CHELIDONIUM CASE OF HYPERTENSION AND COGNITIVE DISABILITY

CASE DEMONSTRATING A HOLISTIC APPROACH TO THE TOTALITY OF SYMPTOMS
By Adam Fiore and Kate Hudson

In this case, we illustrate that what Hahnemann meant by the Totality of Symptoms, as described in Aphorism 7, is readily achieved with a holistic understanding of the individual as a whole and not as the sum of parts. When we are able to understand and perceive the whole dynamic movement of an individual, we see all the parts fall into place and how they become an expression of the inner disease and affecion of the vital force.

MICH’s Noumedynamic Method of perceiving the whole of a case encompasses classical repertorization, symptom based prescribing and the Sensation Method in a unified holistic perspective that goes beyond all three. It is in cases such as this that we see such multi-dimensional transformations as we did for this patient.

Homeopath: Adam Fiore (MICH Faculty member and homeopath)
1st Session: Jan 31, 2014

PATIENT
38-yr-old male presenting with symptoms of Cognitive challenges, Hypertension and Kidney stones. Patient has a very self confident, self contained demeanor, and an air of imperturbability.

PATIENT’S CHIEF COMPLAINT, ETIOLOGY, SYMPTOMS, HISTORY

Cognition disturbances
- In 1986, started to present with problems in math when tested, however was top student otherwise.
- Since 1992, when had to present for a National exam to get into medical school, began to notice a drop in grades due to cognitive challenges that were arising only when writing exams.
- Comprehension and understanding are markedly altered when being tested by another person.

Hypertension
- Symptoms began since moving from his home country and being unable to pass required medical exams in the country to which he emigrated. He has been on Fosinopril 5mg BID since August 2012.

Kidney stones
• Since 1993, when had first episode of kidney stones and subsequently having episodes 1 to 2 times per year.

**Remedy Prescribed:**

Chelidonium 10MK

**Patient’s Dynamic:**

We start off our case synthesis by feeling into the patient’s dynamic movement in life.

Our patient presents as someone who is very self contained, and self confident. He seems almost untouchable. The homeopath observes that he experienced the case-taking to be difficult as the patient had an obliviousness to his own sense of self and seemed to be unaware of his cognitive dissonance; there was a sense of him not being in touch with himself, or reality.

He feels he should not have to prove, present or demonstrate knowledge to another. He feels as if he is a super doctor, who already knows the answer and is thus able to easily transmit it. He never felt that he was a student of medicine [knowledge] but rather that he is that knowledge.

Yet his life [self-definition] changed forever when he failed his first medical exam. It was as if he made the biggest mistake of his life and he would be put in jail, where he imagines he would incur extreme suffering. The guilt of having made this mistake being such that he would now have to spend his life compensating that fault. [Guilt is a nucleus of the striving. Link to article]

If he doesn’t know the answer he will be punished for not “being knowledge”. [another nucleus]

If he is required to interact with the outside world, like his family and kids, he can only do so for a certain time, after which he feels frustrated and angry. He experiences being blocked and chained and punished. He can be calm and happy when he has time for everything, when he is free to do what he wants. Yet if he experiences being held back or hindered, violence arises.

*In the Patient’s Words:*

• In Medical School, I was considered a good student in terms of knowledge, skill, and sensitiveness in front of the patients, but I had average scores when it came to written exams.

• When I immigrated with my wife, I found it complicated to pass the second written medical board examination, thus the reason why I became frustrated, expressing violence in terms of yelling and an impulse to “squeeze” [used hand gestures to indicate he wanted to strangle someone].

• In 2012, I experienced the first symptoms of hypertension including chest oppression, difficulty breathing, palpitations and feeling of being “hanged” (as if “two hands around my neck).
As if I am not part of the world around me. I can’t respond, I can’t understand, I can’t know it in myself; as if I will be punished.

I am knowledge. In fact, I was born with it. As a kid, I already considered myself a doctor. I have this knowledge and it is not difficult [for me] to understand. It is easy. I am one with medicine [he sees himself as that knowledge - his identity]. I am medicine.

Other Symptoms:
- Anger/rage: outbursts and yelling, especially with kids
- Headaches: come in waves, periodic
- Digestion: easily altered with grains and fast food. Distended and passing a lot of gas. Stools are always soft.

SUSCEPTIBILITY TO:
In our next stage of the case synthesis, we look at what our patient is most stressed by, or “susceptible to” (either in a positive or negative way). In other words, what threatens or reinforces the definition of self or conditions of existence. We can then start to understand his symptoms, and his stressors in relationship to the whole dynamic. When we are looking at the case from the place of wholeness, each symptom becomes an expression of that wholeness, and helps to fill out the picture further. Rather than trying to build a picture of the whole from the parts (different isolated symptoms) we look at the parts, or the symptoms as a part of the whole dynamic witnessed.

We observed that our patient was most susceptible to the following:
- Medical exams - when needing to prove, present or demonstrate knowledge to another.
- His father, who is also a medical doctor - approval, knowledge
- Losing time when interrupted – frustration, anger, especially with kids
- Loud noise – ie. marching band or plane flying by
- Surgery, pain – tightness, squeezing
- Irritated/angered by injustice, rude people, crying, complaining

The two areas where our patient is most affected are those of failing the medical exams, which shows he cannot demonstrate his knowledge to another, and his father who he also sees as knowledge. His children and any interactions represent interaction with the outside world which is painful for him, and he can only manage this for a certain amount of time before he needs to withdraw back into his own world.

SUSCEPTIBILITY:
We now examine the conditions of existence for this individual. What does he feel is necessary in life to exist, and what reinforces his sense of self? We see that his primary focus and susceptibility is:
- He should not have to prove, present or demonstrate knowledge to another. Thus his exaggerated susceptibility to tests and exams.
- Self-definition: The best expression of who he is, is a super doctor, who already knows the answer and is thus able to easily transmit it. He never felt that he was a student of medicine [knowledge] but rather that he is that knowledge.
• Yet his life (self-definition) changed forever when he failed his first medical exam. It was as if he made the biggest mistake of his life and he would be put in jail. The suffering would be extreme. The guilt of having made this mistake being such that he would now have to spend his life compensating that fault. [Guilt is a nucleus of the striving. link to article]
• Condition of existence: If he doesn’t know the answer, he will be punished for not “being knowledge”. [another nucleus]

**CORE STRIVING:**

Striving: A concept of an absolute that the individual strives to attain, the motive; it forms the means and ends of the dynamic movement of the patient totality of symptoms.

The core striving in this case is very clear. In the patient’s words: “I am knowledge. In fact, I was born with it. As a kid, I already considered myself a doctor. I have this knowledge and it is not difficult [for me] to understand. It is easy. I am one with medicine [he sees himself as that knowledge - his identity]. I am medicine.”

He believes that he is ‘superhuman’ in that he was born with knowledge, and should not have to learn or understand, that it is innate. Anything that shows this to not be true is painful for him, and leads to nuclei such as guilt and punishment.

**DELUSIONS AND SENSATIONS (SENSATION METHOD):**

We can see now how the delusions and sensations relate to the core striving and susceptibility and help to fill out the case further:

_Delusions:_

• Fear: As if he doesn’t know who he is
  • “as if I’m not part of the world around me. I can’t respond, I can’t understand, I can’t know it in myself; as if I will be punished”
  • “punish myself, thinking of death; guilty with myself”
  • “as if I will be sent to army”
  • “as if I’m dying, as if holding on”
  • “as if all arteries are squeezed”

_Sensations:_

• “fear of intense pain”
• “extreme suffering. very painful physically”
• “tight, trapped in jail”
• “feel a squeezing of my neck (HG) ... a chain around my neck”
• “decapitated, cut, detached. As if I will die. But no fear of dying.”
• “band was really tight (HG)”

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Reactions:

- “calm” in the emergency room
- “fear of pain so always need anesthesia first”
- “rage and yelling”
- “violent reactions, yelling with kids. Squeeze (HG) them.”
- “can lead to yelling and can’t sleep. I can’t get it”.
- “as if could kill the other driver. I can do whatever to cause him pain”
- “need to go to sleep immediately, violence when I can’t go to sleep”
- “not in body, so calm, as if outside of body. Felt this exactly when was in car accident.”
- “fainted” (loud noises)
- “feel hyperactive, but don’t like hyperactive drugs (like coffee). Like calmness.”

MIASM:

The Malarial miasm is also quite clear in that our patient feels persecuted, as if he is held back, obstructed and blocked, with acute violent reactions.

REPERTORIZATION: (KENT)

Mind, anxiety, conscience, of (as if guilty of a crime) (p. 6)
Mind, fear, noise, from (p. 46)
Mind, imbecility (p. 53)
Mind, dullness, sluggishness, difficulty of thinking and comprehending (p. 37)
Mind, tranquility (p. 89)
Generalities, faintness, fainting (p. 1358)
Generalities, constriction, band, sensation of a (p. 1351)
Generalities, constriction, internally (p. 1350)
Kidneys, pain, paroxysmal (p. 663)
Kidneys, pain, stitching, stinging, sticking (p. 665)
Respiration, difficult (p. 766)
Respiration, impeded, constriction of chest (p. 773)
Chest, constriction, tension, tightness (p. 826)
Sleep, sleepiness (p. 1248)

MATERIA MEDICA OF CHOSEN REMEDY:

Highlights from Repertoire de thèmes et de matière médicale dynamique by Guy Loutan (translated by MICH)

- Desire to understand herself, see herself fully, absolutely.
- Can no longer know herself as the last objective of knowledge, to understand herself by herself, and not through others.
- She is angry with children – their innocence reminds her of her own lack of self-knowledge.
- Fearful of the smallest noise, as if caught doing something she should not be doing.
- She is certain she has committed a crime and deserves to be buried alive, to die, to have an incurable disease, to go crazy, or to lose her soul for all eternity.
**Highlights from The Man, The Miasm and the Modality - A Homeopathic Paradigm**
by Per Neesgaard

- Chelidonium wants himself to be the objective of his cognition.
- He wants to understand himself out of himself.
- In relation to this demand, he feels his ability for cognition is disturbed.
- He wants the purpose to be himself, only to get to know himself. He has therefore no interest in other people.

**Highlights from Sankaran Schema, Rajan Sankaran**

Papavaraceae Sensation:
- Pain, with great intensity. Torture, intense suffering. Punished. Fright.

Reactions and compensation:
- Analgesia, coma, anesthesia, fainting
- Rage, violent, colic
- Calm, not affected by pain and suffering, peaceful, tranquil

**Highlights from Nature’s Materia Medica, by Robin Murphy**

MIND - Anxiety as if she had committed a crime. Sudden anxiety, with strong palpitations. Domineering and sceptical, not impressed by authority. Irritable, upset easily. Desires to beat children. Vexed about every trifle and violent attacks of passionate outbursts of temper. Thinks she must die.

CHEST - Constriction of chest. As if a tight girdle around chest, hindering breathing. Deep seated pain or nail sensation, deep in right chest.

HEART - Violent palpitation with tightness in chest. Periodic palpitations.


KIDNEYS - Kidneys are sensitive to pressure, even of clothing. Spasmodic pain in right kidney and liver. Violent paroxysms of pain in kidneys, with intense headache, vertigo and syncope.

SLEEP - Drowsy and chilly. Falls asleep while speaking. Unrefreshing sleep. Frequent yawning, drowsy and sleepy during day.

TEMPERATURE - General lack of vital heat, coldness of limbs. Chill and coldness of whole body.

**OTHER REMEDY POSSIBILITIES**

**Lac Leo** – Previously taken. Ameliorated the violent reactions and decreased his aggressivity. However, did not bring global amelioration.
Dulcamara - Abridged from Neesgaard: “To be the originator of knowledge which he can learn and pass on to others. It is important for Dulcamara that this knowledge should only originate from himself and that it does not come from exchanges of opinion with others, or the surrounding world.”

Dulcamara has the central themes of knowledge and that knowledge only originate from himself which covers the core striving well. The Solanaceae is also interesting as covering the sensations of fear/fright, constriction and choking, and faintness.

Ambra Grisea - Abridged from Neesgaard, “It is about the imparting of knowledge, written and spoken. He declines to accept knowledge from without. He does not believe he has to learn anything. He himself wants to be the light of the intellect, he alone will extend the horizons of others. Ambra wants to be the master teacher. Afraid of being enlightened by others, he lectures incessantly, asks pro forma questions without waiting for an answer, and shuts his eyes to the knowledge of others.”

Ambra Grisea also covers the themes around knowledge and that of not learning from others, of being the master teacher. However, the animal kingdom themes are not predominant in this case.

PRESCRIPTION

Early Feb, 2014
- Rx - Chelidonium 10mk

Early April 2014 (Follow-up)
Not feeling as blocked and held up in relation to writing medical board exams. “I feel there are different options and paths.” Aggression with kids has improved by 70% and is not coming up in other situations. Chest oppression is gone. Yelling and frustration has decreased. Overall feeling “calm, easy and peaceful.”
- Rx - Chelidonium 10MK

Mid November 2014 (Follow-up)
Amelioration described above continues. Constriction in neck much reduced. However, in past month life challenges have resulted in a return of delusion level symptoms and global sensations.
- Rx - Chelidonium 50MK

Early February 2015 (Follow-up)
Patient continues to report that he feels good overall. No episodes of kidney stones. However, dream level bringing in themes of war and escape. Some yelling and reacting with kids returning. Hypertension same. Consider moving to CM in future.
- Rx - Chelidonium 50MK

March 2015 (Follow-up)
Moved to CM dose for support around upcoming examinations.
August 2015 (Follow-up)
Passed his exams with good marks and feeling much less anxiety around testing. Better able to respond to his reactions around testing with objectivity. Feeling much less affected physically, as a consequence. With kids, reacting much less. Still feels like he must hold in aggressivity to a certain degree resulting in chest pain. However, no more violent thoughts (kill, strangle). Beginning to try periods of time off Fosinopril. Able to see direct correlation when angered by kids. Glonoinum 30ch (one dose every 15 days) added to further support weaning off medication.

December 2015 (Follow-up)
Reports feeling mind much more open, seeing many options and not feeling stuck in life. Finding more ways to solve problems. Reduced inner tension. For first three months after last dose, noticed that neck constriction totally disappeared and continues to report feeling much better globally. Able to have periods off Fosinopril for 3-4 weeks after taking remedy. Continuing to use Glonoinum 30ch (one dose every 15 days) to wean off this medication completely, and has decreased Fosinopril to 5mg only once a day (half the previous dose).

Follow-up
End of Dec 2015 - Patient and Homeopath in continued treatment and communication.

No longer about him being a super doctor or having all that knowledge. No longer obsessed about that. My experience of him is that he is less guarded, defensive or in his “bubble” and this easy going Patient is now able to be in contact with his emotions and aware of his reactivity and not stay in it as long.

Adam Fiore – ND, DHom, MICH Registrar
Adam is a MICH Homeopath and Facilitator, with additional training in Traditional Chinese Medicine and the Yogic healing arts. He is also a certified Naturopath with prior certification both as an Acupressure therapist and Yoga instructor. He has since worked extensively with adults and teens on issues of addiction and mental health.
To learn more about Adam, read his profile in our professional directory.

Kate Hudson – BA, E-Ryt, DHom, MICH Clinical Supervisor
Kate is a MICH Homeopath, and experienced workshop facilitator. She believes that the therapeutic process of inquiry is an important step in both the client’s return to health and in the path to selecting an appropriate homeopathic remedy to facilitate that. She works with clients from all walks of life, and has had particular success with those who suffer from anxiety and depression, or other mental emotional challenges.
To learn more about Kate, read her profile in our professional directory.

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