

Criteria for symptom-remedy-cure correspondences: a critical approach of clinical verification with examples from dental praxis

Clinical verification in homeopathy is necessary to ameliorate the tools we are working with, in order to obtain cognition based homeopathy. Cognition based homeopathy is depending on experience, experiment and a pool of verified clinical cases.

The 'Guidelines for clinical verification of homeopathic symptoms' (Michel Van Wassenhoven 2010, ECH subcommittee Research)) is an excellent paper about clinical verification and an extended version of the Five Steps of Hering.

Hering's 5th step to obtain a verified symptom is the clinical verification (at the bedside, with the sick). The first step in clinical verification, before any other steps, is to check the reliability of the symptom-remedy- cure correspondence.

This implies the importance of the reliability of the symptom-remedy- cure correspondence. Is the result after the administration of the remedy always due to this remedy (only)?

Which are important criteria for a reliable symptom-remedy-cure correspondence in general practice in verification of (proving) symptoms? Is it possible to elaborate a checklist, and/or is this desirable? Anyway it's an important step to avoid too much "wishful thinking" about the effectiveness of a remedy or an intervention and to make physicians and dentists more aware of this.

The elaboration of criteria to determine the relationship of the treatment (remedy) with the cure is necessary. In medical science, reliability (and verification) can only be measured in levels of probability; a 100% certainty in treatment is only obtainable in specific situations.

How do we distinguish a placebo effect from a real effect?

Combining of technical intervention and homeopathic remedies makes clinical verification in dentistry more complicated, even changes in hygienic behaviour can strongly influence clinical results. Reliability of the remedy-cure correspondence and hence the verification of a homeopathic remedy is only possible if it's the only therapeutic measure taken.

Even the proposed criteria cannot avoid mistakes in a single case, but a pool of several similar cases can exclude errors in interpretation and renders the reliability more consistent.

In cases where different remedies were used in a consecutive manner in order to have a 'complete' cure, it is necessary to take all remedies into consideration (would the 4th remedy have had a result if the first 3 remedies weren't taken before, or one of them?). Every remedy can be verified apart on the next consultation after the administration. Alternation of remedies with only short relapses of time makes correspondence and verification troublesome (as is in cross-over provings) and can only be done as a 'global' verification as complex remedies can only be verified as a 'single' remedy

Concerning proving symptoms the verification can be on the level of the single or particular symptom, not necessarily on the totality or several symptoms although this would be preferable.

In case of the administration of a blank or placebo, results can be considered as circumstantial effects. Clinical verification of blanks seems to be a very interesting topic. Checking these correspondences can afford the therapist a level of probability that the cure is related to the remedy.

Remedy-Cure Correspondences:

Pre-administration: symptoms lead to the choice of the remedy and the dose

- **Totality of the symptoms correspondence:** the principle of homeopathic prescribing is the similarity to the totality of the symptoms. What is this totality? In acute prescribing do we consider lifetime symptoms? Different kinds and levels of similarity are possible. Considering only totality is quite complicated
- **Etiological correspondence:** cause-remedy relationship
Relation etiology and the chosen remedy: trauma, coldness, warmth, moist, food, emotions...
E.g. Hypericum in trauma of nervous tissue, Bellis perennis in cases of pathology arising after sudden cooling down after being heated.
- **Seat of action correspondence:** local affinity of the remedy
A remedy can have local affinities (tissue, organ...), known from toxicology, phytotherapy, clinical experience and provings.
Rademacherian organopathy is strongly included in homeopathy.
E.g. Hekla lava is a remedy with affinity to bony structures, especially the jaws, and proves to be an important remedy in its pathology.
- **Kind of action correspondence:** how is the remedy acting
Known physiopathological action of the remedy: causes inflammation, irritation, paralysis, ulceration...
The physiopathological action can be observed in toxicology, which provides the 'raw' material and by provings, which give more refined symptoms.
E.g. Cantharis causes irritation of the bladder. One can verify if this specific irritation is cured by Cantharis if the remedy is prescribed on these premises.
This includes also the evolution of the pathology/symptoms, which can be expected (e.g. inflammation leading to ulceration)
- **Therapeutic idea correspondence:**
Treatment planning according a therapeutic theory (e.g. similarity), methodology or strategy. This has to be stated before the treatment or intake of the remedy. Therapeutic idea: e.g. a nosode is necessary to cope with hereditary problems.
Preventive measures: e.g. Belladonna is a preventive for scarlatina.
Use of signs leading to the remedy which is effective: morphologic constitution.
Range of action: a remedy has a 'stop spot' and a pathology beyond the range of action of a remedy can not sufficiently cured by it.

- **Dose- effect correspondence:** results depending on dose
The effect is only obtained by a specific dose or potency (in a specific case: patient and symptoms): e.g. organic problems need a low potency and a frequent intake.

Post administration/ check:

- **Time related correspondences:**
 1. Promptness of the result in relation to the normal evolution of the illness or the symptoms (time and space): in acute diseases the effect has to be prompt and in the increasing phase. In the decreasing phase effects are more dubious. The normal evolution and duration of the illness/symptoms has to be taken in consideration.
 2. Before and after relationship: relation between duration of illness/symptoms and intake-effect: a symptom or illness of long standing, e.g. several years, disappears in short time, a few days or weeks. In this category also, so called, incurable diseases with no spontaneous healing to be expected.
 3. Moment of intake and normal evolution: increasing and decreasing phase of illness (see above).
 4. Administration of remedy and result correspondence: intermittent administration of the remedy: every dose is followed by a comparable result.
 5. Duration of the result/effect: follow-up of long enough duration depending on symptoms and pathology.
 6. Periodicity/alternation of symptoms: short, long intervals
- **Lifestyle and environment correspondence:** effects of changes in lifestyle and environment.
Changes in lifestyle and diet, strong emotional events, even climatic changes can be troublesome for reliability and verification. They have to be taken in consideration.
- **Biochemical correspondence** and clinical results.
E.g. Laboratory tests return to normal
X-ray's show amelioration...
- **Level of amelioration correspondence.**
Amelioration, disappeared, change in appearance...
Emotional, mental, fysiological, leasional
- **Level of cure correspondence.**
Total cure, partial cure, single symptom cured, general wellbeing, intellectual and emotional changes...

Cheirantus cheiri:

This small remedy, not well known in homeopathic world, has not been proved yet. In my experience, while I prescribed it for about 360 times during the last 30 years, it was beneficent in almost every case of ailments from cutting (or eruption of) wisdom teeth in the acute phase. Pain disappeared or was greatly improved in most cases in less than two days.

Concomitant symptoms as nose obstruction, ear and hearing ailments, rendered the results more confident after one or two intakes of the remedy.

In cases of obstruction to the erupting wisdom tooth, a mineral remedy was needed (often calc carb, sil.) or the surgical extraction of the tooth.

Nevertheless many cases (about 50%) are less valuable because I complemented Cheirantus with a local phytotherapeutic remedy when there was swelling, redness and painfulness of the gingiva in order to have a faster alleviation of these ailments (Plantago, Echinacea, Calendula).

Laterality seems of no importance

In Synthesis are only few rubrics with Cheirantus. This includes this remedy will be seldom or not at all found in a general repertorisation, but only if based on locals (wisdom teeth).

Rubrics in fact are clinically verified in practice.

MIND – IRRITABILITY (common during problematic eruption of wisdom teeth)

EAR - DISCHARGES

EAR - DISCHARGES – left

HEARING – IMPAIRED (in 6-7%)

HEARING - IMPAIRED - measles, after

HEARING – LOST

HEARING - LOST - wisdom teeth, from cutting

NOSE - OBSTRUCTION – night (in 21-22%)

FACE - DISCOLORATION – yellow

TEETH - DENTITION – difficult

TEETH - DENTITION - difficult - Wisdom teeth (leading to prescription in almost all cases)

TEETH - WISDOM teeth, ailments from eruption of (id.)

STOMACH - COMPLAINTS of the stomach

BACK - PAIN - Lumbar region

Pain can come and go very swiftly in these cases, but clinical investigation in loco rendered the correspondence remedy-result more sure.

Hekla Lava:

Hekla Lava is also a remedy often used in dentistry for all kinds of problems in the bony structures. Although the remedy is often complemented with root canal treatment, it showed its effectiveness in cases the root canal is blocked by a post or crown. It contains several elements which are fundamental in development of supporting tissue (Alumina, Lime, Magnesia, Silica, Oxide of Iron and some eruptions: Fluor) . Hekla Lava ailments are far most objective tissue changes (see extraction from Synthesis). Proving is not elaborated to those stages. Verification of the result in bone tissue changes is often difficult and can take several months.

Are local (teeth, jaws) symptoms and ailments sufficient to use Hekla Lava?

Can we compare with other lava's, e.g. Etna Lava?

- **Clinical Cases Hekla Lava : An Analysis**

1. INTRODUCTION

This clinical study contains a review of about 300 cases of prescription of Hekla Lava in dental practice. No selection of the cases has been made : all prescriptions of the remedy for about 15 years are included.

Prescriptions : 295

Patients : 262

Cheekbone pathology from dental origin is a combination of external aggression and internal reaction modus. To lower the aggressive factors and increase the defense capacity of the patient in order to achieve a healing is the goal of the sound treating dentist. Cooperation of the dentist with homeopathic physicians is to be recommended to establish a more complete knowledge of the patient, necessary to ameliorate internal regulation capacities.

2. PATHOLOGY

The pathology for which the remedy was prescribed were dental and cheekbone inflammatory and infectious alterations : a combination of external aggression and internal defense reactions.

Pathologies were acute and chronic :

- Abscess acute (44)
- Abscess chronic/recurrent (33)
- Apical granuloma (22)
- Dental fistula acute (21) with abscess (4)
- Dental fistula chronic (15)
- Apical inflammation / Pulpitis (19)
- Apical infection/abscess (75)
- Periodontal disease: acute abscess (21)
- Periodontal disease chronic (7)
- Alveolitis after extraction (16)
- Prevention (surgical) extraction (9)
- Submucous abscess primary teeth (19)
- Cystic swelling (2)
- Injury (2)

Percussion pain/ increased mobility (21)
 Pericoronaritis eruption (5)
 Recurrent dental pain with unknown cause (1)
 Augmented density of bone with vague pain (1)
 Interdental abces with fistula (1)
 Residual Cyst (1)
 Apical Cyst (2)
 Reimplantation tooth (1)
 Broken root (3)

3. SYMPTOMS

In current Repertories and Materia Medica symptoms of Hekla Lava are very limited. The vast majority of the symptoms are clinical and lesions: pathology Symptoms are linked to the pathology and are not very specific to the remedy

Pain: Percussion
 Pressure
 Touch
 Bursting, Burning, Stitching
 Extending : ear, eye, nose, face, head
 Painless
 Fistulising: opening abscess
 Swelling : hard and soft, fistulous
 Cheek, face
 Submaxillary glands
 Mobility of the tooth / teeth
 Mental symptom : Irritability with the pain in acute cases
 General symptom : Tired feeling, exhaustion
 Modalities: < cold drinks, > < warmth

4. COMPLEMENTARY TREATMENT

-Trepanation rootcanal and (new) rootcanal filling : (57) after and during Hekla Lava treatment

-Phytotherapeutic remedy :

Echinacea MT (9) : external and internal : immunity stimulation

Calendula MT (3) : external : mucosal complaints

-Homeopathic remedy(ies) :

1.Hekla Lava as acute and subacute remedy complemented afterwards with :

Calcarea Carbonica (1)

Calcarea Fluorica (5)

Fluoricum Acidum (5)

Ignatia (1)

Luesinum (2)

Mercurius Solubilis (1)

Phosphoricum Acidum (1)

Silicea (18)

Sulphur (1)

2.Hekla Lava as subacute and chronic remedy after or in alternation with :

Ammonium Carbonicum (3)

Arnica (3)

Arsenicum Album (1)

Cheiranthus (2)

Hepar Sulphur (6)

Hypericum (4)

Mercurius Solubilis (1)

Pyrogenium (3)

Rhus Toxicodendron (1)

Symphytum (1)

-Extraction after Hekla Lava was given to treat the infectious state (38)

-Occlusal correction (1)

-Rootplaning (cleaning tartar) (21)

-Splinting (4)

5. HEKLA AS SINGLE TREATMENT

Cases with Hekla Lava as only treatment :

Total : 237

Followed by Root canal filling : 64

Followed by extraction : 38

6. MOTIVATION POTENCIES CHOICE

Potencies used :

5CH : 6

9CH : 5

6K : 259

30K : 24

200K : 16

1LM : 2

3LM : 30

The use of low potencies (6K, 5CH) in most cases is due to the existence of local clinical similarity with physiopathology of the active substance of the remedy (Wilkinson). The prescription is based mainly on local laesions. The repetition of the dose is more frequent in acute stadia and more spread in subacute and chronic (often painless) stadia. Frequency of intake lowers when pain symptoms or swellings etc. disappear.

Higher potencies were used when also a more general and more intense picture of the remedy was present (as far as it is possible, due to poor experimentations or provings with the remedy)

Higher potencies had no relation to the chronicity of the pathology.

The use of LM or Q potencies is mainly during the last years, because of more recent study of these potencies and the occurrence of several successful and durable results. A high dilution in combination with a relative low dynamisation seems to be more effective in this kind of pathologies.

7. RESULTS AND MODIFICATIONS

Most acute infections have a spontaneous healing which is nevertheless very changeable but mostly leads to a chronic state. In those chronic states the effect of Hekla Lava is undeniable. Nevertheless Hekla Lava gives prompt relief in acute cases in starting affections with rupture of the usual evolution of the pathology.

In 61 cases the results are unsure because it was the last consultation of the patient.

Concerning the painful situation at the moment of prescription it can be easily assumed that several cases had a positive result, considering the fact I always insist to contact me if the result is lacking in a short time.

Some results can only be considered on a short period because they are recent. The long term results are to be waited for.

Submucous abscesses in deciduous teeth: interpretation of results is often difficult because patient mostly returns when the permanent teeth are already present. The same conclusion is possible as above: probably there were no more (severe) complaints. The complaints also disappear spontaneously when the permanent tooth appears.

All cases with broken root were followed by extraction.

Another difficult interpretation is the result of Hekla Lava in the prevention of surgical extractions and healing of alveolitis cases. Although one can observe a fast alleviation of the complaints and a minimum of complications, this can also happen without any treatment.

Complications during and after extraction of infected teeth, when Hekla Lava was used for the treatment of the acute infection, were rare.

All periodontal cases are doubtful because an additional curettage was elaborated or splinting. The real effect of Hekla Lava is difficult to interpretate.

Here I will only take the single remedy cases in consideration, no other treatment involved (e.g. teeth with crowns, posts in root etc.), although in several cases partial results of Hekla Lava are prominent but completed by remedies more coping with the totality of the patient.

- Making Root Canal Filling possible in a short time: 64

- With long standing results known: 39
- Patient free of symptoms: 54
- Partial healing/ Under controll: 12
- Healing (fast and standing long term): 16

Cases with no result: As a positive result is difficult to measure, so is also a lack of effect. Several extractions (21) have been done because of recurrent complaints not yealding to the administration of Hekla Lava (or any other remedy).

In several cases with poor or partial results in complaints and pathology, other remedies came in which completed or augmented the result of Hekla Lava: would these remedies have had the same effect if Hekla Lava was not given?

An important item is the quick healing of fistula of long standing without any other treatment (clinical investigation and X-ray)

8. CONCLUSION

A wider knowledge of the Hekla Lava picture is necessary to make a better individualisation possible. Present prescriptions are mainly based on clinical symptoms and pathology.

Hekla Lava needs often to be followed by a complementary remedy to achieve a more complete cure.

Nervertheless it is very probable that Hekla Lava is an important remedy to consider in jaws and teeth complaints and pathology.

General Conclusion

The elaboration of criteria to determine if there is a close relationship between the treatment (remedy) and the cure is necessary.

Combination of technical intervention and homeopathic remedies renders the reliability of remedy-cure correspondences and verification in dentistry more complicated.

This text is a working document, an excercise in reflexion of what is our daily practice,

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