

# Jon Gamble

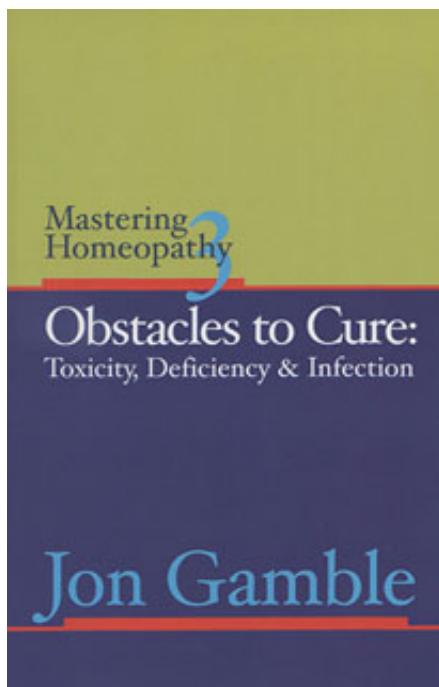
## Mastering Homeopathy 3

### Leseprobe

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# Chapter

## 3

# Infection

If a patient is never well since an acute infection such as chicken pox, herpes, glandular fever, it is common practice to give a *nosode*. Similarly, if an acute illness is not responding to the *simillimum*, giving the *nosode* in addition to the *simillimum* is more efficacious.

When the *simillimum* does not reap results, one obstacle can be an underlying or previous infection, which calls for meticulous case taking and demands detailed recall from the patient. Ongoing infection, or the effects of a past infection, is not always obvious.

Hahnemann enunciated the pathogenic basis of chronic diseases when he described the chronic *miasms*. In his day, failure to recognise these *miasms* presented an obstacle to cure; and a *nosode* was needed to advance treatment. The same principle applies when treating patients today who have infections which become chronic.

### **Streptococcus**

Patients who are never well since a severe tonsillitis may have 'hidden' streptococcal infection.

#### **Example**

*A 9 year old boy had recurring throat infections with classic 'strawberry' tongue, painful swallowing, high fever and leg pain. These infections recurred every few weeks to months, always with similar symptoms. Between episodes he was well, but had less stamina than his two brothers, often complaining of fatigue, poor appetite and vague leg pains. He also had a history of kidney infections as a baby. His chronic picture did not change dramatically until I gave him Streptococcinum in conjunction with Calcarea Phos 200c.*

Think of *Streptococcus* when there is a history of 'strep throat' followed by musculoskeletal pain and fatigue. This bacterium can also be responsible for diseases such as nephritis, scarlet fever, necrotising fasciitis, Paediatric Neuropsychiatric Disorder (PANDAS), rheumatic fever and rheumatoid arthritis.<sup>24</sup>

#### **Deep Gum Infection**

Patients with deep gum infections can be undiagnosed and may have no signs or symptoms in their gums. Non-specific symptoms are:

- Blood tests may not necessarily confirm the presence of infection (ESR).
- fatigue
- transient fever
- vague feeling of 'unwellness'.

<sup>24</sup> Scammell, H *New Arthritis Breakthrough: the Road Back*, Evans, USA, 1998

Dental X-ray will usually reveal a previously undiagnosed deep gum infection. Failing this, there may be few clues other than the above symptoms, making diagnosis difficult. One possible clue is a history of gum or dental disease: the patient may remark: "I've had trouble with my teeth all my life" and "My headaches are always the same side of my head, and radiate into my ear or jaw."

**Example**

*A 40 year-old man who had suffered from life long fatigue and undiagnosed recurring low fevers with weakness, had assumed it was sequelae from having contracted typhoid. I tried several remedies without any improvement, however some of these caused pain in his teeth. That gave me a clue that gum infection may have been the cause. Further questioning revealed long-standing dental problems. His symptoms were pointing to the problem when prompted by a remedy! It was a bacterial infection that had been underpinning this case for years. Mercurius viv 200c one dose every second day resolved his symptoms.*

*Mercurius viv200c has a special affinity for the gum bed.*

**Post-Viral Syndromes**

Three common viruses can produce a picture resembling Chronic Fatigue Syndrome.

***Epstein Bar virus and Cytomegalovirus***

The sequelae of *Epstein Bar virus* and *Cytomegalovirus* are regularly seen in clinic. Patients report general feelings of fatigue or a vague 'unwell' feeling that lasts for months. If the virus is the only causation and there are no other disease factors present, Chronic Fatigue Syndrome of post-viral origin can be treated relatively efficiently.

For post-viral syndromes give:

- The *simillimum* for the presenting symptoms
- *Gelsemium* for fatigue, torpor and cognitive disturbance.
- *Carcinosin* for insomnia, fastidiousness and a family history of malignancy.  
Include the patient's constitutional remedy when needed.

For cases of 'never well since' Infectious Mononucleosis (Glandular Fever), give the nosode *Coxsackievirus 30c*, which is similar to the triggering virus, one dose every second day for two to four weeks. If this fails, I also use *Cytomegalovirus 30c*, one dose every second day.

***Herpes zoster virus***

*Herpes Zoster (shingles)* occurs in people who have had a similar virus, *Varicella* (Chicken pox). *Zoster* can remain dormant in the host's nervous system for years and manifest when conditions are favourable:

- Emotional stress
- Following viral infections
- Deficiency of the anti-viral nutrients zinc and vitamin C.

CFS patients with *zoster* type symptoms often describe severe muscle pain with a burning, pinching or tingling nature and may also have fibromyalgia. One patient's CFS began after his son contracted Chicken pox. While he did not catch chicken pox, his CFS began a few days after his son was sick, showing a strong susceptibility to the herpes viruses.

If no other remedies are indicated, patients with this type of CFS picture often respond well to *Arsenicum album 200c*, one dose every second day, with intercurrent doses of *Herpes Zoster 1M*. This prescription may need to be given for many months.

### **Mosquito Born Diseases**

Until recently, mosquito-born diseases have not been a primary concern in sub-tropical or temperate climates. Now, the spread of mosquito-born disease is increasing into non-tropical climates, as a likely consequence of global warming. Whichever country you practise in, you are likely to have patients about to travel, who want advice about the treatment of, and protection from mosquito borne diseases:

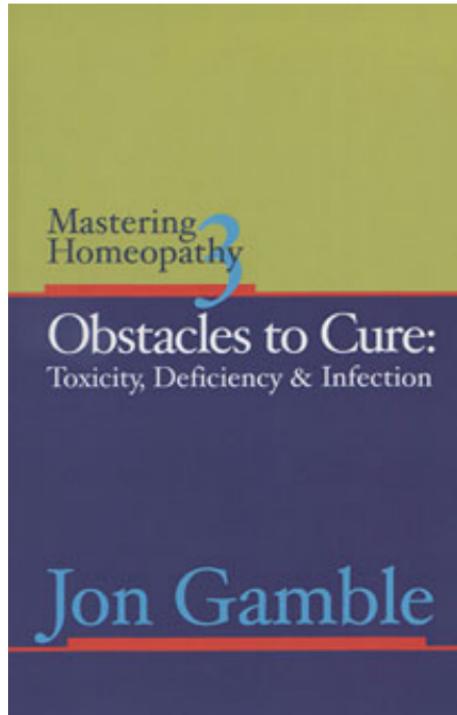
- Barmah Forrest Virus
- Dengue Fever
- Flavivirus
- Lymphatic Filariasis
- Malaria
- Murray Valley encephalitis
- Rift Valley Fever
- Ross River Virus
- Sindbis Virus Disease
- St. Louis encephalitis
- West Nile Virus - encephalitis
- Yellow Fever.

It is important to know which countries each of these proliferate in and when the high risk seasons are. It is also important to thoroughly inform your patients on mosquito bite prevention measures.

Australia has its share of mosquito borne diseases like Ross River Fever and Dengue Fever. These can cause chronic arthralgia or myalgia and may escape screening because of the absence of more striking symptoms.

When treating *Ross River Virus*, for best results, give the *nosode* of that disease in conjunction with the indicated remedy. For example, in patients with joint and muscle pain in Ross River Fever, prescribe *Rhus tox 30c* with *Ross River Virus Nosode 30c* on alternate days.

Suspect mosquito borne infections when the original symptoms included a fever or vague flu-like symptoms. Careful case taking, especially of the travel history of your non-responding patients, may reveal exposure to a mosquito-



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