rub down with petroleum jelly then sun bath

Botanicals:
1. Alaria esculenta: nutritive, supplies iodine
2. Berberis aquifolium: stubborn cases; alterative, cholagogue, astringent; combines well with Rumex crispus
3. Glycyrrhiza glabra: as an emollient, nutritive
4. Hernia glabra
5. Juniperus communis (oil): externally
6. Phytoleca decandra (toxic): indolent skin conditions
7. Rumex crispus: chronic skin disorders, tonic, alterative; esp. psoriasis with constipation; often used with Taraxacum officinale
8. Scrophularia nodosa: ulcers from skin disease; with gladular disorders; may combine with Rumex crispus
9. Smilax sarsaparilla: specifically for psoriasis; with irritation and heavy desquamation; may be combined with Arctium lappa and Rumex crispus
10. Solanum dulcamara (toxic): deficient capillary circulation
11. Stellaria media: topical application as an ointment for itching; combines well with Althea officinalis (root or leaf) and/or Ulmus fulva
12. Trifolium pratense: specific for psoriasis; combines well with Rumex crispus

Formulas:
- Linum usitatissimum possibly with 1-2% of Hypericum perforatum oil added
- Rumex crispus, Taraxacum officinale syrup
- Scrophularia nodosa combined with hepatic and stimulating diuretics
- Taraxacum officinale, Arctium lappa, Rumex crispus

Homeopathy:
*You must clear the psoric miasm with the appropriate anti-psoric remedy

1. Arsenicum album: < cold, wet, > warmth; 200c every week
2. Arsenicum Bromium: use 3x
3. Arsenicum iodatum: > cold, wet or by cold application, < warmth; use 6-30c
4. Chrysarobinum: vesicular or squamous lesions with foul smelling d/c and crust formation; violent itching; dry, scaly eruption, esp. around eyes, ears
5. Manganum: appears or < at time of menses; painful cracks
6. Mezereum: on palms, itching, heat
7. Petroleum: on hands with fissures, < cold
8. Selenium: on palms; itching of the palms, hands withered; tearing pains in hands
9. Sulphur: start with this remedy [Caution: use very low potencies; Sulphur has an affinity for the skin and can really aggravate]
**PYELONEPHRITIS**

**Definition:**
An acute, usually bilateral, patchy, pyrogenic infection of the kidney.

Chronic bacterial pyelonephritis: a chronic, often bilateral, patchy, pyrogenic infection of the kidney causing atrophy, calyceal deformity and parenchymal scarring.

**Etiology:**
1. Infections most often occur by the ascending route after having entered through the urethral meatus
2. is most common women due to the shortness of their urethra
3. Is esp. seen in childhood, during pregnancy, when using the diaphragm as birth control, from sexual intercourse or from wiping forward after a bowel movement (the latter two, is when bacteria can be easily introduced to their urinary meatus)
4. The condition is uncommon in men free from any anatomical abnormalities and is usually associated with the obstruction caused by BPH
5. Conditions affecting pathogenesis, usually by first causing a urinary bladder infection include:
   a. **Obstruction:** Tumors, BPH, calculi, strictures
      A. Obstruction causes stagnation, stagnation invites bacterial invasion and infection soon follows
      B. It is of utmost importance to uncover and treat the cause of obstruction to prevent recurrent infections
   b. **Pregnancy:** Due to decreased ureteral tone, ureteral peristalsis, temporary incompetence of the vesicoureteral valves, as well as the pressure of the fetus resting on the bladder causing obstruction or tissue irritation
   c. **Vesicoureteral reflux:** Reflux of the urine out the bladder, back up the ureters into the renal pelvis of the kidneys
      A. Common in children with anatomical abnormalities of the urinary tract
      B. In children with no abnormalities but with a UTI (where it seems the reflux is a response to, not cause of, the UTI)
      C. Will disappear upon correction of the anatomical abnormality
   d. **Neurogenic bladder dysfunction:** Due to an interruption of the nerve supply to the bladder
      A. Common diseases with neurogenic bladder include tabes dorsalis, spinal cord injury, DM and MS
6. The disease process is often related to the chronic use of a catheter or immobilization causing demineralization and the resulting hypercalciuria, stone formation and obstructive uropathy
7. The most common organisms implicated in pyelonephritis are:
   a. E. coli (85% of infections)
   b. Klebsiella
   c. Proteus
   d. Enterobacter
   e. Staphylococci
   f. Group D Streptococci
   g. Pseudomonas
   h. Uncommon organisms: Serratia, Acinetobacter and Candida are usually seen in patients needing catheterization, on immunsuppressive or corticosteroid drugs or who are on chronic antibiotic use
8. Hematogenous spread of bacteria from another system to the kidneys is usually related to Staphylococci and produces cortical or perinephric abscesses

Chronic bacterial pyelonephritis:
1. Leads to end-stage renal failure in 10-15% of patients requiring them to be treated with dialysis or transplantation

**Signs and Symptoms:**
Symptoms usually develop rapidly over several hours or a day and are characterized by:
1. Chills
2. Fever (often > 103°F)
3. N/V
4. Flank or back pain in the area of the kidneys; pain can be intense
   a. PE: (+) kidney punch
5. Classic symptoms of cystitis such as urgency and frequency may or may not be noted
6. PE:
   a. Some abdominal rigidity
   b. Marked tenderness on deep pressure over abdomen and/or over one or both posterior costovertebral areas (CVA)
   c. (+) kidney punch
PYELONEPHRITIS

d. tongue may be fissured
7. occasionally, esp. in thin patients, if abdominal rigidity is minimal or absent, an enlarged, tender kidney may be palpated
8. patient may be flexed over the affected kidney side
9. in children, signs and symptoms may be slight or less diagnostic
10. in chronic kidney disease, the patient will have a forward curve of lordosis and the patient might put their hands on the kidneys when walking or rising from a chair

Chronic bacterial pyelonephritis:
1. clinical clues: fever, flank pain, chills are often absent
2. history of recurrent UTI and a pattern of renal abnormality leads to the diagnosis
3. obstructive uropathy is frequently seen in these patients and if a urogram shows a dilated calyceal system with scarring, the diagnosis is usually assured

Lab Findings:
1. UA (midstream clean catch sample):
   a. bacteriuria (> 100,000/ml of urine)
   b. alkaline pH
   c. WBC casts (pathognomonic for pyelonephritis)
   d. minimal albuminuria (< 2g/24 hours)
   e. proteinuria (< 1g/day)
   f. possible hematuria
2. decreased 24-hour creatinine clearance followed by a rise in BUN and blood creatinine
3. significant leukocytosis (usually present)
4. culture should be done to identify the organism and to determine antibiotic sensitivity

NOTE: other procedures, such as rectal exam in the male to uncover BPH, pyelography or voiding cystoureterography are indicated in patients when obstruction is suspected but not yet pinpointed

Chronic bacterial pyelonephritis:
1. urogram (+) for obstruction and may be seen, a dilated calyceal system with scarring
2. proteinuria is occasional or slight until the kidney disease is very advanced and it is still minimal (< 1g/m²/day)

Course/Prognosis:
1. prognosis depends on stopping the infection as quickly as possible to avoid damage to the kidneys
2. surgery may be required if obstruction is present

Chronic bacterial pyelonephritis:
1. the course of the disease is extremely slow (patient may still have adequate renal functioning 20-30 hours after onset
2. both recurrent episodes of acute pyelonephritis and a chronicity or urinary obstruction are the main factors involved in the worsening of the disorder
3. although most patients will present with progressive renal dysfunction as they age

Differential Diagnosis:
1. revolves around discerning which part(s) of the urinary tract is involved in the infective process and to uncover the cause

Otherwise:
   a. nephritis
   b. nephrosis
   c. polycystic kidney disease
   d. renal calculi

Nutrition:
   Acute nephritis:
   1. low protein diet (0.5g/kg of body weight or less)
   2. sodium restricted diet
   3. water fast or alkaline fast
   4. oliguria: fluid limited to the urine output plus the water loss from the skin

   After the acute period:
**PYELONEPHRITIS**

1. black beans, mung beans, adzuki beans, pearl barley, garlic, carp, winter melon, watermelon, cornsilk, sweet rice, lotus root, water chestnuts, parsley, peach, pear, mango, cucumber, watercress, melons, green beans, collards, beets, grapes
2. asparagus and parsley in small amounts

**Remedies:**
- a. cook soup with adzuki beans, winter melon rind, watermelon rind and cornsilk, TID
- b. lotus root tea
- c. apple peel tea (steeped)
- d. potato broth
- e. watermelon fast
- f. cornsilk tea
- g. cook soup from carp, adzuki beans, winter melon and green onions, start with 5 cups water reduced to 3 cups, drink and sweat

**Chronic nephritis:**
1. ginger, Chinese black dates, sweet rice, soybeans, winter melon, carp, yams, mung beans black beans

**Remedies:**
- a. rice porridge and add ginger, cinnamon, Chinese black dates, eat BID
- b. cook soup from carp, adzuki beans, winter melon and green onions, start with 5 cups water reduced to 3 cups, eat every day for at least 20 days
- c. rice porridge with yams
- d. crush entire watermelon with rind and slowly cook to a thick syrup, take 2 Tbsp. syrup in warm water TID
- e. eat 1-2 cucumbers or drink the juice

**Avoid:**
1. asparagus and parsley in extreme kidney inflammation
2. stimulating foods, salty, sour and/or spicy foods
3. high protein foods, meats
4. rutabaga, garlic, green onion, chive, red pepper
5. alcohol, coffee, caffeine

**Supplements:**
- 1. vitamin A (50,000 IU QD)
- 2. vitamin B complex
- 3. vitamin C (2g QD)
- 4. vitamin E (800 IU QD)

**Hydrotherapy:**
1. hot fomentation: over back, 45min., repeat every 3-4 hours until fever drops below 100°F
2. wet sheet pack: wrung out with Epsom salt
3. castor oil packs

**Manipulation:**
1. check and align T10-L1

**Botanicals:**
1. **Arctostaphylos uva-ursi**: increases renal circulation
2. **Capsicum frutescens**: enfeebled conditions
3. **Chimaphila umbellata**: mucopurulent or purulent d/c; chronic infections
4. **Eucalyptus spp.**: urine offensive, catarrh
5. **Juniperus communis**: after acute inflammation, restores function
6. **Pareira brava**: chronic kidney disease, large amounts of pus and mucus
7. **Vaccinium macrocarpon** (cranberry): inhibits adhesion of bacteria, acidifies urine [commercial cranberries are highly sprayed with chemicals]

**Homeopathy:**
1. **Apis**: inflammation of the kidney; proteinuria and hematuria; scanty urine; ineffectual urging
2. **Arsenicum album**: renal disease with scanty urine, with albumin but no blood, abundant renal casts; urine looks like dark “dung water”
3. **Berberis**: soreness in lumbars; < pressure, jarring
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4. **Cantharis**: dull, pressive pains in kidney radiating to urethra; < touch of kidney; violent urging; bloody urine by drops

5. **Kali bichromicum**: pain in the back with bloody urine; shooting pains in the region of kidneys with urging in day; suppressed urine with kidney ache; ropy mucus in urine; pain in coccyx before urination > after
RAYNAUD’S

Definition:
Spasm of the arterioles, esp. in the hands and feet, with the characteristic color changes of pallor, cyanosis and rubor, respectively.

Etiology:
Two classifications:

Raynaud’s disease:
1. when it begins idiopathically
2. it is seen most often in young women and rarely causes tissue necrosis
3. cold is often a stimuli to initiate the spasms of the arterioles, which may last from minutes to hours

Raynaud’s phenomenon:
1. used to describe Raynaud’s when it occurs secondary to another disorder; primary conditions associated are:
   a. connective tissue disorders: scleroderma, RA, SLE
   b. myxedema
   c. trauma
   d. primary pulmonary hypertension
   e. neurogenic lesions: thoracic outlet syndrome
2. if it becomes frequent and chronic, the digits may become smooth, shiny and tight from the loss of subcutaneous tissue (sclerodactyly)
3. in severe advanced cases, the arterial intima may become thickened and lead to thrombus formation
4. distal ulceration of the fingers can occur
5. factors which suggest that Raynaud’s is associated with underlying disease include:
   a. abrupt onset with acute tissue death
   b. onset late in life (> 50), esp. when males are afflicted
   c. unilateral or asymmetric involvement
   d. concurrent development of symptoms associated with another condition

Signs and Symptoms:
1. usually precipitated by cold exposure or emotional upset
2. triphasic color changes:
   a. pallor (total whiteness of digits often occurs)
   b. cyanosis
   c. rubor
   d. > with rewarming affected digits
   e. not seen proximal to the metacarpophalangeal or metatarsophalangeal joints
   f. the thumb is infrequently involved
3. pain: may be excruciating; tingling, numbness and burning are common
4. Raynaud’s disease:
   a. bilateral (the phenomenon may be unilateral)
   b. history of the disease for 2 years with no other symptoms developing and no progression of the disease
5. Raynaud’s phenomenon:
   a. may be unilateral
   b. may develop skin ulcers or gangrene

Lab Findings:
1. (+) for primary disease with Raynaud’s phenomenon
2. cold agglutinins may be present

Course/Prognosis:
1. Raynaud’s disease:
   a. attacks may be more random
   b. conventional treatment consists of drug therapy and sympathectomy
2. Raynaud’s phenomenon:
   a. the course is gradual and consistent with recurrent attacks when exposed to initiating stimuli
   b. possible develop skin and arterial changes

Differential Diagnosis:
1. chronic arterial disease (thromboangitis obliterans)
2. CVD (esp. scleroderma)
3. long-term occupaitonal or industrial use of vibrating machines
RAYNAUD'S

4. lead or arsenic poisoning
5. hematologic disorder (i.e. cold agglutinins)
6. cold injury
7. occult carcinoma
8. drug ingestion (i.e. ergotamine)

Nutrition:
1. citrus peel, figs, honey
2. magnesium rich foods
3. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol
4. lemon juice in warm water

Supplements:
1. vitamin B-3 (300mg TID)
2. vitamin E (400 IU BID before meals)
3. magnesium (600-800mg QD)
4. quercetin (500mg before meals)
5. EPO (1-2g TID)

Hydrotherapy:
1. constitutional hydrotherapy
2. wet sheet pack: to stage 4

Manipulation:
1. check and align cervicals, C7-T1 and 1st rib

Physiotherapy:
1. infrared
2. diathermy
3. US
4. TENS for analgesia

Botanicals:
1. Avena sativa: nervine
2. Capsicum frutescens: spasmodic affections; warming
3. Cinnamomum zeylanicum: warming
4. Ginkgo biloba (standardized extract): increases peripheral circulation; conditions involving vascular spasm
5. Hypericum perforatum: nervine
6. Passiflora incarnata: nervine
7. Scutellaria lateriflora: nervine
8. Selenicereus grandiflorus (toxic): icy cold hands (usually for hear conditions)
9. Valeriana spp.: nervine
10. Xanthoxylum americanum (bark): circulatory stimulant
11. Zingiber officinale: warming

Formulas:
- for deficient circulation: Myrica cerifera, Xanthoxylum americanum (bark), Zingiber officinale

Homeopathy:
1. Agaricus muscarius: itching of toes and feet as if frozen; pain in limbs with numbness; nails blue; points of fingers blue, fingers itch, burn and look red as if frost bitten
2. Ailanrus glandulosus: limbs feel as if they were asleep; numbness of arm; tingling of arm and fingers on awakening; feeling of uneasiness and aching restlessness in limbs; L leg feels numb; with tingling and pricking pain in foot and toes; severe pain in L foot; a tension while walking
3. Arsenicum album: spasms, gangrene; burning pains; burning ulcers on tips of fingers, festering ulcers on soles of feet and toes; cold feeling in sole of feet; cramp in calves
4. Bacillium: great weakness; < night and early morning; < cold air
RAYNAUD'S

5. *Carbo vegetabilis*: toes red, swollen, stinging as if frosted, tips of toes ulcerated; ulcer on leg, burns at night, gangrene burning; < from warmth but not > from cold; hands burn, icy cold; tips of fingers covered with cold sweat

6. *Cactus grandiflorus*: edema of hands and feet, icy cold hands; formicating and weight in arms; numbness in legs and feet; pain in muscles of calves and soles of feet

7. *Ferrum metallicum*: feet cold, numb, stiff; edema of feet; cramps in calves; hands cold, stiff, numb; palms hot; fingers stiff, numb; swelling of hands and legs up to knees

8. *Lachesis*: numbness of fingers tips (morning); cold sweaty hands, bluish, mottled appearance of hands; ulcers, gangrenous ulcers on legs and toes; icy coldness of feet; tingling in toes

9. *Ranunculus bulbosus*: cold hands; frequent tingling in single parts of fingers; stinging and soreness in feet and toes; chilblains; itching < contact and itching

10. *Ruta graveolens*: tendons sore; thigh pains when stretching limbs; hands numb and tingle after exercise; burning and biting pains in bones of feet during rest

11. *Secale cornutus*: numbness, fingers and feet bluish, shriveled; loss of sensation in tips of fingers; gangrene of toes and fingers; tingling of toes; prickling feeling in tips of fingers; sensitive to cold; swelling of feet and hands

12. *Sepia*: restlessness in all limbs; coldness of legs and feet; ulcers on upper parts of fingers and toes; lower limb goes to sleep when walking; cold sweaty hands

13. *Veratrum album*: violent electric shocks in legs; hands and feet icy cold; hands blue; tingling in hands and fingers
RECTAL INCONTINENCE

Definition:
The loss of voluntary control of defecation.

Etiology:
1. rectal incontinence may follow several factors:
   a. senility
   b. fecal impaction
   c. severe inflammatory process
   d. injuries to the rectum and anus
   e. deformities from dilation, obstetrical or operative procedures
   f. disease of or injuries to the spinal cord
   g. procidentia
   h. tumors
   i. congenital abnormalities

Signs and Symptoms:
1. uncontrolled evacuation of stool

Course/Prognosis:
1. both are dependent upon whether sphincter control is maintained and whether surgery, if necessary, is performed before colonic muscle atony develops

Differential Diagnosis:
1. differentiate underlying cause [note that some forms of gastroenteritis have loss of stool from intense diarrhea]

Nutrition:
1. vitamin A rich foods

Remedies:
   a. 2oz. fresh walnuts, toast them until brown, warm a glass of rice wine, eat and drink the two together every day BID
   b. take 15g dried raspberries for children (30g for adults), stir fry until golden, then add water and simmer, serve before bed

Supplements:
1. magnesium

Manipulation:
1. check and align lower lumbars

Physiotherapy:
1. strengthen pelvic floor: lie on back, breath in, lift hips slightly and constrict muscles of pelvic floor (like holding back a bowel movement); do 2-3x/day, for 200 times

Botanicals:
1. Arnica montana (toxic): paralytic states of the orifices without active inflammation, particularly in the aged
2. Rhus toxicodendron (toxic): paralysis of rectum

Homeopathy:
1. Aloe: sense of insecurity in rectum esp. when passing flatus, uncertain if flatus or stool will come; loss of power of anal sphincter
2. Hyoscyamus: involuntary stool, < mental excitement, during sleep
3. Opium: stools involuntary, black, offensive, frothy; after fright or grief
4. Phosphorus: involuntary stool, seems as if anus remained open, on coughing or sneezing
5. Psorinum: involuntary stool during night
6. Secale cornutus: involuntary stools; no sensation of passing feces, anus wide open
REITER'S SYNDROME

Definition:
Arthritis associated with non-bacterial urethritis and conjunctivitis.

Etiology:
1. the syndrome seems to be a response to infection with Shigella or STDs (ie. Chlamydia) in a genetically susceptible host
2. most patients carry the antigen HLA-B27

Signs and Symptoms:
1. non-bacterial urethritis: develops 7-14 days after sexual exposure, followed by a low grade fever, conjunctivitis and arthritis developing over the next few weeks
   a. urethritis is milder than in gonorrhea
2. arthritis:
   a. asymmetric
   b. polyarticular
   c. generally occurs in the larger joints of the lower extremities and the toes
3. conjunctivitis: usually mild
4. ulcers: small painless superficial ulcers may be seen on the oral mucosa, tongue and glans penis
5. hyperkeratotic skin lesions: may develop on the palms, soles and around the nails in patients

Lab Findings:
1. increased:
   a. ESR (parallels clinical course)
   b. WBC (10-20,000/mm³)
   c. granulocytes
2. (+) HLA-B27 (in 90% of white patients)
3. RF may be (+)
4. joint fluid aspiration shows marked increase in WBC and complement activity
5. cystitis is non-bacterial

Course/Prognosis:
1. initial illness typically resolves in 3-4 months but 50% of patients experience transient recurrences of arthritis or the full syndrome over a period of several years
2. joint deformity, ankylosis, sacroiliitis and spondylitis may occur in patients who develop the chronic illness

Differential Diagnosis:
1. the diagnosis must include the triad:
   a. urethritis
   b. conjunctivitis
   c. arthritis
2. may take several months for all symptoms to manifest, so each must be differentiated as it arises
   a. for arthritis (gonococcal arthritis, psoriatic arthritis, ankylosing spondylitis, septic arthritis, RA)

Nutrition:
1. short fast (5-7 days) are recommended with 2 week intervals between them
2. sesame seeds, kale, artichokes, green beans, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat’s milk, goat whey, black mission figs, gelatin, burdock root, cherries, pineapple, quince, watercress, blackberries, black currants, mustard greens, limes, lettuce, olive oil

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. alcohol, coffee, caffeine
4. sugar and sweet foods, white bread, refined and processed foods
5. dairy products
6. catarrh forming foods: tofu, meat, ice cream, shellfish, oranges, grains
7. spinach, asparagus, rhubarb, pimentos, eggplant
8. nightshade family: tomatoes, green peppers, potatoes
9. tobacco

Supplements:
1. vitamin C (6-9g QD)

Hydrotherapy/Manipulation/Physiotherapy:
REITER'S SYNDROME

See: Rheumatoid arthritis

**Botanicals:**
1. *Althea officinalis*: immunopotentiator
2. *Cimicifuga racemosa*: immunopotentiator
3. *Chimaphila umbellata*: immunopotentiator
4. *Crataegus spp.*: to equalize circulation
5. *Echinacea angustifolia and purpurea*: immunopotentiator
6. *Eleutherococcus senticosus*: immunopotentiator
7. *Eupatorium purpureum*: immunopotentiator
8. *Gaultheria procumbens* (oil): externally, anti-inflammatory
10. *Petroselinum sativum*: immunopotentiator
11. *Rosmarinus officinalis*: circulatory weakness following stress or illness, may also apply externally
12. *Salix spp.*: anti-inflammatory
13. *Taraxacum officinale*: hypofunction of circulation

**Homeopathy:**

See: Conjunctivitis, Ankylosing spondylitis, Urethritis
RHEUMATIC HEART DISEASE

Definition:
An immune-mediated febrile illness following Group A Streptococcal infections, characterized mainly by arthritis, chorea or in the case, carditis appearing alone or in combination.

Etiology:
1. cause if Group A Streptococcal infections
2. residual heart disease is a possible sequela
3. it may be accompanied by subcutaneous nodules or erythema marginatum
4. the valves of the heart can be permanently damaged, as well as the chordate tendinae
   a. this can cause regurgitation, stenosis and other effects on the heart

Signs and Symptoms:
1. pericardial rub
2. cardiac enlargement
3. CHF
4. fever
5. auscultory findings (ie. murmurs)
6. x-ray findings (subtle)

Lab Findings (due to complications):
1. elevated ESR or CRP
2. WBC count may reach 12-20,000/HPF
3. prolongation of the P-R interval on EKG (not always a finding)
4. throat cultures
5. elevated ASO titers
6. x-rays may show effusion or cardiomegaly

Course/Prognosis:
1. Streptococcal infection may come and go, affecting the heart insidiously
2. the effects are felt years later, when the heart becomes incompetent under stress
3. a child may have:
   a. acute abdominal pain from hepatic capsulitis or
   b. mesenteric adenitis, as the body battles the infection and lymph tissues become engorged
   c. can be mistaken for appendicitis
   d. diuretics will quickly drain the lymph tissue to help discern the diagnosis
4. joints: may be severely swollen and painful during the acute disease and for some time thereafter
   a. it is most typically migratory and though it lasts for several weeks, does not cause permanent damage
5. chorea: though uncommon, may persist for several months
6. cardiovascular symptoms: worsen with each successive episode
7. prophylaxis against further Strep. infections is necessary

Differential Diagnosis:
1. appendicitis
2. JRA and other childhood arthritis conditions (ie. osteomyelitis and pyogenic arthritis)
3. congenital heart disease
4. CHF
5. cardiomegaly
6. acute lymphocytic leukemia
7. acute bacterial endocarditis
8. innocent systolic murmurs

Nutrition:
1. flaxseed oil, okra, hawthorn berries, millet, buckwheat, sunflower seeds, sesame seeds, bananas, potatoes, asparagus, apples, honey in small amounts

Avoid:
1. food intolerances
2. meat
3. dairy products
4. hot sauces, spicy, fried, fatty, rich and/or salty foods
5. sugar and sweet foods, refined and processed foods, white bread
6. alcohol, coffee, caffeine
RHEUMATIC HEART DISEASE

Supplements:
1. vitamin E (90-150 IU QD)
2. coenzyme Q10 (10-50mg QD)
3. L-carnitine (250mg TID)
4. taurine (500mg QD)

Hydrotherapy:
1. fever treatments

Botanicals:
1. Aconitum napellus (toxic): rheumatic fever
2. Avena sativa: to prevent relapsing cardiac rheumatism
3. Bryonia alba (toxic): rheumatic fever, inflammation of heart
4. Cinchocarpa racemosa: endocarditis with frontal or vertex h/a; rheumatism; pain under L nipple extending down L arm
5. Colchicum autumnale (toxic): rheumatic carditis
6. Convallaria majalis (toxic): rheumatic carditis
7. Kalmia latifolia (toxic): allays febrile and inflammatory action, lessens the action of the heart

Homeopathy:
1. Aconitum: pulse frequent and small; early and acute stage; palpitation with anxiety; dyspnea; great agitation of heart; anxiety
2. Adonis versalis: mitral and aortic regurgitations; precordial pain and palpitation and dyspnea; myocarditis
3. Anacardium: sharp stitching pain; 2 stitches succeeding each other, followed by a long interval; pain may radiate to small of back; rheumatic affections of pericardium; pulse generally accelerates with beating in blood vessels
4. Bryonia: pulse weak and irregular when the heart muscle becomes co-affected; frequent, sharp, stitching pain in cardiac region
5. Colchicum: main remedy with Spigelia; fever with increased thirst; confusion of the mind; very rapid pulse; uneasiness and sleeplessness; convulsive jerking of right hand
6. Crataegus: extreme dyspnea on least exertion without much increase of pulse; pain in region of heart and under left clavicle; heart dilated; first sound weak; pulse accelerated, irregular, feeble, intermittent; valvular murmur
7. Kalmia: pain > sitting erect, < motion; fluttering of heart; quickened but weak pulse; hypertrophy and valvular insufficiency or thickening; after rheumatism; paroxysms of anguish about heart; with dyspnea and febrile excitement
8. Lachesis: most adapted to cases where fibrin is deposited on surfaces of heart, valves or investing membrane; restless, trembling, anxiety about heart; suffocation on lying down; weight on chest; heart feels constricted; > when lying on R side with head high
9. Lithium carbonicum: valvular insufficiency; trembling and fluttering in heart extending to back; rheumatic soreness in cardiac region; throbbing, dull stitch in cardiac region
10. Rhus toxicodendron: trembling and palpitation when sitting still; pulse quick, weak, irregular, intermittent; with numbness of L arm
11. Spigelia: rheumatic or helminthic affection; stitching pain or vice-like sensation; stabbing pain through heart on deep inspiration, pain synchronous with heart beat/ > lying on R side with head high; systolic blowing at apex; mitral insufficiency; pulse very feeble; extremely sensitive to cold; whole L side is sore
12. Spongilla tosta: valvular insufficiency (usually mitral); systolic murmur; awaking at night with fear and terror; attacks of oppression and cardiac pain; < lying with head low
13. Sumbul: pulse very irregular, compressible; rheumatic carditis; heart beats softly, as if in water; with sinking of heart and sickness and faintness all over; bellows murmur; loses of breath on any exertion; aching in L arm; heavy, numb and weary
14. Veratrum viride: constant dull burning pain in region of heart; valvular disease; pulse slow, weak, soft, irregular, intermittent
RHEUMATOID ARTHRITIS

Definition:
A chronic polyarthritis usually involving symmetrical presentation in the peripheral joints that can lead to destruction of the bone and cartilage resulting in characteristic deformities.

Etiology:
1. systemic manifestations can occur
2. the disease can appear in many forms:
   a. from a mild short-lasting oligoarthritic illness that causes little damage to a severe progressive polyarthropathy that leads to marked joint destruction
   b. most patients present with an intermediate course of the disease
3. etiology is idiopathic
4. occurs in about 1% of the population, with women presenting 3x more often than men
5. usually comes on between the ages of 35-50
6. has a genetic association
7. correlated with a class II major histocompatibility gene complex antigen (HLA-DRA), esp. in Caucasians and Japanese with the classic or definite expression of RA
8. it has been suggested that RA in females may be related to low estrogens or in both sexes a liver "filtering" dysfunction
9. juvenile onset RA (Still's disease):
   a. most common cause of chronic synovitis in children
   b. similar to the adult disease

Three subtypes:
   polyarticular:
     a. mostly seen in females and accounts for 40-50% of all JRA
     b. no eye involvement
     c. usually the patient presents with multiple symmetrical joint involvement
     d. 10% have a (+) RF and a (+) ANA, have a disease onset late in childhood and are usually affected quite severely with a mild anemia and a slight leukocytosis
     e. 30% have a (-) RF and a (-) ANA, and experience a milder form with a mild anemia and a slight leukocytosis
   pauciarticular:
     a. responsible for another 30-40% of JRA
     b. if affects only a few asymmetrical joints
     c. present in 2 ways:
       A. early onset before the age of 5, 30% of cases, patients often develop iritis, (-) RF and (+) ASA
       B. late onset mainly seen in boys, with frequent hip and sacroiliac problems but no iritis and (-) RF and (-) ANA, high association with HLA-B27
   systemic-onset:
     a. responsible for 20% of JRA
     b. found in any age
     c. affects boys slightly more than girls
     d. symptoms:
       A. fever, chills
       B. macular rash
       C. splenomegaly
       D. pleuritis and/or pericarditis
       E. abdominal pain
       F. severe anemia
       G. marked leukocytosis, followed by the appearance of a polyarthritis
     e. (-) RF and (-) ANA

Signs and Symptoms:
1. onset may be sudden
   a. abrupt inflammation of many joints
   b. fever
   c. lymphadenopathy and splenomegaly
2. insidious onset in 75-80% of patients, with systemic complaints including:
   a. anorexia
   b. fatigue, generalized weakness
   c. vague musculoskeletal symptoms
   d. the initial symptoms may exist for months, resisting clear diagnosis
RNEMA TIOID ARTHRITIS

e. When specific symptoms begin, the joints usually involved are the proximal interphalangeal and metacarpophalangeal joints, feet, wrists, elbows and ankles, however, any joint may be inflamed
A. Most commonly the joints are symmetrically affected

Diagnostic criteria for RA as defined by the Arthritis Foundation and JAMA (Vol.224, p.799, April 30, 1973):

classic RA: diagnosis needs 7 or the following criteria, with the symptoms of the first 5 lasting over 6 weeks
1. Morning stiffness > 1 hour
2. Pain on motion in at least 1 joint
3. Swelling (soft tissue; not just bony growth) in at least 1 joint
4. Swelling of at least 1 other joint
5. Symmetrical joint swelling not including terminal phalangeal joint involvement
6. Subcutaneous nodules usually distal to the elbow
7. X-ray changes typical of RA
8. (+) Agglutination test: (+) RF
9. Poor mucin precipitate from synovial fluid or inflammatory synovial effusion with over 2000 WBC/mm³ and no crystals
10. At least 3 characteristic histologic changes in synovial membrane
11. Characteristic changes in nodules

definitive RA: diagnosis requires 5 of the above criteria; in the first 5 the joint signs/symptoms must be continuous for at least 6 weeks

probable RA: diagnosis requires 3 of the above criteria; of the first 5 criteria, only 1 must be continuous for 6 weeks

possible RA: diagnosis requires 2 of the following criteria and the duration of the joint symptoms must be at least 3 weeks:
1. Morning stiffness
2. Pain or tenderness on motion for at least 3 weeks
3. History or present joint swelling
4. Subcutaneous nodules
5. Elevated ESR or C-reactive protein
6. Iritis: only useful for diagnosis of JRA

As the disease progresses:

1. Characteristic joint deformities may occur:
   a. Ulnar deviation of the finger at the metacarpophalangeal joint
   b. Swan-neck deformity (hyperextension of the proximal interphalangeal joint, with distal interphalangeal joint in flexion)
   c. Boutonniere deformity (opposite of swan-neck changes)

2. Extra-articular complaints:
   a. Rheumatoid nodules
   b. Rheumatoid vasculitis
   c. Pleuropulmonary problems
   d. Neurologic symptoms
   e. Felty's syndrome (consisting of RA, neutropenia, osteoporosis, splenomegaly and occasionally anemia and thrombocytopenia)

Lab Findings:
1. Mild or moderate anemia with hemoglobin rarely < 10g/dl, usually hypochromic
2. Leukocytosis seen in only 25% of patients and then rarely > 15,000/mm³
3. Active RA: elevated ESR and C-reactive protein values usually seen (test is not specific for RA)
4. (+) ANA
5. Increased:
   a. Creatinine
   b. ASO titer
   c. Copper in serum
   d. Ceruloplasmin causes false (+) for Bence-Jones protein
   e. Platelets
6. X-ray (+) for RA

Course/Prognosis:
1. The course and prognosis varies from patient to patient and is hard to specify
**RHEUMATOID ARTHRITIS**

2. conventional treatment can improve as many as 75% during the first year of their disease; however, despite full treatment, 5-10% of patients eventually become disabled
3. 5 years after the onset of the disease, only 1/3 of patients may have evidence of RA, though most patients experience persistent but cyclical illness activity
4. remissions usually occur in the 1st year; sustained RA activity greater the 1 year indicates a serious problem
5. the greatest joint damage takes place during the 1st 6 years of the disease and then progresses at a substantially slower rate
6. the median life span of the RA patient is lowered by 3-7 years
7. an increased mortality rate can be seen in patients with severe disease and is usually due to infections, GI bleeding and drug therapy
8. JRA: prognosis is more favorable than that of adult RA, as about 75% of patients enjoy complete remissions

**Differential Diagnosis:**

1. other collagen-vascular disorders:
   a. SLE
   b. polyarteritis
   c. progressive systemic sclerosis
   d. dermatomyositis
2. sarcoidosis
3. amyloidosis
4. Whipple's disease
5. acute rheumatic fever
6. gonococcal arthritis
7. Reiter's syndrome
8. psoriatic arthritis
9. ankylosing spondylitis
10. gout
11. Kellegrren's syndrome/erosive osteoarthritis

**Nutrition:**

1. low sugar
2. low fat diet of unsaturated fats
3. short fasts (5-7 days) are recommended with 2 week intervals between them
4. vegetarian cleansing diet
5. hypoallergenic/rotation diet
6. increase omega-3 and -6 FAs
7. sesame seeds, kale, artichokes, green beans, millet, celery, barley, okra, almonds, collards, turnip greens, raw goat's milk, goat whey, black mission figs, gelatin, burdock root, cherries, pineapple, quince, watercress, blackberries, black currants mustard greens, limes, lettuce, olive oil

**Remedies:**

a. 500g of red cherries in 1 liter rice wine for 10 days, drink 30-60 ml of wine BID

**Avoid:**

1. animal products (promotion of PGE-2 pro-inflammatory mediators)
2. food intolerances
3. dairy products (promotion of PGE-2 pro-inflammatory mediators)
4. spinach, asparagus, rhubarb, nightshade family (tomatoes, green peppers, potatoes), pimentos, eggplant
5. tobacco
6. coffee, caffeine
7. sugar, refined foods
8. fried foods
9. NSAIDs

**Supplements:**

1. vitamin B-5 (500mg QID)
2. vitamin C
3. vitamin E (1000 IU QD)
4. vitamin K (5-10mg TID) [to stabilize synovial lining]
5. zinc (20-50mg TID)
6. copper
7. selenium (200mcg QD)
RHEUMATOID ARTHRITIS

8. manganese
9. bromelain (2250mg BID between meals)
10. catechin
11. glycosaminoglycans
12. D, L-histidine
13. D, L-phenylalanine
14. tryptophan
15. omega-3 FAs
16. omega-6 FAs (EPO: 1g QID; flaxseed oil: 1-3 Tbsp. QD)

Hydrotherapy:
1. hot Epsom salt bath (1lb./tub, 2x/wk)
2. hot towels with wool over them
3. charcoal poultice: over affected joints
4. contrast baths (50-65°F then 99-110°F)
5. hammock baths for advanced arthritis
6. castor oil pack to affected joints
7. Russian steam bath
8. Heating compress
9. Alternating bath
10. Peanut oil rubbed on affected joints followed by salt glow to joints

Chronic:
1. constitutional hydrotherapy

Manipulation:
1. check and align T10-12
2. if hand involved: cervicals and T4

NOTE: contraindicated with active inflammation

Chronic inflammation:
1. nasal turbinate adjustment

Physiotherapy:
Acute:
1. ROM exercises within limits of pain
2. stretching, ROM and gentle resistive exercises
3. water exercises

Non-acute:
1. strength training
2. swimming, bicycling (ie. low load aerobic exercises)
3. massage: affected joints, esp. after heat to joint

Sub-acute or chronic:
1. US
2. diathermy

Botanicals:
1. Apium graveolens: with mental depression
2. Arctium lappa:
3. Bryonia alba (toxic): acute, muscular pain (with Cimicifuga racemosa), < with movement, joints of fingers and hands
4. Capsicum frutescens:
5. Caulophyllum thalictroides (toxic): rheumatoid pain
6. Cimicifuga racemosa: rheumatoid pain, with Menyanthes trifoliata
7. Equisetum arvense: diuretic, antidyscratic, antihumoral
8. Glycyrrhiza glabra: anti-inflammatory
9. Guaiacum officinale: anti-inflammatory; combine with Zingiber officinale, Menyanthes trifoliata, Apium graveolens
10. Harpagophyllum procumbens: pain, decreased mobility
11. Iris versicolor (toxic): chronic rheumatic conditions
12. Menyanthes trifoliata: with Apium graveolens or Cimicifuga racemosa
RHEUMATOID ARTHRITIS

13. Phytolacca decandra (toxic): chronic rheumatic conditions
14. Salix spp.: externally; pain, inflammation
15. Solanum dulcamara (toxic): antidyscratic
16. Taraxacum officinale: chronic rheumatic conditions
17. Urtica spp.: chronic rheumatic conditions
18. Xanthoxylum americanum, (bark): peripheral circulatory insufficiency

Formulas:

a. for bone pain: add Phytolacca decandra (toxic) or Zingiber officinale or Echinacea spp.
   b. Arctium lappa or Chimaphila umbellata, Populus trichocarpa, Salix spp.; equal parts of each
   c. for rheumatism: Achillea millefolium [1 Tbsp.], Caulophyllum thalictroides (toxic)[1 Tbsp.], Sassafras officinale [1 Tbsp.], Viburnum opulus [1 Tbsp.], Xanthoxylum americanum [1 Tbsp.], to use powder: boil designated amounts in 1 quart water for 30 min., strain; SIG: 2 Tbsp. AC; tincture: 1/4 tsp. QID

Homeopathy:

1. Arsenicum album: like Rhus tox. except wandering pains, < after midnight; anxiety, need company
2. Aurum metallicum: < sunset to sunrise; deep wandering pains which wake patient up; < cold, uncovering; > motion, warmth; depression
3. Bryonia: slow developing, gradually moves from one joint to another; < after eating, motion, damp; stitching pains; > pressure
4. Calcarea carbonica: follows Rhus tox.; excessive worry; < overtired
5. Causticum: very stiff, > raining; lot of joint deformity; < rising from a seat
6. Kali bichromicum: shifting pain, disappears and appear, < motion, much > heat; alteration of arthritis with GI symptoms (diarrhea) and pulmonary symptoms
7. Kali carbonicum: R side, very stiff, sensitive to cold; stitching pain < 3am, > moving
8. Pulsatilla: < as day goes on, stiff and sore in evening after sitting; wandering pains
9. Rhododendron: #1 < before storm, cold, damp, windy; severe arthritis; > walking
10. Rhus tox.: main remedy; < cold, damp and heat; stiffness < first motion and > continual motion, restlessness
ROSEOLA (Exantum Subitum)

**Definition:**
Benign, acute disease of infant or young children, recognized by a high fever without other symptoms and the appearance of a rash when, or soon after, the fever breaks.

**Etiology:**
1. although the associated microorganism has not been isolated, it is believed to be a virus
2. spring and fall are the common times for occurrence

**Signs and Symptoms:**
1. incubation time appears to range from 5-15 days
2. abrupt onset
3. fever: may get up to 105°F and typically lasts from 3-5 days
4. irritability
5. convulsions may occur
6. slight splenomegaly, mild pharyngitis, mild adenopathy may be present
7. 4-5th day of illness: the fever drops abruptly
8. rash: macular or maculopapular on the neck and torso, may radiate to the face, thighs and buttocks
   a. lasts from 1 hour to 2 days
   b. occasionally the rash will not be noticed
9. otherwise, the child feels and acts normally

**Lab Findings:**
1. leukocytosis in initial stages during the fever
2. mild leukopenia in later stages of the febrile phase, with relative lymphocytosis

**Course/Prognosis:**
1. the prognosis is excellent, mostly with full recovery and no complications
2. conventional treatment consists only of anti-pyretics and addressing the convulsions if they become problematic
3. rarely, severe encephalopathy has been observed following roseola infection

**Differential Diagnosis:**
1. measles
2. rubella
3. 5th disease
4. infectious mononucleosis
5. enterovirus

**Nutrition:**
1. eat as little as possible
2. increase vitamin A and C foods
3. short fast
4. increase fluids

**Remedies:**
   a. 4oz. carrot, 1/2oz. parsley, 4 water chestnuts, boil all together in 2 pints water until reduced to half, drink once a day until well

**Avoid:**
1. heavy protein foods, meats, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread, refined and processed foods
4. dairy products
5. catarrh forming foods: tofu, rice, grains, ice cream, meat, oranges, shellfish
6. alcohol, coffee, caffeine

**Supplements:**
1. multi-vitamin/mineral
2. vitamin A
3. vitamin C
4. zinc
5. bioflavinoids
6. thymus
ROSEOLA (Exantum Subitum)

**Hydrotherapy:**
1. tepid sponge baths (to reduce fever)

**Botanicals:**
1. Aconitum napellus (toxic):
2. *Apis mellifera* (toxic): with Aconitum napellus (toxic); if itching is severe
3. *Atropa belladonna* (toxic): with dullness and inclination to sleep; given until the eruption comes freely to the surface and the nervous system is relieved
4. *Phytolacca decandra* (toxic): for soreness of the mouth and throat
5. *Rhus toxicodendron* (toxic): sharp pulse, tongue shows red papillae and there is frontal pain or burning on the surface

**Homeopathy:**
1. *Aconitum*: spots similar to flea-bites on the hands, on the body; rash of children
2. *Belladonna*: scarlet spots on several parts of the body, sometimes with small, quick pulse, difficulty of respiration; dilated pupils; red spots, the color of blood; over the whole body; principally on the face, neck and chest; eruptions resembling morbilli; eruption of petechiae with itching and redness of the whole body; miliary eruption
3. *Bryonia*: burning and prickling over the whole body, as if from nettles, after slight emotions; nettle rash; miliary eruption, esp. in children and lying; in women, petechiae
4. *Coffea cruda*: eruptions (measles) with over excitability and weeping
5. *Copaiva*: produces a well marked nettle rash; circumscribed lenticula patches with itching, mottled appearance; dark colored or bright red; elevated; intolerable itching
6. *Cubeba*: flush of red over whole body; general eruption of roseolous papules without fever or itching; confluent on face, buttocks and upper limbs
7. *Kali iodatum*: syphilitic roseolous rash; rash after abuse of Mercurius solubilis; on extremities and chest; hives
8. *Mercurius solubilis*: spots raised and red or maculae hepatic; or which resemble scorbutic spots; skin almost constantly moist; perspiration profuse with no relief
9. *Nux vomica*: eruptions with burning itching
10. *Pulsatilla*: eruptions like measles; red spots like morbilli; or nettle rash; eruptions from eating pork; itching violently
RUBELLA (German Measles)

**Definition:**
A contagious exanthematous disease, usually with mild symptoms but which may result in abortion, stillbirth or congenital defects in infants born to mothers infected in the early months of pregnancy.

**Etiology:**
1. the disease is caused by an RNA virus
2. spread via airborne transmission through droplets or close contact
3. infected persons can transmit the disease from a week before the rash occurs until a week after it fades
4. immunity is usually life-long after an infection

**Signs and Symptoms:**
1. 25-50% of patients will be symptomatic
2. malaise and lymphadenopathy
3. swelling of lymph glands, esp. about the throat and neck
4. rash similar to measles but less extensive and quicker to fade
5. flushed face
6. reddened throat and mouth, usually without sore throat; may start with red spots
7. transient testicular pain may be noted in males

**Lab Findings:**
1. hemagglutination inhibition testing and complement fixation tests available for screening of pregnant women
2. change in HAI titer from acute to convalescent useful in establishing a diagnosis, esp. if exposed to a pregnant woman

**Course/Prognosis:**
1. course includes a 14-21 day incubation period
2. 1-5 day prodrome
3. rash: lasts about 3 days; begins about the face and neck and spread to the rest of the body
   a. the spots quickly become pinpoint and fade
4. generally considered self-limiting and is often nearly over by the time the diagnosis is confirmed
5. polyarthritis may occasionally present as a complication

**Differential Diagnosis:**
1. measles
2. scarlet fever
3. syphilis
4. drug reaction
5. mononucleosis
6. echovirus
7. coxsackievirus
8. adenovirus

**Nutrition:**
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast

**Remedies:**
a. burdock and dandelion tea, drink and apply locally
b. mash sprouted red beans and apply locally with dandelion
c. boil 50g fresh lily flowers or 20g dried lily flowers, add some salt, drink as soup

**Avoid:**
1. heavy protein foods, meats, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread, refined and processed foods
4. dairy products
5. catarrh forming foods: tofu, rice, grains, ice cream, meat, oranges, shellfish
6. alcohol, coffee, caffeine

**Supplements:**
1. multi-vitamin/mineral
RUBELLA (German Measles)

2. vitamin A
3. vitamin C
4. zinc
5. bioflavinoids
6. thymus

**Manipulation:**
1. check and align T5, T10-12

**Homeopathy:**
1. Aconitum: in fever cold stage most marked; coldness and heat alternate; thirst and restlessness always present; spots similar to flea bites on hands and on body
2. Belladonna: violent attack and suddenness of onset; fever high; not thirst; anxiety or fear; heat redness; throbbing and burning; pupils dilated; coryza; dry mouth; eruptions like scarlatina; suddenly spreading; violent cough; delirium; inclination to rub nose
3. Bryonia: fever with a full pulse, hard, tense and quick with external coldness; dry cough; stitches; < warmth, any motion, hot weather complaints apt. to develop slowly; miliary eruption; pale eruptions
4. Copana: fever; hives with fever and constipation; colds and catarrh; measles-shaped exanthema in clusters; flowing into one another; dry painful cough with dryness in larynx
5. Pulsatilla: coryza and profuse lachrymation, catarrhal symptoms prominent in mild cases; cough dry at night and loose in daytime; earache; fever with hot head and dry lips; but complains very little of thirst; eruption when fully out often has a dark appearance; itching of eyes < rubbing
RUBEOLA (Measles)

**Definition:**
An extremely contagious acute viral disease recognized by buccal eruption (Koplik's spots), fever, cough, conjunctivitis, nasal d/c and a diffuse maculopapular skin rash.

**Etiology:**
1. the disease is spread through exposure to nasopharyngeal secretions by direct contact or through the air
2. in the US, the disease is now mainly seen in teenagers and young adults
3. is contagious 2-4 days before the rash appears and continues to be communicable throughout the entire acute phase
4. no carrier state
5. one episode of measles normally confers life-long immunity
6. atypical measles syndrome: seen in those patients who had been previously vaccinated with the original vaccination of killed virus (which is no longer available)
7. the inactivated viral vaccinations did not prevent wild measles virus attacks and markedly changed the disease presentation

**Signs and Symptoms:**
1. incubation period is 7-14 days
2. prodrome:
   a. malaise
   b. fever (up to 105°F)
   c. coryza
   d. conjunctivitis (with increased lacrimation, photophobia and edema)
   e. cough (hacking)
   f. Koplik's spots: precede the rash; pathognomonic for measles; typically appear on the buccal mucosa by the 1st and 2nd upper molars; may be gray to blue-white and look like little grains of sand; are enclosed by an area of inflammation
   g. mild pharyngitis
3. rash:
   a. appears 1-2 days after Koplik's spots
   b. begins around the ears, hairline, face and on the side of the neck then spreads down the torso (by 24-48 hours), possibly to the extremities by which time the facial eruption begins to disappear
   c. initially brownish-pink then becomes red, maculopapular
   d. disease severity parallels the extent of the rash
4. 3-5 days:
   a. the fever falls and the rash begins to fade, leaving a brown discoloration of the skin and fine granular desquamation
5. atypical measles syndrome:
   a. abrupt onset of marked fever, h/a, abdominal pain, cough
   b. rash: develops within 1-2 days (usually begins on the extremities and is purpuric, maculopapular, vesicular or urticarial)
   c. pneumonia is common

**Lab Findings:**
1. multinucleated giant cells: in the coryza, pharyngeal and buccal mucosa, even in the urine sediment
2. WBCs: increased at the onset, then leukopenia with relatively lymphocytosis
3. mild thrombocytopenia in early stages
4. (+) viral serologic tests

**Course/Prognosis:**
1. unless complications arise, the disease is typically benign and recovery is unremarkable
2. complications:
   a. otitis media
   b. pharyngitis
   c. croup
   d. bronchiolitis
   e. pneumonia
   f. 2nd bacterial infection
   g. acute thrombocytopenic purpura
   h. colic and catarrhal appendicitis
3. encephalitis and sub-acute sclerosing panencephalitis (SSPE) can occur in rare cases and are extremely dangerous
RUBEOLA (Measles)

**Differential Diagnosis:**
1. rubella
2. scarlet fever
3. drug reactions
4. serum sickness
5. roseola infantum
6. infectious mononucleosis
7. adenovirus infection
8. echovirus infection
9. coxsachie virus infection

**Nutrition:**
1. eat as little as possible
2. increase vitamin A and C foods
3. increase fluids
4. short fast

**Remedies:**
- parsley tea
- cilantro and mint tea
- boil tea from button mushrooms and drink 1 cup TID
- take 100g carrots, 100g coriander and 60g water chestnuts, add water and simmer until carrots are tender, eat 2-3 servings QD
- to promote rash eruption: eat 3-9g crushed sunflower seeds infused in boiling water BID

**Avoid:**
1. heavy protein foods, meats, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread, refined and processed foods
4. dairy products
5. catarrh forming foods: tofu, rice, grains, ice cream, meat, oranges, shellfish
6. alcohol, coffee, caffeine

**Supplements:**
1. vitamin A
2. vitamin C
3. bioflavinoids
4. thymus

**Hydrotherapy:**
1. wet sheet pack: stage 4 to bring out rash
2. hot bath: brief (about 1 min. for each year of child's age), repeat every 2 hours until fever is finished

**Botanicals:**
1. Aconitum napellus (toxic):
2. Anemone pulsatilla (toxic):
3. Asclepius tuberosa:
4. Atropa belladonna (toxic):
5. Camphora officinarum:
6. Drosera rotundifolia
7. Eupatorium perfoliatum: irritable cough of rubeola
8. Euphrasia officinalis: locally and internally; sore eyes, margins of lids swollen with watery acrid d/c, distressing catarrhal conditions
9. Gelsemium sempervirens (toxic):
10. Lobelia inflata (toxic):
11. Myrica cerifera:
12. Rhus toxicodendron (toxic):
13. Sambucus canadensis:
14. Sticta pulmonaria:
15. Trifolium pratense:
RUBEOLA (Measles)

**Homeopathy:**

1. *Apis*: meningitis due to suppression of measles
2. *Arsenicum album*: great prostration, thirst for small quantities, restless; dark green diarrhea
3. *Bryonia*: use 2x potency; prevents lung affections; dry, painful cough
4. *Euphrasia*: mucous membranes of eye and nose involved
5. *Gelsemium*: drowsy and indifferent; face puffed and flushed; no thirst; pulse full and soft but slow
6. *Kali bichromicum*: pustules develop on the cornea; throat swollen with pain from throat to ears, may be catarrhal deafness
7. *Malandrinum*: preventative, 30c one dose/week
8. *Pulsatilla*: in early stages with coryza and profuse lacrimation; diarrhea
9. *Silica*: cough after measles
**SCIATICA**

**Definition:**
Involves inflammation of the great sciatic nerve and presents as acute or chronic pain down the back or the leg originating in the buttock and extending to the foot.

**Etiology:**
1. onset is usually gradual as the nerve becomes inflammed
2. many causes:
   a. pressure can originate in the nerve roots as in discopathy or facet syndrome or can be caused by the gluteal muscles or piriformis tightening over the nerve
   b. gluteal muscle spasm is often 2nd to sacroiliac joint dysfunction (SI dysfunction is in turn secondary to short leg syndrome, sacroiliac sprain, lumbar sprain/strain causing tightening of the entire low back musculature, etc.)
3. the nerves are usually irritated by pressure or stretching (use in its investigation)
4. usually causes splinting spasm of other muscles and may cause favoring of the opposite leg
5. common scenario:
   a. the sacroiliac joint becomes subluxated and the gluteus medius muscle gradually spasm to protect the joint which the body perceives as injured. The splinting spasms produce pressure on the sciatic nerve as it exits the pelvis causing irritation
   b. additionally, in a common anatomical variant, the sciatic nerve may pass through the piriformis muscle, which if in spasm, pressure is then placed on the nerve
6. it is rarely a result of frank trauma although stretch of the nerve can result from an injury to the leg or vertebral trauma
7. Chinese medicine: sciatica along the lateral thigh is often associated with a history of gallbladder problems since that is the path of the associated meridian

**Signs and Symptoms:**
1. burning along the tract of the sciatic nerve, usually in the buttocks and extending downward in the posterior leg
   a. pain increased by direct pressure to the nerve
2. spasm of the gluteal or piriformis muscles
3. straight leg raise: < pain
4. knee may buckle upon loading as long-standing pain causes weakening

**Lab Findings:**
1. imaging: to rule out disc pathologies

**Course/Prognosis:**
1. treat the cause, sciatica is rarely a primary diagnosis
2. the practitioner must work to make the person comfortable while seeking the underlying cause

**Differential Diagnosis:**
1. RULE OUT DISC PATHOLOGIES
2. other nerve irritation in the gluteal region
3. short leg syndrome
4. cauda equina syndrome
5. referred pain from lesions in the pelvis
6. spinal segmental lesion
7. sacroiliac joint dysfunction
8. gluteal strain
9. discopathy (protrusion or prolapse)
10. fracture, infection or tumor involving the low back or pelvis
11. spondylolisthesis (congenital fracture of the pars interarticularis and forward slippage of the body of the vertebrae)

**Nutrition:**
1. increase B complex foods
2. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples

**Remedies:**
1. mix together peeled taro root and ginger into a paste with some flour and water and apply to the affected area, cover with a cloth, change QD and apply fresh

**Avoid:**
1. meat
SCIATICA

2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sugar and sweet foods
4. alcohol, coffee, caffeine

Supplements:
1. vitamin B complex
2. vitamin B-1 (50mg QD) and B-12 (1cc IM QD) [both for 1 week]
3. vitamin B-12
4. vitamin D
5. vitamin E

Hydrotherapy:
1. hot sitz bath
2. hot fomentation: to low back and buttocks

Manipulation:
RULE OUT DISC PATHOLOGIES
1. check and align L2-S1, sacro-iliac joints

Physiotherapy:
1. stretching:
   a. gluteal muscles, piriformis, hamstrings
   b. sciatic nerve (patient on back lift and extend leg with one hand, at same time bear down on ball of foot with other hand, do gradually may be painful
2. after relief of pain: strengthen gluteus medius, abdominal, lumbar muscles
3. short leg syndrome:
   a. lift: 1/4-7/8” lift in heel of shoe of unaffected leg, 1/16-3/16” lift under sole of affected leg
4. belt to stabilize SI joint
5. diathermy: short wave use cable if available instead of condenser pad, tx. 30-45 min. QD
6. sine: constant current, one pad over sciatic notch other pad to sole of foot of affected leg, strength of current to produce a tonic spasm of leg (to patient’s tolerance) tx. for 1 min., may be painful, relief is great
7. Galvanism: for acute sciatica; large (-) pad under small of back, large (+) pad under calf, tx. with mild current 10min.
8. TENS: for analgesia
9. interferential

Botanicals:
1. Abies canadensis (oil): locally
2. Aconitum napellus (toxic): acute pain
3. Anthoxanthum odoratum: as a pack
4. Apocynum cannabinum (toxic): severe, intractable cases
5. Cimicifuga racemosa: anti-spasmodic
6. Dioscorea villosa: anti-spasmodic
7. Gaultheria procumbens (oil): locally
8. Hypericum perforatum: nerve damage, internally and externally, apply with friction
9. Piscidia erythrina (toxic): overcomes pain, spasm, induces sleep
10. Thus toxicodendron (toxic): burning pain, stiffness, restlessness
11. Senecio jacobaea: as lotion
12. Urtica spp.: externally; counterirritant

Formulas:
1. anti-spasmodic: tinctures of Arnica montana [1/4 part], Cimicifuga racemosa [1 part], Humulus lupulus [1 part], Hypericum perforatum [3/4 parts], Valeriana spp. [1 part]; may use with iontophoresis or internally

Homeopathy:
1. Aesculus: with dull backache which makes walking impossible; stooping and rising from stooping very painful
2. Arsenicum album: burning, tearing pain in L hip extending to thighs
3. Chamomilla: mental symptoms "I would rather die than have this pain"
4. Colocynthis: main remedy; dull, stitching pains with sudden onset and shoot to thigh, knee or foot; > heat, < touch, motion

2
SCIATICA

5. **Dioscorea**: tearing pains felt on moving or sitting
6. **Magnesia phosphorica**: lightening pains > warm, esp. R side
7. **Rhus tox.**: when due to muscular exertion, < in bed, at rest, > with movement, yet not at first, warmth
8. **Ruta graveolens**: deep radiating pain, , cold and lying down
SCLERODERMA

Definition:
A chronic disease of unknown origin characterized by inflammatory, vascular and fibrotic changes of the skin, internal organs (esp. GI tract, esophagus, thyroid, kidney, heart and lungs) and articular structures. Aka. Progressive Systemic Sclerosis (PSS).

Etiology:
1. skin thickening and restriction follows an idiopathic over-production of collagen
2. is highly individual in terms of severity and progression
3. some patients may experience only skin changes and restrictions in the hands and face for decades before visceral or organ involvement begins
4. others may rapidly develop generalized cutaneous thickening and often lethal internal organ disease
5. the full manifestation of the disease is known as the CREST syndrome
   a. Calcinosis
   b. Raynaud's phenomenon
   c. Esophageal dysfunction
   d. Sclerodactylia
   e. Telangiectasia
6. 4x more common in women than men and is rare in children
7. found world wide but more rarely in Asia
8. usual age of onset is around 20-40

Signs and Symptoms:
1. typical initial complaints include:
   a. Raynaud's phenomenon
   b. skin thickening of the fingers
   c. swelling of the extremities
2. as the disease progresses:
   a. skin:
      A. becomes hyperpigmented
      B. the whole upper body may become firm, leathery, the face looks mask-like, the lower extremities are not usually affected much
      C. becomes dry and rough and loses hair and the ability to sweat
   b. flexion contractures of the fingers, wrists, elbows
   c. subcutaneous calcifications or ulcers develop on the bony prominences
   d. telangiectasias
   e. restricted opening of the mouth
   f. esophageal dysfunction:
      A. most commonly involved visceral organ (dysphagia, regurgitation of stomach contents and peptic esophagitis often occur)
   g. joint pain/swelling/stiffness of fingers and knees
   h. small intestine (malabsorption, steatorrhea, weight loss, bloating, abdominal pain)
   i. large intestine (chronic constipation and fecal impaction)
   j. respiratory/cardiovascular involvement (fibrosis of the lungs causes exertional dyspnea, dry cough, pleurisy, cardiac problems)
      A. cardiac problems causing 15% of PSS deaths (arrhythmias, pericarditis and conduction disturbances)
   k. renal involvement (causes 1/2 of the deaths of PSS: acute failure causes rapid development of severe HTN [possibly malignant])

Lab Findings (reflect specific organ involvement):
1. elevated ESR (2/3 of cases)
2. elevated levels of IgG
3. (+) RF (in 25% of cases) or absent
4. (+) ANA (in 33-96% of cases) or absent
5. diagnostic: biopsy of affected skin and deep fascia
6. possible anemia:
   a. malabsorption may predispose to vitamin B-12 or folate acid anemia
   b. mild hypochromic microcytic anemia may be present

Course/Prognosis:
1. although the course of the disease is variable and unpredictable, it is characterized by a slowly progressing involvement of the skin and/or visceral organs
2. remissions are rare but do occur
SCLERODERMA

3. the disease is typically very gradual (80% of patients will be alive after 2 years and 20% will be alive after 10 years)
4. the disease is most severe in black women
5. in Caucasians, men are often affected worse than women
6. the usual causes of death are renal, cardiac and/or lung complications

Differential Diagnosis:
1. RA
2. SLE
3. polymyositis
4. scleredema
5. scleromyxedema
6. primary amyloidosis
7. Raynaud's is also seen in:
   a. thoracic outlet syndrome
   b. trauma (i.e. use of a jack-hammer)
   c. previous cold injury
   d. vinyl chloride exposure

Nutrition:
1. hypoallergenic/rotation diet

See: RA, nephritis and other conditions

Avoid:
1. heavy protein foods, meats, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread, refined and processed foods
4. dairy products
5. catarrh forming foods: tofu, rice, grains, ice cream, meat, oranges, shellfish
6. alcohol, coffee, caffeine

Supplements:
1. vitamin E (800-1600 IU QD)
2. para-amino-benzoic acid (10-12g QD) [watch for side effects: rash, anorexia, fever, vitiligo, loose stools]

Hydrotherapy:
1. hot fomentation: to spine
2. constitutional hydrotherapy

Manipulation:
1. check and align T10-12

Physiotherapy:
1. UV

Homeopathy:
1. Bovista: baker's and grocer's itch on back of hands, esp. brought on after washing; no > from scratching
2. Calcarea fluorica: skin harsh and dry; chaps; fissures; fistulae
3. Crotum tiglium: idiopathic as in children; whole body esp. groin an genitals , night, eating; > gentle scratching; violent burning and itching
4. Graphites: dryness; red spots like insect bites; itching-stinging; thick, honey like ooze; ulceration
5. Hydracotyle: circular spots with raised, scaly edges; redness; papules and pustules
6. Kali muriaticum: after vaccination; suppressed or damaged uterine functions; barbers' itch
7. Kali sulphuricum: effects of ivy poisoning; copious peeling
8. Ledum palustre: in drunkards after a spree; sensation of lice crawling; cough
9. Lycopodium: gnawing and itching < heat, evening, lying down; cracks and scabs; dryness
10. Natrum muriaticum: white scaly scabs on head from ear to ear; oozing pus and matting hair
11. Psorinum: disappears in summer and reappears in cold weather; < night, bed; pointed vesicles
12. Secale comutus: skin flaccid, rough and dry; crawling as of insects
13. Syphilinum: pustular eruption in patches; pockmark cicatrice; biting sensation; bluish skin
SEASONAL AFFECTIVE DISORDER (SAD)

**Definition:**
Recurrent depressive episodes that occur yearly in the fall and/or winter seasons and remit spontaneously in the spring.

**Etiology:**
1. although this syndrome is now being fully recognized as a valid disease, the physiologic pathways are still not well understood
2. the theories surrounding SAD focus on the absence of sunlight during the winter months (artificial indoor light is not a protective or therapeutic measure) causing hormonal imbalances in the patient's system, particularly the pineal secretion of melatonin
3. melatonin is secreted when there is little or no sunlight, when there is sunlight the secretion is inhibited
4. exactly how the decreased sunlight and associated increase is melatonin produces the signs and symptoms of SAD is presently unknown, although increased melatonin levels in the body have been associated with increased sleepiness
5. patients most likely to experience SAD are:
   a. those living in temperate zones (with a lot of rainy, gray days; ie. Portland, OR)
   b. those with a depressive tendency
   c. those living far enough north to experience lengthy periods of darkness for many months of the year
6. the symptoms may begin as early as autumn (October) and end when the spring sun begins to shine (April-May)

**Signs and Symptoms:**
1. the symptoms often begin gradually as the length of sunlight begins to diminish:
   a. sadness/depression
   b. withdrawal/apathy
   c. irritability
   d. sleep disturbances (sleeping more and waking unrefreshed)
   e. decreased physical activity
   f. weight gain
   g. increased appetite

**Lab Findings:**
1. at this time appears to be no appropriate tests to confirm SAD
2. can test melatonin

**Course/Prognosis:**
1. the illness produces recurrent episodes of depression that are likely to persist until the patient is treated with either light therapy or some other treatment that re-balances and desensitizes the patient to the normal decreased daily sunlight that occurs in fall and winter, thus eradicating the depressive periods at the source

**Differential Diagnosis:**
1. although there are a multitude of other diseases that produce the signs and symptoms listed, the cyclical symptoms of this disorder are its key indicator

**Nutrition:**
1. citrus peel
2. vitamin B complex foods
3. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
4. brewer's yeast

**Remedies:**
1. tea from licorice, Chinese black dates and wheat chaff (the part that floats on the surface of water)

**Avoid:**
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sugar and sweet foods
4. alcohol

**Supplements:**
SEASONAL AFFECTIVE DISORDER (SAD)

1. vitamin A (100-300,000 IU QD) TOXIC DOSE [2nd half of cycle in females]
2. vitamin B-6 (25-100mg QD)
3. vitamin E (300 IU QD) [2 month trial]
4. magnesium (400mg QD)
5. tryptophan (2g QD)
6. tyrosine (2g QD)
7. omega-6 FAs: EPO (500mg TID)

**Manipulation:**
1. check and align L2-3, SI joints as needed

**Physiotherapy:**
1. massage: abdomen and pelvis

**Botanicals:**
1. *Borago officinalis*: calming; not advised long-term
2. *Hypericum perforatum*: depressive conditions
3. *Panax spp.*: enhances resistance
4. *Valeriana spp.*: nervine

**Homeopathy:**
1. *Aurum metallicum*: talks of committing suicide; hopeless; sensitive to noise; excitement melancholy; profound depression; longing for death; laughs and cries alternately; sunset to sunrise
2. *Natrum muriaticum*: melancholy which results in remembering past unpleasant events; weeping < consolation; prefers to be alone; anxiety about the future; < at the ocean
SEBORRHEIC DERMATITIS

**Definition:**
An inflammatory, greasy, scaling, disease usually affecting the scalp and face but also can be seen in other areas rich in sebaceous glands; aka: dandruff (in adults), cradle cap (in infants).

**Etiology:**
1. is very common and part of an “acne-seborrheic complex” frequently seen in brunettes with familial history
2. the eruption is basically oily and may present with superficial red papules, sticky crusts, fissures and dry or wet yellowish scales
3. itching is uncommon and there is no hair loss over affected areas
4. it is most often seen in infants and then in middle-aged and older adults
5. rarely, seborrhea may develop into generalized body lesions

**Signs and Symptoms:**
1. onset is gradual in adults and evident in infants within the first 3 months of life
2. adult mild case: diffuse dry or greasy scaling on the scalp
3. adult severe case: yellow-red scaling papules along the hairline, eyebrows, eyelids, behind ears, external auditory canals, bridge of the nose, nasolabial folds, sternum
4. infants: thick, yellow, crusted, symmetric lesions on the scalp, on a salmon-colored erythematous rash; facial involvement with red papules, cracks and fissures behind their ears; there may or may not be scaling
5. older children: can develop thick, hard to pull off, scaly areas that may reach 1-2cm in diameter
6. generally, the lesions are worse in winter and during fatigue and stress

**Lab Findings:**
1. (+) food allergies/sensitivities

**Course/Prognosis:**
1. conventional treatment mainly consists of anti-dandruff shampoos containing selenium and, in worse cases, hydrocortisone creams
2. generally, the prognosis is better than that of atopic dermatitis, though the disorder exacerbates and remits
3. naturopathic physicians and other practitioners have found that treatment of food sensitivities has a significant effect on ameliorating this condition

**Differential Diagnosis:**

**Scalp lesions:**
1. psoriasis (well-defined, dry)
2. lichen simplex chronicus (single patch, much itching, excoriation)
3. tinea capitis (broken-off hairs, (+) Wood's light, (+) KOH prep)
4. atopic eczema (dry scales, all over body)

**Face lesions:**
1. SLE or chronic discoid LE (butterfly eruption on central face, (+) ANA)

**Body lesions:**
1. tinea corporis, tinea versicolor
2. psoriasis
3. pityriasis rosea
4. candidiasis

**Nutrition:**
1. hypoallergenic diet
2. foods rich in vitamins A and B complex
3. black bass, rye, avocados, sea vegetables, whey, apple, cucumber, millet, rice polishings, rice bran, sprouts, potato, broccoli, dandelion greens, mung bean, sea weed, pearl barley, adzuki beans, cornsilk, water chestnuts, winter melon, watermelon

**Remedies:**
- cabbage poultice
- dandelion and cornsilk tea
- mung beans and pearl barley tea
- sea weed and winter melon soup
SEBORRHEIC DERMATITIS

Avoid:
1. foods intolerances (of baby and if breastfed-mother)
2. dairy
3. meat
4. hot sauces, spicy, fried, fatty, rich and/or salty foods
5. stimulating foods
6. coffee, caffeine, alcohol

Supplements:
1. vitamin B-12 (10-30mcg IM weekly for 3 weeks)
2. folic acid (2mg QD)
3. vitamin E
4. biotin

Hydrotherapy:
1. cool compress: for itching
2. peroxide bath

Botanicals:
1. Arctium lappa: external use: root oil rubbed into scalp for dandruff; internal use: stubborn dermatosis, eliminates wastes, nourishes skin
2. Berberis aquifolium: chronic skin diseases with blood dyscrasia
3. Phytolacca decandra (toxic):
4. Stillingia sylvatica: skin affections with irritation and ichorous d/c

Homeopathy:
1. Ammonium muriaticum: blisters on various parts of body; intense burning > cold; itching < evening
2. Arsenicum album: esp. dry, rough, scaly skin
3. Bryonia: hair very greasy
4. Iodine: hot, dry, withered and yellow skin, glands enlarged
5. Natrum muriaticum: greasy, oily, skin, esp. on hairy parts; dry eruptions, esp. on margins of hairy scalp and bends of joints
6. Psorinum: herpetic eruptions, esp. on scalp and bends of joints with itching < warmth of bed
7. Raphanus: greasy skin
8. Selenium: pimples with oily skin and alopecia
9. Sulphur: the great anti-psoric; burning, itch till they bleed
SEIZURE DISORDERS

Definition:
A group of disorders recognized by chronic, recurrent, paroxysmal changes in cerebral function and brief attacks of altered consciousness/motor activity/sensory phenomena due to abnormalities of the electrical system of the brain; aka: epilepsy.

Etiology:
1. at least 75% of adult sufferers and a small minority of children, have idiopathic epilepsy that does not lend itself to specific treatment to cures
2. can occur at any age from a number of causes:
   a. from 1-2 years old (infants):
      A. paranatal hypoxia and ischemia
      B. intracranial birth injury
      C. acute infection with high fever
      D. genetic disorders
      E. metabolic conditions (hypoglycemia, hypomagnesemia, etc.)
   b. 2-12 years old (children):
      A. idiopathic
      B. acute infection (esp. if have similar history as an infant)
      C. trauma
   c. 12-18 years old (adolescent):
      A. idiopathic
      B. trauma
      C. alcohol or drug withdrawal
      D. arteriovenous malformations
   d. 18-35 years old (young adults):
      A. trauma
      B. alcoholism
      C. brain tumor
   e. older than 35 years (older adult):
      A. brain tumor
      B. cerebrovascular disease
      C. alcoholism
      D. metabolic conditions (uremia, hepatic failure, etc.)
3. seizure classifications:
   a. partial or focal seizures
   b. primary generalized seizures
   c. unilateral seizures
   d. unclassified epileptic seizures

Signs and Symptoms:
1. simple partial seizures:
   a. may have motor, sensory, autonomic or psychic expressions
   b. muscle activity may remain in one area or spread to include more musculature
2. complex partial seizures:
   a. cause episodic changes in consciousness where the patient will lose contact with others and their surroundings
   b. an aura may precede the attack (unusual smell, perception, Déjà vu, etc.)
   c. often most motor activity stops except for a specific motor motion such as picking at one’s clothes or lip smacking
3. tonic-clonic (grand mal):
   a. the attack usually begins suddenly with no warning
   b. the seizure follows a typical pattern
      A. loss of consciousness
      B. tonic muscle contraction
      C. loss of postural control
      D. a cry as the respiratory muscles contract
      E. a rhythmic contraction of muscles begins in all 4 limbs (this clonic phase lasts until the muscles relax [often minutes])
   c. as the patient recovers, there is often confusion and drowsiness (post-ictal phase)
4. tonic seizures:
   a. have the rigid posturing of the body from overall muscle contractions without the clonic phase
5. absence seizures (petit mal):
   a. consist of sudden loss of conscious connection to the environment without any associated muscle activity
SEIZURE DISORDERS

b. typically last only seconds or minutes and can be so brief that they are hardly noticeable
c. there is no post-seizure confusion and the patient regains consciousness rapidly

6. myoclonic seizures:
   a. sudden, brief, single or repetitive muscle contractions of one body part or the entire body

Lab Findings:
1. general and neurologic physical exam
2. chem screen
3. arteriograms
4. amino acid analysis (for low levels of taurine)
5. EEG
6. MRI
7. CT scan
8. CSF analysis

Course/Prognosis:
1. course depends on the cause
2. infantile fever convulsions often disappear as the child ages
3. epilepsy in older adult has a more serious prognosis
4. in patients with idiopathic epilepsy, the course is chronic and recurrent
5. conventional treatment consists of anti-convulsant drug therapy
6. the most serious sequela of epilepsy (aside from the potential of injury during the fall to the ground) is status epilepticus
   a. status epilepticus is diagnosed when the initial seizure continues without interruption or when repeated seizures occur without a normal recovery period
   b. MEDICAL EMERGENCY: has the potential for the development of hyperpyrexia and acidosis from the intense, prolonged muscle contractions

Differential Diagnosis:
1. fainting
2. TIA
3. migraine
4. psychological disorder (hysterical seizure)

Nutrition:
1. foods rich in vitamin B-6, magnesium, calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. patients using Dilantin: folic acid rich foods
3. egg yolk, kale, celery, fish, raw goat’s milk, veal joint broth, cod roe, rice polishings, brewer’s yeast, nutritional yeast
4. boil tea from cucumber vines and drink

Avoid:
1. heavy protein foods, meats, shellfish
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sweet foods and sugar, white bread, refined and processed foods
4. dairy products
5. catarrh forming foods: tofu, rice, grains, ice cream, meat, oranges, shellfish
6. alcohol, coffee, caffeine
7. strenuous activities

Supplements:
1. vitamin B-6
2. folic acid
3. magnesium (800-1200mg QD)
4. calcium (1500mg QD)
5. zinc
6. taurine (500-3000mg QD)

Hydrotherapy:
1. neutral bath
2. heating treatment to produce sweating 2-3x/wk
3. ice to head when attack is threatened
4. Scotch douche; legs after attack
**SEIZURE DISORDERS**

**Manipulation:**
1. check and align cervicals
2. grand mal: after sleeping then T12-L2
3. nasal specifics

**Physiotherapy:**
1. daily outdoor exercise
2. contraindication: strenuous activities

**Botanicals:**
1. Adonis vernalis (toxic): see formula
2. Atropa belladonna (toxic): associated with congestive symptoms
3. Cimicifuga racemosa: seizures associated with menstrual failure; child after Pertussis subject to periodic choreic seizures
4. Conium maculatum (toxic):
5. Datura stramonium (toxic): followed by mania
6. Gelsemium sempervirens (toxic): esp. with acute cerebral hyperemia, convulsions with cramping rigidity of muscles
7. Hyoscyamus niger (toxic): has been used for petit mal
8. Lobelia inflata (toxic): may add Capsicum frutescens; spasms of all characters, from infantile convulsions to puerperal eclampsia, convulsions due to worms
9. Passiflora incarnata: lessens the number of paroxysms, not useful to stop seizure in progress
10. Peonia officinalis: convulsions of childhood; convolution disorders
11. Scutellaria lateriflora: grand mal, see formula
12. Solanum carolinense (toxic):
13. Strychnos ignatia (toxic):...
14. Valeriana spp.: chorea, mild spasmodic movements
15. Verbena officinalis: generalized seizures
16. Viscum album (toxic):

**Formulas:**
- grand mal seizures: Scutellaria lateriflora combines well with Humulus lupulus and/or Passiflora incarnata
- Adonis vernalis (toxic)
- Potassium bromide
- Caffeine

**Homeopathy:**
1. Argentum nitricum: seizures occurring esp. at night, after emotions or with the period, preceded by mydriasis and followed by hand shaking and agitation
2. Asterias rubeus: epilepsy preceded by twitching all over the body
3. Cicuta virosa: petit mal, occur esp. at night; very violent clonic and tonic convulsions of the entire body; triggered or amplified by the least touch, noise, jar, cold and tobacco smoke; often preceded by a stomach aura and fear; during the crisis, the face is congested
4. Cuprum: tonic and clonic spasm, convulsions and epileptic attacks; aura begins at knees and ascends to hypogastrium, then unconsciousness, foaming and falling; during crises thumbs convulsively flexed towards the palm
5. Hydrocyanic acid: violent and sudden convulsions, marked cyanosis; cold and blue body and extremities; heart weak and irregular, pulse rapid
6. Indigo: epilepsy with great sadness; flushes of heat from abdomen to head; fit begins with dizziness; aura from a painful spot between shoulders
7. Lithium bromatum: cerebral congestion and nervousness, insomnia and nervous agitation; epilepsy along with those symptoms
8. Nux vomica: hypersensitive and hyperreflexive; spasm < all external influences, esp. least touch, noise, light and cold air draft; intense convulsions leading to opisthotonos
9. Oenanthe crocata: sudden convulsions not preceded by any aura, loss of conscious sudden and complete; pale face or alternating pale and red; fixed eyes, dilated pupils; thumb flexed inside hand; convulsions of all muscles of face and extremities; weak, irregular, slow heart; < drinking water; deep comatous sleep follows with stertorous respiration
10. Ranunculus bulbosus: low spirit, stupid; linked to sexual excitation or masturbation; often irritable during preceding days or hours; mydrias and incoherent speech; aura from the solar plexus or genitals; sweaty
SEIZURE DISORDERS

face, biting of the tongue, involuntary loss of urine, crisis followed by sleep; < night during sleep, after fear, anger, masturbation
SEXUALLY TRANSMITTED DISEASES (STDs)

Definition:
Diseases which are transmitted sexually.

Etiology:
1. the 5 most common STDs are:
   a. syphilis
   b. gonorrhea
   c. chancroid
   d. lymphogranuloma inguinale
   e. granuloma inguinale
2. other communicable diseases have been added:
   a. non-specific urethritis
   b. trichomonas
   c. chlamydial infections
   d. genital candididiasis (yeast infection)
   e. herpes
   f. HPV
   g. Lice
3. cause depends upon the disease
4. all transmitted via sexual contact

Signs and Symptoms:
Candidiasis (yeast infection):
1. intense itching
2. pasty d/c in women
3. hyphae visible on wet mount

Trichomonas:
1. heavy, yellow, frothy d/c
2. "strawberry" cervix
3. males often asymptomatic
4. often self-limiting in males

Gardnerella:
1. "Hemophilus vaginalis"
2. main complaint is odor
3. on saline wet mount: fishy smell when mixed with KOH

Chlamydia:
1. cervicitis
2. burning on urination
3. an intracellular bacterial parasite (hard to culture, attacks the columnar epithelium)

Gonorrhea:
1. gram (-) diplococci
2. females may be asymptomatic
3. may lead to PID
4. in males affects the prostate, urethra (penile d/c)
5. painful urination
6. female: painful urination, dysmenorrhea, dyspareunia
7. may spread to eyes, oropharynx, synovial fluid of joints, rectum
8. culture (+) is 80% accurate

Herpes:
1. many small vesicles on penis, cervix, vulva
2. itching
3. h/a
4. neuritis in dermatome (ie, anterior thigh)
5. dysuria

Syphilis:
1. primary stage (3 weeks):
   a. chancre on penis, vagina, cervix, rectum, anus
2. secondary stage (6 weeks post-primary):
SEXUALLY TRANSMITTED DISEASES (STDs)

a. rash on hands and feet
b. fever, sore throat, nausea
c. flat-topped growths (condyloma lata)
d. arthralgia
e. h/a

3. third stage (10-20 years)
   a. large, destructive lesions in any place (most notably the nervous system)
   b. neurosyphilis: affects posterior portion of spinal cord

Lab Findings:
   1. culture of lesions or d/c
   2. Herpes: Tzanck smear
   3. Syphilis: VDRL or RPR
   4. Chlamydia: antigen staining
   5. Trichomonas: wet prep

Course/Prognosis:
   1. varies with different conditions; some are minor and heal quickly with appropriate treatment; some, like herpes are life-long and recurrent; others like syphilis, have serious sequelae
   2. potential complications:
      a. septicemia
      b. PID

Differential Diagnosis:
   1. differentiate the causative agents
   2. be mindful of septicemia and PID as possible complications

Nutrition:
   1. celery, strawberries, dandelion greens, parsley, passion fruit

Supplements:
   1. vitamin A (100,000 IU QD) TOXIC DOSE
   2. vitamin B complex
   3. vitamin C (2g/hour)
   4. vitamin E
   5. thymus
   6. lysine (3-6g QD for acute herpes)

Hydrotherapy:
   1. sitz bath: alternating 3 min. hot, 1 min. cold
   2. fever treatment

Manipulation:
   1. check and align T10-12, lower lumbers

Botanicals:
   General:
      1. Arctium lappa: alterative
      2. Berberis aquifolium: alterative for syphilitic constitutional type
      3. Chimaphila umbellata: clears system of toxins
      4. Echinacea angustifolia: cleanses the blood
      5. Equisetum arvense: diuretic
      6. Sanguinaria canadensis (toxic): locally; fungal growths
      7. Trifolium pratense: cleanses blood

Gonorrhea:
   1. Althea officinalis: as wash; acute gonorrhea
   2. Anenome pulsatilla (toxic): epididymitis due to gonorrhea; dysuria, swelling of chronic gonorrhea
   3. Arctostaphylos uva-ursi: bloody urination with gonorrhea
   4. Eryngium aquaticum or yuccafortis: old effects of gonorrhea
   5. Eucalyptus spp.: locally; copious, fetid gonorrhea d/c
   6. Gelsemiu msempervirens (toxic): gonorrhea
   7. Hydrastis canadensis: useful topically to penis and vagina after first acute stage has passed and for gonococcal urethritis, as eye wash in gonorrhea (10 drops to 1 oz. water)
SEXUALLY TRANSMITTED DISEASES (STDs)

8. *Leptotania dissectum*: partially effective against gonorrhea
9. *Myroxylon pereirae*: gonorrhea; stubborn cases
10. *Piper methysticum*: gonorrhea; slow, intractable
11. *Pterocarpus marsupium*: gonorrhea
12. *Sassafras officinale*: chronic gonorrhea urethritis
13. *Serenoa serrulata*: chronic gonorrhea urethritis
14. *Thuja occidentalis*: for genital inflammation, warts, polyps, uterine infections, cystitis, cancer, pelvic congestion

**Chlamydia:**
1. *Hydrastis canadensis*: chlamydia urethritis

**Syphilis:**
1. *Arctium lappa*: antiseptic which is partially effective on Gram (+) bacteria, staphylococcus and possibly syphilis
2. *Corydalis farsosa*: syphilitic nodules of bones, ulcerations
3. *Gonolobus cendurango*: ancient herbalists thought it to be anti-syphilitic
4. *Hyoscyamus niger* (toxic): syphilis; bone pain
5. *Iris versicolor* (toxic): gonorrhea, syphilis; 2nd stage, cachexia, glandular tonic
6. *Kalmia latifolia* (toxic): syphilis; chronic cachexia due to, constitutional with excited heart and rapid circulation
7. *Phytolacca decandra* (toxic): syphilis, bone pains of
8. *Podophyllum peltatum* (toxic): syphilis; 2nd stage
9. *Rhus glabra or aromatica* (toxic): syphilitic ulceration
10. *Saxifrage pennsylvanica*: syphilitic affections of the eyes
11. *Smilax ornata, officinalis*: 90% effective in primary syphilis
12. *Thuja occidentalis*: syphilis; chancroid; oil applied to condylomata

**Hemophilus (gardnerella):**
1. *Hydrastis canadensis*: internally as a tea or tincture or vaginally in douches and suppositories; useful combined with Calendula officinalis and Symphytum officinale (toxic)
2. *Acidic preparations*: citrus limon or vinegar douches BID for 10 days

**Herpes simplex:**
1. *Arctium lappa:
2. *Bereberis aquifolium*: herpetic; lesions recede with persistent use
3. *Echinacea spp.*, antiseptic, immune stimulating
4. *Hypericum perforatum*: anti-viral
5. *Smilax officinalis*: depurative, alterative

**Homeopathy:**
1. *Arsenic*: syphilitic chancres, livid hue with intense burning, even sloughing; gonorrhea of females, smarting gnawing d/c causing soreness of parts it comes in contact; in males, tearing deep in urethra
2. *Aurum metallicum*: 2nd syphilis
3. *Aurum muriaticum*: syphilitis gonorrhea, chancres on prepuce an scrotum, bubo in L groin; condylomata on prepuce, anus and tongue; 2nd syphilis; gonorrhea, chancre in urethra; stricture of urethra in males; vesicular eruption in perineum in females
4. *Calotropis gigantea*: syphilis following Mercurius vivus; primary anemia of syphilis, hear in stomach
5. *Cannabis sativa*: acute gonorrhea; buring while urinating, extending to bladder; urine scalding, walks with legs apart
6. *Corydalis*: syphilis; gumma
7. *Gelsemium sempervirens*: gonorrhea; at the very beginning of urethritis, whitish d/c, great pain and little d/c; or little pain with much heat, burning when urinating; urine voided in sufficient quantities, rather frequent
8. *Jacaranda*: chancroids or red chancroid-like sore about the penis; balanorrhea
9. *Kalium iodatum*: syphilis in all stages; syphilitic iris
10. *Mercurius solubilis*: 2nd stage of syphilis with anemia, rheumatoid pains, ulceration of mouth
11. *Nitric acid*: syphilis phagedaenic chancres; ulcers in urethra with purulent, bloody d/c; moist condylomata, like cauliflower; gonorrhea with chancres and warts, d/c sometimes bloody; ammonia odor of urine
12. *Oleum santali*: gonorrhea; thick, yellowish muco-purulent d/c; gleet with profuse thick d/c; frequent burning, smarting, swelling and redness of meatus
13. *Petroselinum*: gonorrhea; sudden, irresistible desire to urinate; intense biting, itching, deep in urethra; milky d/c
14. *Piper methysticum*: gonorrhea in first stage with severe chorea
SEXUALLY TRANSMITTED DISEASES (STDs)

15. *Sepia*: gonorrhea; chronic mucous d/c without pain or burning with urinating; milky, yellowish d/c; urine turbid and offensive

16. *Tussilago petasites*: gonorrhea; yellowish, thick d/c
SINUSITIS

Definition:
An inflammation or infection in the paranasal sinuses

Etiology:
1. most common inciting agent is a viral URI, although bacteria, fungi and allergic reactions may also be responsible
2. any factor that creates edema of the nasal tissues resulting in obstruction and the lack of proper drainage of the area will often lead to sinus infection
3. as the obstruction continues, oxygen is resorbed back into the blood vessels, causing a painful relative negative pressure that draws transudate from the mucous membranes
4. the transudate is an excellent medium for bacteria, esp. Strep, Pneumococcus, Hemophilus influenza and Staph, which are the bacteria most implicated in acute sinusitis
5. the bacteria overgrowth leads to an influx of serum and leukocytes to fight the infection, setting up a painful positive pressure
6. precipitating factors:
   a. swimming
   b. diving
   c. injury to the area (esp. fractures to the ethmoid or frontal sinuses)
7. chronic sinusitis often associated with:
   a. allergic individual
   b. dental infections (25% of maxillary sinusitis)

Signs and Symptoms:
1. tenderness to palpation
2. swelling redness
3. opaque transillumination of involved sinuses
4. fever, chills (suggests expansion of the infection beyond the sinuses)
5. nasal congestion and serous or mucopurulent d/c (usually yellow or green and can often excoriate the nasal tissues)
6. malaise
7. h/a and/or dizziness that changes with position and is worse lying down or bending over
8. history of URI, dental problem, nasal allergy or injury to the area
9. nasal mucosa is erythematous and edemic and the exudate may be seen in the turbinates corresponding to the infected sinus(es)
10. chronic sinusitis:
   a. may present as acute sinusitis or may be relatively asymptomatic presenting with only mild postnasal d/c, recurrent h/a, musty odor or a non-productive cough
   b. x-ray: may reveal a thickening of the mucous membranes, though cultures of the nose and nasal d/c uncover no pathogenic organisms
11. specific areas of infection:
   a. frontal: pain over the forehead, above the eyebrows
   b. maxillary: pain around cheekbones, toothache and frontal h/a
   c. ethmoid: "splitting" frontal h/a, pain behind and between the eyes
   d. sphenoid: usually less clearly defined but often manifests as tenderness and pain around the vertex of the skull, the mastoid areas and the occiput

Lab Findings:
1. x-ray: clearly show the sites of involvement and to what degree
   a. picks up the swollen mucous membrane or the exudate
   b. x-rays of the apices of the teeth are mandatory to rule out a periapical abscess when there is chronic maxillary sinusitis
2. cultures not reliable

Course/Prognosis:
1. complications if treatment is not effective or the cause is not treated:
   a. osteomyelitis of the frontal bone: rare
   b. bacterial meningitis: usually involves the frontal tissues and osteomyelitis and can lead to a brain abscess
   c. bronchiectasis
   d. nasal polyps: may develop in individuals with chronic symptoms, esp. in allergic patients
2. with proper treatment, all the above complications are very rare
3. the patients are likely to have the most trouble with their sinuses are those with allergies, chronic viral fatigue or immunosuppression
SINUSITIS

4. most patients respond to treatment and resolve the acute infection (if the causes is not removed, however, recurrent attacks are extremely likely)

Differential Diagnosis:

Acute sinusitis:
1. dental abscess
2. response to exposure to airborne irritants
3. immunosuppressive disease or chronic viral fatigue syndrome

Chronic sinusitis:
1. allergies
2. exposure to irritating gases/dusts/tobacco smoke
3. Kartagener's syndrome; immunosuppressive disease or chronic viral fatigue syndrome

Tumors: rule out esp. in an individual complaining of repeated attacks of acute sinusitis or chronic symptoms notably including recurrent epistaxis while no pathogenic organism can be found
1. osteoma (benign)
2. carcinoma of the maxilla
3. sarcoma
4. Burkitt's lymphoma
5. myeloma
6. adenocarcinoma
7. melanoma of the nasal cavity

Nutrition:

Acute:
1. eat as little as possible
2. increase fluids (diluted vegetable juices, broths, herbal teas)
3. increase vitamin A and C foods
4. fruit and vegetable juice fast
5. low sugar

Chronic:
1. hypoallergenic/rotation diet
2. increase manganese foods (buckwheat, nuts, beans, peas and blueberries)
3. increase silicon foods
4. increase pungent foods and Lung foods
5. garlic, onions, citrus, horseradish, ginger, green onions, magnolia flower, bananas, black mushrooms, chrysanthemum flower, apricot kernels

Remedies:

a. nasal lavage with salt water
b. boil tea of mint, basil and ginger, while boiling the tea, inhale the steam through the nose, TID, for 2months
   c. tea from magnolia flowers, basil, ginger and green onion, TID for 1 week

Avoid:

1. food intolerances
2. all dairy products
3. all catarrh forming foods: tofu, tomatoes, oranges, grains, rice, ice cream, shellfish, meat
4. sugar, sweet foods
5. processed and refined foods
6. heavy protein foods, meats
7. vinegars
8. fats
9. coffee, caffeine

Supplements:

1. vitamin A (10-30,000 IU QD)
2. vitamin B-5 (500-1000mg QD)
3. vitamin B-6 (200-400mg QD)
4. vitamin C to bowel tolerance
5. zinc (30-60mg QD)
SINUSITIS

6. bioflavinoids (6g QD)

Hydrotherapy:
1. nasal lavage
2. alternating hot and cold (hot 3min. to face, cold 1min. to face)
3. heating compress (to face, 20min.)
4. hot nasal irrigation
5. hot foot bath
6. carrot poultice over face
7. steam inhalation

Manipulation:
1. runny nose: C5 and up
2. clogged nose: C7-T1 or lower thoracics
3. nasosympathico technique

Physiotherapy:
1. diathermy: sinus pad electrodes to sinuses large pad to chest, to tolerance; treatment 15 min. 3x/wk
   a. chronic: usually 12 treatments needed
   b. acute: usually 6 treatments needed or two 4x6 pads, one over sinuses and one to back
2. infrared: apply directly to sinuses for 45 min. to 1 hour
3. sine: to entire cervical region
4. iontophoresis: copper
5. UV

Botanicals:
1. Anemone pulsatilla (toxic): yellow or greenish creamy d/c
2. Atropa belladonna (toxic): throbbing, congestive
3. Euphrasia spp.: 
4. Hydrastis canadensis: not in acute inflammation, profuse tenacious yellowish or greenish-yellow mucus/pus
5. Lepidium perennis: chronic sinusitis, congestion
6. Quercus alba: relaxation of mucous membranes with d/c, chronic mucous d/c
7. Salvia officinalis (oil): apply externally over sinuses
8. Sambucus nigra: chronic nasal catarrh with deafness
9. Sticta pulmonaria: sneezing, coryza and conjunctival hyperemia or inflammation
10. Usnea barbata: inhibits Gram (+) bacteria
11. Verbascum thapsus: demulcent

Formulas:
1. Atropa belladonna (toxic), Bryonia alba (toxic)
2. Salvia officinalis (oil): apply externally over sinuses
3. Tinctures of Achillea millefolia [2 parts], Armoracia rusticana [1 part], Ephedra spp. [1 part], Euphrasia spp. [2 parts], Hydrastis canadensis [2 parts]; SIG: 30 drops QID

Consider in combinations: Capsicum frutescens, Commiphora myrrha, Echinacea angustifolia, Hydrastis canadensis, Larrer spp., Lobelia inflata

Homeopathy:
1. Arsenicum album: thin, watery, burning and excoriating d/c; sneezes without relief; burning thirst for sips of warm drinks; anxious and restless; chilly
2. Kali bichromicum: pressure and fullness sensation at the root of the nose; stitching pains, ulcerated septum; thick, foulropy d/c which is difficult to get out; loss of smell, violent sneezing with no d/c; thirsty
3. Lycopodium: approximately Kali bichromicum; crusty, sore, plugs up, gray d/c, obstruction < night; usually R sided
4. Mercurius solubilis: swelling of nasal bones; caries with greenish ulceration, nosebleeds; nostrils are raw and ulcerated; easy and profuse sweat which does not relieve; thirsty
5. Natrum carbonicum: constant coryza which is foul smelling; patient hawks much mucus from the back of the throat; < slightest draught, sun; over sensitive, esp. to music
6. Natrum muriaticum: violent, fluid coryza which lasts from 1-3 days then nose stops up and breathing becomes difficult; d/c is like egg whites and is loss of smell
7. Nux vomica: stuffed up, esp. at night; stuffiness on going outside or after exposure to cold; irritable, angry easily chilled
8. Phosphorus: after presence of polyps; catarrh with blood; oversensitive to smell
9. **Pulsatilla**: pressing pain at root of nose, bland, yellow-green d/c; patient chilly, thirstless and desires to be outside; weepy; > consolation; very sensitive

10. **Sepia**: thick greenish d/c, thick plugs of mucous; chronic catarrh, esp. post-nasal which must be hawked through mouth, > motion, < cold air

11. **Silica**: itching at point of nose; frontal and maxillary pains; hard, dry crusts which bleed when loosened; nasal obstruction with loss of smell; very sensitive and chilly
STOMACH CANCER

Definition:
Neoplasm of the stomach

Etiology:
1. adenocarcinoma accounts for most stomach cancer
2. other histological types include:
   a. lymphoma
   b. squamous cell
   c. carcinoid
   d. leiomyosarcoma
3. cause is not well established, although it is associated with metaplasia of the gastric mucosa:
   a. pernicious anemia
   b. atrophic gastritis
   c. gastric atrophy
   d. other factors include:
      A. diet (particularly salty or smoked foods)
      B. previous gastric surgery
      C. poverty
4. the disease exhibits wide epidemiological variations
   a. high levels exist in Japan, Chile and Iceland
   b. in the US, it is most common in the north, in the poor and in blacks
5. incidence increases with age (< 25% of patients are under 50 years)

Signs and Symptoms:
1. may initially manifest with mild symptoms
2. all the common signs associated with stomach problems may arise but are commonly less severe than in an ulcer, for example
3. the most common first sign is of a metastasis while the primary malignancy remains "silent"
4. weight loss and anemia (usually iron deficiency, may be present)

Later stages:
1. coffee-ground vomiting
2. epigastric mass
3. sentinel node above L clavicle (Virchow's)

Lab Findings:
1. barium x-ray
2. endoscopy
3. biopsy

Course/Prognosis:
1. classified according to gross appearance:
   a. protruding: polypoid or fungating
   b. penetrating: sharp, well circumscribed border, may be ulcerated
   c. superficial spreading: along the mucosa or within the wall; if there is infiltration of the wall with fibrous reaction, a "leather bottle" stomach (linitis plastica) may result
   d. miscellaneous:
2. conventional therapy of choice is surgical resection
3. chemotherapy and radiation have been shown to be particularly helpful, although new experimental protocols may prove more useful
4. prognosis is generally poor (even with surgery)

Differential Diagnosis:
1. gastric ulcer
2. gastritis

Nutrition:
1. alkaline fast under supervision, esp. with carrot juice

Recommendations for all cancers:
1. sea weed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, seas cucumber, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruits and vegetables
STOMACH CANCER

Remedies:

a. soup of black or ling zhi mushrooms and white fungus, TID
b. boil together mung beans, pearl barley, adzuki beans and figs
c. dandelion, burdock and chrysanthemum flower tea

Avoid:

1. meat, chicken
2. high fat foods
3. cinnamon, anise, pepper
4. dairy products
5. spicy and stimulating foods
6. smoking
7. constipation
8. stress
9. coffee

Supplements:

1. vitamin A
2. vitamin C
3. vitamin E
4. zinc
5. selenium

Hydrotherapy:

1. fever treatment
2. ice bag over stomach to relieve pain
3. constitutional hydrotherapy

Manipulation:

1. check and align T5, T6-8 and T10-12

Botanicals:

General cancer/neoplasm:
1. Avena sativa: nervous debility of convalescence
2. Baptisia tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: dyscrasiae due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increases interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
7. Larrea divaricata (Mexican folklore)
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
9. Rumex crispus: to prevent early stages of cancer
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:

a. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [6g], Berberis aquifolium [6g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [6g], Rhamnus frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [6g], Trifolium pratense [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine (Lugol's) solution, take QID, PC and before bed

Homeopathy:

1. Actaea spicata: sour vomiting after drinking, with tearing, darting pain in epigastric region; increased salivation
2. Arsenicum album: burning lancinating pains and vomiting, eating and drinking; hematemesis; prostration and rapid emaciation; restlessness, apprehensive
STOMACH CANCER

3. Bismuthum oxidum: nausea after every meal relieved with cold drinks; water vomited as soon as it reaches stomach; violent rising of putrid smell with violent retching and vomiting of bile and brownish fluid with extreme pain
4. Carbolic acid: useful to palliate pain
5. Chelidonium: pain in stomach relieved by hot substances and bending backward, pain extends to breasts and lower angle of right shoulder blade
6. Conium maculatum: terrible nausea, acid heartburn and acid eructation; on going to bed; painful spasms of stomach > eating, few hours after meals; painful spot at level of sternum
7. Cundurango: cracks in angles of mouth
8. Hydrastis canadensis: in patient whom cancer has developed after history of chronic gastric catarrh and general ulcerative catarrh of mucous membranes, esp. nose and intestines; anorexia with pain over region of stomach; frequent vomiting; sensitive liver; jaundice
9. Kali bichromicum: vomiting of food, blood and characteristic stringy mucous; tongue moist with yellow coating; history of ulcerative catarrh
10. Lycopodium:
11. Nitric acid: prickling pain with some gnawing, burning pain, thirst, water producing an indescribable nauseating effect, vomiting of slim and blood; yellow face
12. Phosphorus: burning pains > cold drinks until becomes warm in stomach and then vomited up; coffee-ground matter; vomiting of food as soon as it is swallowed
13. Sulphur: faint sinking feeling at pit of stomach with hunger
**Definition:**
1. micro- or macrotrauma following surgery
2. effects of hospital environment
3. iatrogenic conditions

**Etiology:**
1. surgery causes physical trauma whose healing may be enhanced by appropriated therapeutics
2. many patients get sick in the hospital from nosocomial Staph. (and other) infections and iatrogenic infections
3. surgery adjuncts like anesthetics and other pharmacologic interventions have toxic potential
4. it has been clearly shown that most hospitalized patients become nutritionally depleted from:
   a. the stress of their illness
   b. stress of being in a hospital environment
   c. the diagnosis and treatment of their illness (extensive lab tests and surgery, often)
   d. the unhealthy nutrition offered at most surgical facilities

**Signs and Symptoms:**

**Patient:**
1. feels excessively traumatized by surgery
2. complains "never well since surgery"
3. fails to respond appropriately to therapy
4. wishes to optimize recovery/healing process
5. desires prophylaxis for effects of impending surgical procedure

**Course/Prognosis:**
1. any natural treatment that nurture and nourish the post-surgical patient will be extremely helpful aids in:
   a. helping the tissues heal
   b. detoxifying the patient
   c. restoring metabolism
   d. preventing additional infection from developing
2. some natural treatments encounter an "obstacle to cure" which can be traced to surgery (ie. scar tissue disrupting flow of Qi in acupuncture meridians), also the adhesions can likewise obstruct normal bodily processes

**Differential Diagnosis:**
1. usually apparent from history but rule out other causes of pain, fatigue or whatever dysfunction manifests

**Nutrition:**
1. liqued diet after surgery/fasting, then slowly return to normal diet
2. increase foods high in vitamin A, B complex, C, E and bioflavinoids

**Avoid:**
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. dairy products
4. sugar and sweet foods, white bread, refined and processed foods
5. catarrh forming foods: tofu, ice cream, oranges, shellfish, grains, potatoes, meat
6. alcohol, coffee, caffeine

**Supplements:**
1. vitamin A (50,000 IU QD)
2. vitamin B complex
3. vitamin C (4-6g QD) for collagen repair
4. zinc (60mg QD)
5. copper (3mg QD)
6. bromelain

**Hydrotherapy:**
1. wet sock treatment for pain
2. constitutional hydrotherapy

**Physiotherapy:**
1. aerobic exercise
2. TENS for pain
Botanicals:
1. Bee pollen:
2. Calendula officinalis: externally applied to promote wound healing
3. Capsicum frutescens:
4. Echinacea spp.: blood sepsis; boost immune function, protection against infection
5. Hydrocotyle asiatica:
6. Hypericum perforatum: nerve tissue injury
7. Panax quinquefolius: tonic
8. Plantago major: blood poisoning
9. Symphytum officinale (toxic): helps broken bones heal, vulnerary

Formulas:
a. pre-surgery: Capsicum frutescens [15 drops], Commiphora myrrha [2 dr.], Echinacea spp. [4 dr.]; SIG: 20 drops TID

NOTE: discontinue any blood-thinning herbs (ie. Trifolium spp., Melilotus spp.) 1-2 weeks prior to surgery

Homeopathy:
1. Aconitum: in sensitive tissues (eye, urethra)
2. Allium cepa: neuralgic pains in stump of amputated limb; fine thread-like pains which shoot
3. Arnica: before and after, will control shocks and prevent soreness, loss of bladder control after operation
4. Carbo vegetabilis: collapsed condition; stupor which does not yield to stimulant; pulse barely perceptible and breathing is rattling
5. Camphor: shock, cold breath, rapid feeble pulse, tongue and lips tremble, respiration slow and sighing
6. Hypericum: sharp, shooting pain; pains intolerable and out of proportion to injury
7. Nux vomica: vomiting after when accompanied by much retching, irritability of patient
8. Phosphorus: 1M day before abdominal surgery to prevent nausea; nervous patient with excessive bleeding
9. Pulsatilla: lies with hands over head, wants air and mouth washed frequently
10. Rhus tox.: soreness, restlessness, involving R lower
11. Staphysagria: sensation of knife-cutting persists long after surgery; pain and distress after operation; for surgical cuts
12. Veratrum album: great prostration with cold sweat, body cold, esp. extremities, pale face, features distorted, restless, tetanic spasms
SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

Definition:
An inflammatory autoimmune connective tissue disorder.

Etiology:
1. the cause is unknown
2. seen mainly in young women aged 20-40 (90% of cases) but in 10% of the cases the patients are children
   or a senior citizen

Signs and Symptoms:
1. may have an acute or gradual onset
2. skin: “butterfly rash” plus other discoid skin lesions; < sunlight; oral lesions/ulcers
3. fatigue, malaise, fever, anorexia, nausea, weight loss
4. arthralgias and/or myalgias
5. anemia, leukopenia, lymphopenia
6. pleurisy, pericarditis
7. proteinuria, cellular casts
8. ascites
9. many other possible symptoms based on the organ system involved (which may be any)

Lab Findings:
1. (+) LE cells (60%)
2. (+) ANA (FANA detects 95%, best test)
3. (+) anti-DNA antibodies in 40-80% of cases
4. increased ESR reflecting disease activity
5. false (+) VDRL
6. (+) anti-ENA (anti-RNP, anti-Sm)
7. (+) lupus band test done on skin biopsy
8. anemia of chronic disease or occasionally hemolytic
9. leukocytopenia reflects disease activity
10. decreased C3, C4 (complement fractions) and C1 every binding
11. circulating immune complexes reflect disease activity

Course/Prognosis:
1. the prognosis varies with organs involved and degree of severity
2. patients with kidney or cardiac involvement have a poorer prognosis that those whose condition is limited to joints, skin and serous membranes
3. SLE is characterized by exacerbations and remissions, although long-lasting remissions are only seen in
   10% of patients
4. the mortality rate is 5%/year

Differential Diagnosis:
1. discoid LE
2. other connective tissue or autoimmune diseases
3. systemic nodular panniculitis

Nutrition:
1. short fasts (5-7 days) are recommended with 2 week intervals between them
2. hypoallergenic diet
3. treat hypochlorhydria
4. foods rich in beta carotene and vitamin A
5. food rich in omega-3 FAs: salmon, mackerel, herring, sardines, vegetables, nuts, seeds
6. sesame seeds, kale, artichokes, green beans, millet, celery, barley, almonds, collards, turnip greens, raw
   goat's milk, goat whey, black mission figs, gelatin, burdock root, pineapple, quince, watercress,
   blackberries, black currants, mustard greens, limes, lettuce, olive oil

Avoid:
1. food intolerances
2. dairy products
3. red meat
4. spinach, asparagus, rhubarb, pimentos, eggplant
5. nightshade family: tomatoes, potatoes, turnips, green peppers, etc.
6. sugar
7. refined foods
8. fried foods
SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

9. coffee, caffeine

**Supplements:**
1. vitamin A
2. beta carotene [for discoid lupus] (50mg TID)
3. vitamin B-12 (1000mcg, 2x weekly)
4. vitamin E (1200-1600 IU QD) plus selenium (50mcg QD)
5. calcium pantothenate (6-10g QD initially, then 2-4g QD)
6. HCl
7. omega-3 and -6 FAs
8. DHEA (for short-term relief)

**Hydrotherapy:**
1. constitutional hydrotherapy
2. fever treatments
3. cold bath: short

**Botanicals:**
1. Allium sativum: externally and internally
2. Althea officinalis: 
3. Avena sativa: to increase energy level, nutritive for nerves (dose 1/2 to 2 dr. tincture)
4. Berberis vulgaris:
5. Chimaphila umbellata:
6. Eleutherococcus senticosus: nutritive and tonic
7. Hydrangea arborescens:
8. Juniperus communis:
9. Medicago sativa: nutritive and tonic
10. Panax spp.: nutritive and tonic
11. Rumex officinalis: nutritive and tonic
12. Taraxacum officinalis: nutritive and tonic
13. Thuja occidentalis: internal and external use
14. Urtica dioica: nutritive and tonic

**Homeopathy:**
1. Arsenicum album: great debility; restlessness; anxiety; > hot; < cold; rapid onset; prostration; periodicity of symptoms; R sided symptoms [top remedy]
2. Bacillinum: start treatment with this remedy in 200c, then start others one week later; active TB history; great weakness
3. Calcarea carbonica: pale, short people, hot perspiration on head; cold, clammy hands and feet
4. Carbo vegetabilis: skin affliction, acidity, cold feet, extreme depression
5. Crotalus horridus: hemorrhages all over body; edema; great prostration; tend to malignancy
6. Hepar sulphur: sensitivity of affected part, chilly, likes to be covered up, hypersensitive to touch and cold
7. Hydrastis canadensis: yellow coated tongue, constipation, stomach distended
8. Lachesis: hot flushes; hemorrhages; menopausal age; L side more affected; sensitive to touch
9. Lycopodium: urinary or digestive disturbances associated; complaints develop gradually; catarrhal tendency; > warmth
10. Mercurius solubilis: < night; fetid breath; swollen glands; copious sweat without relief; < evening and after meals; great fears
11. Nitric acid: another top remedy to consider
12. Radium bromium: after Thuja and Tuberculinum
13. Tuberculinum: 200c once/week
14. Thuja: sycosis, possible cause of rheumatism
TACHYCARDIA/BRADYCARDIA
(Also see: Arrhythmia)

Definition:
Arrhythmia of the atrial impulses.

Etiology:
1. **sinus tachycardia**:
   a. characterized by a sinus rhythm of > 100 beat/min.
   b. begins and ends gradually vs. paroxysmal tachycardia (which has a sudden onset and sudden cessation)
   c. increasing the vagal tone (ie. through carotid sinus massage) can temporarily decrease the heartbeat
2. **sinus bradycardia**:
   a. characterized by a sinus rhythm of < 60 beats/min.
   b. EKG that indicates the impulse begins from the upper R region of the atrium
   c. most cases are a result of increased vagal tone (seen in athletes and healthy people)
   d. common during rest, sleep, meditation and visualization
   e. non-cardiac conditions associated with bradycardia include:
      A. myxedema
      B. jaundice
      C. overdose of conventional drugs designed to lower a tachycardic heartbeat

Signs and Symptoms:
1. **sinus tachycardia**:
   a. may be asymptomatic or
   b. may experience palpitations with increased rate and contractual force
2. **sinus bradycardia**:
   a. typically symptoms free when the heartbeat is between 40-60 beats/min. and the patient is not exertional
   b. when exercising, the patient may be severely limited, unless the bradycardia is a result of increased vagal tone from exercising and good health
   c. MEDICAL EMERGENCY if heartbeat falls below 30 beats/min.

Course/Prognosis:
1. **sinus tachycardia**:
   a. prognosis depends on the cause for the tachycardia:
      A. anemia-induced tachycardia is benign and will regress once the anemia is corrected
      B. from CHF, is clinically important
   b. conventional treatment: beta blockers
2. **sinus bradycardia**:
   a. treatment is not required for asymptomatic patients
   b. in symptomatic patients, drugs or pacemakers are use to regulate the heartbeat

Differential Diagnosis:
1. atrial fibrillation or flutter
2. paroxysmal atrial tachycardia
3. atrial ectopic tachycardia
4. ventricular tachycardia
5. ventricular fibrillation

Nutrition:
1. low sugar, fat diet
2. low cholesterol
3. low sodium
4. vegetarian cleansing diet or short fasts
5. flax seed oil, okra, hawthorn berries, millet, buckwheat, sunflower seeds, sesame seeds, bananas, potatoes, asparagus, apples, honey in small amounts

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sugar
4. alcohol

Hydrotherapy:
**Tachycardia:**
TACHYCARDIA/BRADYCARDIA

(Also see: Arrhythmia)

1. ice bag: over heart
2. neutral bath: 1/2 hour

Bradycardia:
1. compresses: to spine, alternate hot and cold

Manipulation:
Tachycardia:
1. check and align jaw and sacrum
2. don't adjust atlas without T2, T3

Bradycardia:
1. check and align atlas with T2, T3
2. do not adjust upper cervicals may decrease heart rate

Physiotherapy:
Tachycardia:
1. spondylotherapy: concussion T1-3

Bradycardia:
1. spondylotherapy: concussion over T2, T3

Botanicals:
1. Aconitum napellus (toxic): tachycardia, small, hard, quick, sharp, pulse
2. Adonis vernalis: nervous tachycardia, extra systoles
3. Cimicifuga racemosa: small doses; decreases heart rate, increases contractile strength, elevates arterial tension
4. Crataegus oxyacantha: tachycardia
5. Cytisus scoparius: tachycardia
6. Digitalis purpurea (toxic): tachycardia, weak, rapid, irregular, contraindicated in strong vigorous action
7. Gelsemium sempervirens (toxic): tachycardia, excessive heart action in hysterical patients
8. Kalmia latifolia (toxic): tachycardia and tremor; due to excess tobacco smoking
9. Passiflora incarnata: tachycardia
10. Selenicereus grandiflorus (toxic): tachycardia, bradycardia, promotes normal rhythm, functional irregularity of heart; be sure to see contraindications
11. Veratrum viride (toxic): according to indications; caution in tachycardia with exophthalmic goiter
12. Viscum album (toxic): cardiac depressant, nervous tachycardia

Formulas:

- tachycardia, extra systoles: Anemone pulsatilla (toxic) or Convallaria majalis (toxic), Crataegus oxyacantha
- nervous tachycardia: Crataegus oxyacantha, Passiflora incarnata, Piscidia erythrina (toxic)

Homeopathy:
Tachycardia:
1. Abies nigra: sharp cutting pain in heart
2. Aconitum: rapid, tumultuously; faster than heartbeat; pulse full, hard, tense and bounding, sometimes intermittts; temporal and carotid arteries felt when sitting
3. Apis: pulse not steady; chest feels as if beaten or bruised
4. Arnica: pulse full and strong; heart feels as if tightly grasped in hand; chest feels sore and bruised and cannot bear clothing to touch it
5. Arsenicum album: typical Arsenicum patient, except may not be hot; associated respiratory condition with thick honey-like d/c; air hunger and burning in chest; more rapid in morning; palpitation, pain, dyspepsia, faintness
6. Arsenicum iodum: precordial anguish; dry cough; great pain in cardiac region going through to back
7. Aurum metallicum: pulse rapid, feeble, irregular; palpitation; sensation as if heart stopped beating
8. Belladonna: threatened apoplexy, suddenness, h/a and angina pain come and go suddenly; rapid but weakened pulse; throbbing all through body; palpitation form least exertion
9. Berberis: palpitation of heart; squeezing with shooting in heart
10. Bryonia: heart beats violently and rapidly when rising up or going up stairs
11. Collinsonia: hearts action persistently rapid but weak; in patients subject to piles, dyspepsia and constipation; < form slightest motion or excitement
12. Conium maculatum: after stool rapid pulse; pulse on moment full and regular, the next soft, weak and irregular
TACHYCARDIA/BRADYCARDIA
(Also see: Arrhythmia)

13. Cuprum metallicum: spasmodic pain; convulsive constriction in chest, cramping pain, ailments from suppression, fright and anger; pulse hard, full and quick; palpitation, precordial, anxiety and pain
14. Digitalis: on rising up, inequality of pulse, it varies; sudden sensation as if heart stood still; pulse weak and quickened by slightest movement
15. Ferrum phosphoricum: short, quick, soft pulse; palpitation; first stage of cardiac disease
16. Gelsemium: sensation as if heart would stop beating if patient did not move; > profuse urination; nervous, dull, drowsy, dizzy; slow pulse alternating with rapid; slow when quiet cut greatly accelerated on motion; pulse soft, weak, full and flowing
17. Glonoinum: with HTN, angina, throbbing all over, bursting sensation, burning between shoulders; any exertion brings on rush of blood to heart and fainting spells
18. Iodatum: slow pulse alternating with rapid; palpitation from least exertion; heart feels squeezed by an iron hand; followed by great weakness and faintness
19. Mercurius solubilis: palpitation on least exertion; aching pain in apex of heart, extending upwards toward the base
20. Natrum muriaticum: in daytime; vexation after; motion agg.; intermits on lying down; fluttering palpitating intermittent pulse; heart and chest feel constricted
21. Nux vomicca: chilly, hypersensitive; constipation, h/a in occiput and forehead; vexation after, motion agg.; palpitation in frequent, short paroxysms, with pulsating throbs in direction of heart
22. Opium: Stoke Adams syndrome with unconsciousness; patient may say nothing is wrong; obstinate constipation; pulse full, quick, hard, irregular and imperceptible; pulsating arteries and swollen veins on neck; pain in cardiac region, with great anxiety, trembling and sleeplessness
23. Phosphoricum acidum: palpitation in children who grow too fast; after grief, self-abuse; pulse irregular, intermittent
24. Phosphorus: anxiety, fear; violent palpitation with anxiety when lying on L side; pain radiates to R arm; eating after, pulse quick, weak, intermittent; with numbness of L arm; trembling and palpitation when sitting still
25. Pyrogenium: with fever, anxiety, palpitation; rapid out of proportion with temp.; sensation as if heart were too full; always can hear heartbeat
26. Rhus tox.: faster than heartbeat; eating after, pulse quick, weak, irregular, intermittent; with numbness of L arm; trembling and palpitation when sitting still
27. Secale cornutus: precordial tenderness; palpitation with contracted and intermittent pulse
28. Silica: violent palpitation; < in evening, standing, which causes anxiety
29. Spigelia: faster then heartbeat, trembling pulse; frequent attacks of palpitation; esp. with foul odor from mouth; pulse weak and irregular
30. Stannum: pulse frequent, small, indistinct, fluttering
31. Stramonium: pulse rapid, full, strong, irregular; pressure about heart
32. Stephanthus: in alcoholics, L sided heart failure; faintness, vertigo, staggering; hearts action weak, rapid, irregular; due to muscular debility and insufficiency; cardiac pain
33. Sulphur: vexation after rapid pulse, also from warm applications; pulse full, hard, accelerated, at time intermittent; palpitation of heart without any apparent cause; without anguish; when lying or during napping; palpitation < when going up stairs or when going up a hill
34. Veratrum viride: HTN with atrial fibrillation; HTN encephalopathy with twitching of face; dyspnea with a sensation of a heavy load on chest; threatened apoplexy; rapid pulse, low tension; beating of pulses throughout body, esp. in R thigh

Brady cardia:
1. Abies nigra: hearts action heavy and slow
2. Berberis:
3. Bryonia: pulse weak and irregular when heart muscle co-affected
4. Cannabis: sensation as if drops of water were falling from heart; pressing pain and anguish at heart, with dyspnea at night
5. Digitalis: at puberty; pulse slower than beat of heart; pulse weak and quickened by least movement; pulse intermits, weak
6. Gelsemium: slow pulse; alternating with rapid; weak, slow pulse of old age
7. Kalmia: with neuralgia; weak slow pulse; fluttering of heart with anxiety; palpitation < leaning forward
8. Opium:
9. Sepia: tremulous feeling with flushes; beating in all arteries; violent intermittent palpitation
10. Stramonium: pulse slow, small, irregular, pressure about heart
11. Veratrum viride: pulse slow, soft, weak, irregular, intermittent; heart beats violently with slow pulse
TENDINITIS

**Definition:**
Inflammation of the tendon and the lining of the tendon sheath.

**Etiology:**
1. the sheath is typically the focus of the involvement but the body's inflammatory response usually involves the tendon also
2. etiology is unknown, although repetitive or forceful trauma, exercise or strain, systemic disease (RA, gout, Reiter's syndrome) and hypercholesterolemia are implicated

**Signs and Symptoms:**
1. most frequently affected tendons:
   a. shoulder capsule tendons
   b. flexor carpi ulnaris
   c. flexor digitorum
   d. hip capsule tendons
   e. hamstrings
   f. Achilles tendon
2. localized tenderness (may be severe)
3. swelling over the area
4. pain on moving tendon

**Lab Findings:**
1. x-ray: calcium deposits may be visible

**Course/Prognosis:**
1. appropriate treatment promptly applied will satisfactorily ameliorate the condition
2. chronicity may ensue if left unattended

**Differential Diagnosis:**
1. bursitis: esp. in the shoulder
2. epicondylitis
3. other musculoskeletal pathology

**Nutrition:**
1. foods rich in calcium, zinc, selenium, bioflavonoids, vitamins A and C
2. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples, grapes, beef

**Supplements:**
1. vitamin C
2. vitamin E
3. calcium
4. zinc
5. essential FAs
6. bromelain
7. cod liver oil (3 Tbsp. QD)

**Hydrotherapy:**
1. ice bag
2. wet sock covering affected area

**Physiotherapy:**
1. ROM exercises for affected area to begin with
2. strengthening exercises for affected area after inflammation subsides
3. water exercises
4. massage: deep friction massage perpendicular to tendon, follow with ice massage 10 min., repeat every 3-7 days (as tolerated) for 3-5 weeks or until healed
5. paraffin bath of affected joint
6. iontophoresis: proteolytic enzymes (-), SOD (-)
7. diathermy
8. interferential
9. US
10. TENS for pain
TENDINITIS

Botanicals:
1. Gaultheria procumbens (oil): locally, analgesic
2. Hypericum perforatum: tincture, apply externally with friction and take internally
3. Symphytum officinale (toxic, root): poultice; may be taped in place with limb in anatomically neutral position (i.e., leg muscle tendons)
4. Urtica spp.: externally, counterirritant

Homeopathy:
1. Rhododendron: pains, < before a storm and at rest, > motion
2. Rhus tox.: pains, < at rest and wet rainy weather; > on motion, warmth and from stretching out limbs
3. Ruta graveolens: tendons feel sore; < lying down, from cold wet weather
4. Sepia: tension in Achilles tendon, also swelling of tendon
5. Zincum metallicum: pulsating and drawing tearing in both Achilles tendons; feet in continued motion, cannot keep them still
TESTICULAR CANCER

**Definition:**
Malignancy of the testis.

**Etiology:**
1. Testicular cancer causes about 1% of all cancers in males
2. It is the most common cancer in young men under 30 (average age is 32)
3. Has a high association with cryptorchidism (with the cancer affecting either the cryptorchic or the contralateral testis more than in descended testes)
4. Other predisposing factors include:
   a. Mumps orchitis
   b. Childhood inguinal hernia
   c. A history of cancer in the other testis

**Signs and Symptoms:**
1. Typically asymptomatic early in the course
2. Testicular mass (found on palpation)
   a. 96% of solid tumors of the testis are malignant
   b. Do not transilluminate
3. Metastatic symptoms:
   a. Abdominal mass
   b. Urinary obstruction
   c. Pulmonary symptoms

**Lab Findings:**
1. (+) RIA for alpha-fetoprotein and beta-HCG
2. Abdominal CT scan for staging
3. X-ray: of chest and lungs to check for metastases
4. Pedal lymphangiography
5. Excretory urogram
6. Laparotomy

**Course/Prognosis:**
1. Conventional treatment: surgery is normal, though radiation is often used (chemotherapy may be used before surgery or for those in whom irradiation fails to work)
2. In seminomas, irradiation can produce 5-year survival rates of 91%
3. In non-seminous malignancies, treatment may yield a complete response in 90% of minimal disease cases, however, if the disease has spread seriously, the response rate drops to 20%

**Differential Diagnosis:**
1. Epididymitis
2. Spermatocele
3. Hydrocele
4. Orchitis
5. Infarction
6. Trauma
7. Benign tumor (rare)

**Nutrition:**
1. Fasting is recommended under physician supervision (7-21 day alkaline fasts)
2. Sesame seeds, pumpkin seeds, seed and nut butters, cod roe, lecithin, egg yolk, raw goat's milk

**Recommendation for all cancers:**
1. Seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

**Remedies:**
1. Soup of black or ling zhi mushrooms and white fungus TID
2. Boil together mung beans, pearl barley, adzuki beans and figs
3. Dandelion, burdock and chrysanthemum flower tea

**Avoid:**
1. Meat, chicken
TESTICULAR CANCER

2. cinnamon, anise, pepper
3. dairy products
4. spicy, high fat, fried and/or salty foods
5. hot sauces
6. smoking, constipation, stress
7. alcohol, coffee, caffeine

Supplements:
1. multi-vitamin/mineral
2. beta carotene (200,000 IU QD)
3. vitamin C to bowel tolerance
4. vitamin E (400 IU QD)
5. selenium (200mcg BID)
6. thymus glandular

Hydrotherapy:
1. fever treatments
2. constitutional hydrotherapy

Manipulation:
1. check and align T12-L3 (esp. L2)

Botanicals:
General cancer/neoplasm:
1. Avena sativa: nervous debility of convalescence
2. Baptisia tinctoria: for tumorous or malignant conditions
3. Berberis aquifolium: dyscrasias due to cancerous cachexia
4. Conium maculatum (toxic): pain of cancer
5. Echinacea spp.: increases interferon production, purifies blood
6. Gentiana lutea: bitter; promotes appetite, improves digestion in chronic debility
7. Larrea divaricata (Mexican folklore)
8. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
9. Rumex crispus: to prevent early stages of cancer
10. Taraxacum officinale: loss of appetite, weak digestion
11. Trifolium pratense: alterative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
12. Viola odorata: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. Viscum album (toxic): tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:
a. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [6g], Berberis aquifolium [6g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [6g], Rhamnus frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [6g], Trifolium pratense [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine (Lugol's) solution, take QID, PC and before bed

Homeopathy:
1. Arsenicum album: restless from the pain; use 1M TID till improvement; scrotum edematous; excessively painful inflammation and swelling of genitals, increasing almost to gangrene
2. Bromium: swelling and induration of L testis with sore pain or sensation of coldness; painless as well; slightest jarring agg.
3. Clematis erecta: testicles indurated with bruised feeling; testicles hang heavy or retracted, with pain along spermatic cord; < on R side
4. Conium maculatum: hard, stony tumor; swelling and induration of testicles, particularly after contusion; pressing and tearing pains in testes; use 1M TID till improvement
5. Mercurius solubilis: testicles swollen, hard, shining; feeling of coldness in testicles in afternoon and evening
6. Scirrhinum: as an intermcurrent in 200c or 1M
7. Spongia tosta: swollen, hard, screwing, squeezing pain with stitches up to cord, throbbing from any motion in bed or clothing; pressive swelling of testicles; scirrhous testicle; heat in male genitals
8. *Tarantula hispanica*: indolent tumor developed in each testicle; heaviness, pain and great swelling of R testicle and cord
9. *Thuja*: aching in testis, as if contused, < walking; L testicle drawn up; feeling in testicle as if they moved
THROMBOPHLEBITIS

Definition:
Inflammation of a vein before the formation of a thrombus.

Etiology:
1. injury to the venous lining (i.e. from catheterization)
2. hypercoagulability (i.e. from oral contraceptives, hyperlipedema)
3. immobility (i.e. paralysis, post-operative)

Signs and Symptoms:
1. fever is often present
2. involved vein is extremely tender, warm, bluish
3. superficial veins may be prominent
4. (+) Homan's sign
5. surrounding area is red and edematous
6. in superficial venous insufficiency: the veins may be dilated and hard as cords; there is edema, redness, warmth and tenderness

Lab Findings:
1. (+) venogram
2. (+) Doppler
3. (+) isotope venography
4. (+) plethysmography
5. may be septic if recurrent, with increased WBC count and marked L shift
6. DIC may present, with azotemia and shock

Course/Prognosis:
1. typically, the disease is self-limiting and lasts for 1-2 weeks
2. deep venous thrombosis may cause chronic venous insufficiency
3. death may occur by pulmonary embolism causing significant damage to the lungs

Differential Diagnosis:
1. chronic venous insufficiency
2. varicose veins

Nutrition:
1. eat as little as possible
2. increase fluids
3. increase vitamin A, C, E and bioflavonoid foods
4. low fat, sugar diet
5. low cholesterol
6. low sodium
7. vegetarian cleansing diet or short fast
8. hypoallergenic diet
9. flax seed oil, okra, hawthorn berries, millet, buckwheat, sunflower seeds, sesame seeds, bananas, potatoes, asparagus, apples, honey in small amounts

Avoid:
1. food intolerances
2. heavy protein foods, meat
3. hot sauces, spicy, fried, fatty, rich and/or salty foods
4. fats
5. vinegars
6. sugar
7. shellfish
8. alcohol

Supplements:
1. vitamin C
2. vitamin E (400 IU QID with meals)
3. bromelain (250-500mg TID between meals)

Hydrotherapy:
1. hot fomentation: under and over affected leg, keep hot for 30 min.
THROMBOPHLEBITIS

2. whirlpool treatment: 5 min. hot and 1 min. cold; repeat 3-5x, use treatment once a day till symptoms subside
3. leg baths: alternating

Physiotherapy:
1. aerobic exercise: regular to prevent
2. elevate feet at night
3. ROM exercises for foot daily
4. avoid vigorous massage
5. infrared: directly over varicosity
6. UV: radiation to produce 1st degree erythema

Botanicals:
1. Aesculus hippocastanum (toxic): internal; externally (ointment) apply to varicose veins that are liable to lead to leg ulcers
2. Anemone pulsatilla (toxic): phlebitis; limbs pale; swollen veins, hard and knotty, painful to touch
3. Atropa belladonna (toxic): phlebitis
4. Citrus sinensis or nobilis or aurantium:
5. Crataegus oxyacantha: increase integrity of blood vessels
6. Hamamelis virginiana: packs; congestion, phlebitis, varicose veins
7. Hypericum perforatum: oil, apply frequently to varicose veins liable to lead to leg ulcers
8. Melilotus albus or officinalis: anti-coagulant; contains coumarin
9. Symphytum officinale (toxic): decoction of fresh root, infusion of leaves; use for wet compress
10. Trifolium pratense: mild anti-coagulant, tonic, contains coumarin
11. Trigonella foenum-graecum: poultice or decoction on inflamed parts

Homeopathy:
1. Fluoric acid: in long-standing cases
2. Hamamelis: simple inflammation with much sensitiveness (use externally only)
3. Kali muriaticum: venous thrombosis; give every 10 min.
4. Lachesis: for septic phlebitis
5. Pulsatilla: use with Hamamelis, following childbirth or when there is much pain
6. Pyrogenium: if Lachesis fails
7. Sulphur: if Kali muriaticum fails
THYROID CANCER

Definition:
Neoplasm of the thyroid

Etiology:
1. most are found by the asymptomatic patient of physician during routine palpation of the gland
2. there are 5 types of thyroid tumors:
   a. papillary
      A. the most commonly seen thyroid cancer (if not including mixed type)
      B. it is found 2-3x more often in women than in men
      C. although seen more frequently in young, it is a more serious malignancy in the senior citizen
      D. it is often seen in patients who have had radiation exposure or Hashimoto's thyroiditis
   b. follicular
      A. responsible for approx. 25% of thyroid tumors
      B. seen more often in the elderly patient
      C. it also is more common in females
      D. history of radiation associated with its onset
      E. as follicular cancer spreads through the blood, it more easily causes distant metastases and is therefore more malignant
   c. mixed (most common)
   d. medullary
      A. usually seen in patients over 15 in either a sporadic form (typically unilateral) or with a familial association (typically bilateral)
      B. if associated with pheochromocytome (in 50-75% of patients) and hyperparathyroidism (in 50% of patients), then it is known as Sipple's syndrome
   e. anaplastic (rare)
3. factors for patient development of thyroid tumor:
   a. age: usually occurs in young people
   b. sex: since women have more thyroid disease then men, male patients with thyroid nodules raise the index of suspicion
   c. amount of lesions: a solitary lesion is more suspicious as multiple lesions usually indicate multinodular goiter
   d. RAI uptake scan: a cold nodule is usually malignant; cancer rarely shows as a hot nodule
   e. x-ray: indicative of medullary or papillary cancer
   f. consistency: malignant nodules appear "stony-hard"
   g. pertinent history: such as radiation to the head, neck or chest

Signs and Symptoms:
1. PE: thyroid nodules typically found on routine palpation

Lab Findings:
1. RAI: reveals cold nodule
2. x-ray: homogenous calcification
3. excess of calcitonin: medullary cancer
4. increased histamin levels: seen in 50% of patients but not specific to thyroid disease
5. may be hyperthyroid

Course/Prognosis:
1. conventional treatment is generally thyroidectomy followed by life-long replacement therapy with synthetic thyroid hormone
2. survival rate is good

Differential Diagnosis:
1. goiter
2. cyst

Nutrition:
1. foods rich in iodine, silicon, phosphorus: kelp, dulse, Swiss chard, turnip greens, egg yolks, wheat germ, cod roe, lecithin, sesame seed butter, seed and nuts, raw goat's milk
2. onions, garlic, artichokes, seaweed

Recommendation for all cancers:
   a. seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin,
THYROID CANCER

burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

Remedies:
1. make soup from dried green orange peel, carrots and seaweed
2. make tea from seaweed, peach kernel and green orange peels to take internally
3. poultice: externally, make a poultice of seaweed, ginger and dandelion and apply locally

Avoid:
1. meat, chicken
2. cinnamon, anise, pepper
3. dairy products
4. spicy, high fat, fried and/or salty foods
5. hot sauces
6. smoking, constipation, stress
7. alcohol, coffee, caffeine
8. catarrh forming foods: tofu, ice cream, rice, grains, oranges, nightshades

Supplements:

Hydrotherapy:
1. fever treatments
2. constitutional hydrotherapy

Botanicals:
1. Iris versicolor: adenoma, soft glandular swellings
2. Lycopus virginicus:
3. Phytolacca decandra (toxic): carcinoma, adenoma; hard, swollen lymph nodes
4. Spongia usta/tosta: for laryngeal irritation

General cancer/neoplasm:
1. Avena sativa: nervous debility of convalescence
2. Baptisa tinctoria: for tumorous or malignant conditions
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Homeopathy:
1. Ammonium carbonicum: 30c BID or Crocus 30c BID: balance endocrine system
THYROID CANCER

2. Baryta carbonica: fatty tumor; swelling and induration of glands; glands become harder and harder
3. Baryta iodum: painful glandular swellings and indurations of scrofulous subjects; dwarfish children; cancerous tumors
4. Bromium: cystic tumor; goiter, swollen and induration of glands; large tumor size of a hen’s egg
5. Calcarea carbonica: cystic swellings; painless swelling of glands; glandular vegetations; polyp; nutrition faulty with a tendency to glandular enlargements
6. Calcarea fluorica: solidified infiltrations; indurated glands of stony hardness
7. Carbo animalis: swelling of thyroid; painful induration of glands of neck
8. Iodium: non-lobulated tumor in anterior and median portion of neck; rosy red color; voice slightly rough, respiration difficult sensation of constriction in tumor; hard and nodulated tumor; swelling and induration of cervical glands; patients with dark hair and eyes; emaciation; sweating even while talking from weakness
9. Kalium iodatum: glandular swellings on neck; swelling of whole thyroid gland; increasing very rapidly; sensitive to touch and pressure
10. Phytolacca: nodulated swelling; glands of R side of neck swollen, jerking shooting, lancinating pains; < damp weather, at night
11. Spongia tosta: large and hard tumor with stinging and shooting pressure; thyroid gland swollen even with the chin; at night, suffocating spells; with stinging in throat and soreness in abdomen; swelling and induration of glands
**Definition:**
Malocclusion or fixation of the TMJ on one or both sides of the jaw.

**Etiology:**
1. **thumb-sucking in children:** in susceptible children, thumb-sucking can cause an over-bite, putting stress on the TMJ
2. **grinding the teeth (esp. at night while sleeping):** this causes extreme tension in the TMJ
3. **blows to the jaw/head:** any trauma to the jaw (or temporal bones) can injure the tendons and joint area of the TMJ resulting in the syndrome
4. **cervical vertebra fixations:** esp. the occiput-C1 and C1-C2 levels
5. **malocclusion of the jaw (over-bite and/or under-bite):** crowded teeth
6. **dental procedures:** removing wisdom teeth for example
7. **history of spinal traction:** can cause internal rotation of the temporal bones
8. **constrained emotions (particularly, frustration and suppressed anger):** Stagnant Liver Qi syndrome
9. **head and neck tension:** can cause muscular strain in the TMJ area
10. **is more common in women, although it is not rare in men**
11. **any age range may be affected**
12. **TMJ:** can be related to gall bladder disorders (meridian runs through them)

**Signs and Symptoms:**
1. cracking of TMJ when opening/closing mouth
2. pain at TMJ with chewing, talking
3. malocclusion
4. history of trauma, grinding teeth, thumb-sucking
5. fixations of cervical vertebra: neck pain, h/a
6. ear pain/fullness/excess wax build-up

**PE (tests):**
- place index fingers in ear canal meatus or directly inferior to tragus. Have patient open and close mouth and check for symmetry and clicking of the TMJs
- face the patient and have them open and close mouth, check for lateral displacement of jaw during opening and closing
- check for spasm in muscles: masseters, internal pterygoids (located by putting pressure against musculature between the last upper and lower molars) and buccinators

**Course/Prognosis:**
1. is a reversible disorder that can cause surprisingly morbidity before it is diagnosed and treated
2. untreated, TMJ can initiate an array of chronic ailments that can be very puzzling and disconcerting for the patient and physician
3. treatment consists of a jaw brace (in severe cases), trigger point therapy to the spasmed muscles, manipulation of TMJ and related fixated joints, exercises designed to retrain the jaw into opening and closing properly, physiotherapy to reduce inflammation and break up muscle spasm
4. if left untreated, TMJ can develop into an arthritic joint

**Differential Diagnosis:**
1. cervical stain/sprain
2. dental disease
3. otitis externa/medis
4. gall bladder disorder

**Nutrition:**
1. eat soft foods that do not require using front teeth for biting or heavy chewing
2. eat 4-5 meals throughout the day
3. high fiber diet
4. hypoallergenic diet
5. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples

**Avoid:**
1. hypoglycemia
2. food intolerances
3. sugars, honey, simple carbohydrates, white flour, fructose, syrups, sweet and dried fruits
4. fatty, fried and/or stimulating foods
5. juices, coffee, alcohol
Supplements:
1. vitamin B complex
2. vitamin C
3. magnesium (1g QD)
4. calcium (500mg QD)

Manipulation:
1. check and align joint (break down scar tissue)

Physiotherapy:
1. interferential
2. microcurrent

Botanicals:
1. Arnica montana (toxic): oil; used externally when the condition is due to trauma, soft tissue injury, blood extravasation
2. Humulus lupulus: internally; anti-spasmodic, sedative
3. Valeriana spp.: lotion; apply locally

Homeopathy:
1. Causticum: burning pains, rawness, numb feeling
2. Hypericum: sharp, shooting pains
3. Ignatia: tension in jaw, esp. after a grief, frustration, conflict
4. Kalmia: nerve pain in TMJ; sharp, shooting; no history of trauma
5. Magnesia phosphoricum: for cramping of muscles
6. Phytolacca: clench tight, TMJ cracks, esp. on R side
7. Rhus tox.: stiff neck, TMJ pops out, > heat
8. Ruta: sharp, achy pain; stiff; from over use or trauma
9. Spigelia: neuralgias of cheek and temple area
10. Zincum metallicum: sharp pains of head and face
TONSILLITIS

Definition:
An acute inflammation of the palatine tonsils.

Etiology:
1. pain on swallowing, often travelling up to the ear
2. sore throat in general
3. h/a
4. malaise
5. vomiting
6. anorexia
7. tonsils are swollen (may meet in the middle of the pharynx) and reddened
8. exudate on the tonsils/ in the crypts and/or around the whole oropharyngeal area
9. membrane: thin and white and only on the tonsils, peels away easily without bleeding
10. fever
11. HEENT lymphadenopathy

Lab Findings:
1. increased WBCs with shift to left
2. culture may identify the involved bacterial organism
3. possibly (+) rapid strep test

Course/Prognosis:
1. the condition should be promptly treated to avoid complications (ie. peritonsillar abscess)
2. usually resolves easily with conventional or alternative medicine, however, in conventional medicine, repeated bouts of tonsillitis usually results in tonsillectomy

Differential Diagnosis:
1. pharyngitis
2. infectious mononucleosis
3. Vincent's angina
4. diphtheria
5. peritonsillar abscess

Nutrition:
1. eat as little as possible
2. increase fluids
3. increase vitamin A and C foods
4. short fast
5. hypoallergenic diet

Avoid:
1. foot intolerances
2. heavy proteins, meats, shellfish
3. dairy
4. sugars
5. fats
6. vinegars
7. alcohol

Supplements:
1. vitamin A (50,000 IU QD)
2. vitamin B complex
3. vitamin C
4. vitamin D
5. zinc (25mg QD)

Hydrotherapy:
1. heating compress: to neck
2. wet sheet pack: stage 4
3. hot fomentation: to throat followed by cold compress

Manipulation:
1. check and align cervicals, adjust hyoid bone, T10-12
TONSILLITIS

Physiotherapy:
1. massage: cervical lymphatic chain downward
2. mouth irrigation
3. UV: to throat for 8 sec.

Botanicals:
1. Aconitum napellus (toxic): acute; dilute with water or boric acid solution 1:10; use as throat spray
2. Allium sativum: anti-microbial
3. Atropa belladonna (toxic): redness, congested, glandular swelling
4. Baptisia tinctoria: dusky purplish hue or livid discoloration of tissue, fetid exudate and sluggish circulation
5. Calendula officinalis: as a gargle
6. Collinsonia canadensis: follicular with chronic hypertrophy of faucial glands
7. Commiphora myrrha: tonsils enlarged, spongy; throat pale and tumid
8. Echinacea spp.: enhance resistance to infection
9. Eupatorium perfoliatum: enhances resistance to infection
10. Guaiacum officinale (resin): dryness and stiffness of the throat with tumid, swollen tonsils, painful deglutition, dripping of saliva
11. Hamamelis virginiana: astringent, as a gargle
12. Hydrastis canadensis: sub-acute (not inflamed) as a gargle
13. Lobelia inflata (toxic): severe forms
14. Myrica cerifera: locally; astringent; debility of the mucosa, feeble venous flow
15. Phytolacca decandra (toxic): chronic, glandular congestion
16. Populus gileadensis: astringent
17. Quercus alba, robur: as a gargle
18. Solidago virgaurea: putrescent tonsillitis, acetous infusion as a gargle
19. Thymus vulgaris: as a gargle
20. Trifolium pratense: pharyngeal inflammation/infection with Solidago virgaurea as a gargle
21. Veratrum viride (toxic): locally, in small amounts only in robust persons; painted on tonsils

Formulas:

a. atomizer solution: tinctures of Arnica montana (toxic), Calendula officinalis, Hamamelis virginiana, Hypericum perforatum, dilute, use as throat spray
b. atomizer solution #2: tinctures of Echinacea spp. [1 oz.], Ligusticum porteri [1 oz.], Usnea spp. [1 oz.], bitter orange oil [5 drops], dilute with hot water and spray on tonsils QID; if acute every 2 hours

Homeopathy:

Acute: use 6c potency
1. Aconitum napellus: chills, fever, anxiety, restlessness, pain, soreness
2. Ammonium muriaticum: throbbing and swelling, can scarcely swallow; sore spot behind uvula, relieved by eating; internal and external swelling of throat with viscous phlegm; stricture of esophagus
3. Belladonna: inflamed because of exposure; red and enlarged; throbbing pain extends to the ear
4. Guaiacum: throat dry, burns, swollen, stitches toward ear; weak throat muscles
5. Ignatia: Pain esp. swallowing liquids without food
6. Mercurius iodatus flavus: R side; red, swollen, burning pain, ulceration, swollen glands; < night, 1am, warmth; possible evolution to L side; dirty yellow coating at base of the tongue, tip and sides red; nausea from looking at food
7. Mercurius iodatus ruber: L side; with possible evolution to R side; from change of temp. (esp. to cold damp), empty swallowing; toxicemia and septicemia
8. Phytolacca: pain shoots to ears; eruption of vesicles on mucous membranes, esp. in larynx; > cold drinks but hot drinks impossible to swallow; dark, red, dusky blue throat; dry cough and hoarseness; neck swollen and tender
9. Silica: prickling pain as of a pin in tonsil

Chronic: use 200c potency
1. Baryta carbonicum: chronic enlargement, in children who are slow in development and backward mentally; postnasal catarrh with frequent bleeding from nose; suppuration of tonsils on catching cold; > open air and dry weather
TONSILLITIS

2. **Baryta muriaticum**: scrophulous patient with pain on swallowing; have feeling of a plug in throat
3. **Calcarea carbonica**: 1M and Tuberculinum 1M alternating weeks have cured chronic tonsillitis; in children with tendency to grow fat, eat pica; profuse sweating (try 200c for a couple of months before 1M); if it fails alternate with Baryta carbonicum 200c with Thuja 200c every week with Tuberculinum once a month
4. **Calcarea iodata**: when course of Baryta carbonicum and Thuja fails and is also enlargement of thyroid
5. **Calcarea phosphorica**: when is pale enlargement of tonsil
6. **Hepar sulphur**: with much inflammation and yellow exudate; soreness is better from warm drinks; stitches in throat extending to ears when swallowing > warmth
7. **Iodine**: loss of weight with great appetite; urgent hunger with great thirst; debility with slight exertion and perspiration; enlargement of tonsils with thyroid gland; > warmth, wet weather; deafness due to obstruction of Eustachian tubes
8. **Lachesis**: marked dislike of anything around throat, causing a sense of constriction < L side, swallowing liquids, saliva; purplish tonsils; L to R; warm drinks
9. **Lycopodium**: sense of constriction and , 4-8pm; ulceration and suppuration; starts on R goes to L; , cold drinks, > hot drinks and holding cold water in mouth
10. **Nitric acid**: much exudate and prickling sensations; white patches; sharp points as from splinters on swallowing
11. **Sulphur**: tonsils remain large between attacks, almost touching in the midline; for children who are warm
12. **Thuja**: give once/week if alteration with Baryta carbonicum for chronic enlargement
13. **Tuberculinum**: as an intercurrent given once/month (do not use Thuja or Baryta carbonicum that week)

After tonsillectomy:
1. **Calcarea carbonica**: for symptoms appearing after removal of tonsils such as postnasal catarrhal bronchitis (use 200c every week)
2. **Sulphur**: hear and burning with craving for sweets, no appetite during the day and then great appetite for supper < change of weather and before storms
3. **Streptococcinum**: for all ailments after removal of tonsils; pharynx is pale, darkness below the eyes; no appetite; listless (give 1M every month for a long time)
TORTICOLLIS

Definition:
Continuous spasm of the neck muscles, causing abnormal positioning of the head fixed in rotation and lateral flexion.

Etiology:
1. often unknown, though psychological somatization (a “pain in the neck”), exposure to wind, awkward sleeping position, adverse drug effect, tumors of the bone or soft tissues, CNS infections or basal ganglia disease may be at the root of the spasms
2. the problem seems to occur in women more than men
3. more frequently seen in 20-50 years olds

Signs and Symptoms:
1. onset is typically gradual, but may be sudden
2. unilateral, severe spasming of the trapezius, SCM and other neck muscles, usually accompanied by pain and irritation
3. possible history of encephalitis

Lab Findings:
1. (-) x-ray, electromyographic, neurologic and psychological studies

Course/Prognosis:
1. the condition ranges from mild to being severe and difficult to treat
2. it may happen only once, recur from time to time or be persistent
3. in severe cases postural deformities may develop

Differential Diagnosis:
1. facet syndrome
2. osteoarthritis
3. myositis
4. cervical gland abscess
5. hysterical spasm

Nutrition:
1. foods rich in vitamins A, C and E
2. olives, rye, lima beans, rice bran, bananas, sprouts, watercress, apples, beef, grapes, grape juice

Avoid:
1. meat
2. hot sauces, spicy, fried, fatty, rich and/or salty foods
3. sugar and sweets, white bread, refined and processed foods
4. dairy products
5. catarrh forming foods: tofu, ice cream, grains, nightshades, oranges, meat, dairy
6. alcohol, coffee, caffeine

Supplements:
1. vitamin A
2. vitamin B-12 (IM)
3. vitamin C
4. vitamin E
5. magnesium (distal to site or in trigger point)
6. manganese
7. bromelain

Hydrotherapy:
1. heating compress to throat
2. hot packs to neck and upper shoulders

Manipulation:
Acute: DO NOT adjust cervicals into painful direction!
1. check and align: lumbar to cervicals in that order
2. check and align: away from pain to free meniscoid block
3. cervical collar: 2-3 days
TORTICOLLIS

Physiotherapy:
1. ROM exercises for neck, gently
2. traction: continuous
3. TENS for pain control
4. Galvanic: high volt use (+) over traps, levator scapulae, SCM
5. US to neck

Botanicals:
1. Angelica archangelica: anti-inflammatory
2. Arnica montana (toxic): externally for tissue injury; anti-inflammatory (internal use) or as a fomentation
3. Cimicifuga racemosa: antispasmodic
4. Conium maculatum (toxic): painful muscle spasm; dose: 1 drop
5. Dioscorea villosa: anti-inflammatory
6. Gaultheria procumbens (oil): locally, anti-inflammatory
7. Gelsemium sempervirens (toxic): anti-spasmodic; use according to indications
8. Gaulcum officinale: anti-inflammatory
9. Matricaria chamomilla (oil): locally, anti-inflammatory
10. Psidium guajava (toxic): anodyne, anti-spasmodic
11. Rosemarinus officinalis (oil): locally, anti-inflammatory
12. Salix spp: anti-inflammatory
13. Valeriana spp: anti-spasmodic, anodyne, nervine
14. Zingiber officinalis: warming, increases circulation

Formulas:
   a. anti-spasmodic; tinctures of Arnica montana (toxic)[1/4 part], Cimicifuga racemosa [1 part],
      Humulus lupulus [1 part], Hypericum perforatum [3/4 part], Valeriana spp. [1 part], may use with
      iontophoresis or internally

Homeopathy:
1. Aconitum: from draft or chill, tearing pains , in morning; pain extending in to shoulder
2. Antimonium tartaricum: neck stretched out, head bent back
3. Bryonia: painful still neck, < touch and motion
4. Chelidonium: pain, stiffness on R
5. Cimicifuga: head and neck retracted; rheumatic pain and stiffness
6. Dulcamara: from damp and cold; pain in nape
7. Lachnanthes: neck drawn to 1 side by sore throat
8. Rhododendron: from dry, cold; pain < on approach of stormy weather
TUBERCULOSIS

Definition:
An acute or chronic infection caused by *Mycobacterium tuberculosis* and, rarely in the USA by *M. bovia*.

Etiology:
1. characterized clinically by a lifelong balance between the host and the infection in which pulmonary or extrapulmonary foci may reactivate at any time, even after long periods of latency
2. TB is characterized pathologically by the formation of tubercles made up of giant cell and epitheloid cells, by a tendency for fibrosis to occur and by caseation, a unique form of non-liquefying necrosis
3. infection is primarily by inhalation
   a. may contaminate the air in enclosed spaces for long periods of time
4. bovine TB may be transmitted through contaminated milk
5. a non-sensitized host has no specific immunologic defense against TB

Signs and Symptoms:
1. asymptomatic at first; signs become apparent when lesion is large enough to be seen on x-ray
2. fever, malaise, weight loss are very gradual and often unnoticed
3. cough: sputum scanty then progressively increases; is green and purulent; may be yellow in cases with less cavitation
4. hemoptysis may be first symptom seen
5. pleural or chest wall pain may occur
6. dyspnea may occur
7. chest x-ray usually first finding

Lab Findings:
1. culture (takes up to 8 weeks)
2. acid fast stain of sputum
3. TB skin testing
4. x-ray of chest

Course/Prognosis:
1. infection usually begins in the lower middle lung fields
2. the bacilli can spread through lymph system to any other organ
3. with development of tuberculin hypersensitivity 4-10 weeks into illness, a small area of pneumonitis develops, multiplication of bacilli is inhibited at the initial and metastatic foci and the infection is quickly arrested
4. in 10% of people, active TB evolves within 1-2 years
5. in 90% of people, foci of infection remain dormant but viable, with risk of reactivation, for the life of the host
6. CNS, TB, pleural TB, TB pericarditis, genitourinary TB, GI TB, TB peritonitis, miliary TB are all 2nd possibilities

Differential Diagnosis:
1. lung cancer
2. chronic bronchitis

Nutrition:
1. moderately low fat diet
2. low sugar
3. vegetarian cleansing diet or short alkaline fast
4. foods rich in vitamins A and E
5. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables, watercress, apple, apricots, parsnips, oranges, quinces, grapes, parsley, carrots, collards, seaweed, kelp
6. oysters for lymph nodes

Remedies:
- lymph node involvement: oysters

Avoid:
1. dairy products
2. sugar and sweets, white bread, refined and processed foods
3. catarrh forming foods: tofu, meat, ice cream, shellfish, oranges, grains, dairy

Hydrotherapy:
1. hot fomentation to chest
TUBERCULOSIS

2. Russian steam bath
3. constitutional hydrotherapy
4. heating compress to chest
5. steam inhalation (esp. with dry, thick secretions)
6. wet sheet pack: stage 3
7. mustard plaster to chest

Physiotherapy:
1. spondylotherapy: concussion to T5-8, alternate between T10 and L2

Botanicals:
1. Allium sativum: bacteriostatic to *Mycobacterium tuberculosis*
2. Chimaphila umbellata:
3. Conium maculatum (toxic):
4. Geranium maculatum: tonic, astringent, night sweats
5. Inula helenium: lung tonic, after protracted disease
6. Lycopus viridicus: tendency to hemorrhage, irritation with cough
7. Marrubium vulgare: stimulant tonic, expectorant
8. Passiflora incarnata: cough, sleeplessness
9. Phytolacca decandra (toxic): TB of spine and mesenteric glands
10. Rumex crispus:
11. Sticta pulmonaria: irritating, persistent, exhausting cough
12. Stillinioa sylvatica: as an alterative
13. Veratrum viride (toxic): early stage; expectorant, quiets cough, controls circulation, temp. and restlessness
14. Verbascum thaps us: as a demulcent

Homeopathy:
1. Calcarea phosphorica: may be tried when the patient grows very weak; give 1M
2. Iodine: glands are affected; patient usually dark complexion, dry, unhealthy skin and runs high temperature; emaciation is slow; cough is persistent and annoying
3. Lycopodium: physis of children following cough with ill-developed neck and chest; dyspepsia, distention of abdomen, greenish expectoration and rattling of chest
4. Phosphorus/Kali nitricum: alternating; fever returns in evening, loss of weight, night sweats and slight cough
5. Silica: shocking cough with a horribly smelling phlegm; phlegm is lumpy, yellow or green, < from cold, wet weather and > in cold dry weather
6. Sulphur: in persons who are withered, sallow and debilitated; cough harsh and dry, rather than moist and relaxed; burning of feet and hands; high potency and not to be repeated
7. Tuberculinum: should be used as an intercurrent remedy to remove the constitutional defect and poison
ULCERATIVE COLITIS

Definition:
A chronic inflammatory, ulcerative disease of the large bowel, recognized mostly by bloody diarrhea.

Etiology:
1. seen in both sexes equally, though whites and Jews are more often affected
2. peak occurrence is from 15-35 years, although any age is susceptible
3. many factors may be involved in the development:
   a. food sensitivities
   b. poor stress management
   c. genetics
   d. infectious
   e. immunologic abnormalities
4. the disease typically begins in the sigmoid colon and/or rectum and then usually progresses proximally until the entire colon is affected
5. in UC, only the colonic mucosa is involved and the lesions are uniform and continuous with no areas of normal tissue interspersed between the diseased mucosa

Signs and Symptoms:
1. increased urgency to defecate (up to 10-20 times/day)
2. bloody, watery and mucous bowel movements (may just consists of blood and pus)
3. abdominal cramping (may also have severe tenesmus)
4. in severe acute attacks: sudden, extreme diarrhea, fever, peritonitis, toxic colitis
5. if the disease is limited to the rectosigmoidal area, then the stools may be normal or dry (there can be constipation) but rectal mucous high in WBCs and RBCs accompanies defecation or occurs between bowel movements
6. systemic and extracolonic symptoms include:
   a. fever
   b. malaise
   c. anorexia
   d. weight loss
   e. dehydration
   f. arthritis
   g. skin changes
   h. liver disease
   i. posterior uveitis
   j. decreased growth and development (in children)
   k. failure to thrive (in children), etc.

Lab Findings:
1. (+) sigmoidoscopy
2. hypoalbuminemia
3. increased ESR and CRP
4. iron deficiency anemia (may be profound)
5. leukocytosis and eosinophilia or monocytosis
6. may see B-12 or folate deficiency
7. CEA may be increased
8. decreased electrolytes from dehydration and diarrhea
9. mild liver enzyme changes, esp. alkaline phosphatase elevation
10. may see false (+) RF

Course/Prognosis:
1. the disease is recurrent
2. most patients experience another attack within a year of their first attack
3. there may also be long times of remission when symptoms, if present, are mild and benign
4. approx. 85% of patients have mild to moderate disease that can be easily managed without hospital care
5. about 10-15% of patients, the disease presents much more seriously, particularly in elderly and the prognosis is very unfavorable
6. complications include:
   a. hemorrhage
   b. toxic colitis (causing ileus, peritonitis and toxic megacolon)
   c. small rectovaginal fistulas
   d. colon cancer (in patients having the entire colon affected and in patients afflicted with the disease for > 10 years)
   e. biliary dysplasia and cancer
ULCERATIVE COLITIS

7. conventional treatment consists of:
   a. dietary counseling (normal diet but without raw fruits and vegetables: Merck)
   b. no milk if the patient is sensitive to it
   c. drugs (particularly: sulfasalazine, hydrocortisone suppositories or injection)
   d. surgery (eventually performed on 1/3 of UC patients with a 10% success rate)

Differential Diagnosis:
1. Crohn’s disease (regional enteritis)
2. irritable bower syndrome
3. malabsorption syndrome
4. infectious gastroenteritis
5. parasitic infections

Nutrition:
1. hypoallergenic/rotation diet
2. correct nutrients deficiencies
3. provide adequate calories
4. short (3-5 day) fasts are recommended as are an alkaline juice fast
5. high complex carbohydrate, high fiber diet
6. all foods must be eaten slowly, chewed and salivated well; eat in a calm atmosphere, do not read or watch television while eating
7. be careful with food combinations: esp. avoid starch, sugar, protein combinations (ie. cheesecake)
8. avoid eating too many food types at one time; stick to one type of starch per meal
9. eat more steamed vegetables than raw ones

Acute Phase (1-3 weeks):
   a. breakfast: whole brown rice cereal (cook 3-4 Tbsp. rice flour with 2 cups water, stirring constantly over heat), 2 tsp. olive or corn oil
   b. morning snack: raw grated apple or applesauce or baked apples (sour or semi-sour only; ie. Granny Smith apples)
   c. Lunch: vegetable soup from celery, parsley, squash, zucchini, pumpkin, carrot, potatoes (blend and strain), steamed carrots and squash, rice or millet or barley or potato, 2 tsp. olive or corn oil
   d. Afternoon snack: same as morning
   e. Dinner: same as lunch

As improvement occurs:
   a. breakfast: oatmeal 3x/week; add soft boiled egg during one meal 3x/week
   b. snacks: add almonds (raw and blanched) with apples
   c. Lunch and Dinner: if no intolerance to dairy, add yogurt (preferably goat), green beans, waxed beans, lettuce, cucumber, green onion, parsley, celery, garlic, lentils, peaches, apricots, watermelon, grapefruit, grapes, ripe bananas, goat whey
   d. Supplements: liquid chlorophyll, alfalfa tabs, calming herb tea (lemon balm [6], oat straw [6], chamomile [3], spearmint [3], orange [2], lavender [2], rose hips [1])

After stabilization:
   a. vegetarian sample diet
   b. cruciferous vegetables to be eaten only with carminatives (fennel, caraway, cumin, anise, dill)
   c. potato broth, cooked carrots, okra, steamed and mashed parsnips, squash, pumpkin, figs and flaxseed tea, steamed zucchini and squash, papaya, grated raw apple, applesauce, ripe peaches without skin, banana (not in Cold conditions), rice porridge, miso soup, slippery elm gruel, psyllium seed powder, flaxseed powder
   d. foods high in omega-3 and –6 PAs: vegetable, nut, seed oils, cold water fish, evening primrose oil, black current oil, flaxseed oil

Remedies:
   a. pour boiling water over 15g dried powdered apple and serve BID

Contraindicated foods:
   a. artichoke, grape skins and seeds, roughage, raw foods, cold foods

Avoid:
1. food intolerances
2. wheat, dairy, corn, peanuts, meat, soybeans, most legumes, oranges, sugar, hot sauces
3. carrageenan-containing foods, refined and processed foods, sweet foods, spicy, fried, fatty, rich and/or salty foods
4. coffee, caffeine, alcohol
ULCERATIVE COLITIS

Supplements:
1. vitamin A (50,000 IU QD)
2. vitamin B-12 (IM)
3. folic acid (20-30mg QD)
4. vitamin C (1 g QD; milk free product)
5. vitamin E (800 IU QD)
6. zinc picolinate (30mg QD)
7. magnesium
8. omega-3 FAs (2-3g TID)
9. quercetin (500-1000mg QD, 15 min. before meals)
10. lactobacillus acidophilus
11. liquid chlorophyll
12. alfalfa tablets
13. chlorella

Hydrotherapy:
1. constitutional hydrotherapy
2. heating compress: abdomen
3. wet sheet pack: stage 3
4. enema: using golden seal infusion
5. charcoal slurry water ingestion
6. vinegar pack: alternating 50:50, vinegar:hot water with cold compress

Manipulation:
1. check and align L1-4

Physiotherapy:
1. relaxation breathing
2. trigger points on back between T9 and S4

Botanicals:
1. Atropa belladonna (toxic): according to indications; anti-spasmodic, congestion of blood
2. Bryonia alba (toxic): acute inflammatory disease, according to indications
3. Geum urbanum: hemostatic, anti-diarrheal
4. Glycyrrhiza glabra: demulcent, anti-inflammatory
5. Monsonia ovata: ulceration of the colon
6. Sanguisorba officinalis:
7. Ulmus fulva: with Althea officinalis in digestive disturbances

Homeopathy:
1. Arsenicum album: stools undigested, slimy, bloody, inky; violent tenesmus; frequent urging with stools becoming involuntary; burning in rectum; stools offensive; onset due to sudden chilling of stomach, alcohol, rancid meat of fat; pallor; anxiety
2. Cantharis: mucous stools, mixed with flakes resembling scrapings of intestines, bloody; skinny, frothy, frequent; violent colic; burning pains in anus; marked tenesmus associated dysuria
3. Capsicum: plethoric, flabby persons who have abused themselves; occurs in moist weather; bloody, tenacious mucous, mucous streaked with dark blood; after stool, tenesmus and thirst; drinking causes shuddering
4. Colchicum: white, jelly-like stools streaked with blood mingled with exudate form the intestines which looks like lining of intestines; water, with large quantities of white shreddy particles; usually painless and violent tenesmus
5. Mercurius corrosivus: bloody, slimy, offensive, scanty, frequent stools with shreds of mucous; < night, motion; tenesmus
6. Phosphorus: bloody, mucous, scanty stools, violent tenesmus; copious diarrhea; profuse flow of water like a hydrant; alternating diarrhea with constipation
7. Terebintha: diarrhea, water stools, greenish, fetid, bloody; hemorrhage from bowels; ulceration of bowels; pelvic peritonitis urethritis
URETHRITIS

**Definition:**
Infection and inflammation of the urethra

**Etiology:**
1. 10 times more common in females than males except in neonates
2. food sensitivities should be considered as a causal or contributing factor with chronic urethritis
3. urinary tract obstruction must always be ruled out with any UTI (urinary calculi, congenital anatomic defects, uropathy)
4. in infancy most are blood or lymphatic borne and in children and adults are ascending
5. most are gram (-) bacteria (most common E. coli)
6. males: *Chlamydia trachomatis* is a major cause of acute non-bacterial urethritis

**Signs and Symptoms:**

**Men:**
1. purulent d/c
2. burning on urination
3. urgency and frequency of urination

**Women:**
1. similar to those of acute bladder infection

**Course/Prognosis:**
1. if the course of infection is not stopped, cystitis and nephritis may follow
2. this condition usually resolves easily with treatment (sensitive to Tetracycline and erythromycin)

**Differential Diagnosis:**
1. physical insult to the urethra from sexual activity or other activities (ie. bicycling may produce burning or pain which is self-limiting)
2. child abuse should be a consideration when examining a child with urinary tract complaints

**Nutrition:**
1. increase fluids to increase urine flow (> 64 ounces of liquids QD)
2. short fruit or vegetable juice fast
3. hypoallergenic/rotation diet
4. foods rich in vitamin A, B complex and E
5. all cooling and diuretic foods, foods that clear Heat
6. watermelon (including seeds), pears, carrots, pomegranate, celery, corn, mung beans, cornsilk tea, squash, wheart, water chestnuts, barley, red beans, millet, grapes, strawberries, lotus roots, loquat, apples, asparagus, liquid chlorophyll, parsley, green leafy vegetables, mango, nectarines
7. unsweetened cranberry juice (>16ounces QD) [decreases E. coli ability to adhere to bladder and urethra lining]

   **NOTE:** more effective and easier to make urine alkaline [Goldenseal and Arctostaphylos uva-ursi]

**Avoid:**
1. food intolerances
2. hot sauces, spicy, fried, fatty, rich, salty, and/or sweet foods, dairy products, refined foods, white bread, processed foods, onions, scallions, ginger, black pepper, heavy proteins, meat
3. coffee, caffeine, alcohol

**Supplements:**
1. bromelain (400-500mg TID on empty stomach) [increases levels of serum antibiotics (amoxicillin, tetracycline, penicillin) and may effect berberine antibiotic effect--- see Botanicals]
2. Lactobacilli acidophilus: post-antibiotic therapy

**Hydrotherapy:**
1. fever treatment (for GC: get temp. to 104-107 °F for ½-2 hours)
2. sitz bath (hot)

**Physiotherapy:**
1. diathermy (to bladder)

**Botanicals:**
1. *Apis mellifera* (toxic): hot, dry, burning, itching or stinging pain; scanty, dark red urine
URETHRITIS

2. Arctostaphylos uva-ursi: chronic vesicle irritation with pain and catarral d/c; diuretic, antiseptic (arbutin) active against E. coli (freeze dried leaves: 500-1000mg; tincture [1:5]: 1-1 ½ tsp.; fluid extract [1:1]: ¼ - ½ tsp.; solid powdered dry extract [4:1 or 8-12% alkaloid content]: 250-500mg)

3. Barosma betulina: d/c, acid urine, antiseptic

4. Chimaphila umbellata: dysuria, mucus, mucopus, bloody mucopus

5. Echinacea angustifolia

6. Equisetum arvense

7. Erigeron canadensis: dysuria in children

8. Eupatorium purpurea: irritation of bladder, incontinence; painful, frequent urination with blood and mucus

9. Hydrangea arborescens: difficult urination, hematuria, with gravel

10. Hydrastis canadensis (Goldenseal): antiseptic, antibiotic, high alkaloid concentration [berberine: broad spectrum antibiotic, prevents bacterial adherence to cells, immune system activator] (tea infused, dried root: 1 ½-2 tsp.; tincture [1:5]: 1 ½-3 tsp.; fluid extract [1:1]: ¼- ½ tsp.; powdered solid extract [10% arbutin content]: 250-500mg)

11. Piper methysticum: antimicrobial, diuretic

12. Serenoa repens

13. Thuja occidentalis: "granular urethritis", contraindicated in acute inflammations

14. Zea mays

Note: use demulcent with treatment

Formulas:

a. demulcent support:
   - Equisetum arvense
   - Zea mays or Agropyron repens
b. Piper methysticum
   - Althea officinalis (root)
   - Apium graveolens + Agropyron repens

Homeopathy:

1. Arsenicum album: urethra inflamed, with pain burning and itching; pain as if from a splinter, profuse d/c

2. Berberis: cutting pain down urethra; burning pain even after urinating; yellow, turbid and flocculent urine occasionally with white sediment; right sided pain

3. Cannabis sativa: esp. for GC with well marked chordee (painful downward curvature of the penis with erection); thin yellow, purulent d/c; glans dark red and swollen; erections prevent urination

4. Cantharis: violent and painful chordee; thick bloody or purulent d/c

5. Capsicum: GC in fat persons of lax fiber and indolent disposition; yellow, thick d/c; fine stinging pains in meatus; stitching pains in urethra between micturations

6. Mercurius solubilis: green, purulent d/c, < night; violent tenesmus with burning and selling; much burning between urination; meatus very red

7. Petroseleum: GC with sudden urging; urination is interrupted by painful spasms of urethra and bladder; intense biting, itching, deep in urethra; milky d/c

8. Sulphur: urine scalds urethra; mucous and pus in urine; swelling of meatus

9. Thuja: chronic urethritis with constant desire to urinate; violent urging; drops only a few drops of bloody urine or no passage with intense itching; d/c thin and green; warts on genitals, anus; painful nocturnal erection
URINARY INCONTINENCE

Definition:
The loss of voluntary control over urination during the day and night.

Etiology:
1. urge incontinence: This type of UI is preceded by a morbid desire to urinate. Common causes are bladder infections, idiopathic, spina bifida occulta, MS, and bladder stones.
2. stress incontinence: This UI occurs following sneezing, coughing, laughing and straining (activities that increase intra-abdominal pressure) and is due to a somewhat compromised urinary sphincter. It seems to be more common in post-menopausal women due to atrophy of the urethra; although it can occur in men after prostatic surgery.
3. overflow (paradoxical) incontinence: This occurs when the pressure of an overfilled bladder eventually overcomes sphincter resistance. The bladder becomes dilated and palpable. Factors involved with this type of UI include: obstruction to urine outflow (BPH and prostate cancer), urethral meatus stricture (esp. in children), urethral strictures and injury to the spinal cord.
4. ectopic ureter in women: patients present with leakage day and night their whole lives, even though they void normally. The ureter may be found in the vagina, near the bladder neck, or in the urethra and surgical correction is necessary. Ectopic urethra in men does not produce UI.
5. psychogenic incontinence: particularly seen in children, this is characterized by a child with normal ability to urinate but who fakes incontinence to gain some emotional need. A careful diagnostic work-up will uncover no pathology.
6. functional incontinence: This mainly occurs in elderly patients who have hood working urinary parts but cannot reach the toilet in time due to confusion, drugs or an inability to walk well.
7. urinary fistulas: Usually seen in women following some type of body trauma (gunshot wound, automobile accidents, neoplasms) where a tract develops either from the ureter, bladder or urethra and empties into the vagina.
8. neurogenic bladder dysfunction: This is due to congenital abnormalities, injuries or disease of the brain, spinal cord or nerves supplying the bladder.
9. mixed types of incontinence.

Signs and Symptoms:
1. involuntary loss of urine.
2. other symptoms pertaining to the primary cause of the incontinence.

Lab Findings:
1. tests are necessary for a full work-up of the condition, unless the cause is obvious (ie. after a spinal cord injury).

Course/Prognosis:
1. depends on the type of incontinence.
2. psychogenic incontinence there is a good prognosis for full return of urinary control as well as in the incontinence is due to a correctable anatomic abnormality.
3. other causes can be harder to treat.

Nutrition:
1. black beans QD.
2. take 30g of walnut kernels and 2 sliced pork kidneys, stir fry and eat while warm QD for 3 days.

For enuresis:
1. celery and parsley.
2. take a spoonful of honey straight right before bed (make sure to brush teeth afterward).
3. eat 10 dried litchis QD.
4. charcoalized raspberry powder, make into a tea and drink before bed.
5. boil cinnamon and licorice tea, add 2 tsp. molasses.

Avoid:
1. apple or orange juice before bed.

Hydrotherapy:
1. cold sitz bath (if from BPH, impotence).

Manipulation:
1. check and align T10-L1.

Physiotherapy:
URINARY INCONTINENCE

1. spondylotherapy: concussion of T12 to increase tone of sphincters
2. interferential

**Botanicals:**
1. Anemone pulsatilla (toxic): induced by nervous disorders, colds, movement
2. Arnica montana (toxic): bruised, sore, lacerated, contused muscular tissue, with low fever
3. Atropa belladonna (toxic): plethoric tendency, capillary congestion, tissues relaxed
4. Chamaelirium luteum (Helonias): tones pelvic tissue
5. Claviceps purpurea (toxic): with weakness of bladder
6. Equisetum arvense: stimulating diuretic for weak lax tissues, for elderly who leak urine, for traces of blood in urine and ejaculate
7. Equisetum hyemale: nocturnal, with cystic irritation
8. Piper methysticum: with catarrh, tones urinary apparatus
9. Rhus aromatica (toxic): of children and aged, tones musculature, combines well with Equisetum arvense, Viburnum opulus, Ephedra vulgaris
10. Serenoa serrulata: incontinence in children and aged
11. Thuja occidentalis: due to weak bladder sphincter, dribbling with cough, sneeze, esp. for elderly who pass foul urine, also for dribbling of urine

**Formulas:**

- incontinence with chronic disorders:
  - Achillea millefolium + Pimpinell anisum (oil)

**Homeopathy:**
1. Arsenicum album: during pregnancy
2. Belladonna: continuous dribbling
3. Causticum: involuntary urinating when coughing, laughing or sneezing; from slightest excitement, during first part of sleep, on becoming cold, unconscious of stream as it passes
4. Equisetum: paralysis of bladder in old women
5. Ferrum phosphoricum: during the day, diurnal enuresis
6. Hepar sulphur: with atony of muscular coats, urine passes slowly; passes perpendicularly instead of being ejected with some force esp. old men; bed wetting at night
7. Pulsatilla: during pregnancy; during cough; at night; when expelling flatus; while sitting or walking; slightest excitement; sudden noises; must keep her mind continually on it or she will lose it; dribbling uterine fibroids, myometrial growths of the uterus (fibromyoma or leiomyoma)
8. Thuja: disorders of urinary retention
UTERINE CANCER

Definition:
Malignancy of the endometrial tissue.

Etiology:
1. the most common GYN cancer in women
2. 3rd most common female cancer overall (after breast and colorectal)
3. it is seen primarily in post-menopausal women between 50-60 years old
4. predisposing factors include:
   a. obesity
   b. DM
   c. high blood pressure
   d. infertility
   e. history of irregular periods
   f. late onset of menopause (over 52 years old)
   g. early onset of menarche
   h. nulliparity
   i. use of estrogen therapy (unopposed estrogen) in a women who still has her uterus

Signs and Symptoms:
1. peri- or post-menopausal bleeding (uterine cancer must be ruled out in all cases)
2. pelvic exam with Pap smear containing endometrial component

Lab Findings:
1. vacuum aspiration of the endometrial cavity
2. endometrial biopsy
3. fractional D&C

Course/Prognosis:
1. treatment is surgery
2. irradiation is also used, although there is not much evidence proving that surgery and irradiation is superior to just surgery
3. HRT of progestins is used with some success, while chemotherapy does not seem to work
4. women on estrogens who are regularly seen by their gynecologists and who take progesterone have a much lower risk of developing uterine cancer than those women on just unopposed estrogens
5. overall, the general 5-year survival rate for endometrial cancer is somewhat favorable
   a. 65% of women will be alive after 5 years with no sign of the cancer
   b. 28% will die within 5 years
   c. 9% will be alive but have the disease
   d. in the US, the 5-year survival rate for stage 1 tumors reaches 90%

Differential Diagnosis:
1. leiomyomas (uterine fibroid)
2. DUB
3. endometriosis (if irregular bleeding in peri-menopausal women)

Nutrition:
1. medium length alkaline fasts depending on condition of patient under physician’s supervision
2. citrus peel
3. vitamin A and magnesium rich foods
4. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root

Recommendation for all cancers:
   a. seaweed, mushrooms (Chinese black, Shiitake), figs, beets, beet tops, papaya, mung beans, licorice, sea cucumbers, carrot, garlic, walnut, litchi fruit, mulberries, asparagus, pumpkin, burdock, dandelion greens, white fungus, taro roots, pearl barley, grains, fresh fruit and vegetables

Remedies:
   a. soup of black or ling zhi mushrooms and white fungus TID
   b. boil together mung beans, pearl barley, adzuki beans and figs
   c. dandelion, burdock and chrysanthemum flower tea

Avoid:
UTERINE CANCER

1. meat, chicken
2. cinnamon, anise, pepper
3. dairy products
4. spicy, high fat, fried and/or salty foods
5. hot sauces
6. smoking, constipation, stress
7. alcohol, coffee, caffeine
8. acid forming foods, tomatoes

Supplements:
1. iodine

Hydrotherapy:
1. sitz bath: hot or alternating
2. fever treatment

Physiotherapy:
1. aerobic exercise: a physically active lifestyle has been associated with lower incidence of reproductive cancers in women

Botanicals:
1. **Hydrastis canadensis**: uterine tumor
2. **Mitchella repens**: improves circulation and relieves congestion and irritation of pelvic organs
3. **Thuja occidentalis**: tincture internally and essential oil externally, esp. indicated for women with a past medical history of gonorrhea, or greenish-white vaginal d/c with foul odor, L sided pelvic pain and dyspareunia
4. **Trifolium pratense**: a traditional cancer remedy used
5. **Viscum album (toxic)**:

Nutritive herbs: support the immune system and the woman’s defenses to better withstand chemotherapy, surgery and radiation if there are chosen
1. Avena sativa
2. Medicago sativa
3. Trifolium pratense
4. Urtica dioica

General cancer/neoplasm:
1. **Avena sativa**: nervous debility of convalescence
2. **Baptisia tinctoria**: for tumorous or malignant conditions
3. **Berberis aquifolium**: dyscrasias due to cancerous cachexia
4. **Conium maculatum (toxic)**: pain of cancer
5. **Echinacea spp.**: increases interferon production, purifies blood
6. **Gentiana lutea**: bitter; promotes appetite, improves digestion in chronic debility
7. **Larrea divaricata** (Mexican folklore)
8. **Phytolacca decandra (toxic)**: carcinoma, adenoma; hard, swollen lymph nodes
9. **Rumex crispus**: to prevent early stages of cancer
10. **Taraxacum officinale**: loss of appetite, weak digestion
11. **Trifolium pratense**: alternative; purifies blood, cancerous diathesis; with daily use; patient are slower in developing carcinoma after excision
12. **Viola odorata**: malignant disease, neoplasm in alimentary canal; after tumor extirpation to protect from metastases; combines well with Galium aparine
13. **Viscum album (toxic)**: tumor-inhibiting effects reported, main use as follow-up therapy after surgery or radiation; extracts available: Iscador, Phenesol, Helixior

Formulas:

a. Hoxsey-like (a constitutional cleansing and cancer support formula): Arctium lappa [6g], Berberis aquifolium [6g], Glycyrrhiza glabra [12g], Phytolacca decandra (toxic) [6g], Rhamnus frangula (toxic) [3g], rhamnus purshiana [3g], Stillingia sylvatica (toxic) [6g], Trifolium pratense [12g], Xanthoxylum americanum [3g]; combine the dry herbs, place in 3 cups of water and simmer for 10-15min., cool, strain and store in a dark glass jar; SIG: use 2-4 Tbsp. tea in a 1/3 cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops of strong iodine (Lugol’s) solution, take QID, PC and before bed
UTERINE CANCER

**Homeopathy:**

1. **Aurum arsenicum**: increased sexual desire and inflammation of ovaries; eruptions on vulva; menses absent to too copious, acrid and too frequent; itching of the vulva
2. **Aurum muriaticum**: indurate os and ovaries; leukorrhea with spasmodic contraction of vagina; hemorrhages from uterus
3. **Cadmium iodatum**: after radiation treatment has failed
4. **Cadmium sulphuricum**: black vomit as soon as something touches lips; cutting, lancinating pains
5. **Kalium carbonicum**: severe pain from hip to knee, esp. R side; pain in leg is characteristic
6. **Kreosatum**: hemorrhage from uterus, menses ceasing for few months then re-starting with dark and offensive smelling blood with acrid d/c, biting, itching in the uterus with sense of weight and bearing down
7. **Lapis albus**: intense burning pains and profuse debilitating bleeding
8. **Thlaspi bursara**: cancer with hemorrhage
UTERINE FIBROIDS (LEIOMYOMA)

**Definition:**
Myometrial growths of the uterus.

**Etiology:**
1. occur in 25% of women over age 35
2. often asymptomatic (discovery being made during the pelvic exam)
3. can cause excess menstrual bleeding and/or pelvic pain or bloating
4. their growth is increased during pregnancy and with estrogen therapy and tend to atrophy after menopause
5. they may either grow into the lumen, pelvic cavity or remain in the wall of the uterus
6. most common benign tumor in women (Bastyr)
7. estrogen dependent

**Signs and Symptoms:**
1. many are asymptomatic
2. menstrual irregularities
3. vaginal d/c
4. uterine pain or cramps
5. anemia

**Lab Findings:**
1. laparoscopy
2. US
3. D&C

**Course/Prognosis:**
1. treatment should only occur in symptomatic patients
2. in women who do not desire to become pregnant, conventional physicians generally perform a myomectomy or hysterectomy

**Differential Diagnosis:**
1. adenomyomas
2. endometrial hyperplasia
3. cervical polyps
4. uterine carcinoma
5. ovarian cysts or carcinoma

**Nutrition:**
1. vegan diet
2. citrus peel, brewer’s yeast, turmeric
3. liver cleansing foods: beets, carrots, artichokes, lemons, parsnips, dandelion greens, watercress, burdock root
4. magnesium rich foods
5. fresh juices (carrot; carrot and spinach; carrot, beet and cucumber; lemon juice in warm water)

**Avoid:**
1. estrogenic foods: animal products, apples, cherries, olives, plums, carrots, yams, nightshade family, peanuts, soy products, coconut, brown rice, barley, oats, wheats
2. meat
3. hot sauces, spicy, fried, fatty, rich and/or salty foods
4. sugar, refined and processed foods
5. chocolate
6. alcohol, coffee

**Hydrotherapy:**
1. sitz bath: very hot for 3-5 min., followed by dash of cold water over hips to prevent pain and hemorrhage, esp. after electrical treatment
2. hot castor oil pack near liver along with Gossypium [Bastyr]

**Physiotherapy:**
1. Chapman’s reflex:
   a. check and treat lateral to symphysis extending diagonally, then
   b. check and treat between tip of TP of L5 and iliac crest
2. Galvanic:
UTERINE FIBROIDS (LEIOMYOMA)

a. use perforated copper ball electrode covered with cotton saturated with adrenal chloride solution insert well into vagina or use intrauterine electrode attached to (+) pole and (-) pad to abdomen, treatment 20-30mA, 10-15 min., 3x/wk (follow with sitz bath above)
b. (+) near tumor, (-) distal [Phytolacca on (+) pole and taken orally] (Bastyr)

Botanicals:
1. Bentonite clay: prepare a paste and apply topically to pelvis 3 weeks on and menses week off
2. Claviceps purpurea (toxic): uterine fibroids
3. Gossypium herbaceum (toxic): hemorrhage due to fibroids [ use in 2-3x: Bastyr]
4. Hydrastis canadensis: fibroids
5. Phytolacca decandra (toxic): indicated for firm, hard swellings
6. Rubus idaeus: classic uterine tonic, indicated for fibroids
7. Viburnum prunifolium: occasionally helpful in restraining flow due to fibroids, polyps, carcinomas

Formulas:
a. powdered herbs of:
   Echinacea spp. [1 1/2 oz.]
   Chimaphila umbellata [1 1/2 oz.]
   Quercus alba [1 1/2 oz.]
   -all 3 are added to 2 pints of water and boiled for 10 min., strain and add:
   Ichthyol [2 oz.]
   Carbolic acid [1 tsp.]
   -slowly added to 1 cup of hot decoction, add 1-2 Tbsp. of grated beeswax and stir with a wooden spoon until cool, apply topically over abdomen, cover with gauze, then a warm, moist compress, then a warm wool blanket
b. Aletris farinosa [2 dr.], Frasera canadensis [3 dr.], Hydrastis canadensis [1 dr.], Mitchellia repens [2 dr.]; SIG: 15 min. in water TID between meals
c. Hormonal tonic to correct hyperestronism:

Homeopathy:
1. Aurum muriaticum natronatum: in low potency; uterus fills up whole pelvis, induration of one part and softening of another part of uterus
2. Bellis perennis: onset after injury; uterus feels sore, as if squeezed; sore, bruised feeling in the pelvic region
3. Calcarea carbonica: shrinking tumors that don’t bleed; heavy flow every 2 weeks; uterus low down, enlarged, mouth open to admit finger; bearing down in pelvis; a sense of shuddering and painful pressure in the uterus
4. Calcarea fluorica: benign tumors of any kind; hard, stony glands
5. Fraxinus americana: uterus enlarged; bearing down sensation, cramping in feet < afternoon and night
6. Lapis albus: fibroid tumors with intense burning pains through the part with profuse hemorrhage
7. Kalium iodum: fibroid tumors predisposing to hemorrhage; dysmenorrhea, constant leukorrhea; emaciation, prostration
8. Mercurius corrosivus: fibroid tumors with profuse, mucopurulent, excoriating leukorrhea
9. Phosphorus: bleeding tumors, bright red blood; uterine polyps
10. Thuja: in 3x potency; uterine polyps; cauliflower-like; bleeding easily and offensive
VACCINATION SEQUELAE

Definition:
Clinical or sub-clinical illness following vaccination.

Etiology:
1. conventional medicine proposes that immunity can be acquired in 4 ways:
   a. artificially: using an antiserum or vaccine
   b. naturally: where the antibodies or an antigen is transmitted through day to day contacts
   c. active (natural or artificial): where the immune system produces antibodies
   d. passive (natural or artificial): where the antibodies are injected in the form of antiserum or immune globulins that were obtained from animals or other humans (artificially acquired passive immunity). The antibodies may have been acquired naturally (ie. passage through the placenta or via colostrum). Passive immunity is relatively short-lived. The proteins are foreign and the body reacts to them as to foreign proteins.
2. conventional medicine further considers routine vaccinations to include:
   a. diphtheria
   b. tetanus
   c. pertussis
   d. poliomyelitis
   e. measles
   f. mumps
   g. rubella
3. many observant physicians have encountered pediatric patients whose general condition or temperament or apparent general susceptibility has permanently changed after vaccination

Signs and Symptoms of the vaccines:
1. pertussis/diphtheria: mild fever
2. rubella: arthralgia and body aches
3. depressed immune system response may be a long-term sequelae
4. "never the same since vaccination"

Course/Prognosis:
1. within conventional medicine, immediate vaccination sequelae are usually considered self-limiting but uncomfortable
2. the patient should be observed for severe reaction and treated symptomatically for discomfort
3. longer-term "vaccinosis" is harder to diagnose but can be strongly suggested by history and appropriate treatment may then help ameliorate the condition

Differential Diagnosis:
1. incidental viral or infectious illness
2. chronic fatigue syndrome

Nutrition:
1. increase vitamin A and C rich foods

Supplements:
1. vitamin A
2. vitamin B complex
3. vitamin C

Hydrotherapy:
1. constitutional hydrotherapy
2. fever treatments

Botanicals:
1. Echinacea spp.: for sequelae and prior to vaccination
2. Thuja occidentalis: counteracts ill effects of smallpox vaccination

Homeopathy:
1. Antimonium tartaricum: for bad effect when Thuja fails
2. Kalium muriaticum: may prevent outbreak of any other disease after vaccination
3. Silica: nervous affections, even convulsions, after vaccination
4. Sulphur: as with Kalium muriaticum
5. Thuja occidentalis: for bad effects, high fever or diarrhea
6. Vaccinunum: for bad effects with inflammation and oozing out from the affected parts
VAGINITIS/LEUKORRHEA

Definition:
Inflammation and/or infection of the vagina with possible concurrent inflammation of the vulva.

Etiology:
1. occurs (typically) in 2 ways:
   a. overgrowth of a normal part of the vaginal flora
      A. yeast (often Candida albicans)
      B. may also spread from the intestines or sexually
   b. the introduction of a foreign microorganism through sexual relations
      A. Trichomonas vaginalis
      B. Neisseria gonorrhea
2. hemophilus vaginalis/Gardnerella vaginalis: often called "non-specific vaginitis"
3. in young girls it may be also caused by E. coli, strep or staph due to poor hygiene
4. reaction to an external agent causing allergic or chemical reaction

Signs and Symptoms:
1. vaginal d/c: white and curdish (yeast); creamy white or off-white (Gardnerella); greenish-yellow, frothy (Trich.)
2. itching: may be severe
3. odor: none (yeast and Trich.); fishy (Gardnerella)
4. vulvar irritation and redness: possible with all 3 infections, however, Candida is typically the worst irritant and can cause fissuring and swelling
5. vagina: normal except for the presence of milk to extreme amounts of d/c

Lab Findings:
1. (+) wet prep and/or culture for microorganism identification
2. pap smear may show inflammatory signs

Course/Prognosis:
1. Trichomonas, Candida and Gardnerella:
   a. benign infections causing no severe or life-threatening pathology, they can cause significant and unremitting morbidity
   b. Trich., in particular, should be treated in a sexually active woman to prevent her passing it on to other individuals
   c. conventional treatment:
      A. nystatin (yeast)
      B. metronidazole (Trich.)
      C. oxytetracycline (Hemophilus)
      D. women treated this way have a high recurrence rate (esp. of yeast and Hemophilus)

Differential Diagnosis:
1. differentiate infectious causes
2. foreign body: forgotten tampon
3. malignancy
4. differentiate allergic/irritant cause

Nutrition:
1. increase fluids
2. short fruit or vegetable juice fast
3. raw fruit and vegetable diet
4. hypoallergenic diet
5. garlic, onion
6. food rich in vitamins A, B complex, C, E and zinc

Remedies:
   a. Trichomoniasis: apply raw onion juice to affected parts
   b. leukorrhea: 2 oz. fresh string beans cooked with 2 oz. raw brown sugar in a little water, eat QD for 7-10 days
   c. douche: with plain, organic, no sweeteners yogurt as well as eat yogurt QD
   d. douche: boil garlic bulb, cool to lukewarm then douche with garlic liquid

Avoid:
1. food intolerances
2. dairy products
VAGINITIS/LEUKORRHEA

3. sugar and sweets, white bread, refined and processed foods
4. fried, fatty, rich and/or salty foods
5. alcohol, coffee, caffeine
6. catarrh forming foods: tofu, oranges, ice cream, dairy, meat, grains, tomatoes, potatoes, etc.

Supplements:
1. vitamin A (25,000 IU QD)
2. vitamin B-6 (250-1000mg QD)
3. vitamin C (up to 10g QD)
4. vitamin E (800-1200 IU QD)
5. zinc (50-100mg QD)
6. selenium (400mcg QD)
7. chromium (150-300mcg QD)

Hydrotherapy:
1. sitz bath: alternating
2. sitz bath: neutral (for itching)
3. vaginal douche:
   a. hot water (105-110°F)
   b. Trichomonas: vinegar (1-4 Tbsp./quart of water)
   c. yeast: baking soda (1 tsp./quart of water)
   d. infections resistant to other treatments : garlic (one clove crushed/quart boiling water, filter and use fluid)
   e. comfrey or goldenseal tea (2 heaping Tbsp./quart boiling water, filter)
   f. charcoal (1 Tbsp./ quart water)

Botanicals:
1. Achillea millefolium: antiseptic, internally and douche
2. Allium sativum: may insert entire clove into vagina and retrieve several hours later. Be careful not to nick the clove while peeling, as it could sting the vaginal tissue; SIG: BID several days
3. Calendula officinalis: soothing antiseptic and vulnerary; promotes healing of inflamed vaginal mucosa, specifically indicated for scanty flow and painful periods; use a diluted tincture or hot infusions for coughing or calendula salve to soothe external irritation
4. Hamamelis virginiana: bacteriostatic, soothes and tightens swollen tissues
5. Hydrastis canadensis: anti-microbial, congested uterine tissues and lowered resistance to infection; use orally or vaginally
6. Myrica cerifera: astringent, alterative; indicated for yeast vaginitis
7. Symphytum officinale (toxic): astringent, demulcent indicated for white vaginal d/c and genital infections, soothes inflamed tissues

Formulas:

a. suppositories: 1g each of powdered herbs: Achillea millefolium, Calendula officinalis, Echinacea spp., Hydrastis canadensis, Symphytum officinale (toxic), melt 10g cocoa butter in double boiler and stir in powders, add 2 drops of each essential oil: Melaleuca capjuptu, Thuja occidentalis, Thymus vulgaris, pour into suppository molds; SIG: insert 2 vaginally every night before bed and 1 acidophilus capsule

b. vaginal douche: powdered herbs: Achillea millefolium [1/4 oz.], Althea officinalis [1/4 oz.], Calendula officinalis [1/4 oz.], Echinacea spp. [1/4 oz.], Hamamelis virginiana [1/4 oz.], Hydrastis canadensis [1/4 oz.], Symphytum officinale (toxic)[1/4 oz.], may add 10 crushed Kollesol tablets and 1/8 oz. boric acid powder USP. Mix powders, boric acid and Kollesol thoroughly and prepare an infusion using 1 Tbsp. of mixture/quart of water; strain and douche BID as hot as tolerable, treat for 3-5 days depending on results, then follow with a soothing treatment such as a plain Althea or yogurt douche for 2 days; repeat as necessary

Homeopathy:

1. Arsenicum album: acrid, burning, offensive, thin
2. Borax: like white of eggs, sensation as if warm water was flowing; itching
3. Calcarea carbonica: milky, burning and itching of parts
4. Calcarea phosphorica: like white of an egg; < morning
5. Carbo vegatabilis: thick, greenish, milky, excoriating
6. Helonius: itchy vulva; parts hot, red, swollen, burn and itch terribly
7. Hydrastis canadensis: acrid and corroding, shreddy, tenacious; itchy with profuse d/c
8. Kreosotum: yellow, acrid, odor of green corn
9. Mercurius vivus: excoriating, greenish and bloody
VAGINITIS/LEUKORRHEA

10. Natrum muriaticum: acrid, watery
11. Nitric acid: brown, flesh-colored, watery or stringy; offensive
12. Pulsatilla: acrid, burning, creamy
13. Sepia: yellow, greenish with much itching
14. Sulphur: burning, exoriating
VARICOSE VEINS

**Definition:**
Dilated, tortuous superficial veins, usually of the lower limbs; due to incompetent valves.

**Etiology:**
1. primary varicose veins: generally benign, occur without deep vein pathology
2. secondary varicose veins: occur as a result of obstruction and valvular incompetence of the deeper veins (more serious condition)
3. usually involves the greater and lesser saphenous veins
4. there is a familial component
5. other risk factors include:
   a. pregnancy
   b. obesity
   c. sedentary or standing lifestyle or job
   d. may also follow increased abdominal pressure (ie. ascites or tumor)

**Signs and Symptoms:**
1. cosmetically unsightly of the legs: raised, dilated, tortuous channels
2. worse standing: legs get heavy and fatigued
3. better elevated legs
4. varicose veins may be painful and worse during menses
5. edema

**Lab Findings:**
1. (+) Trendelenburg test with tourniquets

**Course/Prognosis:**
1. generally, the condition is benign, although there are associated complications due to the stasis of blood, including stasis ulcers, superficial thrombophlebitis or “blow-outs”
2. conventional treatment: support hosiery and injection sclerotherapy; surgery if necessary

**Differential Diagnosis:**
1. lumbar nerve root irritation
2. osteoarthritis of the hip or knee
3. arterial insufficiency
4. diabetic or alcoholic neuropathy

**Nutrition:**
1. low sugar, fat diet
2. low cholesterol
3. low sodium
4. vegetarian cleansing diet or short fast
5. food rich in rutin, silicon, vitamins C and E, bioflavinoids
6. foods high in water soluble fiber: psyllium seed, flax seed, pectin, guar gum, oat bran
7. buckwheat, barley bran, eggplant, blackberries, blueberries, raspberries, cherries
8. cabbage poultice
9. cellulose and hemi-cellulose to protect against varicose veins

**Avoid:**
1. meat
2. dairy products
3. hot sauces, spicy, fried, fatty, rich and/or salty foods
4. sugar and sweets, white bread, refined and processed foods
5. alcohol, coffee, caffeine

**Supplements:**
1. vitamin B complex
2. vitamin C
3. bioflavinoids

**Hydrotherapy:**
1. constitutional hydrotherapy
2. foot bath: alternating hot and cold

**Manipulation:**
VARICOSE VEINS

1. check and align L1-3, lower thoracics or pelvis

Physiotherapy:
1. deep breathing exercises
2. spondylotherapy: concussion to L1-3
3. massage: up leg with oil and abdominal massage: lifting organs superior to increase portal circulation
4. liver pump
5. diathermy: short wave to lower abdomen or pelvic region
6. sine: one electrode lumbar spine, other bottom of foot, 5 min.
7. US: over nerve root of affected area, 5-10 min.

Botanicals:
1. Calendula officinalis: externally; opposes varices; internally; varicose veins
2. Chamomilla spp.: atony of venous circulation
3. Collinsonia canadensis: atony of venous circulation
4. Ginkgo biloba (standardized extract): increases vascular integrity
5. Hamamelis virginiana: internally or loose compress locally
6. Quercus alba: as a compress or internally; astringent

Formulas:
   a. herbal preparations containing: Aescultus hippocastium (toxic), Melilotus officinalis or Ginkgo biloba
   b. hepatomegaly and varicose veins: Chelidonium majus (toxic), Silybum marianum
   c. Calendula officinalis + distilled water of Hamamelis virginiana, apply topically

Homeopathy:
1. Arsenicum album: swollen, burning, may ulcerate, inflamed; > heat
2. Calcarea carbonica: painless; in overweight people who complain of cold feet; < overwork or ever-exertion
3. Fluoric acid: L leg, main remedy for varicose ulcers; ulcer is dark, bleeding, burning pain
4. Hamamelis: swollen, tender to touch; bruised; < standing, walking and in pregnancy, > cold
5. Pulsatilla: bleeding, inflamed, stinging pain; during pregnancy
6. Sepia: ever since childbirth
VERTIGO/DIZZINESS

Definition:
A disturbance in which the individual has a subjective impression of movement in space (subject vertigo) or of objects moving around them (objective vertigo) usually with a loss of equilibrium.

Etiology:
1. from a disturbance in the equilibratory apparatus:
   a. vestibule
   b. semicircular canals
   c. 8th cranial nerve
   d. vestibular nuclei in the brainstem and eyes
2. may be from effects of several disorders:
   a. otogenic: Meniere's syndrome, myringitis, otitis media, acute vestibular neuronitis, herpes zoster oticus, labyrinthitis, petrositis, otosclerosis, obstructed Eustachian tube
   b. toxic: alcohol, streptomycin, opiates
   c. psychogenic: hysteria
   d. environmental: motion sickness
   e. ocular: diplopia
   f. circulatory: TIA (vestibular)
   g. neurologic: MS, skull fracture, temporal lobe seizures, encephalitis
   h. neoplastic: tumors of the pons, cerebellopontine angle, 8th CN
   i. hematogenic: leukemia involving the labyrinth

Signs and Symptoms:
1. subjective complaint of vertigo
2. nystagmus
3. past pointing
4. inability to walk a straight line
5. deviation to one side when walking
6. nausea

Course/Prognosis:
1. depending on the etiology, vertigo may be progressive and is very uncomfortable
2. the most disturbing secondary complication is often N/V
3. severe attacks of whirling vertigo may mark the onset of Meniere's disease

Differential Diagnosis:
1. faintness
2. lightheadedness
3. hypoglycemia

Nutrition:
1. increase foods rich in calcium, phosphorus, manganese, sulfur, iodine, tryptophan
2. egg yolk, kale, celery, fish, raw goat's milk, veal joint broth, cod roe, rice polishings, brewer's yeast, nutritional yeast, sesame seeds, honey, tahini

Remedies:
   a. vertigo from orthostatic hypotension, low blood pressure: take 250g of peeled pineapple and stir fry with 60g of chicken, oil, salt and pepper

Avoid:
1. food intolerances
2. meat
3. dairy products
4. hot sauces, spicy, fried, fatty, rich and/or salty foods
5. sugar, sweets, white bread, refined and processed foods
6. catarrh forming foods
7. alcohol, coffee, caffeine

Supplements:
1. vitamin B complex (esp. B1, B6, B12)
2. vitamin B5
3. manganese
4. magnesium
**VERTIGO/DIZZINESS**

**Botanicals:**
1. Anemone pulsatilla (toxic): dizziness
2. Betonica officinalis: vertigo
3. Cimicifuga racemosa: vertigo associated with auditory tinnitus
4. Claviceps purpurea (toxic): vertigo with noises in the ears; with intracranial hemorrhage or obstruction
5. Crataegus oxyacantha: vertigo
6. Mentha piperita: despondency and dizziness
7. Podophyllum peltatum (toxic): dizziness
8. Ginkgo biloba (standardized extract): vertigo associated with vestibular dysfunction
9. Veronicastrum virginicum: vertigo with liver enlargement, dizziness and depression with liver pains

**Homeopathy:**
1. Aconitum: on rising up from lying; from congestion as in the sun, on stooping; anxiety and restlessness
2. Agaricus muscaria: vertigo and confusion of mind are mixed up; walking in open air; > quickly turning the head
3. Ailanthus glandulosa: dizzy, face hot, cannot sit up; drowsy but restless and anxious; in malignant scarlet fever, diphtheria
4.Apis: on closing eyes; < sitting, lying
5. Argentum metallicum: giddiness looking at running water
6. Argentum nitricum: looking at high buildings
7. Baptisia: rapid septic state; swimming sensation; confusion as drunk; vertigo with paralysis of eyelids; feels scattered
8. Belladonna: suddenness and violence; with pulsations in the head, dilated pupils, nausea; as if bed bounced him up an down; as if sinking with or through a bed
9. Bryonia: rising from a seat or from lying; least motion; sinking with or through a bed
10. Camphora bromata: feels is journeying in one direction when actually moving in the opposite direction
11. Cannabis indica: on rising, with stunning pain back of head; exalted sensation with exaggeration of time and distance
12. Chelidonium: with bilious vomiting; on closing eyes; as if everything turned in a circle; typical pain under R scapula; desire hot milk
13. Cocculus indicus: thing go round; whirl form R to L with confusion, nausea; < rising from lying; general sensation of empty and hollow; extreme aversion to food
14. Conium maculatum: turning or moving head, turning eyes, as if turning in a circle; when rising from a seat, watching moving objects; sweats day and night on closing eyes
15. Cyclamen: transparent vertigo on waking in morning or on riding, ie. lamp seen whirling unsteadily and flickering away to the side while all the time, through the whirl, the lamp is seen standing solid and immovable; sensation as if brain moving within cranium
16. Digitalis: from cardiac weakness; severe vertigo with very slow pulse; constant dizziness with ringing in the ears
17. Dulcamara: monetary vertigo with darkness before eyes; at noon, before eating, while walking, giddy as if all objects remained standing before him
18. Ferrum metallicum: face fiery red; vertigo < rising from lying or sitting
19. Gelsemium; head feels light and large with vertigo; dizziness with blurring of vision, < smoking; feels intoxicated when trying to move; sensation of falling
20. Lycium album: everything turning around with nausea; vertigo while driving, in hot room
21. Nux vomica: rising from seat or bed or raising head, vanishing of sight and hearing; objects seem to move around from digestive disturbances
22. Opium: compelled to lie down, as if all went round in a circle with him; from injury to head after fright; as if flying or hovering in the air
23. Petroleum: in occiput; obliges him to stoop; more violent when standing than sitting
24. Phosphorus: from looking upwards; chair seems to rise with him; sensation as if would fall forwards, < lying on L side
25. Pulsatilla: violent vertigo-like intoxication; as if one had turned around in a circle for a long time, with nausea; < sitting, > walking in open air
26. Salicylic acid: auditory nerve vertigo (Meniere's disease); tends to fall to L while surrounding objects seem falling to R
27. Sanguinaria: cannot turn quickly without fear of falling; nausea and h/a then vomiting as if heavy substance in stomach; looking up, lying down, during sleep; rash of blood to the head, feels sick and faint, < cold weather
VERTIGO/DIZZINESS

30. Secale cornutus: constantly increasing; inability to stand upright; head, esp. occiput feels light
31. Silica: creeping up spine into head; tends to fall forward; < closing eyes; vertigo during sleep
32. Sulphur: dizziness when going into open air or when standing; < sleep, standing
33. Tabacum: excessive heaviness of head; death-like paleness of face; weakness to loss of consciousness, >
   open air and vomiting
VISUAL DISTURBANCES

Definition:
Any type of abnormal visual problem.

Etiology:
1. Spots (floaters):
   a. are a common adult complaint
   b. the spots are a result of vitreous debris from the degeneration of the membranous attachment of the vitreous body to the optic nerve and retina early in life
   c. the spots are worse in bright light and with Valsalva maneuver
   d. although potentially bothersome, they are without pathological significance
2. Retina Detachment:
   a. usually from trauma to the head or eye
   b. typically preceded by a shower of sparks in one quadrant of the visual field, followed by the sensation of a curtain falling over the eye
   c. also manifested as a degenerative problem with aging
3. Scotomas:
   a. a (-) scotoma is a blind spot in the visual field; can often be unnoticed by the patient unless if occurs in the central vision
   b. a (+) scotoma is described as a light spot or scintillating flash and occurs as a response to abnormal stimulation of some portion of the visual system (ie. during a migraine prodrome)
4. Myopia (near-sightedness):
   a. occurs as the visual image strikes in front of the retina due to an elongated eyeball or excessive refractive power
   b. the patient can see near objects but not far ones
5. Hyperopia (far-sightedness):
   a. occurs as the visual image strikes behind the retina due to a shortened eyeball or weak refractive power
   b. it is the most common refractive error and permits patients to see far objects but not near ones
6. Astigmatism:
   a. refraction of the eyeball is unequal in its different meridians
7. Anisometropia:
   a. a different refractive error in each eye
8. Strabismus (cross-eyes):
   a. deviation of one eye from parallel view
   b. if the condition is congenital, there is no diplopia, as the vision in the deviated eye is suppressed by the brain
      A. this suppression results in amblyopia, which is reduced visual acuity
9. Diplopia (double-vision):
   a. can occur for a variety of reasons
   b. often seen in acute ophthalmoplegia and extraocular muscle palsies

Signs and Symptoms:
1. vary with the condition
2. some may be accompanied by signs and symptoms of an underlying disorder

Course/Prognosis:
1. refractive errors and astigmatism are treated with either corrective lenses or eye exercises to compensate
2. in almost all cases but the most severe (those who are considered "legally blind"), 20/20 vision can be recovered
3. spots are not treatable with conventional medicine
4. strabismus, if caught early, is correctable
5. retinal detachment is a MEDICAL EMERGENCY as prompt surgery is required

Differential Diagnosis:
1. need to differentiate cause

Nutrition:
1. foods rich in vitamin A and B complex
2. blueberries, burdock root, carrot, black beans, cod liver oil, huckleberries, endive
3. for tired eyes due to overuse and strain: blueberries (fresh, extract)
4. for blurred vision, difficulty adjusting to darkness: take 3g dried, powdered lemon seed and infuse with boiling water, drink 1 cup every evening for 5 days
VISUAL DISTURBANCES

Supplements:
1. vitamin A
2. vitamin B complex (esp. B1 and B2)
3. vitamin B-6 (for itchy eyes due to contacts)
4. zinc
5. copper
6. calcium
7. kelp

Manipulation:
1. rule out TIA or vertebral basilar artery occlusion (George's test)

Physiotherapy:
1. spondylotherapy: concussion of C1, 2 to stimulate cervical ganglia, C7 for vasomotor, T2, 3 for pupil dilation

Botanicals:
1. Anemone pulsatilla (toxic): weakened vision due to overuse, weak, nervous patient, "nervous blindness"; given locally and internally
2. Arnica montana (toxic): failing vision
3. Cineraria maritima: weak vision due to constitutional or acute conditions
4. Euphrasia officinalis: as a compress relieves redness, swelling and visual disturbances in acute and subacute inflammation and fresh eye injuries
5. Selenicereus grandiflorus (toxic): visual defects of an asthenopic character
6. Strychnos nux vomica (toxic): aggravation of eye disorders when due to general systemic atony
7. Vaccinium myrtillus:

Homeopathy:
1. Phosphorus: only remedy when objects look red; letters appear red when reading
2. Pulsatilla: causes obscuration of vision, with vertigo and nausea, diplopia, starry apparitions, circles or fire, etc. (these generally being reflex symptoms)
WHOOPING COUGH/PERTUSSIS

Definition:
An acute, highly communicable bacterial disease, characterized by paroxysmal or spasmodic cough that usually ends in a prolonged, high-pitched, crowing inspiration (the whoop).

Etiology:
1. *Bordatella pertussis*: a small gram (-) coccobacillus
2. Transmission by aspiration of bacteria sprayed in to air by patients

Signs and Symptoms:
1. incubation period: 7-14 days
2. URI with increased mucus secretion which is initially serous and later mucoid
3. Initial stage: nocturnal cough and upper respiratory infection symptoms
4. Paroxysmal stage: 5-15 rapidly consecutive coughs followed by a whoop
5. Fever is rare

Lab Findings:
1. marked increase in WBCs
2. (+) culture from nasopharyngeal swab or cough plate
3. fluorescent antibody testing or culture of catarrhal smear is definitive

Course/Prognosis:
1. 6 week duration divided into:
   a. catarrhal stage (10-14 days)
   b. paroxysmal stage (until 4th week)
   c. convalescent stage (ends about 6th week)
2. usually resolves spontaneously
3. complications:
   a. atelectasis
   b. superimposed brochopneumonia

Differential Diagnosis:
1. bronchitis
2. influenza
3. TB
4. viral infection

Nutrition:
1. eat as little as possible
2. increase vitamin C foods
3. increase fluids
4. short fast
5. garlic, onions, leeks, turnips, grapes, pineapple, honey, green leafy vegetables

Remedies:
   a. take a fresh lemon or orange, slice and add 15g sugar, steam in water until soft, mash and serve, including the skin, BID
   b. take 120g carrots and 12 Chinese red dates, add 6 cups water and simmer until reduced to 2 cups, serve this in several small portions throughout the day for 10 days
   c. infusion of crushed garlic sweetened with sugar

Avoid:
1. dairy products (esp. cow's milk)
2. sugar and sweets, white bread, refined and processed foods
3. catarrh forming foods: tofu, meat, ice cream, shellfish, citrus fruits
4. heavy protein foods
5. fats
6. vinegars

Supplements:
1. vitamin A (100,000 IU QD) TOXIC DOSE
2. vitamin C to bowel tolerance
3. zinc (90mg QD)

Manipulation:
WHOOPING COUGH/PERTUSSIS

1. lower cervicals through upper dorsals, T10-12

Botanicals:
1. Allium sativum: with Baptisia tinctoria and Echinacea spp. For viruses
2. Atropa belladonna (toxic): anti-spasmodic
3. Cephaelis ipecacuanha: controls irritation and inflammation
4. Cimicifuga racemosa: anti-spasmodic, muscular ache
5. Datura stramonium (toxic): severe paroxysms with hemorrhage from the mouth and nose
6. Ephedra vulgaris
7. Ferrula assa-foetida: nervous cough following active stage of pertussis
8. Grindelia robusta: anti-spasmodic, expectorant
9. Inul helenium: with Trifolium pratense
10. Lobelia inflata (toxic): severe spasmodic coughing
11. Marrubium vulgare: relieves congestion
12. Pilosella officinarum: pulmonary conditions with excessive sputum, soreness, hemoptysis
13. Prunus serotina: may be combined with Tussilago farfara, Marrubium vulgare, Urginea maritima (toxic)
14. Sticta pulmonaria: irritating, persistent, spasmodic cough, with Trifolium pratense
15. Thymus vulgaris: anti-spasmodic
16. Tussilago farfara
17. Urginea maritima (toxic): with Cephaelis ipecacuanha
18. Viola tricolor: with Tussilago farfara and/or Urginea maritima (toxic)

Formulas:
a. lack of expectoration: Lobelia inflata (toxic), Capsicum frutescens
b. Solanum dulcamara (toxic), Inul helenium or Drosera rotundifolia
c. Trifolium pratense with Inula helenium

Homeopathy:
1. Aconitum: clear ringing or whistling cough, excited by burning sticking in larynx, generally without expectoration; rarely during day expectoration of mucus with coagulated blood
2. Antimonium tartaricum: cough provoked when the child gets angry or after eating, which culminates in vomiting of mucus and food
3. Carbo vegetabilis: short, hard but infrequent coughing spells, excited by a creeping irritation in larynx and throat; in the evening without, in the morning with yellow, greenish, purulent or tenacious mucous sputum, < by eating or drinking cold things, in damp, cold air, by passing into a cold atmosphere; irritability and despondency; bleeding from eyes; coldness with thirst, esp. in cold damp or cold frosty weather; stitching h/a
4. Dirca palustris: cough day and night, gagging and vomiting, dyspnea, suffocative cough, hoarse after eating, rawness of larynx, takes cold easily; follows well after Carbo vegetabilis
5. Drosera rotundifolia: cough periodically returning is spasms, quickly succeeding barking coughs which co not allow the patient time to recover breath, excited by sensation of dryness or of feather in throat; in the morning with yellow mucus and in the evening without; bitter expectoration which patient has to swallow; < after lying down, after midnight, by laughing, singing, weeping; bloody mucus diarrhea, gasping of breath, cough with vomiting of food, first and at end of the fit; child holds each hypochondrium during cough, and if sputum is not raised, retching and vomiting ensue
6. Kali bichromicum: dry, barking cough, < morning, generally relieved by expectoration of tough, stringy, yellow mucus, < after eating and deep inspiration
7. Sulphur: frequent relapses, without any known cause, or from exposure to cold in psoric patients; suppressed cough
8. Thuja: cough only in day time; oily-looking skin, constant eructations when eating, spasm and stitches in chest from drinking anything cold
9. Zincum metallicum: children, as soon as they begin to cough, grasp their genital organs with their hands; adults their varicose veins may burst and bleed from the exhausting spasmodic cough; sweetish metallic taste of yellow purulent mucus or of bright blood
WORMS (INTESTINAL)

**Definition:**
Intestinal infestation of elongated invertebrates of various species

**Etiology:**
1. many different types of worms can invade the human gut and proliferate
2. not all infestations cause disease
3. unless noted, the worms are spread by the fecal-oral route

**Roundworms:**

- **pinworms (Enterobiasis):**
  1. infective agent is *Enterobius vermicularis*
  2. 200 million people worldwide are thought to be infested by the worm, with 30-40 million of those in the US
  3. the worm lives by the appendix, cecum and in the adjacent bowel mucosa

- **whipworm (Trichuriasis):**
  1. infective agent is *Trichuris trichiura*
  2. is uncommon in the US (most patients infested by whipworms are those returning from the tropics)
  3. worms live in the large intestine

- **giant intestinal roundworm (Ascariasis):**
  1. infective agent is *Ascaris lumbricoides*
  2. perhaps 25% of the world’s population is infested by ascaris, including about 4 million Americans
  3. the worm is typically eaten; it then ravels from the gut into the lungs, up the respiratory tract until it is swallowed in the pharynx, where it then matures in the jejunum

- **hookworm:**
  1. infective agent is *Ancylostoma duodenale* or *Necator americanus*
  2. the larvae inter the body through the skin, travel to the lungs, up the respiratory tract until they are swallowed and end up in the small intestines, where they suck blood from the mucosa

- **threadworm:**
  1. infective agent is *Strongyloides stercoralis*
  2. the infection occurs following skin penetration by the larvae, although the fecal-oral route is thought to be another manner of spread
  3. the life cycle then follows that of the hookworm, except larvae, no eggs, are passed in the feces
  4. severe infestations with threadworm can entail having the biliary and pancreatic tracts, the entire small intestine and the large bowel colonized

**Tapeworms:**

- **beef tapeworm:**
  1. infective agent is *Taenia saginata*
  2. humans become infected with the worms upon eating raw or undercooked encysted beef muscle
  3. takes approximately 2-3 months for the worms to mature in the intestines
  4. the disease is uncommon in the US

- **pork tapeworm:**
  1. infective agent is *Taenia solium*
  2. humans are infected by eating raw or undercooked pork
  3. adult worm disease is similar to that of the beef tapeworm
  4. in infections with *T. solium*, humans may serve as an intermediate host and the larvae may penetrate the intestinal wall and invade any and all tissues of the body (cysticercosis)

- **fish tapeworm:**
  1. infective agents are *Diphyllobothrium latum*
  2. humans are infected by eating raw or uncooked fish

**Flukes/Trematodes:**

- **intestinal flukes:**
  1. infective agents are *Fasciolopsis buski* (in vegetation) and *Heterophyes* and *Metagonimus* (in fresh water fish)
  2. the disease is uncommon in the US and is seen in patients returning from the Orient or tropics
WORMS (INTESTINAL)

Signs and Symptoms:

Roundworms:
  a. pinworms:
   1. almost all patients will complain of pruritus ani, typically at night, as that is the time
      the female pinworm comes out to lay her eggs
   2. other symptoms include:
      a. vaginal d/c
      b. insomnia and nightmares
      c. secondary infection of the anal areas from excoriation
   3. often the infection affects the entire family

b. whipworms:
   1. complaints will only arise in those with heavy infections
   2. abdominal pain and diarrhea are common
   3. severe disease: anemia, rectal prolapse and weight loss may occur

c. giant intestinal roundworms:
   1. the manifestations of the condition may be diverse due to the route the worm takes
      through the body
   2. common symptoms include:
      a. fever
      b. cough, wheezing, bronchopneumonia (in the lung phase)
      c. abdominal pain, malabsorption, intestinal obstruction (in the abdominal
         phase)
   3. patient may appear with a full, pale upper lip and have white lines around their mouth
   4. there may be marked nose-picking

d. hookworms:
   1. there is often a maculopapular rash, edema and severe pruritus where the larvae have
      gone through the skin
   2. pulmonary symptoms do not usually appear, although cough, pneumonia and fever
      may occur during large infestations
   3. intestinal symptoms include epigastric pain
   4. severe cases: much blood loss, the patient may exhibit anasarca and cardiac
      insufficiency

e. threadworms:
   1. skin eruptions and itchiness may develop when the larvae enter the skin
   2. lung complications similar to ascariasis may occur when the worm is in the lungs
   3. intestinal complaints include epigastic pain and tenderness, nausea, flatulence,
      vomiting and alternating constipation and diarrhea

Tapeworms:
  a. beef tapeworm:
   1. typically, the infection is asymptomatic
   2. the patient may infrequently experience epigastric pain, diarrhea and weight loss
   3. sometimes the unhappy patient may feel an active proglottid crawling around in the
      anus

b. pork tapeworm:
   1. when humans are infected with the adult worm, the manifestations are identical to
      that of the beef tapeworm
   2. the clinical presentation of cysticercosis differs dramatically:
      a. cysticerci develop in the subcutaneous tissues, muscles, viscera, eyes and
         brain
      b. the patient may exhibit muscular pains, fever, eosinophilia and weakness
      c. if the brain is infected symptoms resembling meningoencephalitis, epilepsy
         or brain tumor may be present

c. fish tapeworm:
   1. infection is frequently asymptomatic
   2. mild GI symptoms may be experienced
   3. occasionally a B-12 like anemia may develop

d. dwarf tapeworm:
   1. infection may be asymptomatic, even when the patient has a large infection
   2. abdominal cramps and diarrhea may occur in extensive disease

Flukes/Trematodes:
  a. intestinal flukes:
WORMS (INTESTINAL)

1. infestations are typically asymptomatic; occasionally a patient will present with abdominal pain, intestinal obstruction or diarrhea

**Lab Findings:**

**Roundworms:**
- **pinworms:**
  1. Diagnosis: Scotch tape prep and exam
- **whipworms:**
  1. Diagnosis: finding eggs in the patient's stool
- **giant intestinal roundworms:**
  1. Diagnosis: finding eosinophilic leukocytosis, eggs in the stool or vomit or larvae in sputum

**Hookworms:**
1. may include iron-deficiency anemia
2. hypoalbuminemia
3. detecting eggs in the patient's stool
4. Differential Diagnosis: malaria and beri-beri

**Tapeworms:**
- **beef tapeworm:**
  1. recovering eggs in the stool
  2. Scotch tape prep
  3. segments of the worms are passed with bowel movements and may be clearly noticed
- **pork tapeworm:**
  1. finding the adult worm in the stool or by the Scotch tape prep
  2. 50% of patients will have subcutaneous cysts
  3. CT scan can identify brain lesions
  4. CSF is often abnormal
  5. ELISA testing is available for cysticercosis
  6. biopsy of brain, skin or subcutaneous lesion is definitive
- **fish and dwarf tapeworms:**
  1. eggs in stool

**Flukes/Trematodes:**
- **intestinal flukes:**
  1. eggs in the stools

**Course/Prognosis:**

**Roundworms:**
- **pinworms:**
  1. conventional treatment of pinworms includes improved personal hygiene, washing all clothes and linens and pyrantel pamoate
  2. re-infection is common
- **whipworms:**
  1. conventional treatment consists of improved hygiene and sanitation
  2. mebendazole (only in heavy infections)
- **giant intestinal roundworms:**
  1. conventional treatment consists of pyrantel pamoate or mebendazole
- **hookworms:**
  1. conventional treatment includes improved nutrition (esp. high protein) and specific focus on the anemia
  2. incases needing anthelminthic drugs, pyrantel pamoate and mebendazole are recommended
- **threadworms:**
  1. conventional treatment consists of thiabendazole

**Tapeworms:**
- **beef tapeworm:**
  1. conventional treatment consists of the taenicide niclosamide
  2. obviously, prophylaxis by cooking meat well (or better, by minimizing or avoiding its consumption) is most recommended
- **pork tapeworm:**
  1. conventional treatment consists of niclosamide in the adult worm infestation
  2. location of the lesions will determine whether drug therapy or surgery is the treatment of conventional choice
- **fish tapeworm:**
WORMS (INTESTINAL)

1. conventional treatment is niclosamide
d. dwarf tapeworm:
   1. conventional treatment is niclosamide

Flukes/Trematodes:
   a. intestinal flukes:
      1. conventional treatment consists of tetrachloroethylene

Differential Diagnosis:
1. amebiasis
2. protozoal infections
3. IBS
4. Other causes of gastroenteritis diarrhea or related symptoms (note the differential of malaria and beri-beri for hookworm)

Nutrition:
1. a short fast is recommended
2. garlic, pumpkin seeds, raspberries, coconut, onions, bamboo shoots, water chestnuts, nectarines, pomegranates, rutabagas, sesame seeds, sunflower seeds
   pinworms:
   a. on empty stomach in morning, eat 100 raw pumpkin seeds, then fast 5 hours and follow with fresh carrot juice, nest day repeat if necessary
   b. peel carefully raw garlic clove and be careful no to nick, then insert into rectum before bed
   c. eat 1 Tbsp. raw pumpkin seeds ground in to powder with warm water twice in morning an hour apart, every day for 1 week
   d. take white part of green onion and make into juice, add 1-2 tsp. sesame seed oil and take BID on empty stomach for 3 days
   e. eat sunflower seeds every morning on empty stomach
   f. eat garlic every morning on empty stomach
   tapeworms:
   a. eat 4oz. coconut flesh, fresh in the morning on empty stomach then do not eat for 4 hours, every day for 1 week or until passage of tapeworm
   roundworms:
   a. 1 lb. saltwater eel, 1 pint rice wine, some salt, boil until reduced by half, eat 8-10oz. with a little vinegar (cider or rice), do this 3 times weekly
   b. drink the juice of one fresh coconut; eat 4oz. of the flesh in the morning on an empty stomach then do not eat for 4 hours
   c. at bedtime, eat 250g sour papayas and drink 60g of the vinegar in which papayas have been soaked for 3 consecutive days

Supplements:
1. garlic
2. kelp
3. bromelain
4. trace minerals

Hydrotherapy:
1. enema (using quassia bark infusion)

Botanicals:
Note: use cathartic-laxative in formulae or immediately after to expel worms
1. Allium sativum: oxyuriasis
2. Artemisia abrotanum: threadworms in children
3. Artemisia absinthium: nematodes (Enterobius or Ascaris)
4. Artemisia cina: Ascaris lumbricoides; dose persistently at half to 1 grain, may fast on papaya, pineapple and pumpkin seeds, water, repeat Artemisia cina after 1 week
5. Artemisia vulgaris: threadworm, roundworm, with Tanacetum vulgare and Picaena excelsa
6. Aspidium filix-mas: Taenia (tapeworm) can cause toxic liver damage with jaundice
7. Chenopodium ambrosioides (toxic, oil): esp. roundworm and hookworm; tapeworm, whipworm; child: 2-3 drops BID, 2-3 days, then use strong purgative ie. Cascara sagrada; adult: 2-3x dose of child
8. Cucurbita pepo (pumpkin seed): must eat large amounts; 1-2 lb. per day; grind in blender, tapeworm, not very reliable
9. Daucus carota: threadworms; serve nothing but coarse or finely grated carrot for 1-2 days, as much as child likes; during inactive stage, use a glass of carrot juice per day or 1-2 large carrots for breakfast daily
WORMS (INTESTINAL)

10. Inula helenium: needs to be very aromatic (use 2nd year root); vermifuge clears mucus; adult dose: powder 1/2 to 1 tsp. TID
11. Matricaria discoidea or matricariodes: expels roundworms, whipworms
12. Picraena excelsa: soak in cold water, do not use hot water; prophylactic for worms
13. Punica granatum
14. Spigelia marilandica (toxic)
15. Tanacetum vulgare

Formulas:
   a. papayasan (available from BioForce)

Homeopathy:
   1. Baptisia: threadworms
   2. Calcarea carbonica: typical picture
   3. Chelidonium anthelminticum: hookworm, roundworm (use oil)
   4. Cina: for round, thread and tape worms; grinding of teeth, restless, constantly rubbing nose; 1x potency
   5. Granatum: tapeworm; pain < around umbilicus; itching about anus; constant hunger
   6. Natrum phosphoricum: threadworms; picking at the nose and tendency to rheumatism
   7. Santonin: if Cina fails; 2x potency every 3 hours
   8. Sinapis nigra: for pinworms if Teucrium fails
   9. Spigelia: threadworms; strabismus, jerking with paleness of the face, blue rings around the eyes, faint nauseated feeling with colic around the navel
   10. Stannum: pale sunken eyes with blue rings; sluggish, fetid breath, passive fever; patient prefers to lie on stomach
   11. Terebintha: burning and crawling in the anus
   12. Teucrium: threadworms, ascariasis or pinworms with much irritation in the rectum; use 1x
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