

12TH
INTERNATIONAL
CEDH
CONFERENCE
Lisbon 2026

- Acute pain in pediatrics
- Supporting the transition from childhood to adolescence
- Measles in pediatrics
- Complementary medicine and rheumatology

- Managing Semaglutide-related side effects
- The homeopathic physician-pharmacist alliance
- Impact of online bullying in adolescents
- Modulation of neuroinflammation

- Prostate cancer
- Pediatric care
- The symbiosis between the homeopathic physician and artificial intelligence

Teaching
Clinical
Homeopathy

CEDH *magazine*

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Lisbon 2026: a conference packed
with insight and emotion!



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as a viable approach and quality guarantee in homeopathic treatment

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The treatment recommendations set out in the articles reflect the individual choices and practices of each author, as well as the availability of homeopathic medicines in different countries.



Lisbon
2026

Where were you on May 29 and 30, 2026? In Lisbon?

Martine Tassone, MD
Publication Director



Me too, I was at the 12th International CEDH conference. This event was so powerful, both emotionally and in terms of knowledge, that I wanted to dedicate this issue to it. Despite geopolitical and health-related uncertainties, more than 400 healthcare professionals gathered at the Centro Cultural de Belém. 34 speakers from 14 countries came to talk with us about clinical and fundamental research, and about their daily practice of homeopathic medicine at every stage of life. We gained key insights into recognizing and managing pain in infants, addressing children's sleep disorders, and better supporting the complicated phase of adolescence. A gynecologist spoke to us about pregnancy care, where homeopathic medicine should be standard practice,

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This event was so powerful, both emotionally and in terms of knowledge, that I wanted to dedicate this issue to it.

and two midwives discussed how vulvar conditions evolve throughout a woman's life. Oncologists shared their experience showing that homeopathic treatments improve outcomes in supportive oncology care for all patients, used alongside conventional treatments within an integrative medicine approach. A professor of neurology spoke to us about Alzheimer's disease. Physicians and a pharmacist addressed the timely topic of healthy aging with homeopathic medicine, one of the essential tools in age-related therapeutic de-escalation. Many other topics were covered, all pointing back to a central idea that should resonate with all of us: homeopathic medicine restores meaning to our work as caregivers. It allows us to treat effectively without doing harm. It offers answers where we often have none. And even if AI one day replaces the caregiver, it will never be able to meet the need for human contact and genuine listening that underlies every one of our consultations. This issue offers you a partial recap of these two extraordinary days. The videos will be freely available on our website this fall. Until then, happy reading and have a wonderful summer.

Mastering one's subject means regularly reviewing the *Materia Medica*, the characteristic symptoms of each medicine and their specific indications

1. WHICH HOMEOPATHIC MEDICINE FOR A MIGRAINE OCCURRING ONE WEEK BEFORE MENSES, WITH VISUAL AURA?

- ☐ A *Belladonna*
- ☐ B *Arnica montana*
- ☐ C *Colocynthis*
- ☐ D *Cyclamen*

2. WHICH HOMEOPATHIC MEDICINE FOR INFANT COLIC WITH SUB-UMBILICAL BLOATING, CONSTIPATION, AND A TENDENCY TOWARD DRY SKIN?

- ☐ A *Sulfur*
- ☐ B *Lycopodium clavatum*
- ☐ C *Pulsatilla*
- ☐ D *Sepia officinalis*

3. WHICH HOMEOPATHIC MEDICINE FOR GROWING PAINS IN A TALL, SLENDER INDIVIDUAL, LOCALIZED TO THE EPIPHYSES AND DIAPHYSES OF THE LONG BONES AND THE SYMPHYSES?

- ☐ A *Rhus toxicodendron*
- ☐ B *Calcarea carbonica*
- ☐ C *Calcarea phosphorica*
- ☐ D *Ruta graveolens*

4. WHICH HOMEOPATHIC MEDICINE FOR PAIN WITH A SENSATION OF STIFFNESS, A FEELING OF SHORTENED TENDONS, WORSE WITH MOVEMENT, BETTER WITH LOCAL COLD?

- ☐ A *Guaiaacum*
- ☐ B *Rhus toxicodendron*
- ☐ C *Belladonna*
- ☐ D *Phosphoricum acidum*

5. WHICH HOMEOPATHIC MEDICINE IS USEFUL AT THE ERUPTIVE STAGE OF MEASLES WITH MARKED CONJUNCTIVITIS, IRRITATING TEARING, AND SIGNIFICANT PHOTOPHOBIA?

- ☐ A *Belladonna*
- ☐ B *Pulsatilla*
- ☐ C *Euphrasia officinalis*
- ☐ D *Bryonia alba*

6. WHICH HOMEOPATHIC MEDICINE CAN BE PRESCRIBED FOR PREMATURE AGING WITH COGNITIVE DECLINE, EXHAUSTION, A GENERAL SLOWING OF ALL FUNCTIONS, DRY MUCOUS MEMBRANES, AND DIGESTIVE INVOLVEMENT WITH CONSTIPATION?

- ☐ A *Alumina*
- ☐ B *Aurum metallicum*
- ☐ C *Sulfur*
- ☐ D *Belladonna*

7. WHICH IS THE LEADING HOMEOPATHIC MEDICINE FOR INFLAMMATION?

- ☐ A *Alumina*
- ☐ B *Baryta carbonica*
- ☐ C *Phosphorus*
- ☐ D *Conium maculatum*

8. WHICH HOMEOPATHIC MEDICINE IS PARTICULARLY USEFUL FOR BRAIN FOG, INTELLECTUAL OVERWORK, OR IN PATIENTS ON MULTIPLE PSYCHOTROPIC MEDICATIONS?

- ☐ A *Arnica montana*
- ☐ B *Cannabis sativa*
- ☐ C *Sulfur*
- ☐ D *Lycopodium clavatum*

9. WHICH HOMEOPATHIC MEDICINE SHOULD BE CONSIDERED FOR AN ADOLESCENT PRESENTING PASSIVE RESISTANCE, SLOW BUT STUBBORN, OBSTINACY, ANXIETY, AND A FEELING OF INSECURITY?

- ☐ A *Phosphorus*
- ☐ B *Calcarea carbonica*
- ☐ C *Pulsatilla*
- ☐ D *Sulfur*

10. WHICH "MINOR" HOMEOPATHIC MEDICINE, AS A COMPLEMENT TO BETTER-KNOWN ONES, SHOULD COME TO MIND IN COMPLEX CASES OF HOT FLASHES IN A MAN TREATED FOR PROSTATE CANCER, WITH CONGESTION, DIZZINESS, AND WORSENING IN THE EVENING?

- ☐ A *Lachesis mutus*
- ☐ B *Sepia officinalis*
- ☐ C *Arsenicum album*
- ☐ D *Usnea barbata*

→ Answers on the last page (p.91)

Lisbon 2026

12th International CEDH Conference



Book signing by Dr Revol



The Conference Room



The Poster Stand

Lisbon 2026: rich in emotion...



- 1 Welcome to the auditorium at the Centro Cultural de Belém
- 2 Entrance to the CCB
- 3 CEDH training booth
- 4 Bookstore booth

and packed with knowledge!



5



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5 Plenary session in the auditorium

6 CEDH's international faculty

7 Dr. Jean-Loup Mouysset, oncologist, Aix-en-Provence, France

8 Mental health symposium led by three French physicians: Drs. Olivier Revol, neuro-pediatric psychiatrist, Patrick Cabanné, homeopathic general practitioner, and Marie-Hélène Amabile, homeopathic general practitioner

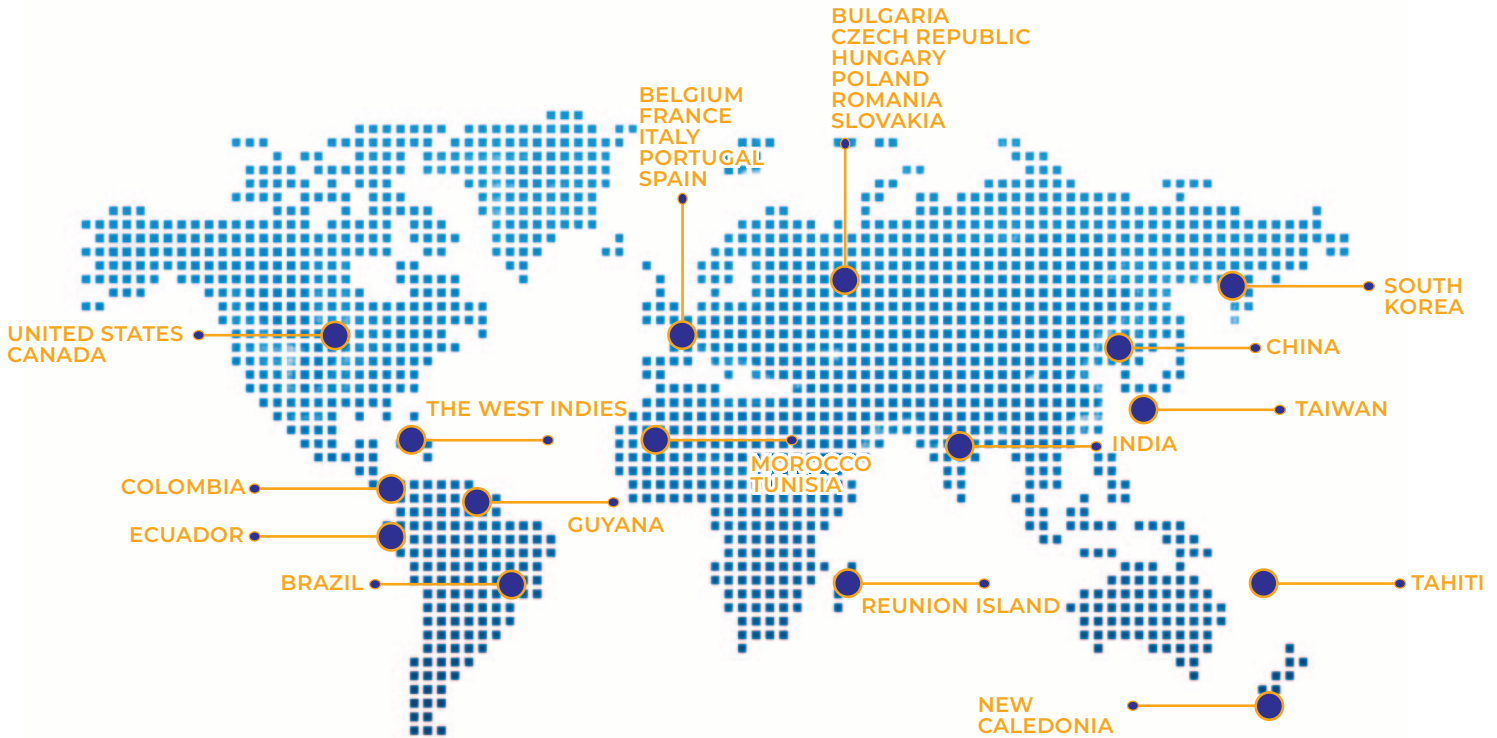


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Center for Education and Development of Clinical Homeopathy in the world



Founded in **1972** and present in **more than 25 countries**,
the CEDH is the leading clinical homeopathic training school in the world.

Around **45,000 physicians and healthcare professionals** have been trained since its creation.

The CEDH offers a **tailor-made and progressive training** to allow healthcare professionals to implement homeopathy in their practice.

The courses are **illustrated with daily clinical cases** (seen in private practice or at the hospital) for **immediate implementation in one's practice**.



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CEDH HOMEOPATHY



Acute pain in pediatrics

when homeopathy can help and provide relief

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São Paulo (Brazil)



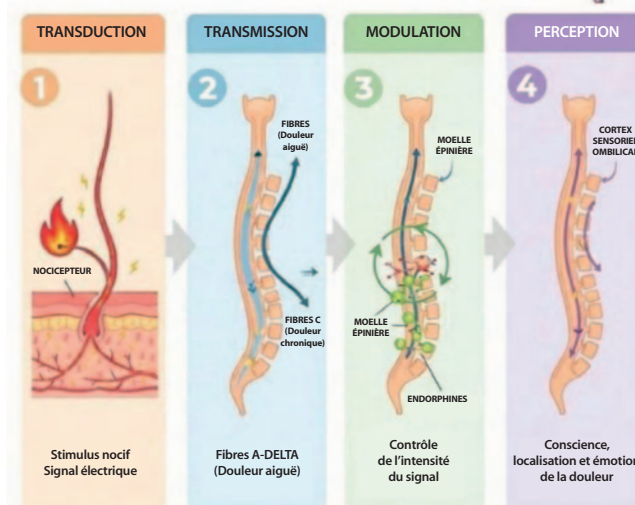
Pain is defined by the International Association for the Study of Pain (IASP, 2020) as an unpleasant sensory and emotional experience associated with, or similar to, that associated with actual or potential tissue damage. This definition establishes that pain is not merely a physical event, but a multidimensional experience influenced by psychological, emotional, and social factors. From birth through adolescence, the perception of this phenomenon is modulated by expectations, attention, past experiences, and the cultural context in which the young person is embedded.

The process begins with **nociception**, the detection of potentially harmful stimuli by nociceptors located in the tissues. Within this mechanism, it is essential to distinguish between two types of nociceptive pain: **somatic** and **visceral**. **Somatic pain** originates from the skin, muscles, joints, or bones (such as the periosteum). It is generally well-localized and described as a "stabbing," "cutting," or "throbbing" sensation. A classic example is a blow to the shin during a soccer match, where the impact activates mechanical and chemical nociceptors, converting e damage into electrical impulses.

Visceral pain, on the other hand, originates from internal organs and body cavities. Unlike somatic pain, it is characterized by its diffuse, deep, and difficult-to-localize nature, often described as a sensation of pressure, colic, or squeezing. This is explained by the lower density of nociceptors in the viscera and their sparser innervation. In pediatrics, this type of pain is common in cases of abdominal

NOCICEPTION

The path of pain



distension or organ inflammation, and may be accompanied by autonomic responses such as nausea and sweating. Both types of pain depend

Acute pain in pediatrics:

on, whereby the energy from the injury is converted into an action potential.

From there, the signal begins to be transmitted to the central nervous system via two pathways. The **A-delta (Aδ) fibers**, fast and myelinated, predominate in acute somatic pain, transmitting a sharp and immediate sensation. The **C fibers**, slower and unmyelinated, are the primary conductors of visceral pain and secondary somatic pain, which is slower and more persistent. Even before the brain consciously registers the pain, the spinal cord executes a reflex arc: sensory neurons connect directly to motor neurons, triggering immediate limb withdrawal or abdominal contraction to protect the body from further damage.

Once it reaches the spinal cord, the signal may undergo **modulation** before ascending via the spinothalamic tract to the thalamus.

In the brain, the thalamus acts as a relay station, projecting information to the **somatosensory cortex**, which identifies the location and intensity of the stimulus, and to the **insular and cingulate cortex**, which processes emotional suffering. Simultaneously, the **limbic system and prefrontal cortex** work to memorize and cognitively evaluate the event.

This complex processing explains why *"pain that is felt is pain that is remembered."* In the developing nervous system, poorly managed trauma leaves deep and lasting imprints. A landmark study by **Taddio et al.** (*The Lancet*, 1997) illustrates this biological memory: newborns who underwent circumcision without adequate anesthesia exhibited significantly more intense pain responses during routine vaccinations just months later. Acute pain — whether somatic or visceral — if left untreated, reprograms the individual's future pain sensitivity, underscoring the critical importance of compassionate pain management from birth.

Historically, the notion that the newborn would lack pain sensitivity due to immaturity of the central nervous system was a persistent dogma in medicine. However, modern science has largely refuted this myth. It is now known that at 26 weeks of gestational age, infants display sufficient maturity for afferent

pain transmission, showing metabolic, hormonal, and autonomic signs. In fact, due to the immaturity of the descending inhibitory pathways — which in adults act as a natural "brake" on pain — the newborn may actually be more sensitive to noxious stimuli than older children.

Infants cannot verbalize or localize pain and express it differently. **Crying** is undoubtedly the most immediate means of communication, but it is non-specific and may signal hunger, fear, or simple thermal discomfort. More alarmingly, approximately **50% of newborns do not cry during manifestly painful procedures**, entering a state of energy conservation or withdrawal that may be mistakenly interpreted as an absence of pain.

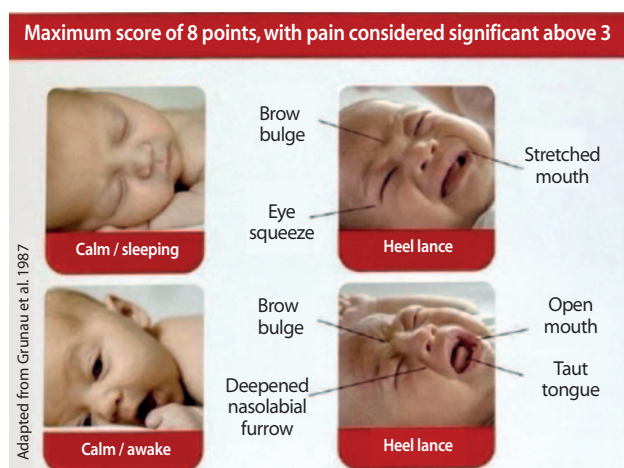
To overcome the barrier of non-verbal communication and ensure ethical care, the use of validated scales has become indispensable. In routine pediatric practice, we most commonly use the **NFCS (Neonatal Facial Coding System)**: considered one of the most accurate tools for analyzing the "language of pain" through coding of facial activity.

The NFCS is based on the principle that the facial muscles of the newborn respond in a specific way to painful stress. Unlike crying, which may be absent, facial expressions are a reliable biological indicator.

“Infants cannot verbalize or localize pain and express it differently.”

when homeopathy can help and provide relief

Facial movement	0 point	1 point
Brow bulge	Absent	Present
Eye squeeze	Absent	Present
Deepened nasolabial furrow	Absent	Present
Open lips	Absent	Present
Horizontal or vertical mouth stretch	Absent	Present
Taut tongue	Absent	Present
Tongue protrusion	Absent	Present
Chin quiver	Absent	Present



▲ The NFCS (Neonatal Facial Coding System) scale: considered one of the most precise tools for analyzing the "language of pain" through the coding of facial activity.

This scale assesses the presence and intensity of key components, such as:

- **Brow bulge:** presence of bulges or furrows in the forehead region.
- **Eye squeeze:** tight closure of the eyelids.
- **Deepened nasolabial furrow:** deepening of the line between the nose and the corners of the mouth.
- **Open mouth:** usually accompanied by a square or tense shape.
- **Taut tongue:** tongue raised or retracted with rigid edges.
- **Chin quiver:** low-amplitude rhythmic movements.

The rigorous application of the NFCS, in both full-term and preterm infants, enables an objective assessment that guides therapeutic intervention, whether pharmacological or non-pharmacological (such as the use of a sucrose solution, non-nutritive sucking, or skin-to-skin contact).

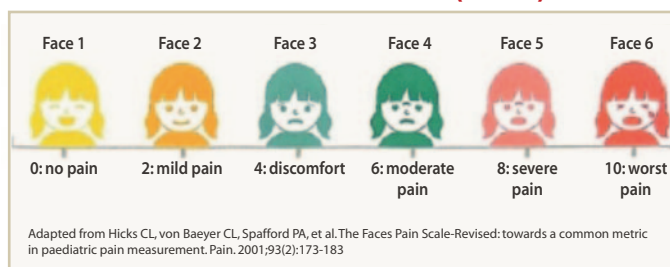
To assess pain in children up to 3 years of age, we may use **The Face, Legs, Activity, Cry, and Consolability (FLACC) Scale**, shown below.

The FLACC evaluates five behavioral categories, each scored from 0 to 2, giving a **total score of 0 to 10**:

FLACC Scale	
Face	0. No particular expression or smile. 1. Occasional grimace/frown; Withdrawn or disinterested. 2. Consistent grimace or frown; frequent/constant quivering chin, clenched jaw.
Legs	0. Normal position or relaxed. 1. Uneasy, restless, tense. 2. Kicking, or legs drawn up.
Activity	0. Lying quietly, normal position, moves easily. 1. Squirming, shifting back and forth. 2. Arched, rigid or jerking.
Cries	0. No cry/verbalization. 1. Moans or whimpers; occasional complaint. 2. Crying steadily, screams or sobs, frequent complaints.
Consolability	0. Content and relaxed. 1. Reassured by occasional touching, hugging, or being talked to, distractable. 2. Difficult to console or comfort.

▲ To assess pain in children up to age 3, we can use the FLACC scale (Faces, Legs, Activity, Cry, Consolability Pain Scale)

Revised Faces Pain Scale (FPS-R).



▲ For children from age 4 onward, we may use the Revised Faces Pain Scale (FPS-R).

Acute pain in pediatrics:



INFANT COLIC

When thinking about pain from birth, one cannot help but consider infant colic and its long-term consequences.

The understanding of infant colic (IC) has evolved from a transient gastrointestinal disorder to a complex model of early dysregulation with repercussions extending beyond the first trimester of life. The prospective study by **Zeevenhooven et al.** (2022), published in the *Journal of Pediatrics and Child Health*, provides strong evidence that the early experience of discomfort and pain associated with colic may be a predictive factor for behavioral disorders during childhood.

Following 258 children who met the Wessel criteria for IC, the researchers used the Child Behaviour Checklist (CBCL) to assess their psychopathological profile at five years of age. The results revealed that children with a history of colic present a significantly higher risk of:

- **Internalizing problems:** greater propensity to anxiety symptoms, depression, and social withdrawal.

- **Emotional reactivity:** difficulty modulating responses to stimuli, manifesting as affective lability and irritability.

- **Overall behavioral outcomes:** a high prevalence of scores in the clinical range, indicating that the dysregulation that began in the cradle tends to persist across other developmental domains.

One of the central points of Zeevenhooven's analysis is the correlation between the child's symptomatology and levels of **parental stress**. The infant's pain and inconsolable crying are not isolated events; they destabilize the family microsystem.

The chronic stress of caregivers, generated by a sense of helplessness in the face of their child's pain, appears to act as a cumulative risk factor that shapes the child's behavior over the years.

This scenario suggests that infant colic may be the initial manifestation of hypersensitivity of the gut-brain axis. Early exposure to

“Strong evidence indicates that colic may represent the initial manifestation of a genetic predisposition to sensory and organic hypersensitivity.”

painful or uncomfortable stimuli during a period of intense neuronal plasticity may “program” the child’s stress response system, leading to reduced emotional resilience at preschool age.

“In summary, data from Zeevenhooven et al. (2022) confirm that infant colic is a sentinel phenomenon. Infant pain, if not managed from a biopsychosocial perspective, can transform into emotional vulnerability in school life, requiring the clinician to look beyond the resolution of immediate gastrointestinal symptoms.”

Detailed studies by **Zhang et al. (2019)** and **Savino et al. (2005)** identify infant colic as a hypersensitivity phenotype and a precursor of systemic comorbidities.

Contemporary literature has revised the definition of infant colic from a purely gastrointestinal model to a multisystemic disorder perspective. Strong evidence indicates that colic may represent the initial manifestation of a genetic predisposition to sensory and organic hypersensitivity.

In this context, the meta-analysis conducted by **Zhang et al. (2019)** established a crucial neurobiological correlation by

demonstrating that infants with a history of colic present a significantly elevated risk of developing migraines over their lifetime. Notably, this association does not extend to tension-type headaches, reinforcing the hypothesis that infant colic and migraines share common pathophysiological mechanisms, possibly linked to gut-brain axis dysregulation and early central sensitization.

Broadening the spectrum of repercussions beyond the neurological system, the ten-year prospective study by **Savino et al. (2005)** offers a valuable longitudinal perspective on the clinical outcomes of these children. The data reveal that severe infant colic constitutes a predictive factor for a range of disorders during the first decade of life.

From a somatic standpoint, a significantly higher incidence of recurrent abdominal pain was observed, along with a clear tendency toward atopy, including allergic rhinitis, conjunctivitis, eczema, and bronchial asthma.

Furthermore, the Savino study highlights the impact on neuropsychological and behavioral development, linking colic to sleep disorders, irritability, and difficulty with emotional regulation in late childhood.

The concomitant presence of a family history of gastrointestinal and atopic diseases suggests that infant colic is, ultimately, the early expression of a systemic vulnerability phenotype.

Consequently, the identification of severe colic in infancy should not be underestimated and requires careful examination of the patient’s overall health status, given its established association with future neurological, immunological, and psychosomatic disorders. Given the early onset of pain and its significant repercussions on the individual’s life, we must be attentive to the appropriate use of homeopathy in treating infant colic.



Acute pain in pediatrics:

HOMEOPATHIC MEDICINES RECOGNIZED FOR TREATING NEWBORN COLIC

BELLADONNA

Sudden colic, acute pain that may be throbbing, inflammatory and spasmodic in nature.

COLOCYNTHIS

Characterized by violent crises, with improvement in the fetal position, following passage of gas, with massage of the abdominal region, or when lying on the abdomen.

DIOSCOREA VILLOSA

Presents with very painful crises that, unlike *Colocynthis*, improve with hyperextension of the trunk.

NUX VOMICA

Indicated in cases of rapid ingestion (gulping) and intense crying.

CUPRUM METALLICUM

Violent painful crises that cease abruptly.

LYCOPodium CLAVATUM

Presence of abdominal rumbling noise and abundant gas.

MAGNESIA CARBONICA

ssssPainful crises accompanied by green, frothy stools.

MAGNESIA PHOSPHORICA

Spasmodic pain, improvement with forward bending and local heat.

CALCAREA CARBONICA

Indicated for "ravenous" infants who regurgitate.

GROWING PAINS

Following the same line of reasoning as for newborn colic, and from the standpoint of neurobiology and central sensitization, growing pains also suggest a failure of central nociceptive

modulation mechanisms with pain memorization.

Historically treated as a benign musculoskeletal condition of obscure etiology, growing pains have been reinterpreted not as a mechanical event of bone development, but as a phenomenon of pain processing dysregulation.

According to the systematic review by **Pavone et al. (2019)**, the anatomical theory that bone growth causes pain lacks scientific evidence, shifting clinical focus toward reduced pain threshold and muscle fatigue as the main triggers.

The shift to a **central sensitization** model is supported by the landmark study by **Uziel et al.**, which used pressure algometry to demonstrate that children with growing pains



“... growing pains also suggest a failure of central nociceptive modulation mechanisms with pain memorization.”

present a significantly lower pain threshold at sites remote from the painful area. Uziel's conclusion suggests that the pathology does not reside in the peripheral tissues, but in a failure of the central mechanisms of nociceptive modulation.

This hypersensitivity is reinforced by the concept of **pain memorization**. As explained by **Taddio and Katz**, repetitive painful experiences during childhood are capable of shaping neuronal architecture through long-term potentiation (LTP). In the case of "growing pain," the recurrence of nocturnal episodes establishes a "neural pathway" of synaptic facilitation, whereby the nervous system "learns" to trigger pain signals with minimal mechanical stimuli.

Finally, the link with **juvenile fibromyalgia**, proposed by **Rozen et al.**, reinforces the hypothesis that growing pain may be an early marker of a systemic sensitization phenotype.

For these authors, it represents an initial manifestation of a central nervous system with low inhibitory capacity, which may predispose the individual to chronic pain syndromes in adulthood if there is no intervention to interrupt the cycle of memorization and amplification of painful stimuli.

HOMEOPATHIC MEDICINES RECOGNIZED FOR "GROWING PAINS"

ARNICA MONTANA

Sensation of muscle fatigue accompanied by aching, stiffness, muscle soreness, difficulty falling asleep.

RHUS TOXICODENDRON

Periarticular pain, sensation of a "beaten" or bruised body, improvement with warmth, aggravation in the late night due to immobility.

CALCAREA PHOSPHORICA

Pain localized at the epiphyses/diaphyses of long bones and symphyses.

PHOSPHORICUM ACIDUM

Cramp-like pain in long bones, periosteal pain, improvement with warmth.

BRYONIA

Improvement with rest and local pressure, acute pain at fixed points, aggravation with movement.

GUAIAECUM

Sensation of stiffness, impression of shortened tendons, aggravation with movement, improvement with local cold.

THE CONTINUITY OF HYPERSENSITIVITY (FROM COLIC TO GROWING PAINS)

*"Current literature suggests that infant colic is not an isolated event of gastrointestinal development, but rather an early manifestation of a hypersensitivity phenotype. Long-term follow-up studies, such as those by **Canivet et al.** (1) and **Savino et al.** (3), demonstrate that infants with severe colic show a greater predisposition to emotional disorders and recurrent painful conditions during childhood. This clinical trajectory reflects what **Yunus** (9) defines as central sensitization syndromes, in which dysregulation of*

Acute pain in pediatrics:

sensory processing manifests in different ways throughout growth. In this sense, growing pains (GP) can be interpreted as a chronological evolution of this same hypersensitivity diathesis. As demonstrated by Uziel et al. (13) and confirmed by the review of Pavone et al. (7), the pain experienced by these children correlates with a reduced nociceptive threshold. "Pain memory," discussed by Taddio and Katz (8, 12), would explain how early aversive stimuli — from infant colic to neonatal procedures (4) — contribute to maladaptive neuroplasticity, resulting in synaptic facilitation that sustains idiopathic musculoskeletal pain in middle childhood. Consequently, the central sensitization described by Woolf (14) acts as the biological link connecting these presentations, suggesting that colic and growing pains are both expressions of a hyperexcitable central nervous system with deficient pain inhibition mechanisms."

CLINICAL CASE 1

C.M.P., young girl, 5 years and 10 months.

1. MAIN COMPLAINT AND CURRENT MEDICAL HISTORY

The patient presents with recurring headaches and abdominal pain for 3 months. Episodes are intermittent and occur approximately three times per week, frequently requiring her to visit the school nurse for medication and care.

HEADACHE: localized to the frontal and temporal region, with higher incidence in the late afternoon or before dinner.

ABDOMINAL PAIN: localized to the infraumbilical region, with marked abdominal distension.

2. FAMILY AND PERSONAL HISTORY

• **FAMILY DYNAMICS:** planned pregnancy. She has an older sister. Parents separated 3 years ago; she lives with her mother but maintains a good relationship with her father.

• **NEONATAL HISTORY AND BREASTFEEDING:** exclusive breastfeeding until age one. During the first trimester of life, she presented with severe colic and excessive flatulence, treated with Cocyntal® and lactobacilli for an extended period. She was very hungry every two hours but became quickly satiated.

• **NEUROPSYCHOMOTOR DEVELOPMENT (NPMD):** normal for her age.

3. SYSTEMS REVIEW

- **GASTROINTESTINAL:** withholds bowel movements at school due to fear. Currently constipated, with a bowel movement every 2–3 days, producing hard, small stools (scyabala). Reports excessive flatulence and intolerance to tight-fitting clothing around the abdomen.
- **DIET:** balanced (fruits and vegetables), eaten in small amounts but at high frequency (requests food multiple times a day).
- **SLEEP:** difficulty falling asleep due to anticipatory anxiety about school. Shares a bedroom with her sister. Wakes irritable and in a poor mood.

4. BEHAVIORAL PROFILE

- **AT HOME:** constant attention-seeking, impatience, and tearful episodes when frustrated. She shows fear of change, anxiety, and strong maternal attachment.
- **AT SCHOOL:** displays leadership qualities and good academic performance, despite a slow initial adjustment.

5. PHYSICAL AND COMPLEMENTARY EXAMINATION

- Child with weight and height appropriate for her age.
- Dry skin; extremities (feet) warm and moist.
- Distended/bloated abdomen on inspection.

when homeopathy can help and provide relief



“Infant colic must be understood as a hypersensitivity phenotype and a precursor to systemic comorbidities. Homeopathy proved effective in interrupting this chain of gut-brain axis dysregulation.”

- Complementary tests: no notable abnormalities.

6. HOMEOPATHIC TREATMENT

- ***Lycopodium clavatum 30C*** (5 pellets in the morning): chosen as the constitutional medicine. Justified by the authoritarian and leadership profile, anticipatory anxiety, abdominal distension with rapid satiety, and tendency toward constipation.
- ***Sulfur 30C***, 20 pellets, once per week: indicated for the chronic Psoric reactional mode, given dry skin and warm feet.
- ***Staphysagria 15C***, 5 pellets in the evening: focused on the somatization of physical symptoms (headache and abdominal pain) resulting from frustrations and emotional repression.
- ***Serotoninum 9C***, 5 pellets in the evening: aids in managing anxiety and impatience.

7. CLINICAL PROGRESS AND OUTCOME

After three months of follow-up, the patient showed a significant clinical response:

- **SYMPTOMATIC REMISSION:** significant improvement in headache and abdominal pain episodes.
 - **GASTROINTESTINAL FUNCTION:** normalization of bowel rhythm (daily stools of normal consistency). Marked reduction in flatulence and bloating.
 - **BEHAVIORAL PROFILE AND SLEEP:** greater emotional resilience and acceptance of frustrations, with reduction in crying. Reduced sleep latency and anticipatory anxiety.
- Currently: acute treatment (*Staphysagria* and *Serotoninum*) suspended; maintenance treatment with *Lycopodium* and *Sulfur* continued.

8. CASE CONCLUSION

This report underscores the importance of particular attention to the health trajectory from early

Acute pain in pediatrics:

childhood. The correlation between pain memorization and the subsequent development of recurring headaches and abdominal pain resonates with contemporary literature. Infant colic must be understood as a hypersensitivity phenotype and a precursor to systemic comorbidities. Homeopathy proved effective in interrupting this chain of gut-brain axis dysregulation.

HOMEOPATHIC MEDICINES FOR MIGRAINE/HEADACHES

GELSEMIUM

Episodes preceded by visual disturbances/diplopia. Congestive headache: occipital, radiating to the neck and shoulder muscles, with "shooting" pains in the eyes.

SECALE CORNUTUM

Vasomotor headache that improves with cold applications.

CYCLAMEN

Episodes occurring 2–3 days before menstruation, accompanied by visual disturbances.

SPIGELIA ANTHELMIA

Headache with ocular pain, beginning at the occiput and radiating to the eye region. Associated with facial neuralgia.

ASARUM EUROPAEUM

Headache with sensory hyperesthesia and photophobia; aggravated by the slightest noise or alcohol.

ACTAEA RACEMOSA

Characterized by a link with cervical pain radiating to the eyes.

PTELEA TRIFOLIATA

Migraine of digestive origin.

IRIS VERSICOLOR

Frontal headache with acid vomiting. Periodic ophthalmic migraines beginning with scotomas or a sensation of visual fog.

CLINICAL CASE 2

A.F.Z., 11-year-old boy.

1. MAIN COMPLAINT AND MEDICAL HISTORY

Patient suffering from migraines for 3 years, onset coinciding with intensification of tennis training. Frequency has increased from once per month to 2–4 times per month over the past year. Pain begins with throbbing cervical pain, radiating from the occiput to the eyes. The patient presents occasional nausea and vomiting. Episodes are frequent in the late afternoon and after intense training sessions.

2. FAMILY AND PERSONAL HISTORY

- **MOTHER WITH CATAMENIAL MIGRAINE;** father on anxiolytics for major anxiety disorder. Younger brother is also a competitive tennis player.
- **NO NEONATAL COMPLICATIONS.** History of severe growing pains in the late afternoon between ages 4 and 6; stress fracture of the right humerus one year ago. Allergy to fire ant stings.
- **NEUROPSYCHOMOTOR DEVELOPMENT** normal for age.

3. SYSTEMS REVIEW

- **DIET:** adequate, with nutritional monitoring.
- **BOWEL:** normal rhythm.
- **SLEEP:** initial difficulty, worsened by competitions. "Alert sleep" (sensitive to noise/light). Sleeps well covered, fears burglars, and cannot tolerate a closed door.

4. BEHAVIORAL PROFILE

- **HIGHLY COMPETITIVE** and medal-oriented. Reacts with anger and loss of control upon defeat. Displays severe self-demand, thoughts of failure, self-devaluation, and pessimism.

when homeopathy can help and provide relief

- **ALTERNATING TICS:** history of eye movements and blowing sounds; currently presents restless hand movements (used a fidget cube during the consultation).
- **ANXIOUS,** detail-oriented, and concerned about the future/illness. Prioritizes sport but achieves excellent academic results. Social relationships at school are superficial.

“*By treating not only the acute symptom but also the reactional mode and the patient's diathesis, homeopathy makes it possible to interrupt the chain of biopsychosocial dysregulation.*”

5. PHYSICAL & COMPLEMENTARY EXAMINATION

- Slender build, normal development.
- Moist hands and feet.
- Complementary tests: no notable abnormalities.

6. HOMEOPATHIC TREATMENT

- **Aurum metallicum 30C**, 5 pellets in the morning: SensitiveType Medicine (osteoarticular component, choleric and competitive profile, sleep disorders, and depressive tendency).
- **Tuberculinum 30C**, 20 pellets, once per week: chronic Psoric reactional mode. Focused on periodic and alternating headaches, irritable and nervous profile.
- **Kalium bromatum 15C**, 5 pellets in the evening: to control restlessness and manual tics.
- **Serotoninum 9C**, 5 pellets in the evening: management of anxiety and irritability.
- **Dopamine 9C**, 5 pellets in the morning: for hyperactivity and restless sleep.
- **Actaea racemosa 15C**, 5 pellets before training; during competitions, begin the day before, 4 times per day: targeted at headaches with cervical pain and ocular radiation.



7. RESULTS OBTAINED AFTER 3 MONTHS

- **FREQUENCY:** reduction from 2–4 episodes/month to only 1 episode/month.
- **INTENSITY:** less painful episodes with reduced functional impact.
- **BEHAVIOR:** decreased anxiety, anger outbursts, and improved resilience in the face of defeat. Given the demanding competition schedule, the prescription was maintained for an additional 3 months.

This case confirms that migraines in pre-adolescents often serve as an outlet for performance-related emotional tension. Treatment based on the totality of symptoms successfully rebalanced the neuropsychological axis, proving to be an effective non-sedating therapeutic option in pediatric pain management.

8. CASE CONCLUSION

Pain experienced early is pain remembered, capable of reprogramming the nociceptive system and creating a terrain of hypersensitivity that manifests as infant colic, growing pains, and eventually migraines, chronic syndromes, and mental health disorders.

Intervening through integrative and homeopathic medicine during these periods of intense neuroplasticity offers the opportunity to relieve central sensitization before pain neural pathways become permanent. By treating not only the acute symptom but also the reactional mode and the patient's diathesis, homeopathy makes it possible to interrupt the chain of biopsychosocial dysregulation.

Relieving these pains early and deeply will transform our patients into healthier, more resilient, and more balanced individuals — both physically and mentally. ■

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Supporting the transition From childhood to adolescence with homeopathy

emotional well-being and academic challenges

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Adolescence is an important milestone in the development of an individual and includes rapid physical, emotional and psychological development. It is a transition from childhood to adulthood, which is illustrated by Larry Steinberg's definition according to which adolescence is a stage of development that begins with puberty and ends with economic and social independence

1 Introduction

During this period of life, both the body and the brain undergo significant changes. This is comparable in its rapidity to early childhood. The figure, voice, skin, facial features change... But also the nature, thinking and experiencing change. Not only the structure changes, but the remodeling of neuronal networks is also important here, which does not end until around the age of 25. New connections, new pathways are formed, but even before that, the old ones disappear.

The development of the nervous system and psyche in an adolescent includes cognitive and psychosocial development. Cognitive development lies in the ability of the human mind to acquire knowledge and understand through thinking and processing life experiences. According to Ericsson, psychosocial development consists in the fact that the growth and development of an individual goes through crises, which are conflicts between the

individual and the needs of society. Successfully mastering each of these stages leads to the emergence of a healthy personality.

In this transitional period, the adolescent is very vulnerable. The adolescent brain is more reactive, impulsiveness dominates, while thinking and reflection are in the background. Adolescents experience emotions in extremes, they see the world in a heightened, even fatal, way. They cease to be willing to share their inner world with their parents. They create a personal relationship to important topics. They conduct a dialogue with mortality, with boundaries. They need to experience freedom, control over their lives, but they also need someone who is available, shows interest in them, and whom they can seek out when a problem arises. It is often challenging because adolescents need their parents, but at the same time they do not want to need them.

Adolescents also need their parents as role models for life in relationships: they need parents who love each other.

Despite the masks of maturity and adulthood, adolescents are therefore very easily vulnerable and have to face many problems.





2 Problems faced by adolescents

- **MENTAL** - stress, mood swings, depression, anxiety disorders, eating disorders, suicidal behavior
- **SUBSTANCE ABUSE** - alcohol, tobacco, drugs
- **INJURIES** - accidental, but also self-harm
- **VIOLENCE** in society or in the family
- **ANOREXIA, BULIMIA, OBESITY**
- **SEXUAL PATHOLOGY**
- **PREGNANCY AND EARLY MOTHERHOOD**

These influences, which include peers, family, school, and increasingly social media, can lead to a whole range of other difficulties and problems. One possible consequence is the development of **oppositional defiant disorder**, for example.

3 Oppositional Defiant Disorder (ODD)

ODD is a behavioral disorder that typically appears in childhood or early adolescence.

BASIC CHARACTERISTICS OF ODD (ACCORDING TO DSM-5 / ICD-11)

ODD is characterized by a long-term pattern of negative, defiant, hostile, and defiant behavior toward authority figures (parents, teachers, adults), without serious violations of the rights of others (unlike conduct disorder). The child's behavior often disrupts his or her daily routine, including activities at home and at school. In addition, many children with ODD are moody, easily frustrated, and have low self-esteem. They may also abuse drugs and alcohol.

ODD is described in 2-14% of teenagers and is often combined with disorders such as other conduct disorders, ADHD, depression or anxiety disorders.

ODD can quite often persist into adulthood and chronic irritability appears to be a strong predictor of subsequent psychiatric illnesses. However, this disorder represents more distress for parents, educators and peers than for the child with this disorder itself.

THE BEHAVIOR MUST:

- last at least 6 months
- be more frequent and intense than is developmentally normal
- lead to significant disruption of functioning (family, school, relationships)

MAIN SYMPTOM GROUPS

DEFIANT AND NEGATIVE BEHAVIOR

- frequent rejection of rules and demands of authorities
- arguing with adults
- intentional violation of rules
- intentional provoking of others
- active resistance to instructions ("I won't", "I don't want to", "I don't care")

IRRITABLE AND EXPLOSIVE MOOD

- easy irritability
- frequent outbursts of anger

...emotional well-being and academic challenges

- low frustration tolerance
- the child *"gets angry quickly"*, *"everything upsets him"*

MALICIOUSNESS AND VINDICTIVENESS

- resentment, *"does not forget grievances"*
- blaming others for their mistakes
- talking about revenge or trying to *"get it back"*
- repeated intentional verbal harm

According to DSM-5, at least 4 of these symptoms are sufficient areas.

TYPICAL DEVELOPMENTAL PICTURE

- onset often before 8–10 years of age
- most often evident in the family, later also at school
- children with ODD:
 - have a need for control
 - react strongly to authority
 - have difficulty accepting criticism
 - often feel unfairly treated

DIFFERENTIAL DIAGNOSIS OF ODD

It is important to differentiate ODD from:

- normal defiance (toddler/pubertal)
- ADHD (often occur together, but are not identical)
- Conduct Disorder – ODD does not include aggression, theft, abuse, vandalism
- anxiety and depressive disorders (in some children, defiance is secondary)

COMMON COMORBIDITIES

- ADHD
- anxiety disorders
- mood disorders
- learning disabilities

ETIOLOGY

ODD has a multifactorial origin. The most common causes are:

- temperament (high reactivity)
- impaired emotional regulation



Homeopathic intervention, together with a comprehensive approach, can bring improvement in up to 75% of children."



“...a well chosen homeopathic remedy can contribute to calming internal tension, better emotional stability and gradual harmonization of the child’s behavior.

- inconsistent or conflictual upbringing
- family stress, relationship tension
- genetic and neurobiological factors

Parental upbringing and authoritarian behavior can be a very significant factor. What begins as a child’s effort to find self-determination can transform into significant behavioral disorders. Traumatic experiences, illnesses and or handicaps such as mental retardation or learning disabilities can contribute to this in later childhood. Oppositional defiance is then a defense against helplessness, anxiety and low self-esteem. Psychoanalytic theories can then mention the development of ODD as an unresolved internal conflict, as can be found, for example, in the works of Ericsson.

TREATMENT AND INTERVENTION

The basis of care for a child with ODD are parenting programs and family therapy (e.g. Parent Management Training). Another important intervention is CBT therapy focused on emotion regulation. In some cases, work with the school is also necessary. Pharmacotherapy for ODD is not primary, it serves rather to address comorbidities. If a child with ODD is not adequately treated, it can have consequences for him or her throughout his or her life.

- Relationship problems
- Low self-esteem
- Mood disorders
- Social isolation
- Anxiety disorders

Homeopathic intervention, together with a comprehensive approach, can bring improvement in up to 75% of children.

4

The most frequently mentioned homeopathic medicines for children with oppositional behavior

STRAMONIUM

It often develops in cases where the child’s sense of security is threatened. Aggression serves as a defense against anxiety.

TYPICAL SYMPTOMS INCLUDE:

- intense tantrums
- aggressiveness, explosiveness

...emotional well-being and academic challenges

- destructive behavior
- fear associated with anger

TYPICAL PICTURE: the child seems *"uncontrollable"*, reactions are violent, sometimes even frightening for those around him.

HYOSCYAMUS NIGER

He maintains his relationships through conflicts. These are then dominated by a certain theatricality and playing certain roles.

TYPICAL SYMPTOMS INCLUDE

- provocative, irritating behavior
- mocking of authorities, violating norms
- impulsiveness
- verbal aggression

TYPICAL PICTURE: a child who deliberately crosses boundaries, "tests" what the environment can withstand.

NUX VOMICA

Anger here serves as a defense against a feeling of weakness. These children have a rigid ego and a perfectionist superego.

TYPICAL SYMPTOMS ARE:

- defiance, irritability
- low frustration tolerance
- strong need for control
- outbursts of anger when restricted and resisted

TYPICAL IMAGE: ambitious, "little adult", does not tolerate resistance, gets angry quickly.

CHAMOMILLA VULGARIS

They cannot regulate their affect.

TYPICAL SYMPTOMS ARE:

- extreme hypersensitivity to all stimuli
- *"nothing is right"*
- frequent screaming, crying, defiance
- calms down only according to their own

TYPICAL IMAGE: the child overreacts, demands immediate satisfaction of needs.

CALCAREA CARBONICA

In them, the fear of conflict leads to passive resistance. Their superego is strong and the ego is cautious. They strongly inhibit their anger.

SYMPTOMS INCLUDE:

- passive resistance
- stubbornness
- slow but unyielding resistance

- anxiety, insecurity

TYPICAL PICTURE: does not explode, but *"hardens"* - refuses to cooperate, withdraws.

SULFUR

Their strategy is the devaluation of authority as a defense of identity.

SYMPTOMS INCLUDE:

- disrespect for authorities
- feeling of superiority
- intellectualization of resistance
- ignoring rules

TYPICAL PICTURE: the child "knows everything best", considers rules unnecessary.

LYCOPodium CLAVATUM

Their resistance is just a defense of the fragile self.

THE PICTURE INCLUDES:

- resistance at home, submissiveness at school, etc.
- exaggerated reaction to failure, strong fear of failure
- low self-esteem masked by dominance

TYPICAL PICTURE: strong at home, insecure at school - resistance as a defense.

NATRUM MURIATICUM

KEY THEME: hurt, repressed sadness, closed-off, sensitivity to rejection.

RESISTANCE TYPE: silent, passive resistance, withdrawal.

EMOTIONAL BASIS: deep disappointment, feeling misunderstood.

TYPICAL CONFLICT: *"Nobody understands me - so I withdraw and turn against you."*



SILICEA

KEY THEME: inner fragility, low self-confidence, stubbornness as a defense.

RESISTANCE TYPE: defensive, stubborn resistance under pressure.

EMOTIONAL BASIS: insecurity, fear of failure.

TYPICAL CONFLICT: *"I'm afraid I won't be able to do it – so I'll resist."*

MEDORRHINUM

KEY THEME: extremes, impulsiveness, intensity, boundaries.

RESISTANCE TYPE: explosive, provocative resistance to authority.

EMOTIONAL BASIS: strong need for freedom, difficulty accepting boundaries.

TYPICAL CONFLICT: *"No one will tell me what to do."*

OTHER POSSIBLE HOMEOPATHIC REMEDIES FOR ODD

IGNATIA AMARA

Adolescents in the *Ignatia* state often present with mood swings, emotional conflicts, and signs of repressed sadness or disappointment. This remedy promotes the resolution of internal tension, allowing for clearer, less reactive dialogue.

LACHESIS MUTUS

This remedy can help when adolescents express jealousy, competitiveness, or a tendency to dominate conversations. They may be sharp-tongued or defensive. *Lachesis* can soften communication and encourage more cooperative engagement.

STAPHYSAGRIA

Of course, it is appropriate in all situations where an adolescent feels disrespected, humiliated, or embarrassed. It can often be a remedy that *"opens the case."*

5

Conclusion

Oppositional Defiant Disorder presents a challenging situation for the child and those around them, which can significantly affect family relationships, school functioning, and the child's overall psychological well-being. Therefore, it is important to approach this issue sensitively and comprehensively, with an emphasis on understanding the individual needs of the child and supporting his or her natural development.

In this context, homeopathy can represent a valuable complementary approach that focuses on the person as a whole – not only on the behavioral manifestations themselves, but also on the child's emotional experience, temperament and individual reactions to stressful situations. According to the experience of practitioners, a correctly chosen homeopathic remedy can contribute to calming internal tension, better emotional stability and gradual harmonization of the child's behavior. An important principle is the individualization of treatment, where the choice of remedy is adapted to the specific child and his or her unique experience.

In practice, it often turns out that a combination of supportive therapeutic approaches, work with the family and individually chosen homeopathic treatment can contribute to improving mutual understanding, reducing conflict situations and overall strengthening the child's psychological balance. The purpose of such an approach is to support the child on the path to greater internal stability, the ability to manage emotions, and healthy development in an environment that provides them with safety and acceptance. ■

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Measles in pediatrics

a practical homeopathic approach
for every stage

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When was the last time you saw a real case of measles? For many of us, it has been years. Yet recent outbreaks in Europe and the United States remind us that measles has not disappeared. It is extremely contagious, and when immunity gaps appear, it spreads quickly. Whether a child is unvaccinated, partially vaccinated, or experiences breakthrough infection, we must be ready. Not emotionally. Not politically. Clinically.

Measles is not just a rash. It is a systemic inflammatory illness that can become serious very quickly.

Pneumonia remains the leading cause of measles-related death in children.

Encephalitis can occur in approximately 1 in 1,000 cases, with significant mortality and long-term neurological damage. Subacute sclerosing panencephalitis (SSPE), though rare, is uniformly fatal and may appear years after infection.

Severe dehydration and post-measles immune suppression can destabilize even previously healthy children.

As physicians practicing homeopathy, we must understand both the risks and the responsibility.

Homeopathy does not replace appropriate monitoring or escalation of care. But it offers a structured, stage-based therapeutic system that can support the organism throughout the entire disease process.



“Measles is not just a rash. It is a systemic inflammatory illness that can become serious very quickly.”

Measles in pediatrics...

BELOW IS A PRACTICAL FRAMEWORK THAT I USE
IN CLINICAL PRACTICE.

UNDERSTANDING THE STAGES – BRIEFLY

Measles unfolds in clear phases:

1. **PRODROMAL STAGE** – high fever, cough, coryza, conjunctivitis, Koplik spots
2. **ERUPTIVE STAGE** – rash beginning at the hairline, spreading downward, photophobia, irritability
3. **COMPLICATION-PRONE STAGE** – respiratory or neurological escalation
4. **CONVALESCENCE** – fatigue, weakness, immune vulnerability

Each stage requires different observation and often different remedies.

HOMEOPATHIC MANAGEMENT BY STAGE

1. PRODROMAL STAGE: EARLY INFLAMMATORY STORM

This phase is intense. Fever rises quickly. The child is uncomfortable, often restless, sometimes frightened. Eyes are red. Cough is dry or barking.

THIS IS WHERE EARLY PRESCRIBING MATTERS.

ACONITUM NAPELLUS

Sudden onset. High fever after exposure. Restless, anxious child. Symptoms appear rapidly.

BELLADONNA

High heat, flushed face, bright red conjunctiva, throbbing pulse, hypersensitivity to light and touch.

PULSATILLA

Milder presentation. Clingy child. Changeable symptoms. Less thirst. Wants comfort. The goal here is not to suppress fever. The goal is to support an organized inflammatory response and observe carefully.

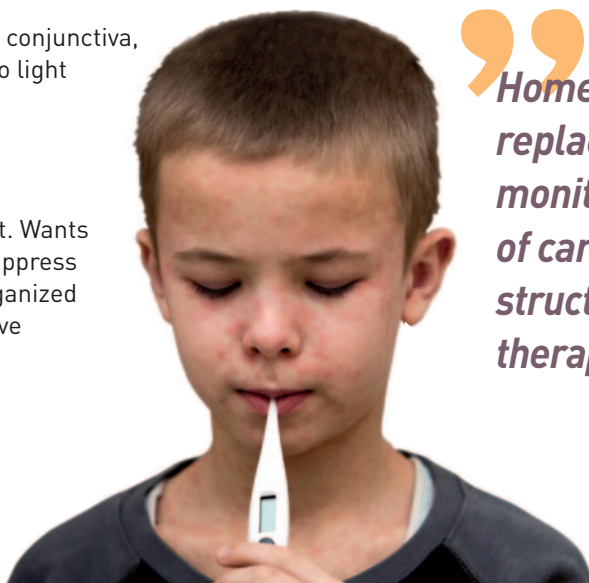


2. ERUPTIVE STAGE: RASH EXPRESSION

When the rash appears, the clinical picture changes. Some children become quieter and weaker. Others more irritable. Photophobia may be significant.

A well-developed eruption is often associated with smoother progression. A suppressed or delayed rash can signal trouble.

“Homeopathy does not
replace appropriate
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*...that can
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BRYONIA ALBA

Dry mucous membranes.
Irritable when disturbed.
Wants to lie still.
Movement aggravates.

EUPHRASIA OFFICINALIS

Strong conjunctivitis.
Acrid tearing.
Marked photophobia.

SULFUR

Rash not fully expressing.
Heat.
Redness.
Child kicks off covers.

Close observation is critical here.
If respiratory distress increases or
neurological symptoms appear, immediate
conventional evaluation is mandatory.

3. WHEN COMPLICATIONS THREATEN

This is where experience matters most. We must
recognize early warning signs:

- **INCREASING** respiratory effort
- **PERSISTENT HIGH FEVER** without rash progression
- **LETHARGY** beyond expected weakness
- **ALTERED** mental status
- **SEIZURES**

Homeopathy may be used alongside appropriate
medical intervention.

GELSEMIUM

Profound weakness. Drooping eyelids. Heavy, dull
presentation. Trembling.

PHOSPHORUS

Respiratory involvement. Deep chest symptoms.
Sensitive child. Possible hemorrhagic tendency.

Measles in pediatrics

TUBERCULINUM

Recurrent respiratory weakness. Prolonged inflammatory picture.

We must be very clear: pneumonia and encephalitis are real risks. Hospitalization is not failure. It is good medicine when needed. Homeopathy supports – it does not replace emergency care.

4. CONVALESCENCE: THE FORGOTTEN PHASE

Many children recover well. Some do not. Post-measles fatigue can last weeks. There is documented immune suppression after measles – sometimes called “immune amnesia.” Children may become more susceptible to other infections for months.

THIS PHASE DESERVES ATTENTION.

CALCAREA CARBONICA

Slow recovery. Sweaty. Easily fatigued.

SILICEA

Weakness that lingers. Delayed resolution.

ARSENICUM ALBUM

Restlessness. Anxiety after illness. Prolonged debility.

SULFUR IODATUM

Incomplete inflammatory resolution. Supporting this stage strengthens long-term resilience.

POST-VACCINATION SUPPORT

In integrative practice, we also see children following immunization who experience transient reactions – fever, irritability, local inflammation. When clearly indicated by symptom picture, I may consider:

THUYA OCCIDENTALIS

When constitutional changes appear after vaccination.

”
**Homeopathy supports
– it does not replace
emergency care.”**

SILICEA

For prolonged local or systemic response. This is not about interfering with immunologic response. It is about supporting balance when symptoms arise. Open conversation about vaccine hesitancy is part of modern practice. We must provide data, maintain trust, and remain calm. Fear should never guide either side of the discussion.

WHY THIS MATTERS

Measles spreads quickly in susceptible populations. It is not a mild illness in every child. Pneumonia kills. Encephalitis disables. SSPE destroys families years later. As homeopathic physicians, we must not romanticize infectious disease. We must understand it. But we also hold a powerful therapeutic system – one that is uniquely suited to dynamic, stage-based illnesses.

HOMEOPATHY TEACHES US TO OBSERVE CAREFULLY:

- How the fever rises
- How the rash expresses
- How the child behaves
- How recovery unfolds

This level of observation makes us better clinicians – regardless of modality.

PREPAREDNESS IS EVERYTHING.

If measles walks into your clinic tomorrow, will you hesitate – or will you know exactly what to look for, what stage you are seeing, what remedy fits, and when escalation is required? That clarity is what we must cultivate. Measles may be less common today. But clinical readiness is timeless. And homeopathy, when practiced responsibly and precisely, gives us a structured, practical way to support our pediatric patients through every stage of this disease – from first fever to full recovery. ■



Complementary medicine and rheumatology: The contribution of homeopathy in an integrative approach to musculoskeletal disorders

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L Comprehensive or integrative medical management is now favored by most health authorities. Integrative medicine, as addressed in the guidelines of the French High Authority for Health (HAS), is a global approach that takes into account the physical, mental, social, and environmental dimensions of the patient. It aims for personalized care — particularly for elderly patients with multiple comorbidities — by addressing root causes rather than symptoms and fostering care coordination (1).

In this context, the WHO established a strategy to promote traditional medicine spanning from 2002 through 2025 and beyond, with the goal of integrating traditional and complementary medicines into healthcare pathways and promoting their safety, efficacy, quality, and accessibility — especially for individuals of lower socioeconomic status (2, 3). In 2017, the WHO introduced the term “Traditional, Complementary and Integrative Medicine” (TCIM) in recognition of the growing role of integrative medicine — combining traditional medicine (TM) and complementary and alternative medicine (CAM) with biomedical strategies within healthcare systems (3).

Homeopathy is among the most widely used CAM modalities in the world, as reported by numerous studies and systematic reviews (4–9). It ranks second in terms of CAM prevalence in the European Union (10).

Musculoskeletal disorders are among the most frequent conditions managed in homeopathic clinical series (5, 7, 11–13). Homeopathy has been particularly used in osteoarthritis and rheumatoid arthritis (RA) (14, 15).

PRIMARY OBJECTIVE

The primary objective of this work was to evaluate the contribution of homeopathy in the management of musculoskeletal disorders through a hospital-university case series within an integrative care framework.

METHODS

We conducted a retrospective descriptive study in the Rheumatology Department of Charles Nicolle University Hospital in Tunis over the period from July 2023 to July 2025. All patients (inpatients and outpatients) who received homeopathic treatment

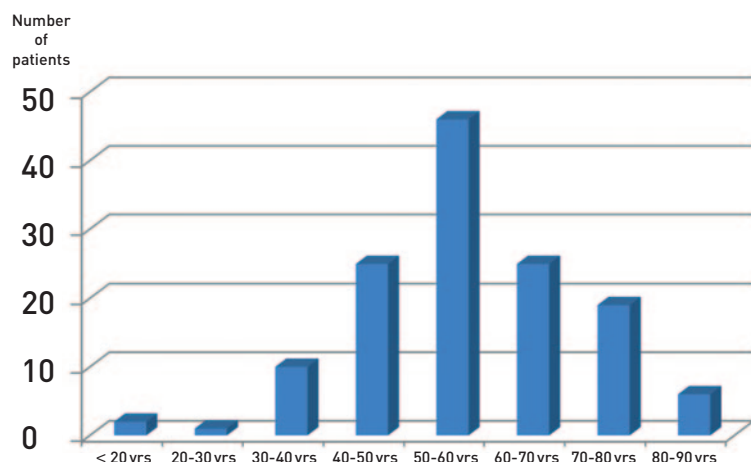


FIGURE 1 PATIENT DISTRIBUTION BY AGE GROUP

for their rheumatological condition were included. Patients who did not return for follow-up evaluation were excluded.

A standardized data collection form was established capturing: epidemiological and clinical data, complementary investigations, diagnosis, treatments received (specifying dilutions, number of doses, and treatment duration), and clinical outcomes. Mean follow-up duration was 13 months (range: 3-24 months).

Homeopathic prescriptions followed the CEDH prescribing consensus, based on a **target-organ** approach (musculoskeletal) according to the **affected structure** (synovium, tendon, ligament, joint capsule, cartilage, bone, etc.) and the pathophysiology: HistoPathoPhysiological Similitude (HPPS). A terrain treatment was administered for chronic or recurrent conditions.

OUTCOME MEASURES

The following validated assessment scales were used, adapted to the musculoskeletal condition under study:

- **VAS** (Visual Analog Scale): pain assessment
- **DN4**: neuropathic pain assessment
- **LEQUESNE INDEX**: knee osteoarthritis
- **SCHOBER INDEX**: lumbar stiffness in low back pain /

- Illiterate - 13%
- Secondary - 17%
- Primary - 10%
- Higher education - 60%

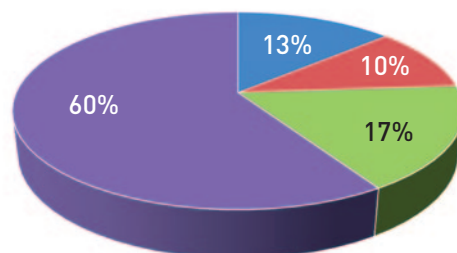


FIGURE 2 PATIENT DISTRIBUTION BY EDUCATIONAL ATTAINMENT (N=134)

lumbar sciatica

• **STRAIGHT LEG RAISE TEST (LASÈGUE'S SIGN)**: sciatica

• **SPURLING'S SIGN AND ROGER BIKILAS' SIGN**:

cervical pain and cervicobrachial neuralgia

• **DAS 28 CRP**: for RA and peripheral involvement in spondyloarthritis

• **BASDAI**: for axial involvement in spondyloarthritis

• **GRADING OF LIMITED JOINTS** on physical examination, assessment of nocturnal awakenings and morning stiffness duration

• **WALKING PERIMETER ASSESSMENT** in spinal and/or lower limb joint involvement

• **HAQ**: functional disability evaluation

• **HEIGHT MEASUREMENT** and monitoring for new fractures in osteoporosis cases

Treatment adherence was assessed using the Girerd adherence questionnaire: very good, good, or poor.

Patient satisfaction with homeopathic treatment was recorded as: very satisfied, moderately satisfied, or not at all satisfied.

STATISTICAL ANALYSIS

The relatively small number of patients per musculoskeletal condition precluded analytical statistics.

■ High - 50 % ■ Middle - 34 % ■ Low - 16%

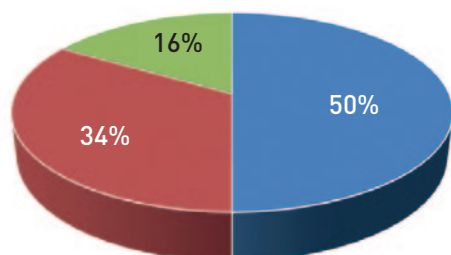


FIGURE 3 PATIENT DISTRIBUTION BY SOCIOECONOMIC STATUS (N=134)

FOR THE DESCRIPTIVE ANALYSIS, data were entered and analyzed using SPSS software version 26.0.

FOR QUALITATIVE VARIABLES, simple and relative frequencies (percentages) were calculated.

FOR QUANTITATIVE VARIABLES, means and standard deviations were calculated for normally distributed variables; medians with interquartile ranges (25th–75th percentiles) and extremes were calculated for non-Gaussian distributions.

RESULTS

134 patients received homeopathic treatment during the study period: 75 women and 59 men (sex ratio = 0.78).

Mean age was 53 ± 22 years. 71% of patients were over 50 years of age, and 29% were ≥ 65 years (**Figure 1**).

At least one pathological medical history was recorded in 57% of cases, predominantly hypertension (20%) and diabetes (11%). 60% of our patients had a higher education level (**Figure 2**), and half had a high socioeconomic status (**Figure 3**).

Chronic musculoskeletal conditions were more prevalent (63.4%). Nearly three-quarters of the pathologies were degenerative: knee osteoarthritis (15 cases), osteoporosis (20 cases), lumbar sciatica or low back pain (20 cases), cervical pain and/or cervicobrachial neuralgia (15 cases), shoulder tendinopathies (20 cases), and other conditions (10 cases). The remaining 25% were inflammatory conditions: rheumatoid arthritis (15 cases), psoriatic arthritis (8 cases), and ankylosing spondylitis (11 cases) (**Figure 4**).

DEGENERATIVE MUSCULOSKELETAL CONDITIONS

COMMON LUMBAR PATHOLOGY (LOW BACK PAIN / LUMBAR SCIATICA)

The lumbar condition presented as lumboradiculopathy with sciatic radiation in 14 cases, crural radiation in 1 case, and low back pain without radicular spread in the remaining 5 cases. Symptoms were chronic in 6 cases. The most frequent etiology was discal (10 cases), followed by posterior facet joint involvement (9 cases). Homeopathic treatment was

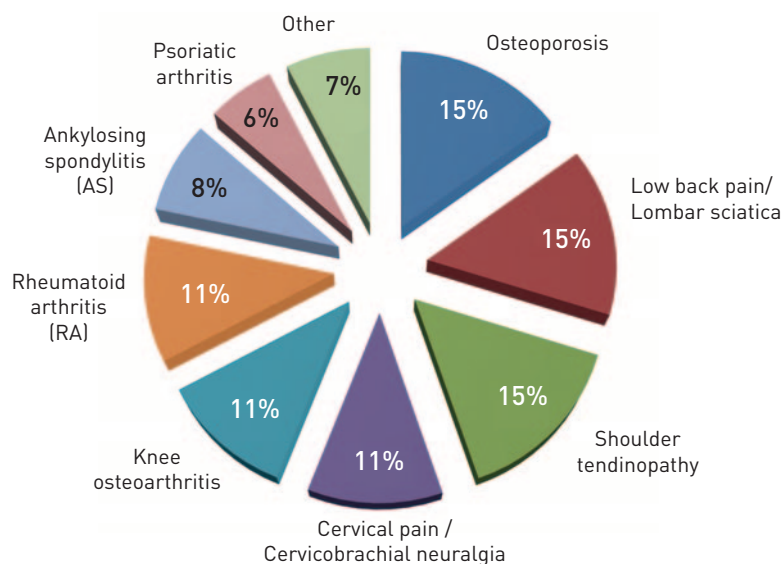


FIGURE 4

PATIENT DISTRIBUTION BY MUSCULOSKELETAL CONDITION TREATED (N=134)

exclusive in 3 cases. NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) were contraindicated in 8 cases and analgesics in 1 case.

All patients with radiculopathy received *Kalmia latifolia 15CH* (15 cases), combined in 12 cases with *Hypericum perforatum 15CH*. Other homeopathic medicines prescribed are listed in Table I. Outcomes were favorable in 12 cases, including 2 complete resolutions. In the remaining 8 cases, symptoms were recurrent (2 cases) or chronic (6 cases). We were able to reduce – in terms of dosage and/or duration – the consumption of allopathic treatment in all cases (analgesics, NSAIDs, pregabalin, muscle relaxants).

COMMON CERVICAL PATHOLOGY (CERVICAL PAIN / CERVICOBACHIAL NEURALGIA)

The cervical condition presented as cervical pain in 6 cases and cervicobrachial neuralgia in 9 cases (4 right-sided, 3 left-sided, 2 bilateral). The etiology was discal in 6 cases and osteoarthritic in 9 cases. Symptoms were chronic in 3 cases. Treatment was exclusively homeopathic in 2 patients.

Actaea racemosa was prescribed in 14 cases, combined with *Lachnantes tinctoria* in 9 cases. For radicular pain, *Kalmia latifolia* was prescribed in 8 cases and *Hypericum perforatum* in 2 cases (Table I). Outcomes were rapidly favorable with complete resolution in 10 cases and reduction in disease duration, pain reduction, and return to occupational and domestic activities in the remaining 5 cases.

ROTATOR CUFF PATHOLOGY

20 patients presented with shoulder pain related to degenerative rotator cuff pathology. Lesions consisted of simple tendinitis in 16 cases (combined with glenohumeral osteoarthritis in 1 case), adhesive capsulitis in 2 cases, and acute hyperalgic shoulder in 1 case. Systemic allopathic treatment (analgesics and NSAIDs) was prescribed in only 12 cases. 8 patients received intra-articular injections (corticosteroids and/or PRP: platelet-rich plasma). 2 patients were treated exclusively with homeopathy.

All patients received *Ruta graveolens* combined with *Rhus toxicodendron* in 15 cases and *Bryonia alba* in 9 cases (Table I). A significant reduction in pain (VAS) was observed in 12 cases. However, disease duration was not shortened despite functional rehabilitation in all patients.

KNEE OSTEOARTHRITIS

Among the 15 patients with knee osteoarthritis, involvement was bilateral in 13 cases and global (femorotibial and femoropatellar) in 9 cases. All patients received allopathic analgesic treatment (acetaminophen). Given the comorbidity burden of these patients (elderly, polypharmacy), NSAIDs could only be administered in one patient. All other patients received homeopathic treatment: *Bryonia alba* in 8 cases and *Apis mellifica* in 4 cases. All patients with knee osteoarthritis were treated with *Radium bromatum* (Table I). Outcomes were favorable in the majority of cases, with reduction in pain intensity (VAS) and improvement in walking distance.

OSTEOPOROSIS

Osteoporosis was diagnosed in 20 patients based on densitometric data (bone density test). Osteoporosis was severe and fracturing in 8 cases, of which 5 were of genetic origin: 4 cases of osteogenesis imperfecta and 1 case of congenital hypophosphatasia (congenital alkaline phosphatase deficiency). All patients received calcium and vitamin D supplementation. 13 patients with osteoporosis were on bisphosphonates: 8 by oral route and 5 by IV route.

FIGURE 5 OTHER MUSCULOSKELETAL CONDITIONS

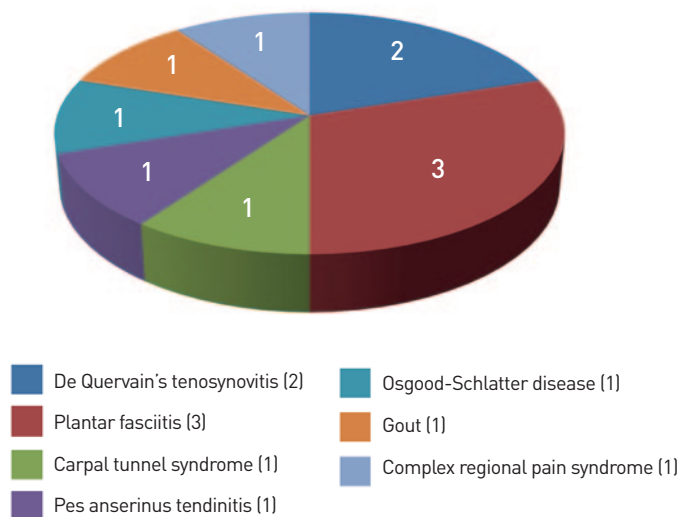


TABLE I

HOMEOPATHIC MEDICINES PRESCRIBED IN DEGENERATIVE MUSCULOSKELETAL CONDITIONS

Medicine (CH)	Lumbar/ Lumbo- sciatica	Cervical/ Cervicobrachial	Rotator Cuff Path.	Osteoporosis	Knee Osteoarthritis	Other
<i>Kalmia latifolia</i> 15CH	15	8	-	-	-	-
<i>Hypericum perforatum</i> 15CH	12	2	-	-	-	2
<i>Actaea racemosa</i> 9CH	6	14	-	-	-	-
<i>Lachnantes tinctoria</i> 9CH	-	9	-	-	-	-
<i>Nux vomica</i> 9CH	14	3	-	-	-	-
<i>Arnica montana</i> 15CH	10	9	13	-	4	3
<i>Rhus toxicodendron</i> 15CH	4	-	15	-	4	1
<i>Ruta graveolens</i> 5CH	-	-	20	-	1	5
<i>Radium bromatum</i> 15CH	6	2	-	-	15	-
<i>Apis mellifica</i> 15CH	3	-	6	-	4	4
<i>Bryonia</i> 9CH	-	-	7	-	8	1
<i>Silicea</i> 15CH	-	-	-	20	-	-
<i>Calcarea fluorica</i> 15CH	-	-	-	12	-	6
Other medicines	Magnesia phosphorica : 1	-	-	Symphytum : 4 Bovista gigantea : 1	Calcarea carbonica : 8 Staphysagria : 2	Hekla lava : 4 Kalium bichro : 1 Causticum : 4 Tuberculinum : 1 Medorrhinum : 1 Symphytum : 1 Ledum P : Lycopodium: Staphysagria : 1

Numbers indicate cases treated. Bold = most prescribed in that column. (L/LS = Lumbar/Lumbar Sciatica; C/NCB = Cervical/Cervicobrachial Neuralgia)

Homeopathic treatment was based primarily on *Silicea* in all cases. *Calcarea fluorica* was added in 12 cases and *Symphytum* in 4 cases (Table I). Overall outcomes were favorable, with stabilization of densitometric values and preservation of initial height. During the follow-up period, only 2 patients (with genetic osteoporosis) sustained fragility fractures.

OTHER DEGENERATIVE CONDITIONS

The remaining 10 degenerative musculoskeletal cases (detailed in Figure 5)

received homeopathic treatment alone in 3 cases. Degenerative conditions triggered by physical overuse were treated etiologically with *Arnica montana* in 39 cases.

CHRONIC INFLAMMATORY RHEUMATIC DISEASES

RHEUMATOID ARTHRITIS (RA)

RA had been evolving for a mean of 17 years (range: 2–26 years). All patients were on allopathic disease-modifying treatment: conventional therapy in 11 cases

(8 on methotrexate, 3 on leflunomide); biologic therapy in 8 cases (anti-TNF- α , anti-IL-6, and anti-CD20); and 1 patient on targeted therapy (tofacitinib). Nine RA patients were on long-term corticosteroid therapy. These patients initially had moderate-to-severe disease activity (assessed by DAS 28 CRP). Fourteen patients received *Natrum sulfuricum* as Chronic Reactional Mode (CRM) treatment; 2 received *Sulfur* and 2 *Sulfur iodatum*. Given the predominant synovial involvement, 9 patients received *Bryonia alba*. *Rhus toxicodendron* was prescribed in 9 cases for prolonged morning stiffness. *Thuja* was prescribed in 10 of our patients with polypharmacy (Table II). Outcomes were favorable in the majority of cases: DAS 28 CRP decrease >2 in 11 cases (8 reaching low disease activity, 3 achieving remission), corticosteroid

tapering in 5 cases, spacing of biologic therapy intervals in 7 cases, and reduction in analgesic and NSAID consumption in 2 cases. HAQ score improvement was observed in 3 cases.

ANKYLOSING SPONDYLITIS (AS / SPONDYLOARTHRITIS)

Spondyloarthritis was axial in 8 cases, combined axial and peripheral in 2 cases (1 associated with Crohn's disease, 1 with ulcerative colitis), and purely peripheral in 1 case. 8 patients were on anti-TNF- α therapy and 1 on sulfasalazine. Given this condition's predilection for entheses, ligaments, and tendons, *Ruta graveolens* was the most frequently prescribed homeopathic medicine (10 cases), combined in 5 cases with *Rhus toxicodendron* for stiffness (Table II). *Medorrhinum* was prescribed in 9 cases as CRM treatment. Outcomes were favorable in 7 cases with a mean BASDAI reduction of 2 points, spacing of biologic therapy in 4 cases, and remission in 2 cases.

PSORIATIC ARTHRITIS (PsA)

Patients with psoriatic arthritis had mixed axial and peripheral involvement in 6 cases and purely peripheral involvement in 2 cases. All were on allopathic disease-modifying therapy: anti-TNF- α in 5 cases and methotrexate in 4 cases. Homeopathic treatment was dominated by *Bryonia alba* in peripheral forms and *Ruta graveolens* in axial forms (Table II). *Sepia* was prescribed in 4 cases as Sensitive-Type treatment. CRM treatment included *Medorrhinum* in 4 cases and *Sulfur* in 2 cases. Outcomes were favorable in 5 cases with reduction in disease activity indices (BASDAI or ASDAS-CRP for axial, DAS 28 CRP for peripheral involvement), NSAID reduction in 3 cases, corticosteroid tapering in 1 case, and spacing of anti-TNF- α doses in 3 cases.

STAPHYSAGRIA IN CHRONIC INFLAMMATORY RHEUMATOLOGY

Staphysagria was prescribed in 44% of patients with chronic inflammatory rheumatic disease in the context of a history of frustration and suppressed emotions.

Medicine (CH)	Rheumatoid Arthritis (RA)	Ankylosing Spondylitis (AS)	Psoriatic Arthritis (PsA)
Natrum sulfuricum 15CH	14	-	-
Bryonia 9CH	10	3	5
Rhus toxicodendron 15CH	9	5	2
Staphysagria 15CH	13	6	5
Medorrhinum 30CH	-	9	4
Ruta graveolens 5CH	-	10	2
Sulfur iodatum 9CH	2	-	-
Apis mellifica 15CH	2	3	5
Sulfur 15CH	2	-	2
Sepia officinalis 15CH	-	1	4
Nux vomica 9CH	-	-	5
Actaea racemosa 9CH	-	-	2
Other medicines	Thuja occidentalis : 10	Phosphorus & Gelsemium : 1	-

TABLE II
HOMEOPATHIC MEDICINES PRESCRIBED IN CHRONIC INFLAMMATORY RHEUMATIC DISEASES

TREATMENT ADHERENCE AND PATIENT SATISFACTION

Overall adherence to homeopathic treatment was good: very good in 38% and good in 47% of cases. 84% of our patients were satisfied with homeopathic treatment: very satisfied 54%, moderately satisfied 30%. Only 16% of patients were not satisfied, including 2 who reported worsening of symptoms under homeopathic treatment and 18 cases who reported no improvement with the addition of homeopathic therapy.

DISCUSSION

Homeopathy is the most widely used alternative medicine alongside acupuncture in rheumatology [4, 15–19].

Recent data show that today, one in three patients with a neuromuscular disorder has turned to complementary medicine out of therapeutic necessity: complications and/or intolerances to conventional treatments, or due to dissatisfaction or ineffectiveness of allopathic therapy [8].

A recent literature review evaluating homeopathy in rheumatological diseases reported the efficacy and good tolerability of homeopathic medicines, particularly in osteoarthritis, RA, ankylosing spondylitis, hyperuricemia, and tendinopathies [14]. Indeed, several studies have highlighted the frequent use of CAM – and specifically homeopathy – by patients with RA [13, 15–17, 20–22]. RA, the most common inflammatory rheumatic condition, involves a cytokine imbalance in its pathophysiology that represents an avenue for research into the use of high dilutions of cytokines [23].

Our results are consistent with the literature regarding improvement in patients with rheumatological conditions under homeopathic treatment [14, 15, 18]. In our series, we observed the contribution of homeopathic treatment in pain relief and improvement in functional impairment – two

symptoms common to all musculoskeletal conditions – and consequently an improvement in quality of life.

Medicines with neuropsychic actions should be considered in the management of these patients, notably *Staphysagria*. This approach must be integrated within a complementary, multidisciplinary, and integrative care framework.

In our series, we noted a high satisfaction rate with homeopathic medicines. Homeopathic treatment thus contributed to an improved quality of life for our patients, as reported by other authors [11, 12, 15]. Homeopathic medicines most often allow reduction of allopathic medication use, thereby avoiding adverse effects and offering a valuable therapeutic alternative for patients with multiple comorbidities [24, 25].

The high education level of 60% of our patients very likely contributed to good adherence to homeopathic treatment. In contrast, socioeconomic conditions constituted the main factor negatively impacting therapeutic adherence. Homeopathic medicines are not reimbursed by social security, and only a few supplementary insurance plans cover them. For some patients, we were limited to treating acute episodes without being able to prescribe long-term treatment for economic reasons.

Homeopathy constitutes a particularly sought-after therapeutic alternative in chronic diseases [13, 15, 16, 26]. Two-thirds of our patients suffered from chronic rheumatic conditions.

Treatment for chronic or recurrent musculoskeletal conditions draws on medicines of the Psoric CRM (*Sulfur+++*), the Syphilitic CRM (*Medorrhinum*, *Natrum sulfuricum*, *Silicea*, *Calcarea carbonica*, *Thuja occidentalis*, *Causticum*), and primarily the Luetic (Syphilitic) CRM: *Calcarea fluorica*, *Tuberculinum residuum*, and *Luesinum* [27].

For these chronic rheumatic conditions, it is important to anticipate evolution toward the Luetic (Syphilitic) CRM by prescribing Luetic (Syphilitic) CRM medicines preventively before irreversible lesions develop. In this context, we propose *Calcarea fluorica* for conditions predisposing to osteoporosis and osteophytosis, and *Tuberculinum residuum* for those predisposing to ankylosis.

Two therapeutic avenues deserve further investigation as pathophysiological treatments: prostaglandin dilutions for inflammation and cytokine dilutions for immune modulation.

CONCLUSION

Homeopathic treatment contributes to the management of musculoskeletal conditions, whether administered alone or in combination with other therapies. Randomized controlled trials are needed to achieve a higher level of scientific evidence. ■

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Homeopathy in clinical practice

Managing semaglutide-related side effects

and other GLP-1 receptor agonists

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GLP-1 receptor agonists have become the dominant pharmacological strategy for type 2 diabetes and obesity worldwide. Despite clinical efficacy, gastrointestinal and systemic side effects are prevalent and significantly limit adherence. This article presents a structured, materia medica-based approach to homeopathic co-management — grounded in the principle of Similia Similibus Curentur — to address the most common GLP-1-related side effects. Eight homeopathic medications are outlined with clinical indications, modalities, and dosing protocols. This framework offers a practical, evidence-informed starting point for homeopathic clinicians supporting the growing population of patients on GLP-1 therapy.

1 The clinical landscape

GLP-1 receptor agonists – including semaglutide (Ozempic®, Wegovy®) – are now among the fastest-growing prescription classes globally. Approximately 9% of U.S. adults currently use GLP-1 medications, with projections exceeding 800 million patients worldwide by 2030. Despite their efficacy, up to 85% of patients experience at least one gastrointestinal side effect, and approximately 30% discontinue treatment due to intolerable symptoms. For homeopathic physicians, this represents both a pressing clinical need and a significant opportunity to demonstrate the practical relevance of integrative prescribing.

2 Mechanism of action and side effect profile

Semaglutide is a once-weekly subcutaneous GLP-1 receptor agonist indicated for type 2 diabetes and weight management (BMI ≥ 30 , or ≥ 27 with comorbidity). Its mechanism spans multiple systems: stimulating insulin secretion and inhibiting glucagon from pancreatic β -cells; slowing gastric emptying and intestinal glucose absorption; and acting on hypothalamic appetite-regulating centres to suppress hunger and promote early satiety.

The gastrointestinal mechanism is clinically critical. Semaglutide's reduction of bowel peristalsis and slowing of gastric emptying constitute an anti-peristaltic pharmacological action – the key bridge to homeopathic co-management.

PRIMARY GASTROINTESTINAL EFFECTS

- Nausea • Vomiting • Diarrhea • Constipation
- Abdominal pain • Heartburn/Pyrosis • Bloating
- Gallbladder problems (stones).

Serious complications include gastroparesis, acute pancreatitis, and biliary disease, all requiring active monitoring.

SYSTEMIC EFFECTS

Systemic side effects increase with dose and include: neurological (headache, dizziness, fatigue, insomnia); musculoskeletal (sarcopenia risk, reduced lean mass); cardiovascular (heart rate increase 5–10 bpm); psychological (anxiety, mood changes, loss of food pleasure); renal (dehydration, electrolyte imbalance); and other (injection site reactions, hair thinning, facial volume loss).



The homeopathic bridge: *Similia Similibus Curentur*

The pharmacological actions of semaglutide – anti-peristalsis, appetite suppression, induced nausea and vomiting, altered bowel habit, and early satiety – mirror precisely the symptom pictures of several well-established homeopathic medications. This is not coincidental but reflects the Similia principle operating at the pharmacological level.

Nux vomica and *Lycopodium*, the two systematic medications proposed in this protocol, are among the most prominently anti-peristaltic medications in classical homeopathy. *Nux vomica*'s false urges, sensation of incomplete evacuation, morning nausea, and spasmodic colicky pains directly reflect the GLP-1 side effect profile. *Lycopodium*'s extreme early satiety, pyrosis, and lower abdominal bloating align with semaglutide's gastric slowing. This parallel provides the homeopathic physician with a clinically defensible, mechanistically grounded framework for medication selection.



Homeopathic medications: clinical profiles

Medication selection follows the totality of symptoms and the Sensitive Type (ST) picture – not simply the GLP-1 drug. The following profiles represent the primary medications indicated for GLP-1-related side effects.

NUX VOMICA

SYSTEMATIC, FIRST-LINE

KEY SYMPTOMS: Anti-peristaltic; nausea worse mornings; knot/tight-belt sensation; colicky pains; false urges; incomplete evacuation; constipation alternating with diarrhea; dyspepsia after eating.

MODALITIES: Worse mornings, stimulants (coffee, alcohol), overwork, cold. Better warm drinks, rest, evening.

SENSITIVE TYPE (ST): Driven, Type-A, irritable, perfectionist; over-reliance on stimulants. Suits urban professionals on GLP-1s.

DOSING:

- **9C** – 5 pellets morning and noon, Sunday through Wednesday (matching the weekly injection cycle).

LYCOPODIUM CLAVATUM

SYSTEMATIC, SECOND-LINE

KEY SYMPTOMS: Extreme early satiety; pyrosis; bloating below the navel; rumbling abdomen; sour eructations; worse 4–8 PM.

MODALITIES: Worse 4–8 PM, cold food, tight clothing. Better warm drinks, motion, passing gas or stool.

...and other GLP-1 receptor agonists

ST: Intellectual, anxious about performance, lacks self-confidence. Craves sweets and warm food. Right-sided symptoms.

DOSING:

- **9C** – 5 pellets morning and noon, Sunday through Wednesday.

CARBO VEGETABILIS

PRN

KEY SYMPTOMS: Dyspepsia with overindulgence sensation; upper abdominal (epigastric) bloating; heaviness after small meals; flatulence; eructations giving temporary relief. Better open air, fanning, passing gas. Worse fatty foods.

DOSING:

- **9C** – 5 pellets as needed for acute bloating.

CINCHONA OFFICINALIS (CHINA RUBRA)

PRN

KEY SYMPTOMS: Nausea with clean tongue; painless or painful diarrhea (undigested food); whole-abdomen bloating not relieved by gas; periodic symptoms (every other day); weakness after fluid loss; tympanitic distension. Better firm pressure. Worse touch, after eating, at night.

DOSING:

- **9C** – 5 pellets as needed.

CRAMPING MEDICATIONS:

Colocynthis, Magnesia Phosphorica, Cuprum Metallicum
PRN

All three share cramping as the dominant symptom. Differentiation lies in the modalities:

COLOCYNTHIS

Violent agonizing colic; writhing or bending double for relief; waves of pain radiating to thighs. Worse anger, fruit, cold. Better hard pressure, bending double, heat.



“GLP-1 receptor agonists have become the dominant pharmacological strategy for type 2 diabetes and obesity worldwide.”

Homeopathy in clinical practice: managing semaglutide-related side effects...

MAGNESIA PHOSPHORICA

Electric-shock quality spasms; flatulent colic. Worse cold, touch, night. Better heat, firm pressure, rubbing. May dissolve in warm water for acute relief.

CUPRUM METALLICUM

Violent sudden-onset spasms; nausea and possible vomiting; cramps may extend to legs (relevant with electrolyte imbalance). Worse touch, vomiting, cold drinks. Better pressure, cold water on face.

DOSING:

- All at **9C** – 5 pellets as needed during acute cramping.

ARGENTUM NITRICUM

PRN

KEY SYMPTOMS: Gnawing burning gastric pains; GERD; loud belching; green/mucous diarrhea; distension with urgent diarrhea after eating; craving sweets

(which aggravate). Worse sweets, anticipation, warmth, right-side lying. Better cold air, cold drinks, pressure.

WHY IT FITS GLP-1 PATIENTS: Anticipatory anxiety around injections; GERD worsened by gastroparesis; sweet craving from appetite suppression. Bridges the gastro-psychological picture.

DOSING:

- **9C** – 5 pellets as needed. Consider **15C** or **30C** in a predominantly anxious ST picture.

5 Clinical summary table

Quick-reference guide for GLP-1 homeopathic co-management. Does not replace individualized case-taking.

Dominant Symptom	Medication	Type	Dosing
Nausea + constipation + false urges	Nux vomica	Systematic	9C – Sun–Wed
Early satiety + lower bloating + pyrosis	Lycopodium clavatum	Systematic	9C – Sun–Wed
Upper bloating + dyspepsia + overindulgence	Carbo vegetabilis	PRN	9C – as needed
Nausea + whole-abdomen bloating + diarrhea	Cinchona officinalis (China rubra)	PRN	9C – as needed
Violent colic + better bending double	Colocynthis	PRN	9C – acute
Spasms + better heat + better pressure	Magnesia phosphorica	PRN	9C – acute
Intense spasms + muscle cramps	Cuprum metallicum	PRN	9C – acute
GERD + belching + anxiety + craving sweets	Argentum nitricum	PRN	9C – acute

TABLE I

QUICK-REFERENCE GUIDE FOR GLP-1 HOMEOPATHIC CO-MANAGEMENT



“
The
pharmacological
actions of
semaglutide mirror
precisely the
symptom pictures
of several well-
established
homeopathic
medications.”

6 Integrating homeopathy into GLP-1 management

1. ASSESS GI SYMPTOM TOTALITY

Identify location, character, and modalities of symptoms relative to the weekly injection day. Note ST symptoms alongside the GI presentation.

2. MATCH TO A SYSTEMATIC MEDICATION

Prescribe *Nux vomica* or *Lycopodium* from Sunday through Wednesday for the first 4–8 weeks of GLP-1 therapy, based on the dominant GI picture and ST fit.

3. ADD PRN MEDICATION AS INDICATED

Carbo vegetabilis, *Cinchona*, *Argentum nitricum*,

or a cramping medication (*Colocynthis*, *Magnesia phosphorica*, *Cuprum metallicum*) for breakthrough symptoms.

4. POTENCY SELECTION

Begin with *9C*. Use *15C* or *30C* for pronounced ST presentations.

5. MONITOR AND ADJUST

Reassess at 4–6 weeks. Taper systematic medication if well-tolerated. Maintain PRN medications as patient self-management confidence builds.

KEY TAKEAWAYS

- GLP-1 receptor agonists produce predictable GI side effects affecting adherence in up to 30% of patients worldwide.
- The anti-peristaltic mechanism of GLP-1s directly mirrors the materia medica of *Nux vomica* and *Lycopodium* — a genuine Similia connection.

Homeopathy in clinical practice: managing semaglutide-related side effects

- A systematic approach (*Nux vomica* or *Lycopodium*, Sun–Wed) combined with targeted PRN prescribing can significantly reduce GI burden.

- This integrative model improves adherence to GLP-1 therapy while validating homeopathy’s role in modern metabolic medicine.

- Individualized case-taking remains the gold standard. The protocols outlined here are clinical starting points, not rigid prescriptions.

As GLP-1 therapies continue to grow in global reach, the homeopathic physician is uniquely positioned – through the *materia medica*, the *Similia* principle, and individualized case-taking – to offer something no conventional side-effect management protocol can: a truly personalized therapeutic response. ■

“As GLP-1 therapies continue to grow in global reach, the homeopathic physician is uniquely positioned to offer something no conventional side-effect management protocol can: a truly personalized therapeutic response.”





The homeopathic physician- pharmacist alliance

in the care and follow-up of the elderly patient

Maryvonne Nadaud, MD

and **François Roux, PharmD**

Toulouse and surrounding area (France)



The partnership between a homeopathic physician and pharmacist — built on mutual understanding and close collaboration — is an asset for the patient, and especially for the elderly patient, who requires even greater vigilance and who feels reassured by this dual perspective. It also represents a pooling of expertise that ensures better care for older adults at three levels: preventive, curative, and anticipatory.

1 Addressing frailty in the elderly patient

THE ICOPE PROGRAM

The challenges of aging are receiving increasing attention. To help reduce the risk of dependency, the World Health Organization (WHO) has developed the ICOPE program (Integrated Care for Older People).

This public health program, based on integrated care, enables a preventive approach from the age of 60 onward and unfolds in five steps: screening, assessment, personalized care plan, care pathway mapping, and follow-up of the intervention plan.

In France, 8.2% of people aged 60 to 74 are dependent, as are 33.5% of those over 75. In response to the major challenges posed by population aging, the IHU HealthAge (University Hospital Institute for Healthy

Aging) was officially founded in Toulouse on April 2, 2024, under the leadership of Professor Bruno Vellas — a first in France. During the summer of 2025, the decision was made to roll out Phase 1 of the ICOPE program nationally across France.

Population aging is also a concern shared by countries around the world, and it is to be hoped that this approach will be extended on a global scale.

Population aging
is also a concern
shared by countries
around the world

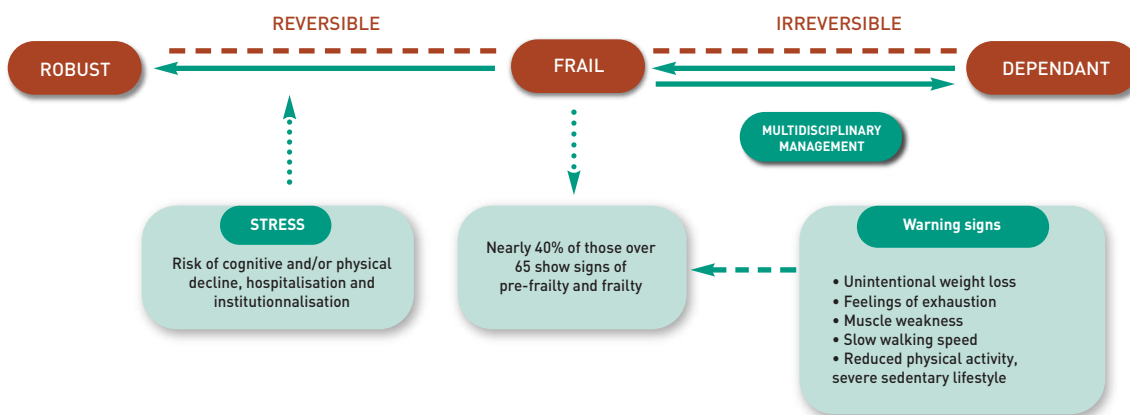


The homeopathic physician–pharmacist alliance...

THE STATUS OF THE ELDERLY PATIENT: BETWEEN AUTONOMY AND DEPENDENCY

It is important for every clinician to be able to identify the status of their older patient:

- the “balanced” elderly person, referred to as robust
- the vulnerable elderly person, referred to as frail
- the elderly person who has lost autonomy and is therefore dependent.



THE STATUS OF THE ELDERLY PATIENT: BETWEEN AUTONOMY AND DEPENDENCY

D.M. Buchner et al., Age Ageing, vol. 25, no. 5, 1996, pp. 386-391, and Gerontopole & Institute of Aging Sciences, Gerontopole / UMR 1027 - Inserm - University of Toulouse, May 2012

COMMENTS ON THE DIAGRAM:

When faced with a stressor, understood in the broadest sense, encompassing any form of insult such as infection, a fall, a vascular event, psychological trauma, etc., a robust older person may become vulnerable and frail, with the associated risk of cognitive and/or physical decline. This affects nearly 40% of those over 65. Fortunately, this “frail” status can be reversible with well-managed care.

It is when health problems accumulate and require what we might describe as multidisciplinary and ongoing management that the feared progression toward loss of autonomy may occur, with reversibility becoming increasingly difficult to achieve over time.

This requires every clinician to keep in mind the early warning signs of decline in the elderly (unintentional weight loss, feelings of exhaustion, muscle weakness...) and to do everything possible to help the older patient remain robust, or at least retain the capacity to become so again, thereby preserving that vital reversibility.

Homeopathy can make a significant contribution here, with the added advantages of being free from adverse effects and iatrogenic complications compared to conventional medicine, which it can effectively complement. Homeopathic treatment serves as “supportive care” in geriatrics, and our therapeutic approach likewise finds its place within Integrative Medicine.

“Homeopathic treatment serves as “supportive care” in geriatrics, and our therapeutic approach likewise finds its place within Integrative Medicine.”

2 The value of the homeopathic physician-pharmacist relationship in elderly care

THE PHARMACIST is on the front line because elderly patients visit the pharmacy more often than the doctor's office, and they readily seek the pharmacist's advice on situations that may appear, on the surface,

The pharmacist's feedback is invaluable, particularly in the context of follow-up care for the elderly patient and their overall management.



to be straightforward. The pharmacist therefore plays a major sentinel role, directing patients toward a medical consultation when

deemed necessary.

If this pharmacist also has a solid knowledge of homeopathy, they may recognize the value of contacting the homeopathic physician – either to identify a possible new area of frailty, or to manage the worsening of a known condition.

Homeopathic treatment may be recommended as a first-line approach, in conjunction with conventional medical treatment, or as a follow-on to it.

THE HOMEOPATHIC PHYSICIAN can in turn rely on close collaboration with an expert pharmacist who can monitor, assess, and report back when necessary. The pharmacist's feedback is invaluable, particularly in the context of follow-up care for the elderly patient and their overall management.

These exchanges also help the pharmacist deliver better-informed advice at the counter, enriched by a shared knowledge of homeopathic Materia Medica.



The homeopathic physician–pharmacist alliance...



▲ The homeopathic physician can in turn rely on close collaboration with an expert pharmacist who can monitor, assess, and report back when necessary.

The presentation that follows will reinforce what has been outlined above and will begin with two initial sequences:

- Exchanges around three over-the-counter case discussions
 - A discussion of a clinical case leading to the concept of the Sensitive Type.

Indeed, familiarity with the Sensitive Types, including their pathological tendencies, behavioral tendencies, and constitutional characteristics, is a considerable asset in the follow-up and care of patients, and in this instance of elderly patients. This is especially true given that there may be a possible transition from one Sensitive Type to another as age advances, thereby enabling an anticipatory therapeutic approach. We will then explore the possible evolutionary trajectories of the aging *Lycopodium* and *Natrum muriaticum* types.

3 Exchanges around three over-the-counter case discussions

1. A CASE OF PRURITUS

THE PHARMACIST:

Robert, 83 years old, has been complaining of itching all over his body for several weeks. He mentioned it to his primary care physician, who prescribed desloratadine (Clarinx) without much effect. It bothers him considerably and worsens in the evening when he goes to bed. He's asking for my advice. I have known Robert for a long time, and after asking whether his itching was accompanied

by a rash – which it is not – I conclude that this is likely pruritus of the elderly (or senile pruritus). I also know that he has long suffered from dry skin and dry eyes. Robert takes macrogol (polyethylene glycol) and eye drops for dry eyes, prescribed by his ophthalmologist.

I recommend switching to a gentle, fragrance-free moisturizing body wash and applying a soothing anti-itch moisturizer after bathing. I also advise him to take **Alumina 5C**, 5 pellets morning and evening for one month, and ask him to follow up with me.

One month later, Robert notes a slight improvement. Wanting to refine my recommendation, I decide to call his primary care physician – none other than Dr. Nadaud!

“DISCUSSION”

THE PHYSICIAN: *What has the Alumina prescription achieved?*

THE PHARMACIST: *Alumina has improved his bowel transit, his dry eyes, and most likely his dry skin as well. But in terms of the pruritus itself, the results are inconclusive.*

THE PHYSICIAN: *It seems worth maintaining it, then. Beyond Causticum and Arsenicum album – which can treat pruritus on aging, itchy skin, and are by no means the only options – another homeopathic remedy would be of interest here: one that is effective for itching all over the body that worsens on undressing, as you specified, and also for persistent pruritus regardless of the skin’s appearance, even if most often the skin is thickened. I am thinking of Radium bromatum.*

THE PHARMACIST: *I fully agree with your suggestion, especially since he also complains of lower back pain, for which I had initially considered Rhus toxicodendron — whose modalities are identical to those of Radium bromatum. One remedy, two indications!*

THE PHYSICIAN: *Exactly. So let’s go with: Radium bromatum 15C, 5 pellets morning and evening, combined with Alumina, for which we could also increase the dilution.*

2. A CASE OF CRAMPS

THE PHARMACIST:

Madeleine, 77 years old, comes to the pharmacy with a repeat prescription from her primary care physician for magnesium, as she has been complaining of cramps in her lower limbs, especially at night.

I ASK HER SEVERAL QUESTIONS:

- *Have her cramps improved?*

She tells me they are significantly affecting her and that she is eager to discuss them with her doctor in two months at her next appointment.

- *Is she drinking enough fluids during the day?*

I advise her to do so.

- *Does she have cold feet?* She confirms that she does.

I SUGGEST:

- **Secale cornutum 9C** and **Cuprum metallicum 9C** morning and evening, and ask her to come back to the pharmacy in two weeks.

On that follow-up visit, even though Madeleine mentions feeling somewhat better, I find this symptomatic clinical picture concerning. I therefore suggest she go and see my friend Maryvonne to complete the homeopathic treatment while waiting for her appointment with her primary care physician.

THE PHYSICIAN:

Indeed, I see this patient at my office promptly. Madeleine emphasizes the nocturnal nature of her painful cramps, though she also experiences them during the day — particularly during her yoga class while stretching. She has been feeling anxious and fatigued for the past few days.

I PRESCRIBE:

- **Arsenicum album 15C** at bedtime, and I maintain François’s prescription, replacing **Cuprum metallicum** with **Cuprum arsenicosum**, which in my view represents a worsened-state remedy relative to **Cuprum metallicum**.

The clinical examination is not alarming, but knowing that **Secale cornutum**, **Arsenicum album**, and **Cuprum arsenicosum** are indicated in the management of

The homeopathic physician–pharmacist alliance...

painful and cramping phenomena associated with arteritis – and given that Madeleine was a heavy smoker for many years – I encourage the patient to move her appointment with her primary care physician forward, and ask François to keep in reserve the possibility of adding a prescription of *Plumbum metallicum*.

3. A RESPIRATORY PROBLEM

THE PHARMACIST:

I know Jeanne, **81 years old**, an avid rugby fan and loyal supporter of Stade Toulousain for over 30 years. Ten years ago, she used to come in regularly to buy acetylcysteine for morning congestion and difficulty clearing her chest, and I suggested she try *Antimonium tartaricum 4C* every morning instead. She responded very well to it and has been using it ever since.

Recently, she has complained of a worsening of her pulmonary condition, with muco-purulent expectoration, weakness, and occasional difficulty speaking. She has no fever. Her primary care physician has prescribed a bronchodilator and inhaled corticosteroid spray and has sought the opinion of a pulmonologist, whom she will see in three weeks. Faced with this worsening pulmonary condition, I decide to call my friend Maryvonne for a more appropriate assessment and advice while waiting for the specialist appointment. We discuss Jeanne's case together.

"DISCUSSION"

THE PHYSICIAN: *You could replace **Antimonium tartaricum** with **Stannum metallicum** morning and evening, in 9C (or 15C depending on your stock), which fits the symptoms described well. Is your patient slight in build?*

THE PHARMACIST: Yes, with a high forehead and bright but anxious eyes.

THE PHYSICIAN: *She might be...*

THE PHARMACIST: ... *a **Silicea**!*

THE PHYSICIAN: *Yes! And in any case, we can recommend it in **15C** daily to limit suppuration and address her probable Sensitive Type. And if the diagnosis of bronchiectasis is confirmed, you can add **Calcarea fluorica 15C** daily.*

4

A clinical case discussion with reference to the sensitive type

THE PHARMACIST:

*An 82-year-old patient, Alice, comes to the pharmacy complaining: "I have lower back pain and it's making me very tired. The pain goes all the way down my legs and I get very out of breath climbing the cemetery hill." That day I notice that Alice, who is already heavyset – and therefore of carbonic constitution – has gained more weight. I think of **Kalium carbonicum** for her lower back pain with weakness in the legs, but the breathlessness may not be solely due to excess weight, even though **Kalium carbonicum** can cover that symptom. I inform her primary care physician, Dr. Nadaud, and advise Alice to make a medical appointment.*

THE PHYSICIAN:

*François was absolutely right – not only in prescribing **Kalium carbonicum** for the lower back pain, but also in encouraging her to come in for a consultation. This enabled us to initiate a cardiology workup promptly. We subsequently discussed together, during a phone consultation, the possible manifestations that could arise and worsen as a **Calcarea carbonica** subject ages – in this case, our shared patient Alice.*

BELOW ARE THE HOMEOPATHIC RESPONSES WE REFLECTED UPON.

- First, osteoarthritis and its progression must be considered, particularly affecting the large joints — hence the link with **Kalium carbonicum** for the lumbar spine and knees, and **Natrum sulfuricum** for the hips, with **Medorrhinum** also playing an essential role.
- Next, the adverse evolution of cardiovascular status must be anticipated:

“**Homeopathic treatment may be recommended as a first-line approach, in conjunction with conventional medical treatment, or as a follow-on to it.**”

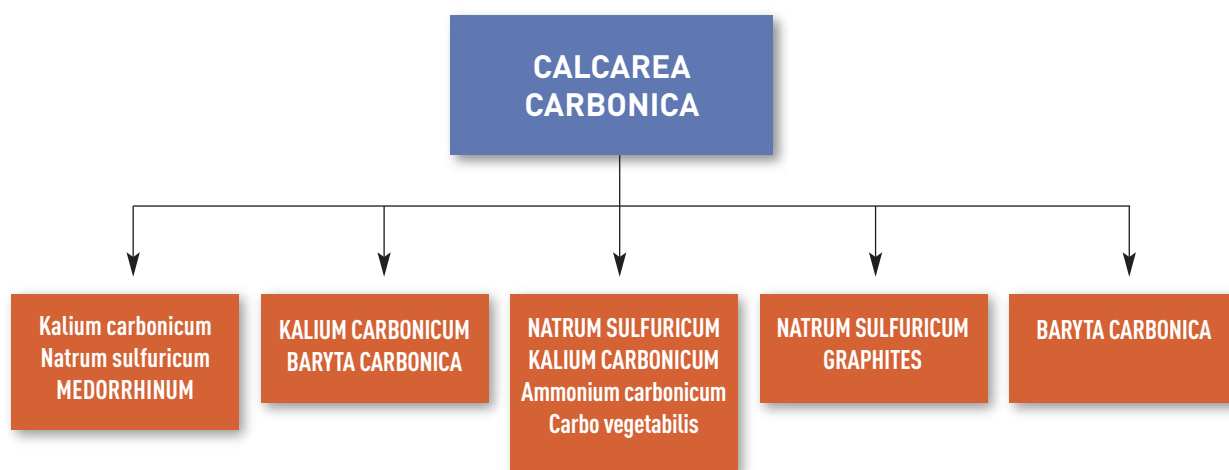
dyspnea, established hypertension – all markers of arteriosclerosis. Here again, *Kalium carbonicum* is very relevant in heart failure, with the transition to *Baryta carbonica*, the essential homeopathic remedy for preventing the degenerative processes of arterial aging.

- A possible worsening of pulmonary status may then follow (chronic bronchitis and emphysema), with the risk of respiratory failure. *Natrum sulfuricum* can help limit the extent of bronchial secretions, while *Kalium*

carbonicum can address a difficult, asthma-like cough with grayish, coin-shaped expectoration – and above all, severe breathlessness on minimal exertion. In this context, Ammonium carbonicum and especially *Carbo vegetabilis* deserve mention for dyspnea, bronchospasm, and the risk of hypoxemia.

- Underlying all the problems already mentioned is a contributing factor: excess weight that may accumulate over the years, leading to metabolic disorders and obesity – sometimes complicated by hypothyroidism. Hence the possible link with *Natrum sulfuricum* – very corpulent, adipose, and waterlogged – and with *Graphites* – obese, sluggish, and hypothyroid.

- Finally, the possibility of cognitive and intellectual slowing must be considered. At present, Alice is balanced, calm, not very quick but methodical, with solid common sense. But she may risk, in the near future, developing mental fatigue at the slightest intellectual effort, slowness in understanding, great difficulty focusing attention, and poor memory. Action should therefore not be delayed. After discussion and reflection, we decided to initiate sequential courses of *Baryta carbonica* in high dilutions which will also help protect her cardiovascular status.



▲ Possible Evolutionary Trajectories as a *Calcarea carbonica* subject ages

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Reasoning from a knowledge and understanding of the Sensitive Type therefore allows us to go further in the care of the elderly patient. The anticipatory approach that follows from this is of essential importance.

POSSIBLE EVOLUTIONARY TRAJECTORIES OF THE LYCOPODIUM SENSITIVE TYPE

	Adult	Elderly
Metabolism and nutrition	Hypercholesterolemia, hyperuricemia	Weight loss, arteriosclerosis, worsened joint conditions
Digestive	Dyspepsia, heartburn, duodenal ulcers, gallstones, colopathy	Same
Skin	Eczema, chronic urticaria, seborrheic dermatitis	Same, plus dryness, keratosis
Genito-urinary	Kidney stones, gout	Same, plus prostatism / vaginal dryness and urinary discomfort
Behavior	Reactive depression / burnout	Same, plus cognitive decline

This table summarizes the possible pathological evolutions that may occur as a *Lycopodium* Sensitive Type patient ages, with the digestive component remaining present:

- Risk of cardiovascular involvement underpinned by a lipid profile disrupted by hypercholesterolemia
- Joint pathologies worsened and complicated by a tendency toward hyperuricemia
- Intense skin dryness
- Dysfunction of the genitourinary tract
- Intellectual decline that is difficult to accept

THE FOLLOWING REPRESENTS THE POSSIBLE EVOLUTIONARY TRAJECTORIES OF *LYCOPODIUM* – a reflection on our part, a proposal of possible therapeutic progressions.

• In the absence of proven correction of metabolic disorders, particularly lipid-related, *Lycopodium* is at risk of myocardial involvement, for which assistance may be provided – alongside conventional medical treatment and heightened vigilance from the care team – through the prescription of *Aurum metallicum*, which may give way to *Phosphorus* and/or *Arsenicum album* if cardiac failure sets in.

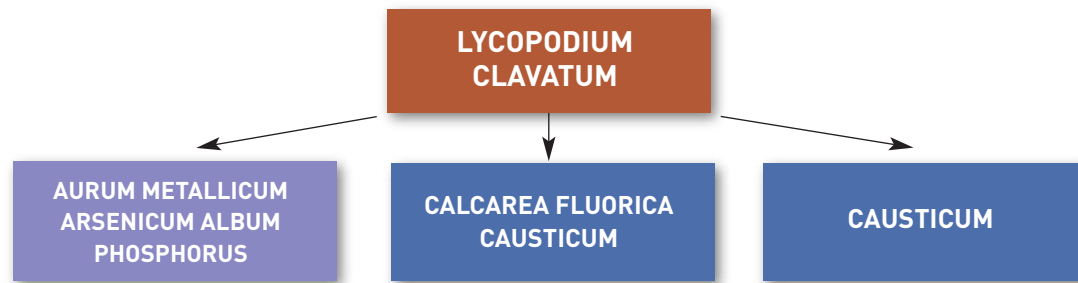
• Arsenicum album shares common targets with *Lycopodium*: the skin (dry and eczematous), the liver (with impaired function), the lungs (asthma), the heart (myocardial failure), weight loss, anxiety about health, and possible adverse progression of existing conditions.

• On the musculoskeletal level, crystal-related pathologies with recurrent flares (gout and chondrocalcinosis), combined with inevitable age-related osteoarthritis, lead to processes of fibrosis and joint deformity. It will be prudent to slow these with *Calcarea fluorica*, before stiffness and contractures emerge that may still be managed with *Causticum*.

• *Causticum* is useful as an “evolutionary complementary” remedy to *Lycopodium*, not only on the musculoskeletal level but also potentially for its action on the skin (pruritus on dry, even keratotic skin) and on the urinary tract (when prostatism or vaginal dryness causes urinary discomfort).

• In the context of cognitive decline, there is again a possible bridge between *Lycopodium* and *Causticum* – the goal of our therapeutic approach being to help the patient fully reclaim their initial Sensitive Type in its most compensated form possible.

Causticum comes into play during a regression that is both physical and psychological – alternating between empathy and violent outbursts. Turns vindictive, tearful, and quarrelsome; their cognitive



▲ Possible Evolutionary Trajectories of the Lycopodium Sensitive Type

decline may trigger a withdrawal attitude.

Causticum is then very close to *Lycopodium*, in addition to sharing with it, as we have seen, an action on certain targets, tissues, and functions.

Indeed, the aging *Lycopodium* retains this hyper-emotionality and avidity for affection and recognition. But their desire for excellence is thwarted by memory difficulties that impair the intellectual performances they are so fond of and accustomed to. This may lead to a possible shift toward a reactive depressive state with an attitude very close to the regressive stance of *Causticum*.

ANOTHER EXAMPLE OF EVOLUTIONARY TRAJECTORIES OF A SENSITIVE TYPE

A brief, two-voice discussion of the aging *Natrum muriaticum*:

THE PHYSICIAN: Tell me, François – ultimately, when one truly knows the *Materia Medica*, one can quickly identify the targets and indications of a remedy and develop prescribing reflexes – even anticipatory ones?

THE PHARMACIST: Without a doubt. Let's take the example of *Natrum muriaticum*. As they age, the legendary fatigue of *Natrum muriaticum* may worsen beyond waking and 10 a.m., and may be accompanied by cardiac

rhythm disturbances (palpitations and extrasystoles) as well as significant weight loss – all pointing toward *Arsenicum album*.

THE PHYSICIAN: This same weight loss may raise the risk of osteoporosis, which is known to be increased by a somewhat excessive salt intake. This should be addressed early, and the patient should benefit from *Silicea*. One may also fear, in this weakened tubercular subject, an increased infectious risk – particularly in ENT and pulmonary pathologies – hence again the indication for *Silicea*.

THE PHARMACIST: There is also the skin dryness that worsens with age, as well as constipation – and the onset of cognitive difficulties. All of this brings to mind *Alumina*, a major complement to *Natrum muriaticum* at any age, but even more so in the elderly patient.

THE PHYSICIAN: And then *Natrum muriaticum* may develop, with age, neurological impairments – dysesthesias in the form of burning pain and numbness during their neuralgic episodes, adding to their usual headaches. Muscle wasting and progressive joint stiffening may also occur, all of which can benefit from the evident prescription of *Causticum*.

THE PHARMACIST: Finally, the depressive fatigue – with this difficulty in confiding and externalizing one's distress – may, in our *Natrum muriaticum* patient, prompt the prescription, even if transitional, of *Sepia officinalis*, with which it shares many similarities.

THE PHYSICIAN: There is also one more good complement worth mentioning: *Phosphoricum*

The homeopathic physician–pharmacist alliance

acidum, which will be of value for reactive depression, as well as physical and psychological exhaustion, declining intellectual performance, and sleep disturbances ranging from insomnia to daytime drowsiness.

5 Conclusion

In the management of the elderly or aging person, homeopathy occupies an important, indispensable role; even if, in certain situations, it must clearly be positioned alongside conventional medicine and other recognized therapies.

IT CAN INTERVENE SUCCESSFULLY IN THE FOLLOWING AREAS:

- Acute conditions (ENT, rheumatic pain, skin conditions, digestive issues, etc.). This will also have the added benefit of limiting the potential polypharmacy that is always a concern in older adults.
- Prevention of winter illnesses
- Early cognitive impairment
- Sleep and mood disturbances

BUT ALSO, THROUGH A THOUGHTFUL AND TAILORED

PRESCRIPTION, HOMEOPATHY CAN ACT EFFECTIVELY TO:

- Slow the disabling progression of musculoskeletal conditions, particularly osteoarthritis
- Counter early neurological problems (paresis, paralysis...)
- Slow the adverse evolution of early-stage renal insufficiency

- Intervene in the symptomatology and progression of arterial sclerosis and its consequences
- Preserve pulmonary function
- In short, address any problem associated with the aging process

Finally, the collaborative relationship between the pharmacist and the physician – each fully aware of their respective competencies – is essential, complementary, beneficial, and... reassuring! It enables patients, now and always, to age well, to age in optimal conditions, and to feel sufficiently “young” to enjoy their third and fourth stages of life – under the watchful and allied gaze of a physician and pharmacist who each wear two hats: expertise in conventional medicine, and expertise in Homeopathy and its rigorous, tailored application. ■

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Invisible wounds: addressing the psychological and somatic impact of online bullying in adolescents

a homeopathic approach

Merrill Ken Galera, MD
Oak Brook, Illinois (USA)



The rapid adoption of digital communication has fundamentally changed adolescent social dynamics. While online platforms provide connection and identity development, they have also created a new pathway for psychological harm. Cyberbullying – defined as harassment or humiliation through electronic communication – affects approximately 25–40% of adolescents globally. Recent meta-analyses (Van Geel, JAMA Pediatr 2014; Hinduja, J Adolesc Health 2021) confirm that cyberbullying victims have a twofold higher risk of depression and suicidality compared to non-involved peers. Unlike traditional bullying, cyberbullying can occur continuously, anonymously, and publicly, magnifying its psychological impact. Victims often present to clinicians with nonspecific complaints including anxiety, sleep disturbance, somatic pain, mood changes, and declining academic performance. Because these symptoms are rarely disclosed directly as bullying-related, clinicians must maintain a high index of suspicion. Homeopathic practitioners are well positioned to support these adolescents through a multidimensional model addressing psychological safety, physiologic stress regulation, and individualized therapeutic support, including homeopathic prescribing.

1 Clinical presentation in victims of online bullying

Common presenting symptoms include:

PSYCHOLOGICAL

- Anxiety or anticipatory dread about school or social media
- Depressed mood and withdrawal

- Loss of self-confidence
- Rumination about humiliation

SOMATIC

- Headaches
- Abdominal pain
- Sleep disturbance
- Fatigue

BEHAVIORAL

- Avoidance of school or social situations
- Excessive checking or avoidance of devices
- Decline in academic performance

2 Role of homeopathy in supportive care

Homeopathy may serve as a supportive modality within a broader therapeutic framework, aimed at reducing emotional shock, restoring psychological equilibrium, and supporting resilience. Homeopathic Medicine selection is based on individualized emotional response patterns rather than the bullying event itself.

CONSIDER REFERRAL FOR:

- counseling
- school mediation
- trauma-informed therapy

STEP 3 – ASSESS EMOTIONAL PATTERN

COMMONLY OBSERVED HOMEOPATHIC MEDICINE PATTERNS

SHOCK, HUMILIATION, GRIEF

IGNATIA AMARA

- Sighing with internalized sobbing
- Contradictory moods – laughing and crying

3 Practical clinical algorithm for practitioners

STEP 1 – SCREENING

DURING ADOLESCENT VISITS, ASK BRIEF NORMALIZED QUESTIONS:

- “Has anyone been unkind to you online or on social media?”
- “Have you ever felt embarrassed or targeted online?”

IF POSITIVE, ASSESS:

- severity
- duration
- impact on mood and sleep
- suicidality risk

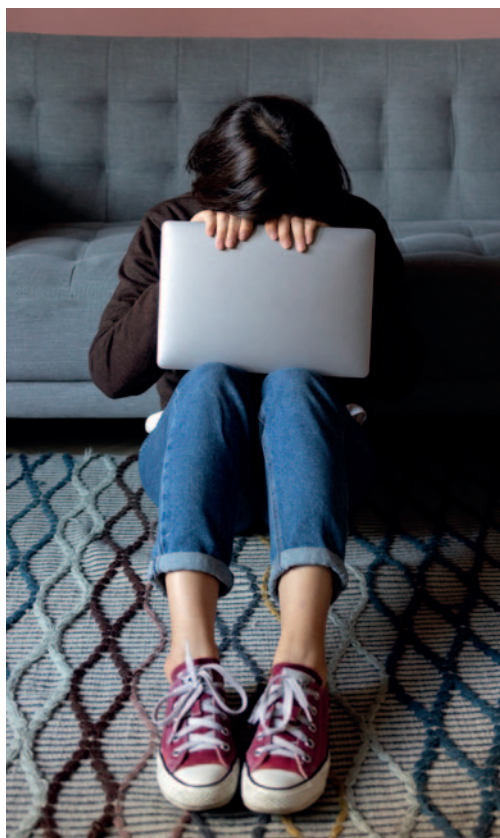
Immediate referral is required if **self-harm ideation** is present.

STEP 2 – STABILIZE PSYCHOLOGICAL SAFETY

INITIAL PRIORITIES INCLUDE:

- validating the adolescent’s experience
- encouraging parental support
- discussing digital boundaries
- recommending temporary reduction in social media exposure if needed

“Unlike traditional bullying, cyberbullying can occur continuously, anonymously, and publicly, magnifying its psychological impact. ...”



...online bullying in adolescents – a homeopathic approach



ACONITUM NAPELLUS

- Sudden panic, fear something terrible will happen
- Sudden anxiety with restlessness and racing thoughts

SADNESS, WITHDRAWAL, LOSS OF CONFIDENCE

NATRUM MURIATICUM

- Silent brooding, refuses consolation
- Dwells on the past, replays events internally

PULSATILLA

- Tearful and seeks reassurance after social exclusion
- Emotionally changeable, feels abandoned by peers

ANXIETY, ANTICIPATORY FEAR

GELSEMIUM

- Anticipatory anxiety before school or online activity

- Anxiety with trembling, weakness, mental blankness

ARGENTUM NITRICUM

- Nervous anticipation and compulsive checking of messages
- Gastrointestinal distress with nervous agitation before social exposure

“Online bullying represents a modern form of social trauma that can significantly affect adolescent emotional and physical health...”

Online bullying in adolescents – a homeopathic approach

ANGER

STAPHYSAGRIA

- Suppressed indignation after humiliation
- Polite exterior masking deep emotional injury, resentment and hurt pride

CHAMOMILLA VULGARIS

- Irritable, intolerant, reactive anger
- Explosive mood with hypersensitivity to perceived injustice or teasing

SLEEP DISTURBANCE

ARNICA MONTANA

- Emotional bruising after humiliation or public shaming
- Denial of distress despite clear indications of reaction
- Unable to get comfortable in bed

PHOSPHORUS

- Highly sensitive and easily hurt by rejection, seeks reassurance and connection
- Fear of being alone, vivid dreams

STEP 4 – HOMEOPATHIC TRIAL

TYPICAL ACUTE PRESCRIBING APPROACHES:

- 30C dilution
- 1 dose daily for several days

REASSESS IN 1–2 WEEKS.

LOOK FOR:

- improved emotional resilience
- better sleep
- decreased rumination
- improved engagement at school

STEP 5 – ONGOING SUPPORT

ENCOURAGE SUPPORTIVE LIFESTYLE MEASURES:

- consistent sleep schedule
- physical activity
- mindfulness practices
- structured digital habits

REINFORCE SOCIAL SUPPORT AND PEER CONNECTION, which are key protective factors against bullying-related trauma.

4

Conclusion

Online bullying represents a modern form of social trauma that can significantly affect adolescent emotional and physical health. Early recognition by clinicians is critical.

An integrative approach combining psychological support, family engagement, and individualized therapeutic strategies – including homeopathy when appropriate – may help restore emotional equilibrium and support resilience in affected adolescents.

Developing structured screening and treatment pathways allows practitioners to respond effectively to this growing public health challenge. ■



Modulation of neuroinflammation by homeopathy

a therapeutic avenue in cognitive decline

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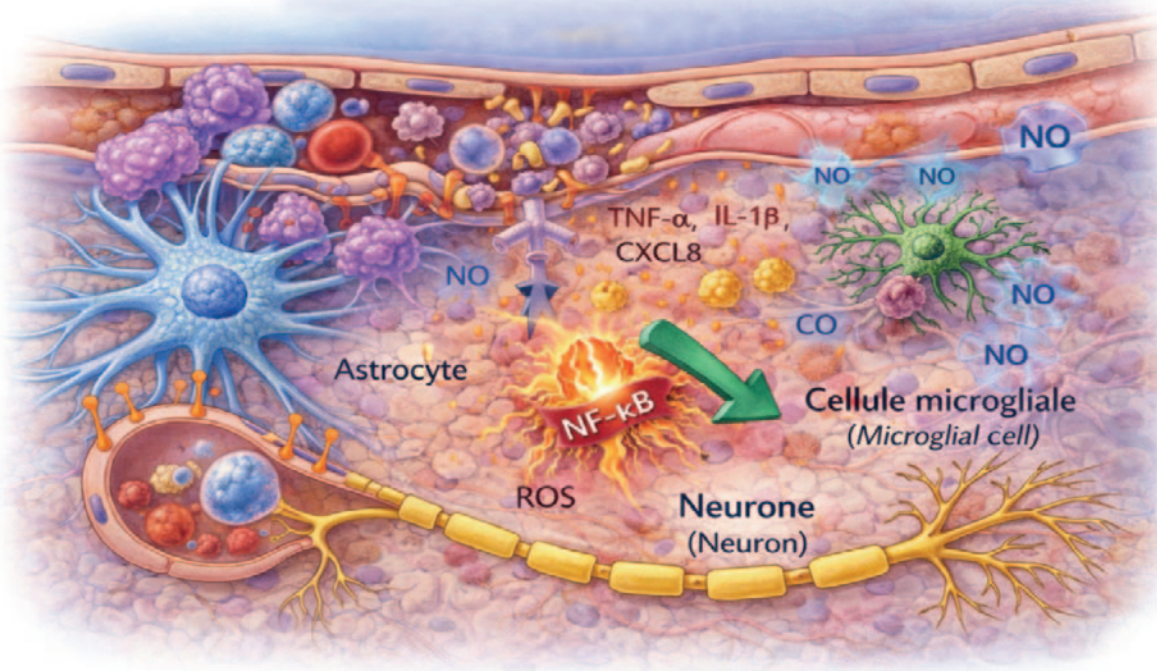
This work is dedicated to my father, who has always trusted me and never asked for anything – except on one occasion, when he asked for some tubes of Gelsemium.

Chronic low-grade neuroinflammation is now recognized as a core biological mechanism underlying cognitive decline and the development of neurodegenerative diseases.

It contributes to synaptic impairment, the perpetuation of microglial activation, and neuronal apoptosis. In parallel, several experimental studies suggest that certain homeopathic medicines — most notably **Gelsemium** — may modulate neuroinflammatory, mitochondrial, and neurosteroid pathways. This article synthesizes current biological data and explores the potential role of an integrative homeopathic approach in the prevention and support of cognitive decline.



Blood-Brain Barrier



1 Neuroinflammation: a central mechanism of brain aging

Neuroinflammation corresponds to a persistent, dysregulated activation of the central nervous system (CNS) immune system, primarily involving microglia and astrocytes.

This activation leads to the continuous production of pro-inflammatory cytokines such as Interleukin-1 β (IL-1 β), Tumor Necrosis Factor- α (TNF- α), and Interleukin-6 (IL-6). Their excessive secretion impairs synaptic transmission, reduces hippocampal plasticity, and promotes neuronal apoptosis — mechanisms directly linked to memory loss and executive dysfunction.

Oxidative stress represents a second essential link. Excess production of Reactive Oxygen Species (ROS) damages neuronal membranes, disrupts mitochondrial function, and amplifies inflammatory pathways via activation of Nuclear Factor κ B (NF- κ B) and the NLRP3 inflammasome. Mitochondrial dysfunction is now considered an early event in cognitive decline.

Regulation of macrophage activity forms the third pillar of neuroinflammation. Macrophages maintain a balance between a pro-inflammatory (M1) and a reparative (M2) phenotype. Adequate modulation can promote inflammation resolution, cellular debris clearance, and the maintenance of synaptic plasticity — all of which are essential to memory transmission and consolidation.

In neurodegenerative diseases such as Alzheimer's and Parkinson's, sustained inflammation contributes to amyloid- β accumulation, tau protein hyperphosphorylation, and progressive neuronal loss. Comparable mechanisms are also observed in the so-called 'physiological' or 'inflammaging' cognitive aging process, suggesting that neuroinflammation constitutes a pathophysiological continuum linking normal brain aging to neurodegeneration.

2 Neuroinflammation and cognitive decline

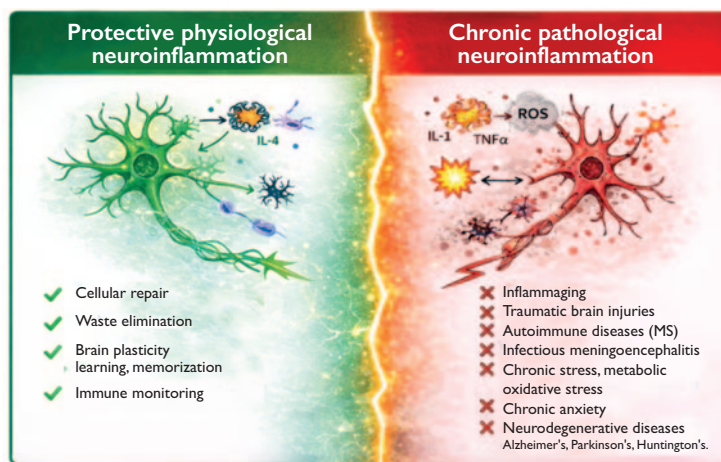
In the short term, neuroinflammation is protective: it supports cellular repair, waste clearance, and the maintenance of metabolic conditions favorable to cognition, learning, and memory.

However, **chronic neuroinflammation becomes harmful and amplifies neuronal degeneration.**

"*Inflammaging*" describes senile brain inflammation occurring during physiological brain aging and represents the primary risk factor for neurodegenerative diseases.

Other pro-inflammatory conditions that fuel pathological neuroinflammation include:

- Brain trauma (head injuries, post-surgical lesions)
- Autoimmune diseases such as multiple sclerosis
- Infections such as meningitis or meningoencephalitis of viral, bacterial, or parasitic origin
- Ischemic or hemorrhagic stroke
- Psychological stress from chronic anxiety
- Toxic or metabolic oxidative stress (e.g., diabetes)



▲ Chronic neuroinflammation: a key determinant of cognitive decline.



Chronic neuroinflammation is a key determinant of cognitive decline. Prolonged microglial activation and persistent production of inflammatory mediators gradually impair neuronal network integrity, promote cellular apoptosis, and compromise synaptic plasticity.

These structural and functional changes manifest clinically as reduced memory performance, attention deficits, and executive function impairment — domains particularly sensitive to the integrity of fronto-hippocampal circuits. Beyond cognitive functions alone, neuroinflammation fits within a broader framework affecting overall brain homeostasis: it is frequently associated with chronic fatigue, anxiety-depressive symptoms, persistent pain, and sleep disturbances. Thus, cognitive decline cannot be viewed as an isolated or purely neuronal phenomenon, but rather as the clinical expression of a complex neuro-immuno-endocrine imbalance in which inflammation, oxidative stress, hormonal dysregulation, and synaptic vulnerability all interact.



Experimental data on homeopathy

Basic science research on specific biological parameters is directly relevant to understanding the mechanisms of neuroinflammation and cognitive decline.

Three research domains lie at the heart of inflammatory brain pathophysiology:

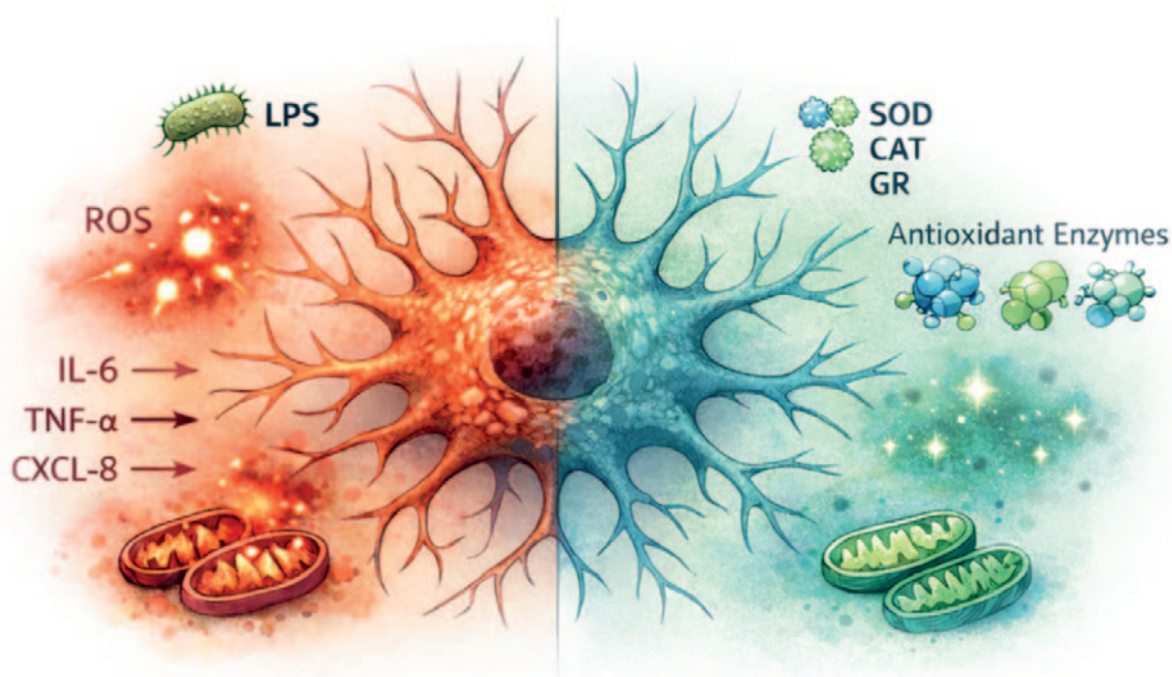
- Production of pro-inflammatory cytokines
- Level of oxidative stress
- Regulation of macrophage activity

The study of these parameters in basic research represents not peripheral markers in isolation, but central biological mechanisms linking chronic inflammation, neuronal dysfunction, and cognitive decline. Preclinical data are presented below describing the biological effects of several homeopathic medicines on these same parameters.

Modulation of neuroinflammation by homeopathy...

Medicine	Cytokines	Oxidative Stress / ROS	Macrophage Activity
Arnica montana	↓ IL-6, MCP-1, TNF- α , IL-1 β , IL-12 (microglial & macrophage models)	↓ ROS 15–42%; ↑ antioxidant enzymes (SOD, catalase, glutathione reductase)	—
Arsenicum album	↓ TNF- α , IL-6, IL-8 (human PBMCs)	↓ ROS (3CH–30CH); max effect at 30CH	↑ phagocytic & lysosomal activity; ↑ angiogenic repair factors
Mercurius solubilis	↑ IFN- γ (6CH); ↑ IL-4 (30, 200CH)	↓ ROS (6–200CH); ↓ DPPH & NO acellular tests	Morphological changes in macrophages (M1→M2 shift); ↑ cognition in scopolamine model
Phosphorus	Modulates TNF- α , IL-6, MCP-1, RANTES (macrophages)	↑ glutathione reductase & SOD; ↓ lipid peroxidation (MDA)	↑ phagocytic & lysosomal activity; ↓ macrophage apoptosis at 200CH
Silicea	↑ TNF- α (+18%), IL-6 (+22–60%), IL-10 (+100–110%)	↓ ROS 22–30%; 200CH > dexamethasone ($p < 0.001$)	↓ activity in resting cells; ↑ activity in BCG-inflamed macrophages
Zincum metallicum	—	6CH → shift to low-ROS phenotype	↑ CD54/ICAM-1 expression; 6CH stimulates, 200CH inhibits (dilution-dependent)

▲ Summary Table of Key Findings in Basic Research.



▲ Mechanisms of neuroinflammation and cognitive decline.

ARNICA MONTANA (AM)

AM has the most extensive in vitro dataset (1, 2, 3, 4, 5), in both mother tincture (MT) and homeopathic dilutions.

EFFECTS ON CYTOKINE PRODUCTION: In inflamed human microglial cells, **AM** in MT and **1CH** reduced IL-6 and MCP-1 production by modulating NF- κ B transcription factor gene expression via helenalin, a sesquiterpene lactone. In inflamed human macrophages, the same dilutions significantly reduced TNF- α secretion. In murine macrophage models, **6CH-30CH** dilutions reduced TNF- α , IL-1 β , IL-6, and IL-12.

EFFECTS ON ROS PRODUCTION: In inflamed murine microglial cells, **AM** in MT and **1CH-9CH** dilutions significantly reduced ROS production by 15–42%. **AM 1CH** showed effects comparable to dexamethasone (positive control). Upregulation of antioxidant enzymes (superoxide dismutase, catalase, glutathione reductase) was also demonstrated, with peak efficacy at **AM 1CH-7CH**.

ARSENICUM ALBUM (AA)

AA demonstrates anti-inflammatory properties in basic research (2, 6, 7).

EFFECTS ON CYTOKINE PRODUCTION: **AA 30CH** significantly reduced TNF- α , IL-6, and IL-8 production in inflamed human peripheral blood mononuclear cells (PBMCs: monocytes and lymphocytes).

EFFECTS ON ROS PRODUCTION: Demonstrated in an inflamed murine microglial cell model; significant ROS reduction was observed across all dilutions tested (**3CH-30CH**), with greatest significance at **30CH** and without impact on cell viability.

EFFECTS ON MACROPHAGE ACTIVITY: **AA 6CH** and **200CH** increased phagocytic and lysosomal activity in murine macrophages cultured with *Saccharomyces cerevisiae* (yeast). Additionally, human mesenchymal cells exposed to **AA** dilutions showed increased production of angiogenic factors (angiopoietin-2, erythropoietin, platelet-derived growth factor-AA) involved in tissue repair and vascular remodeling.

MERCURIUS SOLUBILIS (MS)

MS offers numerous in vitro biological properties to describe (8, 9).

EFFECTS ON CYTOKINE PRODUCTION: In cultures of murine macrophages, **MS 6C** increased IFN- γ production; **MS 30CH** and **200CH** increased IL-4 production.

EFFECTS ON ROS PRODUCTION: Dilutions **6CH**, **12CH**, **30CH**, and **200CH** significantly reduced ROS in the same cell model. Additionally, **MS 30CH** reduced acellular biochemical markers (DPPH and nitric oxide) that contribute to oxidative stress and inflammation.

EFFECTS ON MACROPHAGE ACTIVATION: **MS** dilutions induced morphological changes in macrophages, reflecting a functional shift, observed both in vivo and in vitro in mice.

ADDITIONAL FINDINGS: In a murine model of scopolamine-induced memory deficits, **MS 30CH** significantly improved cognitive and motor performance, coupled with strong in vitro antioxidant activity and without signs of acute toxicity.

PHOSPHORUS (Ph)

Phosphorus is a key modulator of biological inflammation (10, 11).

EFFECTS ON CYTOKINE PRODUCTION: **Ph** dilutions modulate the secretion of TNF- α , IL-6, MCP-1, and RANTES in infected murine macrophages. The most significant results were observed at **200CH**.

EFFECTS ON ROS PRODUCTION: **Ph 15CH** reduced the pro-oxidant effect of a reference inflammogen (diethylnitrosamine) in a rat model by increasing glutathione reductase and superoxide dismutase metabolism and reducing lipid peroxidation markers (malondialdehyde) in hepatic cells.

EFFECTS ON MACROPHAGE ACTIVATION: **Ph 30CH** and **200CH** increased phagocytic activity; **6CH**, **30CH**, and **200CH** increased lysosomal activity. The percentage of apoptotic macrophages decreased with **Ph 200CH**, indicating enhanced macrophage survival and reinforcement of immune function.

SILICEA (SI)

Silicea has been extensively studied in basic research (12, 13, 14), providing a mechanistic bridge between recognized clinical observations and observed in vitro biological mechanisms.

EFFECTS ON CYTOKINE PRODUCTION: **Si 30CH** increased TNF- α production by 18% (human macrophages).

Modulation of neuroinflammation by homeopathy...

Si 6CH and *30CH* increased IL-6 production by 60% and 22% respectively (infected human and murine macrophages). For IL-10: *Si 6CH* increased production by +110% and *Si 200CH* by +100%.

EFFECTS ON ROS PRODUCTION: *Si 6CH* and *200CH* significantly reduced ROS by 22% and 30%, respectively, with *Si 200CH* exceeding dexamethasone (positive control, $p < 0.001$).

EFFECTS ON MACROPHAGE ACTIVATION: *Si 12CH* and *30CH* decreased phagocytic (human macrophages) and lysosomal (human monocytes) activity in non-inflamed cells (by 15–20%). However, in inflamed cells (macrophages exposed to BCG), a significant increase in both phagocytic and lysosomal activity was observed.

ZINCUM METALLICUM (ZM)

ZM also exhibits a tropism for inflammatory regulation [12, 13, 15].

EFFECTS ON ROS PRODUCTION: Exposure of ROS-producing murine macrophages to *ZM 6CH* triggered a shift toward a low-ROS-producing phenotype.

EFFECTS ON MACROPHAGE ACTIVATION: *ZM 5CH* increased CD54 (ICAM-1) expression — a macrophage activation marker — in the same cell model. In infected murine macrophages, dilution-dependent modulation of macrophage activation was observed: *ZM 6CH* stimulates and *ZM 200CH* inhibits.

4 Focus: Gelsemium in basic research

The homeopathic medicine *Gelsemium* (*GS*) has benefited from a substantial body of preclinical studies, supporting its status in homeopathic culture as the HistoPathoPhysiological Similitude (HPPS) for neuroinflammation.

VENARD ET AL. (2011) ^[16]

Compared the effects of *GS* dilutions (*5CH*, *9CH*, and *15CH*) on the synthesis of a neurosteroid; allopregnanolone, in the limbic system and spinal cord of rats.

Allopregnanolone is a positive allosteric modulator of GABA-A receptors, conferring analgesic, sedative, and anxiolytic effects, in part by regulating cortisol levels.

The study revealed that allopregnanolone production was 1.7-fold higher in the presence of *GS* compared to gelsemine alone.

GS ACTS ON:

- The glycine receptor (Gly-R) by activating it — an ionotropic channel receptor that, when



Gelsemium stimulates allopregnanolone production in the limbic system and spinal cord of rats



Gelsemium modulates the emotional response in mice



Gelsemium modulates the expression of a panel of genes coding for human regulator and neurotransmitter receptors



Effects of Gelsemium-based treatment on Paclitaxel-induced pain symptoms



Low-dose Gelsemium increases bioenergetics and neurite growth



Gelsemium protects against serum-deprivation-induced stress on human neuronal cell mitochondria

▲ HistoPathoPhysiological Similitude (HPPS) for neuroinflammation

activated by glycine, allows chloride ion influx leading to neuronal hyperpolarization and inhibition of neuronal activity, notably regulating motor reflexes and pain modulation.

- **3 α -hydroxysteroid oxidoreductase (3 α -HSOR)**, which catalyzes the conversion of 5 α -dihydroprogesterone into allopregnanolone (with NADPH as cofactor). Allopregnanolone binds GABA-A receptors, amplifying their inhibitory neuronal effects, producing sedative, anxiolytic, and anticonvulsant actions.

BELLAVITE ET AL. (2012) ⁽¹⁷⁾

Observed the effects of **GS** on animal emotional behavior (mice) at dilutions from **4CH** to **30CH** versus placebo, comparing results with two reference psychotropic agents: diazepam and buspirone. **GS** was administered intraperitoneally; mice were recruited in a blinded and randomized manner. Two behavioral tests were used:

- **THE LIGHT-DARK CHOICE TEST (LD)**: measures the tendency of stressed mice to hide in the dark, away from a light stimulus.
- **THE OPEN FIELD TEST (OF)**: observes locomotion — a calm mouse moves preferentially in the central zone under full light, while a stressed mouse hugs the walls. For the Open Field test: pooled analysis showed highly significant effects of **GS 5CH**, **7CH**, and **30CH** on the 'time spent in the central zone' parameter. For the Light-Dark test, **GS 5CH** and **9CH** showed a highly significant impact on the 'number of light-dark transitions' parameter, without sedative effects or adverse impact on locomotion compared to the two conventional molecules. This pooled data analysis confirms and reinforces evidence that **Gelsemium** regulates emotional responses and animal behavior in laboratory settings.

OLIOSO ET AL. (2014) ^(18, 19)

Reports genomic explorations of **GS** effects on gene expression. The model consisted of human neurons treated for 24 hours with **GS**. A panel of human genes encoding neurotransmitter receptors and regulators was studied by RT-PCR. **GS 2CH** and **9CH**

modulated the expression of approximately 30 genes out of 45 studied, increasing some and predominantly inhibiting others. In particular, **GS 2CH** produced a 30% reduction in PROKR2 gene expression. The PROKR2 gene encodes a transmembrane receptor whose ligand PK2 (Prokineticin 2) is involved in circadian rhythm regulation, light sensitivity, neurogenesis, and synaptic plasticity. This receptor has been implicated in the genesis of anxiety, depression, and the inflammatory response. Furthermore, reduced PROKR2 activity affects GABA receptors by decreasing GnRH synthesis, in turn affecting progesterone synthesis — the precursor to allopregnanolone under the action of 3 α -HSOR.

VITET ET AL. (2018) ⁽²⁰⁾

Published an extremely detailed study evaluating the effects of **GS** on neuropathies induced by a conventional chemotherapy agent: paclitaxel. The model used mice divided into 4 groups: naïve (no treatment); paclitaxel alone; paclitaxel + placebo; paclitaxel + **GS 3CH/5CH/9CH** (3 subgroups). Three behavioral tests were conducted weekly, each exploring different types of sensory disturbances found in chemo-induced neuropathies:

- **VON FREY FILAMENT TEST**: to evaluate the mechanical nociceptive sensitivity threshold
 - **PLANTAR TEST**: to evaluate hyperalgesia to a mechanical stimulus
 - **ACETONE TEST**: to evaluate the cold thermal nociceptive sensitivity threshold
- For each test, **GS** effects were evaluated:
- Administered preventively (between Day -8 and Day -15 before chemotherapy)
 - Or administered curatively (from the 3rd week post-chemotherapy, for 3 weeks)

All tests showed statistically significant effects of **GS** dilutions, whether administered preventively or curatively. The most significant results were obtained for the lowest dilutions, notably **GS 3CH**.

The study was complemented by histopathological analysis of biological tissues harvested from each group, processed with immunofluorescence:

- Sagittal sections of sciatic nerves: a polyclonal marker (NF 200) binding to neurofilaments exposed to **GS** for 3 hours revealed the action of **GS 3CH** and **5CH** on neurogenesis and neuronal maturation, with highly significant results versus the paclitaxel alone and paclitaxel + placebo groups.
- Skin sections from the hindpaw:

Modulation of neuroinflammation by homeopathy...

an immunohistochemical study using polyclonal antibody PGP9.5 reported the effect of **3CH** and **5CH** dilutions on neuronal plasticity, particularly at nerve terminals, with statistically significant effects compared to the other two groups.

LEJRI ET AL. (2022) ⁽²¹⁾

Evaluated the metabolic effects of **GS** dilutions on mitochondrial respiration and cellular plasticity, comparing them to the effect of Nerve Growth Factor (NGF). The model used human neuroblastoma cells (SH-SY5Y). Results demonstrated that **GS 3CH** and **5CH** significantly improved cellular bioenergetics by increasing cellular ATP levels (up to +10% for **GS 5C** vs. +5% for positive control NGF) and extending cell lifespan.

SEVERAL BIOENERGETIC MECHANISMS WERE STUDIED, WITH KEY RESULTS:

- **GS** increased mitochondrial respiration by up to +50% with **GS 3CH** (vs. +60% for NGF), measured by the OCR (Oxygen Consumption Rate) test evaluating oxidative phosphorylation chain activity.
 - **GS** increased cellular glycolysis by up to +90% with **GS 5CH** (vs. +50% for NGF), measured by the ECAR (Extracellular Acidification Rate) test reflecting glycolytic activity.
- The study also examined neurite morphology (cellular extensions of neurons comprising dendrites and axons). These structures ensure inter-neuronal

communication and define the branching level of the neural network — whose rarefaction characterizes the pathophysiology of neurodegenerative diseases.

GS VERY SIGNIFICANTLY INCREASED:

- Number of neurites (up to +133% with **GS 5CH**)
- Neurite length (up to +214% with **GS 5CH**)
- Number of inter-neuronal connections (up to +300% with **GS 5CH**)
- Number of nerve terminals (up to +330% with **GS 5C**)

LEJRI ET AL. (2025) ⁽²²⁾

The same research group observed bioenergetic parameters in human neuronal cells stressed by nutritional deprivation and subsequently treated with **GS**. Unlike the 2022 study, this examined cells in a pathological state rather than a physiological one. Parameters studied included: total ROS production, mitochondrial ROS production, and the conformation of mitochondrial network structure.

GS 3C AND 5C SIGNIFICANTLY REDUCED:

- Total ROS production by up to -60% (superoxide radical anion with **GS 3CH**)
- Mitochondrial ROS production by up to -80% (superoxide ion with **GS 3CH**)



▲ Relevance of the Homeopathic Materia Medica in the Management of Cognitive Decline

- Nitric oxide (NO) signaling molecule production by –10% (*GS 3CH* and *5CH*), comparable to NGF effects. NO levels reflect oxidative stress, neurotransmission quality, and neurite/synapse plasticity.
- Mitochondrial redox level, restoring it to baseline levels observed in non-stressed cells (by immunofluorescence)
- Morphological alterations of the mitochondrial network related to redox level — transitioning from a fragmented network of ballooned mitochondria to a baseline branched, tubular morphology.

5 Relevance of the homeopathic materia medica in the management of cognitive decline

In the traditional homeopathic pharmacopoeia, several medicines present indications converging with the clinical presentations of cognitive decline, linking their observed biological actions to inflammatory mechanisms.

CORE MEDICINES FOR COGNITIVE DECLINE (23, 24, 25)

ALUMINA

Alumina is the medicine of **premature aging**, with a slowing and exhaustion of all functions — psychic and neurological — alongside concurrent digestive and mucocutaneous **dryness**. Clinically, *Alumina* is indicated for:

- Indecisiveness, uncertainty, hesitation
- Mental clouding or even confusion with errors, memory gaps
- **Slowness** of thought and activity, 'yet wanting to do everything in a hurry'
- Mood disturbance, depression, even suicidal impulses

AURUM METALLICUM

Dominated by its **neurovascular constitution**. On the neuropsychic level, it features a severe, **melancholic depression** hidden behind a facade of joviality and euphoria, with a flushed complexion and periods of violent, uncontrollable anger. **Suicidal acts** are long premeditated and rarely unsuccessful. It is also a medicine of the **Luetic (Syphilitic) Chronic Reactional Mode (CRM)**, the terrain of neuronal degeneration.

BARYTA CARBONICA

The domain where "**sclerosis** reigns supreme": physical, psychic, and especially cerebral. Already well-known for treating "**chemobrain**" symptoms (cognitive deficits from post-chemotherapy neuroinflammation). All symptoms of cognitive decline are amenable to *Baryta carbonica*, which is the medicine of aggravated senility.

CAUSTICUM

"The last resort medicine." It checks every box of **cognitive decline** with a clinical picture of **paresis, paralysis**, sadness, anxiety, and discouragement, with memory loss leading to disorientation and social isolation.

MERCURIUS SOLUBILIS

The medicine of **parkinsonian rigidity** combined with migraines, neuralgias, and motor slowing. On the psychic level, **confusion** from hasty thinking accompanies delayed comprehension and response time in a subject who is always touchy, sometimes perverse, potentially presenting suicidal or homicidal impulses. *Mercurius solubilis* is further indicated as a **Luetic (Syphilitic) Chronic Reactional Mode (CRM)**,

PHOSPHORUS

The leading medicine of **inflammation**. Clinically, *Phosphorus* addresses inability to perform mental work, slowness, inattention, failing memory, and anxiety. Described as the medicine of 'sudden flare followed by extinction.' For its role in cerebral degeneration, one is more often on the side of extinction than flare, manifested by:

Modulation of neuroinflammation by homeopathy...

- **Emotional indifference** after a phase of emotional exaltation
- Torpor after a phase of intellectual hyperactivity
- **Psychic exhaustion** after a phase of agitation

SILICEA

Well-known as a macrophage/pus/fibrosis medicine (HPPS), its utility in cognitive disorders may be less obvious at first. Consider it particularly when the general state declines following **immunosuppressive treatments**: vaccinations, chemotherapy, corticosteroids, or radiation. Characterized by **lack of energy** leading to clinophilia (preference for staying in bed), loss of work capacity, **memory and attention deficits** in a subject who globally tolerates nothing and no one.

COMPLEMENTARY MEDICINES FOR COGNITIVE DECLINE ^(23, 24, 25, 26)

ARGENTUM NITRICUM

Treats anxious, clumsy **hurriedness** in a highly nervous, thin, unstable, agitated, trembling, and ataxic individual.

ARSENICUM ALBUM

Also an inflammation HPPS medicine. The medicine of anxious, morbid, reactive depression in a thin, weakened, very chilly individual who easily presents with **memory impairment**, tremors, and **peripheral neuritis**.

CANNABIS SATIVA

Particularly useful in cases of **brain fog**, intellectual overwork, or in patients on multiple **psychotropic medications**.

Indicated for intellectual **slowing with speech and language difficulties** (dysphasia, dyslexia, stammering, dysorthographia), **cognitive fatigability** with prominent mood swings characterized by alternating joy and sadness, or even episodes resembling a manic state followed by weeping. Emotionally, the subject expresses a **fear of losing their mind**.

A distinctive feature of *Cannabis sativa* is **temporal distortion** — a sense of time slowing down and reversal of the sleep-wake cycle.

CONIUM MACULATUM

The medicine for functional or organic paralysis, tissue **induration**, slowing, and vertigo in a characteristically depressive individual with intellectual deficits evolving toward **confusion**, against a background of progressive general **neurocognitive slowing**. Concomitant bladder atony, motor slowing, or gonadal hypofunction further justifies its prescription.

GELSEMIUM

Gelsemium is the **HistoPathoPhysiological Similitude for neuroinflammation (HPPS)**. Clinically, it addresses **anticipatory anxiety**, phobias, avoidance behaviors, **tremors**, classic migraine with aura, incoordination, and motor paralysis.

ZINCUM METALLICUM

Like all metals, *Zincum metallicum* has an elective action on neurological tissue. It is the HPPS medicine for macrophage-mediated inflammation. Clinically, it treats neurological and psychic fatigue characterized by **slowness** of comprehension, mental clouding, depression contrasting with impatience and irritability — especially following **intensive sedative treatment** (neuroleptics or antidepressants). The concomitant presence of **restless legs** is essential to its prescription.



Integrative approach: the role of nutritional supplements

Organotherapy is not widely known. Yet it enables early management of syco-luetic involution linked to the effects of chronic neuroinflammation. The concept is based on 'drainage', whereby the dilution and potentisation of a healthy animal organ helps to regulate the

functioning of its impaired human counterpart. Low-dilution cerebral cortex is traditionally used in cases of mental fatigue, memory disorders and functional cognitive decline.

The strategy of combining homeopathic medicines with specific nutritional supplements reflects a key **integrative health** approach aimed at reducing oxidative stress, modulating inflammation, supporting mitochondrial bioenergetics, and improving neurotransmission. Among the many micronutrients involved in neurological metabolic functions and inflammatory processes, **four essentials** stand out:

ALPHA-LIPOIC ACID ^(27, 28)

The **universal mitochondrial antioxidant** — crosses the blood-brain barrier and neutralizes ROS, while simultaneously regenerating natural antioxidants: vitamins A, C, and E, as well as glutathione. Alpha-lipoic acid presents strong therapeutic potential in metabolic, neurodegenerative, and oxidative disorders.

VITAMIN D ^(29, 30)

Not merely a nutrient, but also a cerebral and immune hormonal messenger. In its active form (calcitriol), it acts as a **neurohormone** via the nuclear VDR receptor expressed in the CNS. It modulates neuroinflammation by regulating microglial activity, reducing pro-inflammatory cytokine production, and promoting an immunoregulatory phenotype. Through genomic mechanisms, it influences gene expression involved in immune response and neuronal survival. Through non-genomic mechanisms, it participates in cellular signaling, notably via modulation of intracellular calcium homeostasis — essential for neuronal function and microglial activation. These effects contribute to **neuroprotection** by limiting inflammatory stress and preserving neuronal functional integrity. Numerous studies associate vitamin D deficiency with increased neuroinflammation, cognitive decline, and risk of neurodegenerative diseases. Supplementation should generally be considered for all older adults, with target serum 25-OH Vitamin D levels of **60–80 ng/mL**.

STANDARDIZED SAFFRON EXTRACT (2%) ^(31, 32)

Presents neuroprotective, anti-inflammatory, and neuromodulatory properties. It acts as a **reuptake inhibitor of serotonin, dopamine, and noradrenaline**. Clinically, it addresses both mild cognitive impairment and anxiety-depressive symptoms.

OMEGA-3 FATTY ACIDS ^(33, 34)

Enter into the composition of neuronal membranes. DHA is involved in synaptic plasticity and cognition, while EPA contributes primarily to inflammatory regulation. Regular intake is correlated with the **maintenance of cognitive functions** related to memory and learning.



Conclusion

The growing recognition of the central role of **neuroinflammation** in brain aging and cognitive decline is profoundly reshaping our understanding of the mechanisms underlying neurodegenerative disorders. **Chronic microglial activation, oxidative stress, mitochondrial dysfunction, and loss of synaptic plasticity** now constitute priority therapeutic targets, particularly during the early and reversible phases of the degenerative process.

Experimental data show that several homeopathic medicines exert measurable biological effects on these fundamental mechanisms. Modulation of pro-inflammatory cytokine production (*Arnica montana*, *Arsenicum album*, *Mercurius solubilis*, *Phosphorus*, *Silicea*), regulation of oxidative stress (*Arnica montana*, *Arsenicum album*, *Mercurius solubilis*, *Phosphorus*, *Silicea*, *Zincum metallicum*), modulation of macrophage activity (*Arsenicum album*, *Mercurius solubilis*, *Phosphorus*, *Silicea*, *Zincum metallicum*), and improvement of mitochondrial bioenergetics (*Gelsemium*) all testify to an interaction with relevant pathophysiological pathways.

The body of work dedicated to *Gelsemium* — particularly regarding allopregnanolone regulation, neuritic plasticity, and mitochondrial dynamics — strengthens the level of evidence for a modulatory action of homeopathy at the neuro-immuno-endocrine level. *Gelsemium* is the **HistoPathoPhysiological Similitude for neuroinflammation**.

The homeopathic proposal emerges as a **lever integrated within a global strategy** aimed at restoring brain homeostasis. Thoughtful combination with **selected micronutritional supplements** (notably alpha-lipoic acid, vitamin D, omega-3 fatty acids, and saffron extract) supports a coherent approach targeting oxidative stress, inflammation, and synaptic plasticity simultaneously. This complementarity reinforces the coherence of an integrative medicine based on mechanistic convergence rather than therapeutic opposition.

In a context where conventional pharmacological options remain essentially symptomatic and do not curb the underlying inflammatory dynamic, the value of early modulatory approaches is clear. Individualized homeopathy, supported by a tailored micronutritional strategy, thus offers a rational therapeutic perspective compatible with contemporary knowledge in neuroimmunology and cellular bioenergetics. ■

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Image and Figures: created by Dr. François Mulet using ChatGPT



Homeopathic supportive care in Prostate cancer

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Isabelle Fischer-Lévy, MD
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Prostate cancer is one of the most common cancers. Rare before the age of 50, its incidence (number of new cases per year) increases with age. As with all supportive care settings, homeopathic treatments are possible and can be offered to patients at every stage of their care journey. In this presentation, after a few epidemiological figures and an overview of the various drugs and their mechanisms of action, Isabelle and I have chosen to focus on what we are most passionate about: clinical practice. We will follow Maxime, Isabelle's patient, throughout his care journey, and will also discuss part of my work at the CHU Dupuytren in Limoges, through 10 patients followed between 2021 and 2025.

1 Epidemiology: key figures

WORLDWIDE

According to the Global Cancer Observatory, prostate cancer accounts for 1.46 million new cases per year worldwide, making it the fourth most common cancer overall. It ranks 4th in terms of incidence, after lung, breast, and colorectal cancers, and 8th in terms of mortality. It is the 2nd most common cancer among men, after lung cancer. In Europe, it is widely represented. In Portugal, 7,529 new cases were diagnosed in 2022, making it the most common cancer in men and the 3rd leading cause of cancer death. France recorded 59,885 new cases in 2018, representing 25% of male cancers and likewise ranking 3rd in cancer mortality after lung and colorectal cancer.

2

Clinical case: Maxime

It is worth noting that mortality has been steadily declining in both countries since the 1990s — not only because treatments have significantly improved and are now more precisely tailored to the mechanisms of cancer development, but also thanks to screening, which allows cancers to be diagnosed at an earlier stage. Prognosis in this cancer depends heavily on the stage at diagnosis.

It is in this context that we introduce the clinical case of Maxime, an 87-year-old gentleman in good health, independent, living with his wife. He is regularly followed for well-controlled hypertension and stable hypothyroidism. He has a longstanding, very stable diagnosis of glaucoma. He has no background homeopathic treatment. His Sensitive Type is *Calcarea carbonica*. In January 2023, he undergoes a transurethral resection of the prostate, which reveals a high-grade

Homeopathic supportive care in prostate cancer

adenocarcinoma according to the D'Amico classification (initial PSA = 13 ng/mL and ISUP = 5). The D'Amico classification is gradually replacing the Gleason score alone; it incorporates the PSA level at diagnosis (≤ 10 ; 10–20; ≥ 20), clinical stage ($< T2a$; $T2b$; $T2c$), and Gleason score (≤ 6 ; 7; ≥ 8). His only risk factor is age, as he has no family history and is of Caucasian descent.

The therapeutic decision is a combination of first-line hormone therapy with an LH-RH analog (leuprolide = Eligard®) combined from the outset with a second-line hormone therapy: abiraterone acetate (Zytiga®). This treatment is further complemented by radiation therapy targeting the prostate, seminal vesicles, and pelvic lymph node drainage areas.

Let us now examine how these different treatments work, their most common side effects, and the homeopathic responses we can offer our patients to relieve them and help them adhere to necessary treatments for as long as possible, while improving their quality of life.

TWO OPTIONS ARE AVAILABLE.

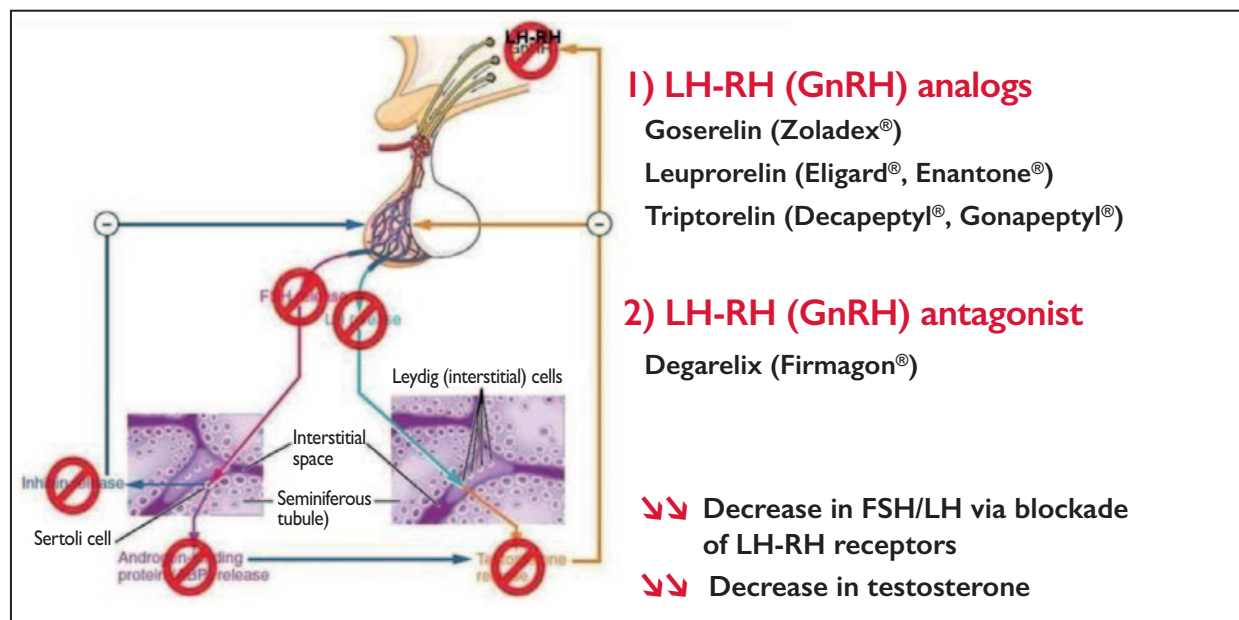
THE FIRST OPTION INVOLVES LH-RH ANALOGS OR AGONISTS. Their role is to saturate pituitary receptors. The increased release of LH leads to a rise in circulating androgens (flare-up effect), after which permanent receptor saturation causes testosterone levels to drop to very low levels within 3 to 4 weeks. These include: Goserelin (Zoladex®), Leuprolide (Eligard®, Lupron®), Triptorelin (Trelstar®).

THE SECOND OPTION INVOLVES LH-RH ANTAGONISTS: here, pituitary receptors are blocked and a rapid drop in LH — and therefore testosterone — is observed within a matter of days. This includes Degarelix (Firmagon®).

The main side effects of both types of treatment are

- **hot flashes** (very common), often accompanied by profuse sweating, these are genuinely the most frequent and most debilitating complaints among patients,

3 First-line hormone therapies



▲ Ref: pharmacomedicale.org/medicaments/par-specialites/item/agonistes-et-antagonistes-de-la-lh-rh

as well as **mood changes, physical, psychological, and sexual fatigue** that may progress toward a **depressive state**; sleep disturbances are regularly reported; and finally there may be digestive issues (diarrhea, constipation, appetite changes, weight gain).

Hot flashes rarely occur in isolation. Most of the time, the various side effects are interconnected and intertwined, which means that homeopathic management requires treatment of the patient's terrain, the patient's Sensitive Type medicine, in addition to symptomatic medicines (from the Chronic Reactional Mode).

Below are the most commonly indicated homeopathic treatments according to the different symptoms:

HOT FLASHES

SULFUR

ascending sensation of heat from the chest to the face, moist skin, relieved by cool air, undressing, feet outside the covers; aggravated by heat in general

BELLADONNA

cephalic congestion (facial flushing, sensation of heat), profuse sweating, throbbing headache

SANGUINARIA

well-defined redness of the cheekbones and earlobes; no sweating; burning skin pain

For these three medicines, suggested dilutions are **9C** and **15C** depending on similitude, several times a day if necessary, especially at the start of treatment.

AMYLIIUM NITROSUM 5C-9C

the hot flash is similar to **Sulfur** but followed immediately by an intense sensation of cold (a very characteristic sign)

SEPIA OFFICINALIS 9C-15C

hot flash starting in the pelvis, rising to the face, with a sense of malaise and a feeling of pelvic heaviness; the depressive state (accompanied by a significant drop in libido) is decisive in choosing **Sepia**, which is then prescribed in **15C**

USNEA BARBATA 5C

a medicine with limited indications, used when a congestive hot flash is accompanied by dizziness that worsens in the evening; to be used as a complement to other medicines when the patient is experiencing many debilitating hot flashes (this "small" medicine is truly useful in complex situations)

GLONOINUM 9C-15C

very close to **Usnea** and **Belladonna**, but with more violent and paroxysmal sensations of carotid pulsation and headache

JABORANDI 5C-15C

profuse sweating, generalized or localized, associated with vagotonia; particularly indicated when sweating is the predominant symptom. Typically prescribed in low dilution, though higher dilutions may also be used to reduce excessive sweating. Best used in combination with another symptomatic medicine such as **Belladonna**.

DEPRESSIVE SYNDROME

CONIUM MACULATUM

general chronic and progressive depressive state, muscle weakness, occurring after a prolonged illness

SEPIA OFFICINALIS

reactive depression with general atony, fatigue, apathy, sadness, indifference

AURUM METALLICUM

mood swings, sudden anger, reactive depressive state; cannot tolerate feeling diminished; obsessive thoughts of death, even suicidal ideation

AMBRA GRISEA

hypersensitive and impressionable, then progressively emotionally numb; absorbed in past worries and sad thoughts

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GRAPHITES

apathy, tendency toward sadness, crying, with thoughts focused only on death

IN PRACTICE: The most commonly used dilutions are **9C** and **15C**, once or twice daily depending on the situation, over an extended period, spacing doses as the patient's condition improves.

FATIGUE AND COGNITIVE IMPAIRMENT

CONIUM MACULATUM

slow and difficult comprehension, memory weakness, psychomotor slowing, dizziness, decreased libido; to be considered in the context of circulatory disorders and sclerosis

PHOSPHORICUM ACIDUM

intense physical and psychological fatigue, sense of exhaustion, indifference to everything, progressing toward a depressive state

BARYTA CARBONICA

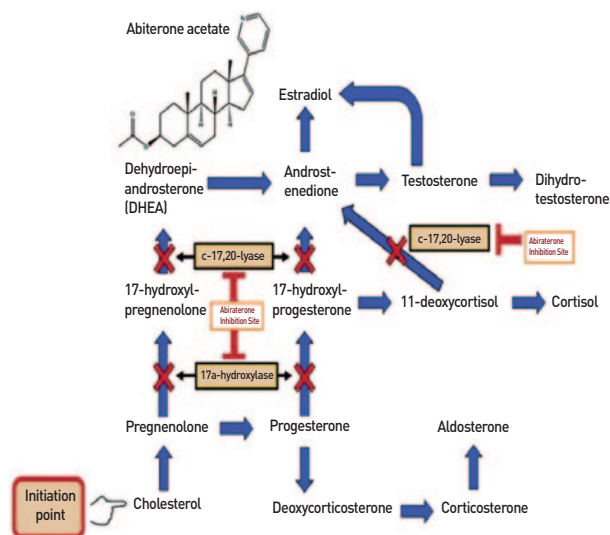
slowness and limited comprehension; deficient memory; progressive intellectual weakness; general sclerosis

SELENIUM METALLICUM

clinophilia (desire to stay in bed); afraid to return to work

ZINCUM METALLICUM

fatigue; repeats the question before answering; clinophilia In this situation as well, we prefer dilutions in **9C** and **15C**, once or twice daily.



▲ Ref: arcagy.org/infocancer • pharmacology2000.com/Oncology

• ABIRATERONE ACETATE

Abiraterone acetate is a specific and irreversible inhibitor of androgen synthesis through enzymatic blockade. It acts at three levels: the testes, the adrenal glands, and cancer cells. It is always combined with prednisone or prednisolone, because given its mechanism of action, it leads to a decrease in cortisol secretion. Its side effects (electrolyte disturbances, hypertension, edema) also have appropriate homeopathic treatments.

• ELECTROLYTE DISTURBANCES

In cases of hypokalemia in particular, conventional treatment can be supported by *Natrum muriaticum* — the homeopathic medicine indicated for dehydration, thirst, weight loss, fatigue, and occasionally paresthesias of the extremities.

• HYPERTENSION

PHOSPHORUS 15C

prescribed for damage to vital organs (cardiac and renal toxicity, vascular congestion)

ARSENICUM ALBUM 9C-15C

organ damage, nocturnal anxiety worsening between 1 a.m. and 3 a.m., progressive deterioration of general condition (**15C**)

4 Second-line hormone therapies

The pharmacopeia offers two groups of second-line hormone therapies. Their role is to stop the stimulation of cancer cells by testosterone through androgen synthesis blockade, i.e., enzymatic inhibition. These are oral treatments that are generally well tolerated.

CARDINE 8 DH

organotherapy targeting the heart; may be useful once daily on a long-term basis

CRATAEGUS OXYACANTHA 15C

as a complement to conventional antihypertensive medications (note: the 5C dilution is used to support low blood pressure)

• LOWER LIMB EDEMA

NATRUM MURIATICUM 9C-15C

dehydration with weight loss, fatigue, and thirst

NATRUM SULFURICUM 9C-15C

fluid retention with weight gain, depression with irritable and taciturn melancholic tendency

APIS MELLIFICA 15C

edema medicine with absence of thirst

KALIUM CARBONICUM 9C-15C

edema without oliguria, first at the ankles then rapidly to the eyelids (inner angle); dyspnea relieved by leaning forward; medicine for right-sided heart failure

• DEPRESSION, SEVERE FATIGUE, COGNITIVE DISTURBANCES

We find the same homeopathic medicines cited in the previous section: *Sepia officinalis*, *Conium maculatum*, *Phosphoricum acidum*, *Ambra grisea*, and any other homeopathic medicine matching the patient's specific symptomatology.

• OSTEOPOROSIS

CALCAREA CARBONICA

osteoporosis in a large-framed skeleton, osteophytosis, sensitivity to damp, cold weather

CALCAREA FLUORICA

tendency toward exostoses, asymmetrical osteophytoses, skeletal deformities, scoliosis

CALCAREA PHOSPHORICA

slim, tall skeleton, osteoporosis and vertebral compression fractures; a medicine involved in supporting bone consolidation

SILICEA

tendency toward fractures; demineralization medicine; in a frail patient with poor appetite, hypersensitive and sometimes irritable

We suggest these treatments in 9C or 15C, 5 pellets once daily, or one dose per week. It can be useful to combine one of the three *Calcarea* medicines with *Silicea*.

THE ARSIS (ANDROGEN RECEPTOR SIGNALING INHIBITORS)

The second group of second-line hormone therapies consists of androgen receptor signaling inhibitors, or ARSIs.

THEY ACT AT THREE LEVELS:

- They block the androgen-AR (androgen receptor) binding, thereby limiting tumor cell growth
- They prevent nuclear translocation of the AR, so the AR cannot integrate into the nucleus for transcription
- They block AR binding to the DNA of the cancer cell

This results in cellular apoptosis and cessation of tumor proliferation.

They share side effects with abiraterone acetate, such as fatigue and cognitive disturbances. Their particular feature is neurological toxicity, including restless leg syndrome, headaches, and dizziness.

FROM A HOMEOPATHIC STANDPOINT, THE TREATMENTS THAT CAN SUPPORT THE PATIENT ARE:

PHOSPHORUS 15C

a polychrest medicine for vital organ involvement and neurological toxicity

GELSEMIUM 15C

occipital headaches radiating to the neck or above the eyes, or generalized with visual disturbances (diplopia); sensation of fullness or a tight band around the skull; dizziness associated with visual

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disturbances; numbness/trembling of the limbs with a sensation of weakness in the knees and hands (fine tremors of the extremities)

ZINCUM METALLICUM 5C-15C

sensation of leg restlessness at rest, sitting at night, with a constant need to move them; in an irritable, fatigued patient

For this last medicine, we sometimes use a dual dilution: *Zincum metallicum 5C* at the time of symptoms, and *Zincum metallicum 15C* once daily on a long-term basis. This can be useful when the patient does not fully respond even though this medicine is clearly indicated.

THIS MEDICINE CAN BE COMPARED TO:

TARENTULA HISPANICA

more agitated and hypersensitive, with tingling and prickling sensations in the limbs and a need to walk

AGARICUS MUSCARINUS

sensations of insects crawling on the skin

by multiple daily episodes of sudden, explosive diarrhea preceded by abdominal pain. Maxime also reported sphincter insecurity.

He described more pronounced fatigue, though not debilitating.

Androgen deficiency manifested as moderate hot flashes with an ascending sensation of heat, predominantly over the chest and face, with facial moisture but no redness.

TREATMENT WAS THEREFORE EXPANDED TO INCLUDE:

- *Natrum muriaticum 15C*: 5 pellets morning and evening (in addition to potassium supplementation)
- *China 9C*: 5 pellets morning and evening
- *Podophyllum peltatum 9C*: 5 pellets after each loose bowel movement
- *Aloe 9C*: 5 pellets after each loose bowel movement
- *Sulfur 15C*: 5 pellets at each hot flash

The outcome was positive: reduction in the number of daily bowel movements and resumption of activities.

5 Maxime's prescription during treatment

HIS SENSITIVE TYPE MEDICINE

- *Calcareo carbonica 15C*, one dose per week

SUPPORTIVE CARE FOR RADIATION THERAPY

- *Radium bromatum 15C*, 5 pellets daily
- *Belladonna 9C*, 5 pellets before and after each radiation therapy session
- *Apis Mellifica 15C*, 5 pellets before and after each radiation therapy session

ANTICIPATING DIGESTIVE ISSUES (MAXIME'S KNOWN WEAKNESS)

- *Mercurius solubilis 9C*, 5 pellets daily

The combination of radiation therapy and hormone therapy resulted in hypokalemia, further compounded

6 Retrospective review: 10 patients at CHU Dupuytren, Limoges

As part of my monthly homeopathy consultation at CHU Dupuytren in Limoges (medical oncology department, Professor Deluche), I see patients with a variety of cancers.

A number of these patients have prostate cancer, and the primary concern of both patients and oncologists relates to treatment-induced hot flashes.

The goal is to improve patients' day-to-day quality of life and enable them to continue their treatment.

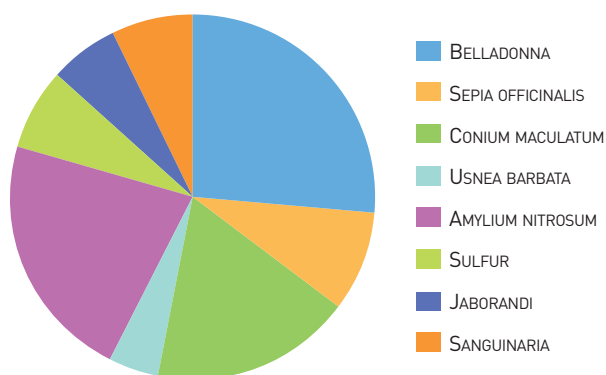
Homeopathic supportive care in prostate cancer

I conducted a retrospective review of approximately ten patients selected according to the following criteria:

- 10 patients on hormone therapy referred to the clinic for debilitating hot flashes impacting their daily lives
- Between 2021 and 2026, with a minimum of three homeopathic consultations (at 3 months and 6 months)
- Patients for whom I systematically prescribed a Sensitive Type medicine
- Patients on various hormone therapies: 7 on triptorelin (Trelstar®), 1 on goserelin (Zoladex®), 1 on leuprolide (Lupron®), 1 on degarelix (Firmagon®)

I then listed all the homeopathic medicines for hot flashes and the Sensitive Type medicines I had prescribed for the 10 patients. I sometimes prescribed 2 or 3 symptomatic medicines for a single patient. I have made it a habit to record the frequency of hot flashes (1 to 5 per day, 5 to 10, 10 to 20) and their intensity on a Visual Analog Scale (VAS) from 0 (no hot flashes) to 10 (maximum intensity). I use the same scale for fatigue. This gives me a somewhat more objective measure of improvement — or lack thereof — in my patients' symptoms.

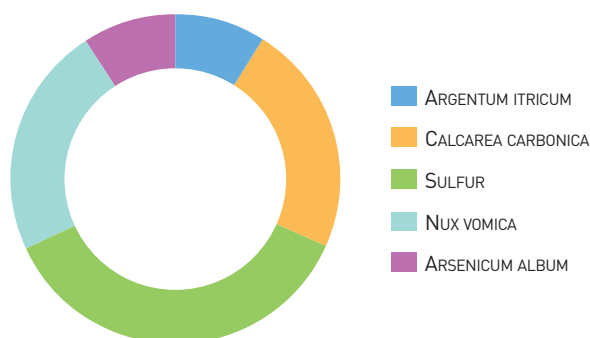
RESULTS: SYMPTOMATIC MEDICINES



▲ Hot Flashes medicines

- 1 patient was relieved with a single homeopathic medicine (*Sanguinaria*)
- 6 out of 10 patients were relieved with a combination of 2 symptomatic medicines
- 2 patients were relieved with 3 symptomatic medicines; in both cases, *Jaborandi* was added successfully
- 1 patient (with severely impaired quality of life, marked depression and fatigue) required 4 medicines in combination: *Belladonna*, *Usnea barbata*, *Conium maculatum*, *Sepia officinalis*
- *Belladonna* was the most frequently used symptomatic medicine, followed by *Amylium nitrosum*

RESULTS: SENSITIVE TYPE MEDICINES



▲ Sensitive Type

Sulfur was the most frequently prescribed Sensitive Type medicine, followed by *Calcarea carbonica* (as with Maxime) and *Nux vomica*.

BASELINE ASSESSMENT (DAY 0 – BEFORE HOMEOPATHIC TREATMENT)

- 8 out of 10 patients experienced between 10 and 20 hot flashes per 24 hours
 - 1 patient described extremely debilitating hot flashes occurring every hour, day and night
 - 8 patients described very high intensity hot flashes, with a VAS score of 8/10 or above
- I immediately prescribed a combination of 2 homeopathic medicines plus the patient's Sensitive Type medicine for 8 patients, and 3 medicines for the remaining 2 due to more marked depressive symptoms.



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FOLLOW-UP AT 3 MONTHS

- 7 out of 10 patients reported significant overall relief, with fewer than 5 hot flashes per 24 hours and a VAS intensity score below 5/10 (treatment renewed, with instructions to space out symptomatic medicine doses)
- 1 patient reported partial improvement with 5 hot flashes remaining per day (down from 10), with intensity rated at 6/10 instead of 8 (treatment renewed with the addition of *Jaborandi*)
- 1 patient showed very little improvement, still experiencing hot flashes every hour with an intensity of 8/10; they reported minimal improvement in fatigue and depressive state, allowing a slight resumption of some activities (I proposed a combination of 4 medicines in addition to the Sensitive Type medicine)
- 1 patient had no further hot flashes at all — complete relief occurring from 2 months of treatment onward (this was the patient treated with *Sanguinaria*, whose Sensitive Type medicine is *Sulfur*; I recommend a single daily dose of *Sanguinaria* in addition to the Sensitive Type medicine, and propose a follow-up at 3 months even if all is well)

FOLLOW-UP AT 6 MONTHS

- 6 out of 10 patients had fewer than 2 hot flashes per 24 hours, with a VAS intensity of 3/10, which all considered very acceptable in terms of quality of life
- 2 additional patients had no further hot flash symptoms at all (3 total)
- The patient who had been on a 4-medicine combination showed overall but incomplete relief: fewer hot flashes — approximately 5 to 6 per 24 hours with a VAS of 4 to 5/10 — alongside improvement in depressive state and fatigue, resumption of regular physical activity (walking), and social activities, which we had discussed at previous consultations. It is clear here that care must be comprehensive and part of a genuine integrative health approach

I continue to see these patients approximately every 3 to 4 months and adjust treatment based on the reappearance (or not) of certain symptoms, while also discussing lifestyle factors (diet, sleep, appropriate physical activity...).

AND MAXIME?

From a treatment standpoint, abiraterone acetate was not continued. He received eight injections of leuprolide. Successive PSA checks at 6 and 12 months post-treatment showed an undetectable PSA.

MAXIME AND HOMEOPATHIC SUPPORTIVE CARE:

- Reduction in loose stools
- Reduction in hot flashes
- Correction of hypokalemia
- Persistent signs of proctitis: continuation of *Mercurius Solubilis* and the Sensitive Type medicine



Conclusion

Recent years have brought significant changes in the management of prostate cancer, with the emergence of new agents — even as first-line hormone therapy remains very common among our patients. Side effects can sometimes tip the balance against continuing treatment in certain patients. This is why it seems important to offer homeopathic treatments to our patients to help them, relieve their symptoms, and thereby improve their quality of life — which is the primary concern of patients, on a par with treatment efficacy. Homeopathic supportive care is one of several complementary supportive care options enabling this improvement, as part of a comprehensive integrative care approach. ■

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Pediatric care and homeopathy

accompanying the child in clinical practice

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As pediatric homeopaths, we prescribe this therapeutic approach daily in our clinical practice. We offer children and adolescents an innovative therapeutic option that conventional (allopathic) medicine does not typically consider. Parents' intention is to treat their children with a medicine free of chemicals that provides an individualized therapeutic response – one capable of addressing the child's physical pathology while restoring balance in the emotional dimension. In many cases, homeopathy alone achieves satisfying integrative outcomes.

In this presentation, we explore selected clinical cases from our office practice in which homeopathy proved decisive in achieving the best possible clinical outcomes for our patients.

CLINICAL CASE 1

Bilateral serous otitis media – José, age 2

CLINICAL PRESENTATION

José presented at age 2 with a clinical diagnosis of bilateral serous otitis media established by an ENT specialist, with a flat tympanogram. Surgery was planned in the near term, and the parents questioned whether homeopathy could offer a therapeutic alternative for this condition.

The child had age-appropriate psychomotor development, attended daycare, and showed no apparent language delay.

■ PRESCRIPTION

- **Kalium muriaticum 9CH**: 5 pellets twice daily
- **Mercurius dulcis 9CH**: 5 pellets twice daily
- **Silicea 30CH**: 5 pellets once daily
- **Aviaire 15CH**: 10 pellets once weekly

Parents were instructed to continue treatment for 3 months and return with a new tympanogram.

OUTCOME

At the end of this period, the tympanogram showed a near-normal bilateral curve, and José was producing more words. Continued ENT follow-up was recommended, along with **Silicea** and **Aviaire** once weekly on alternating days, with reassessment at 3 months.

RATIONALE

Kalium muriaticum 9CH and **Mercurius dulcis 9CH**: anti-inflammatory action on the mucous membranes, particularly the middle ear and Eustachian tube, improving serous otitis. **Silicea**: addresses chronic middle ear suppuration with serous otitis. **Aviaire**: treats the constitutional terrain of children with ENT fragility, particularly serous otitis.

CLINICAL CASE 2

Tympanic membrane perforation – Maria, age 9

CLINICAL PRESENTATION

Maria, age 9, presented with a left tympanic membrane perforation present for 5 months. She was under ENT care and treated with nasal fluticasone and an antihistamine for allergic rhinitis. The ENT specialist had raised the possibility of surgery to repair the perforation. The parents sought an alternative therapeutic option.

■ PRESCRIPTION

- **Calcareo fluoica 15CH**: 5 pellets twice daily
- **Silicea 15CH**: 5 pellets twice daily
- **Medorrhinum 30CH**: 10 pellets once weekly

Treatment for 3 months was recommended, with instructions to prevent water entry into the left ear.

OUTCOME

At ENT reassessment, the perforation was beginning to close with a thin membrane. Treatment was maintained for an additional 6 months with progressive improvement, and surgery was no longer necessary.

RATIONALE

Calcareo fluoica: used to address fibrous dysplasia of the tympanic support structure to promote healing. **Silicea**: used to reinforce and thicken the tympanic membrane. **Medorrhinum**: indicated for the Sycotic terrain with ossicular involvement and to facilitate tympanic membrane healing. No further otitis episodes occurred.

CLINICAL CASE 3

Separation anxiety and school adjustment – Inês, age 4

CLINICAL PRESENTATION

The parents of Inês, age 4, reported that she was having great difficulty adjusting to preschool. Every day, she cried intensely when separated from her mother. Inês was a healthy child in the process of being adopted by this family. She was highly sensitive and had experienced abuse in her biological family.

■ PRESCRIPTION

- **Causticum 30CH**: 5 pellets every morning

The mother stayed a little longer at school during drop-off, and within one to two weeks, the morning school arrival improved significantly, with no further crying.

RATIONALE

Given her history of early childhood abuse, Inês was interpreted as hypersensitive and suffering from abandonment trauma whenever her adoptive mother left her at school. It was deeply satisfying to observe how homeopathy was able to appropriately restore this child's emotional balance.

CLINICAL CASE 4

Atopic dermatitis exacerbation with secondary infection – Rita, age 8

CLINICAL PRESENTATION

Rita, age 8, presented with worsening skin lesions consistent with eczema. Family history included maternal allergic



▲ A growing number of parents are turning to homeopathy for their children, seeking individualized, integrative care that addresses the physical and emotional dimensions of health

rhinitis and paternal asthma.

Rita had suffered from atopic dermatitis since early childhood, along with egg protein allergy (currently tolerant). She was followed in primary care and evaluated by dermatology and immunology/allergology specialists to manage frequent exacerbations triggered by seasonal changes, cold exposure, and stress. She was on daily antihistamines and both topical and oral corticosteroids.

She arrived at the office literally 'in her mother's arms' due to extensive skin lesions in the popliteal fossae that made walking painful because of intense pruritus.

Physical examination revealed erythematous eczematous plaques, predominantly in the antecubital and popliteal regions, with weeping and honey-colored crusts consistent with impetigo. She had a slight fever and appeared unwell.

DIAGNOSIS: exacerbated atopic dermatitis complicated by extensive cutaneous bacterial superinfection. She was hospitalized for 5 days to receive intravenous antibiotics.

Rita was a highly anxious child, and these flares caused her significant distress, also disrupting her sleep.

■ PRESCRIPTION

- **Graphites 9CH:** 5 pellets three times daily
- **Lycopodium 9CH:** 5 pellets 3–5 times daily, spacing doses according to improvement
- **Arsenicum album 15CH:** 5 pellets at bedtime for one week, then once weekly

OUTCOME

After 15 days of treatment, a significant reduction in pruritus and local inflammation was observed, allowing a gradual tapering of the oral steroids she had been taking for months.

RATIONALE

In this case, constitutional treatment was crucial in reducing symptoms and the frequency of exacerbations, and in overcoming corticosteroid dependence.

CLINICAL CASE 5

Recurrent febrile seizures – Luís, age 6

CLINICAL PRESENTATION

Luís, age 6, had been experiencing recurrent simple febrile seizures since age 3. No relevant personal or family history. Only child. He had normal psychomotor development but had been avoiding extracurricular activities due to his parents' fear of further seizures. Given the frequency of episodes – every one to two months, particularly over the past year – Luís had been followed by two pediatric neurologists and had undergone multiple neuroimaging and neurophysiological studies, all of which were normal. He was treated with seizure medication to reduce episodes and rectal benzodiazepines for acute use. The medications caused daytime drowsiness and occasional apathy. The parents sought an effective alternative without side effects.

■ PRESCRIPTION

- ***Belladonna 9CH***: 5 pellets every hour during febrile episodes, spacing doses according to improvement
- ***Belladonna 15CH***: 5 pellets daily during the week of fever, then once weekly

OUTCOME

After 6 months of treatment, no further febrile seizures occurred, allowing discontinuation of antiepileptic medication in collaboration with the pediatric neurologist. ***Belladonna*** was subsequently discontinued, and no further seizures occurred, even during febrile episodes.

RATIONALE

In this remarkable case, ***Belladonna*** proved to be the sole effective treatment in preventing febrile seizures in the context of sudden high fever – acting according to the principle of similitude.

CLINICAL CASE 6

Recurrent bronchiolitis / wheezing – Rafael, age 5 months

CLINICAL PRESENTATION

Rafael was 5 months old when his parents brought him in for cough, audible wheezing, and signs of respiratory

distress since the previous day. No fever. Mild feeding refusal.

He had been healthy until starting daycare one month earlier. This was his second similar episode; the first had been diagnosed as bronchiolitis in the emergency department and treated with nebulized salbutamol and oral corticosteroids for 5 days.

This time, the mother preferred a more natural approach, reporting agitation and tachycardia with salbutamol. The cough worsened at night, interfering with breastfeeding.

■ PRESCRIPTION

- ***Antimonium tartaricum 9CH***: 10 pellets dissolved in a small amount of water or breast milk, administered frequently throughout the day
- ***Ipecacuanha 9CH***: same schedule, alternating with *Antimonium tartaricum*
- ***Sambucus nigra 9CH***: 5 pellets at bedtime

OUTCOME

Within 48 hours, progressive improvement occurred without the need for oral corticosteroids and with a reduction in salbutamol use to 1–2 times per day.

RATIONALE

This case demonstrates that these medicines constitute excellent complementary therapeutic alternatives in the treatment of bronchiolitis and wheezing, thanks to their mucolytic and bronchial dilation effects.

These are a selection of clinical cases from our pediatric practice. Many further accounts demonstrate that a growing number of parents are turning to homeopathy for their children – seeking individualized, integrative care that addresses both the physical and emotional dimensions of health. ■



The symbiosis between the homeopathic physician and Artificial Intelligence

as a viable approach and quality guarantee in homeopathic treatment

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Homeopathy is a holistic system of care in which the success of treatment depends largely on the accuracy of the case history, the specificity of the homeopathic diagnosis, and the selection of the most appropriate homeopathic medicine based on the patient's individual symptoms. Since the early days of homeopathy, physicians have compiled complex indexes (repertories) to facilitate the choice of medicine, as comparing a patient's unique symptoms against the thousands of symptoms described for different medicines is an extremely laborious process. In modern practice, homeopaths have access to software repertories that help them match their patients' complaints to potential medicines. Even with these tools, identifying the appropriate treatment remains a lengthy and complex process, requiring a detailed interview and the physician's ability to simultaneously consider numerous systems and symptoms.

1 Introduction

One of the central challenges in homeopathic diagnosis is the bounded rationality of human thinking. The homeopathic physician, however experienced, remains a human being subject to cognitive limitations: insufficient time for examination, limited memory and knowledge of all possible treatments, fatigue, emotional stress, and more. In the dynamic daily reality of clinical practice, these factors can lead to unintentional errors.

This article examines the symbiosis between the homeopathic physician and an artificial intelligence (AI) system as an approach to overcoming the imperfections of human thinking and as a guarantee for improving the

quality of homeopathic treatment. It will analyze the theoretical foundations of AI's advantages in supporting diagnosis and therapy, and how this collaboration helps prevent errors caused by the physician's bounded rationality.

2 Bounded rationality in homeopathic practice

The concept of "bounded rationality" refers to the objective limitation of human decision-making capacity, arising from incomplete available information, limited cognitive resources, and time pressure under which clinical assessments are made. According to the classical definition of Herbert Simon (1978, Nobel Prize

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in Economics for his groundbreaking work on decision-making processes), when confronted with complex problems, individuals do not optimize, they "satisfice," settling for the first sufficiently acceptable solution rather than seeking the best possible one. In the context of medical practice, this means that even conscientious and experienced physicians may sometimes settle on a solution that is acceptable but not optimal, due to the inherent limitations of human reasoning.

IN HOMEOPATHY, BOUNDED RATIONALITY MANIFESTS IN SEVERAL WAYS:

FIRST, the volume of information is enormous: there are hundreds of medicines with detailed profiles in the Materia Medica and thousands of possible symptoms to correlate with the patient's clinical picture. A homeopath cannot keep all of this knowledge in mind simultaneously, especially under the time pressure of a consultation.

SECOND, cognitive biases can influence judgment. The cognitive distortions inherent in human thinking are a constant and widespread problem in clinical practice during decision-making. These unconscious patterns of thought can mislead the physician, resulting in misdiagnoses, treatment delays, and compromised patient outcomes. In homeopathic practice, this may manifest as a bias toward the initial hypothesis (the so-called confirmation bias – seeking confirmation of an already-targeted medicine) or as a preference for what is readily available (the so-called availability bias – a tendency to more frequently prescribe medicines that are well known or easy to recall). For example, a physician may hastily conclude that a case is "typical" of a certain homeopathic medicine based on a few salient symptoms, then inadvertently overlook signs that contradict this hypothesis. Alternatively, they may opt for a medicine recently prescribed with success rather than considering a more suitable but less frequently used one.

The homeopath's intuition and experience also play an important role in decision-making. While an intuitive approach often helps to orient quickly in complex cases, it carries a risk of subjectivity. Different homeopaths may interpret the same symptoms differently or assign varying importance to certain

aspects of a case based on their personal style and experience. This variability is a further manifestation of bounded rationality – the absence of a fully objective and reproducible approach to case analysis.

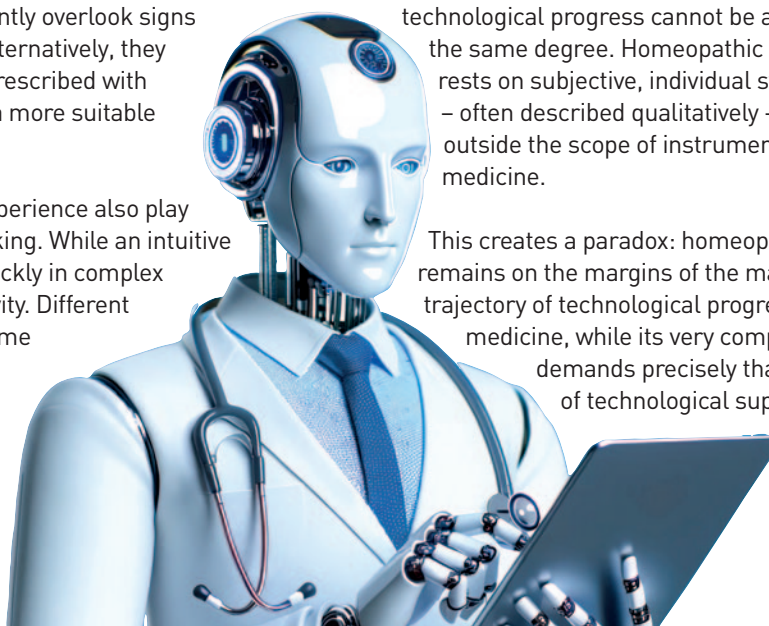
In short, the human factor, while a source of empathy, creativity, and holistic understanding, inevitably introduces imprecision and variation. In homeopathy, this can result in the selection of an appropriate but not "ideal" treatment, a delay in improvement, or the need to adjust the treatment multiple times (a trial-and-error approach). To guarantee treatment quality, it is necessary to minimize these errors caused by the limitations of human thinking. This is where modern artificial intelligence systems offer a meaningful solution.

3

The technologization of homeopathy through artificial intelligence

Modern conventional medicine is advancing at a rapid pace through highly sensitive diagnostic technologies: diagnostic imaging, functional examinations, molecular biology, and genetics. These tools allow for objective measurement of pathological processes and provide the clinician with precise data that facilitate decision-making. In homeopathy, however, this model of technological progress cannot be applied to the same degree. Homeopathic diagnosis rests on subjective, individual symptoms – often described qualitatively – that fall outside the scope of instrumental medicine.

This creates a paradox: homeopathy remains on the margins of the mainstream trajectory of technological progress in medicine, while its very complexity demands precisely that kind of technological support.



...as a viable approach and quality guarantee in homeopathic treatment



▲ The symbiosis between the homeopathic physician and AI combines the best of human intuition with the power and impartiality of technology.

The enormous body of data – Materia Medica, repertories, clinical cases – cannot be efficiently processed using traditional human cognitive resources. A logical conclusion follows:

Only artificial intelligence can “technologize” homeopathy without violating its principles.

ARTIFICIAL INTELLIGENCE BECOMES THE TECHNOLOGY CAPABLE OF:

- Structuring, analyzing, and comparing vast bodies of text;
- Recognizing patterns within complex, nuanced symptom pictures;
- Ensuring objectivity in the analysis of subjective information;
- Transforming the traditional textual and clinical foundation of homeopathy into a dynamic, technologically actionable environment.

In this way, AI does not merely assist the homeopath, it serves as the bridge that brings

homeopathy into the era of advanced technology without transforming or compromising it. AI is the only technology that works with homeopathy’s most important resource: the human narrative, the complex symptom picture, and individual clinical logic.

4

Artificial intelligence as a partner to the homeopathic physician

Artificial intelligence (AI) is the capacity of machines to perform tasks that typically require human intelligence, such as knowledge synthesis, pattern recognition, and solution selection. In the context of homeopathy, AI systems can be trained to analyze large volumes of patient data – symptoms, medical history, lifestyle – and correlate them with extensive knowledge bases drawn from homeopathic cases, Materia Medica, and repertories. AI thus becomes a

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valuable digital assistant that accelerates and objectivizes the diagnostic process.

One of AI's primary advantages in homeopathy is its ability to process data rapidly and accurately. While a physician must systematically review and reason through symptoms, AI can, within seconds, scan an entire database containing thousands of cases and medicines. This reduces the risk of overlooking an important symptom or neglecting a suitable medicine. For example, AI tools can compare a patient's complaints against a vast library of documented cases and propose a list of potentially appropriate medicines. This helps the homeopath reach a more informed decision more quickly, rather than relying solely on memory or spending hours searching through reference books. As a result, patients benefit from faster treatment decisions in complex or atypical cases.

AI can also contribute to greater precision in medicine selection. Modern AI algorithms, including machine learning, deep reasoning, and other methods, are capable of recognizing subtle regularities and connections between symptoms that may not be immediately apparent to a human observer. For example, through fuzzy logic and expert systems, the computer can interpret vague patient descriptions (such as "*sometimes*," "*often*," or "*intense pain*") and

assign them quantitative values for comparison against medicine profiles.

These methods reduce the system's vulnerability to the homeopath's errors and increase treatment safety. In other words, even if the physician evaluates a symptom inaccurately or formulates it imprecisely, the AI system can compensate through flexible supplementary information processing and still propose an appropriate medicine, preventing potential errors before they reach the patient.

AI solutions for homeopathy can go further still by offering treatment response prediction. By analyzing historical data on similar patients and their treatment outcomes, AI can predict how a given patient might respond to a particular medicine. This allows the homeopath to refine their treatment plan. For instance, if AI signals that a case resembles many others in which a specific medicine led to rapid improvement, the physician can prescribe it with greater confidence. Conversely, if predictive analysis suggests a weak effect, an alternative can be considered from the outset rather than losing time to trial and error. AI thus helps to personalize, which is at the heart of homeopathy, and makes it more effective.



▲ AI does not merely assist the homeopath, it serves as the bridge that brings homeopathy into the era of advanced technology without compromising it.

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It is important to emphasize that AI does not replace the homeopathic physician, but rather expands their capabilities. The final treatment decision always rests with the human, drawing on clinical experience, intuition, and understanding of the patient's individuality. AI provides a second opinion or digital consultation, which is particularly valuable in complex cases.

For example, AI may generate a list of 10 possible medicines for a specific patient, ranked by probability of success.

The physician reviews these suggestions, compares them with their own assessment, and makes the final decision – with significantly greater assurance that nothing essential has been overlooked. This process resembles a consultation board, in which AI acts as an additional "colleague" offering expert input drawn from an enormous database.

Reducing human error is one of the most significant benefits of integrating AI into homeopathy. From a purely statistical standpoint, the more information and perspectives taken into account, the lower the risk of omission or misjudgment. Through its pattern recognition capabilities, AI helps ensure that no critical detail goes unnoticed. For example, if a physician inadvertently overlooks an unusual symptom, AI can "flag" it if it has identified it in its analysis as pointing toward a different medicine. This creates a double-check of diagnostic hypotheses, considerably reducing the risk of misdiagnosis or an inappropriate treatment choice.

Furthermore, AI can also manage routine tasks such as maintaining medical records, tracking patient progress using objective indicators, and generating reports – freeing the physician to focus on the analytical and communicative dimensions of their work. This indirectly improves the quality of care, as a physician with a lighter administrative burden will be more focused and thorough in case examination and analysis.



5 Physician–AI symbiosis for higher-quality care

The synergy between the human physician and artificial intelligence holds the promise of elevating homeopathic practice to a new level of quality and reliability. Neither humans nor machines are perfect in isolation, but by combining their respective strengths, their shortcomings can offset one another. There are already numerous examples demonstrating that the human–AI tandem achieves significantly more accurate diagnoses than either party alone. This stems from the simple fact that AI and humans make errors in different ways. The machine may be wrong where the human would intuitively be correct, and vice versa. Consequently, when working in tandem, each compensates for the other's errors: if AI misses something meaningful or contextual, the homeopath will catch it; and if the physician overlooks a statistical possibility or a rare alternative, AI will surface it. This concept of "complementary error" translates in practice into safer treatment for the patient.

Diagnostic errors are among the most serious problems in medicine and directly affect treatment outcomes. Integrating AI as a "second pair of eyes and ears" (or a "second brain") substantially increases confidence that the diagnosis reached and the medicine chosen are correct. In daily homeopathic practice, this could take the form of interactive software the physician uses in every case, creating, in effect, a "physician + AI" team. The quality of

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homeopathic treatment in such a symbiotic environment improves perceptibly: patients benefit from more efficient consultations and more precise prescriptions, increasing their satisfaction.

Treatment follow-up is also facilitated: AI can track trends in the patient's condition over time and alert the physician when a treatment adjustment may be needed, for example, a change in dilution or medicine, rather than relying solely on the patient's subjective report at the next appointment. An important dimension of this symbiosis is the confidence it inspires in physicians themselves. When the homeopath knows they have a reliable support system "overseeing" their decisions, they can work with greater calm and confidence. This is particularly valuable for less experienced practitioners: AI can serve as a mentor, drawing their attention to factors they might otherwise have missed. At the same time, even the most experienced physician can benefit from the useful perspective AI offers — one that is subject to neither fatigue nor the dulling effect of routine.

It is important to note that symbiosis also demands responsibility, from both the physician and the AI developers. The AI system must be reliable, transparent, and validated against real clinical cases. Currently available AI solutions do not fully replace the practitioner; rather, they constitute a decision-support tool (though this may change in the near future, given the extraordinarily rapid pace of AI development). For an AI system to become a true quality guarantee, it must be rigorously tested and validated in clinical settings, continuously updated with new data, and free of embedded biases or technical errors. For their part, physicians bear the responsibility of critically evaluating AI recommendations: symbiosis does not mean blind trust in the machine, but intelligent collaboration.



Conclusion

The bounded rationality of human thinking is a reality that influences medical practice, including homeopathy. The cognitive limitations and biases of the homeopathic physician can give rise to inaccuracies in diagnosis and treatment selection, compromising the quality of homeopathic therapy.

Integrating an artificial intelligence system as a partner to the physician offers a solution to this problem. Through its capacity for rapid information processing, objective analysis, and learning from large volumes of data, the AI system serves as a safeguard against errors and as a catalyst for more precise, personalized treatment. The symbiosis between the homeopathic physician and AI can be understood as a quality guarantee: it combines the best of human experience and intuition with the computational power and impartiality of technology. Such a collaboration would enhance the accuracy and safety of medical decisions. In homeopathy, this means more cases treated correctly on the first attempt, less prolonged suffering for patients, and greater confidence in the therapeutic process.

Of course, the introduction of AI into homeopathic practice must be undertaken responsibly. Algorithms must be carefully trained and tested to avoid introducing new types of errors or biases. Human oversight remains essential: AI is only as powerful as its rational use by human beings. Looking ahead, however, we can predict that the future of high-quality homeopathic treatment belongs to physician-AI teams working hand in hand. This symbiosis promises not only to minimize errors, but to open new horizons in homeopathy, through deeper knowledge, accelerated research, and a more structured, evidence-informed approach to the art of the homeopathic physician.

Ultimately, when the physician's mind and the machine's "intelligence" unite, it is the patient who benefits most — receiving the safest and most effective homeopathic treatment possible. ■

QUIZ / ANSWERS (See p.6)

Question 1 :

- ☐ **D** Cyclamen

Question 2 :

- ☐ **B** Lycopodium clavatum

Question 3 :

- ☐ **C** Calcareo phosphorica

Question 4 :

- ☐ **A** Guaiacum

Question 5 :

- ☐ **C** Euphrasia officinalis

Question 6 :

- ☐ **A** Alumina

Question 7 :

- ☐ **C** Phosphorus

Question 8 :

- ☐ **B** Cannabis sativa

Question 9 :

- ☐ **B** Calcareo carbonica

Question 10 :

- ☐ **D** Usnea barbata