

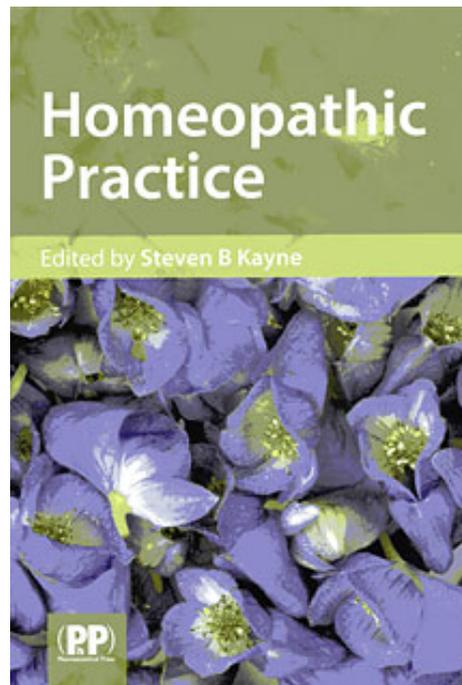
# Steven B. Kayne Homeopathic Practice

Reading excerpt

[Homeopathic Practice](#)

of [Steven B. Kayne](#)

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- Homeopathy integrates well with conventional medicine.
- The provision of additional skills in case-taking promotes improved patient-practitioner relationship, leading to better understanding of patients' conditions and disclosure of relevant symptoms which may indicate more serious underlying condition or a need for further investigation, support or treatment.
- Homeopathy respects and supports the patient's own responsibility, ability and effort to cope, adjust and achieve good health, therefore promoting empowerment and greater satisfaction for patients.
- It is considered safe, non-toxic and non-addictive. A review of the safety of homeopathy, conducted by doctors associated with the Royal London Homoeopathic Hospital, looked at papers published between 1970 and 1995 for reports of adverse effects of homeopathy. Adverse effects reported in clinical trials were temporary aggravations of symptoms or other mild and transient effects.<sup>3</sup>
- Patients' improved mental and emotional states lead to a reduction in the risk of depression and anxiety disorders and therefore the need for long-term medication, e.g. antidepressants.
- The use of homeopathy may lead to a reduction in the need for conventional medication, e.g. analgesia, antiemetics.
- Patients may experience a reduction in discomfort, distress and disappointment.
- There is a reduction in costs. Homeopathic medicines are relatively inexpensive and evidence suggests that homeopathy has the potential to generate savings through reduced conventional prescribing and demand for other services.<sup>4,5</sup>
- Research has shown that whole-person approaches to healing have been proved to increase job satisfaction in medical professionals.<sup>6</sup>

## **Nursing**

### **Case-taking**

The main objective of homeopathy is to restore balance and facilitate the body's own healing response. In homeopathic case-taking the following criteria are necessary<sup>7</sup>:

- time to assess the person as an individual
- listening to the patient's narrative
- being compassionate and trustworthy
- treating the patient with respect and as an equal
- involving the patient in shared decision-making.

These skills are fundamental to good nursing and combine well with this therapeutic medicine, providing an additional tool that is advantageous in many areas of practice.

During the initial part of the homeopathic history-taking patients recall their story, revealing why they are seeking homeopathic care. In many cases the aetiology is established in the first few minutes, for example, 'I have never been well since my pregnancy with my second daughter'. This important information shows that perhaps this patient condition is related to an event during that period or a remedy that is associated with pregnancy. The practitioner then analyses the case using a hierarchy of symptoms to find the most suitable prescription. Language used, dress code, build, behaviour, mental, emotional and physical symptoms are observations essential to the case analysis. Past medical history, family history and present medical history can alert the practitioner to patterns of disease. Information pertaining to social history and family relationships can disclose traumatic events that are often revealed for the first time.

Communication and the development of a working partnership at the first consultation are paramount to the outcome. This is difficult to measure in clinic terms but must be included in the placebo response.<sup>8</sup>

#### **Applications of homeopathy in nursing**

Specialist homeopathic nursing practitioners in the UK can treat a wide range of conditions, examples of which are given below.

##### *Cancer care*

The number of patients diagnosed with cancer is increasing<sup>9</sup> and there is a trend for such patients to choose complementary and alternative medicine (CAM) for reasons which are complex. Physicians' attitudes to CAM are changing and patients are more readily able to discuss available therapies which can be integrated into their healthcare plan.<sup>10</sup> In nurse education complementary therapies are included in courses in cancer and palliative care but having an oncology specialist nurse with an additional qualification in homeopathy would benefit the patient from the onset of the treatment plan. This is an area of nursing where teamwork is paramount to the benefit of patient and carers. Patients' mental and emotional state could be supported more readily if a holistic approach was adopted from the onset. Psychological stimuli are known

to affect endocrine and immune functions and through these influences the course of cancer can be mediated." Information can often be revealed in homeopathic case-taking that may have contributed to the patient's disease state.

Patients are often in shock and denial initially and have to cope with taxing regimes of chemotherapy and radiotherapy. How they respond to the side-effects of treatment regimes depends on the individual or agent used. Specific remedy constitutions, for example, Pulsatilla or Phosphorus, can be more sensitive than others. Patients' immune response can alter during their life and during the history-taking process it is important to note allergies and reactions to conventional medicines. Homeopathic remedies such as Radium bromatum and X-ray can be administered during radiotherapy to minimise side-effects and also postradiotherapy to help with side-effects.<sup>12</sup> Chemotherapy medicines can be administered as a tautode, preferably in conjunction with the conventional drug to minimise iatrogenic effects, but this requires an integrative team approach. Frequently the patient presents following chemotherapy with symptoms. Further research is required in this area of oncology and the use of tautodes (see Chapter 10).

Carcinosin is commonly prescribed as an adjunct remedy in a patient with a history of cancer and is usually prescribed in high potency, although potencies vary according to the individual. A constitutional remedy can be useful in higher potency in conjunction with carcinosisin.<sup>13</sup> Homeopathy can also be useful in the terminal stages of cancer and is often administered in LM potency<sup>14</sup> (see Chapter 10). Arsenicum alb can ease the anxiety, distress and restlessness which many patients experience when they are close to death.

In a study in Canada<sup>10</sup> two-thirds of the women in Ontario diagnosed with breast cancer were currently using CAM and the most common reasons for choosing CAM were to: boost their immune system; increase quality of life; prevent recurrence of cancer; provide a feeling of control over life; aid conventional treatment; treat breast cancer; treat side-effects of conventional treatments; attempt to stabilise their current condition; and to compensate for failed medical treatments. In breast cancer lymphoedema as a result of a mastectomy with axillary clearance can be problematic and specific remedies may be helpful for local symptomatic relief. Homeopathy can also be helpful in women who are experiencing the side-effects of oestrogen withdrawal, adjuvant hormone therapy and chemotherapy.<sup>15</sup> Health professionals working in this field have an important role to play in providing information to allow patients to make informed choices about various CAM options.

*Hormone-related conditions*

Hormone-related conditions are very common and can present at any time in a patient's reproductive life. From a holistic point of view the neuroendocrine system is very sensitive and finely attuned to other body systems.<sup>2</sup> The science of psychoneuroimmunology associates psychological processes and the immune system, confirmed as patients frequently present with symptoms related to hormonal imbalance. The prescribing strategy employed depends on the hierarchy of symptoms found on case analysis, i.e. resolving underlying stress often auto-regulates the system, correcting the hormonal imbalance. Today there is an increasing number of referrals in young female patients with polycystic ovarian syndrome. These patients often present with the following symptoms of hormonal imbalance: hirsutism; obesity; period irregularities and mental/emotional symptoms. Remedies commonly prescribed for hormonal imbalance are: Pulsatilla, Sepia, Carcinosa, Lachesis, Thuja, Lillium tigris and Natrum mur. Constitutional types associated with these remedies often report intolerance to conventional hormone-based treatments, as demonstrated in Case study 12.1.

## CASE STUDY

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### Case 12.1 Hormone-related condition

#### Background

Margaret is a 53-year-old woman referred by her general practitioner with menopausal flushes and has found that, since commencing hormone replacement therapy (HRT), she has put on 19 kg (3 stones) in weight, which is now affecting her joints, although HRT alleviates her symptoms. Margaret requests homeopathic referral as a friend has successfully received homeopathic treatment for menopausal flushes. She plans to continue using the HRT patches until she attends the clinic, as she could not cope with the symptoms without them.

#### Past history

Recurrent bronchitis in early childhood. Tooth abscess at 15 years and suffered a severe anaphylactic reaction following an injection of penicillin.

(continued overleaf)

**CASE STUDY** (continued)

Dilatation and curettage (D&C) @ 22 years.  
Cone biopsy @ 35 years for cervical intraepithelial neoplasia (CIN) III.  
Total hysterectomy and conservation of ovaries @ 35 years.  
Benign breast lumps left-sided @ 38 years.  
Depression diagnosed @ 44 years: reasonably stable at the moment.

Current medication

Paroxetine 20 mg daily: a serotonin reuptake inhibitor used to treat depression.  
Oestradiol (Evorel) 50 ug patches (smaller doses did not control flushes).  
Allergic to penicillin, erythromycin, oxytetracycline.

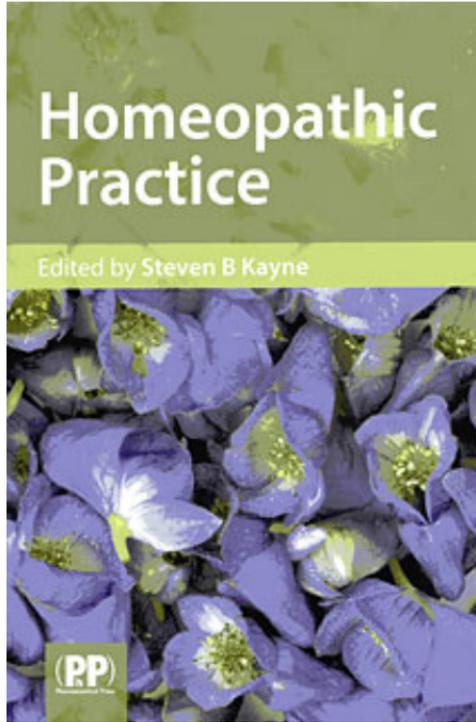
Appearance

This woman appeared very tall, broad-shouldered, slim-hipped, casually dressed with long thin fair hair and a pinkish complexion. Pigmented brown spots were observed on hands and over cheekbones. Margaret's manner was very open, direct and extremely chatty. There was a feeling of high energy projecting from this person and during the interview information flowed very freely but in a disorganised manner.

*Present complaint*

Never well since 15 years old: periods irregular every 18-21 days with severe dysmenorrhoea and metrorrhagia; tired, worn out and felt well for only 7 days during mid-cycle. Problem intensified and subsequently had a D&C when 22 years old which did not alleviate the problem. Was then prescribed the oral contraceptive pill, which she took until her mid-30s, which helped symptoms but caused massive fluid retention. Cone biopsy for CIN III aged 35 years. At this period also suffered: weight loss; irregular periods; severe mood swings with symptom-free phase lasting only 7 days which was usually mid-cycle. Gynaecologist suggested hysterectomy with conservation of ovaries, which she underwent at 35 years. Much better following hysterectomy but at 44 years commenced menopausal symptoms of lethargy, sleeplessness, hot flushes with severe mood swings. Attended psychologist then due to 'hyped personality' who blamed Premarin HRT patches: symptoms consequently improved on stopping HRT. Commenced taking paroxetine, which helped symptoms, and now only takes paroxetine 20 mg 1-2 times weekly as she is trying to stop altogether. Also takes Evorel 50 ug, which suppresses menopausal symptoms of periods of dripping with sweat which soaks back, face and neck and is worse day and nighttime, and hot flushing of face. Feels better outside in cool air. Feels sickly with sweating: worse in morning.

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