

# Homoeopathy, Pathology and Outcomes Based Methodology, ensuring Clinical Excellence & improved Communication

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## INTRODUCTION

■ Who am I?

Roses are red, violets are blue.

I am schizophrenic, and so am I.

# INTRODUCTION

- What this presentation is about?
  - Survival → mediocrity → excellence.
  - Forward based thinking vs. outcome based thinking (a decision).
  - OBM & EBM.
  - Merging traditional & newer concepts in patient management.
  - Sensitization.
  - True Holism.

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# INTRODUCTION

- Why is the presentation Necessary?
  - Improving communication and clinical skill.
  - Helping homoeopathy achieving its rightful place.
- How am I going to go about this?
  - Discussion on basic concepts, philosophically initially and then practical application.
  - Literal examples used to demonstrate the merging of old & new thinking.

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# I USED EVERY SPARE MOMENT



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## IS THE VITAL FORCE MAINTAINING PHYSIOLOGY?

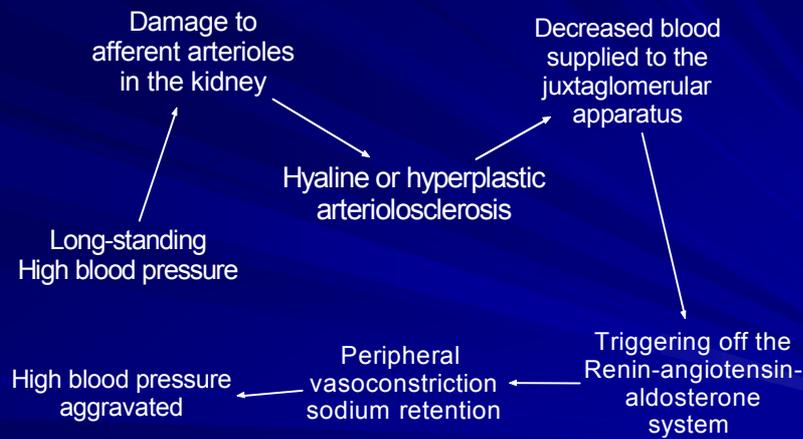
■ Our three states of existence.



- Our three hierarchical goals.
- The 'Hidden' diseases.
  - Lets consider a common example, Hypertension.

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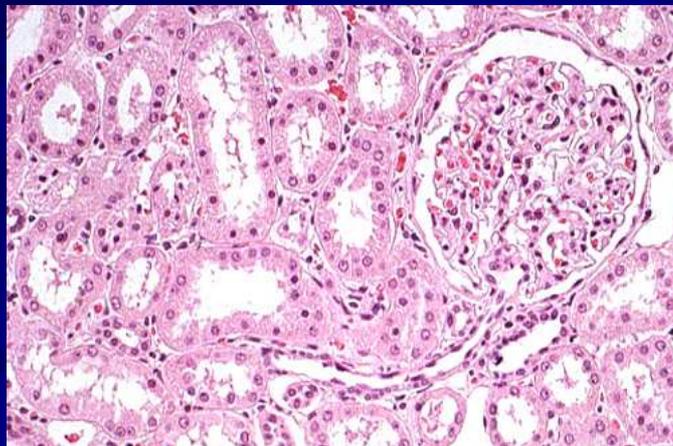
# PHYSIOLOGY-PHYSIOPATHOLOGY-ANATOMICAL PATHOLOGY



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# PHYSIOLOGY-PHYSIOPATHOLOGY-ANATOMICAL PATHOLOGY

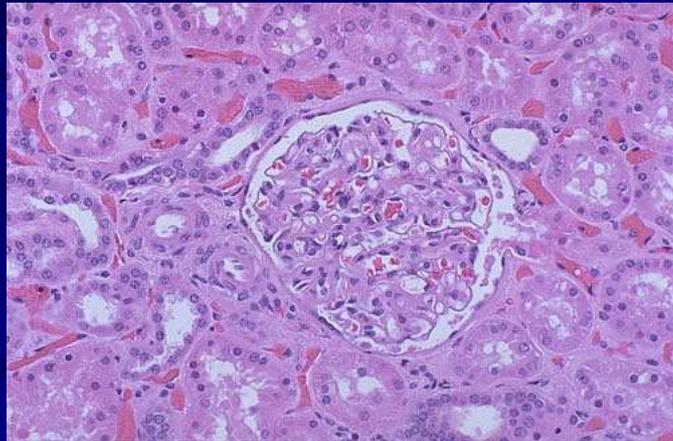
Normal kidney, juxtaglomerular apparatus, high power microscopic



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# PHYSIOLOGY-PHYSIOPATHOLOGY- ANATOMICAL PATHOLOGY

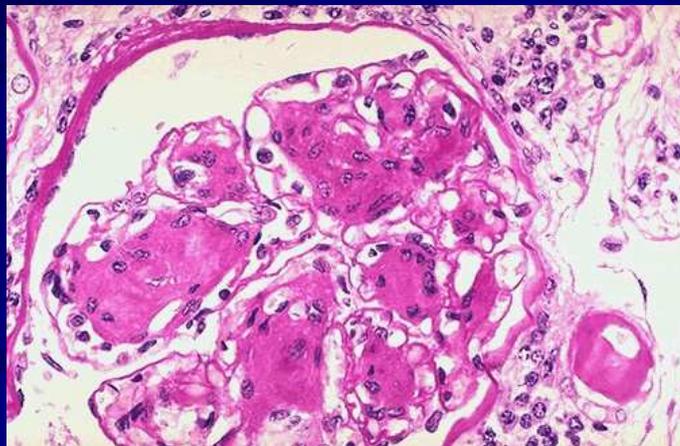
Normal kidney, high power microscopic



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# PHYSIOLOGY-PHYSIOPATHOLOGY- ANATOMICAL PATHOLOGY

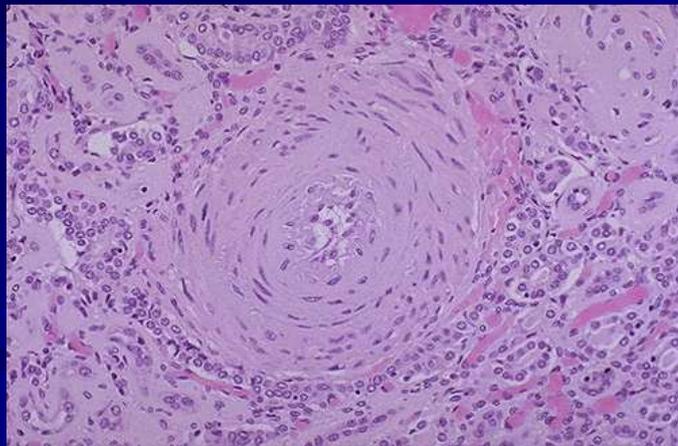
Nodular glomerulosclerosis and hyaline arteriosclerosis, microscopic,  
PAS stain



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# PHYSIOLOGY-PHYSIOPATHOLOGY- ANATOMICAL PATHOLOGY

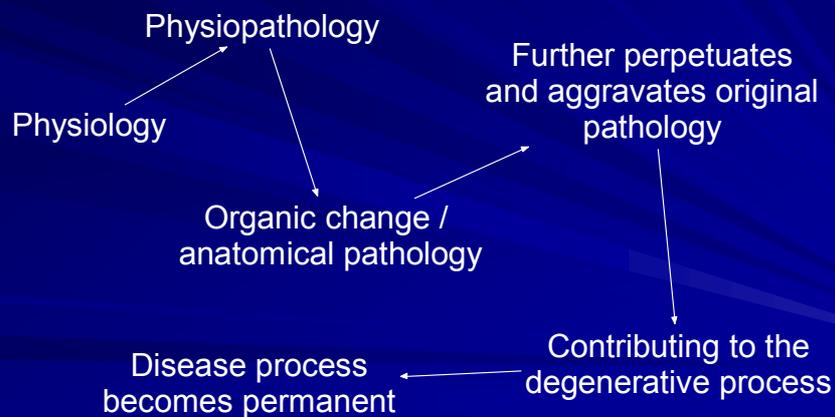
Hyperplastic arteriolitis with hypertension, microscopic



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# PHYSIOLOGY-PHYSIOPATHOLOGY- ANATOMICAL PATHOLOGY

- So to summate this phenomenon...



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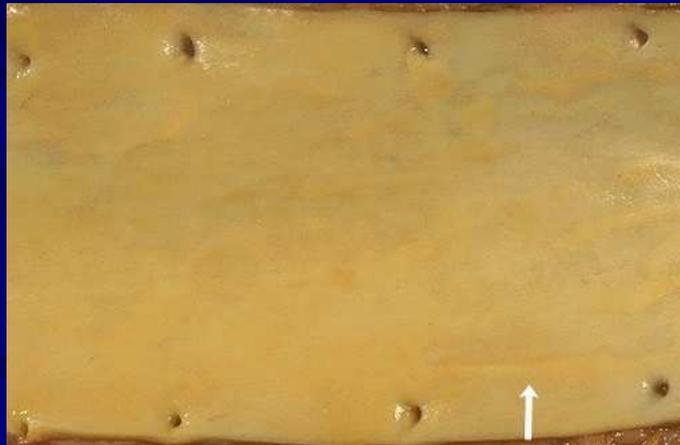
## PHYSIOLOGY-PHYSIOPATHOLOGY- ANATOMICAL PATHOLOGY

- Ageing & disease;
  - The fine line → rate and degree.
  - 'Sensitization' allowing us to prevent future morbidity.
  - E.g. Atherosclerosis.

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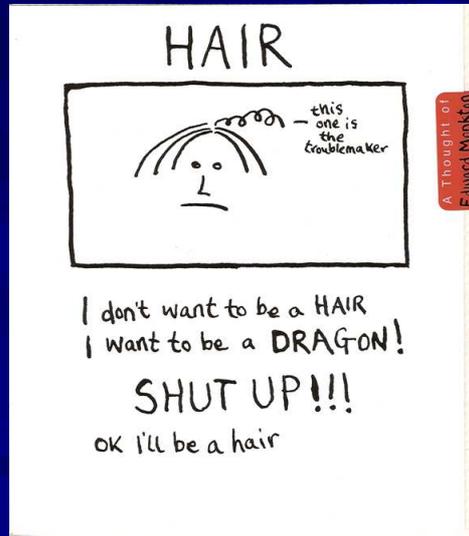
## THE HIDDEN DISEASES

- Ageing...lipid deposition...atherosclerosis



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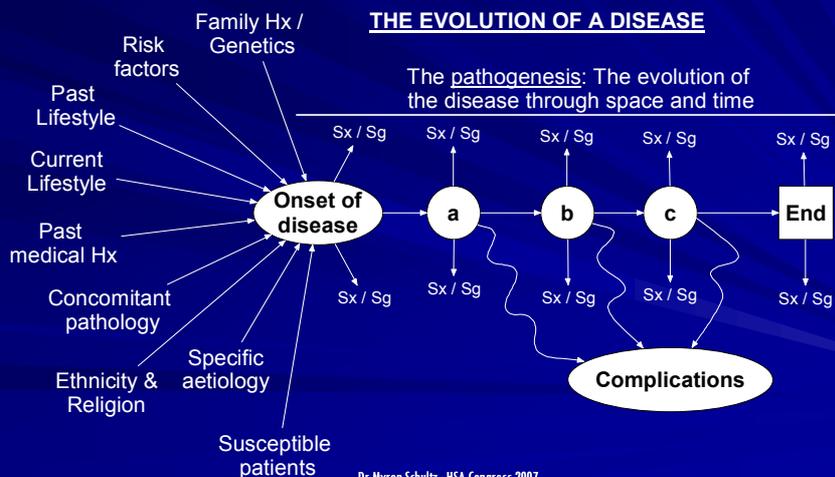
# BEFORE WE GO ANY FURTHER



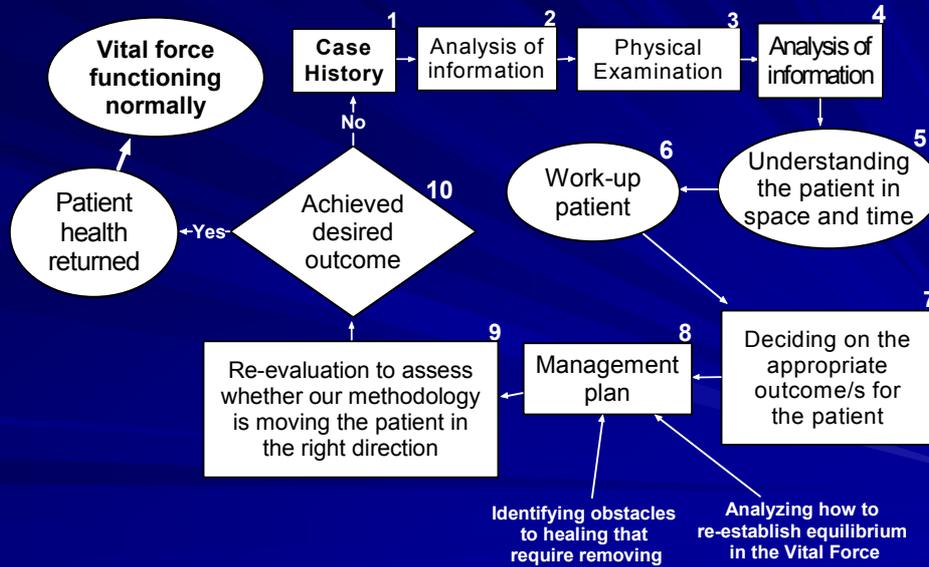
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# EACH DISEASE HAS AN EVOLUTION

## ■ The disease-patient relationship.



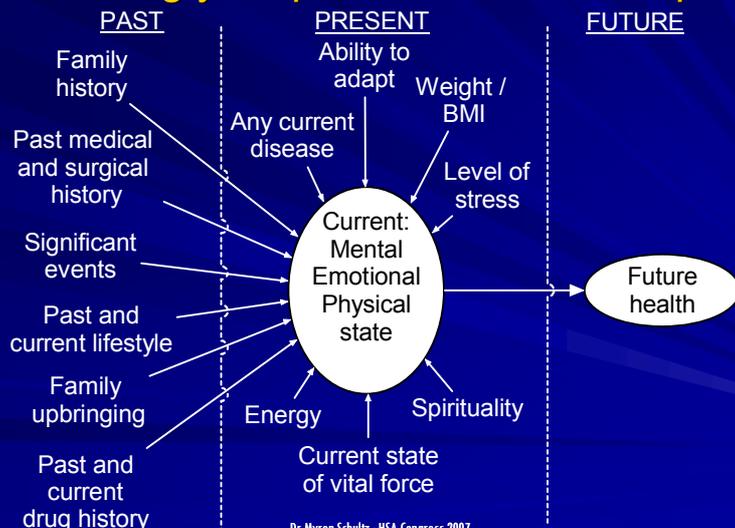
# WHERE DOES THE THEORY FIT IN?



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# CONTEXTUALIZING THE PATIENT

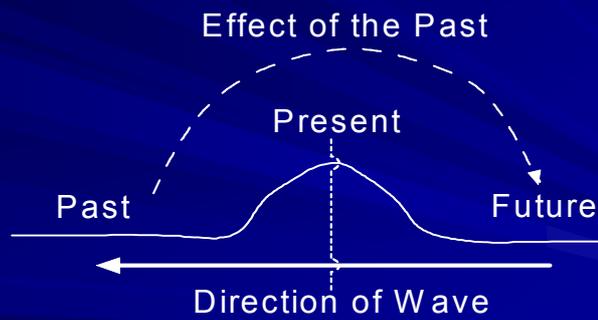
## Visualizing your patient in time and space.



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# CONTEXTUALIZING THE PATIENT

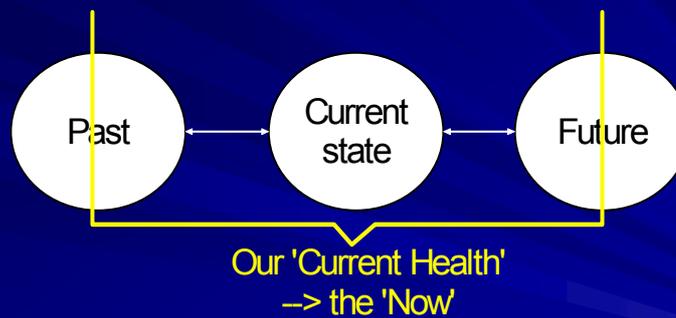
## ■ The 'Present', a wave of change...



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# CONTEXTUALIZING THE PATIENT

## ■ The 'Now' defined holistically



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## WORKING UP THE PATIENT

- Why?: Extra effort to understanding the patient in time & space.
- How?: Ask the right questions.
  - Acute / Chronic.
  - Primary / Secondary.

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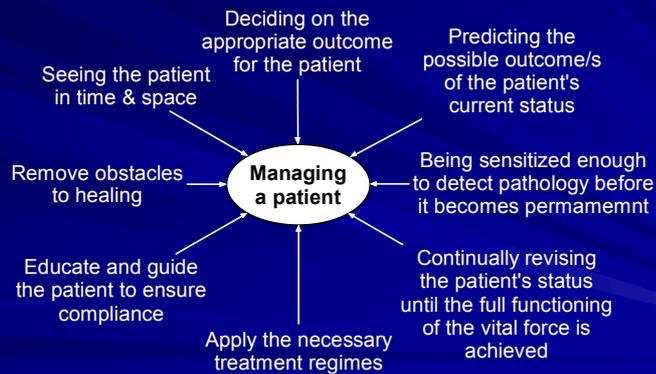
## DEFINING THE OUTCOME/S

- May be achieved after 'contextualizing' the patient.
- Do not confuse this with the 'natural history'.
- May have multiple outcomes.
- A dynamic process.

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# MANAGING THE PATIENT: 'POA'

- Managing a patient does not equate to treating a patient.
- Evidence-base



- Continual re-evaluation (dynamic)

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# MANY HOURS CONTEMPLATING



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## OTHER FACTORS TO CONSIDER

- Simple primary diseases with favourable outcomes.
- Acute exacerbation of chronic pathology.
- The pattern of illness within a patient.
- Risk factors.
- Co-morbid pathology.
- Terrain / constitution.
- Miasma / Hereditary traits.
- Clinical intuition.

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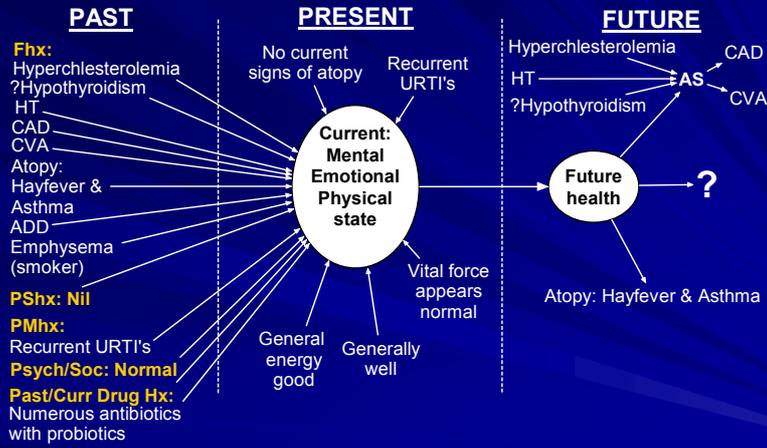
## CLINICAL GEMS

- Presented in themes.

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# DISEASE PATTERNS: The Common Cold

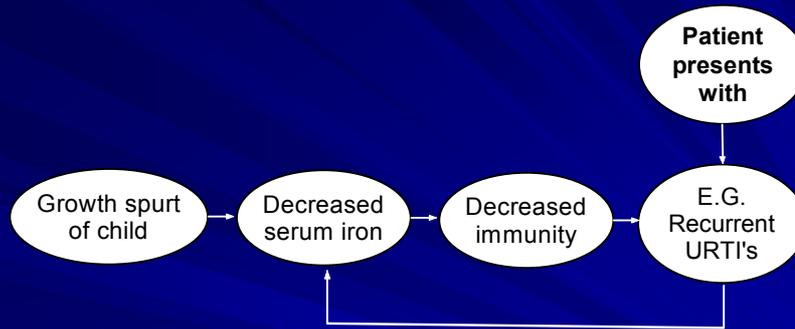
Two-year-old Indian female



Holistically, what do you regard as the NOW?

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# DISEASE PATTERNS: The Common Cold

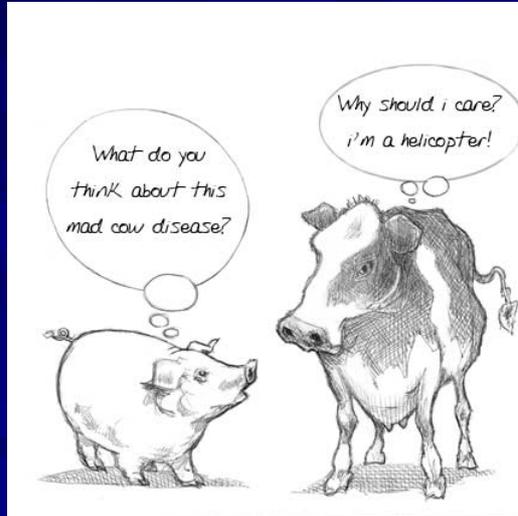


- Recurrent pathology → Patterns.
- Primary and secondary disease.
- Normal Hb, normal Fe?

- FBC with ESR.
- Fe studies.
- IgG, IgM, IgA.
- IgE/Phadiatop.

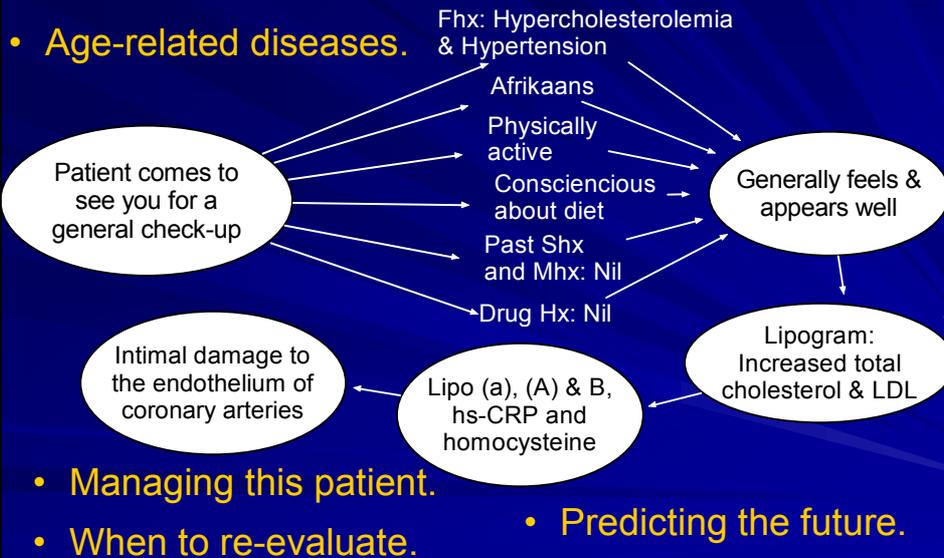
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# ANOTHER LOOK AT PATHOLOGY



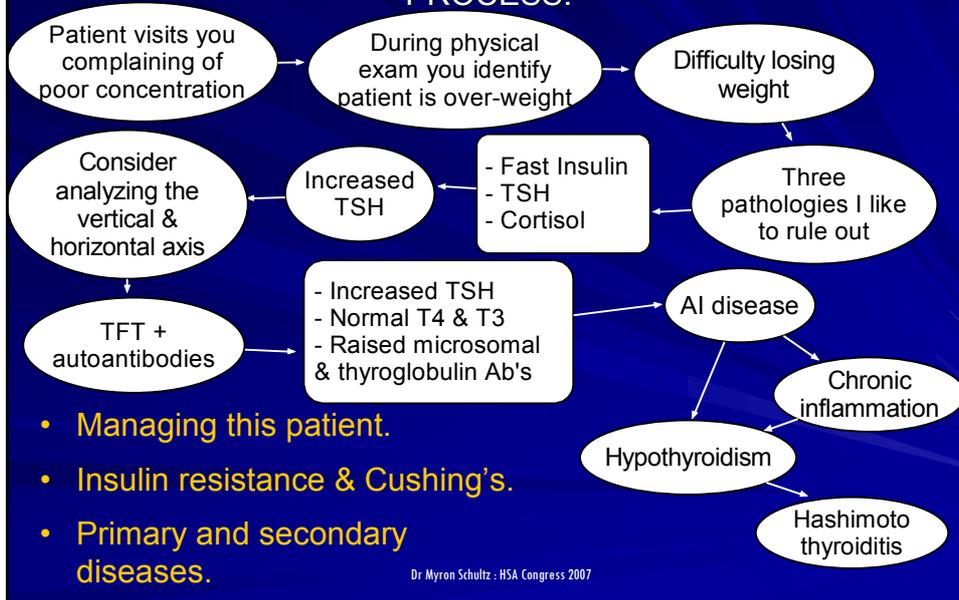
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## JUST BECAUSE A PATIENT FEELS WELL, DOES NOT MEAN THAT THEY ARE!

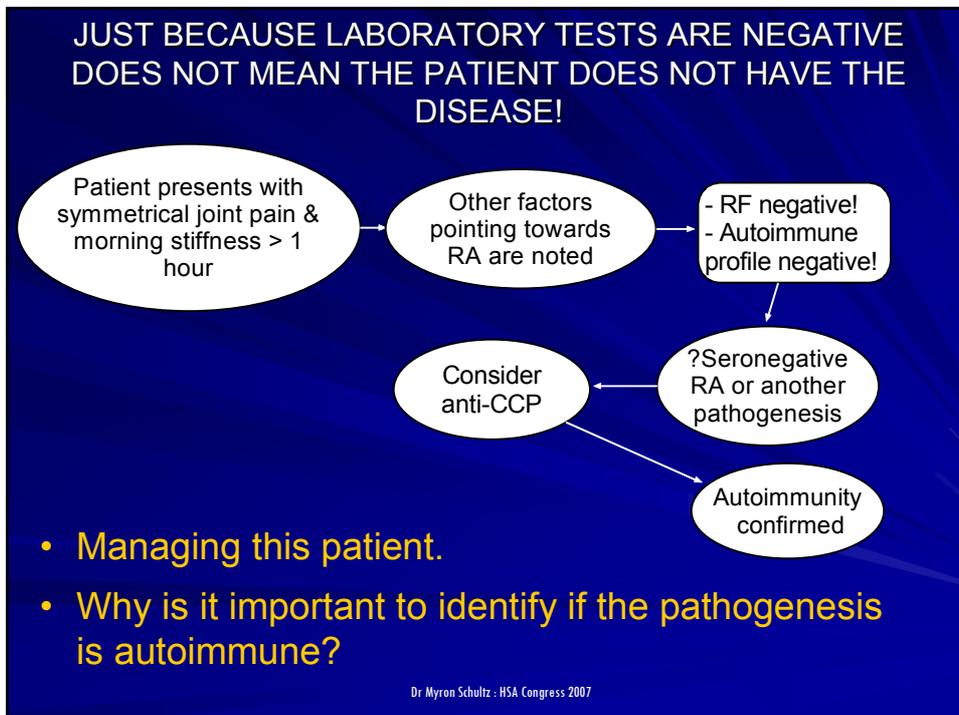


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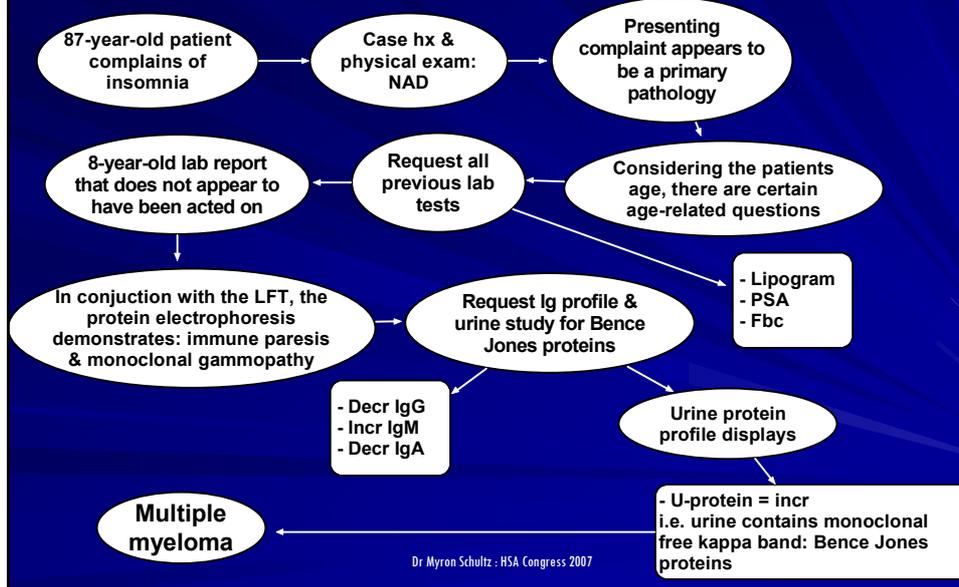
JUST BECAUSE THERE ARE NO SYMPTOM'S AND SIGN'S DOES NOT MEAN THERE IS NO DISEASE PROCESS!



JUST BECAUSE LABORATORY TESTS ARE NEGATIVE DOES NOT MEAN THE PATIENT DOES NOT HAVE THE DISEASE!



## PREVIOUS PATHOLOGIES NOT REPORTED: DRAW ALL PREVIOUS LAB TESTS!

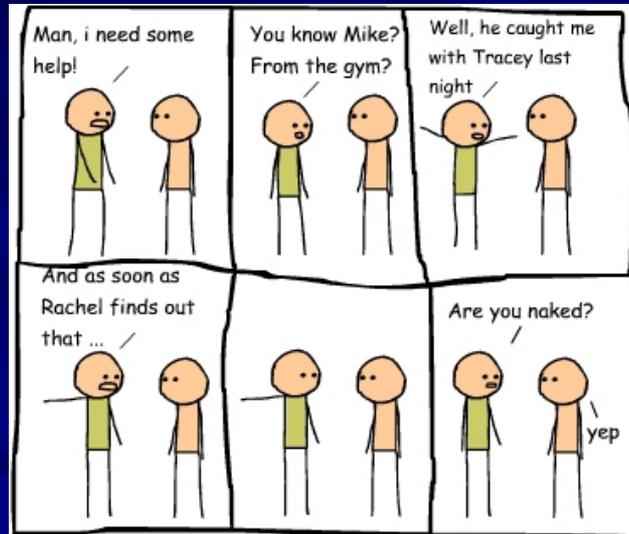


## PREVIOUS PATHOLOGIES NOT REPORTED: DRAW ALL PREVIOUS LAB TESTS!

Multiple myeloma

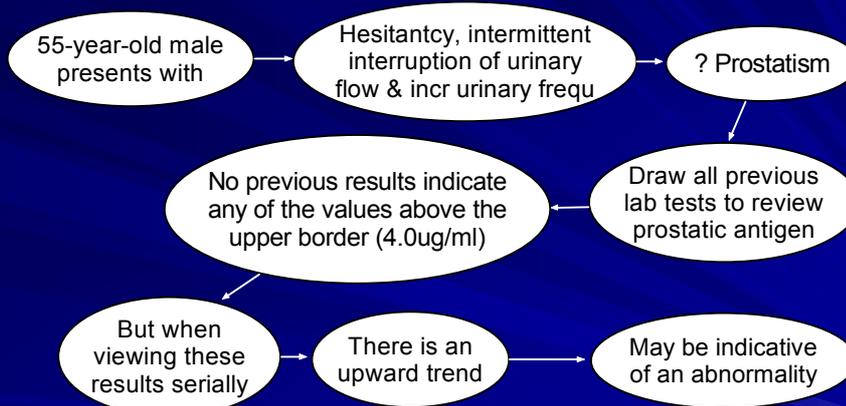
- Viewing results serially.
- How do we manage this patient?
- What do we monitor?
- Geriatrics often do not 'react'.

## More of how I think



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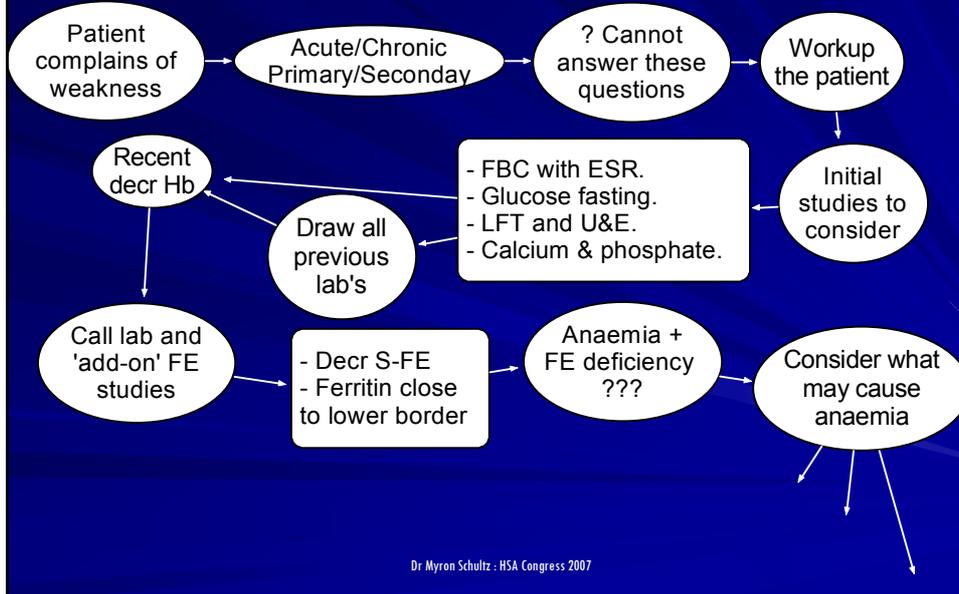
## EVEN THOUGH LAB RESULTS FALL WITHIN NORMAL PAREMETERS, THEY MAY STILL HAVE PREDICTIVE VALUE!



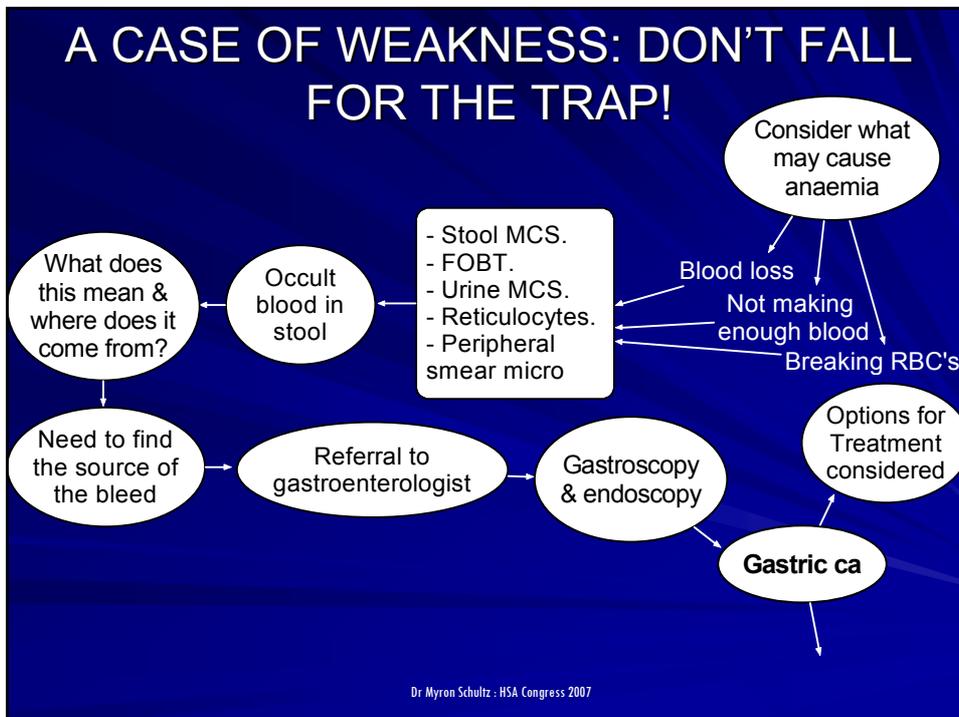
- Managing this patient.
- Serial analysis of lab results. E.G. LFT, U&E etc.

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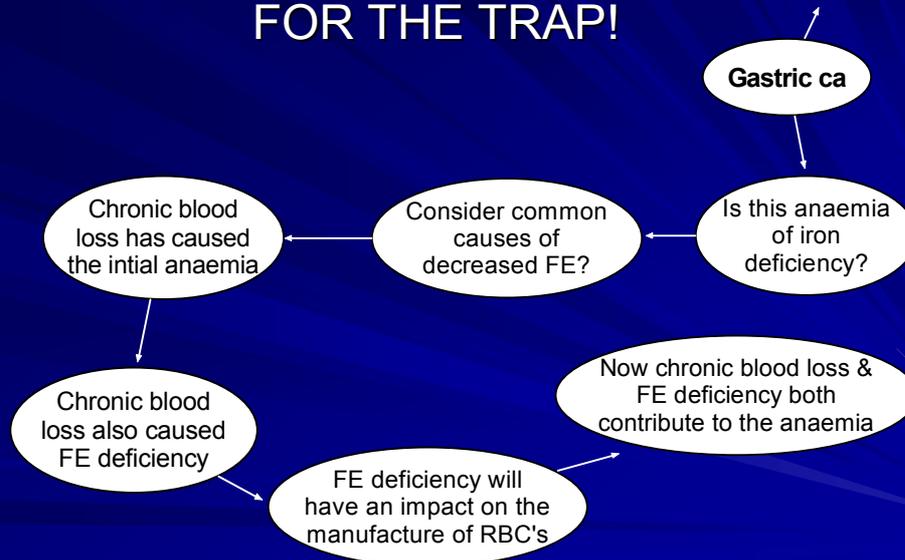
# A CASE OF WEAKNESS: DON'T FALL FOR THE TRAP!



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## A CASE OF WEAKNESS: DON'T FALL FOR THE TRAP!

- Managing this patient.
- Treating the entire patient.
- Watching out for future health.

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## THE GOLDEN RULES : GENERAL PATHOLOGY PRINCIPLES

- The body will always strive to survive, but in the process may eventually contribute to the pathogenesis.
- Chronic inflammation results in fibrosis.
- A fluid that does not move→ infection / fibrosis.
- Anaemia is not a diagnosis, and thus not cured by FE supplementation.
- All diseases are secondary until otherwise proven.
- The 'text book' is something we must not expect to see.

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## THE GOLDEN RULES : GENERAL PATHOLOGY PRINCIPLES

- High cell turnover leads to mistakes→ dysplasia.
- When the liver suffers, so does the kidney (hepatorenal syndrome).
- What concerns a patient most, might not be the biggest concern.
- Don't see what you want to see, babble babble, are there results?

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## THE GOLDEN RULES : GENERAL PATHOLOGY PRINCIPLES

- Paediatrics and geriatrics say nothing.
- Obesity is not ok.
- Look to identify 'normal'.
- When in doubt, remember the patient is your priority, and ask for help.

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## STRESS: HAVE I ACHIEVED MY GOAL?



...AND YOU THINK YOU HAVE STRESS..

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## CONCLUSION

- Improving communication by comparing apples with apples.
- Standard methods of assessment and understanding of the pathogenesis.
- Conducting credible research.
- Pushing the boundaries of homoeopathy.

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## OUR VISION

Homoeopathy leading in Health & Wellness

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Thank you for your time

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