Blood pathology testing in clinical homeopathic practice

Part one - Haematology and biochemistry markers

by Thierry Clerc, MSc, MARH, RHom



Thierry is a full-time homeopath and nutritionist in Cambridge. His interest in homeopathy was ignited by several episodes of arthritis that almost crippled him. After being treated successfully by a homeopath, he decided to join the 'Club', and since then has never felt so healthy and happy. Thierry got very interested in metabolic nutrition and blood testing. Metabolic health issues have become a big part of his practice now, as he realised that people who had a healthy diet were responding much better to homeopathy. Blood analysis is used in functional medicine and metabolic nutrition to provide non-drug based treatment, and Thierry has started to use this diagnostic approach for homeopathy as well.

A complete blood analysis can give a very good idea of the physical health of a patient, and this can help to link it to their issues, and suggest a targeted treatment that we may miss otherwise. This section covers haematology, which includes red blood cells / haemoglobin, immunity cells and the major biochemistry biomarkers. Part two will cover other blood markers.

As well as my work in building and running my professional practice, I am always looking at ways to improve. Although I trained in homeopathy in the UK, my practice aligns very much with the European school of homeopathy as experienced in France, Germany and Switzerland. There, the approach is more 'mainstream medical'; many homeopaths are conventional doctors and major pharmaceutical companies promote homeopathic clinical research. The focus is on the body's health and on resolving physical ailments, which nowadays are often chronic and lifedebilitating, if not life-threatening. Emotional and spiritual aspects are acknowledged but the body's vitality and physical health level is seen as more critical; when the body stops working, we are done with life and need to move on to another

Early in my practice, when working with physical problems such as arthritis or chronic skin issues,

I started to look into blood pathology tests, as they are often available for chronic health cases. This has greatly improved my success rates, for a number of reasons.

First, such tests provide more information on the case which can uncover obstacles to cure that would be difficult to find otherwise. Tests provide a range of relevant health metrics to track the body's improvement. If a patient's symptoms have hardly changed, but there is a positive change in blood test results, it can provide more time to achieve results.

Second, I have found that the use of tests, which gives patients extra confidence, can be shared with their conventional doctors if needed. It has been easier for me to treat people with severe issues, and to liaise with their conventional practitioners. I call this 'speaking the language of the world' which nowadays involves the use of blood tests, and helps to reach out to more people.



Third, tests open up new rubrics in the repertory and in our search for the simillimum, or provide additional support, if relevant. Doctors, including those trained in homeopathy, usually have a good grasp of blood pathology analysis. Sometimes, however, it does not sit well with their 'holistic mind' as blood tests can be used in ways other than for pure pathologies. Profiles of low-level anaemia, for example, can be discarded by doctors even if the medical picture points to this condition. Ideally, if haemoglobin levels are on the low side of the medical range (meaning no anaemia medically), iron levels should be tested. If they are also within range but on the low side, an iron supplement will probably help our patient a lot.

Finally, I have found that most non-medical homeopaths, and especially classically-trained homeopaths, lack the knowledge to use blood tests which would be a great addition to their skill set. I have often been able to suggest effective and simple techniques to assist them and, indeed, I include checking patients' blood tests when I supervise colleagues.

Red blood cells are specialised cells that transport oxygen in the blood

The use of tests, which gives patients extra confidence, can be shared with their conventional doctors

Blood tests, blood ranges and their use in holistic medicine

This document briefly explains some common blood tests. It is not intended to help readers interpret blood pathology results but rather to show how they might be used in clinical practice. As with any medical tests, the patient's history and their presenting symptoms must also be taken into account when deciding whether a blood test result is of concern.

It is important to understand at the outset that some blood metrics vary depending on age and gender, and also where the blood test was processed. For example, anaemia profiles, which analyse red blood cells, are more relaxed in the UK than in Germany or France. And cholesterol readings are stricter in the US than in Spain.

It should also be appreciated that the 'medical blood range' related to these tests is a macro-analysis of what is considered healthy. So, someone can be out of range and > still have a healthy life due to their particular genetic make-up and particular circumstances; and another person may be within range but, from a holistic point of view, may need some help.

We are not conventional doctors. We use available information to understand why the body is not healing, and blood tests can reveal a lack of nutrients or weakened organs that can explain seemingly unrelated health issues. This is an area of medicine that is still more of an art than pure 'cold science', in the true sense of 'art' as in 'artisan' – a skill and talent developed through experience and knowledge.

Initially, conventional medicine defined blood ranges to investigate or define pathology. However, over the past 20 years, a whole new field of blood analysis has opened up in the field of professional sports nutrition - muscle-building in bodybuilders, and increased speed and injury reduction in footballers for instance. The aim of this work was to find out how to improve the performance of already-healthy sportsmen and women. I define this area as the 'optimal' blood range, compared with the 'medical' blood range. The optimal blood range is often more narrowly defined, with the aim of improving the body's performance. There are different schools of thought and different metrics and obviously professional sports centres want to keep their own secrets (see References) and I am now using more of my time to understand the principles behind 'optimal' blood tests and how these can influence the health of all of us. It is not within the scope of this article, however, to cover this in

The costs of private blood tests vary from country to country.

They are high in the UK but cheap in the rest of Europe and in Asia, where I also have patients. However, prices overall have increased during the pandemic as there is more pressure in general on the raw materials required for testing. In the UK, most testing is done by the

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levels' (see below).

Haemoglobin is the specialised protein in the blood that binds with oxygen and carbon dioxide. Decreased values are seen in Vitamin B6 or B12 deficiency and also iron deficiency. An increased value is often due to dehydration.

Haematocrit is the percentage of red blood cells in relation to the fluid portion of the blood. Decreased values can indicate anaemia from haemorrhage, parasites, nutritional deficiency or chronic disease processes.

Red cell count measures the number of red cells in the blood. A low count often accompanies anaemia,

publicly-funded National Health Service and I have found that many NHS doctors are open to testing and re-testing patients when they can see improvements. A significant minority will not take this route, however.

It is also relevant to be aware that, in the UK, the NHS is legally required to provide a copy of any medical test, including blood tests, to the patient. Some GP surgeries still make this difficult although such behaviour, nowadays, is rare.

Private laboratories are happy to work with holistic practitioners, including homeopaths. I believe, too, that soon more home testing solutions will become available. Many companies now provide a wide range of tests in the UK but, in my view, the quality of some home tests is not yet satisfactory. However, this is an area to keep an eye on.

Haematology – red blood cells

Red blood cells are specialised cells that transport oxygen in the blood. They also carry a variety of nutrients and waste products as they are carried through the body by the liquid portion of our blood. Anaemia (the literal translation of which is 'without blood') refers to a reduced number, or a reduced quality, of red blood cells. Readings of these are often referred to as 'iron

Case study one

Although I use the full range of metrics when a patient has clinical anaemia, I concentrate on the blood iron metrics described below. I have found that undiagnosed low-level anaemia is often an obstacle to cure for many physical ailments, when the indicated remedy does not act as fast as might be expected.

A 23 year-old female consulted me for recurring vaginal discharge, mainly after sex and lasting for days or weeks. She was taking the birth control pill and was in a healthy relationship. The presentation of the discharge pointed to Thuja. I also asked her to have a blood test (which was OK, according to conventional medicine). She sent me the result a few weeks later, also reporting some mild improvement after Thuja (although not as much as I had expected). I examined the blood test results. and haemoglobin, red cell count, serum iron and ferritin levels were all medically normal but close to the lowest end of the range. The patient did not really show any medical signs of anaemia such as fatigue, pale skin, or hair loss, but she was vegetarian.

In this and many similar situations, I now see iron-deficiency as an obstacle to cure and I address it nutritionally instead of looking for a better remedy. At her follow-up a few weeks later the patient reported that, with iron support in addition to *Thuja*, she felt better and calmer; and the discharge had now reduced significantly.

excess body fluid and blood loss. A high count is commonly seen in dehydration and in some rare medical conditions.

Mean cell volume is a measurement of the average size of the red blood cells. Elevated volumes can be due to B-Vitamin deficiency (usually B12) and reduced volumes are characteristic of an iron deficiency. Mean cell haemoglobin is a measurement of the weight of haemoglobin in each red blood cell. Mean cell haemoglobin concentration is the average percentage of haemoglobin in each red cell, relative to the total weight of the cell.

Haematology - immunity cells

Platelet count measures the number of platelets – specialised blood cells that help the blood clot in the event of an injury. High platelet counts are often seen following strenuous activity, and in infections

and inflammation. Extremely low platelet counts can be associated with spontaneous bleeding.

Mean platelet volume (MPV) measures the average size of platelets. Abnormally high readings mean that the platelets are larger, which could put an individual at risk for a heart attack or stroke. Lower MPVs indicate smaller platelets, meaning the person is at risk for a bleeding disorder.

White blood cells are the blood protectors of the immune system. In addition to floating passively in the blood stream from place to place, they have the ability to squeeze between the cells in the blood vessel wall and attack invaders such as bacteria, viruses, parasites, cancers and any other foreign body.

Five main groups of white cells are found in the blood:

 Lymphocytes are concerned with antibody production, and are

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Over the past 20 years, a whole new field of blood analysis has opened up in the field of professional sports nutrition the blood's first line of defence. Elevated levels are seen in viral infections and some chronic diseases. They are the cops on the beat looking for potential troublemakers.



 \triangleright

Case study two

Here is a simple example of a 67-year-old male who had low-level hypertension for more than 10 years and who started to develop complications such as ocular blood pressure and slightly higher general blood pressure readings. He was otherwise in good general health, with no weight issues, a good diet and a tranquil lifestyle. He had had very few medical issues, or taken conventional drugs, all his life, except for an episode of acute meningitis at the age of 21.

The patient had organised a detailed blood test before seeing me, and handed me the results. There was nothing out of range in his medical tests, except for slightly raised cholesterol values. As the patient wanted to address hypertension, I looked specifically at his biochemistry / electrolyte results, which I reproduce here:

track his blood pressure and heartbeat before and after his exercises.

This gentleman was pleasant, reserved and also suffered from sleep issues. Overall, his symptoms were well covered by *Natrum muriaticum* which I prescribed in 200C split dose (evening and morning), and then weekly, and as and when needed if sleeping was difficult.

The patient returned a month later and reported feeling calmer and happier. His sleep was better and he had taken on board the breathing exercises and their effect on his poor breathing pattern.

He proudly showed off his breathing diary which indicated that he could bring down his blood pressure reading significantly with the exercises. Over the course

| Metric | Patient's score | Scale | Medical range | 'Optimal' range that I use |
|-------------|-----------------|----------|---------------|----------------------------|
| Sodium | 140 | mmol / L | 135 - 145 | 135 - 140 |
| Potassium | 5.0 | mmol / L | 3.5 - 5.1 | 4 - 4.5 |
| Chloride | 102 | mmol / L | 98 - 107 | 100 - 106 |
| Bicarbonate | 25 | mmol / L | 22 - 29 | 26 - 30 |

Everything here is within medical range; only potassium is significantly on the high side and this can be due to dehydration.

Sodium is at the top of the optimal level, and potassium is out of range. On questioning, the patient told me he drank a lot of water before the blood tests as it was a fasting test (he was allowed only water 12 hours before his blood test). However, he did not drink much water on a regular basis, preferring other drinks.

Regarding bicarbonate, the patient was again at the lower end of the scale. I noticed that his breathing pattern was shallow and his breathing often paused, such as when he had to think to answer a question.

(If you wonder why the 'medical' and 'optimal' ranges can vary so widely, the medical range is there to identify severe health issues, and someone can get by drinking only a pint of water or less per day for a long time. In sports or health performance, however, water is seen as critical as it normally accounts for 70% of our body mass. My personal view is that everyone benefits from being within the ideal range of the optimal scale.)

The patient, although semi-retired, was the owner of a building business and still enjoyed a good physical day at work.

I explained that I could try some homeopathic support but that, in my experience of hypertension, I would like to see his bicarbonate and sodium levels improve. I suggested he increase his water intake to 1.5 litres per day and start daily abdominal breathing exercises specifically designed to counter hypertension. (A poor breathing pattern can disrupt the cardiovascular system, the primary role of which is to take oxygen in and expel carbon dioxide.) I also asked the patient to

of the month the readings had improved before the daily breathing exercises, showing that the daily practice was working. The patient had also adopted the habit of breathing well while, for example, waiting or sitting at his desk. He wanted to practise a bit more before returning to his doctor to show him the improvements.

A note on this case

This article is about the use of blood testing as an adjunct to homeopathy, but I feel it worthwhile to make a digression about this specific case and of my general approach to hypertension cases.

Before lockdowns intervened, I had been giving talks to holistic therapists, parents focused on natural immunity and even doctors who visited Cambridge for conferences on health issues. I was often the only non-doctor invited to such events. These talks depended on some supportive parents and my own interest in presenting and promoting holistic therapies.

I often present this case as an initial example when discussing breathing issues or hypertension, and it is the one that generates the most questions and comments by both homeopaths and doctors (I always welcome comments during my talks). Many homeopaths say that the benefit of *Nat mur* could not be ignored, and many doctors find that the breathing exercises, although helpful, cannot be considered a long-term approach to hypertension.

When time permits, I plan to write a follow-on article on the use of blood tests in hypertension and possibly other conditions such as osteoporosis and thyroid problems. Breathing difficulties are indeed one of three primary causes that I check in hypertension cases, but they are seldom the most significant. More significant

are obesity and then chronic stress / anxiety, which impact the heart and breathing patterns. Less significant causes I have seen are clinical kidney problems and drug overuse. If we can manage to address all the relevant issues impacting on a patient's health, then prompt progress can be made.

This patient was actually a rare simple case, thus providing a good example for a talk, but most patients suffer from a combination of overlapping causes. This is why another article on specific therapeutic approaches, with a combination of cases, would be useful

I do not discard the benefit of homeopathy for this patient. My therapeutic approach is based on the first aphorisms of the *Organon*, which point first and foremost to finding the underlying causes and removing them. I see many suffering patients who would be healthy if only they had a better lifestyle, a better breathing pattern or better nutrition. Most of my patients need homeopathy but I also feel it is my duty to re-educate them with regard to lifestyle and nutrition.

This patient stopped seeing me for his blood pressure, but returned later to address the ocular blood pressure and risks of cataract. I still see him for these and, also, new health issues such as aching joints. He has just turned 70 and his eyes are checked regularly. Our latest review, in May 2021, showed that his situation is stable. Surgery is not seen as necessary and we have booked a further check in six months as all his issues are within the realm of homeopathy and of supporting the vital force of a 70-year-old.

As a final aside on the *Nat mur* prescription, I learned later that the patient's father had died of a stroke at the age of 68, close to the age when my patient's blood pressure became a concern and he consulted me. While not stated by the patient, I am sure that such life events do leave a subconscious impact and that *Nat mur* was helpful in dealing with them.

- Neutrophils are white blood cells which are active in the nonspecific-innate immune response. They respond quickly to destroy or incapacitate bacteria, viruses, parasites and foreign bodies. Low levels can be a consequence of anaemia, drug toxicity and some infections.
- Monocytes are the largest of the white cells and are increased in numbers during more chronic infections such as mononucleosis, tuberculosis and similar.
- Eosinophils are the most rapidlyresponding white cells when a patient experiences an acute (sudden) allergy reaction or parasitic infestation. Eosinophils can also be elevated in some cases of asthma.
- Basophils respond to chronic intestinal allergies, eczema, and asthma, and also sometimes to parasitic infections.

Use in practice

The markers described above can provide more information on the cause of the problem, such as a viral infection. With other readings, such as liver functions, they can help to pinpoint problems and open up to new rubrics when the presenting symptoms and all the blood tests are considered together.

As immune cell readings are not often used to optimise the performance of sports people they are not seen as key in 'optimal' health. However, the study of their use in cancer patients and their survival rates has generated some ideas. See Dr Nasha Winters' book, which refers to complementary therapies in cancer cases. She defines a range of metrics to aim at through nutritional support and suggests bringing the lymphocyte to neutrophil ratio to a score above 2, and the other white blood cells to the lower side of the medical range. She also uses other metrics such as ESR, C-reactive proteins or LDH that are good markers for general levels of inflammation.

This approach is for use after cancer treatment. Chemotherapy

depresses the immune system generally so white cells go down but, if you manage to assist the body during this stage, you can work afterwards to improve the ratio.

These readings are also important for auto-immune conditions, since they can help to track if the immune system is over-responding or stressed.

In general, the immune system can have a problem due to an acute infection, a lack of key nutrients or general chronic inflammation, and other metrics will flag this up. When this is addressed, homeopathy can work brilliantly and there will be a noticeable improvement in the immune metrics.

Biochemistry electrolytes

These are minerals that are involved in the maintenance of mineral salts and water balance in the body. They may be affected by dehydration and some commonly used drugs such as diuretics.

Sodium (*Natrum* in homeopathy) is an essential 'macro' mineral required in our diet. Sodium helps maintain the proper acid-base balance in our blood and tissues, cells

Elevated levels of lymphocytes, seen in viral infections and some chronic diseases, are the cops on the beat looking for potential troublemakers

and neuromuscular function. Put simply, water concentration always follows sodium levels. Elevated sodium levels are characteristic of dehydration and, at another level, kidney disease and adrenal gland dysfunction. Low blood levels of sodium are typical of excessive water consumption, and also of diabetes and pituitary gland disorders. Potassium (Kali in homeopathy) is another important 'macro' mineral. It is important for maintaining proper heart rhythm, acid-base balance, body fluid pressure and kidney function. Elevated levels of potassium are typical of heart block, adrenal gland deficiency and hyperventilation. Decreased potassium levels are typical of diarrhoea, hyperactive adrenals, weakness, fatigue, poor posture, palpitations and irregular heartbeat and chronic kidney disease.

Chloride (Chloricum or Muriati*cum* in homeopathy) is involved in digestion and stomach acidity; it is one of the main chemical components of the stomach's hydrochloric acid. It is involved in the oxygencarrying ability of the blood, and in adrenal and kidney function. Decreased levels are typical of diarrhoea, infections, diabetes and reduced adrenal function. Bicarbonate is the dissolved form of carbon dioxide (CO2), involved in the oxygen metabolic functions of the body. Its presence can also indicate fluid retention or dehydration. It can be used to look for kidney or lung problems. It is often the buffer used by the body in hyperventilation, with the kidneys excreting bicarbonate to maintain body pH.

Anion gap. This is calculated by adding the total amount of sodium and

Potassium (*Kali* in homeopathy) is important for maintaining proper heart rhythm, acid-base balance, body fluid pressure and kidney function



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potassium (which tend to indicate blood more prone to acidity), and subtracting the amount of chloride and bicarbonate (both minerals key to make the blood more alkaline). This is a good way to estimate if someone is slightly too alkaline or acidic for optimal metabolic function.

Use in practice

This simple use of blood testing shows any divergence in blood metrics between 'optimisation' levels and the approach used in basic medical diagnosis.

Medically, these metrics are used to check for significant acidosis or side-effects of drugs. However, the 'optimal' ranges used in functional medicine or nutritional therapy focus on achieving a good alkaline balance, providing useful indicators on, for example, water intake and breathing patterns, which enable us to suggest simple lifestyle improvements critical to health. They also open up new rubrics in the repertory; for example, relating to: drinking, water, aversions, or breathing.

This is an area where I lean towards the homeopathic approaches to the blood values if relevant, following, as always, the whole clinical presentation of the patient.

For example, consider Natrum muriaticum if the sodium and chloride values are both high. I may also use Muriatic acid in low potency if chloride is low, and Carbolic acid in patients with very low bicarbonate levels.

Homotoxicology is a group of detoxification methods and remedies set up and popularised by Dr Reckeweg. There's lots of information online.

Part two of this article, which will be published in the next

Consider Natrum

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The 'optimal' ranges used in functional medicine or nutritional therapy focus on achieving a good alkaline balance

edition of HiP, will cover kidney and liver functions, cholesterol profile, thyroid functions and iron levels, among other blood markers.

Thierry Clerc can be contacted by other health practitioners for blood pathology analysis of patients' results and supervision via email on info@thierry-health.com.

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