

# **RHUS-T: MULTIPLE SCLEROSIS**

Dr Gheorghe Jurj, MD, DSc

Course: Visual Semiology

XXIX Brazilian Congress of Homeopathy

São Paulo, 2008

# THE CASE

- 35 year-old patient, diagnosis of multiple sclerosis.
- Main complaints:
  - Numbness in limbs, esp in bed, amel along the day, with motion
  - Headache, in temples, as stitches, agg rainy weather
  - Joints pain, esp knees, after cold or wet weather, agg morning, amel with beginning of motion

# RHUS-T, OBVIOUSLY

	rhus-t.	arg-met.	dulc.	rhod.	am-c.	calc.	cimic.	ruta	sil.	sulph.	tub.	vanil.	anac.	ant-c.	ars-s-f.	aur.	bell.	borx.	bry.	calc-f.	calc-sil.	carb-v.	caust.	chel.	chir.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	5	4	4	4	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2
1. EXTREMITIES - NUMBNESS - motion - amel. (4) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HEAD - PAIN - Temples - stitching pain (181) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a 3. HEAD - PAIN - rain - agg. (1) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a 4. HEAD - PAIN - weather - wet - agg. (6) 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. EXTREMITIES - PAIN - Joints - cold - exposure to... (12) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EXTREMITIES - PAIN - weather - wet - agg. (33) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. EXTREMITIES - PAIN - Joints - motion - amel. (30) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



- White coating on tongue, except the tip, which is red



- Oily skin, dilated pores



- Isolated papules, esp on cheeks
- Skin is coppery



# Not in the rep! ☹️

Schroyens F., Synthesis 9.1 (English) Millennium view (pro)

**MOUTH - DISCOLORATION - Tongue - white - accompanied by**

Tip  
clean and clean sides: **MAG-M.** kr1,vk1  
red tip: hipp. j2,kr1,vk1 mangi. vk1 streptoc. j2 sulph. vk1  
red tip and red sides: rumx. kr1,vk1 Sulph. kr1,vk1 Verat. kr1,vk1  
apyrexia; during: lp. kr1,vk1  
bleached; as if: verat-v. ptk1  
bluish white: ars. mtf33,ptk1 ars-h. hr1,vk1 gymno. br1,ptk1,vk1  
headache; during  
(see HEAD - Pain - accompanied - tongue - white discoloration - bluish)  
brownish white: apoc. vh1 sarr. kr1,vk1  
catarrh; after: puls. kr1,vk1  
chalk; as a layer of: ant-ar. mtf11 **ARS.** kr1,vk1 bism. bg2 Merc. k2,kr1 phos. bo2,vk1

Resultado da pesquisa estendida

[raiz:TIP] E [raiz:TONGUE] E [medicamento:RHUS-T.]

10 sintomas encontrados

Query Fechar Ajuda

	Tamanho
1. MOUTH - DISCOLORATION - Tongue - brown - accompanied by - Sides and tip; red	1 2
2. MOUTH - DISCOLORATION - Tongue - red - Tip	3 52
3. MOUTH - DISCOLORATION - Tongue - red - Tip - triangular	3 3
<b>4. MOUTH - DISCOLORATION - Tongue - white - Triangular base; at - Tip</b>	3 2
5. MOUTH - DRYNESS - Tongue - Tip	2 24
6. MOUTH - HEAT - Tongue - Tip	1 30
7. MOUTH - PAIN - Tongue - Tip	1 23
8. MOUTH - PAIN - Tongue - Tip - burning	1 85
9. MOUTH - PAIN - Tongue - Tip - sore	3 41
10. MOUTH - TONGUE; complaints of - Tip	2 5